

## 6 • Nursing

### The role of the nurse case manager

Together with the Mission Hospice physician/nurse practitioner, the nurse case manager oversees patient care and is in direct contact with the patient's primary doctor. The nurse visits hospice patients at least once a week and perhaps more often, depending on the patient's condition. Our nurses are specially trained in hospice care, pain control, and symptom management.

The focus of hospice care is the comfort of the patient. The nurse case manager will work with the patient, the patient's doctor, and the rest of the Mission Hospice team to determine the severity of the patient's pain, and to develop a pain care regimen to keep the patient comfortable.

A nurse is on call for patients 24/7. After hours, the caller is connected to a triage nurse who reviews the patient's records and works to relieve the patient's symptoms. If the triage nurse needs help, s/he will contact a senior clinical officer from Mission Hospice (the Administrator On Call, or AOC) to help troubleshoot. If the patient's care cannot be managed over the phone, Mission Hospice will send an after-hours nurse.

### The nurse case manager coordinates all care:

#### Management of patient/family caseload

- Scheduling visits
- Phone calls
- Medication delivery and refills

#### Physical assessment and care

- Pain management
- Bowel care (preventing constipation)
- Skin care and preventing pressure ulcers (bedsores)
- Preventing infections
- Anxiety management
- Mouth care
- Respiratory management
- Cardiovascular management
- Nutrition/hydration management
- Genitourinary management
- Helping patient and family understand the purpose and dosage of medications
- Coordinating dosage and refills with the physician/nurse practitioner

## **Psychosocial and spiritual care**

The nurse case manager collaborates with other team members to assess and manage psychosocial and spiritual care for patients and family members.

## **Patient and home safety**

The nurse case manager assesses the safety of the home, and help families make improvements and take preventative measures to provide a safe environment, to:

- Reduce the risk of accidents
- Prevent falls
- Protect patients with memory loss
- Prevent fires
- Ensure that oxygen is handled safely
- Ensure that old medications are disposed of safely

## **Support for caregivers**

The nurse case manager helps family members and caregivers learn about and practice:

- Safe transfers
- Hydration
- Oral care
- Toileting
- Bathing and grooming
- Self-care

## **Physical and behavioral changes as death approaches**

The physical changes a hospice patient goes through can be unfamiliar, and might include weight loss, lack of appetite, nausea, or breathing difficulties. Generally, these are not emergencies; the nurse case manager, along with the rest of the team, will help keep the patient as comfortable as possible, and educate the patient, family, and caregivers about how to handle physical difficulties as they arise.

While each death is unique, patients reaching the end of life may also exhibit certain physical and behavioral changes that signal that death is near.

## **Withdrawal**

A person facing the end of life may begin to withdraw from family and friends. The person may be less communicative and may seem unresponsive. Remember that the patient can still hear conversations; speak in a calm, normal tone of voice.

## **Confusion and disorientation**

People near the end of life may:

- See or speak to those who are already dead
- Describe a place of light, peace, or beauty
- Use symbolic language such as journeys, luggage, or going home
- Ask for people with whom the patient needs closure
- Seem confused

## **Changes in appetite**

As a person's metabolism slows, the body cannot handle food at the same rate or volume as before. Cravings may change, and the patient may be uninterested in food or drink. While we often use food as a way to nurture and share time together, volunteers should remember that these changes are natural. Let the patient indicate whether food or fluids are needed or wanted. Always respect the patient's wishes, and don't force food or drink.

## **Changes in elimination**

As circulation slows, muscles relax, and fluid intake decreases, it is natural for a person to experience changes in elimination. The loss of bladder and bowel control can be embarrassing and uncomfortable. The nurse will help caregivers learn how to keep the patient clean and dry in a way that offers the patient comfort and dignity.

## **Changes in breathing**

As the body becomes weaker, breathing often changes. A patient's breathing may slow down; they may take several shallow, quick breaths followed by no breathing at all. If the patient is so weak they have trouble swallowing, saliva may gather in the back of their throat, and create a rattling sound. Gently turning the patient to one side may help drain the saliva. If the patient is breathing with his or her mouth open, frequent mouth care is important.

## **Changes in body temperature**

The brain's ability to control body temperature diminishes as death approaches. The patient may develop a fever or may feel cool as circulation decreases. As a volunteer, being alert to these changes can help you regulate the patient's temperature with a cool washcloth and/or blankets as needed.

The person may turn pale, and develop a blue coloration around the lips and under the fingernails. This is not uncomfortable, but a natural part of the dying process.

## **Restlessness and agitation**

You may notice that the patient is restless or performs repetitive movements. This kind of agitation may be due to slowing circulation or may represent physical or emotional pain.

The nurse will bring in other members of the team (social worker, spiritual counselor) as needed to help the patient. Reading aloud, playing calming music, holding hands, and sharing memories can help you comfort someone who is restless.

## Signs of approaching death

You may observe some of these things in the days or hours before death:

- Many, many hours of sleep
- A surge of energy
- Changes in breathing, including long pauses between breaths and rattling sounds
- Decrease in blood pressure, and weak pulse
- Increased agitation
- Difficulty swallowing
- Further discoloration of the skin
- Decreased urination
- Lack of responsiveness

As death approaches, the nurse case manager will educate and support the family. The nurse will coordinate the care team, with attention to the personal, cultural, and religious preferences of the patient and family.

## At the time of death

Surprisingly, it can sometimes be difficult to tell whether a patient has died.

**Signs that a person has died include:**

- Absent heartbeat and no breathing. It can be difficult to tell if the heart has stopped beating or the patient has stopped breathing. Patients can have weak heartbeats and may take little breaths very slowly with long pauses between breaths.
- Skin may look very blue, pale, and waxy.
- Eyes are often half open and will not close.
- Jaw may relax causing the mouth to be partially open; it may not close.

**At the time of death, the family should call Mission Hospice at 650.554.1000.**

**They should NOT call 911.**

One of our hospice nurses will come to provide support and assistance, including confirming the death, removing any tubes that are present, providing guidance on disposal of leftover medications, calling the funeral home, notifying the physician and hospice team, and arranging for removal of medical equipment.

## Practical matters

### Safe disposal of medicines

**Don't flush old medications!** Sewage systems can't remove them, and the drugs wind up polluting streams – affecting fish, other wildlife, and even drinking water.

**You can find local drop off sites for medicines or dispose of them safely at home.** Keep medicines (especially liquids) in their original containers to prevent leakage and remove or black out the labels for privacy.

#### **BEST CHOICE:**

##### **Hazardous waste drop-off**

Contact your local Household Hazardous Waste agency to find a place to drop off medicines.

Find locations at [baywise.org/disposal-locations](http://baywise.org/disposal-locations) or by calling 1-888-229-9473.

##### **Pharmacy take-back**

Ask if your pharmacy offers a medicine take-back program.

##### **Police station drop-off**

Many police stations have confidential drop-off containers for medication. Call your local non-emergency police information number to find a site near you, or visit [www.smchealth.org/RxDisposal](http://www.smchealth.org/RxDisposal)

#### **SECOND CHOICE:**

##### **Safe home disposal**

For solid medications such as pills or capsules, add water to the container, and then add something nontoxic and unpalatable such as sawdust, kitty litter, cayenne pepper, or charcoal.

Close the container and seal the lid tightly with packing or duct tape.

Place the container inside a durable package (such as a cardboard box) that hides what's inside; place it in your trash bin.

*This information is from the CA State Board of Pharmacy and the UCSF Center for Consumer Self Care.*

The following sections include information given to patients. They are provided here so that you, as a volunteer, are familiar with Patients' **Rights and Responsibilities** and our agency's **Privacy Practices**.

## Patients' rights and responsibilities

It is the policy of Mission Hospice to provide care that supports and protects your rights.

You have the right to be notified in writing of your rights and obligations before your care begins. Consistent with state and federal laws, your family or guardian may exercise the patient's rights when the patient is unable to do so. You have the right to exercise these rights and not be discriminated against or punished for exercising these rights. If you are not able to understand these rights and the effects of treatments, your representative can exercise these rights for you.

You have the right to be fully informed in a spoken language and in writing about your rights before you are admitted or at the time of admission (before care begins). We have an obligation to protect the following rights of the patient.

### Decision-making

Mission Hospice is committed to assisting individuals in voicing their needs and in making their own decisions. You have the right to make an advance directive, to get information in writing about advance directives, and to complete one that will meet California state laws (including a description of the California laws that apply).

### Privacy

Mission Hospice is committed to protecting the information in the medical records and health information of those in our care. You have the right to have your medical records kept private. You have the right to allow – or refuse – their release to anyone outside Mission Hospice, except if you transfer to another health care facility, or as required by law or third-party contract (see *Notice of Privacy Practices*.)

## **Dignity and respect**

Patients and their caregivers have a right to mutual respect and dignity. You have the right:

- To be treated with full consideration, respect, dignity, and individuality, including privacy during treatment and personal care.
- To have relationships with the hospice team that are based on honesty and ethical standards of conduct.
- To be free from discrimination because of race, color, national origin, religion, sex, age, sexual orientation, disability, diagnosis, or because you do not have an advance directive.
- To express grievances about treatment or care that is or is not given, or about lack of respect for your property by anyone providing services for Mission Hospice. We will investigate complaints made by you or your family/guardian. You have the right to do this without fear that you will be discriminated against or punished in any way and to know the disposition of your complaint.
  - To make a confidential complaint to Mission Hospice: call (650) 554-1000 and ask to speak to the Compliance Officer.
  - To make a confidential complaint to the State Department of Public Health Services, Licensing and Certification: call (800) 554-0353, 8 AM to 5 PM, Monday – Friday. The hotline can accommodate English, Spanish, Cantonese or Mandarin, and TTY (hearing impaired).
  - To make a confidential complaint to the Joint Commission: call (800) 994-6610, 8:30am – 5pm CST or email [complaint@jointcommission.org](mailto:complaint@jointcommission.org).
- To have your property treated with respect and not be subject to theft.
- To not experience mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, or physical punishment. Mission Hospice employees will immediately report alleged violations, conduct an investigation and take corrective action as needed, which may include filing a report with the Department of Public Health.

## **Financial**

You have a right to information about the financial aspects of your care. You have the right to receive information about the services covered by the Medicare Hospice Benefit before your care begins and about what services Mission Hospice can provide and specific limitations of those services. You have the right to be informed before care begins, in spoken language and in writing, what your insurance will cover and if you will have any out-of-pocket costs. You have the right to be told if there are changes as soon as possible, but no longer than 30 days from the date Mission Hospice becomes aware of the change.

## **Quality of care**

You have a right to information about your care and to receive quality care, to be informed of what services Mission Hospice will provide, who will provide them, and how often. You have the right to take part in planning your medical treatment, including pain and symptom management, and to be given an opportunity to participate in designing and updating your plan of care. You have the right to receive care from people who are qualified through education and experience,

and to receive pain management and symptom control for conditions related to your illness. You have the right to have your family/caregivers taught about your illness, so that you can help yourself and they can understand and help you, unless to do so is against your wishes.

You have the right to choose your own doctor, to be fully informed by a doctor of your medical condition, to refuse to be part of experimental research, to refuse care or treatment, and to be told how this may affect your health. You have the right to be told in advance if there will be changes in your care, and to be told in a reasonable amount of time if Mission Hospice intends to discharge you from service. You have a right to leave Mission Hospice, or to change hospice agencies, even after service has started (within the limits of insurance, medical assist, or other health programs). You also have the right to a coordinated transfer to another agency.

### **Your responsibilities**

While you are with Mission Hospice, you have the responsibility to stay under the care of a physician, cooperate with your doctor, Mission Hospice staff and other staff, and tell Mission Hospice if you have any problems or dissatisfaction with your care.

Tell Mission Hospice about any changes to your telephone number or address; call Mission Hospice if you are unable to keep an appointment with our staff; and treat Mission Hospice's employees, volunteers, and property with respect and consideration. Make sure the environment where our staff provides services to you is safe. If the safety or the welfare of our staff is threatened, services may be stopped. You must also tell us if you believe there are any risks involved in your care.

Your responsibilities include having your medical supplies and equipment ordered by your doctor if Mission Hospice does not supply them; signing the necessary forms agreeing to allow Mission Hospice to provide services to you and to release information so that we may bill insurance; and providing insurance and financial records as requested. Services may be terminated if you refuse treatment or do not follow your plan of care.



# Mission Hospice & Home Care Notice of Privacy Practices

This notice describes how medical information about patients may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

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<b>Get an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"><li>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li><li>We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li></ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"><li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li><li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"><li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li><li>We will say “yes” to all reasonable requests.</li></ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"><li>You can ask us not to use or share certain health information for treatment, payment, or our operations.</li><li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li><li>If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.</li><li>We will say “yes” unless a law requires us to share that information.</li></ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"><li>You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li><li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.</li></ul>

## Your rights

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**Get a copy of this privacy notice** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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**File a complaint if you feel your rights are violated** If you believe we have violated your rights, please contact:

Chief Compliance Officer or CEO  
Mission Hospice & Home Care  
66 Bovet Road, Suite 100, San Mateo, CA 94402  
650.554.1000

You can also file a written complaint with:

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue S.W.  
Washington, D.C. 20201,

877-696-6775

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

We will not retaliate against you for filing a complaint.

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## Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"><li>• Share information with your family, close friends, or others involved in your care</li><li>• Share information in a disaster relief situation</li><li>• Include your information in a hospital directory</li><li>• Contact you for fundraising efforts</li></ul> <p>If you are not able to tell us your preference – for example, if you are unconscious – we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p>
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"><li>• Marketing purposes</li><li>• Sale of your information</li><li>• Most sharing of psychotherapy notes</li></ul>
<b>In the case of fundraising:</b>	We may contact you for fundraising efforts, but you can tell us not to contact you again.

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## Our uses and disclosures

We typically use or share your health information in the following ways.

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<b>Treat you</b>	We can use your health information and share it with other professionals who are treating you.	<i>Example:</i> A doctor treating you for an injury asks another doctor about your overall health.
<b>Run our organization</b>	We can use and share your health information to run our practice, improve your care, and contact you when necessary.	<i>Example:</i> We use health information about you to manage your treatment and services.
<b>Bill for your services</b>	We can use and share your health information to bill and get payment from health plans or other entities.	<i>Example:</i> We give information about you to your insurance plan so it will pay for your services.

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## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	We can share health information about you for certain situations such as: <ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone’s health or safety</li></ul>
<b>Do research</b>	We can use or share your information for health research.
<b>Comply with the law</b>	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
<b>Respond to organ and tissue donation requests</b>	We can share health information about you with organ procurement organizations.
<b>Work with a medical examiner or funeral director</b>	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
<b>Address workers’ compensation, law enforcement, and other government requests</b>	We can use or share health information about you: <ul style="list-style-type: none"><li>• For workers’ compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul>
<b>Respond to lawsuits and legal actions</b>	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us in writing that we can. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Changes to the terms of this notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

# BLOODBORNE PATHOGENS

## A sharper image

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### Introduction

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Our image of bloodborne diseases has sharpened in recent years due to research and technological advances. More is known about the transmission, prevention and treatment of diseases such as hepatitis B, hepatitis C and HIV (Human Immunodeficiency Virus) infection.

Research shows that safety precautions such as handling all blood and body fluids as though infectious, disposing of sharps properly, and using sharps safety devices have decreased the numbers of exposures to bloodborne pathogens. However, healthcare workers fail to use safety precautions consistently. You can change that by following safety measures. Let's take a closer look at the bloodborne pathogens putting you at greatest risk on the job: hepatitis B virus, hepatitis C virus and HIV.

### Hepatitis B Virus

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Hepatitis B virus (HBV) causes serious liver disease. About half of the people infected with hepatitis B have no symptoms. Those with symptoms may experience jaundice, fatigue, abdominal pain, loss of appetite, occasional nausea or vomiting. Most people infected with HBV recover and clear the infection. But about 10 percent become chronically infected. Each year, more than 5,000 people die from chronic liver disease and liver cancer linked to hepatitis B. As many as 200 of those who die are healthcare workers.

The hepatitis B virus poses a greater risk to healthcare workers than either the hepatitis C virus or HIV, since it is more easily transmitted. Fortunately, the hepatitis B vaccine can prevent the disease.

### Hepatitis C Virus

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Hepatitis C virus (HCV) causes a serious liver disease known as hepatitis C. This liver disease may cause symptoms similar to hepatitis B. However, there are important differences between hepatitis B and hepatitis C.

While 85 percent of people infected with HCV have chronic infections, only about 10 percent of those infected with HBV are chronically infected. The Centers for Disease Control and Prevention (CDC) reports about three million people in the United States are chronically infected with the hepatitis C virus while about 1.25 million are chronically infected with the hepatitis B virus. Further, many people infected with these two viruses have no symptoms at all: that includes about 50 percent of those infected with HBV and up to 75 percent of the people infected by HCV.

People chronically infected with hepatitis C may have no symptoms for up to 30 years, yet during that time the infection may be slowly damaging the liver. Hepatitis C is the leading indicator for liver transplants. Every year, up to 10,000 people die from hepatitis C related chronic liver disease. There is no vaccine to prevent hepatitis C. However, newly approved antiviral drugs have been effective in some people who have contracted the infection.

### HIV

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HIV attacks the immune system and causes it to break down. The clinical picture of HIV infection differs widely from person to person. A number of those infected remain apparently healthy for many years. The infected person becomes seriously ill when the immune system loses its ability to fight infections. Some infected people go on to develop AIDS.

As many as 900,000 people in the United States are infected with HIV, according to the CDC. The number of HIV-infected people who develop serious illness and who die from AIDS has decreased, thanks to the success of recent treatments. People with HIV now live longer and healthier lives. There is no preventive vaccine against HIV.

### Transmission

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#### The Big Picture

Hepatitis B, hepatitis C and HIV spread most easily through contact with blood. They also spread through contact with other potentially infectious materials, or OPIM, including semen and vaginal secretions, as well as any other body fluid or tissue containing visible blood.

OPIM also includes cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid and saliva in dental procedures. Non-intact skin or organs from living or dead humans and, cell tissue or organ cultures and other biological matter from laboratory experiments are also considered to be OPIM.

In our society, bloodborne viruses are most commonly transmitted through sharing needles to inject drugs, by having unprotected sexual intercourse with an infected person, or passed from mother to unborn child before or during birth.

#### Focus on Exposures at Work

At work, you can be exposed to bloodborne pathogens if:

- A contaminated sharp punctures your skin
- Blood or OPIM splash your broken skin or mucous membranes of your eyes, nose or mouth.

According to the research, needlestick injuries cause 80 percent of exposures to healthcare workers. The Occupational Safety and Health Administration (OSHA) reports most needlestick injuries occur when disposing of needles, including cleaning up after a procedure, giving medications, drawing blood, recapping needles or handling trash and dirty linens.

## Safety Guidelines

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### A Safe Picture

Your facility's Exposure Control Plan (ECP) details bloodborne pathogen safety measures, including a method of identifying and evaluating safety devices such as protective sharps. Your Exposure Control Plan is based on OSHA's Bloodborne Pathogen Standard and CDC guidelines for healthcare personnel. Here's a snapshot of the safety precautions you should take.

### Hepatitis B Vaccine

According to OSHA, immunization against the hepatitis B virus has proven very effective. In 1985, 12,000 healthcare workers were infected with HBV on the job. By 1995, after immunizations were promoted, only 800 healthcare workers were infected at work, and that's currently true.

Today's vaccines are safe and very effective at protecting you from getting hepatitis B infection if the series is completed.

## Standard Precautions

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Standard Precautions means treating blood, all body fluids, excretions and secretions (except sweat), plus non-intact skin and mucous membranes as though infected with bloodborne or other pathogens. Standard Precautions incorporates features of both Universal Precautions and Body Substance Isolation practices to protect you against the risk of bloodborne pathogens as well as pathogens from moist body substances. Remember: all body fluids pose a potential risk of infection.

## Personal Protective Equipment

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To follow Standard Precautions you must use barrier protection, or personal protective equipment (PPE), when you anticipate touching blood, body fluids, secretions, excretions and contaminated surfaces. PPE may include gloves, gowns, lab coats, face shields or masks and eye protection, resuscitation bags, pocket masks or other ventilation devices. Some tasks require more PPE, some less and some none at all. The point is, you need to wear only as much equipment as necessary. Read your Exposure Control Plan for details.

### Gloves

Gloves are the most common type of PPE. Single-use, disposable gloves that are low protein and powder-free are used for medical procedures, and heavy-duty utility gloves are used for some housekeeping duties. Gloves can be torn or punctured, so cover any hand cuts you may have before being gloved. They should fit snugly over your fingers and be pulled as far over your wrists as possible.

Single-use, disposable gloves should be worn only once, then thrown away. Always change gloves between each patient. If a glove tears, punctures, leaks or becomes contaminated, remove it as soon as you can and discard. Never reuse gloves. Utility gloves may be cleaned or decontaminated and reused if not damaged. If they are damaged, throw them out.

Avoid touching the outside of contaminated gloves when removing them. Then, wash your hands.

### Other PPE

- Wear a mask and eye protection or a face shield to protect your eyes, nose and mouth during activities that may generate splatters of blood or OPIM.
- Wear a gown if you need to protect your clothing or skin from exposure. Use a fluid-resistant gown if you anticipate contact with large amounts of blood or body fluids, such as during childbirth.
- Wear a surgical cap or hood and shoe covers or boots when large amounts of blood may be encountered, for instance, during surgery or trauma care.
- Wear PPE when resuscitating a patient. Emergency respiratory devices and pocket masks isolate you from contact with a patient's body fluids. Make sure emergency ventilation devices are available where they're most needed, such as on crash carts and in certain patient and procedure rooms.

Your facility will provide you with necessary PPE and train you to use it. Make sure PPE fits properly. Check it routinely for physical flaws or damage. Remove as soon as possible if blood or OPIM penetrates PPE. Always remove PPE before leaving the work area. Immediately dispose of used PPE or have it laundered or decontaminated according to your facility's policy. Always wash your hands after removing PPE.

## Safe Work Practices

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### Handwashing

Handwashing is your number one protection against infection, and it keeps you from infecting other people or objects. Wash hands with soap and running water for at least 15 seconds. Also wash your hands between all patient contacts to avoid transferring pathogens to other patients. Here's how. Wash hands with soap and running water for at least 10 to 15 seconds. Rub vigorously over all surfaces including above your wrists. Rinse thoroughly. Then dry with a clean paper towel and discard. Now using a clean paper towel, turn off the faucet. Use antimicrobial soaps only when indicated since they remove your skin's natural protective defenses and may cause dryness. The Centers for Disease Control and Prevention (CDC) recommends use of approved waterless alcohol antiseptic hand rubs if hands are not visibly soiled. Apply the product to the palm of one hand, rub hands together covering all hand surfaces and fingers until hands are dry. If hands are visibly soiled, you still must wash your hands with soap and water as soon as you can.

## More of the Picture on Safe Work Practices

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- You should not eat, drink or smoke where you are likely to be exposed to blood or body fluids. Also do not handle contact lenses or apply cosmetics or lip balms where exposure is possible. Never keep food or drinks in places where blood or OPIM are present.
- Never mouth-pipette or mouth-suction blood or OPIM.
- Always minimize splashing, spraying and spattering when performing procedures involving blood or OPIM.
- Transport specimens of blood or OPIM in closed, leak-proof containers. Wear gloves and handle carefully.
- Handle contaminated patient equipment with care. Do not let it touch your skin, mucous membranes, clothing, other patients, visitors or items in the environment. Clean reusable equipment properly before using it on another patient. Discard single-use items appropriately.
- Clean all blood and fluid spills promptly, according to your facility's policy. Keep work surfaces and protective coverings clean.
- Handle contaminated laundry carefully to prevent exposure of your clothing and skin. Wear gloves. Place in an appropriate container in the area where used. Deposit wet laundry in a leak-resistant container.
- Never use your hands or feet to push down trash since it may contain sharps or OPIM. Instead, gently shake down waste containers. Carry waste bags by the top, away from your body.
- Dispose of blood and other regulated medical waste in appropriately labeled, closable, leak-proof containers. Follow your state's regulations, as specified in your Exposure Control Plan.
- Be aware of fluorescent orange-red labels, red bags and containers, and warning signs. They warn you that the contents contain blood or OPIM.

## Sharps Safety

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You are at greatest risk of exposure to bloodborne pathogens when handling contaminated sharps. More than half a million sharps-related injuries occur each year, according to OSHA. Studies show that sharps safety devices may significantly reduce your risk of injury during procedures such as joining IV lines, drawing blood, injecting medications and suturing during surgery. The FDA and OSHA now recommend use of break-age-resistant blood capillary tubes to decrease exposure. Safety devices include needleless systems and engineered protective devices for needles and other sharps. You will be trained in the proper use of safety devices beforehand and will help evaluate their effectiveness.

Your Exposure Control Plan details sharps safety rules you should follow. Here are some general guidelines.

- Use a safe-needle device or needleless system for withdrawal of body fluids, accessing a vein or artery, or administering medications or fluids.

- Use either a needleless system or a needle with engineered sharps protection for any other procedure requiring needle devices, when available.
- Use non-needle sharps with engineered sharps protection when available.
- When using sharps, always follow effective, safe handling techniques to prevent injury.
- Never shear, break, bend, or recap contaminated needles or sharps, except in cases when recapping is required by the procedure. Then, use a resheathing device or a one-handed "scoop" method.
- Never reuse disposable sharps.
- Do not pick up contaminated broken glass (also a sharp) with your hands. Instead, use a broom and dustpan, forceps or tongs.
- Discard contaminated sharps immediately after use in an appropriate, puncture-resistant, color-coded container. Nearly one-third of all sharps injuries happen during disposal. The National Institute for Occupational Safety and Health (NIOSH) suggests this risk can be decreased by placing sharps containers within easy reach and slightly below eye level. Do not allow containers to overfill. Never reach into a container of contaminated sharps.
- Report all sharps injuries as directed in your Exposure Control Plan. Document sharps exposure incidents including date, time and type of sharp used; effectiveness of any safety device used; and how the injury could have been prevented, if possible. This information, entered into the Sharps Injury Log, is used to judge the effectiveness of current sharps safety devices.

## What to Do if Exposed

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Immediately, wash the exposed skin area, needlesticks and cuts with soap and water. Flush eyes and exposed mucous membranes with large amounts of clean water. Do not use caustic agents, such as bleach. Next, report the exposure to the designated person right away, so that post-exposure evaluation, counseling and any necessary treatment can begin. Act quickly, because for some infections, treatment should start right away. If you are exposed, don't panic. Remember: Most exposures do not lead to infection. To become infected, a large enough dose of the live virus must enter your bloodstream and overcome your body's defense system. To put it in perspective, here are the risks of contracting a bloodborne infection after a sharps injury. Studies report the risk of acquiring hepatitis B if unvaccinated is between 6-30 percent; for hepatitis C it's 1.8 percent; and for HIV the risk is approximately 0.3 percent or 1 in 300.

## Summary

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The risks of infection are real and should be taken seriously. You can protect yourself by using safe work practices. Research, better surveillance, preventive treatment and advances in technology will continue to give us a sharper image of bloodborne pathogens. The more we know about preventing the risks, the better we can protect ourselves.



**Blood-Borne Pathogens Quiz KEY**

02.2023

1. Healthcare workers most often become exposed to Hepatitis B, Hepatitis C and HIV through accidental needlesticks. **True** False
2. HIV poses a greater risk to healthcare workers than Hepatitis B or Hepatitis C because it is transmitted more easily. True **False**
3. Most people infected with the Hepatitis B virus do recover and clear the infection. **True** False
4. Most people infected with Hepatitis C become chronically infected. **True** False
5. People infected with HIV usually experience symptoms in two weeks. True **False**
6. Fortunately, there are vaccines to prevent both Hepatitis B and Hepatitis C. True **False**
7. Hepatitis B virus, Hepatitis C virus and HIV spread most easily through contact with blood. **True** False
8. You can be exposed to bloodborne pathogens at work if blood or other infectious material splashes on your broken skin or mucous membranes. **True** False
9. Most needlestick injuries occur when disposing of needles, giving medications, drawing blood or handling trash or dirty linens. **True** False
10. The Hepatitis B vaccine is very effective only if the series is completed. **True** False
11. Standard Precautions means wearing gloves when having direct contact with any patient. True **False**
12. Standard Precautions incorporates features of both Universal Precautions and Body Substances Isolation practices to protect you against the risk of bloodborne pathogens as well as pathogens from moist body substances. **True** False
13. After removing gloves, you need to wash your hands only if you touch the outside of the gloves. True **False**
14. It is always good practice to know whether your patient has a bloodborne pathogen that could be an infection risk, so you can take proper infection precautions. **True** False
15. You do not need to wear gloves when handling dirty linens unless the linens are contaminated with blood. True **False**

## Blood-Borne Pathogens Quiz, continued

02.2023

- |  |      |       |
|--|------|-------|
| 16. If you happen to find a needle, it is ok to just throw it in the garbage as long as you put the protective cap back on the needle.   | True | False |
| 17. Nearly one-third of all sharps injuries occur during the disposal process.   | True | False |
| 18. According to research, safety precautions such as handling all blood and body fluids as though infectious, using PPE when needed, and handling sharps carefully will decrease your risk of exposure to bloodborne pathogens. | True | False |
| 19. If your skin is punctured by a contaminated sharp, wash the area with soap and water or a diluted mixture of bleach and water, if available  | True | False |
| 20. Most needle sticks that puncture the skin result in a blood infection.   | True | False |
| 21. It is good precautionary practice to never touch a patient if you know that they are infected with AIDS or hepatitis.  | True | False |
| 22. If you are accidentally stuck by a sharp, or get contaminated with blood or body fluids on broken skin or splashed on mucus membranes, it is best to immediately contact the Mission Hospice triage nurse.                   | True | False |

# Tuberculosis exposure control

Mission Hospice has policies and procedures to reduce the risk of staff and volunteer exposure to tuberculosis. The following section includes excerpts from our official procedures.

## Patient assessment

- Patients will be assessed on admission for high-risk categories, conditions, signs, and symptoms of TB.
- Any patient who is considered high risk and has exhibited a cough lasting longer than two weeks and at least one other symptom will be identified as a potential TB patient.
- The attending physician will be contacted for an order to perform a Tuberculin Skin Test (TST) (with patient permission).
- For patients with signs/symptoms suggestive of TB (persistent cough longer than two weeks' duration, bloody sputum, night sweats, weight loss, anorexia, fever), respiratory precautions will be applied as part of the initial assessment and care planning process.
- If a patient is already diagnosed with TB, the patient will be accepted into hospice after a confirmed follow-up appointment with a licensed physician has been arranged, sufficient medication has been given to the patient until the outpatient appointment, and an RN case manager has been assigned to coordinate care.
- Patients should not be sent home if there are persons in the household who are at high risk of active TB transmission.

## Clinical personnel assessment

- All MHC clinical personnel will be tested or screened for TB annually, following CDCs recommendation for health care staff classified as Medium Risk.
- The testing procedure, reading, documentation and record keeping of TSTs will be kept in compliance with applicable laws and regulations. The person(s) conducting the testing procedures and reading the results of the tuberculin skin testing will be competency tested in the appropriate procedures.
- All MHC Clinical Personnel will receive baseline TB screening upon hire, using TST, or a single Blood Assay Mantoux Test (BAMT) to test for infection with TB. After baseline testing for TB, personnel will receive TB testing annually.
  1. TST Skin Testing for TB for MHC personnel with baseline negative test results using MHC, 9-002Form1
  2. Symptom screen for all MHC personnel with prior positive test results using MHC, 9-002Form2.
  3. These records will be maintained by HR.

- MHHC Clinical Personnel with a baseline positive or newly positive test result for TB or documentation of previous treatment for (Latent Tuberculosis Infection) LTBI or TB disease should receive one chest x-ray result to exclude TB disease.
  1. Instead of participating in annual TST testing, HCWs who test positive will receive a symptom screen annually using 9-002Form2, Part 1. This screen will be used to educate personnel about symptoms of TB disease and instructing how to report any such symptoms.
  2. Following completion of Part 1, employee submits form to HR for RN Nurse Manager review of results.
  3. RN Nurse Manager documents their assessment and follow-up actions within Part 2.
  4. Follow-up with a physician will be mandatory for any employee identified through the use of the questionnaire, 9-002Form2, Part 2, to have signs or symptoms of active TB.
  5. This record will be maintained by HR.

For further information regarding tuberculosis:

Centers for Disease Control (CDC)  
Morbidity and Mortality Weekly Report (MMWR)  
“Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005”  
December 30, 2005 /Vol. 54/No. RR-17

US Department of Labor  
Occupational Safety and Health Administration (OSHA)  
Directive CPL 02-02-078, Eff 6/30/2015

For a list of resources, visit [www.cdc.gov/tb/topic/basics/default.htm](http://www.cdc.gov/tb/topic/basics/default.htm)

CDC TB Surveillance Department  
Atlanta, GA  
(404) 639-1819  
[www.cdc.gov](http://www.cdc.gov)

## Tuberculosis Control Competency Quiz KEY

01.2020

1. Tuberculosis (TB) is passed through the air when a person with active TB coughs, speaks, or sneezes. True False
2. The concentration of droplets in a room is higher, and therefore more likely to cause infection, if the room is poorly ventilated. True False
3. Touching the surfaces in a room where a TB patient has coughed can cause transmission of TB. (It depends on the length of time between the coughing and the touching of the surface) True False
4. A person with a weakened immune system (e.g., someone with AIDS/HIV, or someone on chemotherapy) is at greater risk for getting active TB. True False
5. It is okay for a healthcare worker to provide care to a client if they have NOT had a Mantoux/PPD test (or, for those who historically have a positive skin test, a chest x-ray.) True False
6. If you have a latent TB infection, you are infectious to others. True False
7. Symptoms of active TB include a productive, persistent cough that lasts more than three (3) weeks; bloody sputum; weakness; fatigue; weight loss; fever; loss of appetite; night sweats. True False
8. If a person with active TB does not complete the full course of treatment with medication, there is a risk of producing a drug-resistant strain of TB. True False
9. Multi-drug resistant (MDR) TB has a 100% cure rate. True False
10. If you visit a patient who is suspected or known to have active TB, you can wear any mask you have available. True False



**Mission Hospice & Home Care**  
**Handwashing Competency Certification**

01.2018

**HANDWASHING COMPETENCY**

Name \_\_\_\_\_

Position \_\_\_\_\_

Evaluator Name (printed) \_\_\_\_\_

Evaluator signature \_\_\_\_\_ Date \_\_\_\_\_

Can you identify times when hand washing is required?      \_\_\_ Yes      \_\_\_ No

Additional comments:

**PERFORMANCE EVALUATION: ALCOHOL-BASED HANDRUB**

	Satisfactory	Unsatisfactory
Apply palm full of the product in a cupped hand covering all surfaces		
Rub palm to palm		
Right palm over left dorsum with interlaced fingers and vice versa		
Palm to palm with fingers interlaced		
Backs of fingers to opposing palms with fingers interlocked		
Rotational rubbing, backward & forward with clasped fingers of right hand in left palm and vice versa		

**Mission Hospice & Home Care**  
**Handwashing Competency Certification**

01.2018

**PERFORMANCE EVALUATION: SOAP AND WATER**

	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Using warm running water, wet hands and wrists (back and front)		
Apply enough soap to cover all hand surfaces		
Rub hands palm to palm		
Right palm over left dorsum with interlaced fingers and vice versa		
Palm to palm with fingers interlaced		
Backs of fingers to opposing palms with fingers interlocked		
Rotational rubbing of left thumb in right palm and vice versa		
Rotational rubbing, backward and forward with clasped finger of right hand in left palm and vice versa		
Rinse hands with water		
Dry hands thoroughly with single use towel		
Use towel to turn off faucet		
Dispose without touching garbage receptacle		



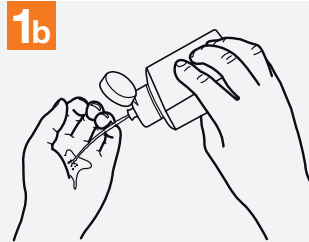
# How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

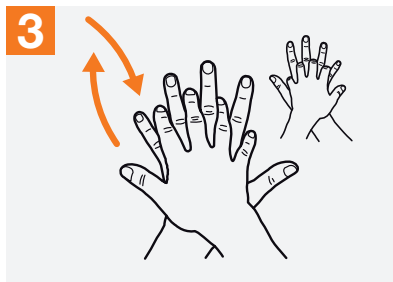
 **Duration of the entire procedure: 20-30 seconds**



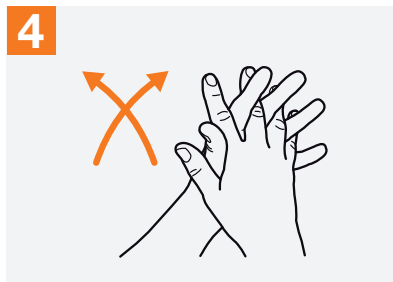
Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



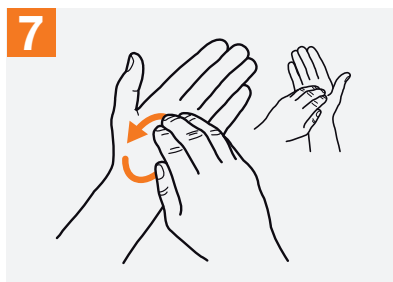
Palm to palm with fingers interlaced;



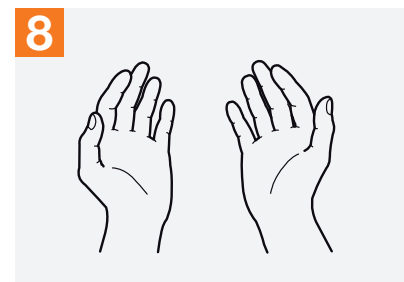
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.



**World Health Organization**

**Patient Safety**

A World Alliance for Safer Health Care

**SAVE LIVES**

**Clean Your Hands**

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