



**BLOOD BORNE
DISEASES
IN HOME CARE**



*A Three-Part Training Curriculum
For Home Care Workers*

Developed by SEIU Education and Support Fund (ESF)

This Material was developed by the
SEIU Education and Support Fund (ESF)

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Caring for Others can be Dangerous Work



Purpose of Section 1

To discuss why home care work can be hazardous to your health.



Objectives of Section 1

By the end of this section you will be able to:

- ✓ name some of the dangers that homecare workers face
- ✓ identify, through risk mapping, high risk areas in the home where workers could be exposed to blood, urine, feces, semen, or vaginal fluid; and
- ✓ discuss strategies to prioritize which of the problems (risks) you will try to solve first.

TASK

1 Is home care work dangerous?

So what is your group's response to a co-worker who makes this statement?

"This is such a waste of time. I've been doing this work for ten years and I've never gotten hurt. The union just keeps making a big deal out of health and safety. If you are careful and pay attention to what you are doing you won't get hurt. Besides, aches and pains are part of every job."

Use the Factsheets A, B and C to help you complete this Task.

Write your response here.



SECTION ONE

FACTSHEET

A

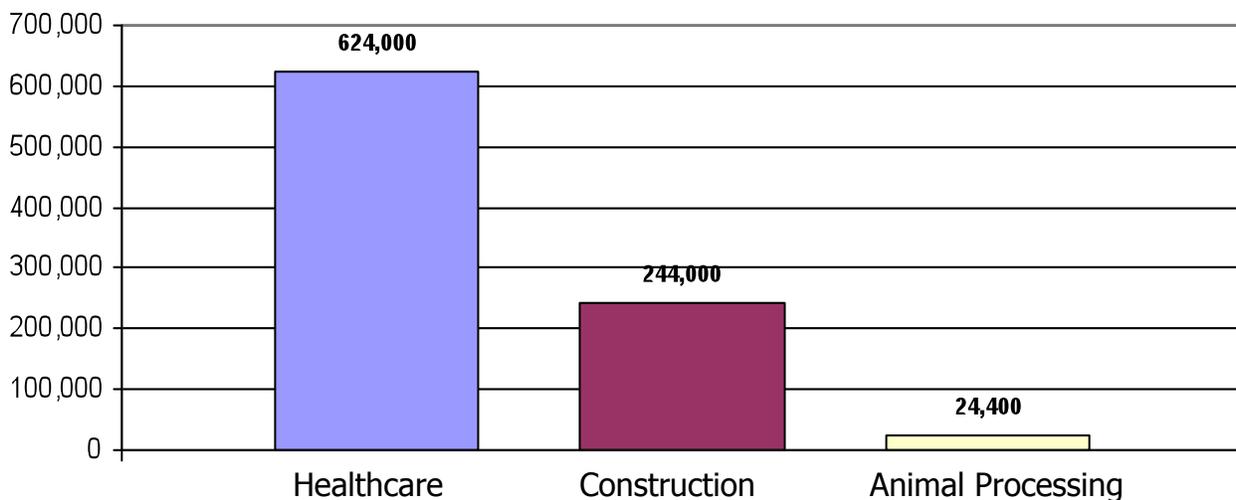
Health Care Jobs Compared to Other Dangerous Jobs

In 2009, there were 15 million health care workers in the U.S. That same year over 600,000 of them were injured on the job.

Looking at the chart below, you will see that more health care workers were hurt than construction workers and animal processing plant workers.

Many people think health care work is safe work. These numbers from the U.S. Bureau of Labor Statistics show that's just not true.

**Injuries and Illnesses to Workers in 2009
Healthcare Workers, Construction Workers, Animal Slaughter Workers**



Of the 15 million health care workers in the U.S., 1 million of them work in home health care. 25,000 home care workers were hurt on the job in 2009. That's as many as animal processing workers! Who would have thought that home care work is as dangerous as working in an animal processing plant?

Sources: U. S. Bureau of Labor Statistics, Table SNRN05, Incidence rate and number of nonfatal occupational injuries by industry and ownership, 2009.



SECTION ONE

FACTSHEET

B

The Careless Worker: Myth or Reality?

Often when workers get sick or hurt on the job the worker is blamed. The illness or injury is seen as the worker's fault. But, many studies show that **unsafe working conditions**—not careless workers—cause most workplace injuries.

Instead of trying to make people "be more careful" we have to look at the work place and ask this question--

What change or changes would make the work place safer?

For example, think about a client or consumer who is diabetic and on insulin. The client uses needles everyday. Once the client is finished with the syringe and needle they may throw them in their bedroom wastebasket. That's how they've disposed of their needles for years!

If you take a closer look at the situation, it could be made safer by asking the consumer or the family if they would please get a needle disposal box and use it for needle and syringe disposal. This small change would make the situation safer because the chances of getting poked by a needle while carrying out the trash have just gone way down.

And as we'll see later in this training—when your chance of getting poked by a needle goes down, so do your chances of getting hepatitis B, hepatitis C or HIV from a used needle.

The approach of trying to change the work or workplace, rather than the worker, is effective in preventing all kinds of injuries to all kinds of workers. Of course it is important to be careful on the job. But it's even more important to look for ways to make the work environment safe for everyone in it—workers as well as our consumers and their families.



It's A Jungle Out There!

Home care workers face a wide range of health and safety hazards. Most of these dangers fall into four categories: **biological hazards, physical hazards, chemical hazards and other hazards.**

BIOLOGICAL HAZARDS

Bloodborne viruses like **hepatitis B virus, hepatitis C virus or HIV**, the virus that causes AIDS, are found in human blood and body fluids like semen and vaginal fluid.

Bacteria can cause a variety of infections like staph infection. Many staph infections occur when consumers use in-dwelling catheters or IVs.

Viruses that cause **lung infections**—like the common cold—are spread from shaking hands with an infected person then touching your nose or mouth you're your hand. Influenza—the flu—is spread the same way and can cause serious problems in the lungs.

Tuberculosis (TB) is spread from person to person through the air. It usually takes a long time of on-going, close contact with a person who has active TB before you can become infected.

PHYSICAL HAZARDS

Back Injuries. Lifting and moving clients from beds to wheelchairs or from wheelchairs into baths are common causes of back injuries. In home care work, we often work alone without someone else (or a lifting device) to assist; this puts us at even greater risk of back or muscle injury.

Safety hazards include things like slipping on wet floors or scatter rugs, tripping, and falling.

Electrical hazards like frayed cords could cause electrical shocks or even fires.

Violence from clients, family or visitors is also a growing safety problem in home care.

CHEMICAL HAZARDS

All cleaning chemicals including bleach, ammonia, disinfectants, drain cleaners, oven cleaners etc., can irritate the skin, eyes, and lungs. Never mix cleaning products of any kind! Cleaning products work fine by themselves and mixing can cause gases and fumes that could kill.

Oxygen Many consumers or clients use oxygen. Oxygen is a compressed gas that is flammable. If a tank of oxygen is damaged, falls over, or has its cap knocked off, it could blow up. Never smoke around oxygen!

OTHER HAZARDS

Stress from work schedules and workload can cause headaches, muscle tension, and even high blood pressure.

Animals, including dogs and cats.

What other home care hazards can you think of?

Sources: NIOSH, *Guidelines for Protecting the Safety and Health of Health Care Workers*, 1988; "A Healthy Dose of Worker Protection," *Occupational Hazards*, Dec. 1992, p. 22.



TASK 2 Risky Business

Work in your small group and discuss the two situations described here. Once you have done that work together, complete the chart below.

Situation 1:

A home care worker arrives at her client’s home and finds a neighbor visiting her client. The neighbor has a cold and is going from room to room coughing and sneezing all over the apartment. She keeps wiping her nose on tissues and leaving it on furniture. At one point she coughs and then sneezes into her hand.

Situation 2:

The home care worker is taking out the trash from the bedroom of a client. A used needle in the trash bag pokes through and sticks the worker, puncturing the skin.

Complete this chart by answering the questions for both situations:

Questions	Situation 1	Situation 2
Who is likely to get hurt in this situation? The worker, the client, or both?		
What kind of hazard is present – physical, biological, or chemical?		
Who is affected if the worker gets sick or hurt?		

Use your own experience as home care workers and the story on **Factsheet D** to answer the questions above as you complete the chart. Again, choose someone in your group to be the reporter and write down the group’s response. That person will report your group’s findings to the whole class.



SECTION ONE

FACTSHEET

D

Angie and Tim's Story

Angie is a homecare worker who has a client named Tim. She has known Tim for the last two years and she likes and respects him very much. They tease each other like they are brother and sister.

Tim goes to the dialysis clinic three times a week because his kidneys don't work. Angie sees her client on the days when he is not at the kidney dialysis clinic.

She is very concerned about her client because not only is he on dialysis, he is also on oxygen, he is a diabetic, injecting insulin twice a day. Her client has been a diabetic almost all of his life and he is very easy going about leaving his used syringes, needles and lancets lying around his apartment.

Angie is concerned about these sharps and wonders what she should say to get Tim to do a better job of cleaning up after he injects himself. Angie wonders if she is responsible for the sharps disposal and if she is responsible, HOW in the world should she dispose of them? She wonders who she should she talk to about this problem.

She thinks maybe the waste basket is an okay place to dispose of the needles and used syringes because she is almost certain that Timothy could not have a bloodborne disease. If he had HIV/AIDS or hepatitis wouldn't he have told her?

She also worries because Timothy's shunt (the place in his arm where the dialysis machine gets hooked up). It often bleeds, especially when he bumps his arm on something. The skin around his dialysis shunt is like tissue paper and he bleeds often which frightens both Timothy and Angie.



TASK 3 Risk Mapping

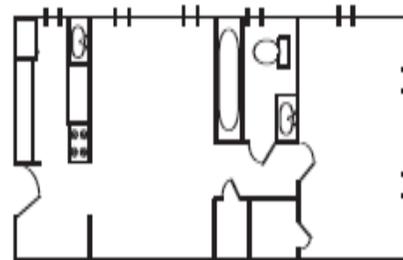
Where are the biological hazards in the clients home

Using your own experience and **Factsheet E** and discuss and risk map your client/consumers home. Choose a reporter to keep track of all the things that your group mentions. This person will be asked to show and explain your map to the whole group at the end of this task.

1. Draw a floor plan of your work area. It could be a client’s bedroom, bathroom, kitchen, or living room. Map the a layout of the house/apartment. Use the flip chart paper, colored dots and markers provided. Label each area on your map.
2. In your group, brainstorm the specific places a home care worker could be exposed biological hazards.
3. Answer the following questions

RISK MAPPING

Note to trainer: You want the participants' floor plans to look something like this:



NOT a drawing of a house



HAZARD	Examples
Biological	<ul style="list-style-type: none"> • Blood • Feces • Urine • Vomit • Semen • Infuenza • common cold • Tuberculosis • vaginal fluid



ASSIGNMENT:

1. Once you have completed your map, please list the top 3 areas that could you think are high-risk areas of being exposed to blood, feces, urine, vomit, semen, Write your top three areas here:

Write your answers here:

2. If your group were to work together as a health and safety committee, which of the problem areas listed above would you *work on first* and why? Work as a group to determine what you could do to protect yourself if you were exposed to any of these blood or body fluids. Use **Factsheet E** to help you choose which issue to work on first.

Write your answers here:



SECTION ONE

FACTSHEET

E

GETTING YOUR GEARS STARTED



WHERE TO BEGIN

After you have identified the different hazards in your workplace, you have to choose the ones to try to fix first. There are 4 types of questions that you may want to ask yourself to help prioritize the hazards.

- 1. How serious is the hazard?** (How easily or badly could someone be hurt?)
- 2. How common is the problem?** (How many other home care workers face this health & safety problem?)
- 3. Are others concerned?** (Is this an issue that other home care workers care about?)
- 4. Can you solve the problem?** (Is there a solution that you and other home care workers can think of?)

Sometimes, setting priorities means making tough choices. Choosing the problems that you know you can tackle is always a good place to start. Once you have solved the easier problems, you may find that people have more energy and confidence to tackle the more difficult ones.



Section 1 Summary

- Caring for others can be dangerous work. The health care industry has more injuries and illnesses than either construction or animal processing.
- Often home care workers get very little training about the hazards they face. That's one reason why it's so important that you all are here today!
- Taking care of others does not mean giving up your right to a safe workplace. In fact, a safer work environment can lead to better care.
- Home care workers face a wide range of dangers, including:
 - ↳ Exposures to biological hazards such as bacteria, Hepatitis B,C or HIV viruses
 - ↳ Lifting hazards that can cause back injuries, especially when there is no assistance from others or without the aid of lifting equipment;
 - ↳ Harsh cleaning chemical; and
 - ↳ Working around oxygen.
- When a home care worker is hurt, many people are affected – the clients/consumers, their families and friends, the agency, and the worker herself.
- Workers have valuable knowledge about their workplaces. When workers share ideas of how to reduce health and safety risks, they can begin to organize for improvements.
- Risk mapping gives us a visual way of identifying the hazards in our work environment that could lead injury or hurt home care workers.

Bloodborne Diseases and Universal Precautions



Purpose of Section 2

To explore the risks to home care workers of getting exposed to blood and body fluids and to discuss ways to protect workers from bloodborne diseases.



Objectives of Section 2

By the end of this section you will be able to:

- ✓ identify the body fluids where hepatitis B, hepatitis C and HIV live;
- ✓ define universal precautions and how they are used in home care and other health care settings;
- ✓ name 3 precautions that protect home care workers from getting blood or body fluids on them or in them; and
- ✓ describe the most efficient and safest way to dispose of used needles and lancets.

TASK

1 Diseases in the Blood

So what is your group's response to a co-worker who makes this statement:

"I'm confused about hepatitis and AIDS. A neighbor told me you could get them from sex. Then I heard about a home care worker who got stuck with a needle at work and later got hepatitis B. Can you really get that sick from a needlestick? I'll bet that she really got hepatitis B from having sex!"

Choose someone in your small group who will take notes and report back.



Use your own experience as homecare workers and **Factsheets A, B, C** and **D** to put together a group response to this co-worker.

Our group's response is:



SECTION TWO

FACTSHEET

A

Blood is Dangerous

Blood can carry dangerous viruses like **hepatitis B (HBV)**, **hepatitis C (HCV)** and **HIV, the virus that cause AIDS**.

Any of these viruses can make you very sick or even kill you. You cannot tell just by looking at a consumer, client, neighbor or friend if they have any of these viruses in their blood. That's why we have to approach ALL blood and body fluids as if they DO contain one or more of these viruses. Treating all blood as if it contains these viruses is called **universal precautions**.

Two of the most important practices in Universal Precautions are hand washing and wearing gloves.

This means every time you work with a consumer to clean up their blood, or body fluids (including feces, urine, vomit, vaginal fluids, or semen) you ALWAYS use gloves; you ALWAYS wash your hands before and after the clean-up; and you ALWAYS dispose of needles and syringes in a needle disposal box.

Hospitals, nursing homes, medical clinics and other medical places use and follow **universal precautions**.

There is a vaccine that protects workers from hepatitis B.

But home care workers don't work in any of those medical places!

That's true. You work in the homes of your consumer or client. But home care workers are health care workers, right? And all health care workers at one time or another will clean up blood or other body fluids right? Right! So, wouldn't you use universal precautions when you do clean up blood or body fluids?

It sounds like hepatitis B and hepatitis C are really dangerous. Do I have to worry about hepatitis A too?

Yes, but for different reasons. Hepatitis A is called the "other" hepatitis because it is not bloodborne. It's not found in blood. This makes it very different from either hepatitis B or hepatitis C. But it's dangerous too. It lives in the gut (stomach and intestines). Hepatitis A is carried in feces. It makes you sick to your stomach, gives you the runs (diarrhea), and turns your skin yellow. You feel terrible, but almost everyone gets better in a few weeks.

You can catch it from someone who is infected who doesn't wash his hands before they prepare food for you.

As a caregiver, this means that it essential for you to always wash your hands after using the bathroom, before preparing food, before and after cleaning up feces. There is a new shot (vaccine) to protect you from hepatitis A, but it's not been recommended for health care workers like the hepatitis B vaccine is.

Is there a vaccine that protects against both hepatitis A and hepatitis B virus infections?

Yes. Twinrix, the hepatitis A and hepatitis B combination vaccine manufactured by GlaxoSmithKline, was licensed for use in the United States in 2001 for people 18 years of age and older. Three doses of Twinrix are necessary for full protection against hepatitis A and hepatitis B virus infections.



SECTION TWO

FACTSHEET

B

ABCs of Bloodborne Diseases

Most people know by now that hepatitis B, hepatitis C and HIV/AIDS are caused by viruses (germs) that can be found in people's blood and body fluids including semen and vaginal fluids. In order to get hepatitis B, hepatitis C or HIV you have to get someone else's blood or other body fluids—like semen or vaginal fluids—into your body.

How could one person's blood get into my body?

Well, in the case of health care, blood from a consumer could get into the worker through getting stuck with a used needle. For example you could get stuck with a lancet that your consumer used to test their blood sugar or you could get stuck by the needle they used to inject insulin. You can get stuck when lancets, needles, or IVs are not properly disposed of.

Of course, semen or vaginal fluids are shared from one person to another through sexual intercourse. That's why all of these viruses are also called sexually transmitted infections (STIs). You get these STIs the same way you get gonorrhea and syphilis. There are basically three ways you can get these viruses in your blood:

- 1.** You have sex (penis in vagina, mouth or anus) with anyone (a man or a woman) who has the viruses in their blood.
- 2.** You shoot-up drugs and share a needle or syringe with someone who has the viruses in their blood
- 3.** You get someone else's blood into your blood—like getting stuck with a needle on the job.

Babies can also get these viruses from their mothers through breast-feeding and sometimes while in the womb or traveling through the birth canal during birth.



SECTION TWO

FACTSHEET

C

How Do I Get Rid of Needles and Lancets?

Because home care and other health care workers are at risk of getting stuck by used needles on the job it's important to know the best way of disposing of needles.

"I've been breaking the consumer's needles and putting them in an empty peanut butter jar. Then I screw the lid on really tight. What's wrong with that?"

It's not right or wrong; it's just not the safest way to dispose of needles. Unfortunately home care workers often have to fight for personal protective equipment like gloves, masks, or needle disposal boxes. Often home care workers have to be creative in the way that they get rid of their client's used needles or lancets.

Home care workers report using jars, pop bottles, plastic bleach jugs, coffee cans, plastic water bottles and rolled up newspapers. You name it; a homecare worker has probably used it to get rid of a sharp! But there are a couple of things dangerous about these practices.

First the more the home care worker handles the needle, syringe or lancet the better chance they have of getting stuck with the needle. So the worker should never break off or re-cap the needle for the consumer. The consumer used the needle, so it makes sense that they should recap it. Breaking needles by any one is just a bad idea all the way around and not necessary.

Secondly, when you dispose of a needle in a plastic, glass or metal container they end up at a recycle center or at the dump. Either way, someone at those worksites could get stuck.

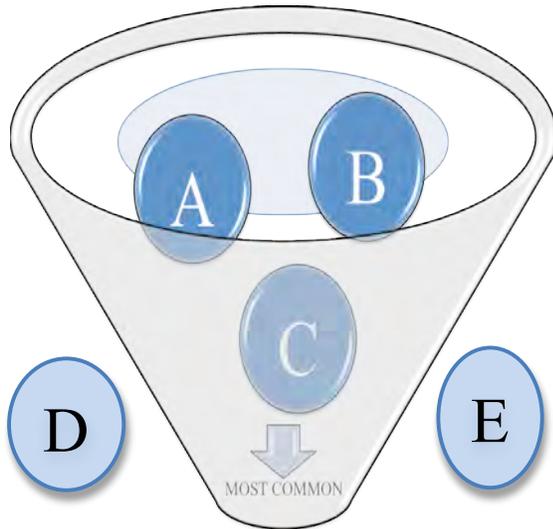
Imagine a worker who sorts bottles traveling down a conveyor belt. In handling and sorting out glass, from metal, from plastic-- the needle that was disposed of in the consumer's home could easily stick them. This is called sending a workplace danger "down stream."



SECTION TWO FACTSHEET

D

KNOW YOUR HEPATITIS



Hepatitis A is a contagious liver disease that results from infection with the Hepatitis A virus. It can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months. Hepatitis A is usually spread when a person ingests fecal matter — even in microscopic amounts — from contact with objects, food, or drinks contaminated by the feces or stool of an infected person.

Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis B is usually spread when blood, semen, or another body fluid from a person infected with the Hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing

Hepatitis C is a contagious liver disease that results from infection with the Hepatitis C virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis C is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected.

Hepatitis D is a serious liver disease caused by the Hepatitis D virus (HDV). It is uncommon in the United States, and only occurs among people who are infected with the Hepatitis B virus. The transmission of HDV is similar to how HBV is spread and requires contact with infectious blood. There is no vaccine for Hepatitis D.

Hepatitis E is a serious liver disease caused by the Hepatitis E virus (HEV). While rare in the United States, Hepatitis E is common in many parts of the world. HEV is similar to Hepatitis A, in that it is spread in similar ways and usually results in an acute infection. It is transmitted from ingestion of fecal matter, even in microscopic amounts, and is usually associated with contaminated water supply in countries with poor sanitation. There is currently no FDA-approved vaccine for Hepatitis E

Remember

Every 9½ minutes, someone in the U.S. is infected with HIV.

To find out more about **HIV and AIDS** call **CDC-INFO**

Phone: 1-800-CDC-INFO (232-4636)

Spanish and English

TTY: 1-888-232-6348 24 Hours/Day

Get answers to your questions regarding HIV/AIDS and how to protect yourself.

E-mail: cdcinfo@cdc.gov

For other information,
go to: <http://www.actagainstaids.org/>
<http://www.aids.gov/>

To learn more about **hepatitis B vaccine** and other vaccines go to www.vaccineinformation.org



TASK

2 Protecting Ourselves from Infected Blood



In your small groups, review the following situation.

Louise is a home care worker who takes care of two clients. Louise believes that one of her clients may have either hepatitis B, hepatitis C or HIV. She asks her friends in the union for advice about what precautions she should take.

Group Research

In your small group, using your experience as home care workers and the information in **Factsheets D, E, F, G and H** help Louise with understand facts surrounding blood borne diseases... in your groups, FILL IN THE GROUP RESEARCH PAGE and answer the questions below.



BLOOD DISEASE GROUP RESEARCH

	HEPATITIS B	HEPATITIS C	HIV/AIDS	NEEDLESTICKS
FACT 1				
FACT 2				
FACT 3				

Question:

1. What advice would you give Louise about the kinds of precautions she should take to protect her from diseases that are carried in the blood like HIV/AIDS and Hepatitis B and C?

2. What advice would you give Louise about how to talk to with her clients about the precautions she takes to protect her health?



The Similarities between Hepatitis B, Hepatitis C and HIV

Where do these diseases live?

Hepatitis BIn blood!

Hepatitis CIn blood!

Human Immunodeficiency Virus (HIV).....In blood!

Do they live in other body fluids?

Hepatitis BYes, semen and vaginal fluids

Hepatitis CYes, semen and vaginal fluids

HIV.....Yes, semen and vaginal fluids

It sounds like you can also get these viruses from sex. Is that right?

Hepatitis B Yes, it can be a sexually transmitted infection (STI)

Hepatitis C Yes, it can be a sexually transmitted infection (STI)

HIV..... Yes, it can be a sexually transmitted infection (STI)

What causes each disease?

Hepatitis B a virus, Hepatitis B Virus.

Hepatitis C a virus, Hepatitis C Virus.

HIV..... a virus, the human immunodeficiency virus (the virus that causes AIDS)

What does the disease do?

Hepatitis B HBV can attack the liver. It is the #1 cause of liver cancer in the world.

Hepatitis C HCV also attacks the liver, sometimes causing liver disease and cancer.

HIV/AIDS..... HIV attacks your body's defenses—your immune system. So people with HIV can get sick and die from germs that wouldn't even make other people sick.



E

SECTION TWO FACTSHEET

2 of 2

Is there a vaccine?

Hepatitis B **Good news!** There is a safe and effective vaccine against Hepatitis B. Many home care workers get the vaccine through their health insurance. Have you gotten your hepatitis B vaccine?

Hepatitis C **No**, there is no vaccine yet. Scientists are working on one.

HIV/AIDS **No**, there is no vaccine yet. Many scientists are working on developing one but we don't know when it will be ready.

Is there a cure?

Hepatitis B **No**

Hepatitis C **No**

HIV/AIDS **No**

Is there treatment?

Hepatitis B **Yes**. There are treatments to help people stay healthy longer. But like any disease, you'd rather not have it to begin with.

Hepatitis C **Yes**. There is treatment that can help some people who have HCV. But like any disease, you'd rather not have it to begin with.

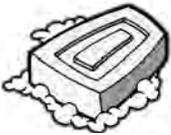
HIV/AIDS **Yes**. There are treatments to keep people healthy longer.



Universal Precautions: What's That?

You can't tell whether someone is infected or not with a disease like HIV or hepatitis B just by looking at them. Using **universal precautions** means that **we protect ourselves and act as if every client we care for could have hepatitis B, hepatitis C, or HIV/AIDS.** Universal precautions are a kind of infection control that protects our clients and us.

What kinds of precautions are you talking about?

- ❑ Wash your hands often. Washing your hands is the single best way to kill germs. Wash your hands thoroughly with soap and warm water before putting on latex gloves and immediately after taking off the gloves. Wash your hands immediately if you touch anybody's blood, urine, feces, vomit, semen, or vaginal fluid. *[See more in the Handwashing fact sheet.]*
- ❑ Treat all blood and other body fluids—including urine, feces and vomit—as if they contained the hepatitis B virus, the hepatitis C virus or the AIDS virus.
- ❑ Cuts, sores or breaks in the caregiver's skin or the client's skin should be covered with bandages.
- ❑ Bag soiled laundry in a leak-proof plastic bag and tie it shut to avoid contaminating the floor or other surfaces. Wear gloves when handling or sorting soiled laundry. When carrying the bag, do not hug it close to your body. If it's leaking, you don't want to be contaminated.
- ❑ Wear latex gloves when there is a chance of being in contact with blood or other body fluids. Wearing gloves is especially important when you have a cut or rash on your hands because any tear in your skin can allow the virus to get into your body. Some people are allergic to the powder in gloves or the latex. If you are one of those people, there are other kinds of gloves that will work, such as powderless gloves or nitrile gloves.
- ❑ Wear a mask and eye protection during job tasks likely to splash or spray blood or body fluids—like emptying a Foley catheter, caring for a draining wound, or disconnecting a feeding tube.
- ❑ Avoid handling sharp objects (such as razors or needles) Dispose of them carefully by placing them in a puncture-resistant container for disposal (also called a sharp container or a red box).



Finally, if you haven't already, get the hepatitis B vaccination. This is a series of 3 injections spaced over several months, which will protect you if you are exposed to the hepatitis B virus. Sometimes the hepatitis B vaccination is available through your health insurance. If not, some community clinics offer the vaccinations.

Practicing universal precautions and being vaccinated against hepatitis B are the best ways to protect yourself and your clients from bloodborne infections.

Universal precautions means that we protect ourselves and act as if **every client** we care for could have hepatitis B, hepatitis C, or HIV/AIDS.

Sources: www.cdc.gov



Handwashing

Washing your hands is the single best way to kill germs. Washing your hands is the single best way to protect you and your client. Wash your hands often with warm soapy water for at least 15 seconds. Clean under your fingernails and between your fingers. If your hands get dry or sore, put on hand cream or lotion, but keep washing your hands often.



Wash your hands immediately:

- After you arrive at your client's home.
- Before you fix food.
- Before and after feeding your client.
- After you go to the bathroom.
- Before and after you help your client go to the bathroom.
- Before you leave your client's home.
- Before you go home to your family.



Dry your hands:

- With a clean paper towel.
- Do not use damp towels to dry your hands.



If you are caring for more than one person in the home, wash your hands after helping one client and before helping the next.

Source: www.cdc.gov

Wash your hands immediately if you:

- Sneeze or cough.
- Touch your nose, mouth or genitals.
- Handle garbage.
- Handle animal litter.
- Clean the house.
- Touch anybody's blood, urine, feces, vomit, semen, vaginal fluid or any other body fluid.





SECTION TWO

FACTSHEET

H

HIV Facts

Fact #1--HIV is not easy to catch.

- A drop of blood usually has very few HIV particles in it—especially compared to the number of hepatitis B particles in blood, which is a lot! That's why more workers have been infected with hepatitis B, than HIV.
- From the beginning of the HIV/AIDS epidemic, through December of 2001, there were 57 documented cases of on the job HIV transmission to health care workers in the United States.
- There has only been one reported confirmed case of HIV on the job since 2001. So the number each year has dropped dramatically! This drop has occurred because health care workers now have access to safer needles, needle and sharps disposal boxes, and better policies and training on exposure to HIV on the job.
- You can't get HIV through saliva, sharing dishes, or kissing.
- You can't get HIV from mosquitoes or from breathing the same air as an infected person. Remember, HIV is blood borne not airborne like flu, colds or tuberculosis.

Fact #2--You can be infected for years and feel fine.

- If a person doesn't know they are infected they may be passing it onto others, through sex or sharing needles. Long before people even feel sick from the infection, they can pass the virus onto others.
- Most people don't know they have HIV until they either get tested or become sick with AIDS.
- Treatment has improved survival rates dramatically, especially since the introduction of highly active antiretroviral therapy (HAART) in 1995.
- With new treatments, people are living longer with HIV and with AIDS, but there still is no cure and no vaccine



SECTION TWO

FACTSHEET

H

Fact #3--Everyone should get tested.

- Everyone needs to know their HIV status.
- Early HIV testing reduces the spread of disease, extends life expectancy, and reduces costs of care. Every new HIV infection prevented saves approximately \$367,000 in lifetime medical costs.
- Early testing and diagnosis is key to prevention; treatment and prevention have the most impact when HIV is identified early.
- CDC recommends that everyone between the ages of 13 and 64 be tested for HIV at least once in their lifetime and those at increased risk—such as gay and bisexual men, injection drug users, or persons with multiple sexual partners—should be tested at least annually.
- Testing is an essential first step to link persons with HIV infection to medical care and ongoing support to improve their health and help them maintain safer behaviors.
- CDC also recommends that pregnant women get tested early in their pregnancy so steps can be taken that will prevent transmission of HIV to their babies.

Fact #4—If you get stuck with a needle tell your supervisor and go to the closest Emergency Room.

- It is very important to tell your supervisor if you get stuck with a needle, lancet or other sharp. Tell them if you get splashed in the eye, nose or mouth with blood. You need to go to closest emergency room treatment as soon as possible.

Fact #5—Infection Control is a Key to Safety

Health care workers should assume that the blood and other body fluids from **all** clients could contain HIV, hepatitis C or hepatitis B. Follow infection control precautions at all times including:

- Always using barriers (such as gloves and/ or goggles) when anticipating contact with blood or body fluids,
- immediately washing hands and other skin surfaces after contact with blood or body fluids, and
- carefully handling and disposing of sharp instruments during and after use.

Source: www.cdc.gov



CDC NPIN (National Prevention Information Network)

Hours Monday through Friday, 9 a.m. to 6 p.m. (ET)

E-mail info@cdcnpin.org

Phone 1-800-458-5231
1-404-679-3860 International



Fax 1-888-282-7681 Fax

Mail CDC NPIN
P.O. Box 6003
Rockville, MD 20849-6003

Chat Talk online with an NPIN Information Specialist, Monday through Friday, 9 a.m. to 6 p.m. (ET)



Web site www.cdcnpin.org

National HIV Testing Day (NHTD) is an annual campaign coordinated by the [National Association of People with AIDS](#) to encourage people of all ages to "Take the Test, Take Control."

Early HIV diagnosis is critical, so people who are infected can fully benefit from available life-saving treatments. Currently, almost 40 percent of people with HIV are not diagnosed until they already have developed AIDS. That can be up to 10 years after they first became infected with HIV. Finding out whether you are infected with HIV is the first step to improving your health and the health of your partners and your family.



TASK

3 Talking to our clients about wearing protections

Louise heard that wearing gloves is an important safety precaution at work but is afraid of hurting her clients' feelings if she suddenly starts wearing gloves.



Have someone play the client and someone play a home care worker. Act out the dialogue so that you can practice talking to your consumers about why you wear gloves or sometimes use a mask.

Note: Use Script



Section 2 Summary

We heard today about the dangers of bloodborne viruses like HIV, hepatitis B and hepatitis C. We've also had time to discuss together how universal precautions used by each home care worker, every time on every client, protects workers from these viruses. Let's have a quick review:

- Blood can kill you or make you very sick from Hepatitis B or C, HIV/AIDS, or other diseases. To get Hepatitis B or C, or HIV/AIDS, you have to get blood (with the virus in it) into your blood.
- There is a safe and effective vaccine to protect workers from hepatitis B. It is made up of three injections. Get all three for the vaccine to be effective.
- Anyone can have hepatitis B or C, or HIV/AIDS. You can't tell by looking whether someone has a virus in his or her blood.
- You can't get hepatitis B or C or HIV from casual contact (like sharing toilets or telephones). You CAN get them from sex without a condom or from used needles.
- Following universal precautions is the most effective way to protect workers from bloodborne diseases.
- Following universal precautions keeps us focused on CARING for the client, rather than wondering if the client does or doesn't have hepatitis or HIV/AIDS. Focus on care improves to quality of care we deliver to our clients



Controlling infections at work



Purpose of Section 3

To explore the importance of controlling infections at work and to discuss how infection control helps both home care workers and their clients.

Objectives of Section 3

By the end of this section you will be able to:

- ✓ identify easy things workers can do to reduce the spread of infections
- ✓ identify modes of transmission
- ✓ discuss the importance of covering coughs and sneezes
- ✓ identify the differences in droplet, airborne and contact transmission
- ✓ discuss types of personal protective equipment
- ✓ Understand how to prevent the spread of germs using controls

Task 1

Home care workers, can do many things, *everyday* to protect themselves from illness and injury. The things they could do to prevent infections in the workplace will give them more control over their work practices.

Practicing good infection control everyday, with every client protects the worker AND improves quality of care for the client.

The first exercises in Section 3 will focus on important infection control activities.

The assignment:

There are several key things health care workers can do everyday to protect themselves from infections on the job. Can you name 3 key things? (use factsheets A,B and C).

Work in your small group and see if you can come up with the three.



SECTION THREE

FACTSHEET

A

Everyday Things You Can Do

Reducing the Spread of Infections

Wash your hands often with soap and warm water for 20 seconds.



Cover your mouth and nose with a tissue when coughing or sneezing. Put your used tissue in the waste basket. Then, clean your hands, and do so every time you cough or sneeze. If you don't have a tissue, cough into your sleeve. If you do cough into your hands, wash them immediately or use hand sanitizer.





Everyday Things You Can Do

Reducing the Spread of Infections

- 3. Use hand sanitizers** when soap and water are not available. Most facilities have placed hand sanitizer dispensers throughout the facility. Homecare workers may want to carry hand sanitizer with them.



If using gel, rub your hands until the gel is dry. The gel does not need water to work.

- 4. Avoid shaking hands.** Always wash your hands after physical contact with others.
- 5. Avoid touching your eyes, nose or mouth.**
- 6. Avoid crowded settings** and other situations that can increase your risk of exposure to someone who may be infected. This is

something you can do day to day to protect yourself. If you must be in a crowded setting, minimize your time there.

- 7. If you are sick, stay home! Limit your contact with other people.** Stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer.

REMEMBER:
YOU ARE RESPONSIBLE FOR TAKING THESE ACTIONS TO PROTECT YOUR PATIENTS/CLIENTS, OTHER WORKERS AND YOURSELF



TAKE COVER!

Modes of Transmission

One way viruses can spread is if someone who is infected with the virus coughs or sneezes on someone else. Viruses can be very contagious (easy to catch) and spreads from human to human.

The three most likely that viruses are spread are:

- ✓ Droplet transmission
A person can catch the virus when an infected person near them (usually within six feet) coughs, sneezes or even talks. Large droplets containing the virus can infect a person when the **droplets come into direct contact** with the person's nose, mouth and eyes.
- ✓ Airborne transmission
A person can catch the virus when an infected person coughs or sneezes and small particles containing the virus stay **suspended in the air**. These particles are small enough to be breathed in (inhaled) by a person.
- ✓ Contact transmission
A person can catch the virus when:
 - ✓ they come in contact with infected individual (this is called direct contact) or
 - ✓ They touch an object or surface that is contaminated with the virus and then touch their own mouth, eyes or nose. For example keyboards, telephones, pens, pencils, handrails, doorknobs, tables, desks, etc. (this is called indirect contact).





Preventing and Controlling Exposures



Group Assignment

TASK **2**

The purpose of this class discussion is to learn ways to minimize the risk of infections.

In your groups answer the following questions. Use the following factsheets for more information.

- 1. What some routine practices we should follow at work?**
- 2. How should we clean up spills that may contain infectious material?**
- 3. Name 3 important Tips for disposing garbage and other potentially infected materials.**



Cleaning up spills

Workers need to be careful when dealing with spills of blood or body fluids, or any other materials that may be infectious. If a person has been exposed to blood and body fluids, attend to them first before cleaning up a spill.

How to clean up spills that may contain infectious material

Follow these steps:

1. Restrict access to the area.
2. Gather the necessary tools and materials (for example, plastic bags for contaminated items and bleach or germicide for the spill).
3. Put on disposable, waterproof gloves. Other necessary PPE may include a face shield, a gown, and waterproof covers for footwear.
4. Wipe up and dispose of visible material first (for example, using disposable towels). If necessary, change your gloves before the next step.
5. Decontaminate the area using a fresh solution of household bleach and water. Carefully pour the solution over the spill site, leave it on for 10 minutes, wipe it up with disposable towels, and dispose of the towels.
6. Clean and decontaminate all soiled and reusable equipment.
7. Wear the gloves to remove other PPE. Dispose of or clean PPE according to the manufacturer's directions.
8. Remove and dispose of your gloves, and wash your hands.

Mixing a bleach solution

A solution of 1 part common household bleach to 10 parts water will kill HIV and the hepatitis B and C viruses when used for larger spills.



Disposing of garbage and other potentially infected materials

Follow these guidelines for handling and disposing of medical waste:

- Handle garbage as little as possible.
- Use waterproof garbage bags or other appropriate containers.
- Never reach into garbage or disposal containers with your bare hands.
- Watch for sharps sticking out of bags or containers, and listen for broken glass.
- Don't compress garbage bags.
- Don't overfill garbage bags. Leave enough free space at the top so the bag is light and easy to grab.
- Don't use bare hands to pick up bags or to support them from underneath.
- Hold bags by their tops, away from your body. Don't hold them against your body.

Handling soiled or contaminated laundry

Follow these guidelines for handling soiled or contaminated laundry:

- Handle laundry carefully — there may be hidden sharps.
- Isolate contaminated laundry from other linen, and bag it separately.
- Place wet laundry in leak-proof bags or containers.
- Label or color code contaminated laundry bags or containers.
- Don't rinse contaminated laundry at the original location. Send it directly to the laundry room or commercial laundry.
- Wash contaminated laundry and laundry bags in hot water (minimum 70°C) with detergent for 25 minutes. If using lower water temperatures, use an appropriate concentration of cold water and low temperature detergents, which may include bleach.
- Identify to cleaners in writing any items that pose a hazard to workers handling contaminated laundry, as well as the precautions to follow when handling the laundry.

**ROUTINE PRACTICES**

The use of routine practices is an approach to infection prevention and control in which all blood and body fluids are presumed to carry infectious pathogens. This approach consists of a collection of safe work procedures that helps prevent the transmission of infectious diseases in the workplace.

Routine practices include the following:

- Wash hands regularly.
- Wear disposable waterproof gloves when touching blood and body fluids, or when handling contaminated items.
- Wear other PPE (for example, face shields, eye protection, and gowns) if there is a risk of splashes or sprays of blood and body fluids.
- Handle contaminated equipment and linens according to safe work procedures to prevent the transfer of infectious organisms to people and other equipment.
- Handle and dispose of sharps according to safe work procedures.
- Use mouthpieces or other ventilation devices instead of mouth-to mouth resuscitation, whenever possible.
- In healthcare settings, assign patients to private rooms, whenever possible, if they might contaminate the environment.
- In addition to the routine practices described above, there are also specific safety measures for contact precautions, droplet precautions, and airborne precautions.



Prevention is Key



Purpose

To discuss different ways for preventing exposures to blood and other infectious diseases among home care workers

TASK

3 Identifying Different Kinds of Solutions

A solution to a health and safety problem is often called a “control,” because it aims to control and reduce the risks that are associated with the work. There are three main kinds of controls for any health and safety problem:

1. Engineering; equipment like (machines or devices)
2. Administrative; how the job / worker is organized
3. Individual protections (PPE) = Personal Protective Equipment.

Some controls work better than others. In this task, you will discuss what kinds of health & safety solutions can protect home care workers.

First, using your own experience and Following **Factsheets** and list examples of possible ideas and health & safety solutions that could prevent home care workers from being injured on the job. Put each idea into the appropriate category below:

Engineering Machines/ devices	Adminstrative How the Job Is Organized	Individual Protections PPE



CONTROLS

Controls are measures that are used to eliminate the risk to workers or, if elimination is not possible, minimize the risk. Controls must be implemented in the following order of preference:

1. **Eliminate** the hazard- removing the hazard altogether in the workplace
2. **Substitution** or (**changing out one thing for another**) in the workplace

3 main kinds of controls

1. **Engineering controls** – prevents you from being exposed with use of machines or devices.

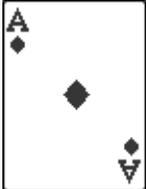
Examples: Safety-engineered medical devices, safer needles, sharp containers, Mechanical ventilations.

2. **Administrative controls** involve changes to scheduling, job rotation, or work procedures to reduce exposure. Examples: Hand washing, cough/sneeze etiquette, encouraging sick workers to remain at home, screening clients before they enter the office.

3. **Personal protective equipment (PPE)** is considered the last line of defense, and should only be used when other controls are not practicable, or in addition to other controls. The proper use, fit checking, and disposal of PPE must also be considered. Examples: Gloves, gowns, goggles, respirators, and face shields.

BETTER UNDERSTANDING CONTROLS H
SECTION THREE FACTSHEET

Ace, king, queen, and jack for infection control

	Control Methods	Description	Related examples
Most effective	Substitution 	Eliminate the hazard source	<ul style="list-style-type: none"> • Vaccine • Antiviral drugs
	Engineering Controls 	Modify the workplace to reduce the hazard	<ul style="list-style-type: none"> • Safer needles • Needle deposit boxes • Respiratory etiquette (mask on patient – this can also be considered a work practice control)
	Work Practices and Administrative Controls 	Action done to reduce the hazard	<ul style="list-style-type: none"> • Training • Hand washing • Scheduling/staffing
Least effective	Personal Protective Equipment (PPE) 	Protective equipment worn by workers	<ul style="list-style-type: none"> • Gloves(which can tear) • Gown • Eye protection • Procedure masks leak • N95 or more protective respirators

*Continue****Idea #2 Enlist Support and Help from a Variety of People and Places***

Make a request of the agency that hired you. Remember to tell them about your client's use of lancets or needles. Don't assume they remember any details about your client. Remember, you're the one who sees the client on a regular, sometimes daily, basis.

Talk to the social worker or case manager. Sometimes the consumer's social worker can help with problems that impact the consumer's health and safety. Even if they can't get a box for you, they may be willing to go with you to the agency to make the request. Having an advocate with you will make your request easier.

Ask the nurse. If a nurse regularly visits your client ask them to get you a needle disposal box in the house. Nurses understand the importance of proper needle disposal and may know where or how to get you a box.

Ask for help from the consumer, if it seems appropriate. If not, ask the consumer's family for help. Often a family member who has contact with the consumer's primary care physician can talk to the doctor about getting a needle disposal box in the consumer's house.

Ask the consumer's pharmacist for a needle disposal box. If you are in charge of going to the pharmacy to refill prescriptions for needles or syringes for your client ask the pharmacist for a box when you pick up the prescription. Many pharmacies are also drop off sites for needle disposal boxes when they become full. The pharmacy usually has a contract with a waste management service that pick up the full boxes and properly dispose of them so they don't get sent 'down stream.' If the pharmacy does not offer this service, they will know someone who does.

If you have had success requesting and getting the needle disposal boxes that you need, then tell other home care workers what worked for you. Knowing how you did it may help them get what they need.

Finally, if nothing seems to work, **contact your union health and safety representative** for their advice and support.



I

So what are we supposed to do? Asking for a needle disposal box is like asking for a day off!

It seems like asking for a needle disposal box would be difficult, but recently homecare workers reported that they had never actually requested a needle disposal box for their clients. Most home care workers assumed the answer would be “no”, so they didn’t request the needle box. Ask for what you need. Don’t assume the answer will be “no.”

There are a couple of ideas that have helped the home care worker get a needle disposal box for their consumer’s needles and lancets.

Idea #1. Get the facts-Share the facts

Before you request a box from the client, family member, supervisor or agency, get your basic facts together.

Paint a picture with your words. They need to know how many sharps the client needs to dispose of in a single day. Multiply that amount by 7 days a week and then by 4 weeks in a month.

For example, 1 client uses 2 lancets and 2 needles per day = 4 sharps a day X 7 days a week = 28 sharps X 4 weeks in a month = 112 sharps that need to be correctly and safely disposed of every month for this one consumer. Share this number with the client, family member, supervisor or agency. If you have more than one consumer using needles, syringes and lancets add up the total for each of your client’s to come up with a GRAND total. Share the grand total with your supervisor and agency.

2	+	2	=	4	x	7	=	28	x	4	=	112
Lancets		Needles		Sharps		Days/Week		Sharps		Weeks/Mo		Sharps/Mo

Explaining with facts and details will help with your request. They show that you know what you are talking about and that you know exactly what you need.

So whom do you request the box from? Every situation is different. But Idea #2 has several suggestions.



Summary

- There are several key things home care workers can do to protect themselves from flu, colds and other viruses. These include: washing hands often; and covering the mouth when covering or sneezing.
- Coughing and sneezing can spread colds, flu and other viruses by: droplets; when they are airborne (suspended in air then inhaled); or through contact transmission when a person touches an object or surface that has the virus on it and then they touch their eyes, nose or mouth.
- A hierarchy is a system of persons or things which are ranked.
- The rank for the health and safety controls on the job include: eliminate; substitute; engineering; administrative; and lastly, personal protective equipment.
- Focusing on infection control is one of the best things home care workers can do to improve and maintain quality of care for our clients.

MANUAL SOURCES:

SEIU Education and Support Fund,. (2004). *Health and safety in homecare*.
Service employees international union

WorkSafeBC, . (2009). *Controlling exposure: protecting workers from infectious disease*. (Adobe pdf), www.Worksafebc.com