



Title: UNIVERSAL PRECAUTIONS

Principle:

It is the policy of Anatomical Pathology & the University Hospital that all employees will utilize Universal Precautions principles of infection control in their performance of direct and indirect patient care. All laboratory workers will follow the following policy on universal precautions.

Procedure:

A. Anatomical Pathology Universal Precautions Policy

1. Hand Washing

Hands should be washed whenever there is visible contamination with blood or body fluids, after completion of work, and before leaving the laboratory, after removing gloves, before eating, drinking, smoking, applying makeup, changing contact lenses, and using lavatory facilities, and before any and all other activities which involve contact (touching) of the hand with mucous membranes, eyes, or breaks in the skin.

If contact of blood, body fluids, or tissue occurs because of a break (hole or tear) in the glove, the gloves should be immediately removed and the hands thoroughly washed.

Washing with soap and water is recommended. . Use of a moisturizing hand cream after washing may reduce skin irritation caused by frequent hand washing.

A hand washing sink should be designated in each laboratory work area. It should be separate from sinks used for washing equipment or for waste disposal.

2. Needles and Sharps

a. All tasks in which needles or sharps are used pose a risk to the health care worker. Specific operating procedures for their use are outlined in the department procedure manuals.

b. The use of sharps in the laboratory is discouraged except for when no other alternative is feasible or the use of sharps is unavoidable which is designated as a high risk task.

c. **High risk tasks** include.
While performing high risk tasks below PPE is mandatory at a minimum gloves, eye/face protection,

and fluid resistant lab coat.

Task

Handling Procedure

Grossing/cutting of tissue	Double glove with two different colors of gloves. Do not use sharps unless necessary. If just manipulating tissue with one hand use tools such as tweezers or wood sticks to manipulate tissue. Use blades with handles when available while cutting tissue. Dull blades should be disposed of to prevent using excessive force while cutting. Never cut toward hands/fingers/palm try to position hands/fingers/palms behind blade and cut away from.
Removal of uncapped needle from syringe	Use one-handed technique to place needle into the needle jig on the sharps container. Unscrew the syringe and let needle drop into sharps container. Alternatively, use one-handed technique to re-cap needle. Use pliers to brace the capped needle and slowly twist off the syringe with the other hand.
Capping a syringe needle	Use one-handed technique to slide needle into cap. Then use second hand to tighten cap.
Removal of capped needle from the syringe	Whenever possible, use pliers or hemostat to brace the capped needle and twist off the syringe with the other hand. If situation is such that pliers or hemostat cannot be used, hold capped needle in one hand and slowly twist the syringe away from the needle with the other hand. DO NOT let the needle slide out of the cap.

3. **Protective Barriers**

A. **Gloves**

Latex or vinyl gloves must be worn for all procedures involving handling of tissue or blood or body fluid.

Latex or vinyl gloves should be worn when handling items that are likely to be contaminated, including biological safety cabinets, laboratory instruments, specimen containers, counter tops, computer keyboards, and telephones. These items should all be considered contaminated if in the laboratory setting, so hand washing is recommended before leaving the area. Latex or vinyl gloves must be worn when handling biohazard bagged material and visibly contaminated items or linen and also for biohazard spill cleanup.

Latex or vinyl gloves are available to all employees for use. If any employee experiences allergies to a particular glove product, a reasonable effort will be made to find glove liners or a non-allergenic product for the employee to wear.

Gloves should be changed if they accidentally become visibly contaminated with blood or body fluids, if physical damage (tears or holes) occurs, or if chemical damage (e.g., from organic solvents) occurs.

b. **Gowns**

Long fluid resistant laboratory coats must be worn when handling specimens. Lab coats must be buttoned. If the laboratory coats cannot be buttoned, an apron or gown must be worn.

Laboratory coats used during open specimen handling or testing cannot be worn outside the laboratory area or worn in clean areas. Unsoiled laboratory coats used during tissue and body fluid handling may be used while working in the laboratory.

If laboratory coats are worn in non-clinical areas of the institution, coats must not have been in use for specimen handling or testing. Laboratory coats are not required in non-clinical areas.

If infectious material is spilled on a laboratory coat, remove promptly, place in a red bag, and place bag in the lab laundry hamper. Lab coats may not be taken home and laundered by the lab employee.

If infectious material is spilled on personal clothing, remove clothing as soon as possible. The personal clothing must be decontaminated before the employee can take it home. The use of an anti-viral agent such as Virex is recommended in a warm water soak. Once decontaminated, personal clothing can be taken home and cleaned with household laundry detergent.

Gowns or aprons made of impervious materials, e.g., plastic-paper alloys, should be worn during procedures known or suspected to result in splashing of body fluids.

c. **Masks, Eyewear**

Masks and protective eyewear or face shields must be worn for blending, grossing, cutting, tissue, vigorous mixing, and when removing tightly impacted stoppers from tubes -- or in any other situation where the health care worker anticipates mucous membrane contamination.

d. **Occlusive Dressings**

All skin defects (e.g., exudative lesions, dermatitis, cuts, or abrasions) located on parts of the body exposed to blood or body fluid should be covered with a water-impermeable occlusive bandage or otherwise shielded. This includes defects on the arms, face,

a water-impermeable occlusive bandage or otherwise shielded. This includes defects on the arms, face, and neck.

4. Employee Specifics

- a. Smoking, eating, and drinking are not allowed in the laboratory area. Contact lenses should not be inserted or removed in the laboratory area.

Application of cosmetics, lip balm, etc., is not allowed in the laboratory area.
- b. Fingers, pencils, and other objects used in the laboratory must be kept away from the mouth and/or mucous membranes.
- c. Employees failing to comply with safety practices or who endanger the safety of other employees, patients, or visitors will receive a corrective action. Employees who do not immediately correct their actions will receive a disciplinary action, which may result in loss of pay or dismissal.

5. Environmental

a. Spills

<p>Note - for large spills of cultured or concentrated infectious agents, the spill should first be flooded and mixed with a concentrated disinfectant (e.g., 1:5 bleach) and then be allowed to stand for 20 minutes before being decontaminated.</p>

Wear gloves and a fluid resistant gown to clean all spills. If the spill contains broken glass or other objects, these should be removed without contact with the hands. Rigid sheets of cardboard used as a "pusher" and "receiver" may be used to handle such objects and then discarded into the biohazard waste container. In a centrifuge, a forceps with gauze can be used to remove bits of glass.

If the spill is large and/or there is potential of contaminating the workers' shoes, water-impermeable shoe covers should be worn.

Absorb the spill with disposable absorbent material (e.g., paper towel, gauze pads, or tissue wipes). Note - the spill cannot be adequately disinfected unless the bulk of it is absorbed and picked up first. Clean the spill site of all visible spilled material using an aqueous detergent solution. Absorb the

liquid.

Disinfect the spill site using an appropriate intermediate to high-level hospital disinfectant, e.g., 1:10 bleach. Flood the spill site or wipe down the spill site until it is "glistening wet." Let bleach sit on the site for a minimum of 2 minutes. (For other disinfectants, follow manufacturer's directions.)

Absorb the disinfectant solution with disposable material. Rinse with water to remove any noxious chemicals or odors. Dry the site.

Dispose of solid materials in a biohazard waste container. Use an intermediate rigid container if the spill contained sharps. Large quantities of liquid can be disposed of in a sanitary sewer.

b. Pipetting

Mouth pipetting is not allowed. All pipetting must be performed using a rubber bulb or mechanical device.

c. Centrifugation

All specimens must be capped during centrifugation and contained within aerosol protection/containment cups or a closed rotor. The centrifuge lid or rotor should not be opened while the centrifuge is running.

d. Biohazard Containers

Sharps containers, small waste containers, and biohazard waste boxes must be provided in all work areas.

e. Specimen Analysis

All testing procedures in which universal precautions fluids are assayed must include the use of protective barriers appropriate to the tasks.

f. Disinfecting Work Areas/Equipment

Work surfaces should be cleaned and disinfected at the end of each work shift. Equipment should be cleaned and decontaminated prior to being repaired or transported to a contracted repair service.

g. Food Storage

Food may be stored in a designated refrigerator or in

a designated office area. A designated refrigerator must contain a prominent sign on the outside stating "Store only food in this refrigerator." Refrigerators not designated for food must contain a prominent sign on the outside stating "Do not store food in this refrigerator." A designated office area is one which has been identified as a clean area and in which no gloves or contaminated lab coats are worn.

6. Specimen Handling

a. Requisitions and Specimen Containers

Requisitions or specimen containers contaminated with blood or body fluids should be placed in a bag labeled biohazardous or red and the originating nursing unit called to clean the container with approved disinfectant and to replace the lab requisition form. If a representative from the originating unit does not clean the requisition and container within 15 minutes, the plastic bag should be returned to the unit via the dumbwaiter.

The lab will not accept or process specimens with exposed needles.

The lab will not accept urine or fluids in paper containers.

The primary specimen container for all specimens must be leakproof. For universal precautions fluids, each specimen must be placed inside a secondary container for transport. The secondary container can be a plastic bag, a secondary test tube, or a test tube rack in a plastic tub or phlebotomy tray.

b. Specimen Handling

All specimens should be covered, capped, corked, or plugged except while being separated, poured, or during analysis. To remove a rubber stopper from a tube, use plastic coated gauze to cover the stopper or work behind an acrylic splash shield.

All microbiology specimens should be opened in a biosafety hood.

All containers of bronchopulmonary washings or sputum should be handled as if they are contaminated on the outside.

B. Hepatitis Immunization

Hepatitis B vaccine is available to all employees of the

clinical laboratory through University Hospital Health Services. The vaccine will be offered to all employees on employment but may be received at any point in employment. Supervisors will keep documentation of Hepatitis B vaccine.

C. Accident Reporting

See policy on accident reporting and UCD policy on blood or body fluid exposure.

Written by: David Davis, HT (ASCP), 12/21/92

Revised by: Gail Zander, CT (ASCP), 1/24/2014

References: GEN.74000, GEN.74300, GEN.74400, GEN.74500, GEN.74700

Approval of Procedure:

Medical Director Signature: *m. Scott Lucia, MD*

Date: 3/24/14

