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**Guidelines for Universal Precautions and OSHA Compliance in Community Midwifery Practice**

**1. Definition or Key Clinical Information:**  Universal precautions are protocols that help prevent the spread of infection in healthcare settings. They are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. They are to be applied during all in-person client interactions.

**2. Universal Precautions Guidelines**

1. **Hand hygiene** 
   * + Keep nails trimmed short, wear no hand jewelry or only a simple ring, leave cuticles intact.
     + Unchipped nail polish is preferred.
     + Always wash hands with soap and warm water before and after in-person client interactions, any in-between dirty and clean procedures with the same client.
     + Wash hands with soap and warm water after removing gloves and any time that there is contact with bodily fluids.
     + Hand sanitizer may be used in lieu of washing with soap and warm water when no bodily fluids are evident.
     + Use medical scrub procedure prior to donning gloves in preparation for invasive procedures and upon arrival at the client’s home or the birth center in preparation for birth.
2. **Handling and disposal of sharps** 
   * + Wear gloves when handling sharps.
     + Prep skin with an alcohol swab prior to injections.
     + Never recap used needles. Always have a sharps container accessible when handling sharps. Use one-handed technique to recap unused needles.
     + Dispose of sharps immediately following use in a hard-sided sharps container. Keep sharps container in a safe location, protected from children and pets.
     + Do not bend, break, or otherwise manipulate needles. Remove needle from syringe only with the aid of a mechanical device, never by hand.
3. **Use of personal protective equipment** 
   * + Personal protective equipment (PPE) includes gloves, face masks, gowns, eyewear, footgear, and resuscitation devices.
     + Non-sterile gloves should be worn anytime there is physical contact with a client involving mucus membranes or non-intact skin, for venipuncture procedures, and during urinalysis. Also wear non-sterile gloves anytime there may be contact with bodily fluids or infectious agents, such as during newborn examination, when handling soiled linens, or during cleaning. Remove gloves after procedure. Change gloves when visibly soiled and before moving to another area of contact on the client.
     + Sterile gloves should be worn during any invasive procedures (eg, (IV catherization, urinary catheterization, suturing, manual removal of the placenta/uterine exploration), perineal assessment, and vaginal exams if waters are broken.
     + Wear protective eyewear during any procedure where there may be a splash of fluid.
     + Use a barrier device during resuscitation.
     + Wear closed-toe shoes anytime that sharps may be present.
     + Other PPE should be worn when deemed appropriate.
4. **Single-use items** 
   * + Single-use items should be disposed of properly following use.
     + Do not re-use disposable items, including gloves, resuscitation masks and bags.
5. **Disinfection of environmental surfaces and reusable equipment** 
   * + Environmental surfaces that come into contact with clients, providers, used supplies, or used equipment should be disinfected on a regular basis.
     + Household surfaces (eg, toilets, doorknobs, counters, etc.) may be cleaned using a household disinfectant such as Chlorox wipes. Any bodily fluid spills should first be wiped up, then disinfected using an EPA-registered disinfectant (Sani-Wipes, Cavicide).
     + Disinfect non-critical items (eg, blood pressure cuff, stethoscope, birth stool, etc.) with an EPA-registered disinfectant (eg, Sani-Wipes or Cavicide). Remove visible contamination prior to disinfection.
     + Semi-critical items (eg, birth instruments, vaginal specula, reusable resuscitation bag, etc.) should be cleaned with soap and water, then disinfected with an EPA-registered germicide (eg, Cavicide) per manufacturer’s instructions prior to sterilization.
6. **Handling of soiled linens** 
   * + Always wear gloves
     + Soiled linens should be bagged at site and labeled if being transported.
     + Transport soiled linens with caution, avoiding contact with other surfaces.
7. **Labor in water and water birth** 
   * + Use a new liner for each birth
     + Use of veterinary gloves may be used to prevent contamination.
     + Use new, food grade hose to fill the tub
     + Use of waterproof flashlight is acceptable
     + Use a thermometer that can be disinfected
     + Use a small fish net to gather any solids from water.
     + Change the water at least every 24h or if it is visibly contaminated
     + Use gloves when cleaning tub
     + Use bleach and or germicidal cleaner
     + Any item that was submerged in the tub must be disinfected.
8. **Handling and disposal of the placenta** 
   * + Always wear gloves when handling the placenta
     + Placenta may be packaged in gallon size Ziploc bags or container with a sealable cap
     + Placenta should be labeled with clients information
     + Placenta is to be kept by client and disposed of.
       - May be buried, incinerated or ingested. Disposal via trash is not compliant.
9. **Specific infection prevention and control strategies in the out-of-hospital setting** 
   * + Closed toe shoes should be worn in client care locations
     + Shoes should be able to be easily disinfected/washed
     + Wear clean clothing to births
     + Carry a clean change of clothing
     + Change immediately if your clothes become contaminated
10. **Respiratory hygiene**
    * + Reschedule appointments as needed if fever or disease that is transmitted through respiratory droplets is present. Encourage clients to do the same, unless they require a physical exam.
      + Wear a face mask during all direct client care if persistent cough is present. Encourage clients and others who are present to do the same.
      + Cover mouth/nose when coughing or sneezing.
      + Wash hands after coughing, sneezing or blowing nose.

**3. OSHA Compliance**

* + - Keep an incident log for any needle sticks, illness, injuries etc. This should be kept for entirety of career, plus 30 years.
    - Report employee fatalities as a result of work-related incidents within 8 hours.
    - Report employee hospitalization within 24 hours of incident.

**4.References**

* 1. Cimon, K., & Featherstone, R. (2017). Jewellery and Nail Polish Worn by Health Care Workers and the Risk of Infection Transmission: A Review of Clinical Evidence and Guidelines. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK487444/pdf/Bookshelf\_NBK487444.pdf
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  3. King, T., Brucker, M., Kriebs, J., Fahey, J., Gegor, C., & Varney, H.(2014). Varney’s midwifery(5th ed) pp99-100. Burlington, MA. Jones and Bartlett Learning
  4. United States Department of Labor, Occupational Safety & Health Administration (2012). Standard 1910.1030: Bloodborne pathogens. Retrieved from: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030