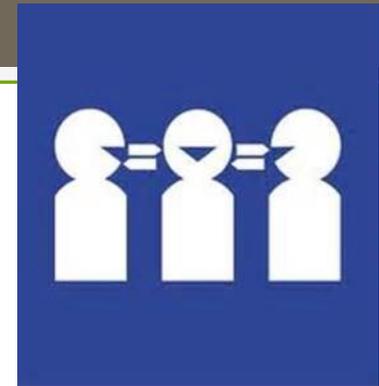




Infection Control and Industrial Safety for Medical Interpreters

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Objectives



- Become a fully competent and safe member of the health care team. Know how to:
 - Avoid bringing germs to patients in health care setting
 - Avoid bringing germs from health setting into your family and community
 - Avoid being a vector between patients
 - Avoid getting sick yourself
 - Practice hand hygiene effectively and use PPE (Personal Protective Equipment)
 - Avoid getting hurt, abused, irradiated, depressed



Sections

- Infection control concepts, measures, and expectations of all health team members
- Industrial safety risks and responsibilities as a worker in the health industry

Photo upper left: Clare McLean, UW Medicine, interpreter at Urology Clinic encounter

Interpreter assignments take place in environments governed by health safety standards:

- DOH (Dept. of Health) in each state
- Accrediting body regulations for hospitals and clinics (JCAHO, AAAHC)
- CDC (Center for Disease Control and Prevention): advisory, gold-standard
- Rules of each specific health organization

Regulations address:

- Worker immunization and TB testing
- Food, drink regulated in patient care areas
- Hand hygiene required before and after encounters
- Adherence to posted special precautions
- Screening of visitors and staff before entering vulnerable patient areas
- Industrial safety around needle sticks and radiation safety
- Prevention and reporting of inappropriate behavior

Interpreters to date have rarely been trained in Infection Control and Industrial Safety

- Most direct care health workers are trained in infection control and industrial safety principles by both their
 - Licensed professional training
 - Facility where they work
- Medical interpreters in direct patient care are rarely licensed professionals, and in most cases are individual contractors rather than employees of the facilities where they accept assignments.
- Medical interpreting is commonly viewed as an occupation related to language, or to community service, rather than to medicine.
- This present training is provided to all community interpreters regardless of which clinics and hospitals they work in, in order to build competence in knowledge and skills expected of all members of the direct health care team.

Medical Interpreters, Part of the Care Team

Infection Control Principles



Infection Control Basics for Medical Interpreters, as Health Workers

Topics:

- Concept of vector
- Concepts of reservoir of infection, incubation period
- Personal immunization and health monitoring of interpreter:
 - Protect self
 - protect patients
 - protect colleagues
- Concept of precautions: standard (general, universal), and transmission-based (special, extended)
- Procedures to observe standard and special precautions
- Vulnerable populations and high risk units
- Procedure for sterile procedure areas (OR, IR, etc.)
- Pro-active behaviors if permitted in facility

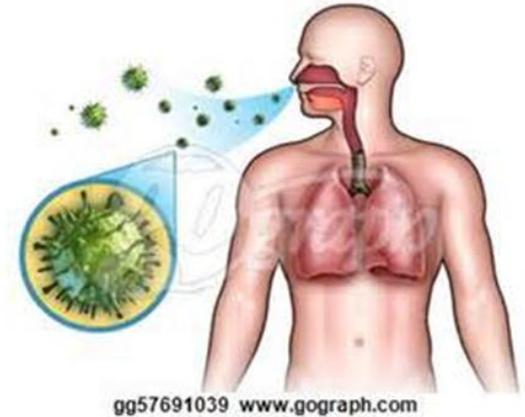
Concept of Vector of Infection

“a carrier, especially the animal (usually an arthropod) that transfers an infective agent from one host to another.” (The Free Dictionary)

- mechanical vector versus biological vector
- infectious organism/ host
- colonization versus infection
- a Medical Interpreter is the ideal vector for many infectious organisms
 - carries from family, community, transit, hallways, other patients, other staff, self
 - carries to family, community, transit, hallways, other patients, other staff, self
 - acts as BOTH mechanical AND biological vector



Concepts: Reservoir of infection, incubation period, vaccine effectiveness time lapse



- Reservoir of infection
 - An unvaccinated person serves as a stepping stone for vaccine-preventable diseases which would otherwise be shut out in our communities.
- Incubation period
 - A person gets infected with a pathogen, and is infectious himself to others, for days or weeks or years before feeling sick and staying home.
- Vaccine effectiveness time lapse
 - The body requires time to learn how to fight off the proteins of the vaccine, so the person is still vulnerable to becoming ill with, and infecting others with, the disease until the vaccine becomes effective in his body



Health workers, including medical interpreters, should have:

- Immunization against Vaccine Preventable Diseases
 - MMR: Measles, Mumps, Rubella (measles is rubeola)
 - Chickenpox (Varicella)
 - TDAP: Tetanus, Diphtheria, Pertussis (whooping cough)
- Annual flu vaccine (Influenza), as early in season as possible, usually combined with H1N1 vaccine now
- Immunization for personal safety:
 - Hepatitis B (blood-borne)
- TB exposure monitoring, annual

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm#top>



Restrictions on accepting interpreting assignments:



- Safety of interpreter with vulnerable health:
 - Pregnancy: may refuse assignments with ill children or adults with active infections
 - Low immune status: refuse assignments with any actively infected patient, and possibly any pediatric appointment
- Safety of patients: Interpreters should not work directly with patients at all if they themselves have:
 - Fever, chills, runny nose (except due to allergy), cough, rash, open sores, diarrhea



HAI's Health-associated Infections

- Also known as nosocomial infections or iatrogenic infections
- CDC: "Infections are a serious problem in healthcare facilities. Every year, an estimated 2 million patients get a hospital-related infection. 90,000 die from their infection. Many infections are transmitted on the hands of healthcare personnel."
- Patients are at risk for:
 - Central Line-associated bloodstream infections
 - Clostridium *difficile* intestinal infections
 - Surgical site infections
 - Urinary catheter-associated UTIs
 - Ventilator-associated pneumonia
 - MRSA
 - Influenza



Figure 4.1. Placement of a central line-associated bloodstream infection.

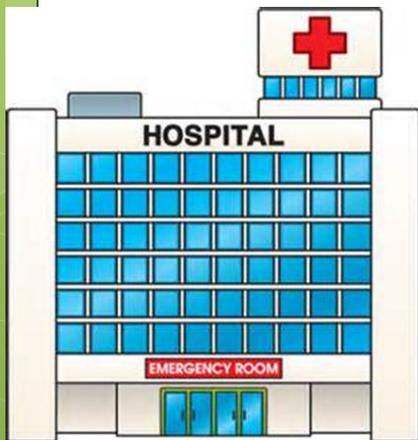


See CDC site:

http://www.cdc.gov/HAI/vap/vap_faqs.html

Rules vary by facility

- Medical interpreters operate in hospitals and clinics with very different rules. It is essential to know and follow the rules of each organization.
- Example: Children's uses telephonic modality for inpatients in airborne precautions, rather than having interpreters wear a PAPR or N-95. Interpreters who see a placard on a door are required to check with the nursing staff and get detailed instruction before entering.



Interpreter Proactive Behaviors:

Do these ONLY to extent permitted by the specific healthcare organization.



- New interpreter model: Part of the Care Team. The interpreter is expected to know about and to participate in the many complex behaviors which make the system function more SAFELY.
- Encourage patient with cough or sneezes to use tissue, dispose in trash, put on mask, and gel hands. Encourage patients with these symptoms or with other possibly infectious symptoms to ask staff if OK to wait in waiting room.
- Ask family members if they would like the nurse to demonstrate how to gel in and out when visiting inpatients.
- Be able to explain why ALL staff and visitors are asked to leave bags and outer clothing outside of units like NICU.
- Ask families of inpatients in contact enteric precautions if they have questions for the nurse about what areas of the hospital they can visit outside of the patient's room.



Vulnerable populations in health setting: Interpreters note!

- NICU Neonatal Intensive Care Unit
- ICU
- Cancer (radiation, infusion, stem cell Tx)
- Transplant
- HIV/AIDS patients
- Other immune-suppressed (example: on steroids) or non-vaccinated patients

Take nothing into room. Remove outer street clothing. Gel in. Touch nothing in room. Do not shake hands or touch the baby. Refuse assignment if ill.



Health care ethics: infected patients

- As part of the care team, interpreters must come to terms with the fact that some patients have very dangerous infections.
- It is essential to treat these patients with the same courtesy and respect as those who are not infected.
- Interpreters need to be informed of precautions so that they can protect the patient and themselves by using PPE.
- Interpreters should not refuse to attend patients in precautions out of prejudice or fear.



Hand Hygiene

Hand Hygiene

- Standard for ALL health workers
 - Gel in, gel out. Every patient, every time. Use proper application procedure, [URL at bottom of slide](#). Attention to the nail areas.
 - Additionally, wash with soap and water when hands soiled, after toileting, before eating. Wash with soap and water after seeing patients in Enteric Precautions.
- Hand hygiene prevents health workers from killing patients.
- Remind family members that hand hygiene is critical for them, too, NOT because they are dirty, but because EVERYONE in contact with the patient needs to prevent bringing in germs from environment. The patient himself should be washing his hands frequently. (Where facility permits)
- Patients are encouraged to remind health workers to clean their hands. When a patient requests this, respond positively and comply.

<http://www.cdc.gov/handhygiene/index.html>

<http://www.cdc.gov/handhygiene/Basics.html>

http://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf

Hand Hygiene: When to perform hand hygiene

- Between patients – “Gel in & Gel out”
- When patient in “Special Contact Precautions” for C.difficile and spores – Wash
- When hands visibly soiled – Wash
- When exposed to blood/body fluids – Wash
- After toileting, before eating -- Wash
- All other times – “Gel”

(from UWMC Infection Control training)



Infection Prevention

Where do the bugs hide?

✕ represents Vancomycin Resistant Enterococcus culture positive sites



~ Contaminated surfaces increase cross-transmission ~

Abstract: The Risk of Hand and Glove Contamination after Contact with a VRE (+) Patient Environment. Hayden M, ICAAC, 2001, Chicago, IL.

Gel Hand Hygiene— CDC method



- Nail areas are most likely to hide germs. Maintain nails short, with NO extensions.
- Place one teaspoon of gel into palm of left hand.
- Bring 4 fingertips and thumb of right hand together, dip into the gel, expose all nail areas to gel.
- Transfer gel to right palm.
- Bring 4 fingertips and thumb of left hand together, dip into the gel, expose all nail areas to gel.
- Spread gel all over surfaces of both hands. Get between the fingers. Completely cover the thumbs.
- Do not rub hard, just expose all skin and nails to gel.

MISSED SPOTS WHEN HAND-WASHING



- MOST FREQUENTLY MISSED
 - LESS FREQUENTLY MISSED
 - NOT MISSED
-

Fine Points of Soap and Water



- Wet hands first
 - Soap on dry skin an irritant → contact dermatitis
- Apply soap and rub for at least 15 seconds
 - Focus on nails and cuticles where most organisms reside
- Rinse thoroughly until “squeaky clean”
- Dry with towel
- Turn off faucet with paper towel



Fine Points of Gel

- Apply enough gel to keep hands wet for at least 15 seconds — enough time for the alcohol to break down the cell wall of organisms
- Distribute evenly, concentrating gel on fingertips

(from UWMC Infection Control training)



Precautions

Concept of precautions: standard and transmission-based

- Standard precautions (general, universal precautions): Assume that every patient and every staff person is infected with a life-threatening blood-borne disease and with droplet-borne diseases. Take standard precautions.
- Transmission-based precautions (special, extended precautions): The patient is suspected or known to be infected with a specific highly infectious or dangerous organism. Take standard precautions PLUS transmission-based precautions against that particular organism.

Standard Precautions (aka General, Universal)

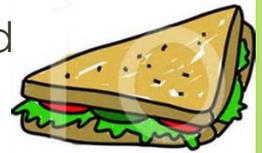
- Health workers are at high risk of acquiring blood-borne infections from body fluids of patients
 - Hepatitis B virus
 - HIV Human Immunodeficiency Virus
- Interpreters are present at surgical and traumatic wound treatment, births, respiratory procedures, dental procedures, IV placement, catheter placement, oscopy procedures, vomiting and diarrhea episodes, puncturing of abscesses, lumbar punctures, intramuscular injections and vaccinations....



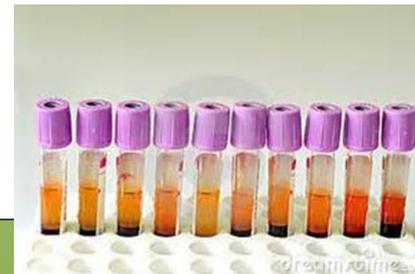
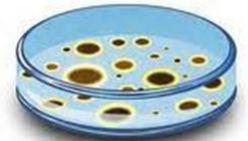
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Standard, General, Universal Precautions

- Protection is maintained through:
 - Standing back from procedure trays, counters, specimen containers, patients, Sharps containers, trash in care areas, used bedding in inpatient rooms
 - Keeping feet and legs away from areas where sharps are used/dropped
 - Standing back from patients who may jerk after being injected or cut
 - Using barriers against entry through skin: gloves
 - Using barriers against sticks and scrapes: covered, non-soft shoes, complete clothing coverage
 - Using barriers against splattering of skin, eye, mucous membrane: gown, face and eye mask
 - NO food or drink in patient or specimen control areas



©Prawny * illustrationsOf.com/66154

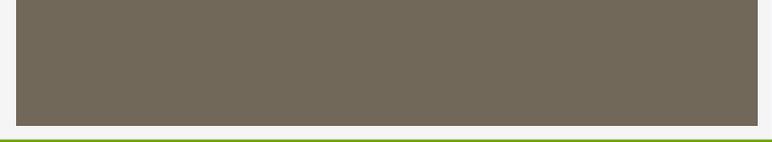


Actions available to observe general and special precautions

- Hand hygiene
- Environmental cleaning
- Isolate patient
- Keep all non-essential supplies out of room
- Negative pressure room
- Personal protective equipment (PPE)
 - Gowns, gloves, masks, eye covers
 - Respiratory: N-95 masks, PAPR
- Special disinfection of hands, room, and equipment when alcohol not effective

Actions available personally to medical interpreters

- Wash hands in bathroom coming in and going out of health care facility
- Carry only a slim/small personal bag/wallet which can go under a hospital gown
- Keep food, drinks, makeup, pagers, phones and other personal items inside bag
- If you put the bag down (try not to) wipe it off later with sanitizer.
- Keep shoes worn in hospital outside of home, clean with gloves and sanitizer after walking in known soiled areas.
- Wear clothing and coats that can be washed easily to cut down on droplets in and out of facility.



Posted Precaution Notices



STANDARD PRECAUTIONS

For all Patients



Everyone must, including visitors and patients:



Clean hands when entering and leaving room.
Cover mouth and nose with arm or tissue when coughing or sneezing.

Doctors and Staff Must:



Gown and glove if soiling likely.



Wear mask and eye cover if splashing body fluids likely and for aerosolizing procedures.

Hand Hygiene:

- Wash or gel hands before and after every patient contact.
- Remove gloves and clean hands when moving from dirty to clean procedures.

Gloves, Gowns, Mask, and Eye Protection: Use if contact with non-intact skin, blood, body fluids, or secretions is likely.

- Always **MASK** when suctioning, getting a sputum specimen, providing oral or trach care, water picking wounds, during sterile invasive procedures including lumbar punctures, chest tubes, central and arterial lines, bronchoscopy, ventriculostomies or Burr holes.
- Always **GLOVE** when accessing any IV line.

Personal Protective Equipment:

Put **ON** in this order:

1. Wash or gel hands
2. Gown (if needed)
3. Mask (if needed)
4. Eye cover (if needed)
5. Gloves (if needed)

Take **OFF** & dispose in this order:

1. Gloves (if used)
2. Eye cover (if used)
3. Gown (if used)
4. Mask (if used)
5. Wash or gel hands (even if gloves used)

Equipment/Supplies:

- Clean and disinfect all equipment including IV pumps, cell phone, pagers, and/or stethoscope (if used in room), prior to removing from patient's room.
- Only essential supplies in room.

Questions? Contact the Nurse's Station



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Yellow

Standard Precautions for All Patients

This notice can appear in any color.

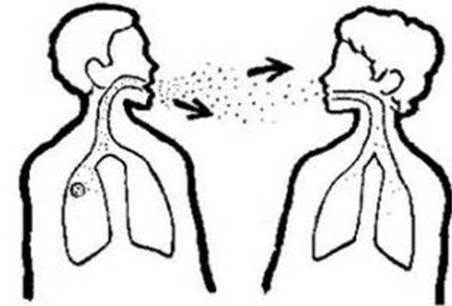
Scan the title.

All patients are potentially infectious via their body fluids.

If you are not working with or exposed to body fluids, all you have to do is gel in and gel out.

Posted: Airborne Respirator Precautions

(in addition to Standard Precautions)



- SARS
- Influenza A H1N1 during high risk procedures,
- Avian Influenza A (H5N1)
- Suspected or confirmed Pulmonary or Laryngeal TB
- Monkeypox
- Smallpox
- Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola viruses)

- Actions:
 - Cleanse hands when entering and leaving room;
 - Wear gown, gloves, surgical mask, and eye protection when entering room. **N-95 pre-fitted mask, PAPR**
 - Maintain negative pressure room, keep door closed: Airborne Infection ISOLATION ROOM
 - Do NOT use pagers or cell phones in room.
 - Essential supplies in room only-- leave bags, outer clothing, personal items outside.

Airborne organisms can infect a person if breathed in. They cannot live on surfaces.

Notice that a gown is not required, even though every person entering the room must wear a respirator mask or a PAPR. (More info on this later.)

Note that the door must be kept closed so that air is drawn into the room and not allowed out into the hallway via the negative pressure air control.



AIRBORNE RESPIRATOR PRECAUTIONS



Families and Visitors need approval before entering room
Follow instructions from information sheet
(If you have questions, go to Front Desk)

Everyone Must:



Clean hands when entering
and leaving the room



Wear an N95 mask and
eye protection.



HCWs may wear a PAPR

Patient Placement:



Airborne Infection
Isolation Room required
(negative pressure)
Keep door(s) closed



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Oncology Units



AIRBORNE CONTACT PRECAUTIONS

(In addition to Standard Precautions)



Everyone must including visitors, doctors, and staff:

**ENTER ONLY IF IMMUNE
ENTER ONLY IF NOT PREGNANT**



Clean hands when entering and leaving the room



Airborne Infection Isolation Room recommended (negative pressure). Keep door closed. (see back of sign for detail)



Wear Surgical Mask with Eye Protection (Face Shield or Goggles)



Gown and glove at door



Doctors, Staff, Families, and Visitors enter room only if immune! (By history, titer, or immunization)

Be certain visitors are immune – parents and siblings who have not had the disease or immunization may be incubating the disease and be contagious for two days prior to the onset of rash or other symptoms, putting other patients and staff at risk. See Back of Sign for Detail

Equipment/Supplies:

- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable prior to removing from patient's room.
- Only essential supplies in room.

Personal Protective Equipment:

Put ON in this order:

1. Wash or gel hands
2. Gown
3. Mask
4. Eye cover
5. Gloves

Take OFF & dispose in this order:

1. Gloves
2. Eye cover
3. Gown
4. Mask
5. Wash or gel hands (even if gloves used)

Transport:

Essential transport only. Have patient wear a surgical mask. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.



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Blue/Orange
Pantone 284 C/144 C
Last revised 4/16/09

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Notice the word CONTACT.

These organisms are stopped by barriers, such as ordinary surgical masks and gowns and gloves.

These all need to stay **inside** the room when discarded.

Keep the door closed.

If you are not PROVEN immune by titer or history of disease, you should not go in at all. (Vaccination alone, without titer, is not sufficient proof of immunity.)

AIRBORNE CONTACT PRECAUTIONS should be used with the following conditions:

- Chickenpox
- Disseminated herpes zoster (shingles)
- Localized herpes zoster (shingles)
- Measles (Rubeola)

Negative Pressure is REQUIRED for measles.

Negative Pressure is RECOMMENDED if available for chickenpox and zoster. If not available patient must be placed in a PRIVATE ROOM and DOOR CLOSED. Negative pressure is ideal for disseminated disease, but not required.

Providers, Staff, Families and Visitors enter the room only if immune! (Contact EH or IC for questions about immunity)

Pregnant women should not enter the room.

PPE= Mask with eyesheild, gown, and gloves

If any of these conditions are suspected. **TEST AND ISOLATE** immediately and **use this precaution sign.**

Once lesions are crusted over, contact IC for discontinuation of precautions.

Details of the Airborne Contact Precautions notice shown on previous slide.

This notice may appear in any color.

Whenever there are CONTACT precautions, do not touch anything in room, and keep your personal items in your bag under your gown. Do not answer pages in the room.

Posted: Droplet Precautions

(in addition to Standard Precautions)

- Diseases:
 - Respiratory viruses, bacterial pneumonia
 - meningitis,
 - pertussis,
 - rabies,
 - pneumonic plague,
 - rubella
- Actions:
 - Cleanse hands when entering and leaving room.
 - Wear gown, gloves, surgical mask, and eye protection when entering room.
 - If present during respiratory tests or hygiene procedures, also wear N-95 mask and eye protection or PAPR.
 - No pager or phone use in room (or disinfect before leaving room).
 - Essential supplies only in room (leave bags, outer clothing, personal items outside room).
- Put **ON** in this order:
 - 1. Wash or gel hands
 - 2. Gown
 - 3. Mask (surgical)
 - 4. Eye cover
 - 5. Gloves
- Take **OFF** in this order:
 - 1. Gloves
 - 2. Eye cover
 - 3. Gown
 - 4. Mask
 - 5. Wash or gel hands (even though gloves used)

Droplet Precautions are all about surfaces being contaminated with organisms spread through the room in droplets.

Use all of the barriers: gown (with your personal items under it), gloves, surgical mask, eye protection.

Don't use personal items or touch anything in the room.

When you take off the PPE, leave the items IN the patient room for disposal.



DROPLET PRECAUTIONS

(In addition to Standard Precautions)



Families and Visitors follow instructions on information sheet

If you have questions, go to Front Desk

Everyone Must:



Clean hands when entering and leaving room



When entering the room:
Wear a surgical mask and eye protection

During aerosolizing cough inducing procedures, HCWs are required to wear a N95 respirator and eye protection, or a PAPR



Gown and glove prior to entering the patient room



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Posted: Contact Precautions

In addition to Standard Precautions

- Diseases:
 - Multidrug resistant organisms such as:
 - Carbapenem resistant Gram-negative rods/ESBL
 - Methicillin-resistant Staphylococcus aureus (MRSA), VISA, VRSA
 - Vancomycin-resistant Enterococcus (VRE)
 - Scabies, lice
 - Wounds or abscesses with uncontained drainage
 - Rotavirus, acute gastroenteritis (without diarrhea)

- Actions:
 - Cleanse hands when entering and leaving room;
 - Wear gown, gloves, (surgical mask, and eye protection if needed for direct care) when entering room.
 - Do NOT use pagers or cell phones in room. If used, disinfect before removing from room.
 - Essential supplies ONLY in room -- leave bags, outer clothing, personal items outside.
 - Contaminated isolation linen is bagged and contained in the patient room.

<ul style="list-style-type: none">○ Put ON in this order:○ 1. Wash or gel hands○ 2. Gown○ 3. Mask, surgical (if needed),○ 4. Eye cover (if needed)○ 5. Gloves	<ul style="list-style-type: none">○ Take OFF in this order:○ 1. Gloves○ 2. Eye cover (if used)○ 3. Gown○ 4. Mask (if used),○ 5. Wash or gel hands (even if gloves used)
---	---

Note the word CONTACT. This means that the organism involved may be all over the surfaces and the patient.

You will wear a gown (with your personal items under it) and gloves. If you are touching the patient you will also wear a surgical mask and eye protection.

Do not use personal items in the room.

PPE items get bagged IN the room when discarded.



CONTACT PRECAUTIONS

(In addition to Standard Precautions)



Families and Visitors follow instructions from information sheet
If you have questions, go to Front Desk

Everyone Must:



Clean hands when entering and leaving room



Gown and glove prior to entering the room



Healthcare Providers and Staff:



Use patient dedicated or disposable equipment

Clean and disinfect shared equipment



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10/4/12

Posted: Contact Enteric Precautions

In addition to Standard Precautions

- Diseases:
 - Acute diarrhea with unknown etiology
 - *Clostridium difficile* (C. diff)
 - Norovirus (wear mask and eye protection if patient is vomiting or having diffuse diarrhea)
 - Rotavirus

- Actions:
 - Dietary: Family and visitors should not eat in the room
 - Cleanse hands when entering and leaving room;
 - Wear gown, gloves, (surgical mask, and eye protection for direct care) when entering room.
 - Do NOT use pagers or cell phones in room. If used, clean and disinfect prior to removing from room.
 - Essential supplies ONLY in room-- leave bags, outer clothing, personal items outside.
 - Contaminated isolation linen and trash is bagged and contained in the room.
 - Use SOAP AND WATER to wash hands when leaving room. (Gel is not effective for these organisms.)

○ Put ON in this order:	Take OFF in this order:
○ 1. Wash or gel hands	1. Gloves
○ 2. Gown	2. Eye cover (if used)
○ 3. Mask (if needed)	3. Gown
○ 4. Eye cover (if needed)	4. Mask (if used)
○ 5. Gloves	5. Must wash with SOAP AND WATER (even if gloves used)

Contact Enteric means that organisms are all over the surfaces AND the organisms come from the intestinal tract.

Alcohol gel does not kill these organisms, and neither does soap! But wash thoroughly with soap and water on your way OUT in order to physically move the bacteria off of your hands down the drain.

Gown and glove, do not use personal equipment or touch anything in the room.

Leave used PPE inside the room when you leave.



CONTACT ENTERIC PRECAUTIONS

(In addition to Standard Precautions)



Families and Visitors follow instructions from information sheet
(If you have questions, go to Front Desk)

Everyone Must:



Wash or gel hands when entering and wash hands when leaving room



Gown and glove prior to entering the room



Healthcare Providers and Staff Must:



Use patient dedicated or disposable equipment

Clean and disinfect shared equipment with a chlorine-based disinfectant

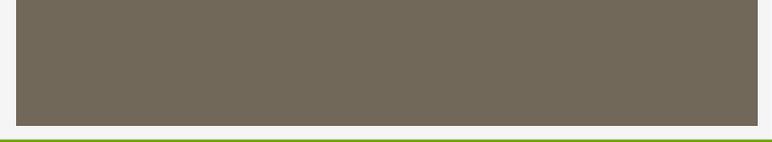


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Personal Protective Equipment, PPE

PPE: Personal Protective Equipment

Eye Protection:
splash goggles, face shield or
procedure mask with visor.

Mask:
A fluid-resistant procedure mask
is required.
Staff have the option of using
an N95 respirator.*

Gown:
yellow isolation gown,
tied at the back.

Gloves:
non-sterile
procedure gloves



*Refer to N95 Respiratory Protection Policy to determine when the N95 is mandatory.
October 2004

Removing PPE

- o Gloves □ **Outside each glove is contaminated!**
- o Grasp outside of glove with opposite gloved hand: peel off
- o Hold removed glove in gloved hand
- o Slide fingers of ungloved hand under remaining glove at wrist

- o Goggles/Face Shield □ **Outside of goggles or face shield are contaminated!**
- o To remove, handle by “clean” head band or ear pieces
- o Place in designated receptacle for reprocessing or in waste container

- o Gown □ **Gown front and sleeves are contaminated!**
- o Unfasten neck, the waist ties
- o Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- o Gown will turn inside out
- o Hold removed gown away from body; roll into a bundle and discard into waste or linen receptacle

- o Mask or Respirator □ **Front of mask/respirator is contaminated-DO NOT TOUCH!**
- o Grasp bottom then top ties/elastics and remove
- o *Discard in waste container*

(courtesy of UWMC administrative policy on infection control)

N-95 Mask and PAPRs

For patients in Airborne Respirator Precautions, the air around the patient can be infectious to the health worker.

Personal Protective Equipment is used to prevent the health worker from breathing in germs.

Surgical masks do NOT protect against these germs.

The N-95 mask comes in different sizes, so each staff health worker must be fit-tested annually by Employee Health in order to know which size N-95 mask will completely protect him from breathing in germs.

Interpreters who have not been fit-tested for the N-95 must wear the Powered Air-Purifying Respirator to safely be in the patient's room.

Interpreters who have facial hair must also use the PAPR.

The PAPR is worn with shoe covers, full gown, gloves, and possibly a hair cover if the PAPR hood is not a full head cover.

See this site for proper sequence of donning and doffing the PAPR and PPE.

- <http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/ppe/pppap.html>



PAPRs and N-95 masks



Sterile Procedure Areas

- OR for awake procedures (eye, brain, or spinal cord) surgery
- C-Section suite
- Cardiac Catheterization
- Interventional Radiology (Angio)

Elements:

- Change into complete surgical scrubs, or wear jumpsuit over all clothing plus hair/shoe covers
- Leave all phones, pagers, bags, purses, clothing in locker
- Gel in, out, in addition to wearing gloves

Two interpreters preparing for C-sections in full OR garb. No personal items can go into the OR unless they are under the garb and completely covered. Same with jewelry.

photo: Clare McLean,
UW Medicine

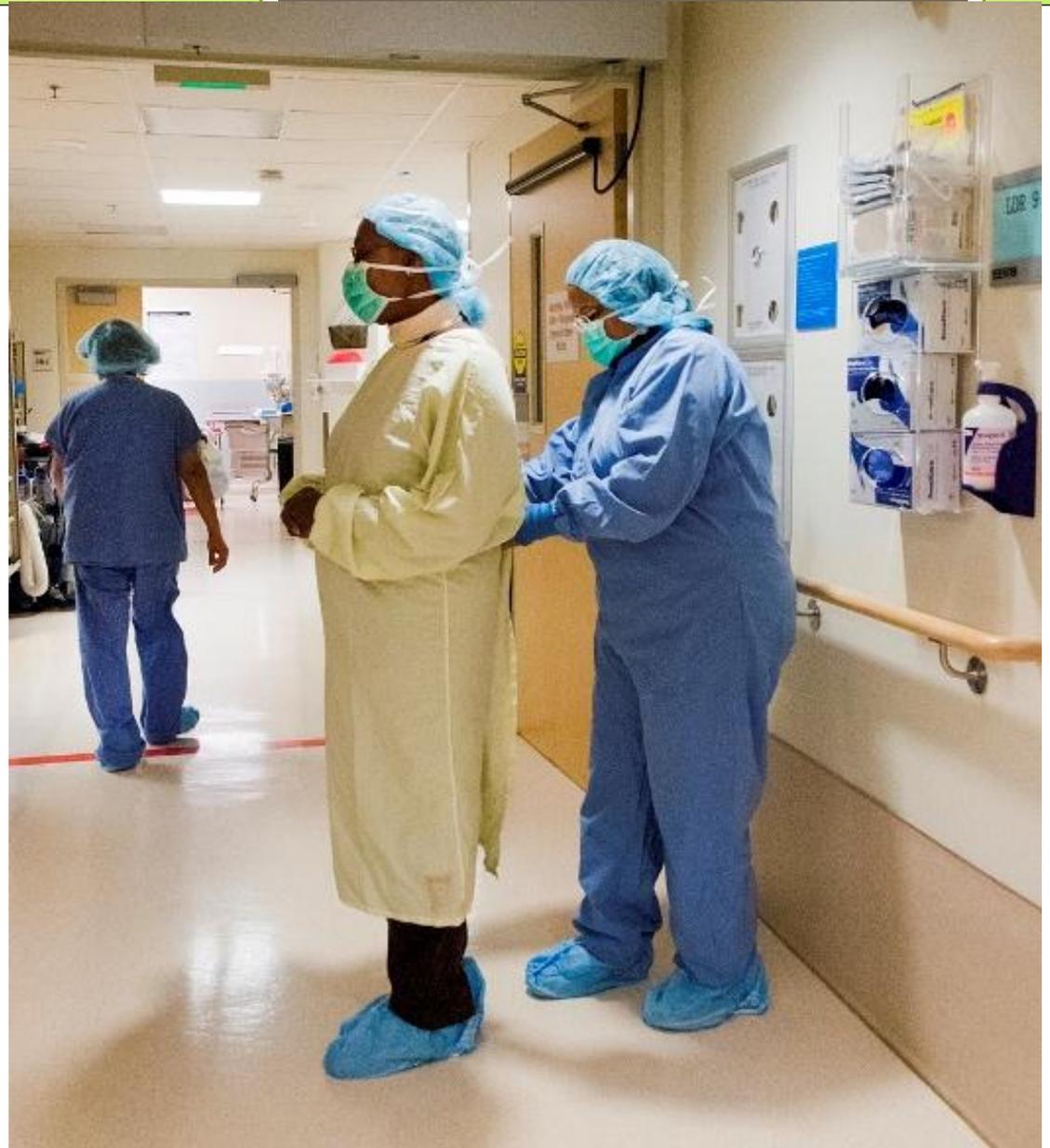
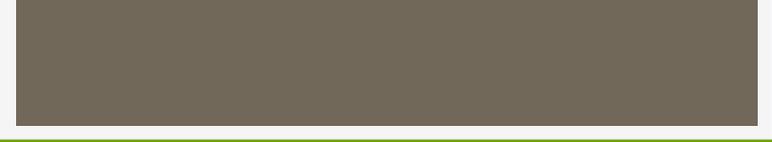


Photo: Clare McLean, UW Medicine: Interventional Radiology RN and Interpreter



Summary of Infection Control

- Vector: mechanical, biological
- Reservoir of infection
- Incubation period
- Vaccination versus exposure monitoring
- Precautions: Standard, Transmission-based
- Personal Protective Equipment



Industrial Safety:

Risks and Responsibilities of
Medical Interpreters working in
Health Care Setting

Industrial Safety Emphasis

Worker Vulnerability and Responsibility:
Elements

- Infection Control
- Radiation Safety
- Mechanical Safety
- Chemical Safety
- Cold, heat, weight, need to stand/contort
- Physical danger from people in environment
- Inappropriate behavior
- Safety in a disaster while on the job
- Mental health vulnerability and maintenance



Infection Control Safety: Worker Responsibility

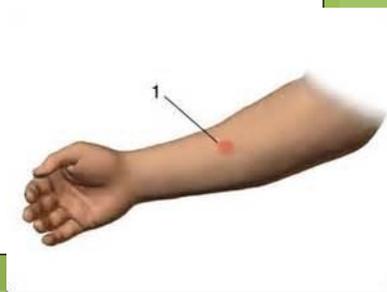
- Proper dress for health care
 - closed-toe shoes, full coverage clothing
 - short, natural nails
- Observance of DOH rules on NO food, drink, application of cosmetics or lip balm, touching of eyes/contacts in patient care or specimen processing areas
- Alertness to all posted special precautions
- Alertness to protective equipment worn by other staff
- Proper attention to universal (standard) personal protective measures:
 - immunizations,
 - disinfection practices (gel-in, gel-out),
 - protective garments and equipment, procedures
 - maintain distance from sharps and body fluids and contaminated surfaces





Response process when possible exposure to pathogens occurs

- Decontamination if possible, first aid as appropriate.
- Notification (immediately) of the clinical authority on the unit where exposure occurred.
- Careful documentation of all aspects of exposure: time, place, ID of source of infection (person, equipment, room), method of contamination (needle stick, spray of body fluid, unprotected respiratory exposure...)
- Notification of the interpreter office at the health care organization.
- Baseline assay, treatment if available, monitoring, follow-up



Radiation Safety: Worker responsibility

- Awareness of personal protective garments being worn by OTHER staff in room.
- Awareness of signage in area.
- Compliance with all directives of staff regarding where to stand, what to wear.
- Personal attention to own exposure history.
- Refusal to accept assignment with radiation risk when pregnant or otherwise medically contraindicated.



Mechanical Safety: Worker Responsibility

Elements:

- Alertness to machinery, equipment, electricity, wet floors, rolling stools, projecting cabinets.
- Safely negotiate obstructive environment.
- Use safe shoes (flat, treaded, stable, sturdy) and clothing (sturdy, fitted, full coverage) for health environment.
- Alert staff to apparent hazards.
- Adhere to safety notice instructions.
- When injured, notify unit manager and interpreter manager, follow instructions.



Safe clothing for health environment:
fitted, good coverage, no trailing elements,
sturdy and covered shoes, layers for heat
modulation. (Nylons do not provide
protection from sharps dropped.)



Patient Falls, Wheelchair Safety

- Patients DO fall when interpreters are present
 - Call for help as soon as fall begins
 - Guide patient fall away from sharp objects and protect head from hitting floor
 - Do not absorb weight of patient
 - Do not try to keep patient up
 - Do not try to raise patient by yourself
- Wheelchair accidents happen a lot
 - Encourage families around you to
 - Maintain wheels clear of interference
 - Make sure patient uses the footrests
 - Avoid more than very slight incline



(Note: Each facility has different expectations of interpreters. Observe the above guidelines to the extent allowed where you are working.)



Cold, heat, weight, etc.: Worker Responsibility

- Interpreters must not accept assignments that they are not physically prepared to carry out.
- Interpreters must dress for the assignment, which may require changing into provided garments.
- Lead aprons and surgical OR jumpsuits worn over street clothing are bulky and very hot.
- Lead aprons are heavy and IR procedures may last for many hours.
- Many clinical environments are uncomfortably cold.
- Many assignments require prolonged standing or maintenance of a distorted position, particularly in procedure rooms.



Bottom images: Clare McLean, UW Medicine, Interpreters in C-section suite and IR suite

Chemical Safety: Worker Responsibility

Exposure may involve:

- Spill of substance or chemical on a clinical unit
- Inhalation of substance
- Skin, lung, or eye exposure to substance

Elements of response:

- Assume substance is dangerous, even to unbroken skin
- Do not attempt to wipe up or contain spill yourself
- Notify unit staff, who should:
 - Evacuate, close off, isolate area
 - Consult MSDS Material Safety Data Sheet
- If necessary, decontaminate, get medical care
- Report to interpreter manager



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Physical Danger from People in Environment: Worker Responsibility



Danger may arise from: staff, patients, families, public

Interpreters are required to:

- Be alert to codes overhead and developments close by.
- Notify unit staff of any worrying circumstance (behavior of patient/family or other person, noise, package).
- Immediately withdraw to safety if possible.
- Comply with directives of unit staff or security or law enforcement.
- As part of the care team, protect patients to greatest extent possible, while also not incurring unreasonable risk to self.



Locked Psych Units: Safety, Responsibility

- Mental health locked units have protocols that interpreters must know about and follow. Each facility has its own protocols. In some cases, the protocols are superseded by the unit staff on duty at the moment, and they instruct the interpreter to behave other than the protocol indicates. In this case, clarify and repeat back what the person on duty is requesting you to do, and make a note to yourself. Consult with or report to Interpreter Services at the facility if you are uncomfortable with the policy or with the lack of adherence to a policy.
- Do not have unsupervised conversation with patients on unit. It can interfere with therapeutic protocols.



Prisoner Encounters: Safety, Responsibility



- The interpreter should NEVER be alone with a prisoner.
- Go in when the provider goes in, leave when the provider leaves.
- When the patient on a locked unit or a prisoner is transported through the hospital for studies or procedures, do NOT stay with the patient when there is no provider with the patient, even in the hallway. This will force the care team to make sure that an appropriate, trained staff person or guard is attendant on the patient at all times.
- Do not give prisoner ANY information on your own.



Locked Psych Units, Prisoner Encounters: Safety, Responsibility, cont.

- It may be necessary to don personal protective equipment such as gowns and facemasks for infection control if the patient is likely to spit or throw body fluids at the care team.
- Personal items such as bags, purses, backpacks, umbrellas, should not be taken into a patient room on a psych unit. For prisoner visits, the escorting law enforcement agent will indicate where to stand or sit and any other safety directives.





Inappropriate Behavior: Worker Responsibility

- Maintenance of professional boundaries by interpreter (including not accepting assignment)
- Alertness to inappropriate behavior on part of staff or patient/ family member toward interpreter
- Withdrawal to safety immediately by interpreter
- Notification of appropriate member of care team/ clinical unit, in professional manner
- Documentation of circumstances for accurate reporting
- Notification of Interpreter Services at organization

Note: Inappropriate behavior includes but is not limited to sexual harassment, threatening remarks, gender or racial slurs.

Safety and Responsibility in a Disaster while on an Interpreting Job

- Fire
- Earthquake
- Bomb, shooter, etc.
- Chemical- or radiation-exposed patients brought to facility
- Casualties brought to facility



Decide whether you can stay and help as part of care team. If so, volunteer and proceed as requested by staff in authority. If not, be as helpful as you can on your way out—stay professional and follow directions to public until off campus.



Good Practices for Maintaining Mental Health

Interpreter vulnerabilities:

- Stress of hurrying and many competing demands
- Stress of lack of support system for independents
- Stress, grief, anger due to illness and social problems of patients



Interpreter protective resources and practices:

- Forming of protective and appropriate support network
- Active collaboration with health teams to debrief and to smooth process
- Active stress and grief management practice



Contact Info:

- Linda Golley,
 - lgolley@uw.edu Interpreter Svcs, UWMC
 - linda_golley@yahoo.com independent health consultant

Resources:

CDC: <http://www.cdc.gov>

WISHA/ OSHA: <http://www.lni.wa.gov/safety/basics/About/default.asp>

DOH in WA State: <http://www.doh.wa.gov>

