Universal Precautions should be followed by ALL personnel at ALL times on ALL patients. The use of Universal Precautions is based on an individual’s skills and interaction with a patient’s body substances, non-intact skin, and mucous membrane. This applies regardless of the patient’s diagnosis.

Compliance with universal precautions includes performance of all invasive procedures with the following actions undertaken:

1. All patients must be regarded as potentially infected with blood-borne pathogens.

2. Strict hand washing must be practiced before and after each patient contact. **HANDS MUST BE WASHED IMMEDIATELY IF THEY ARE CONTAMINATED WITH BLOOD OR BODY FLUIDS.**

3. Gloves must be worn:
   a. if soiling with blood or body fluids is anticipated  
   b. for placement of intravenous lines  
   Gloves should not be reused.

4. Gowns should be worn during procedures that are likely to generate splashes of blood or other body fluids and if soiling with blood or body fluids is likely.

5. Masks and protective eyewear (goggles) should be worn during procedures that are likely to generate droplets or splashes of blood or other body fluids, to prevent exposure of mucous membranes of the mouth, nose and eyes.

6. Disposable articles contaminated with blood or body fluids should be discarded in red bags labeled “infectious waste”.

7. Non-disposable articles contaminated with blood or body fluids should be cleaned with an approved disinfectant and autoclaved to sterilize.

8. Blood spills should be cleaned up promptly with a 1:10 bleach-water solution.

9. All specimens must be contained in a leak-proof plastic bag labeled “bio-hazard” for transport.

10. Care will be taken to avoid needle stick injuries. Used needles will not be recapped or bent; they will be placed in an appropriately labeled puncture-resistant needle box.

I have read and received a copy of “Compliance with Universal Precautions” Education presentation and agree to follow the guidelines.

Signature ____________________________________________ Date __________________________