

Safer Work Practices For Respiratory Therapy

Respiratory therapists are often responsible for drawing and analyzing arterial blood gases. The procedure is often uncomfortable for the patient or is done on an emergent basis resulting in limited time to prepare. This aspect is only one part of the over all respiratory care provided to patients.

- All staff should follow general or common BBF precautions and general sharps container practices.
- Personal Protective Equipment (PPE) such as gloves, masks, gowns and face shields must be worn whenever there is a potential for a BBF exposure.
 - PPE must be readily available to staff.
 - Staff are expected to use the appropriate PPE and should remind co-workers to wear PPE when appropriate.
 - Some RT departments issue a pair of goggles or safety glasses with side shields to each therapist.
- Handle all blood and body fluids as if they are infectious.
- Do not pass contaminated sharps from one person to another.
- Whenever possible, use sharps with engineered safety features for all arterial puncture procedures.
- Some conventional ABG kits contain an after-use device such as the Point-Lok that is to be used immediately following procedure.
- Before you begin the procedure assure that you have a stable work surface.
- If using a Point - Lok, place it on the surface prior to puncturing patient.
- Whenever possible, get a "feel" for the patient before you perform any procedure that requires a sharp by introducing yourself and observing the patient behaviours.
- Whenever possible, obtain assistance when starting an IV, giving an injection or drawing blood from an uncooperative, combative or confused patient.
- Lab, radiology, respiratory therapy and nursing should work together to provide back-up and the extra degree of safety achieved when a second person is assisting with an invasive, painful procedure.
- Inform patient of possibility of pain as needle enters artery. Reinforce the importance of holding arm still.
- During codes or high stress situations try to keep calm. Communicate your actions to each other and properly dispose of sharps immediately after use rather than holding them in your hand or setting them on a table or bed.
- When possible, send two respiratory therapists to a code or trauma so one can help hold patient. If RT staff are not available, ask a nurse to help hold the patient.
- Be aware that a wide variety of things, even a sneeze or cough, can result in an unexpected movement.
- Butterfly needles are higher risk devices for needlesticks therefore:
 - limit the use of conventional devices;
 - always use a safety engineered butterfly where appropriate;
 - stretch out the butterfly tubing when removed from the package to reduce recoil;
 - use care when putting the needle in the disposal container as it can flip out of the container.
- Pick up all broken glass with forceps, brush and dust pan, or another tool to avoid hand contact.

General Blood and Body Fluid Safe Work Practices

The purpose of safe work practices are to provide a safer work environment for health care workers who may be exposed to Blood and Body Fluids (BBF) by handling:

- Sharps
- Initiating intravenous or subcutaneous access
- Administering medication via IM, SC routes

Workers who may be exposed to other Blood and Body Fluids such as:

- Splashes
- Soiled laundry
- Bio-hazardous waste or
- Other body fluids.

By following appropriate procedures and practices you will have taken steps to improve the safety of co-workers, patients and your self.



Sharps Containers

- Only approved sharps / biohazard containers should be used.
- Containers should have a fixed top or lid that prevents the contents from spilling out if tipped or knocked over. Containers should have a means of “locking” or securing the lid to prevent access to the contents when full.
- Portable sharps containers should be used when a fixed container is not within close proximity.
- Fixed sharps containers should be placed just below the health care worker's eye level so the disposal slot can be seen before moving his/her hand towards it.
- Sharps containers must be replaced when they are $\frac{3}{4}$ full or the fill line is reached.
 - This helps to prevent over filling or the protrusion of sharps from the opening and / or the sides of the containers.
- Ensure that the correct type of sharps container is being used.
 - Some IV devices or needles have long guide wires, attached tubing or are longer than regular needles that are difficult to dispose of and need a deeper container (e.g. 5 gallon) so they do not spring out a

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Safe Work Practices

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