PART II

SECTION IV
METHODS OF COMPLIANCE

A. UNIVERSAL PRECAUTIONS

In our facility we have observed the practice of "Universal/Standard Precautions" to prevent contact with blood and other potentially infectious materials since May, 1988. As a result, we treat all human blood and the following body fluids as if they are known to be infectious for HBV, HIV and other bloodborne pathogens:

- Semen.
- Vaginal secretions.
- Cerebrospinal fluid.
- Synovial fluid.
- Pleural fluid.
- Pericardial fluid.
- Peritoneal fluid.
- Amniotic fluid.
- Saliva.

In circumstances where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious.

The Infection Control Committee is responsible for overseeing our Universal Precautions Program and updating that policy as needed. **(Infection Control Policy 6.03)**

B. ENGINEERING CONTROLS

One of the key aspects of our Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens.

The Department of Occupational Health and Safety periodically works with department managers and supervisors to review tasks and procedures performed in our facility where engineering controls can be implemented or updated. Currently employed engineering controls include:

- Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes), which are readily accessible to all employees who have the potential for exposure.
- Containers for contaminated sharps having the following characteristics:
  - Puncture resistant.
  - Color coded or labeled with a biohazard warning label.
  - Leak proof on the sides and bottom.
- Specimen containers which are:
  - Leak proof.

- Puncture resistant, when necessary.

- Secondary containers which are:
  - Leak proof
  - Puncture resistant, if necessary.

C. WORK PRACTICE CONTROLS

In addition to engineering controls, our facility uses a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens.

Our facility has adopted the following Work Practice Controls as part of our Bloodborne Pathogens Compliance Program:

- Employees wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. **(Infection Control Policy Addendum D)**

- Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water. **(Infection Control Policy Addendum D)**

- Contaminated needles and other contaminated sharps are not bent, recapped or removed unless:

  - It can be demonstrated that there is no feasible alternative.
  - The action is required by specific medical procedure.
  - In the two situations above the recapping or removal of needle is accomplished through the use of a mechanical device or a one-handed technique.

- Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use.

- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

- Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present.

- Mouth pipetting/suctioning of blood or other infectious materials is prohibited.

- When carrying out any procedure involving blood or other infectious material, minimize splashing, spraying or other actions that generate droplets.

- Specimens of blood or other materials are placed in designated leak proof containers, appropriately labeled, for handling and storage.

- If outside contamination of a primary specimen container occurs, that container is placed within a second leak proof container, appropriately labeled, for handling and

storage. (If the specimen can puncture the primary container, the secondary container must be puncture resistant as well.)

- Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
  - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
  - Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

D. PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment is our employees' "last line of defense" against bloodborne pathogens. Because of this, our facility provides (at no cost to our employees) the Personal Protective Equipment that they need to protect themselves against such exposure. This equipment includes, but is not limited to:

PRODUCT/SIZE
Lab coats, S, M, L, XL
Gowns (non-sterile), M,L,XL
Gloves (non-sterile), S,M,L
Masks
Glasses
Goggles
Fluid mask
Disposable CPR Masks

Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are allergic to latex gloves..

Department managers and supervisors are responsible for ensuring that their departments and work areas have appropriate personal protective equipment available to employees. The Department of Nursing has prepared a list of personal protective items used during specific procedures in that department. That list is attached. Campus Departments must use this list as a guideline unless department specific lists have been developed.

Our employees are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to their current position.

To determine whether additional training is needed the employee's previous job classification and tasks are compared to those for any new job or function they undertake. Any needed training is provided by their department manager or supervisor.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, our facility adheres to the following practices:

- All personal protective equipment is repaired or replaced as needed to maintain its effectiveness.
- Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
- Single use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of as contaminated waste, by placing in a red bag for disposal.

To make sure that this equipment is used as effectively as possible, our employees adhere to the following Practices when using their personal protective equipment:

- Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.

- All personal protective equipment is removed prior to leaving a work area.

- Gloves are worn in the following circumstances:
  - Whenever employees anticipate hand contact with potentially infectious materials.
  - When performing vascular access procedures.
  - When handling or touching contaminated items or surfaces.

- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier."

- Reusable utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.

- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.

- Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated.

- Surgical caps/hoods and/or shoe covers/boots are used in any instances where "gross contamination" is anticipated (such as autopsies and orthopedic surgery).

E. HOUSEKEEPING

Maintaining our facility in a clean and sanitary condition is an important part of our Bloodborne Pathogens Compliance Program. To facilitate this, we have set up a written schedule for cleaning and decontamination of the various areas of the facility. The schedule provides the following information (this schedule can be found in the Environmental Services office).

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleaners and disinfectants to be used.
- Any special instructions that is appropriate.

Using this schedule, our Environmental Services staff employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:

- After the completion of medical procedures.
- Immediately (or as soon as feasible) when surfaces are overtly contaminated.
- After any spill of blood or infectious materials.
- At the end of the work shift if the surface may have been contaminated during that shift.

o Protective coverings (such as plastic wrap, aluminum foil or absorbent paper) are removed and replaced:
- As soon as it is feasible when overtly contaminated.
- At the end of the work shift if they may have been contaminated during the shift.

o All pails. bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.

o Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).

o Contaminated reusable sharps are stored in containers that do not require "hand processing".

We are also very careful in our facility in handling regulated waste (including contaminated sharps. laundry, used bandages and other potentially infectious materials). Since 1988 the following procedures have been used with all of these types of wastes:

o They are discarded or "bagged" in containers that are:
- Closeable.
- Puncture resistant.
- Leak proof if the potential for fluid spill or leakage exists.
- Red in color or labeled with the appropriate biohazard warning label.

o Containers for this regulated waste are located throughout our facility within easy access of our employees and as close as possible to the sources of the waste.

o Waste containers are maintained upright, routinely replaced and not allowed to overfill.

o All UAMS laundry is handled as if contaminated and bagged in impervious bags. Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.

o Whenever our employees move containers or regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

the Department of Occupational Health and Safety is responsible for the collection, handling, and disposal of our facility's contaminated waste.

SECTION V
HIV AND HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES

We recognize that there are special requirements for HIV and HBV research laboratories in addition to the general requirements of the ECP. These requirements do not include clinical or diagnostic labs that analyze blood, tissues and organs.

A. CRITERIA OF LABORATORIES

- All solid waste generated, including animal waste, by the laboratories must be placed in a leak proof bag until decontamination by autoclave or another approved method is performed.

- All liquid waste must be appropriately treated with an approved decontamination solution before disposal.

- All laboratory doors must have the universal biohazard symbol mounted outside and, must remain closed. Access to the labs should be limited to those trained and qualified.

- All activities done with infectious agents must be performed inside biological safety cabinets.
  - The biological safety cabinets must be tested and certified yearly or sooner if significant changes occur.

- Protective clothing must be worn inside the rooms and taken off prior to exiting the area.

Vacuum lines must have a liquid disinfection trap and HEPA filters.

- Gloves must be worn when handling potentially infectious materials.

- Needles and syringes must not be bent, recapped, or removed from the syringe.

- Spills must be cleaned up by authorized personnel and each incident must be reported.

- All laboratories must have a hand and eye wash.

B. TRAINING

- All research employees initially must be trained in general biological safely, as outlined further in the ECP.

- All employees must be proficient in microbiological practices and have prior experience in handling human pathogens and tissue cultures before working with HIV or HBV.

SECTION VI
HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP

Everyone in our facility recognizes that even with good adherence to all of our exposure prevention practices, exposure incidents can happen. As a result, we have implemented a Hepatitis B Vaccination Program, as well as set up procedures for post exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

A. VACCINATION PROGRAM

To protect our employees as much as possible from the possibility of Hepatitis B infection, our facility has implemented a vaccination program. This program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens.

The vaccination program consists of a series of three inoculations over a six-month period. As part of their bloodborne pathogens training, our employees have received information regarding Hepatitis vaccination,

Employee /Student Preventative Health Services (ESPHS), 686-6565, are responsible for setting up and operating our vaccination program:
To ensure that all employees are aware of our vaccination program, it is discussed in our bloodborne pathogens training. If after training, an eligible employee chooses not to receive the Hepatitis B vaccine, the attached declination form is signed and dated.

B. POST-EXPOSURE EVALUATION AND FOLLOW-UP

If one of our employees is involved in an incident where exposure to bloodborne pathogens may have occurred there are two things that we immediately focus our efforts on:

- Investigating the circumstances surrounding the exposure incident.
- Making sure that our employees receive medical consultation and treatment (if required) as expeditiously as possible.

The Department of OH&S begins the investigation within 48 hours after notification of the incident and involves gathering the following information:

- When the incident occurred.
  - Date and time.

- Where the incident occurred.
  - Location within the facility.

- What potentially infectious materials were involved in the incident?
  - Type of material (blood, amniotic fluid, etc.).

- Source of the material.

- Under what circumstances the incident occurred.

- Type of work being performed.

- How the incident was caused.
  - Accident.
  - Unusual circumstances (such as equipment malfunction, power outage, etc.).

- Personal protective equipment being used at the time of the incident.

- Actions taken as a result of the incident.
  - Employee decontamination.
  - Cleanup.
  - Notifications made.

After this information is gathered recommendations are made for avoiding similar incidents in the future (to help with this, we use the "Incident Investigation Form" found on the following page).

In order to make sure that our employees receive the best and most timely treatment if an exposure to bloodborne pathogens should occur, our facility has set up a comprehensive post exposure evaluation and follow-up process.

C. MEDICAL RECORDKEEPING

UAMS maintains comprehensive medical records on our employees. ESPHS is responsible for setting up and maintaining these records, which include the following, information:

- Name of the employee.

- Social security number of the employee.

- A copy of the employee's Hepatitis B Vaccination status.
  - Dates of any vaccinations.
  - Medical Records relative to the employee's ability to receive vaccination.

- Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an employee's exposure to bloodborne pathogens.

As with all information in these areas, we recognize that it is important to keep the information in these medical records confidential. We will not disclose or report this information to anyone without our employee's written consent (except as required by law).

UAMS INCIDENT INVESTIGATION REPORT

Date of incident: _____ Time of incident: _____ am/pm

Name of injured: _____ SAP Number: _____

Phone Number(s): _____ Sex: ____ M ____ F Age: _____

Department/College: _____ Job Title: _____

Supervisor:_____ Phone Number: _____

Shift: _____ How long on this job: _____ Work Status: Full, Part, Temp, Contract or Student

Specific location of incident (building, floor, room number): _____

Nature of injury, injury type and part of the body affected: _____

_____What

Happened (Describe what took place or what cause the incident. Get all the facts by studying the job and situation involved. Use WHY, WHAT, WHERE, WHEN, WHO, HOW):

_____

_____

_____

If needle stick: _____ gauge of needle; safety needle __no __yes; if no was safety needle available __no __yes; if yes, did safety feature malfunction ____no __yes;

Was PPE required? ___Yes ___No Was PPE provided? ___Yes ___No Was PPE being used? ___Yes ___No

If "no" to any, please explain:

_____

_____

_____

Was training provided to the injured prior to the incident? ___ Yes ___No

If "no" explain; If "yes" who conducted the training and when did it take place:

_____

_____

_____

Witness(s) (Name and phone number): _____

_____

Specific corrective action(s) or preventive measure(s) taken: _____

_____

_____

_____

Investigated by: _____ Investigation Date: _____

Hepatitis B Vaccine Waiver

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____
SIGNATURE DATE

Name: _____ Dept: _____

SOCIAL SECURITY NUMBER: _____

Address: _____

_____

Phone: _____ (work) _____
(home)

_____
WITNESS SIGNATURE

_____
PREVIOUS HISTORY OF RECEIVING HEPATITIS VACCINE SERIES
I have received the hepatitis vaccine series in the past.

SIGNATURE _____ DATE _____

SECTION VII
LABELS AND SIGNS

For our employees the most obvious warning of possible exposure to bloodborne pathogens is biohazard labels. Because of this, we have implemented a comprehensive biohazard warning labeling program in our facility using labels of the type shown on the following page, or when appropriate, using red "color coded" containers. Occupational Health and Safety is responsible for setting up and maintaining this program in our facility.

The following items in our facility are labeled:

- Containers of regulated waste.
- Refrigerators/freezers containing blood or other potentially infectious materials.
- Sharps disposal containers.
- Other containers used to store, transport or ship blood and other infectious materials.
- Contaminated equipment.

On labels affixed to contaminated equipment we have also indicated which portions of the equipment are contaminated.

Biohazard signs are posted at entrances research laboratories.

SECTION VIII
INFORMATION AND TRAINING

Having well informed and educated employees is extremely important when attempting to eliminate or minimize our employee's exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue.

Employees will be retrained at least annually during specially scheduled sessions to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment and during new employee orientation.

Occupational Health and Safety is responsible for providing training for all employees who have potential exposure to bloodborne pathogens.

A. TRAINING TOPICS

The topics covered in our training program include, but are not limited to, the following:

- The Bloodborne Pathogens Standard itself.
- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.
- Our facility's Exposure Control Plan (and where employees can obtain a copy).
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

- A review of the use and limitations of methods that will prevent or reduce exposure, including:
  - Engineering controls.
  - Work practice controls.
  - Personal protective equipment.

- Selection and use of personal protective equipment including:
  - Types available.
  - Proper use.
  - Location within the facility.
  - Removal.
  - Handling.
  - Decontamination.
  - Disposal.

- Visual warnings of biohazards within our facility including labels, signs and "color coded" containers.

- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

- The procedure to follow if an exposure incident occurs, including incident reporting.

B. TRAINING METHODS

Our facility's training presentations make use of several training techniques including, but not limited to:

- Classroom type atmosphere with personal instruction.
- Videotape programs.
- Employee review sessions.
- Online training

Because we feel that employees need an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities in each training session.

C. RECORDEEEPING

To facilitate the training of our employees, as well as to document the training process, we maintain training records containing the following information:

- Dates of all training sessions.
- Contents/summary of the training sessions.
- Names of the instructors.
- Names of employees attending the training sessions.

We use computer systems to facilitate
this recordkeeping as well as maintaining the original sign in sheet.

These training records are available for examination and copying to our employees and their representatives, as well as OSHA and its representatives.

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
NURSING PROCEDURES

These are minimum requirements for employee protection from patient Blood or Body fluids during procedures. There will be times when, at nursing discretion, more personal protection is necessary. Also, for patient protection from infection, some procedures require additional measures. Please check individual procedure.

PERSONAL PROTECTIVE EQUIPMENT
(MINIMUM BARRIER REQUIREMENTS FOR PREVENTING CONTACT WITH BLOOD OR BODY FLUIDS)

NOTE: Some procedures do not have numbers or have Product Instruction Sheets (PI), instead.

Proc. #	*Procedure Name*	*GOWNS*	*GLOVES*	*MASKS*	*GOGGLES/ FACESHIELD*
12.	ACNE LESION COUNT				
21.	ALLERGY INJECTIONS				
22.	ALLERGY SKIN TEST				
72.	AMPUTATED LIMB DRESSING USING ACE WRAP		**X**		
11.	ARCH BARS, CARE OFX		**X**		
107.	ARTERIAL LINE, ASSISTING WITH -Insertion -Maintenance -Rernoval		**By MD** **X**		
112.	BILATERAL TUBAL LIGATION, SURGICAL PREP FOR A PATIENT UNDERGOING		**X**		
101.	BIOBRANE, CARE AND MAINTENANCE OF WOUNDS COVERED WITH		**X**		
18.	BLOOD & BLOOD COMPONENTS, ORDERING & ADMINISTERING -Ordering -Administering		 **X**		
34.	BLOOD CULTURES (B.C.), OBTAINING		**X**		
76.	BUFFERED LIDOCAINE, MIXING				
119.	BURN WOUND DRESSING/SKIN GRAFT DRESSING	**X**	**X**		
24.	CARE OF BODY AFTER DEATH		**X**		
26.	CASTING PROCEDURE (APPLICATION AND REMOVAL)				
73.	CENTRAL VENOUS CATHETERS, (HICKMAN, BROVIAC, COOK, GRONSHONG, ETC.) CARE OF -Dressing change -Flushing -Blood draw		 **X** **X** **X**		
84.	CENTRAL VENOUS CATHETERS, REMOVAL OF NON-TUNNELED (excluding peripherally inserted central catheters -PICCs)		**X**		
43.	CENTRAL VENOUS PRESSURE ASSEMBLY & MEASUREMENT				
6.	CHEST TUBES, MAINTENANCE OF		**X**		
19.	COLOSTOMY IRRIGATION, PERFORMING	**X**	**X**		
102.	CONTINUOUS PERITONEAL DIALYSIS	**X**	**X**	**X**	**X**
46.	CRUTCHES, MEASURING AND WALKING				
114.	C-SECTION, SURGICAL PREP FOR A PATIENT UNDERGOING		**X**		
115.	CST USING THE NIPPLE STIMULATION METHOD		**X**		
55.	CYSTOGRAM		**X**		

Proc. #	Procedure Name	GOWNS	GLOVES	MASKS	GOGGLES/ FACESHIELD
1.	CYTOTOXIC DRUGS, ADMINISTRATION OF				
5.	CYTOTOXIC DRUGS, HANDLING				
56.	DEFIBRILLATION, ASSISTING WITH				
126.	DIALYSATE CULTURE AND CELL COUNT, OBTAINING		**X**		
74.	DIALYSATE FOR INTRAPERITONEAL MEDICATIONS, PREPARATION OF				
70.	DIALYSIS CATHETER FOR DRAWING BLOOD, PREPARATION OF		**X**		
49.	DILATION OF PUPIL (See Lippincott: Instillation of Medications)				
	DISCONTINUING CYCLER PERITONEAL DIALYSIS: -Emergency cases -Routine		 **X** **X**	 **X** **X**	 **X** **X**
29.	EAR IRRIGATION		**X**		
116.	EPIDURAL CATHETER, ASSISTING WITH THE PLACEMENT OF AN		**X**		
98.	EXTERNAL AUDITORY CANAL, IRRIGATION OF		**X**		
13.	EXTERNAL CATHETER (MALE), APPLICATION & MAINTENANCE OF		**X**		
31.	EXTRAVASATION OF CHEMOTHERAPY		**X**		
109.	FETUS THAT WEIGHS LESS THAN 500 GMS, CARE OF		**X**		
81.	GASTROSTOMY/JEJUNOSTOMY DEVICE, SITE CARE OF		**X**		
15.	GRAVITY FEEDING VIA NASOENTERIC				
87.	HEART TRANSPLANTATION ROOM, SET-UP POST-OP				
48.	HEIMLICH VALVE, PROPER USE OF		**X**		
66.	HEPARINIZED SALINE FLUSH OF NEW TENCKHOFF CATHETER		**X**		
53.	HYPERALIMENTATION (PERIPHERAL & CENTRAL), ADMINISTERING				
2.	IMPLANTABLE PORT (VENOUS, ARTERIAL, & PERITONEAL), USE AND CARE OF		**X**		
92.	INCISIONAL LINE CARE OF ENT PATIENT		**X**		
123.	INFANT CENTRAL LINE DRESSING CHANGE		**X**		
67.	INFANT ID IN THE DELIVERY ROOM		**X**		
124.	INFANT IDENTIFICATION BANDS, APPLICATION OF		**X**		
33.	INFUASAPORT: USE AND CARE		**X**		
63.	INSULIN INJECTION				
71.	INTERMITTENT BLADDER IRRIGATION		**X**	**X**	**X**
80.	INTRADERMAL PPD & CONTROLS TEST, ADMINISTERING				
75.	INTRAVESICAL, CHEMOTHERAPY		**X**		
68.	INTRAVESICAL, MEDICATION FOR TREATMENT OF CHRONIC INTERSTITIAL CYSTITIS		**X**		
30.	IONTOPHORESIS (To be utilized only by RNs credentialed to Insert PICCs)				
54.	IV FAT EMULSION IN ADULTS, ADMINISTRATION OF				
35.	IV FLUIDS & IV MEDICATIONS/PIGGYBACKS, ADMINISTRATION OF				
25.	IV PUSH-BOLUS MEDICATIONS, ADMINISTERING				
69.	LARYNGECTOMY TRACHEOSTOMA W/O A TRACHEOSTOMY TUBE, CARE OF		**X**		

Proc. #	Procedure Name	GOWNS	GLOVES	MASKS	GOGGLES/ FACESHIELD
89.	LEFT ATRIAL PRESSURE LINE, SET-UP, MONITORING, ASPIRATION OF -Setup -Monitoring -Aspiration		 X		
47.	LUMBAR PUNCTURE, ASSISTING THE PHYSICIAN		**X**		
61.	MEDICATION ADMINISTRATION -Oral -Intramuscular -Z-Track -Rectal -Vaginal		 **X** **X**		
23.	MIXED VENOUS SAMPLING, OBTAINING FROM PULMONARY ARTERY CATHETER		**X**		
60.	NASAL TRUMPET (PHARYNGEAL AIRWAY, INSERTION & MAINTENANCE. OF) -Insertion -Maintenance		 **X** **X**		
38.	NASAL/ORAL PHARYNGEAL SUCTIONING	**X**	**X**	**X**	**X**
17.	NASOENTERIC FEEDING TUBE, INSERTION, MAINTENANCE & REMOVAL OF -Insertion -Removal		 **X** **X**		
58.	NASOGASTRIC TUBES FOR GASTRIC DECOMPRESSION & LAVAGE: -Insertion -Irrigation -Maintenance		 **X** **X** **X**	 **X** **X**	 **X** **X**
36.	NON-INVASIVE BLOOD PRESSURE				
84.	NON-TUNNELED CVL'S, REMOVAL OF		**X**		
85.	OBTAINING BLOOD BY VENIPUNCTURE		**X**		
14.	OMMAYA RESERVOIR		**X**		
27.	ONE PIECE POUCHING SYSTEM, APPLICAION & REMOVAL OF		**X**		
118.	ORAL GASTRIC TUBES IN THE NEONATE, PLACEMENTANSTIT'UTION OF		**X**		
79.	ORAL OR NASOTRACHEAL INTUBATION		**X**		
50.	PARACENTESIS		**X**		
	PERINEAL CARE		**X**		
44.	PERIPHERAL INTERMITTENT INFUSION LOCK IN AN ADULT PATIENT: -Insertion -Care		 **X** **X**		
37.	PERIPHERAL IV INSERTION &MAINTENANCE		**X**		
62.	PERIPHERALLY INSERTED CENTRAL CATHETERS	**X**	**X**	**X**	**X**
86.	POST-OPEN HEART SURGERY PATIENT, ROOM SETUP				
PI.	PRECISION G: DIABETIC FINGER STICK		**X**		
88.	PROCTOSIGNIOIDOSCOPY, ASSISTING WITH		**X**		
78.	QUINTON CATHETER FOR PERIPHERAL STEM CELL APHERESIS		**X**		

Proc. #	Procedure Name	GOWNS	GLOVES	MASKS	GOGGLES/ FACESHIELD
91.	RA PRESSURE MONITORING, SET-UP -Setup -Monitoring -Aspiration		 **X**		
90.	RIGHT ATRIAL PRESSURES, DIRECT READINGS OF				
9.	SALT AND SODA IRRIGATIONS		**X**		
16.	SENGSTAKEN-BLAKEMORE TUBE, INSERTION, MAINTENANCE, REMOVAL OF -Maintenance -Removal	 **X**	 **X**	 **X**	 **X**
PI.	SITZ BATH		**X**		
40.	SPECIMEN COLLECTION - URINE, SPUTUM & STOOL		**X**		
94.	SPLIT/FULL THICKNESS SKIN GRAFT DONOR SITES		**X**		
7.	STEM CELLS FOR TRANPLANT, ADMINISTRATION OF		**X**		
	STERILE PERITONEAL DIALYSIS CATHETER EXIT SITE CARE FOR NEWLY PLACED CATHETERS		**X**		
113.	STILLBORN THAT WEIGHS 500 GMS OR MORE, CARE OF	**X**	**X**		
95.	STOMA CLOSURE OF TRACHEOSTOMY PATIENT		**X**		
64.	SUBCUTANEOUS INJECTION (INCLUDING HEPARIN & EMBOLEX)				
59.	SUPRAPUBIC CATHETERS, INSERTING, CLEANING & MAINTAINING PATENCY: -Inserting -Cleaning -Maintaining Patency		**By MD** **X** **X**	 **X**	 **X**
65.	SURGICAL GOWNING AND GLOVING	**X**	**X**		
110.	SURGICAL HAND SCRUB				
45.	SURGICAL STAPLES AND SUTURES, REMOVAL OF		**X**		
41.	TB SKIN TEST (ADMINISTRATION AND READING OF)				
97.	TELEMETRY MONITORING				
82.	TENCICHOFF CATHETER TUBING CHANGES		**X**		
42.	THERMODILUTION CATHETER, INSERTION/MAINTENANCE OF -Insertion -Maintenance		 **X** **X**		
51.	THORACENTESIS		**X**		
100.	THROMBOLYTIC AGENTS IN PD CATHETERS, USE OF		**X**		
117.	TISSUE TYPING, CROSSMATCHING, ANTIBODY SCREENS (RENAL TRANSPLANT)		**X**		
99.	TRACHAEL HUMIDIFICATION, MAINTENANCE/USE OF				
39.	TRACHEOSTOMY CARE - SUCTIONING & CLEANING	**X**	**X**	**X**	**X**
10.	TRACHEOSTOMY TUBE, INSERTION TO EXISTING STOMA		**X**		
20.	TRANSPARENT DRESSINGS, APPLICATION & REMOVAL OF 2 TYPES		**X**		
122.	TRANSPYLORIC TUBE IN THE NEONATE, PLACEMENT OF		**X**		
77.	TRAVENOL INFUSOR, USE AND CARE OF		**X**		

Proc. #	Procedure Name	GOWNS	GLOVES	MASKS	GOGGLES/ FACESHIELD
28.	TWO PIECE POUCHING SYSTEM, APPLICATION & REMOVAL OF -Application -Removal		 X X		
57.	UMBILICAL VESSEL CATHETER, REMOVAL OF		X	X	X
111.	UNEXPECTED VAGINAL DELIVERY IN THE CLINIC SETTING IN THE ABSENCE OF A PHYSICIAN	X	X	X	X
8.	UROKINASE, ADMINISTRATION OF				
108.	VAGINAL DELIVERY, CIRCULATING ON A	X	X	X	X
32.	VIDEO URODYNAMICS	X	X		
52.	VISUAL ACUITY				
93.	ZOLADEX SUBCUTANEOUS INJECTION		X		