Clean to Clean, Dirty to Dirty

CLEAN TO CLEAN AND DIRTY TO DIRTY–that's one of the hard and fast rules of nursing that my instructors drilled into me during my first year of nursing school. This is such a truism that I continue to use it as a guide whenever I have doubts as to when universal precautions apply to a particular situation. Do you?

In today's medical environment nurses need to follow universal precautions even more religiously than when I began my nursing career back in the 1960's—yet I often see breaks in protocol that send shivers up my spine. Universal precautions protect the patient, and the nurse as well: all patients should be viewed as a potential source of contamination.

However, sometimes we overreact. A recent example is the edict handed down to by hospitals on the subject of acrylic nails. I wonder how many hundreds of thousands of dollars were spent on proving that acrylic nails might be a vector for bacteria and other little nasty bugs? I don't think it takes a rocket scientist to figure that out. We all know dirty nails are a pos-

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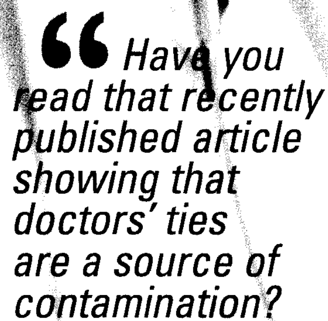
sible route of contamination in the unit—that's why we scrub. So it would be only logical that acrylic nails would prove equally "bad."

However, in the case of acrylic nails, many hospitals have chosen to go one step further and disallow them altogether. This measure is rather useless especially when you consider that as nurses we should be using universal precautions whenever coming into contact with patients. Simply put, that means we should be wearing gloves, which would shield the acrylic nails so they will not be a possible source of contamination. But, as I have found so often when it comes to nursing, common sense often falls victim to bureaucrats.

Don't get me wrong. The concern about acrylic nails is very real, but so is the concern about wearing rings, or even having long hair that is left to hang down where it could contaminate otherwise "clean" objects or transfer bacteria from infected patient to patient. Those of us who are old enough to remember the starched white hats and dresses of our early nursing days will remember that hair had to be worn short or up in a bun to reduce the risk of contamination. However, today I often see nurses break this protocol or wear rings without being gloved and without regard to universal precautions.

We all know that universal precautions also apply in the handling of bodily fluids, but when was the last time you gloved-up when handling that bottle of expressed breast milk? You'd be surprised how many NICU or post-partum nurses seem to forget that breast milk is a bodily fluid and should be handled using universal precautions. So relaxed are nurses about breast milk that I have even seen nurses store their own expressed breast milk in the communal refrigerator right next to a co-workers' lunch.



"Have you read that recently published article showing that doctors' ties are a source of contamination?

Sometimes breaches in universal precautions occur because we don't see something as a potential contaminate. As in the case of breast milk, I think so many nurses are lax in this regard because breast milk is seen as nutrious and nurturing, but we also forget that it is a bodily fluid and should be treated as such.

I am defininitely a neatnick. Often when I work, my fellow nurses give me a good and kindly ribbing on my habit of cleaning my work area, wiping it down, and even cleaning the chair I sit on since I usually work NICU. When they do rib me I remind them that a new mother has probably sat on that very same chair in her gown with lochia and just imagine all the little germs moving around on that seat. It usually takes only the telling of this story once for the nurses to pick up the habit.

How many of us have read that recently published article on doctors and how their ties are a source of contamination? (Presented at the 104th general meeting of the American Society of Microbiology.) So if ties can serve as a vector, just think about that long-sleeved sweater or sweatshirt that you wear to work. Do you leave it on over your uniform or scrubs? And if so, when was the last time you laundered it? If you are like most people, you probably don't launder it after each time you wear it. You also don't think about the possible contaminants the next time you brush up against your patient or reach into an isolette to touch that neonate.

What about your employee identification badge? I bet most of you wear it attached to one of those nifty badge holders that we often get for free at conferences. Is your holder the kind that hangs loosely around your neck or is it on a short lead close to your chest, or pinned on? If it is the first kind, then you are potentially exposing your patients to cross contamination. It probably swings loosely, touching your patient as you check vitals, change a dressing, administer an injection, or when you put forward a comforting hand. Some may think this example is absurd but it is far from the absurd—it is a very real threat to the practice of universal precautions and presents a break in protocol where less than optimal patient care is administered.

Let's not forget about those oh so adorable stethoscope covers. They are definitely cute and can act as a real icebreaker, especially with pediatric patients. However, unless you are prepared to launder it every day (or more precisely between every patient) then perhaps you should rely on a cheerful and warm personality to break the ice rather than add one more potential source of cross-contamination.

And while I am on the subject of stethoscopes, I would like to remind my nursing cohorts that if we are truly striving to practice universal precautions then there would be a stethoscope at the bedside of each patient. Though it may seem costly for a hospital to provide a stethoscope at each bedside, it is actually only a small upfront cost compared to the thousands of dollars of additional care that it costs to fight hospital-borne infections, specifically nosocomial infections.

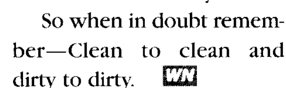
Here is a story that I hope no one finds familiar, but it has happened and is probably still continuing in a hospital unit that shall remain anonymous to protect the guilty. In this particular unit there is a great deal of esprit de corps. The nurses are quite close and take meals together whenever they can, often serving potluck style. One of the favorite treats during these potluck meals is particular ethnic bread made with garlic and onion that is best eaten when warm. So the creative nurses in that unit have come to use the blanket warmer (yes you read that line correctly) to warm the bread before serving it. I just about choked when I realized that the blanket warmer—the same warmer that we put our blankets in to warm before putting them on the preemies in our NICU—was being used to warm bread! Meanwhile, the nurses wondered why we had flies and roaches in this particular unit.

Often when I am working on a research paper, and doing it as a nurse, I play a little game and track just how many breaks I can find in universal precautions on given shifts. Does this mean that these nurses are bad nurses? Not usually. But it does mean that there is bad nursing practice going on and a patient's health is placed at risk. Nurses have so much to worry about—a single needle-stick can have a tremendous impact on our lives—that we need to make sure that taking universal precautions is not an option, but an everyday work habit.

I believe that breaks in universal precautions occur most frequently for a handful of reasons. They are lack of knowledge, poor training, feeling overwhelmed with the workload, lack of equipment, and laziness. Of the five reasons, the most dangerous reason for breaks in universal precautions is laziness since this would imply that the nurse is demotivated and not interested in her work and thereby placing at risk her patient and co-workers, as well as herself. The other four reasons are training issues. I find that most individuals can and do respond well to training, especially when done in a constructive and positive environment.

With the advent of diseases such as SARS, HIV and Hepatitis, we should always use universal precautions. However, doing this does not mean that we have to be unkind and without compassion when giving care. By always-practicing good technique, you are ensuring to the best of your ability that your patient is receiving good care and that also means limiting your patients' exposure to sources of contaminants as well as yourself.

So when in doubt remember—Clean to clean and dirty to dirty.



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