Maintaining Medical Supplies and Equipment in the Car

**PURPOSE**

- To promote cleanliness of medical supplies and equipment in the home health nurse’s and field staff’s car
- To prevent transmission of insects or infectious organisms

**RELATED PROCEDURE**

- Applying Principles of Standard Precautions: General Guidelines

**EQUIPMENT**

1. Large plastic or cardboard container with impermeable lining

**PROCEDURE**

1. Home health nurses and field staff who travel by car are to keep a large plastic or cardboard container in a designated clean area of the car, preferably the trunk.
2. The nursing bag, extra staff uniform, and medical supplies and equipment are to be kept in this container.
3. Supplies and equipment are to be stored in the car container in a neat and orderly fashion.

**NURSING CONSIDERATIONS**

Home health nurses and all field staff have the potential to transmit insects and infectious microorganisms from household to household. Medical supplies and equipment are to be stored, handled, and transported in a way to minimize this risk. Likewise, medical supplies/equipment in the patient’s home are to be stored and handled without compromising integrity.

Do not leave temperature-sensitive equipment in the car overnight or for long periods.

Using nonlatex gloves should be considered because of potential staff and patient allergies to latex.

**DOCUMENTATION GUIDELINES**

Document Standard Precautions on the visit report.

**Reporting and Managing an Exposure Incident**

**PURPOSE**

- To report an exposure incident
- To prevent infectious disease or staff injury
- To acquire home health agency support services for possible staff exposure to infectious disease

**RELATED PROCEDURE**

- Implementing a Tuberculosis Control and Personal Respiratory Home Care Protection Program

**EQUIPMENT**

1. Hydrogen peroxide, alcohol
2. 4- x 4-inch gauze pads
Company Name
Orientation Packet

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3. Soap and water, paper towels, and an impermeable plastic trash bag (see Infection Control)

PROCEDURE

1. When an exposure incident occurs in the workplace, the following guidelines will be followed:
   a. **Eyes.** If an exposure to the eye or mucous membrane occurs, immediately flush the area with clean water for at least 5 minutes.
   b. **Cuts.** If an exposure occurs in a cut, open sore or lesion, abrasion, or damaged cuticle, wash the area with soap and water as soon as possible. Apply first aid.
   c. **Puncture wound.** If exposure occurs by sharps, wash the area with soap and water as soon as possible. Apply first aid.
   d. **Clothing.** Immediately clean all contaminated clothing with a 10% bleach solution. Change clothes as soon as possible. Carry an extra uniform in the car.
   e. **Respiratory.** See the procedure for Implementing a Tuberculosis Control and Personal Respiratory Home Health Protection Program.

2. Report the exposure incident to the home health agency’s Infection Control Clinical Director within 1 hour of occurrence.
3. Follow OSHA recommendations for testing, counseling, and seeking appropriate medical assistance. (All efforts should be made to ensure employee confidentiality.)
4. No further patient contact should be made by the exposed home health nurse and field staff until approval is given by the Infection Control Director.
5. Clean and replace any equipment used during the procedure. Discard any disposable items according to Standard Precautions.

NURSING CONSIDERATIONS

Consider a tetanus prophylaxis for cuts and deep wound punctures; consult with the Medical Director as needed.

DOCUMENTATION GUIDELINES

Complete an incident report and forward to the home health agency’s Infection Control Director within 24 hours of occurrence for follow-up, treatment, surveillance, and evaluation.