

OSHA Review Level 2



Standard Precautions

Work practices of TDN require additional attention to:

- Hand hygiene
- Glove usage
- Skin preparation and cleansing
- Management of needles and medical waste
- Needlestick injuries

Hand Hygiene

- Nails should be cut short and free from debris
- Consider removing jewelry
- Scrub hands following each TDN session with 70% or greater alcohol based sanitizer or soap and water.
- Antimicrobial soap is more effective
- Wash hands for at least 15 seconds with soap and water

Gloves

- Gloves shall be worn on **both** hands when there is reasonable possibility of the employee coming into contact with blood or other bodily fluids.
- Gloves are single use only
- Gloves should be non-latex gloves
- Nitrile gloves are better for latex sensitive individuals
- Dispose gloves in proper waste bags of soiled

Skin Preparation

- WHO guidelines **DO NOT** require skin preparation prior to TDN if the skin is visibly clean.
- Dirty skin should be prepped with 70% alcohol prior to TDN.
- Some countries require skin prep in areas of the body that may be moist ie. ears, breasts, underarms, mouth, nose, and hairy areas.
- WHO does recommend cleansing skin following TDN.

Needle and Medical Waste Disposal

- All sharps should be disposed of in provided sharps containers.
- Any soiled materials should be disposed in the proper RED clinical waste bags in each clinic.
- All sharps containers and medical disposal bags should be within reach of the clinician.
- Sharps containers should not be filled past the “fill line”.

Needlestick Injury(NSI)

- UK reports 37% NSI in nurses.
- Ireland interns reported 26% NSI in first 8 months of work.
- US medical students reported a 59% NSI during their medical training.
- 20 bloodborne pathogens can be transferred via an NSI including: hepatitis B(HBV), hepatitis C(HCV), and HIV.
- Risk for HIV via NSI is .3%, 3% for HCV, and 30% for HBV
- Risk is greater with greater blood saturation.
- HBV virus can survive for 1 week in dried blood
- If a NSI does occur, the area should be cleansed with soapy water and reported to the manager or team lead, and DO NOT let the patient leave the building as they will need directions on testing.

Trigger point
dry needling
safety



Hygiene

Hand hygiene

Gloves

Patient skin preparation

Needle and waste disposal

Needle stick injury

General guidelines

Patient selection

Principles of application

Patient education & consent

Procedural education

Practical application

Positioning

Palpation

Technique

Aftercare

Considerations

Absolute contraindications

Relative contraindications

Anatomical contraindications

Procedural safety issues