

Goal: Participants will review and respond to the following biological hazard risk scenarios.

1. Mary is a visiting nurse taking care of a patient with HIV who has recently returned to living in his single room occupancy (SRO) apartment after being in the hospital for a lymph node biopsy. The wound created when the lymph node biopsy was done continually drains a yellow fluid--presumed to be lymphatic drainage. Mary provides nursing assessment and monitoring of the patient.

Diane is an aide provided through a different agency to assist the patient with personal hygiene including dressing changes and bathing in the communal shower room at the SRO. Mary is aware that the agency the Diane works for has a policy of teaching its employees to use bloodborne pathogen precautions with all patients (Universal Precautions) and thus does not release the HIV or Hepatitis infection status of patients to the employees.

Questions:

What are the risks for Mary and Diane in caring for this patient?

Are there any other workers who may be at risk?

2. Bill is a volunteer at a local emergency overnight shelter which is in a different church every evening. He has noticed that the homeless people the shelter accommodates often go from one location to the other and may spend several weeks or even months or a whole "season" in the program. He has also noted that there are often people coughing especially in the winter months and that some people are apparently receiving medical care and are in the shelter with implanted catheters and healing surgical wounds, etc.

Question:

What are the risks to Bill and other volunteers in working at the shelter?

3. Mark is a visiting nurse working with Wu Ping and his family. Wu Ping was brought to the United States by his daughter for treatment of his kidney disease. He was fortunate to receive a kidney transplant 6 months ago and has been doing very well. Mark arrives for his monthly visit and finds that Wu Ping had a cough and has been sweating so much at night that his daughter finds that she needs to change the sheets.

Questions:

What can Mark do to assess possible risks to himself or other workers and caregivers which may exist in providing care for Wu Ping?

Are there factors in the patient's history that might assist in the assessment?

4. Joan is a certified nursing assistant with a home care hospice program and is caring for Ann, a 70 year old woman dying of uterine cancer. Ann is spending her last days at her daughter's home, surrounded by family. Ann is weak and requires complete care for all ADL and personal hygiene, toileting, etc. She has been treated for her cancer for the last 5 years and also has a history of cardiac bypass surgery. Joan is with Ann for 6 hours each day, allowing Ann's daughter to take her young children to their pre-school and to get some time for herself, run errands, etc. Sometimes Joan has meals with the family, especially when friends drop by with casseroles. Due to Ann's condition, there is no smoking allowed in the house--so Joan takes short smoking breaks outside when there are appropriate opportunities.

Question:

What are the risks to Joan?

The facilitator can lead a report back from the group identifying the risk in each scenario. Refer to the assessment tools provided and the biological hazard source controls/interventions on the reverse.