UW HEALTH INFECTION CONTROL BASICS FOR OBSERVERS

UW Health cares for some patients who are extremely vulnerable to infection.

- If you are ill do not come into the facility: you could expose patients or their caregivers. What may be a mild illness for you could pose very serious risk to a vulnerable patient.
- If you have had a recent exposure to someone with an infectious disease such as chickenpox, measles, pertussis or tuberculosis - notify your sponsor.
- As an observer, you are unlikely to have contact with infectious materials, but it is possible. All body fluids should be considered potentially infectious. Below is basic information identifying potential infection risks.

Ask your sponsor if you are unsure if a situation poses a risk to you.

- The Biohazard Symbol (shown at right) is present on potentially infectious materials during transport or storage. It is also displayed at the entry of laboratory spaces where biohazards may be encountered.
- Biohazardous Waste: At UW Health, RED BAGS contain biohazardous waste. The bag may or may not have a biohazard symbol on it.
- Biohazardous Exposures can occur in the 3 specific ways described below. Avoid situations where these events could occur. If you experience a biohazard exposure, notify your sponsor immediately.

**Isolation:** If a patient has an infection that can be transmitted to others, they will be placed under isolation. An isolation sign will be posted at the room entry (example at right). **DO NOT ENTER THE ROOM** until you have consulted your sponsor and understand the precautions that you must take.

- **Hand Hygiene:** One of the cornerstones of preventing infection is to keep hands clean. Alcohol gels are the preferred method of hand hygiene and dispensers are present in every patient and clinic room.
  - Handwashing with soap and water must be used instead of alcohol gel when:
    - Your hands are visibly soiled - especially if you get body fluids on them.
    - The isolation sign indicates "Use antiseptic soap only."

I understand the potentially serious risk that infection could pose to UW Health patients and I agree to suspend my observation if I am ill. I understand that violating this agreement can result in termination of my observer privilege. As an observer, I am unlikely to have direct exposure to infectious materials or infectious patients, but I understand that such exposures are a possibility. I understand and can identify the risks described above, and am capable of avoiding them.

Name of Observer (please print) ________________________________ Organization (please print) ________________________________

Signature of Observer ________________________________ Date ________________________________

Signature of parent or guardian if Observer is under 18 ________________________________ Date ________________________________
Forms may be scanned and emailed to: vlo@uwhealth.org. The Vendor Liaison Office will verify receipt of your application and will be in contact with further information.