

## **Project RICE**

### **Health Screening Event - Protocol**

#### **I. Clinical Staff**

##### **A. Requirements at the Health Screening event:**

1. All nursing staff is under the supervision of the Screening Coordinator
2. A professional appearance and conduct
3. Understand the confidentiality of client's health information
4. Understand and observe the protocol of infection control
5. Able to operate and perform the tasks required of the health screening event
6. Able to communicate to the client in a clear, knowledgeable manner

##### **B. Clinical Staff Responsibilities:**

1. Equipment checked at the screening site and logged
2. Check client's signature before performing blood test
3. Perform the screening tests completely and accurately as per manuals and protocols
4. Date and time of tests if needed
5. Record all test results on Screening form
6. Sign the form
7. Interpret tests results based on American Heart Association and American Diabetes Association recommended criteria for health screening
8. Counseling as needed
9. Direct client to appropriate personnel for further referral
10. Clean up clinical site after each screening event and dispose garbage appropriately
11. Pack all equipment and supplies

##### **C. Screening Coordinator Responsibilities at the Health Screening Event:**

1. All equipment and supplies
2. Appropriate setup for the health screening at the event
3. Trouble shoot and clinical problems that arise during the health screening event
4. Assume event responsibilities for the clinical process
5. Review results – appropriate follow up as needed
6. The screening results are kept by the NYU Prevention Research Center for duration of 7 years only.

## **II. Infection Controls**

A. At each health screening event, rules and regulations pertaining to infection control follow the guidelines of DOH-3293:

1. Containment of regulated medical waste is in a manner and location which affords protection from the environment and limits exposure to the public.

*Public Health Law, Section 1389-cc*

2. Medical Waste is contained in bags which are:

a. Impervious to moisture and have a strength sufficient to resist ripping, tearing or bursting under normal conditions of usage and of handling.

b. Secured so as to prevent leakage during storage, transport or handling.

c. Red in color and marked with the universal sign or the word "biohazard"

*Public Health Law, Section 1389-cc*

3. Articles that are potentially infectious and that might cause punctures or cuts, including but not limited to needles, blades and other sharp objects, are contained for disposal in:

a. Leakproof, rigid, puncture-resistant containers which are secured to preclude loss of contents

b. Containers which are red in color or conspicuously labeled with the universal warning sign or the word "biohazard."

*Public Health Law, Section 1389-cc*

4. All specimens and articles soiled with blood or body fluids are placed in specifically designated containers before being sent for disposal or decontamination.

*10NYCRR Part 70-1.3(a)*

5. Universal blood and body-fluid precautions as set forth by the Occupational Safety and Health Administration are used in handling all specimens.

*29CFR Part 1910.1030*

6. Gloves are worn when handling specimens, blood-soiled items, as well as surfaces, materials and objects exposed to them. *Laboratory Safety and Hazardous Materials*

*Quality Control Standard*

7. Gowns, lab coats, or other protective clothing are worn when performing laboratory procedures including all specimen collection.

*Laboratory Safety and Hazardous Materials Quality Control Standard*

8. Laboratory personnel wash their hands after contact blood, following completion of patient phlebotomy or fingerstick, after removal of gloves, and before leaving the testing area.

*Laboratory Safety and Hazardous Materials Quality Control Standard*

9. All blood and body fluids spills are cleaned up promptly with an appropriate chemical germicide. *Laboratory Safety and Hazardous Materials Quality Control Standard*

10. Equipment and work surfaces are decontaminated with a disinfectant following spills of potentially infectious material and at the completion of work activities.

*Laboratory Safety and Hazardous Materials Quality Control Standard*

11. Needles are not bent or cut after use, but are promptly placed in a puncture resistant container used solely for such disposal.

*10NYCRR Part 495.1022(f): New York State Health Department Recommendation*

12. Needles are not reinserted into their original sheaths before being discarded.

*Laboratory Safety and Hazardous Materials Quality Control Standard*

13. A current standard operating procedure manual is on the premises and contains policies and procedures covering the following:

- a. Precautions to prevent laboratory infections
- b. A management protocol for documented exposures to blood and body fluids
- c. Disinfection, housekeeping, and waste disposal methods

*Laboratory Safety and Hazardous Materials Quality Control Standard*

14. Eating, drinking, smoking or the application of cosmetics or contact lenses is not permitted in work areas and food is not stored in refrigerators or coolers where specimens or reagents are stored.

*Laboratory Safety and Hazardous Materials Quality Control Standard*

## **RECOMMENDED CRITERIA FOR HEALTH SCREENING FOLLOW UP**

For all criteria, patients may see their own physicians.

### **BLOOD PRESSURE—ASYMPTOMATIC PATIENTS**

<b>SYSTOLIC (mmHg)</b>	<b>DIASTOLIC (mmHg)</b>	<b>BP CLASSIFICATION</b>	<b>RECOMMEND</b>
<120	<80	NORMAL	Repeat 6 months – 1yr
120-139	Or 80-89	PRE-HYPERTENSION	Repeat 6 months – 1yr
140-159	Or 90-99	STAGE 1 (mild)	Refer to M.D. Repeat within 1-3 weeks
160-179	Or 100-109	STAGE 2 (moderate)	Refer to M.D. Repeat within 1-2 weeks
180-209	Or 110-119	STAGE 3 (severe)	Refer to M.D. Repeat within 24-48 hours
>210	>120	STAGE 4 (very severe)	Refer to M.D. <u>same day</u> Call 911/ or arrange transport to nearest hospital

### **GLUCOSE (using fasting plasma glucose test)**

(American Diabetes Association)

<b>Glucose</b>	<b>Category</b>	<b>RECOMMEND</b>
<100 mg/dl	Normal	Test every 3 years
100-125	Pre-diabetes	Test once a year
>126	Diabetes	Refer to M.D.

### **CHOLESTEROL**

<b>Total Cholesterol</b>	<b>Category</b>	<b>RECOMMEND</b>
<200 mg/dl	Normal	Repeat within 1 year
200-239	Borderline High	Refer within 3-6 months
240-299	High	Refer within 3 months
>300	Very High	Refer within 1 month

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<http://www.diabetes.org/about-diabetes.jsp>

With the FPG test, a fasting blood glucose level between 100 and 125 mg/dl signals pre-diabetes. A person with a fasting blood glucose level of 126 mg/dl or higher has diabetes.

In the OGTT test, a person's blood glucose level is measured after a fast and two hours after drinking a glucose-rich beverage. If the two-hour blood glucose level is between 140 and 199 mg/dl, the person tested has pre-diabetes. If the two-hour blood glucose level is at 200 mg/dl or higher, the person tested has diabetes.