SUBJECT: STANDARD PRECAUTIONS

RATIONALE: Transmission-based (isolation precautions) systems are designed to prevent the spread of microorganisms among patients, personnel and visitors. Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices.

SCOPE: Hospital-wide

DEFINITIONS: Personal Protective Equipment (PPE) – Equipment that creates a barrier between infectious agents and the healthcare worker. Examples: Gloves, gowns, face shield, goggles, etc.

EQUIPMENT: PPE Alcohol-Based Hand Sanitizer

POLICY:

I. Standard Precautions (SP) is the standard of care for all patients to prevent the spread of infectious agents between patients, caregivers, and others in the Craig Hospital environment.
II. VRE, MRSA and other Multi-drug resistant organisms (MDROs) are managed with SP unless otherwise indicated by the infection preventionist. Transmission-based precautions (isolation precautions) are used to manage patients with *C. difficile* per policy IC.16 Management of Patient with *C. difficile*, and carbapenem-resistant Enterobacteriaecae (CRE) per policy IC 74 CRE Plan. For a reference on other precautions needed organized by infectious agent, please see attachment A: Comments on Specific Diseases

III. Respiratory/Cough Etiquette is targeted at patients and accompanying family members and friends with undiagnosed transmissible respiratory infections, and applies to any person with signs of respiratory illness.

IV. Airborne Precautions, negative-air pressure room and respirator requirement (only respirator fitted and trained persons in the room) for patients with airborne communicable diseases. This includes measles, chickenpox and active tuberculosis. Negative-air pressure rooms are not available at Craig Hospital; the patient will be transferred to another facility if a negative-air pressure room is needed. See policy OHS 27 Respiratory Protection Program.

V. A private room is assigned if the patient soils the general room environment with body fluids, or if designated by the hospital prevention control team (physician and/or infection prevention coordinator).

VI. Safe Injection Practices include the use of a sterile, single-use, disposable needle and syringe for each injection given and prevention of contamination of injection equipment and medication.

**PROCEDURE** for **STANDARD PRECAUTIONS**:

I. **HAND HYGIENE** is the single most important control measure to break the chain of infection and to prevent transmission of infectious agents from person to person. Refer to IC.30.1 Hand Hygiene for detailed information regarding Craig Hospital’s hand hygiene policy.

II. **GLOVES** are worn to protect skin and hands from potentially infectious body fluids.
   A. Gloves must be worn if:
      1. The healthcare worker anticipates contact with body fluids, mucous membranes, tissue, and non-intact skin of all patients
2. The healthcare worker anticipates contact with surfaces, articles and equipment visibly soiled/contaminated by body substances.

3. The healthcare worker will be performing venipuncture or other vascular access procedures (IV starts, phlebotomy, and in-line blood draws)

4. The healthcare worker will be handling specimens when contamination of hands is anticipated (emptying urine bags, suctioning)

B. Perform hand hygiene, the don gloves at the patient care site, immediately prior to task

C. Remove and discard gloves:
   1. Carefully and minimize splashing
   2. Before leaving the patient’s room

D. Change gloves when moving from a dirty site to a clean site.

E. Gloves should not be worn away from the site of use to other areas, i.e. nursing station, to handle charts, to handle clean linen, clean equipment, patient care supplies, or in hallways/elevators.

F. Perform hand washing or hand sanitizing immediately after glove removal.

G. Units are responsible for stocking gloves in each patient room PPE station

III. GOWNS are worn to protect skin and to prevent soiling of clothing during procedures and patient care activities that are likely to result in splashing or contamination with body fluids or substances.

A. Wear a gown if gross liquid, blood, or body fluid contamination is likely (fecal incontinence, diarrhea)

B. Wear a gown if splashes or sprays are anticipated during a patient procedure or during patient care

C. Carefully remove and discard the gown before leaving the immediate patient care use area. Do not wear gowns in the hallway.

D. Units are responsible for stocking gowns in each patient room PPE station.

IV. MASK, EYE PROTECTION, FACE SHIELDS are worn to protect the eyes, nose and mouth when there is a potential of facial exposure to blood or other body fluids due to spraying, splashing or aerosolization.

A. Examples of instances to wear face protection:
   1. When emptying urine bags
   2. When suctioning
   3. If a patient has a respiratory illness that generates coughing, and the patient cannot cover their mouth, especially if the patient has an open tracheostomy
4. During procedures that generate splashes, sprays, or aerosols (bronchoscopy, tracheostomy tube changes, etc.)

B. Dispose of masks after use, when wet or when soiled. Perform hand hygiene after disposal

C. Units are responsible for stocking masks in each patient room PPE station. Goggles and face shields can be found in the clean supply room.

V. RESPIRATORY/COUGH ETIQUETTE

A. Cover coughs/sneezes with tissue or cough/sneeze into the crook of the arm. If hands must be used to cover coughs/sneezes, perform hand hygiene immediately after.

B. Encourage visitors and patients to practice respiratory etiquette.

C. Employees will stay home if respiratory secretions and a fever 100.4°F or greater are experienced

VI. SHARPS MANAGEMENT; SAFE INJECTION PRACTICES

A. Sharps safety controls, in compliance with the Needle Stick Safety and Prevention Act, are defined and implemented to include: sharps puncture proof disposal units, the utilization of needles with safety devices to prevent needle sticks, and needle less systems. See OHS 21 Sharps Injury Prevention Program

B. Sharps are discarded immediately or as soon as feasible into impervious biohazard containers. The department of use is responsible that containers are routinely replaced when no more than 2/3 full.

C. Needles and syringes will NEVER be reused. A new, sterile needle and syringe will be used for each injection.

VII. AIRBORNE PRECAUTIONS:

A. A private, negative air pressure room is required for patients with an airborne transmissible disease.

B. Craig patients requiring Airborne Precautions will be transferred to a facility with appropriate negative air pressure system.

C. Diseases that require Airborne Precautions include measles, TB, Chicken Pox (varicella) disseminated zoster in the immunocompromised host.

Reference:
Centers for Disease Control and Prevention. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings