Infection Control – STANDARD PRECAUTIONS

SECTION: 7.17

KEY POINTS

1. There are two tiers of precautions to prevent transmission of infections:
   a. Standard Precautions are used for the care of all patients, regardless of suspected or confirmed infection status.
   b. Transmission Precautions are used when additional measures should be taken because of the mode of transmission; they include Airborne, Droplet, and Contact Precautions.

2. Standard Precautions protect healthcare workers and patients. These precautions:
   a. Combine the major features of Universal Precautions (UP) and Body Substance Isolation (BSI)
   b. Based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents.
   c. Mandated by the Occupational Safety and Health Administration (OSHA)

3. Standard Precautions are required whenever there is a potential for exposure to:
   a. Blood
   b. Bodily substances or fluids (except sweat)
   c. Mucous membranes
   d. Non-intact skin
   e. Secretions and excretions

4. Standard Precautions include:
   a. Hand hygiene
   b. Respiratory hygiene
   c. Personal Protective Equipment (PPE)
   d. Safe Injection Practices
   e. Sharps precautions

5. Respiratory hygiene provides guidelines for healthcare workers and patients.
   a. Cough and sneeze into a tissue, not hands
   b. Throw tissues away in plastic bag-lined containers as soon as contaminated with respiratory secretions.
   c. Perform hand hygiene after coughing/sneezing/blowing nose.
   d. During periods of respiratory infection outbreaks, e.g. influenza consider:
      1) Asking patients who are coughing to wear a mask to contain infectious droplets
      2) Maintaining a distance of 3 to 6 feet from others when symptomatic

6. Personal Protective Equipment (PPE):
   a. PPE should be worn whenever contact, splashes or sprays with blood, bodily fluids, secretions, excretions, mucous membranes or non-intact skin is likely.
   b. The type of PPE needed depends on the type of patient/provider interaction and the potential for exposure to blood/bodily fluids or pathogens.

   c. Masks, goggles and face shields protect the mucous membranes of the eyes, nose and mouth during tasks likely to splashes of blood, body fluids, secretions and excretions.
   d. PPE includes:
      1) Gloves, single use, disposable, medical examination gloves
         a) Gloves should be appropriate to hand size.
         b) Consider using latex-free or powder-free gloves to protect staff and patients from latex allergy.
         c) Always perform hand hygiene after removing gloves.
      2) CPR one-way valve masks
      3) Surgical masks
      4) Goggles (with solid side shields) or mask with face shields
      5) Gown/apron, disposable. Depending on situation, may also need to be moisture proof and have wrist cuffs.

7. Safe Injection Practices:
   a. Use aseptic technique for injections.
   b. Use one syringe with one needle/cannula per patient.
   c. Consider a syringe or needle/cannula contaminated once it has been used to enter an IV bag/infusion set.
   d. Do not administer medication to multiple patients from one-dose vials or combine leftover contents for later use.
   e. Store multi-dose vials according to manufacturer’s instructions; discard if sterility is compromised or questionable.

8. Sharps Precautions. When using needles, lancets, or other blood/bodily fluid contaminated sharps:
   a. Assure understanding of how any safety devices attached to the sharp are activated before using the sharp on the patient.
   b. Always open the sharps container and have it within arm’s reach before using the needle or lancet.
   c. Never attempt to break or bend needles or remove contaminated needles from syringes or blood tube holders.
   d. Discard contaminated needles and syringes or blood tube holders as one unit.
   e. Almost always avoid recapping a contaminated needle. If it must be recapped, use the one-handed scoop method.
   f. When sharps containers are ¾’s full, lock them closed, tape shut securely, and discard as agency policy indicates.
EQUIPMENT

Hand hygiene supplies:
- Alcohol-based hand rub
- Liquid soap
- Paper towels

Personal Protective equipment:
- Non-sterile gloves (usually a box)
- Surgical masks
- CPR one-way valve mask
- Eye protection (goggles or mask with face shield)
- Disposable gowns

Donning & Removing PPE Instruction Sheets

Sharps safety:
- Sharps container, labeled “biohazard”
- Biohazard bag or special outside pocket of visit bag for holding sharps container

Plastic trash bag

PROCEDURE

1. Before making visits, assure that clinician bag includes a full day’s supplies to meet Standard Precautions for all patients.
2. On each visit, evaluate what standard precautions will be needed for the patient encounter.
   a. Always perform hand hygiene.
   b. Perform/teach respiratory hygiene if you or the patient has a respiratory infection.
   c. Determine if there is a potential for exposure, to blood/ body fluids/secretions/non-intact skin and plan for appropriate PPE:
      1) Wear gloves for touching blood, body substances or mucous membranes.
      2) Wear apron/gown if clothing could become contaminated.
      3) Wear mask and eye wear if splash to mucus membranes possible.
   d. If sharps will be used, prepare sharps biohazard container.
3. Don PPE in the following order:
   a. Perform hand hygiene.
   b. Put on gown.
      1) Fully cover torso from neck to knees, arms to end of wrist.
      2) Fasten in back at neck and waist.
   c. Put on mask.
      1) Secure ties or elastic band at middle of head and neck.
      2) Pinch flexible band to securely fit nose bridge.
      3) Fit snug to face and below chin.
      4) Perform fit-check, by blowing and assuring mask “puffs” and air doesn’t escape through sides.
   d. Put on goggles or face shield, adjusting fit.
   e. Put on gloves, extending to cover wrist of isolation gown.
   f. Change gloves and perform hand hygiene during care as needed (see Hand Hygiene for when gloves need to be changed during multiple care activities).
4. After care completed, remove PPE while keeping in mind areas of PPE that are contaminated due to exposure.
   a. Remove gloves.
      1) Grasp outside of glove with opposite gloved hand and peel it off.
      2) Hold removed glove in gloved hand.
      3) Slide fingers of ungloved hand under remaining glove at wrist.
   b. Remove goggles or face shield. Handle by “clean” head band or ear pieces.
   c. Remove gown.
      1) Unfasten neck ties, then waist ties.
      2) Remove gown using a peeling motion, pulling down from each shoulder toward one hand, turning gown inside out.
      3) Hold removed gown away from body, roll into a ball and discard.
   d. Remove mask by grasping the bottom and ties/elastic and removing from back.
6. Dispose used supplies in plastic trash bag.
7. Perform hand hygiene.

AFTER CARE

1. Instruct patient and or caregivers regarding precautions to take to prevent the transmission of infection.
2. Assure that clinician bag is restocked for next day’s visits.

REFERENCES


CLINICIAN EDUCATION RESOURCES

CDC. (n.d.). Sequence for donning PPE.
CDC. (n.d.). Sequence for removing PPE.