

Standard Precautions

(The following is adapted from the CDC publication *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, which can be obtained at www.cdc.gov)

CDC OVERVIEW

All blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all residents, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.

Elements of standard precautions include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the resident environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g. wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another resident).

The application of Standard Precautions during resident care is determined by the nature of the interaction and the extent of anticipated blood, body fluid, or pathogen exposure. For some interactions, only gloves may be needed; during other interactions, use of gloves, gown, and face shield or mask and goggles is necessary.

POLICY

Standard precautions are followed by all personnel.



PROCEDURE

Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection control practices during the delivery of health care.

1. Hand Hygiene

- a. Perform hand hygiene:
 - i. Before having direct contact with residents.
 - ii. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings.
 - iii. After contact with a resident's intact skin (e.g., when taking a pulse or blood pressure or lifting a resident).
 - iv. If hands will be moving from a contaminated-body site to a clean-body site during resident care.
 - v. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the resident.
 - vi. After removing gloves.
- b. During the delivery of care, avoid unnecessary touching of surfaces in close proximity to the resident to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces.
- c. When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with either a nonantimicrobial soap and water or an antimicrobial soap and water.
- d. If hands are not visibly soiled, or after removing visible material with nonantimicrobial soap and water, decontaminate hands in the care situations described above. The preferred method of hand decontamination is with an alcohol-based hand rub.
 - i. Alternatively, hands may be washed with an antimicrobial soap and water.



- ii. Frequent use of alcohol-based hand rub immediately following handwashing with nonantimicrobial soap may increase the frequency of dermatitis.
- e. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if contact with spores (e.g., *C. difficile* or *Bacillus anthracis*) is likely to have occurred. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.
- f. Do not wear artificial fingernails or extenders if duties include providing direct resident care.

2. Personal protective equipment (PPE)

- a. Observe the following principles of use:
 - i. Wear PPE when the nature of the anticipated resident interaction indicates that contact with blood or body fluids may occur.
 - ii. Prevent contamination of clothing and skin during the process of removing PPE.
 - iii. Before leaving the resident's room or cubicle, remove and discard PPE.
- b. **Gloves**
 - i. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin (e.g., of a resident incontinent of stool or urine) could occur
 - ii. Wear gloves with fit and durability appropriate to the task
 - iii. Wear disposable medical examination gloves for providing direct resident care.
 - iv. Wear disposable medical examination gloves or reusable utility gloves for cleaning the environment or medical equipment.



- v. Remove gloves after contact with a resident and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one resident. Do not wash gloves for the purpose of reuse since this practice has been associated with transmission of pathogens.
- vi. Change gloves during resident care if the hands will move from a contaminated body-site (e.g., perineal area) to a clean body-site (e.g., face).

c. Gowns

- i. Wear a gown that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures and resident-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.
- ii. Wear a gown for direct resident contact if the resident has uncontained secretions or excretions.
- iii. Remove gown and perform hand hygiene before leaving the resident's environment.
- iv. Do not reuse gowns, even for repeated contacts with the same resident.

d. Mouth, nose, eye protection

- i. Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.



3. Respiratory Hygiene/Cough Etiquette

- a. Educate healthcare personnel on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections (e.g., influenza) in communities.
- b. Implement the following measures to contain respiratory secretions in residents and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter:
 - i. Post signs at entrances and in strategic places (e.g., elevators, cafeterias) within the Community to remind residents and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.
 - ii. Provide tissues and no-touch receptacles (e.g., foot-pedal operated lid or open, plastic-lined waste basket) for disposal of tissues.
 - iii. Provide resources and instructions for performing hand hygiene in or near common areas; provide conveniently-located dispensers of alcohol-based hand rubs and, where sinks are available, supplies for handwashing.
 - iv. During periods of increased prevalence of respiratory infections in the community (e.g., as indicated by increased school absenteeism, increased number of residents seeking care for a respiratory infection), offer masks to coughing residents and other symptomatic persons (e.g., persons who accompany ill residents) upon entry into the Community and encourage them to maintain special separation, ideally a distance of at least 3 feet, from others in common areas.



4. Resident room/apartment placement

- a. Include the potential for transmission of infectious agents when selecting a resident's room/apartment. Place residents who pose a risk for transmission to others (e.g., uncontained secretions, excretions or wound drainage) in a single-resident room when available

5. Resident-care equipment and instruments/devices

- a. Establish policies and procedures for containing, transporting, and handling resident-care equipment and instruments/devices that may be contaminated with blood or body fluids.
- b. Remove organic material from critical and semi-critical instrument/devices, using recommended cleaning agents before high level disinfection and sterilization to enable effective disinfection and sterilization processes.
- c. Wear PPE (e.g., gloves, gown), according to the level of anticipated contamination, when handling resident-care equipment and instruments/devices that is visibly soiled or may have been in contact with blood or body fluids.

6. Care of the environment

- a. Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the resident (e.g., bed rails, bedside tables) and frequently-touched surfaces in the resident care environment (e.g., door knobs, surfaces in and surrounding toilets in residents' rooms) on a more frequent schedule compared to that for other surfaces.
- b. Use EPA-registered disinfectants that have microbiocidal (i.e., killing) activity against the pathogens most likely to contaminate the resident-care environment. Use in accordance with manufacturer's instructions.
- c. Review the efficacy of in-use disinfectants when evidence of continuing transmission of an infectious agent (e.g., rotavirus, *C. difficile*, norovirus)



may indicate resistance to the in-use product and change to a more effective disinfectant as indicated.

- d. Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by residents, those used during delivery of resident care, and mobile devices that are moved in and out of resident rooms frequently (e.g., daily).

7. Textiles and laundry

- a. Handle used textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons.
- b. If laundry chutes are used, ensure that they are properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry.

8. Safe injection practices

- a. The following recommendations apply to the use of needles, cannulas that replace needles, and, where applicable intravenous delivery systems.
- b. Use aseptic technique to avoid contamination of sterile injection equipment.
- c. Do not administer medications from a syringe to multiple residents, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another resident nor to access a medication or solution that might be used for a subsequent resident.
- d. Consider a syringe or needle/cannula contaminated once if it has been used to enter or connect to a resident's intravenous infusion bag or administration set.
- e. Use single-dose vials for parenteral medications whenever possible.
- f. Do not administer medications from single-dose vials or ampules to multiple residents or combine leftover contents for later use.



- g. If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
- h. Do not keep multidose vials in the immediate resident care area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
- i. Do not use bags or bottles of intravenous solution as a common source of supply for multiple residents.

9. Worker safety

- a. Adhere to federal and state requirements for protection of healthcare personnel from exposure to bloodborne pathogens.



Application of Standard Precautions (CDC)

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Component	CDC Recommendations
Hand hygiene	After touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between resident contacts.
Personal Protective Equipment (PPE)	
Gloves	For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and nonintact skin.
Gown	During procedures and resident-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated.
Mask, eye protection (goggles), face shield	During procedures and resident-care activities likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
Soiled resident-care equipment	Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene.
Environmental control	Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in resident-care areas.
Textiles and laundry	Handle in a manner that prevents transfer of microorganisms to others and to the environment.
Needles and other sharps	Do not recap, bend, break, or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture-resistant container
CPR	Use mouthpiece, resuscitation bag, or other ventilation devices to prevent contact with mouth and oral secretions.

