

# Standard Precautions Policy

## 1. Policy

Standard Precautions are to be followed by all employees for all patients within and entering the OHSU system. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized sources of infection in the hospital. Standard Precautions protect both patients and employees. Standard Precautions include:

- treating blood, all body fluids (secretions, excretions (except sweat), non-intact skin, and mucous membranes) as infectious regardless of their source
- hand washing before and after patient contact or contact with infectious substances
- using appropriate personal protective equipment (PPE) when there is potential exposure to infectious substances
- exercising **General infection control practices**

All body substances (except sweat) are to be treated as infectious regardless of their source. Recognition of potential exposure risks is important. To reduce the likelihood of exposure when dealing with potentially infectious substances, it may be necessary to choose an alternative procedure, technique, or equipment. Within OHSU, employees are informed of the anticipated exposure related to their job by their supervisors assisted by department Exposure Control Instructors.

## 2. Use of Barriers

### **Handwashing**

Handwashing is the single most important means of reducing the risks of transmitting microorganisms from one person to another or from one site to another on the same patient. The level of hand contamination is highest after contact with blood and/or body substances. Even if gloves have been worn, hands may become contaminated during glove removal. Wearing jewelry has been shown to increase the microbial load normally carried on hands. Therefore, excessive jewelry wearing (other than a watch and plain rings) is not recommended during patient care activities.

Antimicrobial soap, water and mechanical friction are sufficient to remove most of these blood and body substances.

Hands must be washed before and after patient contact or contact with items contaminated with blood or body substances. Refer to the **Handwashing Policy** for further information.

### **Personal Protective Equipment (PPE)**

Appropriate PPE is to be worn when there is potential for exposure to infectious substances. PPE is:

- gloves
- protective face and eyewear
- gowns and other protective apparel

Refer to the **Personal Protective Equipment Selection Grid** to choose the PPE appropriate for common patient care procedures.

### **Gloves**

Gloves provide a protective barrier and prevent gross contamination of the hands when touching potentially infectious substances. They reduce the likelihood that microorganisms present on the hands of personnel will be transmitted to patients during invasive or other patient-care procedures that involve touching a patient's mucous membranes and non-intact skin. Gloves protect the hands of personnel from becoming transiently colonized with microorganisms from a patient or object that can be transmitted to other patients. Gloves must be changed between patient contacts. Wearing gloves does not replace the need for handwashing because gloves may have defects or be torn during use, and hands can become contaminated during glove removal. Therefore, hands are to be washed after gloves are removed.

An assortment of disposable/single use and reusable gloves are available in a variety of sizes and materials (e.g., latex, non-latex, vinyl, and rubber). Reusable utility gloves are also available for use when cleaning or decontaminating equipment, rooms and furniture. A full listing of available gloves can be found in the General Stores Catalog. Both health care workers (HCW) and patients can have allergies to latex (including latex gloves). Allergy histories should always be known before beginning a procedure. Staff members are encouraged to consult with Employee Health and their department director regarding special gloving needs or concerns.

#### *Wear gloves:*

- if there is potential for contact with blood, body fluids, secretions, excretions (except sweat) items that may be contaminated with any of these substances
- if the health care worker's hands are abraded or dermatitis is present

NOTE: HCWs who have exudative lesions or weeping dermatitis on their hands must not give direct patient care. They should be seen by Employee Health and are not to handle patient-care equipment or devices used in performing invasive procedures until the condition resolves.

#### *Change gloves:*

- between each patient contact
- between tasks and procedures on the same patient after contact with material that may be contaminated
- when holes or tears are noted or when the glove's ability to function as a barrier is compromised

#### *Remove gloves:*

- after each use
- before touching non-contaminated items and environmental surfaces
- before going to another patient

#### *Reuse of gloves:*

- single use gloves are not to be reused
- utility gloves may be decontaminated for re-use if the integrity of the glove is not

compromised. An intermediate level disinfectant, phenolic solution, or 70% alcohol solution is suitable for decontaminating utility gloves. Utility gloves must be discarded if they are cracked, peeling, torn, punctured or exhibit any signs of deterioration.

*Selection of gloves:*

- gloves should be chosen to fit hand size
- flexibility and tactile sensitivity needed during the procedure(s)
- the need to follow sterile procedure (sterile vs. non-sterile)
- potential for exposure to blood and body fluids during the procedure(s) both in terms of the amount and the length of time exposed\*
- exposure to other substances that break down glove material, such as disinfectants and solvents
- the amount of stress placed on the glove during the procedure\*\*

*\*Latex and other flexible, touch sensitive non-latex, non-vinyl gloves come in sterile and non-sterile (exam) packaging. They offer greater protection from blood and body fluid exposure, and withstand greater stress.*

*\*\*Vinyl and other non-flexible gloves come in sterile and non-sterile packaging. They offer reasonable protection when little or no blood and body fluid exposure is expected and when little touch precision is required.*

### **Protective Face and Eyewear**

Masks, goggles, or face shields must be worn to provide protection of the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions and to provide protection against the spread of infectious large-particle droplets. Refer to the Patient Care Personal Protective Equipment Grid for assistance in selecting the appropriate equipment for the situation. Although face shields come in various shapes and sizes, designs that cover below chin level, wrap around to the ears, and allow for prescription glasses provide the best protection.

Prescription glasses alone do not provide protection from splatter and splashed. Removable side-shields are needed to adequately protect HCWs from blood and body fluid exposures when they wear prescription glasses. Face shields, removable side-shields and goggles are available through the General Store Catalog.

*Selecting models:*

- check the mask box for the mask's filtering efficiency
- make sure that the mask will filter to the level of protection that is needed. For example if the mask is intended to protect a HCW from TB, a NIOSH-approved respirator (e.g. Tecnol PFR-95) must be selected. Refer to **Airborne Precautions** for fit check process
- do not use adult masks on small children and infants.

*Wearing masks:*

- adjust the mask so it fits snugly against the face, is secured along the sides of the

face, and molded over the bridge of the nose. Air should not enter around the mask edges.

- keep beards groomed so that the mask fits as closely to the face as possible
- change the mask between patients
- change the mask if it gets wet
- remove the mask as soon as treatment is over
- do not leave the mask dangling around your neck

### **Gowns and Protective Apparel**

Uniforms and scrubs do not provide adequate protection from blood and body fluid exposure. Various types of gowns and protective apparel are worn to provide barrier protection and reduce opportunities for transmission of microorganisms. Gowns are worn to prevent contamination of clothing and to protect the skin from blood and body fluid exposures. Gowns and other appropriate protective apparel must be worn when there is potential that an exposure (contact with contaminated surfaces such as bed linens, or splashing with blood or body fluids) will occur.

*Selecting gowns and protective apparel:*

- protective garments should fit HCW
- choose garments that prevent blood or other potentially infectious materials from passing through or reaching the HCW's clothes or body
- select protective garments that are appropriate for the activity and amount of fluid likely to be encountered

*If the uniforms become soiled with blood or body fluids:*

- glove and remove clothing immediately. Handle clothing as little as possible
- do not rinse clothing
- wash contaminated skin with soap and water prior to changing into hospital scrubs. Hospital scrubs can be obtained by notifying the department director on weekdays or the shift administrator on evenings, weekends and holidays
- put soiled personal clothing in a plastic bag, seal immediately and label for transport home. Once home, place hospital-furnished clothing in plastic linen bag, to be returned to the hospital for laundering.
- at home, wash soiled personal clothing separately from other laundry using: 160EF (71EC) water and detergent or for water less than 160EF (71EC) use detergent and a bleach-containing product. Mechanical drying of the clothing is recommended.

## 3. General Infection Control Practices

### **Patient Placement**

In an ideal setting, each hospitalized patient would have a private room. However, this is not always feasible. When this is not possible, the following guidelines are provided as a model for determining safe roommate combinations which reduce the risk of transmission of organisms between patients.

Follow room requirements as specified in **Transmission-based Isolation Precautions Policy** for placement of patients requiring isolation. For situations requiring cohorting of isolated patients, refer to **Isolation Policy** for cohorting guidelines.

- Patients susceptible to infections due to decreased immune responses such as severe leukopenia may benefit from placement in a private room
- a private room may be necessary to prevent direct or indirect contact transmission when the source patient has poor hygienic habits, contaminates the environment, or cannot be expected to assist in maintaining infection control precautions to limit transmission of microorganisms to a roommate
- patients that may shed large numbers of microorganisms such as with actively infected or draining wounds should not share rooms with patients who have fresh surgical wounds

### **Transport of Infected Patients**

Limiting the movement and transport of isolated patients within the hospital reduces the opportunities for transmission of disease and microorganisms. When **Transmission-Based Isolation Precautions Policies** are to be followed.

### **Patient-Care Equipment and Articles**

All patient care equipment and articles that have become soiled or contaminated with infective material should be handled by employees wearing appropriate PPE. The handling of patient care equipment and articles depends upon the type of item being handled. Any disposable item that has become soiled or contaminated with infectious material should be disposed of in the appropriate container. Refer to the **Regulated Medical Waste Policy**. Reusable patient care equipment and articles that have become grossly soiled or contaminated with infectious material should be covered, handled, and decontaminated or sterilized according to the **Transmission-Based Isolation Precautions**, **Cleaning/Disinfection**, and **Sterilization** policies.

### **Linen and Laundry**

Linen that is soiled or contaminated with infective material should be handled by employees wearing appropriate PPE. Soiled or contaminated linen should be placed directly into the provided impervious plastic linen bags that line the linen hampers. Linen bags should be closed and removed for transport to the laundering facility when 2/3 full. Soiled linen should be handled as little as possible to prevent gross contamination of the environment and exposure of personnel handling the linen to organisms within the linen. Double bagging of linen from isolation and non-isolation rooms is not necessary unless the bag's integrity has been altered or the outer bag has become soiled with blood or body fluids. Refer to the Linen Policy for further information.

### **Routine and Terminal Cleaning**

Routine and thorough cleaning and adequate disinfection of rooms, bedside equipment, and shared patient equipment should be accomplished according to the **Cleaning/Disinfection** and **Sterilization** policies. Special attention should be given to items that are shared patient equipment and that have been in direct contact with the patient or in contact with the patient's body fluids.

### **Regulated Medical Waste**

All waste should be handled by employees wearing appropriate PPE based on potential exposure risks. Refer to Regulated Medical Waste Policy for further information on infectious and non-infectious waste.

### **Lab Specimens**

All collected specimens must be labeled and contained in a plastic biohazard lab specimen bag before leaving the collection area.

Lab Specimens with attached needles are not to be submitted for testing to the clinical laboratory. If a specimen is submitted to the clinical laboratory with a needle attached, the receiving technician will follow the Laboratory Specimens with Attached Needles Policy (Lab policy 3.5A).

All attached needle incidents will be monitored by the Lab QI Committee. If there is a particular unit with a high frequency of needle incidents, the Lab Section Supervisor will contact the patient unit and the Infection Control Program (ICP) for consultation.