

Standard and Universal Precautions

Adherence to infection prevention and control practices is vital to providing safe and quality patient care across all settings where healthcare is delivered.

Pathogens are infectious microorganisms that can get into the body and wreak havoc, and include bacteria, viruses, fungi, and parasites. One way pathogens can be spread is via bloodborne transmission, meaning the pathogens are present in the blood and can be transmitted from one person to another through direct contact with contaminated blood.

Universal Precautions

This term was used in the guidelines drawn up by the Centers for Disease Prevention and Control (CDC) in the 1980s to reduce the spread of infections to health professionals and patients in health care centers.

Standard Precautions

This is the new term used to expand universal precautions and recognize that any body fluid can harbor germs. These precautions are designed to prevent the spread of diseases that are transmitted by contact with blood or other body fluids; however, when followed, they are also excellent measures to prevent the spread of infectious diseases among groups of people when providing health care in the field.

Why are standard precautions necessary?

Standard precautions have been developed to reduce the risk of contagious infectious diseases coming from known and unknown sources. The germs that are transmitted through the blood or body fluids can come from anyone at any time. Thus, the health worker must assume that any patient may be infected by a blood-transmissible agent and that, therefore, all appropriate means

must be utilized to protect those on-site. The CDC recommends Standard Precautions for the care of all patients, regardless of their diagnosis or presumed infection status.

Because of the way bloodborne pathogens are transmitted, blood should always be considered **potentially infectious material (PIM)**. However, blood isn't the only bodily fluid that can transmit bloodborne pathogens.

The fluids that are considered to be potentially infectious are:

- Blood
- Semen
- Vaginal discharge
- Breastmilk
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Amniotic fluid
- Peritoneal fluid
- Pericardial fluid
- Any other liquid contaminated with blood

Risk levels of Hepatitis B virus contaminants in body fluids:

High: blood, serum, wound exudates, saliva with blood

Moderate: semen, vaginal fluid, saliva

Low/Not: Urine, feces, sweat, tears, breast milk

Floors, walls and sinks have limited risk of disease transmission.

Standard Precautions

1. Hand hygiene

Summary technique:

- Hand washing (40–60 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off the faucet.
- Hand rubbing with disinfectant (20–30 sec): apply enough product to cover all areas of the hands; rub hands until dry.

Summary indications:

- Before and after any direct patient contact and between patients, whether or not gloves are worn
- Immediately after gloves are removed
- Before handling an invasive device
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn
- During patient care, when moving from a contaminated to a clean body site of the patient
- After contact with inanimate objects in the immediate vicinity of the patient

2. Gloves

- Wear when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin.
- Change between tasks and procedures on the same patient after contact with potentially infectious material.
- Remove after use, before touching non-contaminated items and surfaces, and before going to another patient.
- Perform hand hygiene immediately after removal.

3. Facial protection (eyes, nose, and mouth)

• Wear a surgical or procedure mask and eye protection (eye visor, goggles) or a face shield to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

4. Gown or Scrubs

- Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Remove soiled gown as soon as possible, and perform hand hygiene.

5. Prevention of needlestick and injuries from other sharp instruments

Use care when:

- Handling needles, scalpels, and other sharp instruments or devices.
- Cleaning used instruments.
- Disposing of used needles and other sharp instruments.

6. Respiratory hygiene and cough etiquette

Persons with respiratory symptoms should apply source control measures:

• Cover their nose and mouth when coughing/sneezing with tissue or mask, dispose of used tissues and masks, and perform hand hygiene after contact with respiratory secretions.

Health-care facilities should:

- Place acute respiratory symptomatic patients at least 1 meter (3 feet) away from others in common waiting areas, if possible.
- Post visual alerts at the entrance to health-care facilities instructing persons with respiratory symptoms to practice respiratory hygiene/cough etiquette.
- Consider making hand hygiene resources, tissues and masks available in common areas and areas used for the evaluation of patients with respiratory illnesses.

7. Environmental cleaning

• Use adequate procedures for the routine cleaning and disinfection of environmental and other frequently touched surfaces.

8. Linens

Handle, transport, and process used linen in a manner which:

- Prevents skin and mucous membrane exposures and contamination of clothing.
- Avoids transfer of pathogens to other patients and or the environment.

9. Waste disposal

- Ensure safe waste management.
- Treat waste contaminated with blood, body fluids, secretions and excretions as clinical waste, in accordance with local regulations.
- Human tissues and laboratory waste that is directly associated with specimen processing should also be treated as clinical waste.
- Discard single use items properly.

10. Patient care equipment

- Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.
- Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient.

EXPOSURE NOTES and GUIDELINES for ALL ISL STAFF and VOLUNTEERS

Remember, vaccines are a measure of approved effectiveness to prevent the spread of certain diseases.

- All ISL staff must observe Universal and Standard Precautions to prevent contact with blood or other potentially infectious materials.
- Under circumstances in which differentiation between body fluid types is difficult or impossible, <u>all body fluids shall be considered potentially infectious</u> materials.
- Treat all blood and other potentially infectious materials with appropriate precautions.
- Bleach solution for decontamination of blood spills: one part bleach to ten parts water.

Plain and simple: Universal Precautions mean you are aware that EVERYONE has the potential to be infectious. Knowing that, you must decide which Standard Precautions to use for protection in every situation.

Exposure Guidelines for Fluid Borne Pathogens

If you have been exposed to a patient's infectious body fluids (blood or other potentially infectious material, such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, or any body fluid visibly contaminated with blood), **immediately report it to your Team Leader, Physician, or Accompanying Faculty and follow these guidelines:**

1. Body fluid splash to clothing or skin?

Scenario #1: Splash on clothes

Remove and launder clothes to prevent risk of exposure. Testing on source patient is not necessary as there is no risk of blood borne pathogen transmission.

Scenario #2: Splash on intact skin

Wash the area thoroughly with soap and water to prevent risk of exposure. Testing on source patient is not necessary as there is no risk of blood borne pathogen transmission.

2. Body fluid splash to eyes, nose or mouth?

Scenario #1 Fluid not contaminated with blood (such as urine or respiratory secretions)

Wash area, rinse eyes or mouth with water or normal saline. Testing on source patient is not necessary as there is no risk of blood borne pathogen transmission.

Scenario #2 Fluid contaminated with blood or other potentially infectious material Wash area, rinse eyes or mouth with water or normal saline. Perform blood testing for HIV, Hepatitis B and C on source patient.

3. Percutaneous injury or blood exposure to non-intact skin?

Wash the area with soap and water. Perform blood testing for HIV, Hepatitis B and C on source patient.

GLOVING UP / GOWNING UP / MASKING UP / USING PROTECTIVE BARRIERS SAFER...HEALTHIER