	<input checked="" type="checkbox"/> YH	<input type="checkbox"/> GH	Policy #	
	<input type="checkbox"/> WSRH	<input type="checkbox"/> AHSC	Date Approved	6/2/11
	<input type="checkbox"/> Med Grp		Last Reviewed	2011
	<b>Corporate Infection Control Policy</b>		Number of Pages	13
	<input type="checkbox"/> New		<input type="checkbox"/> Reviewed	<input checked="" type="checkbox"/> Revised

## STANDARD PRECAUTIONS

### I. BACKGROUND

- A. Standard Precautions combine the major features of Universal Precautions (UP) and Body Substance Isolation (BSI) and are based on the principle that 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 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. Also, equipment or items in the patient 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 patient).. These precautions are the “standard of care” throughout the WellSpan system.
- B. The application of Standard Precautions during patient care is determined by the nature of the healthcare worker (HCW)-patient interaction and the extent of anticipated blood, body fluid, or pathogen exposure

### II. DEFINITIONS

- A. **Colonization** - presence of microorganism in or on a person with growth and multiplication without development of clinical symptoms
- B. **Contaminated sharp** - any sharp object that has come in contact with blood or other hazardous body fluid
- C. **Direct-contact transmission** - involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person, such as occurs when personnel turn a patient, give a patient a bath, or perform other patient-care activities that require physical contact

- D. **Epidemiologically important infectious agents** - infectious agents that have one or more of the following characteristics: 1) are readily transmissible; 2) have been know to cause outbreaks; 3) may be associated with a severe outcome; or 4) are difficult to treat
- E. **Hazardous body fluids** – includes blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and any body fluid that is visibly contaminated with blood
- F. **Indirect contact transmission** - involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the patient’s environment
- G. **Infection** - involves the presence of microorganisms in or on a person with growth and multiplication with the development of clinical symptoms
- H. **Infectious waste** – all contaminated sharps, items that are **saturated, dripping or caked** with blood or other hazardous body fluid
- I. **Mucous Membranes** - membranes lining cavities and passages communicating with the air. Includes areas inside the mouth, nose and eyes
- J. **Multi-drug resistant organisms (MDRO)** – **bacteria that are resistant to one or more classes of antimicrobial agents and usually are** resistant to all but one or two commercially available agents.
- K. **Personal protective equipment (PPE)** - a variety of barriers used alone or in combination to protect mucous membranes, skin and clothing from contact with infectious agents. PPE includes gloves, mask, respirators, goggles, face shields, masks with eye shields, gown/aprons
- L. **Sharp** - any object that has an edge or point that is capable of cutting or puncturing the skin. Examples: needle, scalpel, scissors, lancet, broken glass, IV tubing spikes
- M. **WellSpan Health Care Provider** - employees, students, contract personnel, volunteers and physicians

### III. POLICY

- A. Standard Precautions are used for the care of all patients regardless of their diagnosis by all personnel, contracted personnel, volunteers, students and physicians working in a WellSpan entity.
- B. Appropriate PPE must be worn as guided by policy and whenever it can be reasonably anticipated that there is a potential for exposure to blood or other hazardous body fluids.
- C. Education regarding Standard Precautions is provided to newly hired employees and on an annual basis thereafter.
- D. Monitoring of hand hygiene, other work practices and the use of PPE required by Standard Precautions is done on an ongoing basis through routine observation of the workplace by the Department Manager or others so designated
- E. Non-compliance with Standard Precautions is approached as an educational opportunity. Repeated non-compliance results in disciplinary action by the Manager.
- F. PPE is supplied at no charge by WellSpan and is readily available in locations where it can be reasonably anticipated that there is a potential for exposure to blood or other hazardous body fluids.
- G. Eating, drinking, smoking, applying cosmetics and lip balm, handling contact lenses in any work areas where there is a reasonable likelihood of occupational exposure to blood or other potentially infectious body fluid is prohibited.

### IV. PRACTICES THAT SUPPORT STANDARD PRECAUTIONS

- A. **Hand Hygiene** (for specific details see the **Hand Hygiene Policy** on the INET)

1. **Most important** single practice for infection prevention and control
2. Waterless alcohol hand sanitizer should be used anytime hands are not visibly contaminated
3. Handwashing with antimicrobial soap and water should be used anytime hands are visibly contaminated
4. Fingernails should be kept in good condition and short enough not to compromise the integrity of gloves
  - a) If nail polish is worn, it should be well maintained and without chips that may harbor organisms
  - b) **Artificial fingernails** are not to be worn by personnel providing patient care, handling equipment that will be used on patients or items that will be ingested by patients, visitors or staff (for specific details, see the **Hand Hygiene Policy** on the INET).
5. Should be performed before and after patient care, before donning and after removing gloves, before any invasive procedure, after situations during which microbial contamination of hands is likely to occur (especially those involving contact with mucous membranes, blood or body substances) after touching inanimate sources that are likely to be contaminated and whenever there is any doubt about the risk of contamination.
6. Skin Care
  - a) Healthcare workers should use hospital approved hand lotion to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis and handwashing.

**B. Respiratory Hygiene/Cough Etiquette**

1. 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, RSV, adenovirus, parainfluenza virus) in communities.
2. Implement the following measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter in a healthcare setting (e.g., triage, reception and waiting areas in emergency departments, outpatient clinics and physician offices).
  - a) Post signs at entrances and in strategic places (e.g., elevators, cafeterias) within ambulatory and inpatient settings with instructions to patients 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.
  - b) Provide tissues and no-touch receptacles (e.g., foot-pedal operated lid or open, plastic-lined waste basket) for disposal of tissues.
  - c) Provide resources and instructions for performing hand hygiene in or near waiting areas in ambulatory and inpatient settings; provide conveniently-located dispensers of alcohol-based hand rubs and, where sinks are available, supplies for handwashing.

- d) Offer masks to coughing patients and other symptomatic persons (e.g., persons who accompany ill patients) upon entry into the facility or medical office and encourage them to maintain special separation, ideally a distance of at least 3 feet, from others in common waiting areas.
  - e) Nursing documentation should be completed in the Isolation/Precautions section of the ADHOC Form-Patient Education section of the patient's electronic medical record that the patient/family received education. This includes hand hygiene, respiratory etiquette and enhanced precautions.
- C. **Personal Protective Equipment (PPE)** – for information on the correct procedure for donning and removing PPE see **Appendix A**
- 1. PPE should be removed and disposed of before leaving patient room or cubicle
  - 2. Gloves
    - a) Disposable (single use) gloves shall be readily available in all patient care and specimen handling areas.
    - b) Gloves must be worn for:
      - (1) anticipated hand contact with moist body substances, mucous membranes, tissue, and non-intact skin of all patients;
      - (2) contact with surfaces and articles visibly soiled/contaminated by body substances;
      - (3) performing venipuncture or other vascular access procedures (IV starts, phlebotomy, in-line blood draws);
      - (4) handling specimens
    - c) Gloves should be donned at the bedside, immediately prior to task.
    - d) Torn, punctured or otherwise damaged gloves should be replaced as soon as patient safety permits.
    - e) **Gloves should be removed after each individual task involving body substance contact and before leaving the bedside.**
    - f) **Hand hygiene should be performed as soon as possible after glove removal** or removal of other protective equipment. Gloves are not to be washed or decontaminated for reuse (exception: utility gloves).
    - g) Gloves can not prevent a contaminated sharps exposure; however, their use can reduce risk of transmission of bloodborne pathogen in the event of a puncture to the hands.
    - h) Synthetic gloves are supplied wherever clinically appropriate to reduce to risk of latex allergies. **Nitrile gloves should be worn for contact with chemotherapy agents.**
    - i) Utility gloves (not for direct patient care) that are used by housekeepers, some engineering personnel, etc. may be decontaminated and reused provided the integrity of the glove is not compromised. They must be discarded if cracked, peeling, torn, punctured or show other signs of deterioration or when their ability to function as a barrier is compromised.
  - 3. Face Protection
    - a) Face protection should be worn during procedures that are likely to generate droplets, spray, or splash of body substances to prevent exposure to mucous membranes of the eyes, nose, or mouth.

- b) Masks may be used in combination with goggles to protect the mouth, nose and eyes, or a face shield may be used instead of a mask and goggles, to provide more complete protection for the face. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

#### 4. Protective Body Clothing

- a) The appropriate type of garment should be based on the task and the degree of exposure anticipated.
  - b) Barrier gowns are worn to prevent contamination of clothing and protect the skin of personnel from blood/body fluid exposure.
  - c) Aprons prevent contamination to clothing.
  - d) In some patient care areas such as surgical or autopsy areas, additional protective attire may include surgical caps, hoods, and/or shoe covers to provide protection.
  - e) Lab coats are not considered PPE unless they are fluid impervious and provide coverage of the areas that will be potentially exposed.
  - f) Scrubs and uniforms are not considered PPE
- (1) Employee clothing that become contaminated with blood/body fluids should be taken to:
- (a) Gettysburg Hospital - Central Sterile Supply (housekeeping) for laundering
  - (b) York Hospital - laundry/linen department. the employee should place the clothes into a clear bag marked with name and contact number.
    - When the laundry is open (6:00am - 9:00pm Weekday and 6:00am - 10:00am Weekend/Holidays) they will issue scrubs and wash clothing.
    - When the laundry is closed, scrubs can be obtained from the OR front desk. The bagged clothes should be taken to laundry and left in a designated area for washing the next day.
- It is expected that the employee will return the scrubs when receiving their clean clothes.

#### 5. Cardiopulmonary Resuscitation

- a) To minimize the need for emergency mouth-to-mouth resuscitation, resuscitation devices are available in strategic locations where the need for resuscitation is predictable. Following use, the device should be discarded. (for replacement Pocket Mask: Lawson #11472)

#### D. Sharps Safety (for specific details see the **Sharps Safety Policy** on the INET)

1. Whenever a sharp safety device is available for the procedure or task that is being done, the safety device must be used.
2. Needles are not to be bent or broken before disposal.

3. Contaminated needles are never to be recapped or removed from syringes before disposal.
  - a) **If a procedure is performed where recapping is necessary and there are no feasible alternatives, a recapping device must be used.**
4. Needles must be removed from syringes before transporting the specimen to the Laboratory unless sheathed in a Point-Lok™ device. The Lab will not accept a specimen with the needle attached.
5. When passing sharps such as surgical instruments, a "no touch" passing technique should be used by placing the sharp on a neutral surface (e.g. tray, basin, "safety-zone" device) to allow for safe transfer of sharps.

**V. PATIENT CARE PROTOCOLS – (applies to Inpatient Units and Ambulatory Sites)**

- A. Patient Placement and Considerations for a Private Room and/or Immediate Triage to an Exam Room
  1. include the potential for transmission of infectious agents in patient placement decisions
  2. place patients whose personal hygiene is such that they pose a risk for transmission to others in a private room (or exam room in ambulatory locations)
    - a) **uncontained** secretions (e.g., patient who can't or won't cover their nose/mouth when coughing)
    - b) **uncontained** excretions (e.g., patient who **regularly** soils the floor or the toilet seat or other mutually shared areas of a semi-private room/waiting room with urine/stool etc.)
    - c) **uncontained** wound drainage
  3. immunocompromised patients (patient whose absolute granulocyte count is <500k/cmm) should be placed in a private room on Neutropenic Precautions (for specific details see the **Neutropenic Patient Precautions policy** on the INET)
- B. Patient Transport
  1. hand hygiene should be performed before transport
  2. PPE should be worn based on patient condition and anticipated potential for contact with body fluids.
- C. Disposal of Waste (for specific details see the **Disposal of Waste Policy** on the INET)
  1. **infectious waste** must be placed in red bag waste in the Soiled Utility Room
    - a) disposable containers filled with blood/hazardous body fluid
      - (1) should not be emptied before disposal
      - (2) should be sealed and placed in **Biohazard Boxes** located in the Soiled Utility Room
  2. **non-infectious waste**

- a) should be placed in brown bag trash
  - b) includes blue pads, diapers, peripads (except in L&D), urine collection devices as long as they are not visibly contaminated with blood
  
- D. Contaminated Sharps (for specific details see the **Disposal of Waste Policy and Procedure** and the **Sharps Safety Policy** on the INET)
  - 1. **The healthcare provider that initially uses a sharp is responsible for its disposal.**
  - 2. Sharps are disposed of in point-of-use sharps disposal containers (SDC).
  - 3. SDCs are changed when  $\frac{3}{4}$  filled
    - a) they should not be overfilled
    - b) they should be securely closed prior to transport.
  - 4. SDCs should not be freestanding, but should either be mounted in wall-bracket or housed in a sharps container cart designed for this purpose
  - 5. Wall mounted boxes should be at a height of 54 inches from the floor to assure safe disposal
    - a) should be mounted so that users can easily see the opening where the contaminated sharp will be placed
  - 6. When transporting a **portable** sharps disposal container from area to area, the lid must be closed but not locked.
  
- E. Specimen Handling and Transport (for specific details see **Specimen Handling and Transport Policy** on the INET)
  - 1. Lids and tops of specimen containers must be securely closed.
  - 2. Specimen transport bag is to be used when a specimen must be transported to the Laboratory by non-Laboratory personnel or Volunteers whenever the specimen container will fit into bag
  - 3. Sealed Specimen Transport Bag is placed in Specimen Transport Cooler for transport
    - a) **The wearing of gloves for transport of specimens in coolers is not required**
  - 4. Syringes with needles
    - a) following collection of specimen, the needle should be removed in a manner that decreases the possibility of a needlestick (or sheathed in a **Point-Lock™ device**)
      - (1) if removing the needle, a hemostat or a needle cap holder must be used.
      - (2) needle should be disposed of in a point-of-use contaminated sharps disposal unit

(3) following removal of the needle, a **disposable syringe hub cover** (Lawson # 19939) should be applied to the hub of the syringe

- b) needles are not to be resheathed by hand.
- c) sharps should **not** be submitted to the Laboratory unless they are sheathed in a Point-Lok™ device (Lawson #09187).

F. Decontamination of Blood/Hazardous Body Fluid Spill

Note: Gloves must be worn during this procedure and hand hygiene performed when cleanup is completed.

1. Small Spills

- a) Wipe up visible material with paper towel or cloth.
- b) Apply a hospital approved disinfectant to the area and allow it to remain in contact with area for the amount of time indicated per manufacturer's labeled contact/kill time .
- c) Wipe area using clean paper towel or cloth.
- d) Dispose of paper towels and gloves in brown waste bag unless saturated, dripping or caked with blood or other hazardous body fluid.
- e) Perform hand hygiene.

G. Large Spills

- 1. Hospital - Contact Housekeeping to clean area. Housekeeping personnel will follow their procedure.
- 2. Offsite - Follow site-specific protocol

H. Broken Contaminated Glass

- 1. Clean up using Blood Spill Clean Up Kit (Lawson #12013) or tongs, forceps, scoop, dust pan/brush (Blood Spill Clean Up Kits are located in Housekeeper's closet on the in-patient areas).
- 2. Do not use hands to clean up broken contaminated glass.
  - a) wear gloves for clean-up
  - b) wipe up spill with paper towels
  - c) apply a hospital approved disinfectant on the spill and allow it to remain in contact with area for the amount of time indicated per manufacturer's labeled contact/kill time.
  - d) wipe up the disinfectant with a clean paper towel
  - e) dispose of paper towels and gloves in regular waste unless saturated, dripping or caked
  - f) perform hand hygiene

I. Decontamination of Reusable Instruments (forceps, scissors, speculums, etc.)

- 1. Inpatient locations



- a) instruments should be carefully placed in a covered container which has instrument cleaner in it
- b) instruments are picked up by Central Sterile Supply (CSS) Department personnel and returned to CSS for further decontamination and sterilization
  - (1) contaminated instruments must be transported in a manner that reduces the risk of provider exposure (e.g., in a covered container with a secure lid)

2. Off-site locations

- a) Instruments should be carefully placed in a covered container which has instrument cleaner in it for pre-soaking until further decontamination can be performed either in CSS at the hospital or within the department
  - (1) instruments being transported back to the hospital must be transported in a manner that reduces the risk of provider exposure (e.g., in a covered container with a secure lid)
  - (2) if further processing occurs in the department, personnel doing the decontamination must wear gloves and face protection during the decontamination process

J. Linen

- 1. only the amount of linen that will be used during one interaction should be brought into the room
- 2. once linen is brought into the room, it is considered contaminated and cannot be returned to the clean linen supply regardless of whether it was used or not
- 3. contaminated linen should be handled as little as possible, and placed in a linen bag as close as possible to the point of origin
- 4. gloves should be worn when handling contaminated linen

K. Dishes and Eating Utensils - no special protocols

L. Environmental Room Cleaning (for specific details see **Environmental Services Policy** on the INET)

VI. References:

- A. Siegel, J. D., Rhinehart, E., Jackson, M., Chiarello, L., & Health Care Infection Control Practices Advisory Committee. (2007). 2007 guideline for isolation precautions: Preventing transmission of infectious agents in health care settings. *American Journal of Infection Control*, 35(10 Suppl 2), S65-164.
- B. Boyce, J. M., Pittet, D., & Healthcare Infection Control Practices Advisory Committee. Society for Healthcare Epidemiology of America. Association for Professionals in Infection Control. Infectious Diseases Society of America. Hand Hygiene Task Force. (2002). Guideline for hand hygiene in health-care settings: Recommendations of the healthcare infection control practices advisory committee and the HICPAC/SHEA/APIC/IDSA hand

hygiene task force. Infection Control and Hospital Epidemiology : The Official Journal of the Society of Hospital Epidemiologists of America, 23(12 Suppl), S3-40.

Key Words: Standard Precautions, Universal Precautions, Body Substance Isolation, BSI, Personal Protective Equipment, PPE, gloves, clothing protection, face protection, goggles, face shields, contaminated uniforms, contaminated scrubs, diarrhea, private rooms, eye protection, blood spill, spill clean-up

Approved by Infection Control Committee: 7/23/04  
Revised: 9/27/07  
Revised: 06/4/09  
Revised: 6/2/11

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## ***Appendix A***

### **SEQUENCE FOR DONNING AND REMOVING PERSONAL PROTECTIVE EQUIPMENT**

#### **DONNING PERSONAL PROTECTIVE EQUIPMENT**

The type of PPE used will vary based on the level of precautions required; e.g., Standard, Contact, Droplet or Airborne Infection Isolation or a mixture of several isolation categories.

1. PAPR (Respirator) – if required, put on first
2. Gown
  - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
  - Fasten in back of neck and waist (if wearing PAPR, cover power pack with gown)
3. Mask (unnecessary if PAPR being worn)



- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin

4. Goggles or Face Shield (unnecessary if PAPR being worn)

- Place over face and eyes and adjust to fit

5. Gloves

- Extend to cover wrist of gown

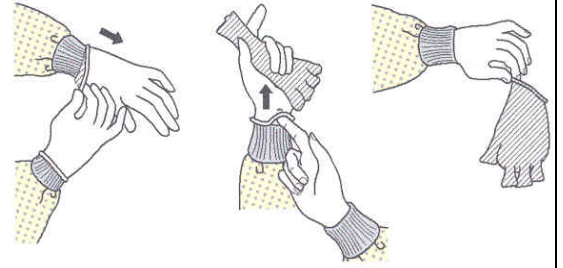


## REMOVING PERSONAL PROTECTIVE EQUIPMENT

Remove PPE at doorway (except Respirator)

### 1. Gloves

- **Outside of gloves is contaminated!**
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container



### 2. Goggles or Face Shield

- **Outside of goggles or face shield is contaminated!**
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container or wipe with alcohol wipe



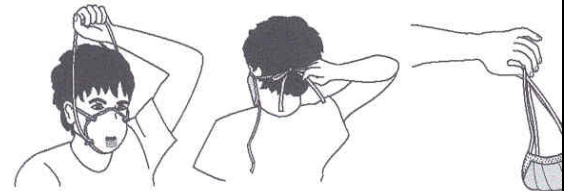
### 3. Gown

- **Gown front and sleeves are contaminated!**
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard appropriately



### 4. Mask

- **Front of mask is contaminated – DO NOT TOUCH!**
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



### 5. Respirator (PAPR) Remove after leaving patient room and closing door

- **Front of hood is contaminated – DO NOT TOUCH!**
- Slide fingers inside hood at temples and slide hood back over head and off
- Hold tubing at connection to hood – keeping hood attached to tubing
- Wipe front of hood with disinfectant wipe
- Detach hood from hose
- Remove power pack and replace in charger
- Return hood to storage location

