

HACKETTSTOWN REGIONAL MEDICAL CENTER

STANDARD PRECAUTIONS

Effective Date: January 2002

Cross Referenced: CDC Recommendations 2007

Reviewed Date: November, 2012

Revised Date: September 2012

Policy No: IC003a

Origin: Infection Prevention

Authority: Infection Prevention

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DEFINITIONS:

1. **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
2. **Contaminated Linen:** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
3. **Blood borne Pathogens:** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
4. **Other Potentially Infectious Materials** means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
5. **Personal Protective Equipment:** Personal Protective Equipment (PPE) use involves specialized clothing or equipment worn by facility staff for protection against infectious materials. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents.
6. **Regulated Medical Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials

SCOPE:

All employees of HRMC hospital, Center for Addiction and Counseling, Contract workers, volunteers and students.

PURPOSE:

Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

Key Elements:

- i. Hand hygiene
- ii. Personal Protective Equipment (PPE)
 1. Gloves
 2. Facial protection (eyes, nose, mouth)
 3. Gown
- iii. Injection Safety
- iv. Respiratory hygiene and cough etiquette
- v. Environmental cleaning
- vi. Waste disposal
- vii. Patient care equipment

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POLICY:

Standard precautions should be the minimum level of precautions used when providing care for all patients. Risk assessment is critical. Assess all health-care activities to determine the personal protection that is indicated.

I. Hand hygiene:

A. Please refer to hand hygiene policy for procedure

B. Hand hygiene to be performed:

- 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.

II. Personal Protective Equipment

A. Gloves:

- Wear when touching blood, body fluids, secretions, excretions, mucous membranes, nonintact skin.
- Change between tasks and procedures on the same patient after contact with potentially infectious material.
- Do not wear the same pair of gloves for the care of more than one patient.
- Remove after use, before touching non-contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal.

B. Facial Protection:

- 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.

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- Wear surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (to protect patients from exposure to infectious agents carried in the mouth or nose of healthcare personnel)

C. Gown:

- 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.
- Do not wear the same gown for the care of more than one patient.

III. Injection Safety:

Injection safety refers to the proper use and handling of supplies for administering injections and infusions (e.g., syringes needles, finger stick devices, intravenous tubing, medication vials, and parenteral solutions). These practices are intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare personnel during preparation and administration of parenteral medications

Use care when:

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

A. General Safe Injection Practices

1. Use aseptic technique when preparing and administering chemotherapy infusions or other parenteral medications (e.g., antiemetics, diphenhydramine, dexamethasone)
2. Whenever possible, use commercially manufactured or pharmacy-prepared prefilled syringes (e.g., saline and heparin)
3. Avoid prefilling and storing batch-prepared syringes except in accordance with pharmacy standards
4. Avoid unwrapping syringes prior to the time of use
5. Never administer medications from the same syringe to multiple patients, even if the needle is changed or the injection is administered through an intervening length of intravenous tubing
6. Do not reuse a syringe to enter a medication vial or solution
7. Do not administer medications from single-dose or single-use vials, ampoules, or bags or bottles of intravenous solution to more than one patient (e.g., do not use a bag of saline as a common source supply for multiple patients)
8. Cleanse the access diaphragms of medication vials with 70% alcohol and allow the alcohol to dry before inserting a device into the vial

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9. Dedicate multi-dose vials to a single patient whenever possible. If multi-dose vials must be used for more than one patient, they are restricted to a dedicated medication preparation area and should not enter the immediate patient treatment area (e.g., exam room, chemotherapy suite)
10. Dispose of used syringes and needles at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof
11. Do not use fluid infusion or administration sets (e.g., intravenous tubing) for more than one patient
12. Use single-use, disposable finger stick devices (e.g., lancets) to obtain samples for checking a patient's blood glucose, PT/INR, etc. and dispose of them after each use; do not use a lancet holder or penlet device for this purpose
13. Adhere to federal and state requirements for protection of healthcare personnel from exposure to blood borne pathogens

B. Phlebotomy Procedures

1. Hand hygiene stations (e.g., alcohol-based hand rub dispensers) are readily accessible to the phlebotomist
2. Use aseptic technique to perform the phlebotomy procedure
3. Do not reuse vacutainer holders
4. Sharps containers are strategically placed near the phlebotomist to ensure easy access and safe disposal of used supplies
5. Minimize environmental contamination by performing the following:
 - Label tubes in the presence of the patient.
 - Avoid placing tubes on patient charts or other items or surfaces that cannot be properly cleaned
 - Do not process or store blood specimens near medications or medication preparation area

IV. Respiratory Etiquette:

All persons with signs and symptoms of a respiratory infection (including facility staff) are instructed to:

- Cover the mouth and nose with a tissue when coughing or sneezing;
- Dispose of the used tissue in the nearest waste receptacle
- Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials

V. Environmental Cleaning:

A. Cleaning Spills of Blood and Body Substances

- Wear protective gloves and use appropriate PPE (e.g., use forceps to pick up any sharps and discard in sharps container)

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- If the spill contains large amounts of blood or body fluids (e.g., >10 mL), clean the visible matter with disposable absorbent material and discard in appropriate containers for biohazard waste
- Decontaminate the area using an EPA-registered disinfectant with specific label claims for blood borne pathogens (e.g., HIV, HBV, HCV) or a freshly diluted bleach-based product (preferably EPA-registered), in accordance with manufacturer's instructions, and allow the surface to dry

B. Handling Soiled Linens

- Handle all contaminated linens with minimum agitation to avoid contamination of air, surfaces, and persons
- Do not sort or rinse soiled linens in patient-care areas
- Use leak-resistant containment for linens contaminated with blood or body substances; ensure that there is not leakage during transport

VI. Waste Disposal

- Puncture-resistant, leak-proof sharps containers are located in every patient-care area (e.g., exam room, chemotherapy suite, phlebotomy station)
 - Specifically for phlebotomy stations, a sharps container is located within a short distance of each phlebotomist's work space
 - All sharps are disposed of in the designated sharps container; do not bend, recap, or break used syringe needles before discarding them into the container
 - Filled sharps containers are disposed of in accordance with state regulated medical waste rules
- Regular trash and regulated medical waste (e.g., biohazardous material and chemical hazardous waste, including antineoplastic drugs) are disposed of in their designated containers

VII. 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.

REFERENCES:

CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007; CDC Guidelines for Isolation Precautions in Hospitals; 2005. Infection Control Hospital Epidemiology 1996; American Journal Infection Control, 1996

CDC. Injection Safety. CDC's position paper-protect patients against preventable harm from improper use of single-dose/ single-use vials. Atlanta, GA, US Department of Health and Human Services. 2012