

THE MOUNT SINAI HOSPITAL, NEW YORK STANDARD: MANUAL	SUBJECT NO. IP – Section B – 3.10
DEPARTMENT: INFECTION PREVENTION SUBJECT: STANDARD PRECAUTIONS TO PREVENT THE TRANSMISSION OF BLOODBORNE PATHOGENS AND OTHER PATHOGENS	
CROSS-REFERENCE: <ol style="list-style-type: none"> 1. Hand Hygiene – IP Section B – 3.0 2. Isolation Carts And Personal Protective Equipment (PPE) Cabinets - IP Section G – 5.46 3. Environmental Cleaning - IP Section I – 8.2 4. Medication Administration – NU Section 152 	

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Purpose:

Standard Precautions are the minimum infection prevention practices that should be used in the care of all patients all the time.

Policy:

Standard Precautions includes practices designed to protect the healthcare worker and to prevent the healthcare worker from spreading infections among patients. Standard precautions include: hand hygiene, use of personal protective equipment (PPE), safe injection practices, safe handling of potentially contaminated equipment or surfaces in the patient environment and respiratory hygiene /cough etiquette.

Standards of Practice

1. Personal Protective Equipment (PPE)
 - a. PPE includes items such as gloves, gowns, masks, respirators, and eyewear used to create barriers that protect skin, clothing, mucous membranes, and the respiratory tract from infectious agents. Providers should assess the risk for exposure and select the equipment required based on that risk assessment.
 - b. Other than blood, other potentially infectious material (OPIM) include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, peritoneal fluid, pericardial

fluid, amniotic fluid, pleural fluid, peritoneal or hemodialysis waste, other body fluid contaminated with visible blood, or any unfixed tissues.

- c. Wear gloves when touching blood, body fluids, non-intact skin, mucous membranes, and potentially contaminated items. Gloves must always be worn during activities involving vascular access, like placing intravenous catheters, performing injections, or performing phlebotomy. Wearing gloves does not substitute for hand hygiene. Hand hygiene should be performed before donning and after doffing gloves.
- d. Wear a surgical mask and goggles/face shield (eye protection) if there is a reasonable chance that a splash or spray of blood or other potentially infectious material (OPIM) may occur to the eyes, nose, or mouth (mucous membranes).
- e. Wear a gown if skin or clothing is likely to be exposed to blood or OPIM.
- f. PPE should be removed immediately after use and disposed of in the appropriate receptacle. If PPE or other disposable items are saturated with blood or body fluids such that fluid may be poured, squeezed, or dripped from the item, the item must be disposed of into a biohazard container.
 - f.i. Please see Isolation Carts and Personal Protective Equipment, IP Section G – 5.46 for the information regarding PPE cabinets and carts.

2. Safe Injection Practices

- a. Outbreaks of hepatitis B and hepatitis C infections in healthcare facilities have prompted the need to re-emphasize safe infection practices.
- b. Use a new needle and new syringe every time a medication vial or IV bag is being accessed.
- c. Use a new needle and new syringe for each injection.
- d. Please refer to Medication Administration, NU – 152 if use of a single dose and/or multi-dose vial is required.

3. Cleaning and Disinfection

- a. Please see Environmental Cleaning, IP Section I – 8.2 for general recommendations regarding environmental cleaning and departmental policies about department-specific recommendations for cleaning and disinfection.
- b. In general, any item that is shared between patients requires disinfection. Provider's personal examination equipment (e.g., stethoscopes, reflex hammer, etc.) should be disinfected with a hospital-approved germicidal wipe between patients. Shared equipment should be disinfected with a hospital-approved bleach wipe if used for patients on special contact precautions or if the equipment is visibly soiled or exposed to blood or body fluids

4. Respiratory hygiene and cough etiquette

- a. These are infection prevention practices used to decrease transmission of respiratory illnesses like influenza. Patients and employees in waiting rooms or common areas can spread infections to others.
- b. The nose and mouth should be covered with tissues when coughing or sneezing or using the crook of the elbow to contain respiratory droplets.
- c. Tissues used to contain respiratory secretions should be discarded in the nearest waste receptacle after use.
- d. Perform hand hygiene immediately after contact with respiratory secretions and contaminated objects/materials.
- e. Ask symptomatic patients to wear a surgical mask while waiting in common areas or place them immediately into examination rooms or areas away from others.
 - e.i. Provide these individuals with tissues and instruct on hand hygiene.
 - e.ii. If possible, allow 3 feet of space between a symptomatic patient and other patients to minimize close contact.
- f. Supplies such as tissues, waste containers, alcohol-based hand sanitizer, and surgical masks should be provided in waiting areas and other common areas.

References

1. Siegel JC, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007. Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007.
2. <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>
3. Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities: recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). MMWR 2003; 52 (RR10): 1-31.
4. Centers for Disease Control and Prevention. Guidelines 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. MMWR 2002; 51(RR16): 1-43.