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## Purpose

Standard Precautions underpin and facilitate safe practice, offering protection to both healthcare workers (HCW) and patients from healthcare related infections. Since examination and medical history alone cannot reliably identify all patients with infections, standard precautions represent a standard of care to be used routinely for all patients regardless of perceived or known infection risk factors

## Policy

Standard Precautions guide all HCWs on the minimum measures required to prevent the spread of infection in clinical areas allied to or within a healthcare facility. Compliance with this policy is an expectation of all health care workers within the CDHB in order to provide an evidence-based fundamental standard of care.

## Scope/Audience

All Canterbury DHB HCWs and visiting health professionals providing patient care

## Associated Documents

Lippincott Standard Precautions Procedure (2017)

## Standard Precautions

All body fluids pose a risk for blood borne virus transmission or may contain transmissible infectious micro-organisms. Body fluids include blood and body fluid, secretions, excretions (except sweat), Standard precautions consist of the following measures:

- Hand hygiene
- The use of personal protective equipment (PPE)
- Assessment of patient placement
- Reprocessing reusable medical equipment and instruments
- Safe handling and disposal of sharps
- Routine environmental cleaning
- Waste management
- Appropriate handling of linen
- Respiratory hygiene and cough etiquette
- Aseptic non-touch technique

## Implementation of Standard Precautions:

### 1 Hand Hygiene

- In any healthcare setting hand hygiene is the **single most important activity** for preventing the spread of infection. Hand hygiene must be performed before and after every episode of patient contact.
- All health care workers who come into contact either directly with patients or indirectly through equipment or the environment are required to understand the importance of good hand hygiene practices including the 5 Moments for Hand Hygiene and adhere to them.
- refer to [CDHB Hand Hygiene Policy](#)

## 2 Use of Personal Protective Equipment (PPE)

Refer to Lippincott Standard Precautions Procedure for applying and removing PPE.

Personal Protective Equipment (PPE) are barriers designed to protect mucous membranes, skin and clothing from coming into contact with potentially infectious micro-organisms.

PPE indicated for use in Standard Precautions includes:

- Disposable gloves
- Disposable impervious long sleeved gowns and disposable impervious plastic aprons
- Mouth, nose and eye protection - face masks and goggles or face shields

### Best practice for PPE

- Risk assess the level of anticipated exposure to body fluid in order to decide which PPE is most effective to protect the HCW
- PPE supplies should be located close to the point of use
- PPE used should be appropriate, fit for the purpose and suitable for the person using/wearing it
- Once the task is completed PPE should be removed and disposed of immediately into the approved waste stream at the point of care
- Take care to prevent contaminating clothing, skin and/or environment whilst removing PPE
- Hand hygiene must be performed immediately after removal of PPE
- Single use disposable items must NOT be reused
- Stocks of PPE should be stored off the floor in a designated, clean and dry storage area to ensure that they are not contaminated prior to use. Do not store in dirty areas such as the dirty utility rooms or bathrooms

### 2.1 Disposable Gloves

#### Glove Use

- Gloves are worn to provide an extra barrier for both HCWs and patients to prevent contamination of the hands when touching

blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin.

- Gloves are single patient use and must be changed between patients in accordance with the 5 Moments for Hand Hygiene.
- Perform hand hygiene before putting on and after removing gloves
- Change gloves between procedures on the same patient, e.g. urinary catheter and nasogastric procedures, in accordance with the 5 Moments for Hand Hygiene.
- Gloves are **NOT** a substitute for hand hygiene.
- **NEVER** re-use, wash or decontaminate disposable gloves, e.g. gloves cannot be decontaminated with alcohol-based hand rub.

**Glove sensitivity**

- It is recommended that staff with suspected sensitivities to glove components refer to the Occupational Health Service.

**Glove Types and Recommended Usage:**

Type	Recommended Use
<b>Sterile gloves</b>	<ul style="list-style-type: none"> <li>• Sterile/invasive procedures</li> <li>• Not required when using aseptic non touch technique</li> </ul>
<b>Latex-free gloves</b>	<ul style="list-style-type: none"> <li>• When hands are likely to come into contact with mucous membranes, non-intact skin, or body fluid</li> <li>• Required for aseptic non touch technique</li> </ul>
<b>Vinyl gloves</b>	<ul style="list-style-type: none"> <li>• Food handling - must be changed between working with raw and cooked foods and after procedures where contamination may occur</li> <li>• Contact with some cleaning products (see manufacturer's recommendations)</li> </ul>
<b>Household rubber gloves</b>	<ul style="list-style-type: none"> <li>• Domestic cleaning</li> <li>• During prolonged exposure to moisture</li> <li>• Contact with some cleaning chemicals</li> </ul> <p><b>Note:</b> These gloves must be washed daily in hot soapy water and hung up from the fingertips to dry. As the gloves are reusable they shall be assigned to an individual. <b>They must not be shared</b> as gloves can harbour organisms and cause cross infection. The gloves are to be disposed of when showing signs of deterioration.</p>

## 2.2 Mouth, nose and eye protection

The mucous membranes of the mouth, nose, and eyes are susceptible portals of entry for infectious agents. It is important to use PPE to protect these body sites during procedures and patient-care activities that may generate splashes or sprays of blood, body fluids, secretions and excretions.

Select masks, goggles, face shields, or combinations of each according to the risk of exposure of blood, body fluids, secretions and excretions which may occur during the patient care activity or procedure to be performed e.g. wearing goggles when emptying a urinary catheter to prevent splashes into the eyes.

### **Best practice for mouth, nose and eye protection:**

- Manufacturers' instructions should be adhered to while putting on face protection to ensure the most appropriate fit
- Masks may be used in combination with goggles to add protection for the eyes. A face shield may be used instead of mask and goggles, to provide more complete protection for the face
- The front surface of face protection equipment should not be touched while being worn as it may be contaminated
- Remove face protection promptly after use to avoid contamination
- Remove masks by handling, the straps, ear loops or ear pieces only, do not let a mask hang around the wearer's neck
- Reusable eyewear/face shields should be cleaned with detergent after use. Disinfect if required with an alcohol wipe after cleaning.

N95 Particulate Respirator masks are not used as part of Standard precautions but can be used when small airborne particles are generated through aerosol-generating procedures

### **When to change mouth nose and eye protection:**

- Change face protection:
  - between patients or procedures. NB: the same face protection may be used between patients in a cohort room unless they become contaminated e.g. influenza cohort,
  - when torn or otherwise damaged. Face protection should be removed immediately (safety permitting) if this occurs during a procedure
  - when the filtration integrity is compromised e.g. damp inside

## 2.3 Disposable plastic aprons and impervious long-sleeved gowns

- A clean non-sterile plastic apron or disposable long sleeved gown is worn to prevent soiling of clothing during procedures and patient-care activities that may generate splashes or sprays of blood and body fluids or when close body contact occurs
- Remove carefully without touching the potentially contaminated outer surface and dispose of into approved waste stream at the point of use. Perform hand hygiene
- Aprons and gowns are single use - do not hang up for reuse

## 3 Patient Placement

Place patients who pose a risk of contaminating the environment in a single –patient room when available, These patients include those with uncontained secretions, excretions, wound drainage or a patient who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control, or patient requiring a nebuliser.

- Principles of patient placement are based on the following:
  - Route(s) and potential for transmission of the confirmed or suspected infectious agent
  - Risk factors for transmission in the infectious patient
  - Risk factors for adverse outcomes resulting from a healthcare acquired infection in other patients in the area or room being considered for patient placement
  - Availability of single patient placement
  - Patient options for room-sharing (cohorting patients with the same infection)

Refer also [CDHB IPC Policy Transmission Based Precautions](#)

## 4 Patient care equipment/reprocessing of reusable medical equipment

[Refer to Lippincott Standard Precautions Procedure for implementation of: Patient care equipment/reprocessing of reusable medical equipment](#)

- Also refer CDHB IPC Policy [Decontamination of Equipment](#)

## 5 Safe handling and disposal of sharps

[Refer to Lippincott Standard Precautions Procedure for implementation of: Sharps](#)

## 6 Routine environmental cleaning

- refer to [CDHB-Policies Decontamination Of The Environment](#)

## 7 Waste Management

- Handle all medical waste in a safe manner and dispose of according to the [Management of Healthcare Waste Policy](#), Volume 2, Legal and Quality
- Refer to Canterbury DHB Poster – ‘Healthcare Waste - Which Bin Does It Go In?’ (Ref. 1191)

## 8 Appropriate Handling of Linen

- Refer to [CDHB IPC Policy Laundry Guidelines](#)

## 9 Respiratory hygiene and cough etiquette

[Refer to Lippincott Standard Precautions Procedure for implementation of: Respiratory hygiene and cough etiquette](#)

## 10 Aseptic non-touch technique (ANTT)

- Aseptic non-touch technique (ANTT<sup>®</sup>) is the method used to reduce the risk of microbial contamination in a vulnerable body site.
- The aim of ANTT<sup>®</sup> for invasive clinical procedures or maintenance of invasive medical devices is always asepsis.
- Asepsis is achieved by protecting Key-Parts and Key-Sites from microorganisms transferred from the healthcare worker and the immediate patient environment.

- Key-Parts are the critical parts of the equipment that if contaminated are most likely to cause infection. Key-Sites are open wounds and medical device access sites.
- ANTT® should be used during any invasive procedure that bypasses the body's natural defences:
  - cannulation,
  - venepuncture,
  - administration of intravenous (IV) medication,
  - wound care,
  - urinary manipulation
  - central and peripheral line management

### 11 Measurement/Evaluation

- Internal CDHB IPC Service environmental audits
- Hand Hygiene auditing
- Inservice education online (5 Moments of Hand Hygiene – Healthlearn) and face to face which includes standard precautions is recorded in staff training database

### References

- Australian Government (2010). Australian Guidelines for the Prevention and Control of Infection in Healthcare
- [Guidelines on Hand Hygiene for New Zealand Hospitals. Dec 2009](#)
- Siegel JD, Rhinehart E, Jackson M, Chiarello L (2007) Guideline for isolation precautions: preventing transmission of infectious agents in healthcare settings. Healthcare Infection Control Practices Advisory Committee. Agents in Healthcare Settings. HICPAC CDC 2007.
- [ANTT® Official website](#)
- [Hand Hygiene New Zealand Website](#)