

Standard Precautions

Purpose

Standard Precautions in healthcare are applied to reduce risk of workplace exposure to blood borne pathogens and other infectious agents to ensure safety of staff, patients and others in the health care environment. They are the minimum level of infection prevention and control practices required by all healthcare workers at all times.

Policy

Standard Precautions are a fundamental infection prevention and control measures for safety under the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) – Outcome 5 Te Kaupare Pokenga Me Te Kaitiakitanga Patu Huakita (Infection Prevention and Antimicrobial Stewardship).

Applicability

This policy applies to staff, students, contractors entering clinical areas and visiting health professionals in all settings at all times in the healthcare environment.

Legislative Requirements and National Standards

Te Whatu Ora is obliged to comply with Health and Disability Services (Safety) Act 2001 Prevention and with the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) – Outcome 5 Te Kaupare Pokenga Me Te Kaitiakitanga Patu Huakita (Infection Prevention and Antimicrobial Stewardship).

Roles and Responsibilities

Executive Management Team

The role of the Executive Management Team is to ensure that there are systems and processes in place for the control of infection that meet local and national requirements. They are responsible for ensuring effective, adequate and appropriate resources are in place for the implementation of the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) - Outcome 5 Te Kaupare Pokenga Me Te Kaitiakitanga Patu Huakita (Infection Prevention and Antimicrobial Stewardship).

Infection Prevention and Control Advisory Committee

The role of Infection Prevention and Control Advisory Committee is to provide technical guidance and direction in the prevention and control of infection to improve and sustain quality of care across the organisation and wider system and to keep patients, staff and visitors to health care facilities safe.

Infection Prevention and Control Service

The responsibilities of the IPC Service may include but is not limited to:

- Providing infection prevention and control advice to promote best practice of infection prevention and control among staff who work for Waitaha Canterbury and Te Tai o Poutini West Coast and to promote patient safety.

- Reporting on infection related data and healthcare associated infections to promote safe health care environments.
- Ensuring adherence to current standards and guidelines to prevent the spread of infection via food services, laundry, cleaning services and waste.
- Ensuring adherence to current standards and guidelines for high level disinfection and sterilisation in the reprocessing of medical and dental equipment
- Providing in-service training and other educations sessions to promote best practice.
- Monitoring adherence to infection prevention and control policies and procedures using surveillance, audit and feedback.

Ward Managers / Co-ordinators / Nursing Staff

The role of ward managers / co-ordinators / nursing staff is to apply infection prevention and control policies, guidelines and procedures to ensure patient safety and minimise risk of exposure to infection.

Consultants and Other Medical Staff

The role of consultants and other medical staff is to apply infection prevention and control policies, guidelines and procedures to ensure patient safety and minimise risk exposure to infection.

Other Clinical Staff and Employees

The role of other clinical staff and employees is to apply infection prevention and control policies, procedures and guidelines to ensure patient safety and minimise risk of exposure to infection.

Standard Precautions

Standard Precautions are the basic level of infection control practice to reduce the transmission of pathogenic organisms from known and unknown sources.

Standard Precautions are designed to both protect healthcare workers (HCW) and prevent HCW from spreading infections among patients. These practices are based on the principle that all body fluids pose a potential risk for transmission of blood borne viruses or other transmissible infectious micro-organisms.

Body fluids include blood and body fluids, secretions, excretions (except sweat), non-intact skin and mucus membranes.

Standard precautions in healthcare include the following key elements:

1. Hand Hygiene
2. Personal Protective Equipment (PPE)
3. The safe handling and disposal of sharps
4. Cleaning and decontamination
5. Safe handling and disposal of waste
6. Safe handling and disposal of linen
7. Respiratory hygiene and cough etiquette
8. Aseptic non-touch technique
9. Safe handling of blood and body fluid spillage

Hand Hygiene

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 according to the 5 Moments for Hand Hygiene.

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.

[For further guidance refer to Te Tāhū Hauora \(HSQC\) Hand Hygiene.](#)

Personal Protective Equipment (PPE)

Healthcare workers must undertake Risk Assessment to determine the personal protective equipment (PPE) and other equipment they will require to safely protect themselves and others from exposure to blood and body fluids.

Personal Protective Equipment (PPE) protects mucous membranes, skin and clothing from coming into contact with potentially infectious micro-organisms.

PPE indicated for use in Standard Precautions includes:

- Gloves (non-sterile and sterile)
- Gowns (long sleeve, fluid repellent or fluid resistant)/Apron
- Protective eyewear (safety glasses/ goggles)/face visor/shield
- Surgical masks

Best practice for PPE

- Risk assess the level of anticipated exposure in order to decide which PPE is most effective to protect the HCW.
- PPE used should be appropriate, fit for the purpose and suitable for the person using/wearing it.
- Check integrity of unused PPE prior to putting it on (donning)
- Once the task is completed PPE should be removed and disposed of immediately into the approved waste stream at the point of care (yellow bin)
- Take care to prevent contaminating clothing, skin and/or environment whilst removing PPE.
- Hand hygiene must be performed immediately after removal of PPE.
- Do not store clean PPE in “dirty” areas such as the sluice room.
- PPE supplies should be located close to the point of use.

Disposable Gloves

- 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.

Table 1: Glove types and usage

Type	Recommended Use
Sterile gloves	<ul style="list-style-type: none"> • Sterile/invasive procedures • Not required for aseptic non-touch technique procedures
Latex-free gloves	<ul style="list-style-type: none"> • When hands are likely to come into contact with mucous membranes, non-intact skin, or body fluid. • Required for aseptic non-touch technique
Vinyl gloves	<ul style="list-style-type: none"> • Food handling - must be changed between working with raw and cooked foods and after procedures where contamination may occur. • Contact with some cleaning products (see manufacturer's recommendations)
Household rubber gloves	<ul style="list-style-type: none"> • Domestic cleaning • During prolonged exposure to moisture • Contact with abrasive cleaning chemicals. <p>Note: 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. They must not be shared as gloves can harbour microorganisms and cause cross infection. The gloves are to be disposed of when showing signs of deterioration.</p>

Facial Protection (eyes, nose & mouth)

- 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, respiratory secretions and excretions.
- PPE selected to protect the eyes, nose and mouth mucus membranes can vary depending on the task.
- Select masks, goggles, face shields, or a combination of each, according to the risk of exposure of blood, body fluids, secretions and excretions 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, or a mask if the patient is coughing or sneezing frequently.

Best practice for facial 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 safety glasses/goggles/face shield/visor to add protection for the eyes.
- The front surface of face protection equipment should not be touched while being worn as it is potentially contaminated.
- Remove face protection promptly but carefully after use, to avoid self-contamination.
- Remove masks by handling, the straps, ear loops or earpieces only, do not let a mask hang around wearer's neck.
- Reusable eyewear/face shields should be cleaned with detergent and disinfected with approved products of hospital grade (or an approved combined cleaning/disinfectant wipe).

When to change PPE providing facial protection

- Between patients or procedures
- When the filtration integrity is compromised e.g. mask damp inside or face shield fogged up
- If it becomes torn or otherwise damaged or soiled
- Face protection should be changed immediately (safety permitting) if any of the above occur during a procedure.
- The same face protection may be used between patients in a cohort room (e.g. influenza cohort) unless any of the above occur.

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.**

Safe handling and disposal of sharps

Injuries from healthcare sharps pose a significant risk to personal health:

- Sharps must not be passed directly from hand to hand.
- The disposal of sharps should occur immediately at point of use.
- Needles shall not to be recapped, bent or manipulated by hand.
- An approved hard-shell sharps waste container should be located in appropriate clinical locations and on every IV trolley.
- Used syringes and needles/blunt cannula should be discarded as a single unit – do not attempt to separate.

- Sharps containers must be changed and sealed correctly when contents reach the maximum fill line.
- Sharps containers must be stored safely away from the public and out of reach of children.
- Sharps must be handled with care and treated as potentially dangerous items.
- Sharps containers must be correctly assembled.

Cleaning and decontamination

Environment decontamination

- Safe and effective decontamination of the environment is an essential part of standard precautions.
- Frequent cleaning of surfaces that are likely to be contaminated with pathogens is recommended including those in close proximity to the patient (e.g. bed rails, over bed tables) and frequently touched surfaces in the patient care environment.
- General surfaces, fittings, items and furniture soiled with moist body substances should be cleaned and appropriately disinfected.
- Ensure blood spills are cleaned up promptly.

Decontamination of Patient care equipment

- Wear PPE as appropriate to handle equipment soiled with blood, body fluids, secretions and excretions. Take care to prevent skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.
- Clean and disinfect patient equipment with approved hospital grade products before use with another patient.
- Provide cleaning and disinfectant products in suitable locations to enable immediate decontamination of equipment.
- Single use medical devices should be discarded and not be reprocessed or reused.

Safe handling and disposal of waste

Healthcare waste has the potential to be toxic hazardous and/or infectious. Waste should be segregated, handled, transported and disposed of appropriately to ensure no harm to staff, patients, service users, the public or the environment.

Waste Bags should:

- Not be moved unless secured and/or sealed correctly.
- Not be carried against the body.
- Not be sealed with staples.
- Not be supported by hand underneath.
- Not be more than two-thirds full.
- Not be decanted into other receptacles.

Refer to *Healthcare Waste - Which bin does it go in?* (Reference 2409347).

For Waitaha Canterbury staff, please refer to *Healthcare-waste* Policy (Reference 2403930).

Safe handling and disposal of linen

Standard Precautions apply to the storage, handling, bagging, transporting and laundering of linen. Used linen, in particular, has the potential to be contaminated with blood or body fluids, secretions or excretions:

- Take linen skip to patient/ point of use & bag immediately. Do not place soiled linen on floors, chairs or other furniture.
- Do not carry contaminated linen against the body.
- Do not shake linen.
- Do not overfill the linen bag.
- A disposable soluble liner may be required e.g. soiled linen (infectious laundry bag).

Respiratory hygiene and cough etiquette

Respiratory Hygiene/Cough Etiquette is designed to contain respiratory secretions and prevent transmission of infection. It includes:

- Cover the mouth and/or nose with a tissue when coughing or sneezing.
- Cough or sneeze into the upper sleeve, not the hands
- Use tissues to contain respiratory secretions.
- Place used tissues immediately into a waste bin.
- Wash hands with soap and water or use ABHR.

Aseptic non-touch technique

- Aseptic non-touch technique (ANTT[®]) is the method used to reduce the risk of microbial contamination in a vulnerable body site.
- The aim of ANTT[®] 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 catheter manipulation
 - central and peripheral line management

Safe handling of blood and body fluid spillage

Spillages of blood and other body fluids are considered hazardous and must be dealt with safely, swiftly and effectively by staff in a safe manner to minimise risk of exposure.

When cleaning and disinfecting blood and body fluid spills:

- Ensure standard precautions are adhered to and the appropriate PPE is worn e.g. visor/ safety glasses to prevent splashes.
- Soak up large spills with absorbent material and discarded into clinical waste immediately.
- Do not use chlorine-based disinfectant products on urine.
- Use combined clean/ disinfectant wipe to decontaminate area once gross material is removed.

Policy measurement/evaluation

- Internal IPC Service environmental audits
- Hand Hygiene auditing

Associated material

Controlled Documents

- Blood and Body Fluid Exposure Policy – Reference 2400382
- Decontamination of Patient Equipment and the Healthcare Environment – Reference 2400387
- Hand Hygiene Policy – Reference 2405524
- Healthcare Waste - Which bin does it go in? - Reference 2409347
- Linen and Laundry Guidelines – Reference 2400448
- PPE Visual Guide for Patient Care – Reference 2409321
- Sequence for Putting on PPE (Donning PPE) – Reference 2407756
- Sequence for Removing (Doffing PPE) – Reference 2407757
- Standard Precautions – Always follow Poster – Reference 2404775
- Waitaha Canterbury Healthcare-waste Policy - Reference 2403930

Legislation & Standards

- Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) – Outcome 5 Te Kaupare Pokenga Me Te Kaitiakitanga Patu Huakita (Infection Prevention and Antimicrobial Stewardship)
- Management of Healthcare Waste Standards (NZS 4304:2002). Accessed on: 7 Feb 2024. Available at: <https://www.standards.govt.nz/shop/nzs-43042002/>

References

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- Centres for Disease Control (CDC) Standard Precautions for all Patient Care. Accessed on 7 Feb 2024. Available at: <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>
- Health, Quality and Safety Commission (HQSC) New Zealand. (2019). Hand Hygiene New Zealand. Accessed 7 Feb 2024. Available at: <https://www.hqsc.govt.nz/our-programmes/infection-prevention-and-control/projects/hand-hygiene/>
- World Health Organisation (2007). Standard Precautions in Healthcare. CH1211 Geneva-27. Switzerland. Accessed on 7 Feb 2024. Available at: <https://www.who.int/publications/i/item/WHO-UHL-IHS-IPC-2022.1>