

Standard Precautions

Standard Precautions Apply to:

Blood

All body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood

Non-intact skin

Mucous membranes

Combines:

Universal Precautions – for protection against blood borne pathogens

Body Substance Isolation – for protection against all other pathogens

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Use Standard Precautions, or the equivalent, for the care of all patients.

When should you wash your hands?

When to Wash Hands

Before having direct contact with patients

Before putting on gloves

After removing gloves or other personal protective equipment

After contact with body substances or articles/surfaces contaminated with body substances

After contact with patient's intact skin (taking pulse, lifting a patient)

Before preparing or eating food

After using restroom

After personal contact that may contaminate hands (blowing nose, using bathroom)

It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

How to Wash Hands

Wet hands first with water.

Apply enough soap for lather to cover all surfaces of hands and wrists.

Rub hands together for a minimum of 15 seconds, covering all surfaces of hands and fingers, with special attention to nails and areas between fingers.

Rinse well with running water.

Dry thoroughly with paper towel.

Use paper towel to turn off faucet.

Avoid using hot water, as it can increase the risk of dermatitis.

Hand Hygiene

Nail polish is okay if it is not chipped.

Keep fingernails neatly manicured, and not extending past the fingertips.

Artificial fingernails are discouraged. They cause nail changes that can increase the risk of colonization and transmission of pathogens to patients. Outbreaks of infections have been traced to the artificial fingernails of healthcare workers.

The skin underneath rings is more heavily colonized with bacteria very hard to remove by hand washing. It is not recommended to wear rings.

Healthcare workers should use facility approved hand lotion to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or hand washing.

When should you wear gloves?

When to Wear Gloves

When touching blood, body fluids, secretions, excretions, and contaminated items

When you have cuts, scratches, or other breaks in the skin on your hands

Before touching mucous membranes and non-intact skin

Change gloves between tasks and procedures on the same patient after contact with material that may contain microorganisms.

Do not reuse gloves.

If you are allergic to latex or powder, ask the charge nurse for hypoallergenic or powder-free gloves.

When to Remove Gloves

Promptly after use

Before touching non-contaminated items and surfaces

Before going to another patient

Wash hands as soon as possible after glove removal.

Gloves Should Not be Worn:

Away from the bedside

To handle charts, clean linen, clean equipment, or patient care supplies

Mask, Eye Protection, Face Shield

Wear a mask, eye protection, or a face shield to protect your eyes, nose, and mouth during procedures that are likely to generate splashes of blood, body fluids, secretions, and excretions.

What are some situations that might require wearing a mask or goggles?

Situations which may increase risk of splash include:

Emptying bedpans/suction canisters

Care of coughing patient with suspected infection

When should gowns be worn?

Gowns

Wear a gown to protect skin and to prevent soiling of clothing during procedures that are likely to generate splashes of blood, body fluids, secretions, or excretions.

Select a gown that is appropriate for the activity and amount of fluid likely to be encountered.

Remove a soiled gown as promptly as possible, and wash hands to avoid transfer of microorganisms to other patients or environments.

Equipment

Handle used patient care equipment soiled with blood, body fluids, secretions, and excretions in a way that prevents contamination of skin and clothing and transfer of microorganisms to other patients, staff members, and environments.

What is the proper handling of soiled linen?

Linen

Wear gloves to handle moist or visibly soiled linen.

Handle contaminated laundry as little as possible with a minimum of agitation.

Place soiled linen in plastic laundry bags.

Do not place soiled linen on any clean surface, and do not allow clean linen to come in contact with soiled linen.


Securely close laundry bag when bag is three-fourths full and place it in storage area.

If laundry is wet or could soak through it must be transported in bags or containers that prevent soak-through.

Work Practices

Do not eat, drink, smoke, apply cosmetics and lip balm, or handle contact lenses in any work areas where there is a reasonable likelihood of occupational exposure.

Do not keep food and drink in freezers, refrigerators, counter tops, shelves, and cabinets where blood or other potentially infectious materials are stored or handled.

Absolute Home Care Plus Policies and Procedures	
Section 5: Health and Safety	
Policy Title: Universal Precautions	Policy Number: 5.40
	Effective Date: 03/01/2014
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PURPOSE

To control infections by treating and handling all human blood, human blood components, products made from human blood and Other Potentially Infectious Materials (OPIM) as if they are known to be infectious for HIV, HBV and other blood-borne pathogens.

POLICY

Absolute Home Care Plus uses *Universal Precautions* for infection control purposes as an approach to infection control, in accordance with Occupational Safety and Health Administration (OSHA) and Center of Disease Control and Prevention (CDC) guidelines.

DEFINITIONS

1. Universal Precautions

Universal Precautions are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if he/she could have an infectious disease. *Universal Precautions* include:

- a. hand washing;
- b. personal protective equipment;
- c. sharp objects;
- d. body specimens;
- e. blood and body fluid spills;
- f. household waste;
- g. laundry; and,
- h. hygienic measures in the home.


2. Blood-borne Pathogens

Blood-borne pathogens are germs (bacteria, virus etc.) that can cause a blood-borne disease. These pathogens are found in infected human blood and certain other body fluids, particularly semen and vaginal secretions. They may be passed from person-to-person, with any exposure to infected blood or infected body fluid. Blood-borne pathogens include, but are not limited to the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV).

3. Other Potentially Infectious Materials (OPIM)

Other Potentially Infectious Materials consist of:

- a. certain human body fluids including:
 - i. semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures;
 - ii. any body fluid that is visibly contaminated with blood; and,

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- iii. all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
 - b. any unfixed tissue or organ (other than intact skin) from a human (living or dead); and,
 - c. 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.
 - 4. Engineering Controls
Engineering controls refer to methods of isolating hazards or removing hazards from the home environment by using containers for disposing sharp objects. e.g. Appropriate containers are used for discarding insulin syringes.
 - 5. Work Practice Controls
Work Practice Controls are practical techniques that reduce the likelihood of exposure by performing tasks in a way that promote safety. Controls include such things as correctly washing hands, correctly handling sharp objects and correctly handling/transporting specimens.


PROCEDURES

Employees shall:

1. consider an individual’s body fluids/substances (i.e. urine, faeces, vomit, mucus and blood) to be potentially infectious material;
2. ensure they are informed and protected from potentially infectious materials.
3. use *Universal Precautions* when contact can be anticipated with:
 - a. blood;
 - b. body fluids, secretions, and excretions (except sweat), regardless of whether or not they contain visible blood;
 - c. non-intact skin; and,
 - d. mucous membranes.
4. follow the employer’s policy and related policies on “*Infection Control*”.
5. practice *Universal Precautions* for infection control by:
 - a. taking the designated training at orientation, as an annual refresher and for job-specific/situation-specific purposes;
6. follow established work practice controls to eliminate or minimize occupational exposure.

Supervisor shall:


1. be familiar with “*Universal Precautions*” and ensure employees comply with Occupational Safety and Health Administration (OSHA) guidelines;
2. ensure employees adhere to the employer’s policies and procedures on “*Infection Control*” and “*Universal Precautions*”;

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3. ensure that *Universal Precautions* are understood and executed by employees with occupational exposure;
4. promote practices, procedures, and methods that conform to the concept of *Universal Precautions*;
5. ensure employees have proper facilities/materials for hand washing;

GUIDELINES

1. Supervisor/employees:
 - a. have a responsibility to protect the health and well being of clients/families;
 - b. have a responsibility to protect themselves and each other;
 - c. shall maintain their general health through proper rest, exercise and nutrition; and,
 - d. shall consult with their Physician/Health Professional re any condition that may interfere with the conduction of their job responsibilities
2. Supervisor shall:
 - a. ensure employees receive training on *Universal Precautions*
 - b. maintain training records which include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training;
 - iv. names and positions of people attending the training sessions; and,
 - v. date when refresher training is due.
 - c. ensure records are maintained for 3 years from the date of training

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PURPOSE

To ensure employees/ clients/families are protected against infectious diseases and infections by providing guidelines for their investigation, control and prevention.

POLICY

Absolute Home Care Plus practices infection control measures, when providing service to its clients in order to minimize the risk of infections to employees/ clients/families and the community-at-large in accordance with Occupational Safety and Health Administration (OSHA) regulations.

DEFINITIONS

1. Infectious Diseases


Infectious/Communicable Diseases are those that are capable of being transmitted from one person or species to another. They include, but are not limited to:

- Malaria
- Strep Throat,
- Influenza (the flu)
- HIV/Aids
- Measles
- Mumps
- Rubella
- SARS
- Tuberculosis
- Common Cold
- Chicken Pox
- Conjunctivitis
- Hepatitis (A,B,C)
- Lice
- Ringworm
- Scabies
- Scarlet Fever
- Sexually Transmitted Diseases
- Yeast Infections

2. Universal Precautions

Universal Precautions are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if he/she could have an infectious disease. *Universal Precautions* include:

- a. hand washing;
- b. personal protective equipment;
- c. sharp objects;
- d. body specimens;
- e. blood and body fluid spills;
- f. household waste;
- g. laundry; and,

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h. hygienic measures in the home.


PROCEDURES

Employee Responsibilities:

1. Employees shall apply *Universal Precautions* in the performance of duties, which may expose them to infectious and blood-borne diseases.
2. Employees shall demonstrate their ability to utilize infection control measures before they assume responsibility for care.
3. Employees shall practice high levels of hygiene for infection control.
4. Employees shall recognize work restrictions based on infection control concerns.
5. Employees shall report health symptoms and/or exposure to any communicable or infectious disease to Supervisor.
6. Infected employees shall consult with their Health Care Provider regarding when they should be removed from client contact and when client contact can once again be resumed.

Supervisor Responsibilities:

1. Supervisor shall ensure that employees are provided with, or know the location of, the employer's *Policies and Procedures Manual*.
2. Supervisor shall ensure that employees are familiar with, and apply, the employer's policies on infection control.
3. Supervisor shall ensure employees are given the necessary personal protective equipment and supplies for infection control.
4. Supervisor shall ensure that any employee exposed to high risk infections and infectious diseases is screened immediately.
5. Supervisor shall ensure that a "*Post Exposure Incident Report for Blood-borne Diseases*" is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing his/her duties.
6. Supervisor shall notify the appropriate health authorities and, if necessary to infections and/or communicable disease.
7. Supervisor shall ensure the details of any exposure incident are placed in an employee's personnel file.
8. Supervisor shall ensure that employees are applying effective *Universal Precaution* measures, on a regular basis.

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GUIDELINES

1. All people shall be considered potentially infections.
2. Supervisor/employees have a responsibility to protect the health and well being of clients/families.
3. Supervisor/employees have a responsibility to protect themselves and each other.
4. An employee's Health Care Professional shall determine if and when an infected employee is removed from client contact and when client contact can once again be resumed.
5. There shall be no discrimination against employees/co-workers/clients/families, who have an infectious virus or who have positive antibodies to an infection.
6. All medical information about employees/clients/families shall be kept confidential.
7. Training and/or annual refreshers shall be provided to employees about:
 - a. how infections are contacted, transmitted and how to control their spread.
 - b. Occupational Safety and Health Administration (OSHA) standards;
 - c. Universal Precautions
 - d. employer's policies and procedures;
8. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
9. Records are to be maintained for 3 years from the date of training.