

Policy Applies to:

All Mercy Staff, Credentialed Specialists, Allied Health Professionals, students, patients, visitors and contractors will be supported to meet policy requirements

Related Standards:

- EQuIP Standard 1. 5 Criterion 1.5.2
- EQuIP Standard 3. 2 Criterion 3.2.1
- Infection Prevention and Control Standard NZS 8134.3:2008

Rationale:

The implementation of standard precautions is the primary strategy for the prevention of healthcare-associated transmission of infection to both patient and healthcare staff.

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 risk for blood borne virus transmission or may contain transmissible infectious micro-organisms. Body fluids include blood and body fluid, secretions, excretions (except sweat), non-intact skin and mucus membranes.

Standard precautions include the following measures:

- Hand hygiene
- The use of personal protective equipment;
- The safe handling and disposal of sharps;
- Routine environmental cleaning;
- Reprocessing of reusable medical equipment and instruments;
- Respiratory hygiene and cough etiquette;
- Aseptic non-touch technique;
- Patient placement
- Waste management; and
- Appropriate handling of linen

Objectives;

- Health professionals will be aware of what constitutes standard precautions
- Health professionals will know when to implement standard precautions

Implementation:

All Mercy staff will receive education on standard precautions as part of their orientation and mandatory updates.

Contractors, credentialed specialists and volunteers will receive education on standard precautions as part of their orientation

Patients and visitors will receive information on standard precautions in the patient booklet and on talking walls.

Service areas will have a laminated copy of a standard precautions poster visible on noticeboards and talking walls. (Appendix One)

Evaluation

- Signage located in service and public areas
- Information in Patient Booklet
- Service area environmental audits
- Training records

Associated Documents

Appendix One: Standard Precautions Sign

External

- Australian Government (2010). Australian Guidelines for the Prevention and Control of Infection in Healthcare
- Hand Hygiene New Zealand Implementation Guidelines 2013, Health Quality and Safety Commission
- CDHB Standard Precautions Policy
- SDHB Standard Precautions Policy
- Lippincott Standard and Expanded Precautions Policy

Internal

- Hand Hygiene Policy
- Waste Management Policy
- Environment Cleaning Policy
- Latex Sensitization Glove Policy
- Communicable Diseases, Staff Management
- Disease Specific Isolation Precautions, Patient Management
- Blood and Body Fluid Exposure Policy

- Isolation Policy- transmission based precautions
- Personal Protective Equipment Policy
- Personal Protective Equipment
- Linen Policy
- Multi Drug Resistant (MDRO) Policy
- Cytotoxic Safe Handling and Disposal
- Credentialing process
- Staff Orientation
- Patient Information Booklet

Process:

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.

Use of Personal Protective Equipment

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 long sleeved gowns and plastic aprons
- Mouth, nose and eye protection - face masks, face shield and goggles

Best Practice for PPE

Risk assess the level of anticipated exposure to body fluid in order to decide which PPE is most effective to wear to protect the HCW. This depends on the task or situation and what the wearer might be exposed to

- 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

- Take care to prevent contaminating clothing, skin and/or environment whilst removing PPE
- PPE supplies should be located close to the point of use
- Single use items should be used where possible
- 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 sluice room

Disposable Gloves

Glove Use

- Gloves are worn to provide a protective barrier for both staff and patients and to prevent contamination of the hands when touching blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin
- Gloves are worn to reduce the risk of cross-infection
- Gloves are single patient use and must be changed between patient contacts in accordance with the 5 Moments for Hand Hygiene.
- Never re-use, wash or decontaminate disposable gloves, e.g. gloves cannot be decontaminated with alcohol based hand rub (ABHR)
- Gloves are NOT a substitute for hand hygiene

Hand Hygiene and Gloving

Perform hand hygiene before putting on and after removing gloves because:

- Gloves may be punctured during a procedure
- There may be small defects resulting in hand contamination
- Gloved hands become hot and moist allowing resident organisms to multiply
- Hands may become contaminated on removal of gloves

Glove Changes

- Between procedures on the same patient, e.g. urinary catheter and wound dressing procedures, in accordance with the 5 Moments for Hand Hygiene.
- Between patients
- When a tear or defect is noted

Glove Sensitivity

- Powder-free gloves are used throughout Mercy to reduce risks of latex sensitivity.
- It is recommended that staff with suspected sensitivities to gloves or glove components refer to the Occupational Health Nurse

Disposable Plastic Aprons /Gowns

- A clean non-sterile plastic apron or 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 a used apron/ gown as promptly as possible to avoid transfer of microorganisms to other patients or the environment
- Remove carefully without touching the potentially contaminated outer surface and dispose of into waste. Perform hand hygiene
- Aprons and gowns are single use - do not hang up for reuse

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.

Best Practice for mouth, nose and eye protection:

- Face protection equipment should not be touched while being worn as it may be contaminated.
- Remove face protection promptly after use:
 - avoid contact with most likely contaminated areas, e.g. the front surface. This should be done by handling, for example, the straps, ear loops or ear pieces only
 - dispose of into appropriate receptacles & perform hand hygiene
- Single use disposable face protection items should NOT be reused
- Manufacturers' instructions should be adhered to while putting on face protection to ensure the most appropriate fit

When to change mouth nose and eye protection:

- When torn or otherwise damaged. Face protection should be removed immediately (safety permitting) if this occurs during a procedure

Disposable Surgical Masks (with or without visor)

Masks are used as part of Standard Precautions to protect the nose and mouth from exposure to splashes or sprays of moist substances that are generated during certain procedures or patient-care activities.

N95 Particulate Respirator masks are not used as part of Standard precautions but are used as part of Transmission-based Precautions

Best Practice for Masks:

- Masks may be used in combination with goggles to protect the mouth, nose and eyes. A face shield may be used instead of a mask and goggles, to provide more complete protection for the face
- Masks should be discarded after use by handling the ties only
- Never allow a mask to hang around the wearer's neck
- Do not touch the front of the mask when in use
- Masks should be disposed of after use or when the integrity is compromised to ensure continued protection

Protective Eyewear - Goggles/Face Shield

- Worn to protect the eyes or eyes/nose/mouth from exposure to splashes of blood or body fluids that may be generated during certain procedures or patient-care activities
- Face shields/visors may be considered in place of a surgical mask and goggles, where there is a higher risk of splattered or aerosolised blood or body fluids
- Protective eyewear may also be attached to a mask, i.e. mask with eye visor
- Reusable eyewear/face shields should be cleaned with detergent after use. Disinfect if required with an alcohol wipe after cleaning.

Safe Handling and Disposal of Sharps

- 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.
- Discard used syringes and needles/blunt cannula 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.

Routine environmental cleaning

- Clean surfaces that are likely to be contaminated with pathogens, 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 and body fluid spills are cleaned up promptly

Reprocessing of reusable medical equipment and instruments

- 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.
- Provide detergent wipes in suitable locations to enable cleaning of equipment
- Single use medical devices are not to be reprocessed or reused.

Respiratory Hygiene/Cough Etiquette

Respiratory Hygiene/Cough Etiquette 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 ABHR
- Place signage with instructions for patients and visitors; see Coughing Etiquette poster (supporting document to policy).

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.
- ANTT aims to prevent the contamination of wounds and other susceptible sites, by ensuring that only uncontaminated equipment, referred to as 'key parts' or sterile fluids come into contact with susceptible or sterile body sites during clinical procedures.
- ANTT should be used during any invasive procedure that bypasses the body's natural defences, e.g. the skin or mucous membranes
 - cannulation,
 - venepuncture,
 - administration of intravenous (IV) medication,
 - wound care,
 - urinary manipulation
 - central and peripheral line management

Patient Placement

- Place patients who pose a risk for transmission of infectious agents to others in a single -patient room when available, These patients include those with uncontained secretions, excretions or wound drainage
- Determining patient placement is based on the following principles:

- Route (s) of transmission of the 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)
- If there is a potential for transmission of an infectious agent

Waste Management

- Handle all medical waste in a safe manner and dispose of according to the appropriate Mercy waste segregation streams

Textiles and Laundry

- Handle all laundry in a safe manner and dispose of according to the appropriate Mercy linen management streams