Policy Applies to:

All Mercy Staff, Credentialed Specialists, 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
- Ngā Paewera Health and Disability Services Standard NZS 8134:2021

Rationale:

Standard Precautions are the primary strategy for the prevention of healthcare-associated transmission of infection to both patients and healthcare staff. Standard precautions are the minimum measures required to prevent the spread of infection within the healthcare setting.

Examination and medical history alone do not identify all patients with infections, and Standard Precautions are the standard of care used routinely for all patients regardless of perceived or known infection risk factors.

Standard Precautions are designed to protect healthcare workers (HCWs) and prevent HCWs from spreading infections among patients. Body fluids include blood and body fluid, secretions, excretions (except sweat), non-intact skin and mucus membranes.

Objectives

- HCW will be aware of what constitutes standard precautions.
- HCW will know when to implement standard precautions.

Cultural Considerations:

This policy was reviewed by both the Māori and Pasifika Leadership groups of Mercy Hospital Dunedin. The outcome of the reviews found that at this time there are no identified cultural considerations.

It was noted by the policy committee that there can be individual cultural considerations where for some people, modesty and/or privacy may play a role in the use of PPE and the use of alcohol-based hand sanitisers. Such instances must be considered in their presentations and any compromises to the application of standard precautions do not increase the risk of infection to the person, the patient, the staff, or the environment.

Definitions:

Standard precautions include the following measures:

- Hand hygiene
- The use of personal protective equipment (PPE)
- Patient Placement
- Reprocessing of reusable medical equipment and instruments
- The safe handling and disposal of sharps
- Routine environmental cleaning
- Appropriate and prompt waste management.
- Appropriate handling of linen
- Respiratory hygiene and cough etiquette
- Aseptic non-touch technique.

MDRO Multi-Drug Resistant Organism
PPE Personal Protective Equipment
HCW Health Care Worker
HQSC Health Quality Safety Commission

Implementation:

- All Mercy staff will receive education on standard precautions as part of their first orientation.
- Clinical and clinical support staff complete yearly hand hygiene education.
- Contractors and credentialed specialists receive education on standard precautions as part of their induction.
- Overnight patients will have access to information on infection prevention in the patient booklet and online.
- Infection Prevention Information booklet (HQSC) available in booklet stands in clinical areas.
- Patients and visitors are encouraged to complete hand hygiene on entry and exit of Mercy Campus buildings.
- Service areas will have a laminated copy of a standard precaution poster visible within their department (Appendix One).

Evaluation

- Signage located in service and public areas.
- Information in the Patient Booklet
- Tautoko training records
- Hand Hygiene Auditing
- Patient complaints

Associated Documents

Appendix One: Standard Precautions Sign
Appendix Two: Respiratory Etiquette

External

- Australian Government (2019). 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
- Lippincott Standard and Expanded Precautions Guidelines

Internal

- Hand Hygiene Policy
- Waste Management Policy
- Environment Cleaning Policy
- Infectious Diseases, Staff Management Policy
- Infectious Diseases, Patient Management Policy
- Blood and Body Fluid Exposure and Management Policy
- Isolation Policy
- Personal Protective Equipment Policy
- Linen Policy
- MDRO Policy
- Credentialing process
- Staff Orientation
- Patient Information Booklet

Process:

Involving Patients in their Care

Patients, whānau and visitors will be educated as to how they can support the prevention of infection and keep themselves infection-free in healthcare situations.

Healthcare workers will:

- Explain the processes of infection prevention and control (e.g. importance of hand hygiene, reasons for wearing personal protective equipment (PPE), the importance of appropriate handling and disposing of sharps) to patients and their carers.
- Engage patients and their carers in the decision-making process regarding their care and how it is delivered
- Ensure all patients and their carers are aware that they can ask questions of healthcare professionals.

Written material, found in brochures available in clinical areas, online (Mercy website) and posters, will be used to reinforce verbal discussions with patients as part of their care. Patient information aims to inform patients, visitors, whānau and carers about healthcare-associated infections and what they can do to limit the spread of infections. There is also specific patient information available on Isolation, Specific MDRO's and MDRO testing.

Hand Hygiene

In any healthcare setting hand hygiene is an important activity for preventing the spread of infection. Hand hygiene must be performed before and after every episode of patient contact.

All HCW who come into contact either directly with patients or indirectly through equipment or the environment must understand the importance of good hand hygiene practices including the 5 Moments for Hand Hygiene and adhere to them.
See Hand Hygiene Policy.

Use of Personal Protective Equipment

PPE are barriers designed to protect mucous membranes, skin, and clothing from coming into contact with potentially infectious micro-organisms. See PPE- Infection Prevention Policy.

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

The HCW must risk assess the level of anticipated exposure to body fluid to decide which PPE is most effective for protection. This depends on the task or situation and what the HCW 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 at once.
- Take care to prevent contaminating clothing, skin and environment whilst removing PPE.
- PPE supplies should be found 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 before 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 contact following the 5 Moments for Hand Hygiene
- Never re-use, wash or decontaminate disposable gloves, e.g. gloves cannot be decontaminated with an 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 the removal of gloves.

Glove Sensitivity

- Powder-free gloves are used throughout Mercy to reduce risks of latex sensitivity.
- If a staff member suspects a sensitivity to gloves or glove components, the staff member is expected to contact the Infection Prevention Specialist.

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 that 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 earpieces only.
  - dispose of into appropriate receptacles & perform hand hygiene.
  - Masks are not to be worn around the neck for further future use.
- 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 at once (safety permitting) if this occurs during a procedure.
- When the filtration is compromised e.g., damp.
- Between patients or procedures. Note: If patients are in a cohort isolation room, the same face protection can be worn between patients unless it is contaminated.

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.

Particulate Respirators e.g., N95, P2, P3, FFP2, and FFP3 masks are not used as part of Standard precautions but are used as part of Transmission-based Precautions. See Isolation Policy and Infectious Diseases – Patient Management Policy

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 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 an eye visor.
- Reusable eyewear/face shields should be cleaned with detergent after use. Disinfect if required with an alcohol wipe after cleaning or a combined detergent and disinfectant wipe.

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 the transfer of microorganisms to other patients or the environment.
- Remove carefully without touching the potentially contaminated outer surface and dispose of it into waste. Perform hand hygiene.
- Aprons and gowns are single-use - do not hang up for reuse.

Patient Placement

Patient placement is informed by the clinical need of the patient, and the transmission factors present for infectious disease. See Infectious Disease – Patient Management Policy for patient placement guidelines in the presence of suspected or confirmed infectious organisms or in the presence of transmission precautions such as vomiting, and diarrhoea.

When isolation facilities are limited, the following isolation room prioritisation for patients with an MDRO is recommended; it should be used in conjunction with a risk assessment:

- Carbapenem resistant enterobacteriaceae (CRE)
- Vancomycin Resistant Enterococcus (VRE)
- Multi-resistant gram-negative species (MRGN) e.g. Acinetobacter.baumanii and Pseudomonas aeruginosa
- ESBL-other (Extended spectrum beta lactamase – Kleb.pneumo, Kleb.oxytoca, Enterobacter cloacae etc.)
- mMRSA (Multi resistant Methicillin-Resistant Staphylococcus aureus).

<u>Risk factors of the patient</u>

- Current or recent (within 48 hrs) incontinence of faeces or urine.
- Urinary catheter.
- Open or draining wound/s.
- Compromised hygiene practices.
- Enterostomies.
- mMRSA - respiratory infection.

Risk factors of the organism

- The relative persistence of the organism on environmental surfaces.
- Pathogenicity when combined with patient risk factors.
- Outbreak situation.

Refer to Infectious Disease – Patient Management Policy, Isolation Policy

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 the cleaning of equipment. Sensitive medical equipment is to be disinfected (if required) according to manufacturer instructions. Sensitive equipment may not be compatible with combined detergent and disinfectant products.
- Single-use medical devices are not to be reprocessed or reused.

Safe Handling and Disposal of Sharps

- Sharps must not be passed directly from hand to hand.
- The disposal of sharps should occur immediately at the point of use.
- Needles shall not to be recapped, bent or manipulated by hand.
- An approved hard shell sharps waste container should be 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.

See Blood and Body Fluid Exposure and Management Policy

Routine environmental cleaning

- Clean surfaces that are likely to be contaminated with pathogens, including those near the patient (e.g. bed rails, overbed 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.

See Isolation Policy Appendices, Environmental Cleaning Policy, MDRO Policy, and Housekeeping work manual.

Waste Management

- Safely handle all medical waste and dispose of it according to the appropriate Mercy waste segregation streams.

See Waste Management Policy, Isolation Policy Appendices, and Infectious Disease Patient Management Policy.

Linen

- Safely handle all laundry and dispose of it according to the appropriate Mercy linen management streams.

See Linen Policy, Isolation Policy Appendices, and Infectious Disease Patient Management Policy.

Respiratory Hygiene/Cough Etiquette

Respiratory Hygiene/Cough Etiquette includes:

- Cover the mouth and 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 (Appendix Two).

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. It is the use of a universal internationally taught framework to communicate and educate others performing ANTT. In New Zealand, ANTT is taught using NZAT (New Zealand Aseptic Technique) resources.
- ANTT aims to prevent the contamination of “key sites” e.g., wounds 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.