“Quick View” - Infection Prevention and Control Guide to Standard Precautions

Rationale

Standard Precautions are applied to the care of all clients/residents regardless of their diagnosis or presumed infection status. These precautions constitute the minimum acceptable level of practice in Infection Prevention and Control (IPC). Standard Precautions are used to prevent cross transmission and to protect both patients/clients and healthcare workers.

1: Hand hygiene

Hand hygiene is the single most important procedure for preventing cross infection and the spread of micro-organisms to and from clients/residents and healthcare workers.

The 5 moments of hand hygiene include:

1. Before client contact.
2. Before a procedure.
3. After a procedure or body fluid exposure risk.
4. After client contact.
5. After contact with the client’s environment

In addition to the 5 moments, hand hygiene should be performed by clinical and non-clinical HCWs in a range of non-clinical situations such as

Before

- Starting/leaving work
- Eating/handling of food/drinks (whether own or patient’s)
- Using computer keyboard in a clinical area

Or after

- Hands becoming visibly soiled
- Eating/ handling of food/drinks (whether own or patient’s)
- Visiting the toilet
- Using a computer keyboard in a clinical area
- Handling laundry/equipment/waste

2: Gloves

Gloves are not a replacement for cleaning your hands properly and always use hand hygiene before putting on and after removing gloves.

When to use:

- When anticipating contact with blood, body fluids, secretions, excretions, contaminated items
- When anticipating contact with mucous membranes and non-intact skin
- When you have broken skin on your hands and may have direct physical contact with the client/resident
- Never wash or reuse disposable gloves, and remove immediately a hole or tear is identified

3: Masks & eye protection (PPE)

It is important to protect mucous membranes of the eyes, nose and mouth during procedures and client care activities which are likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
Best Practice for mouth, nose and eye protection

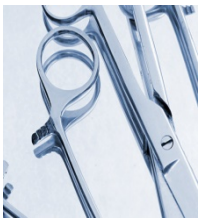
- There are varying levels and types of PPE, therefore it is important to assess the level of exposure, the risk of transmission and the nature of the disease.
- Masks and eye protection (goggles or face shield) should not be touched while being worn as it may be contaminated
- Change mask when the integrity is compromised, e.g. when the mask becomes moist or visibly soiled during use and after attending each client or following the completion of a procedure.
- Please remember that if wearing personal prescription glasses then eye protection should be worn over these.
- Remove face protection promptly after use and avoid contact with most likely contaminated areas – e.g. the front surface.
- Always dispose into appropriate receptacles and perform hand hygiene
- Never allow a mask to hang around the wearer's neck or head
- Single use disposable face protection items should NOT be reused

4: Gowns/plastic aprons

Disposable plastic aprons/water-resistant gowns should be worn when there is a risk that uniforms or staff clothing may become contaminated during work activities or clinical procedures e.g. client care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
Best Practice for the wearing of gown or apron

- The type of apron or gown should be appropriate to the task and the degree of risk.
- They should be worn for a single procedure or episode of patient/client care and removed in the area where the episode of care takes place
- Remember: Perform hand-hygiene procedures after removing the gown or apron

5: Patient/Client care equipment



Cleaning and disinfecting equipment is an important part of infection prevention and control.

- Reusable equipment must be cleaned and reprocessed before use in the care of another patient/client.
- Where possible it is advised that single use equipment is used.
- It is important to wear protective clothing when cleaning all equipment e.g. gloves, apron to avoid splash back
- Soiled care equipment should be handled in a manner to prevent skin and mucous membrane exposures, contamination of clothing and transfer of micro-organisms to other clients and to the environment

6: Linen

Care of linen within the facility

- Used linen should be handled and processed in the same manner regardless of the patient/client source and should be treated as potentially infectious.
- If the linen is soiled with body fluids use gloves and an apron and dispose of the body products down the toilet if necessary and wash separately from all other laundry. Ensure hot water is used (minimum temp 600C) in the laundry cycle to decontaminate the items.
- Staff must wash their hands after handling dirty linen or used linen bags.
- Personal protective clothing must be worn when employees are handling dirty linen or transporting dirty linen bags

7: Waste Management

Effective and safe waste management is important not only to reduce the risk of infection to staff and patients/clients, but also to reduce the impact on the environment.

- Waste management is classed into 4 categories:
  - Non-Hazardous waste
  - Hazardous waste
  - Controlled
- Standard precautions should apply when handling clinical waste
- All waste should be handled with care to avoid personal contamination e.g. sharps injury, exposure to blood, body fluids, secretions and excretions
- PPE, especially gloves should be worn when handling waste bags and containers
- Discard single use items properly

8: Management of Spills

Spills management is the responsibility of the person making the spill or caring for the patient/client that makes the spill and regardless of location, are to be cleaned up immediately.

- The main principle to observe in the case of spills is ‘confine and contain’
- All blood or body substances from any source are considered potentially infectious and Standard Precautions must be used e.g. PPE
- If a spill contains broken glass or sharp objects, use rigid sheets of cardboard or plastic dustpan to collect debris.
- If a spill contains blood body fluid/substance, decontaminate spill with 1% Chlorine (bleach) solution (100mls bleach to 900mls water)

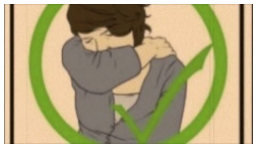
9: Needles & Sharps

Inappropriate handling of medical sharps represents the major cause of potential exposure of employees to blood-borne diseases.

- Healthcare staff should handle sharps with care to minimise the risk of injury.
- All healthcare staff are responsible for taking precautions to prevent injuries caused by needles, scalpel blades and other sharp instruments.

- If a patient/client is receiving IM/IV medications ensure a sharps container is provided in the home or is available when providing this care. Check with your DHB or Community Laboratory re accessing and disposing of sharp containers.
- Place all used sharps in purpose designed 'Medical Sharps' containers.
- DO NOT OVERFILL
- Never recap needles/blunt cannula or manipulate, bend or break them
- All needle stick injuries must be reported as per practice policy

10: Cough Etiquette/ social distancing



Encourage patients/clients (where possible) to cough or sneeze into disposable paper tissues, to dispose of tissues directly after use and cleanse hands.

- Wherever possible, maintain a social distance of one metre from a patient/client who is coughing, otherwise use facial protection (mask). If a patients' immune system is compromised increase the distance
- Encourage people to cough into their elbow or upper arm, if no tissues are available