**Standard Precautions**

**Policy and Procedure**

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**Policy**

It is the policy of this facility to implement Standard Precaution measures “that apply to all resident care, regardless of suspected or confirmed infection status. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents.”1

Implementation of standard precautions constitutes the primary strategy for preventing healthcare-associated transmission of infectious agents among residents, healthcare personnel, staff and visitors. Appropriate infection control measures should be used in each resident interaction.

**Standard precautions** include but are not limited to:

* + - * + Hand hygiene
				+ Proper selection and use of personal protective equipment (PPE):

a. Gloves

b. Gown

c. Facemasks

d. N95 respirators

e. Eye protection

* + - * + Respiratory hygiene/cough etiquette
				+ Safe injection practices
				+ Environmental cleaning and disinfection
				+ Appropriate reprocessing of reusable resident medical equipment
				+ Linen, laundry, textile handling
				+ Handling and proper disposal of sharps
				+ Use of masks for insertion of catheters or injection of material into spinal or epidural spaces via lumbar puncture procedures (e.g., myelogram, spinal or epidural anesthesia).
				+ Room placement
				+ Proper waste disposal

**Hand Hygiene**

Hand hygiene is to be performed consistent with accepted standards of practice to reduce the potential spread of pathogens. Hand hygiene continues to be the primary means of preventing the transmission of infection. There are two methods for hand hygiene: Alcohol-based hand sanitizers (ABHS), which are the most effective method for reducing the number of germs from healthcare workers hands and is the preferred method in most situations in the healthcare facility. The second method of hand hygiene is to wash hands with soap and water when hands are visibly soiled, when caring for a resident with known or suspected infectious diarrhea, exposure to *B*. *anthracis* or *C. difficile,* before eating and after using the restroom. (See Hand Hygiene policy and procedure)

**Personal Protective Equipment (PPE)**

For standard precautions, “the use of PPE during resident care is determined by the nature of staff interaction and the extent of anticipated blood, body fluid, or pathogen exposure to include contamination of environmental surfaces.”1

* Gloves should be used when it is reasonably anticipated that there will be contact with blood, body fluids, or other potentially infectious materials, mucous membranes, non-intact skin or contaminated environment or equipment. Gloves should also be worn when performing invasive or indwelling device procedures
* Gowns should be worn when it is anticipated that splashing, soiling, or contamination of clothing with blood, body fluids, non-intact skin, secretions, or excretions could occur
* Goggles should be worn to protect the eyes from anticipated splashing or sprays of blood or body fluids/substances
* Face Shields will protect the face to include the nose, mouth and eyes and should be worn when anticipating potential splashing or sprays of blood or body fluids/substances
* Face masks and respirators will protect the nose and mouth, and should be worn when anticipating splashing or sprays of any blood or body fluids/substances

**Respiratory Hygiene/Cough Etiquette**

Respiratory Hygiene/Cough Etiquette is intended to prevent the transmission of respiratory infectionsas much as possible. Respiratory Hygiene/Cough Etiquette includes:

1. Post signs at entrances and in strategic places (e.g., elevators, cafeterias) within ambulatory and inpatient settings with instructions to patients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, Use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.
2. Provide tissues and no-touch receptacles (e.g., foot pedal operated lid or open, plastic-lined wastebasket) for disposal of tissues.
3. Provide resources and instructions for performing hand hygiene in or near waiting areas in ambulatory and inpatient settings; provide conveniently located dispensers of alcohol-based hand rubs and, where sinks are available, supplies for handwashing.
4. During periods of increased prevalence of respiratory infections in the community (e.g., as indicated by increased school absenteeism, increased number of patients seeking care for a respiratory infection), offer masks to coughing patients and other symptomatic persons (e.g., individuals who accompany ill patients) upon entry into the facility or medical office and encourage them to maintain special separation, ideally a distance of at least 3-6 feet, from others in common waiting areas. Some facilities may find it logistically easier to institute this recommendation year-round as a standard of practice. Residents with new respiratory symptoms, should wear facemasks unless contraindicated when around others including employees

**Safe Injection Practices**

The following recommendations apply to the use of needles, cannulas that replace needles, and, where applicable intravenous delivery systems:

1. Use aseptic technique in a clean area to avoid contamination of sterile injection equipment.
2. Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. “Needles and syringes are used for only one resident (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).”1
3. Use fluid infusion and administration sets (i.e., intravenous bags, tubing, and connectors) for one patient only and dispose of appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient’s intravenous infusion bag or administration set.
4. “Medication containers are entered with a new needle and a new syringe, even when obtaining additional doses for the same resident.”1
5. Use single-dose vials for parenteral medications whenever possible.
6. “Single dose (single use) medication vials, ampules, and bags or bottles of intravenous solution are used for only one resident”1;
7. Medication administration tubing and connectors are used for only one resident.
8. Medications labeled as single-dose vials or single-use vials, must not be used for multiple patients due to the risk of spreading infectious diseases.
9. Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
10. If multi-dose vials must be used, both the needle or cannula and syringe used to access the multi-dose vial must be sterile.
11. “Multi-dose vials to be used for more than one resident are kept in a centralized medication area (e.g., medication room or cart) and do not enter the immediate resident treatment area (e.g., resident room). If multi-dose vials enter the immediate resident treatment area, they should be discarded immediately after use”. 1
12. A new needle and/or syringe must be used with each access even when obtaining additional doses for the same resident.
13. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
14. Infection control practices for special lumbar puncture procedures: Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia.
15. Worker safety Adhere to federal and state requirements for protection of healthcare personnel from exposure to bloodborne pathogens.
16. “Insulin pens are designed to be used multiple times by a single resident only and must never be shared or used for more than one person, even when the needle is changed.”1
17. “Insulin pens must be clearly labeled with the resident’s name or other identifiers to verify that the correct pen is used on the right resident.”1
18. Medications labeled as single-dose vials or single-use vials, collectively referred to as SDVs must not be used for multiple patients due to the risk of spreading infectious diseases.

**Cleaning and Disinfection**

**Policy**

It is the policy of this facility to maintain the facility in a clean and sanitary condition with a written schedule of cleaning and disinfection/decontamination based on the area of the facility, type of surface to be cleaned, type of soil present and tasks being performed in the area.

**Purpose**

It is the purpose is to provide standard operating procedures for a clean, safe, and sanitary environment for the residents.

**Definitions:**

“**Cleaning**” refers to removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and is normally accomplished manually or mechanically using water with detergents or enzymatic products

“**Disinfection**” refers to thermal or chemical destruction of pathogenic and other types of microorganisms. Disinfection is less lethal than sterilization because it destroys most recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores). 6 “1

Cleaning and disinfection includes:

* Horizontal surfaces
* Carpeted surfaces
* Other surfaces
* Terminal cleaning
* Cleaning schedules
* Cleaning/disinfecting tools
* Proper selection, handling and preparing of chemicals
* Safety
* Cleaning, disinfection or reprocessing of medical equipment
* High touch areas

The United States Environmental Protection Agency (EPA) provides a list of registered disinfectants that are registered against common pathogens. Facilities should choose the appropriate disinfectant based upon the pathogen. All disinfectants should be used consistent with the manufacturer's instructions.

**Appropriate reprocessing of reusable resident medical equipment**

The facility will clean and disinfect resident care equipment that is shared between residents using the appropriate EPA-registered disinfectant and consistent with manufacturer's instructions

The Centers for Disease Control and Prevention outlines guidance for disinfection and sterilization of healthcare equipment, to include the Spaulding classification system, identifying three risk levels:

1. **Critical items:** are items that enter the sterile tissue or vascular system and must be sterile when used to destroy all viable microorganisms.
2. **Semi-critical items:** are items that contact mucous membranes or non-intact skin and requires meticulous cleaning followed by high-level disinfectant or sterilized
3. **Non-critical**: include items that contact intact skin but not mucous membranes and require cleaning followed by low or intermediate level disinfection

Facilities can use single-use disposable equipment and discard after use with one resident as an alternative.

**Linen, laundry, textile handling**

“The facility staff should handle all used laundry as potentially contaminated and use standard precautions (e.g., gloves, gowns when sorting and rinsing). The facility should use the following practices60:

* Contaminated laundry is bagged or contained at the point of collection (i.e., location where it was used);
* Leak-resistant containers or bags are used for linens or textiles contaminated with blood or body substances;
* Sorting and rinsing of contaminated laundry at the point of use, hallways, or other open resident care spaces is prohibited; and
* Staff should handle soiled textiles/linens with minimum agitation to avoid the contamination of air, surfaces and persons.”1
* When transporting laundry, do not hold laundry or laundry bags close to body
* Double-bagging is recommended if the outside of the bag is contaminated or visibly wet
* Employees should perform hand hygiene and wear appropriate PPE for sorting and handling contaminated laundry
* Privacy curtains should be changed when visibly dirty and laundered or disinfected per manufacturer's instructions

**Handling and proper disposal of sharps**

* All staff must be careful to prevent injuries when using needles, and other sharp instruments or devices during handling, cleaning, disinfecting and/or sterilizing used instruments or when disposing used needles;
* Employees should never recap, bend or manipulate the needle after use
* Never remove used needles by hand
* Place used disposable syringes and needles, scalpels and all sharp items in appropriate puncture- resistant containers that are located as close as practical to the point of use.
	+ Maintain container upright throughout use.
	+ Replace container routinely and do not allow overfilling.
* Do not pick up broken glassware directly with hands. Use a dustpan and brush, broom, tongs, forceps, or other means that keep hands away from the broken glass. Dispose of pieces in the appropriate puncture proof container.
* Do not reach into containers where contaminated sharps are placed
* Sharps containers are to be replaced when the container is ½ full as indicated.

**Use of masks for insertion of catheters or injection of material into spinal or epidural spaces via lumbar puncture procedures (e.g., myelogram, spinal or epidural anesthesia).**

**Room placement**

Room placement decisions should be on a case-by-case basis, analyzing the presence of risk factors that could lead to the likelihood of transmission of pathogens (i.e., residents with uncontained drainage, incontinence, etc.)

**Proper waste disposal**

Disposal of waste should be handled as though all body fluids are infectious.

* Potentially contaminated articles are stored and disposed of in appropriate containers (e.g., sharp items should be disposed of in puncture resistant sharps containers that are leak proof, non-sharp disposable items saturated as evidenced by blood or body fluid dripping or flaking or squeezed from item in properly labeled biohazard bags, etc.), and the environment is cleaned using germicidal agents to reduce the risk of transmission of infection.

**Employee Education**

Education and training for all healthcare employees on the principles and elements of Standard Precautions is essential to keep employees, residents and visitors safe.

**References and Resources**

* 1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>
* Centers for Disease Control and Prevention. Standard Precautions for All Patient Care: <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>
* Centers for Disease Control and Prevention. Healthcare Providers-Hand Hygiene Guideline. <https://www.cdc.gov/handhygiene/providers/index.html>
* Centers for Disease Control and Prevention. Respiratory Hygiene/Cough Etiquette in Healthcare Settings. <https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
* Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities. Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee [HICPAC], Updated: July 2019: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>
* United States Department of Labor, Occupational Safety and Health Administration. Bloodborne Pathogen Standard 1910.1030: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>