STANDARD PRECAUTIONS

PROTECTING YOURSELF AND OTHERS

UNIVERSAL PRECAUTIONS vs STANDARD PRECAUTIONS

Universal Precautions

- First introduced by the CDC in 1987 to prevent the spread or transmission of blood borne pathogens to health care providers.
- Refers to the concept that all blood and bloody body fluids should be treated as infectious.

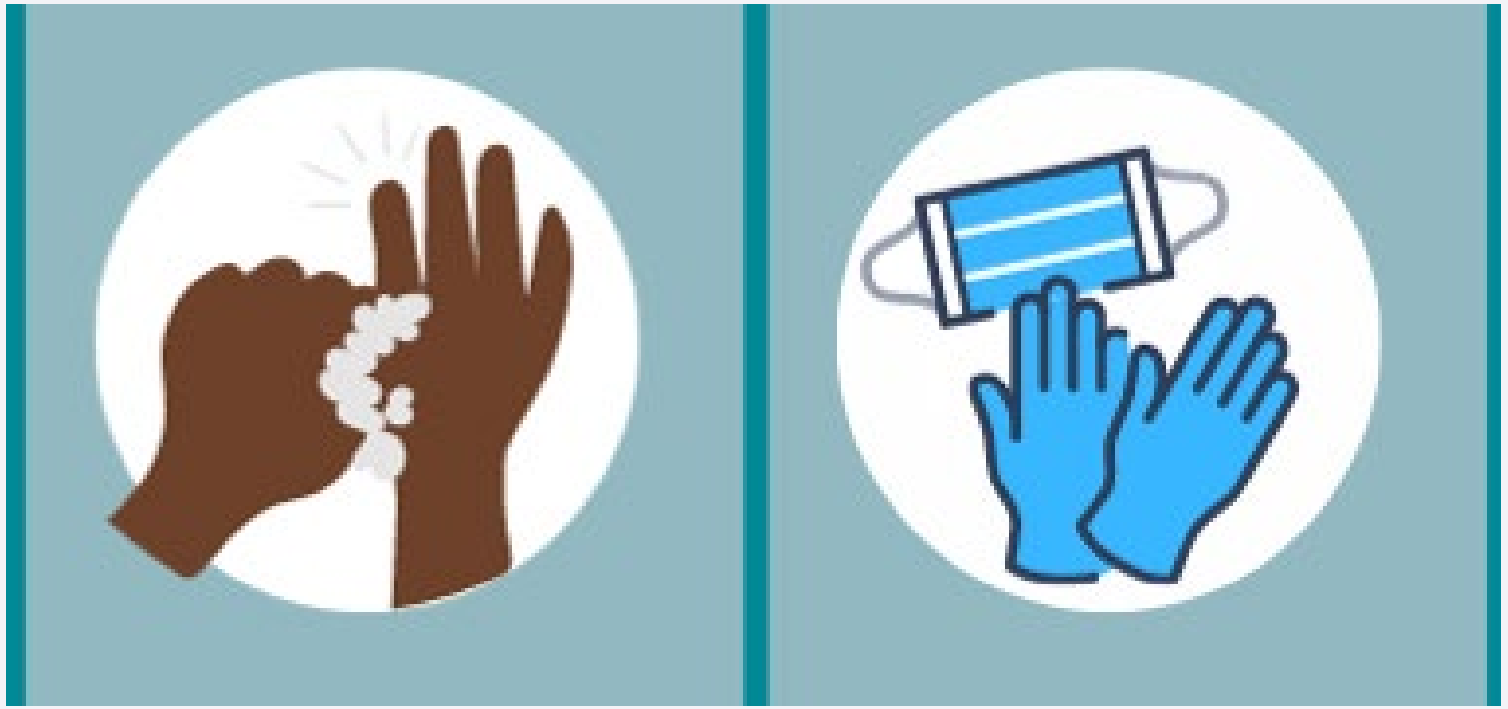
Standard Precautions

- In 1996, the concept of standard precautions was established and apply to:
  - ❑ Blood
  - ❑ All body fluids, secretions, and excretions, ***except sweat***, regardless of visible blood
  - ❑ Non-intact skin and mucous membranes

STANDARD PRECAUTIONS

Include the use of:

- Hand washing
- Appropriate use of personal protective equipment (PPE) such as gloves, gowns, and masks



TRANSMISSION BASED PRECAUTIONS

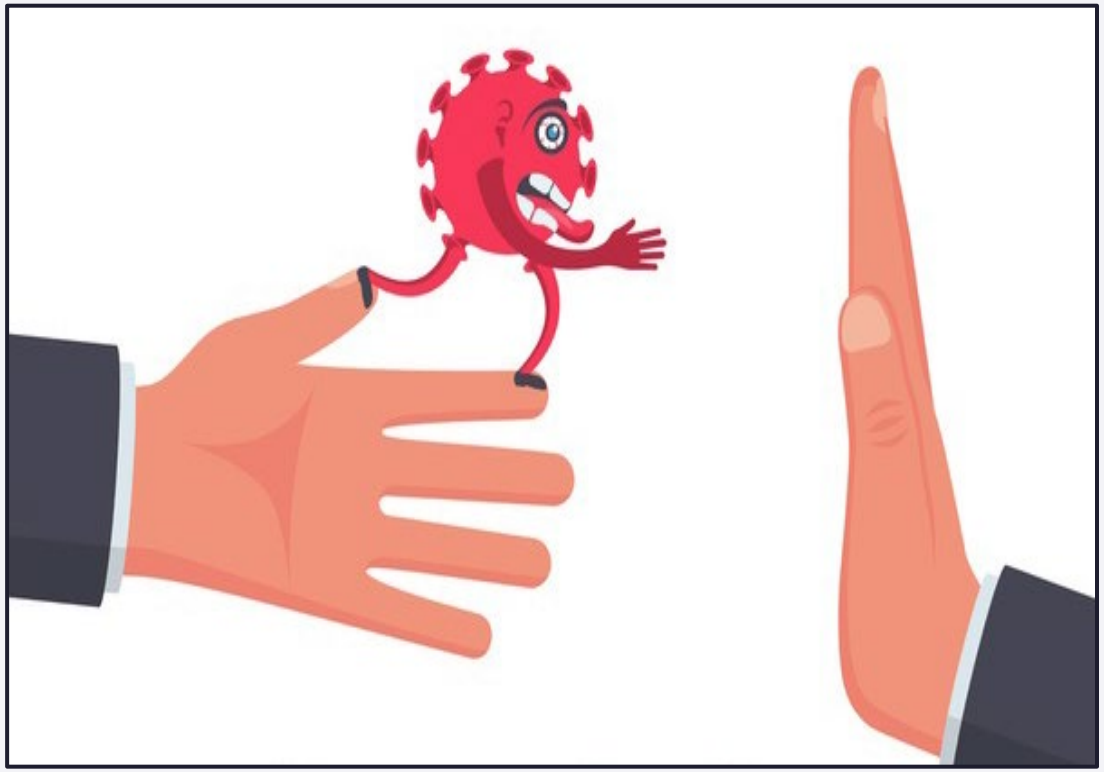
Provide additional precautions beyond standard precautions and include:

- **Airborne precautions**
- **Contact precautions**
- **Droplet precautions**

AIRBORNE PRECAUTIONS

- Are used for pathogens that can be transmitted through the air, typically through tiny droplets that are small enough to be suspended for a prolonged period of time.
- Gloves, gowns, eye protection and a mask should be worn when within 6 feet of the person.
- Some of the pathogens that would cause a person to be placed in airborne precautions are measles, tuberculosis, and acute respiratory syndrome (SARS).

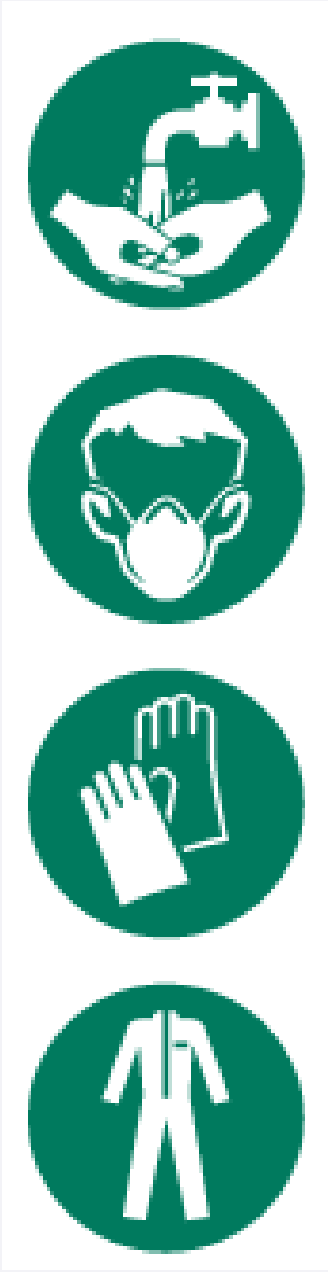
CONTACT PRECAUTIONS



- Used for pathogens that are spread by touching.
- Gloves must be worn.
- Gowns are required if there is a chance that clothing will come into contact with the person or if the person has diarrhea.
- The sick person should remain in their room as much as possible.
- Frequent hand washing is expected.
- Some of the pathogens that would lead to contact precautions are norovirus, rotavirus, clostridium difficile, and MRSA.

DROPLET PRECAUTIONS

- Droplet precautions are used for pathogens that are spread through respiratory droplets expelled by coughing, sneezing, and even talking. These droplets typically fall to the ground rapidly and require a person to be in close proximity, usually within three to six feet, of the infected person.
- **Masks** must be worn when within 3 to 6 feet of a patient
- Gown, gloves, and eye protection should be used when a risk for splash or spray is present.
- The patient should wear a mask while outside their room.
- Some of the pathogens that require a person to be placed into droplet precautions are diphtheria, pertussis, mumps, rubella, and pneumonia



PROTECTING YOURSELF AND OTHERS

Hand Hygiene

Respiratory Hygiene/Cough Etiquette

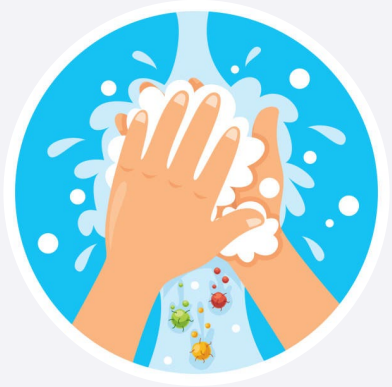
PPE

Clean and Disinfect

Laundry

HAND HYGIENE

Wash hands or use a hand sanitizer:	Before preparing medications.
	Before and after contact with an individual.
	Before and after procedures such as emptying a catheter bag.
	After handling contaminated equipment.
	After using the toilet or after helping someone with toileting.
	After handling soiled laundry.
	After smoking.



Important points to decontaminate hands effectively:	Cover any cut or abrasion with a waterproof dressing.
	Keep natural nails short, clean, and unpolished.
	Do not wear false nails.
	Remove or roll up long sleeves when washing hands.
	Remove any wristwatch, stoned ring, or bracelet

PERFORMING HAND HYGIENE

With an **alcohol-based hand sanitizer** (must contain at least 60% alcohol):

- Put product on hands and rub hands together.
- Cover all surfaces until hands feel dry.
- This should take around 20 seconds.

With **soap and water** (always use if hands are visibly soiled):

- Wet hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter-sized amount of soap to hands.
- Rub hands together until the soap forms a lather and then rub all over the top of hands, in between fingers and the area around and under the fingernails.
- Continue rubbing hands for at least 15 to 20 seconds.
- Rinse hands well under running water.
- Dry hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

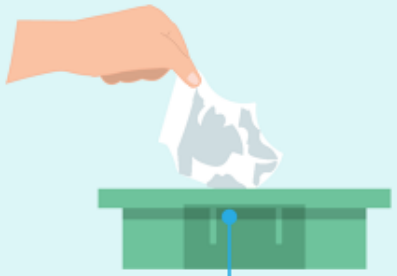
Proper Cough & Sneeze Etiquette

1. Sneeze & Cough

Into your elbow

Into a tissue

2. Dispose of tissues



Directly into a closed bin

3. Wash your hands

At least 20 seconds

PERSONAL PROTECTIVE EQUIPMENT

- Personal protective equipment (PPE) refers to protective clothing, gloves, facemasks, etc. to protect the wearer from injury or the spread of infection or illness.
- When used properly, PPE acts as a barrier between infectious materials such as viral and bacterial contaminants and the skin, mouth, nose, or eyes (mucous membranes).
- The barrier has the potential to block transmission of contaminants from blood, body fluids, or respiratory secretions.
- When used properly and with other infection control practices such as handwashing, using alcohol-based hand sanitizers, and covering coughs and sneezes, it minimizes the spread of infection from one person to another.

PPE FOR THE FACE

Masks

- A surgical mask should be placed over the nose, mouth, and chin.
- Fit the flexible nose piece over the bridge of the nose.
- Secure on head with ties or elastic.
- Make sure it is secure on the head and fits snugly around the face.

Eye Shields

- Wear when there is any possibility of contact with body fluids.
- Wear when there is the possibility of droplets from a person coming into contact with the eyes; especially when the person is coughing or sneezing and is unable to wear a mask.

MORE PPE

Gloves

- Should be disposable, non-powdered latex or latex equivalent (not vinyl or plastic).
- Use when there is a possibility of contact with blood or body fluids:
  - Assisting with bathing, mouth care, shaving, providing skin care.
  - Handling soiled laundry, cleaning emesis, changing bandages or treating wounds.
- Sanitize hands before putting on gloves and after their disposal.
- Change gloves before assisting with a different individual.

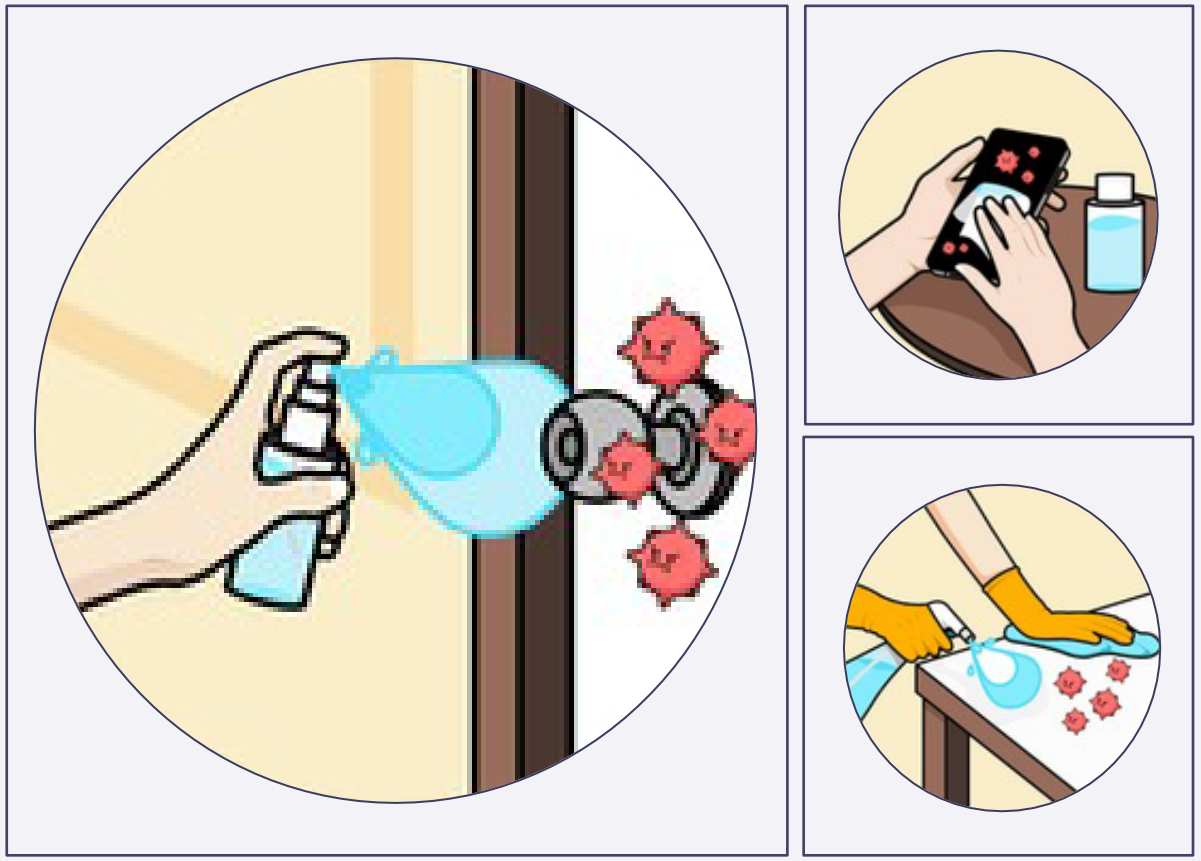
Aprons or gowns

- Should be disposable.

Waste bags

- Wear PPE when dealing with waste.
- Do not overfill bags (no more than 2/3 full).

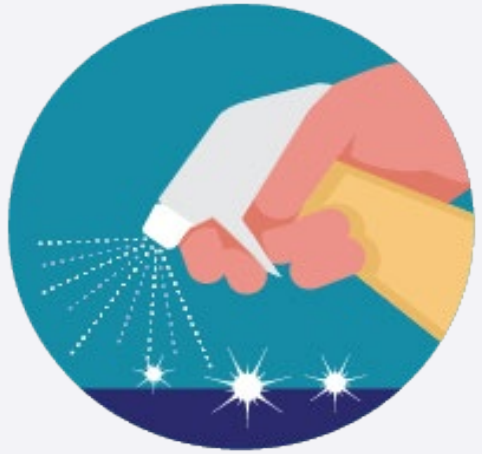
CLEAN AND DISINFECT



Routinely clean frequently touched surfaces:

- Tables, hard-backed chairs
- Doorknobs, light switches
- Remotes, keyboards, phones
- Handles
- Desks
- Sinks, faucets
- Toilets

CLEANING VS DISINFECTING



Cleaning

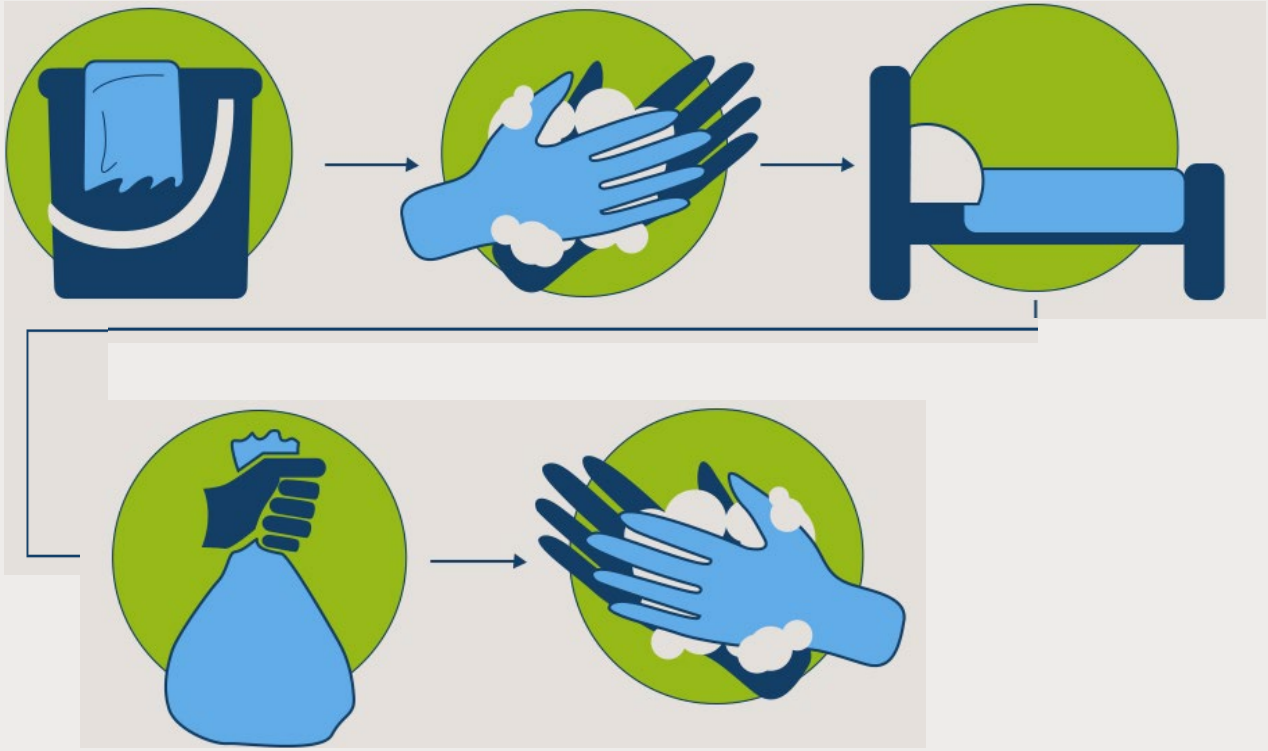
- Removes germs, dirt, and impurities from surfaces
- Does not kill germs, but by removing them, it lowers numbers and risk of spreading infection

Disinfecting:

- Uses chemicals to kill germs on surfaces
- By killing germs on the surface after cleaning, it can further lower the risk of spreading infection

HOW TO CLEAN SURFACES

- Wear disposable gloves and discard after use.
- Clean hands after gloves are removed.
- Clean surfaces with soap and water prior to disinfection.



FOR DISINFECTION USE:

- Diluted household bleach solutions.
  - To dilute: mix 5 tablespoons bleach (1/3 cup) per gallon of water or 4 teaspoons bleach per quart of water.
  - Do not mix bleach with ammonia or other cleanser.
- Alcohol solutions with at least 70% alcohol.
- EPA-registered household disinfectants.

STANDARD PRECAUTIONS FOR LAUNDRY

- People handling laundry of infected patients should use standard precautions, including wearing gloves, gown, and a mask to avoid potential aerosols generated from the laundry.
- Avoid shaking the laundry and possibly aerosolizing the virus.
- Heavily soiled linen should be rolled/folded to contain the heaviest soil in the center of the bundle. Large amounts of solid material (e.g., feces) should first be removed with a gloved hand and toilet tissue and then placed into a toilet for disposal (close the toilet lid when flushing).

PREVENTION OF ILLNESS WITH STANDARD PRECAUTIONS

Thank you
Jean Justad, MD
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2024