

POLICY AND PROCEDURE	
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SCOPE:	Galion City Health Department
CONTACT PERSON & DIVISION:	Brandi Riddlebaugh, Nursing
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PURPOSE

The purpose of this document is to introduce the approach to infection control known as Standard Precautions, which are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents.

POLICY

With the guidance of this policy, standard precautions shall be observed to prevent contact with blood or other potentially infectious materials. Standard precautions apply to all clients, regardless of suspected or confirmed infectious status, in any setting in which healthcare is delivered. In addition to protecting healthcare workers, some elements of Standard Precautions focus on protection of clients. <https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html>

Blood is the single most important source of HIV, HBC, HCV, and other bloodborne pathogens in the occupational setting. Other fluids that have been recognized by the Centers for Disease Control and Prevention (CDC) as directly linked to transmission of HIC, HBV, and HCV, include blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, saliva in dental settings (i.e. Any body fluid except sweat). Other potentially infectious materials include any unfixed tissue or organ (other than intact skin) from a human (living or dead); an HIV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV, or HCV.

Engineering and Work Place practices shall be used to eliminate or minimize associate exposure and ensure patient safety.

DEFINITIONS

Personal Protective Equipment (PPE): Includes, but is not limited to, gloves, gowns, face shields, masks, eye protection, mouthpieces, pocket masks, or other ventilation devices.

BACKGROUND

Standard Precautions are the basic practices that apply to all patient care, regardless of the patient's suspected or confirmed infectious state, and apply to all settings where care is delivered. These practices protect healthcare personnel and prevent healthcare personnel or the environment from transmitting infections to other patients.

PROCEDURES & STANDARD OPERATING GUIDELINES

I. Hand Hygiene

1. Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations.
2. Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:
 - a. Immediately before touching a patient
 - b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
 - c. Before moving from work on a soiled body site to a clean body site on the same patient
 - d. After touching a patient or the patient's immediate environment
 - e. After contact with blood, body fluids or contaminated surfaces
 - f. Immediately after glove removal
3. Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled.
4. Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered.
5. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink.
 - a. Refer to "CDC Guideline for Hand Hygiene in Health-Care Settings" or "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007"

II. Environmental Cleaning and Disinfection

1. Require routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling.
 - a. Clean and disinfect surfaces in close proximity to the patient and frequently touched surfaces in the patient care environment on a more frequent schedule compared to other surfaces.
 - b. Promptly clean and decontaminate spills of blood or other potentially infectious materials.
2. Select EPA-registered disinfectants that have microbiocidal activity against the pathogens most likely to contaminate the patient-care environment.
3. Follow manufacturers' instructions for proper use of cleaning and disinfecting products (e.g., dilution, contact time, material compatibility, storage, shelf-life, safe use and disposal).
4. When information from manufacturers is limited regarding selection and use of agents for specific microorganisms, environmental surfaces or equipment, facility policies regarding cleaning and disinfecting should be guided by the best available evidence and careful consideration of the risks and benefits of the available options.
 - a. Refer to "CDC Guidelines for Environmental Infection Control in Health-Care Facilities" and "CDC Guideline for Disinfection and Sterilization in Healthcare Facilities" for details.

III. Risk Assessment with Appropriate Use of Personal Protective Equipment

1. Ensure proper selection and use of personal protective equipment (PPE) based on the nature of the patient interaction and potential for exposure to blood, body fluids and/or infectious material:
 - a. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur.
 - b. Wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions.
 - c. Use protective eyewear and a mask, or a face shield, to protect the mucous membranes of the eyes, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.
 - d. Remove and discard PPE, other than respirators, upon completing a task before leaving the patient's room or care area. If a respirator is used, it should be removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door.

- e. Do not use the same gown or pair of gloves for care of more than one patient. Remove and discard disposable gloves upon completion of a task or when soiled during the process of care.
 - f. Do not wash gloves for the purpose of reuse.
2. Ensure that healthcare personnel have immediate access to and are trained and able to select, put on, remove, and dispose of PPE in a manner that protects themselves, the patient, and others PPE, e.g., gloves, gowns, face masks, respirators, goggles and face shields, can be effective barriers to transmission of infections but are secondary to the more effective measures such as administrative and engineering controls.
 - a. Refer to “Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007” as well as Occupational Safety and Health Administration (OSHA) requirements for details.

IV. Sharps disposal

1. **Functionality:** Containers should be puncture-resistant, durable during installation and transport, and an appropriate size and shape. The closure should be secure and minimize exposure during closure.
2. **Accessibility:** Containers should be upright and easy to operate while preventing the contents from spilling. The container should be placed in a visible location, within easy horizontal reach, and below eye level. The container should also be placed away from any obstructed areas, such as near doors, under sinks, near light switches, etc.
3. **Visibility:** Containers should be clearly visible to the health care worker. The container should be designed so that workers may be able to easily determine the container’s fill status and distinguish any warning labels.
4. **Accommodation:** Containers should facilitate ease of storage and assembly, require minimal worker training requirements, be easy to operate, and have a flexible design. A container should also easily accommodate one-handed disposal of a sharps device. Product design should minimize sharp surfaces and cross-infection hazards. Installation and mounting systems should be safe, durable, stable, and cleanable.
5. **Practices:** Contaminated needles and other sharps are not to be bent, broken, recapped, removed or manipulated in any way. In the event that it is necessary to recap a used needle, a one-handed scoop technique or a recapping device must be used. Disposable contaminated sharps and all syringes must be discarded immediately or as soon as possible. Containers will be replaced when full by staff.

V. Personal habits

1. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas, i.e. clinic and immunization room. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or other potentially infectious materials are/may be present.
2. Personnel are to eat and drink in designated areas. Soiled PPE is to be removed before leaving the designated area.

VI. Specimen Handling

1. All containers used to contain specimens will prevent leakage during collection, handling, storage, transport or shipping. Labeling is required before specimens leave the facility.
2. Specimens should be placed in biohazard bags.

VII. Respiratory Hygiene/Cough Etiquette

1. The following measures should be implemented to contain respiratory secretions in patients and other persons with symptoms of respiratory infection:
 - a. Cover the mouth/nose with a tissue when coughing and promptly dispose of used tissues.
 - b. Perform hand hygiene after contact with respiratory secretions.
 - c. Use spatial separation, ideally 6 feet, of person with respiratory infections in common waiting areas when possible and surgical masks on the coughing person when tolerated and appropriate.
2. Healthcare personnel are advised to observe Droplet Precautions and hand hygiene when examining and caring for patients with signs and symptoms of a respiratory infection.
 - a. **Droplet Precautions:** Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain infectious over long distances in a healthcare facility, special air handling

and ventilation are not required to prevent droplet transmission. Infectious agents for which Droplet Precautions are indicated include B. pertussis, influenza virus, adenovirus, rhinovirus, N. meningitides, and group A streptococcus (for the first 24 hours of antimicrobial therapy). Healthcare personnel wear a mask (a respirator is not necessary) for close contact with infectious patient; the mask is generally donned upon room entry. Patients on Droplet Precautions who must be transported outside of the room should wear a mask if tolerated and follow Respiratory Hygiene/Cough Etiquette.

CONTRIBUTORS

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REFERENCE FORMS

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SIGNATURES

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03/05/2025

Date