

Policy & Procedure

Title:	Standard Precautions	Date of Origin:	05/17	Policy #	IP9		
		Last Reviewed:	07/22				
		Last Revised:	01/18				
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Affiliate(s):	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hospital: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Clifton Springs <input checked="" type="checkbox"/> NWCH <input checked="" type="checkbox"/> RGH <input checked="" type="checkbox"/> UMMC <input checked="" type="checkbox"/> Unity <input checked="" type="checkbox"/> Unity Specialty Hospital <input checked="" type="checkbox"/> Hospital Subcategories: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inpatient Services <input checked="" type="checkbox"/> Outpatient Services <input checked="" type="checkbox"/> ElderOne (ext. clinics) <input checked="" type="checkbox"/> PCASI <input checked="" type="checkbox"/> SMS <input checked="" type="checkbox"/> Behavioral Health <input type="checkbox"/> Rochester Regional Health Home Care <input type="checkbox"/> Rochester Regional Health Hospice Care <input type="checkbox"/> Rochester Regional Health Home Infusion Pharmacy <input type="checkbox"/> Rochester Regional Health Hospice Care (Hildebrandt Campus) <input type="checkbox"/> CompassionNet <input type="checkbox"/> Genesee Region Home Care of Ontario County, Inc. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Long Term Care <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Clifton Springs Nursing Home <input checked="" type="checkbox"/> DeMay Living Center <input checked="" type="checkbox"/> Edna Tina Wilson Living Center <input checked="" type="checkbox"/> Park Ridge Living Center <input checked="" type="checkbox"/> Unity Living Center <input checked="" type="checkbox"/> ACM Laboratory <input checked="" type="checkbox"/> Ambulatory Surgery Center <input checked="" type="checkbox"/> Elder One - PACE <input checked="" type="checkbox"/> NonArticle 28 Practices (WNY) <input checked="" type="checkbox"/> PRCD, Inc. <input checked="" type="checkbox"/> RMHC
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	For purposes of this policy, "Rochester Regional Health" shall collectively refer to the affiliates identified in the header of the policy except those outside the U.S.
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Policy Statement:	<p>Standard Precautions will be used by all persons having contact with or providing care to a patient in any area of the health system, regardless of the patient's diagnosis or presumed infection status.</p> <p>Standard Precautions are to be practiced whenever there is likely to be contact with a patient's blood, body fluids, secretions, excretions, non-intact skin, mucous membranes, or contaminated items in their environment.</p>
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Definitions:	Standard Precautions are based on the principle that all blood, body fluid, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. It includes a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. The application of Standard Precautions during patient care is determined by the nature of the healthcare worker (HCW)-patient interaction and the extent of anticipated blood, body fluid, or pathogen exposure.
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Procedure:	<p style="text-align: center;">Components of Standard Precautions</p> <ol style="list-style-type: none"> 1. Hand Hygiene: Hand hygiene is necessary to prevent the transmission of infection to patients and healthcare workers by removing dirt, organic material, and transient microorganisms from hands. It is considered the single most important procedure for preventing healthcare-associated infections. See Policy IP7 - Hand Hygiene Policy. 2. Personal Protective Equipment: PPE is available to all staff. PPE available includes but is not limited to gloves, gowns, aprons, masks, eye protection, and resuscitation devices. Each staff member is responsible for knowing where the equipment is kept in their department. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated. PPE should not be worn in the hallways, unless staff is following Standard Precautions due to a perceived risk of exposure to a patient’s blood/body fluids or if they must physically assist a patient/resident who has a multidrug resistant organism (MDRO). 3. Gloves: Should fit properly and be worn when there is potential for contact with blood, bodily fluids, mucous membranes, non-intact skin; when handling soiled linen, equipment, or other items contaminated with blood, bodily fluids; when performing vascular access, invasive procedures, dental procedures, and autopsies. Gloves must be changed and hand hygiene performed between patients and when moving from a dirty to a clean task/body site. If a double set of gloves are worn, both sets of gloves must be changed and hand hygiene performed between patients or tasks. 4. Gowns or Aprons: Use during procedures and patient care activities when contact of clothing/exposed skin with blood/body fluids is anticipated. Do not wear the same gown for the care of more than one patient. Remove gown and perform hand hygiene before leaving the patient’s environment. Modified policy for Dialysis patients: See facility-
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specific Dialysis policy.

5. Mask, eye protection, face shield:

Use during procedures or patient care activities likely to generate splashes or sprays of blood, body fluids; contact with respiratory secretions (e.g. open suctioning and endotracheal intubation); when placing a central venous catheter (CVC) or injecting material into the spinal canal or subdural space. In addition to gloves, gown, and eye protection, wear a fit-tested N95 respirator during aerosol-generating procedures on patients with suspected or proven infections transmitted by respiratory aerosols.

Personal eyeglasses and contact lenses are *not* considered adequate eye protection. Masks must be changed if become moist. Masks, eye protection or face shields are to be removed prior to leaving the patient’s environment. Masks are not to be allowed to hang from the neck.

6. Respiratory Hygiene-Cough Etiquette:

To contain infectious respiratory secretions in symptomatic persons beginning at initial point of encounter (e.g. triage, reception), instruct the person to cover mouth/nose when sneezing/coughing; use tissues and dispose in appropriate receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation greater than 3 feet if possible.

- a. Visual alerts are posted at the entrance to Rochester Regional Health facilities, instructing patients to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette
- b. The following measures are recommended for all individuals with signs and symptoms of a respiratory infection to contain respiratory symptoms
 1. Cover the mouth and nose when coughing or sneezing
 2. Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use
 3. Offer a surgical/procedural mask if available
 4. Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials
- c. Rochester Regional Health ensures the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette at entrances and in waiting areas for patients and visitors, including:
 1. Tissues and no-touch receptacles for used tissue disposal
 2. Dispensers of alcohol-based hand sanitizer where sinks are not available
 3. Surgical/procedural masks

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d. During periods of increased respiratory infection activity in the community (i.e., identified and announced by the NYS Department of Health or the Department of Infection Prevention), offer masks to persons who are coughing. Either procedure masks or surgical masks may be used to contain respiratory secretions.

When space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas.

7. Needles and Other Sharps:

- Do not recap, bend, break, or hand-manipulate used needles. Sharps with engineered safety features should be used whenever available and safety feature activated prior to disposal.
- If recapping is required, use a one-handed scoop technique only.
- Used sharps and syringes should be placed in appropriately labeled, puncture-resistant containers which are placed so that the HCW can easily see the opening and reach horizontally to use.
[S80Attachment4.pdf \(rochesterregional.org\)](#)

8. Safe Injection Practices:

- Use aseptic technique to avoid contamination of sterile injection equipment. This includes cleaning the vial septum with alcohol prior to accessing the vial, even when the cap has just been removed.
- Do not administer medications from a syringe or from single-dose vials or ampules to multiple patients. Needles, cannulae, syringes, and fluid administration sets are sterile, single-use items that should not be reused for another patient.
- Do not use bags or bottles of IV solution as a common source of supply for multiple patients.
- If multidose vials must be used, the needle/cannula and syringe used to access the vial must be sterile.

9. Safe Handling of Potentially Contaminated Equipment and Surfaces:

- Handle in a manner that prevents transfer of microorganisms to others and to the environment.
- Wear gloves if potentially or visibly contaminated.
- Method and frequency of cleaning will be determined based on the type of equipment and how it has been used. See IP14 – Cleaning and Disinfection of Noncritical Patient Care Equipment.
- Follow procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient care

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areas.

10. Patient Resuscitation:

- Barrier devices (e.g. pocket masks, ambu bag, etc.) will be used during patient resuscitation to prevent contact with a patient’s mouth and oral secretions.
- Devices will be available for use in areas in which the need for resuscitation is predictable.
- The barrier device is considered contaminated and will be disposed of after each use.

11. Patient Placement:

Prioritize for single-use patient room if patient

- is at increased risk of transmission
- is likely to contaminate the environment
- does not maintain appropriate hygiene
- blood/body fluids cannot be contained
- is at increased risk of acquiring infection or developing adverse outcomes following infection

12. Textiles and Laundry:

- All soiled linen is considered potentially infectious
- Contaminated linen should be handled as little as possible with minimum of agitation. Do not shake soiled linen and avoid contact of the body and personal clothing.
- Use appropriate PPE to handle soiled linen (may include: gloves, gowns..) and place in an impervious bag in a container lined with an impervious lining at the point-of-use
- At no time should soiled linen be placed on the floor

Guidelines for Donning PPE

Perform hand hygiene before donning PPE. Then don PPE in the following order:

1. **Gown**

- Fully cover torso from neck to knees, arms to end of wrist, and wrap around to back.
- Fasten in back of neck and waist.

2. **Mask or Respirator**

- Secure ties or elastic bands at middle of head and neck.
- Fit flexible band to nose bridge.
- Fit snug to face and below chin.

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- Fit-check respirator.

3. **Goggles or Face Shield**

- Place over face and eyes and adjust to fit.

4. **Gloves**

- Use non-sterile gloves for standard or transmission-based precautions
- Select according to hand size
- Extend to cover wrist of isolation gown.

Guidelines for PPE Removal (Doffing)

Option 1

1. **Remove gloves**

- a. Outside of gloves are contaminated!
- b. If your hands get contaminated during glove removal, immediately clean your hands
- c. Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove. Hold removed glove in gloved hand
- d. Slide fingers of ungloved hand under remaining glove at wrist
- e. Peel glove off over first glove – turning inside out
- f. Discard gloves in waste container

2. **Remove gown**

- a. Gown front and sleeves are contaminated!
- b. If your hands get contaminated during gown removal, immediately clean your hands
- c. Unfasten neck then waist ties, taking care that sleeves don't contact your body when reaching for ties
- d. Pull gown away from neck and shoulders, touching inside of gown only
- e. Gown will turn inside out. Roll or fold into a bundle with dirty side in.
- f. Hold removed gown away from body. Discard in appropriate container.
- g. Perform hand hygiene

3. **Remove goggles or face shield**

- a. Front, outside of goggles or face shield is contaminated!
- b. If your hands get contaminated during goggle or face shield removal, immediately clean hands
- c. Remove goggles or face shield from the back by lifting head band or ear pieces
- d. Place in designated receptacle for reprocessing or in waste container if disposable

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4. Remove mask or respirator

- a. Front of mask/respirator is contaminated! DO NOT TOUCH!
- b. If your hands get contaminated during mask/respirator removal, immediately clean your hands
- c. Grasp bottom ties or elastics, then top ties or elastics/ear loops and remove without touching front
- d. Discard in waste container

Perform hand hygiene immediately after removing all PPE

Option 2

1. Remove gown and gloves

- a. Gown front and sleeves and the outside of gloves are contaminated!
- b. If your hands get contaminated during gown or glove removal, immediately clean your hands
- c. Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- d. While removing the gown, fold or roll the gown inside-out into a bundle
- e. As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container
- f. Perform hand hygiene

2. Remove goggles or face shield

- a. Outside of goggles or face shield are contaminated!
- b. If your hands get contaminated during goggle or face shield removal, immediately clean your hands
- c. Remove goggles or face shield from the back by lifting head band or ear pieces and without touching the front of the goggles or face shield
- d. If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container.

3. Remove mask or respirator


- a. Front of mask/respirator is contaminated — DO NOT TOUCH!
- b. If your hands get contaminated during mask/respirator removal, immediately clean your hands
- c. Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- d. Discard in a waste container

Perform hand hygiene immediately after removing all PPE.

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References:	Siegel JD, Rhinehart E, Jackson M, Chiarello L (Healthcare Infection Control Practices Advisory Committee). Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Centers for Disease Control and Prevention 2007.
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<i>Approvals</i>	<u>Signature</u>	<u>Name</u>	<u>Title</u>	<u>Date</u>
		Robert Mayo, MD	EVP, Chief Medical Officer	7/1/2022