Standard precautions are designed to reduce the risk of transmission of pathogens from blood or any other body fluids. These precautions apply to ALL patients.

Standard precautions apply to blood; all body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood; non-intact skin; and mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Standard precautions focus on the use of barriers to prevent contact with blood and all other body substances. Standard precautions do not rely on a diagnosis of infection to be made before precautions are instituted. Rather, by assuming that all blood and body fluids are potentially infectious, measures are taken to safely handle these body substances. In addition to handwashing, the consistent use of barriers, particularly gloves, by staff protects patients from the organisms that can be transmitted from patient-to-patient by personnel.

**GENERAL GUIDELINES**

+ **Handwashing** is the single most important measure to reduce the transmission of microorganisms. Hands will be washed for 15 seconds after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. Hands will also be washed immediately after glove removal, and between patient contacts (before and after each patient contact), and when otherwise indicated. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites. Use plain soap for routine handwashing. Use an antimicrobial soap for specific circumstances (i.e. control of outbreaks, resistant organisms, ICU’s, etc.).

+ **Gloves** will be worn (sterile or non-sterile, depending on the purpose for which they are to be used) when touching blood, body fluids, secretions, excretions and contaminated items. In addition, gloves will be worn for touching mucous membranes and non-intact skin. Gloves will be changed between tasks and procedures on the same patient. Gloves will be removed promptly and discarded after use, before touch uncontaminated items and environmental surfaces, and before going to another patient. Hands should be washed immediately thereafter. Using gloves is not a substitute for good handwashing before and after each patient contact.

+ **Masks, Eye Protection, Face Shields** will be worn to protect mucous membranes of the eyes, nose and mouth during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions and excretions.

+ **Gowns** will be worn (clean, non-sterile) to protect and to prevent soiling of clothing during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove gown barrier prior to leaving a patient's room and place in appropriate receptacle. Wash hands to avoid transfer of microorganisms to other patients or environment.

+ **Patient Care Equipment** will be handled in a manner to prevent skin and mucous membrane exposures, contamination of clothing, and the transfer of microorganisms to other patients and environments. Reusable equipment will be cleaned and reprocessed appropriately before use of another patient. Single-use items will be discarded.

+ **Environmental Control** procedures are in place for routine care, cleaning and disinfection of environmental surfaces and patient furniture. Gloves will be worn when cleaning up spills containing blood, body fluids, secretions or excretions. The spilled substance should be thoroughly wiped up using a disposable absorbent material (i.e. paper towels) which is then discarded as infectious waste. A hospital approved disinfectant or a sodium hypochlorite solution (1 part bleach to 9 parts water) should be applied to the area contaminated by the spill. The area should then be rinsed with tap water and dried. Use general purpose utility gloves (i.e. household rubber gloves) for non-patient contact (i.e. housekeeping) and for tasks that involve potential blood and body fluid contact but where a high level of manual dexterity is not required. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked or discolored, or if they have punctures, tears or other evidence of deterioration. Hands will not be used to pick up broken glass, sharp objects, etc.
Linen is treated as if contaminated with blood or body fluids and therefore does not require additional labeling or color-coding. Wet linen should first be placed in a plastic bag and then placed in a linen bag. Soiled linen will be handled in a manner to prevent skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.

Handling Specimens of blood or other potentially infectious materials shall be placed in a container such as a vacutainer, which prevents leakage during collection, handling, processing, storage, transport or shipping. If specimen containers become contaminated on the outside they must be thoroughly wiped of visible contamination with a disinfectant agent (e.g. alcohol swab) and placed in a plastic bag with a biohazard symbol prior to further handling or transport. Specimens that could puncture the primary container shall be placed in a secondary puncture-resistant container that is labeled with a biohazard symbol, or placed in a plastic bag prior to transport. Specimens being transported to an outside laboratory or institution must have either a biohazard label prominently affixed to the outside container or be placed in a red bag.

Occupational Health and Bloodborne Pathogens care should be exercised with needles, scalpels, and other sharp instruments or devices to prevent personnel from accidentally injuring themselves or coworkers. Needles WILL NOT BE RECAPPED, BENT OR CUT AFTER USE. Needles will never be removed from a syringe or a vacutainer holder, but they will be disposed of as a unit in a puncture-resistant container. However, if the department head can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure, recapping or needle removal must be accomplished using a mechanical device present on the top of needle containers or using a one-handed technique. Needles should never be placed in the patient's bed, or on environmental surfaces in the patient's room, or be left attached to the administration set and hung over the IV pole. Puncture-resistant containers are located in each patient's room and in other patient care areas (i.e. outpatient clinics). The puncture-resistant containers should be securely closed and placed in red bags when 2/3 full and replaced with a new container. DO NOT OVERFILL CONTAINERS. To minimize the need for emergency mouth-to-mouth ventilation, disposable resuscitation masks shall be readily accessible in areas where the need can be reasonably anticipated.

Post-exposure follow-up includes timely testing, counseling and chemoprophylaxis (when indicated) and is provided at no charge to all JHBMC employees who sustain an exposure to blood or body fluids. Employees must report exposure incidents immediately to their supervisor who will refer them to Employee Health Service (EHS), or in the event that EHS is closed, to the Shift Coordinator on duty. Refer to Needlestick/Exposure policy in the Infection Control Manual or Red Envelope. Hepatitis B vaccine is offered free of charge to all HCGH healthcare workers with the potential risk of blood/body fluid exposures.

I have read, understood, and received a copy of the above information. I understand that additional protective equipment and/or procedures may be required by my department and that my compliance to Standard Precautions procedures will be monitored by my supervisor and will be a component of my personal evaluation. I will attend the required education session on Standard Precautions. If I have any questions at any time, I should contact Infection Control, Occupational Health Services, or my supervisor.

PRINT NAME: ___________________________ DATE: ___________________________
SIGNATURE: ___________________________ DEPT: ___________________________