Standard Precautions Meeting Kit

Safe patient care begins with Standard Precautions. These are the minimum steps healthcare providers must follow when working with patients. These precautions are in place to help protect your employees from infection as well as to help prevent the spread of infection from one patient to another.

STANDARD PRECAUTIONS

1. **Perform Hand Hygiene**

a. When hands are visibly soiled.
b. After barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated by blood, saliva, or respiratory secretions.
c. Before and after treating each patient.
d. Before putting on gloves and again immediately after removing gloves.

Use soap and water when hands are visibly soiled (e.g., blood, body fluids); otherwise, an alcohol-based hand rub may be used.

1. **Personal Protective Equipment:** Personal protective equipment (PPE) refers to wearable equipment that is designed to protect from exposure to or contact with infectious agents. PPE that is appropriate for various types of patient interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) should be available. These include gloves, face masks, protective eye wear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat).

1. **Respiratory Hygiene/Cough Etiquette**

i. Cover mouths/noses when coughing or sneezing.
ii. Use and dispose of tissues.

iii. Perform hand hygiene after hands have been in contact with respiratory secretions.

a. Provide tissues and no-touch receptacles for disposal of tissues.
b. Provide resources for performing hand hygiene in or near waiting areas.
c. Offer masks to coughing patients and other symptomatic persons.

1. **Sharps Safety:** Most percutaneous injuries (e.g., needlestick, cut with a sharp object) involve burs, needles, and other sharp instruments. Implementation of the OSHA Bloodborne Pathogens Standard has helped to protect from blood exposure and sharps injuries. However, sharps injuries continue to occur and pose the risk of bloodborne pathogen transmission to patients.

Engineering and work-practice controls are the primary methods to reduce exposures to blood and OPIM from sharp instruments and needles. Whenever possible, engineering controls should be used as the primary method to reduce exposures to bloodborne pathogens. Engineering controls remove or isolate a hazard in the workplace and are frequently technology-based (e.g., self-sheathing anesthetic needles, safety scalpels, and needleless IV ports).

1. **Safe Injection Practices:** Safe injection practices are intended to prevent transmission of infectious diseases between one patient and another, or between a patient during preparation and administration of parenteral (e.g., intravenous or intramuscular injection) medications. Safe injection practices are a set of measures to follow to perform injections in the safest possible manner for the protection of patients. Unsafe practices that have led to patient harm include 1) use of a single syringe – with or without the same needle – to administer medication to multiple patients, 2) reinsertion of a used syringe – with or without the same needle – into a medication vial or solution container (e.g., saline bag) to obtain additional medication for a single patient and then using that vial or

solution container for subsequent patients, and 3) preparation of medications in close proximity to contaminated supplies or equipment.

2. **Sterilization and Disinfection of Patient-Care Items and Devices:** Instrument processing requires multiple steps using specialized equipment. Have policies and procedures in place for containing, transporting, and handling instruments and equipment that may be contaminated with blood or body fluids. Manufacturer's instructions for reprocessing reusable instruments and equipment should be readily available—ideally in or near the reprocessing area. Most single-use devices are labeled by the manufacturer for only a single use and do not have reprocessing instructions. Use single-use devices for one patient only and dispose of appropriately.

Cleaning to remove debris and organic contamination from instruments should always occur before disinfection or sterilization. If blood, saliva, and other contamination are not removed, these materials can shield microorganisms and potentially compromise the disinfection or sterilization process. Automated cleaning equipment (e.g., ultrasonic cleaner, washer-disinfector) should be used to remove debris to improve cleaning effectiveness and decrease worker exposure to blood. After cleaning, dried instruments should be inspected, wrapped, packaged, or placed into container systems before heat sterilization. Packages should be labeled to show the sterilizer used, the cycle or load number, the date of sterilization, and, if applicable, the expiration date. This information can help in retrieving processed items in the event of an instrument processing/sterilization failure.

1. **Environmental Infection Prevention and Control:** Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens, including clinical contact surfaces (e.g., frequently touched surfaces such as light handles, bracket trays, switches on dental units, computer equipment) in the patient-care area. When these surfaces are touched, microorganisms can be transferred to other surfaces,

instruments or to the nose, mouth, or eyes of DHCP or patients. Although hand hygiene is the key to minimizing the spread of microorganisms, clinical contact surfaces should be barrier protected or cleaned and disinfected between patients. EPA-registered hospital disinfectants or detergents / disinfectants with label claims for use in health care settings should be used for disinfection. Disinfectant products should not be used as cleaners unless the label indicates the product is suitable for such use.

FINAL WORD

Hazard precautions is a two-fold minimum application health care workers must follow. Firstly, help prevent the spread of infection from one patient to another patient. Secondly, protect and secure fellow co-workers from infection.