

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XIII-138 STANDARD PRECAUTIONS	POLICY #: 1096
	VERSION: 1
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PURPOSE: To prevent or minimize occupational exposure to blood and body fluids and other potentially infectious materials (OPIM). These practices are designed to both protect the employee and to prevent employees from spreading infections among patients.

POLICY: Standard Precautions are the minimum infection preventive practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient in any setting where healthcare is delivered. Standard Precautions are to be observed in all patient care areas and in all patient care activities.

PROCEDURES:

I. PRECAUTIONS

A. Hand Hygiene:

1. Employees are to perform hand hygiene immediately or as soon as feasible after contact with blood or OPIM or after removing their gloves or other personal protective equipment. If other skin or body area is exposed to blood or OPIM it is to be washed with soap and water, or mucous membranes are to be flushed with water, immediately or as soon as feasible.
2. Also see Hand Hygiene Policy.

B. Personal Protective Equipment (PPE):

1. PPE is provided to all employees including, gloves, masks, eye ware, face shields, gowns (fluid resistant) or aprons. Such PPE will not permit blood or OPIM to pass through to or reach the employee's clothing, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the PPE will be used.
2. Employees shall wear PPE appropriate for the type of occupational exposure reasonably anticipated during the normal performance of their tasks.

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C. Work Practices:

1. **Specimens:** are to be placed into a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. If outside contamination of the primary container occurs, it should be placed within a secondary container. Specimen is to be placed in a plastic biohazard labeled bag or marked as a specimen before being transported.
2. Employees shall avoid splashing, spraying, spattering, or generation of droplets whenever blood or OPIM are handled. Any spill should be cleaned up promptly with an approved disinfectant solution in appropriate dilution ratios (see Blood/Body Fluid Spills below).
3. Employees shall not eat, drink, smoke, or perform personal activities (e.g. applying lip balm, handling contact lenses) in work areas where there is a reasonable likelihood of occupational exposure to blood or OPIM.
4. Employees shall not keep food or drink in any freezers, refrigerators, shelves, cabinets, or on counter tops or bench tops where blood or any other potentially infectious material are present.
5. **Resuscitation Equipment:** Ambu-bags, mouthpieces or other ventilation devices should be used for CPR.
6. **Soiled Linen:** should be handled as little as possible. Gloves should be worn to handle soiled linen with blood or body fluids. Linen will be bagged in an impervious bag or placed in a container lined with an impervious lining.
7. **Waste:** should be bagged in impervious bags (see Medical Waste Management Policy).

D. Engineering Controls:

Engineering controls or tools, such as sharps disposal containers or needleless IV systems, sharps safety devices which isolate or remove the bloodborne pathogen hazards from the workplace are to be used whenever possible.

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II. SHARPS INJURY PREVENTION

A. Health Care Workers (HCWs) are to:

1. be provided with safe sharps devices, per the protocols outlined in the Bloodborne Pathogens Exposure Control Plan for the evaluation and selection of safe sharps devices.
2. activate the safe sharps devices immediately after use.
3. not bend, hand-recap, shear or break contaminated needles or sharps.
4. recap or remove contaminated needles from disposable syringes only when medically necessary, using a mechanical device or a one-handed technique.
5. dispose of all needles and other sharps he/she uses into an approved sharps container promptly after use (or as designated by Operating Room protocols, e.g., tracking protocols).

B. Sharps containers shall be:

1. easily accessible to personnel and located as close as possible to the immediate area where sharps are used.
2. if wall mounted, appropriately mounted at height for viewing of opening by users. Any inappropriately mounted sharps containers should be reported immediately for correction of placement.
3. maintained in an upright position.
4. replaced and disposed of when $\frac{3}{4}$ full.
5. closed immediately prior to replacement or removal from the use area to prevent spillage or protrusion of contents during handling, storage or transport. If leakage is possible, the entire unit should be placed in a closeable, leak-proof, Biohazard labeled and/or color-coded secondary container.

C. Safe Sharps Devices:

1. Employee orientation and training will include proper use of safe sharps devices and written policies that require safe handling of needle devices.
2. The safe sharps devices will be examined and maintained/evaluated and replaced annually or as needed to ensure introduction of new devices and engineering controls.

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III. SAFE INJECTION PRACTICES (SIP)

Safe injection practices specify adherence to basic principles of aseptic technique for the preparation and administration of parenteral medications. These include:

1. Use aseptic technique to avoid contamination of sterile injection equipment.
2. Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed.
3. Needles, cannulas and syringes are sterile, single-use items; they are not to be reused for another patient or to access a medication or solution that might be used for a subsequent patient.
4. Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose of appropriately after use.
5. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
6. Use single-dose vials for parenteral medications whenever possible.
7. Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
8. If multi-dose vials must be used, both the needle or cannula and syringe used to access the multi-dose vial must be sterile.
9. Do not keep multi-dose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
10. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

IV. Environmental Cleaning

- A. Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens, including those in close proximity to the patient (e.g., bedrails) and frequently-touched surfaces in the patient-care environment.
- B. Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in healthcare. Follow manufacturer's recommendations for use

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of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, and disposal)

V. Respiratory Hygiene Etiquette

- A. Respiratory Hygiene/Cough Etiquette applies broadly to all persons who enter the High Desert Health System, including healthcare personnel, patients, their accompanying family members and visitors with undiagnosed transmissible respiratory infections, and applies to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions.
- B. Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing throughout the duration of the visit.
 - a. Post signs at entrances with instructions to patients with symptoms of respiratory infection to:
 - i. Cover their 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.
 - b. Provide tissues and no-touch receptacles for disposal of tissues
 - c. Provide resources for performing hand hygiene in or near waiting areas
 - d. Offer masks to coughing patients and other symptomatic persons upon entry to the facility
- C. Physical proximity of <3 feet has been associated with an increased risk for transmission of infections via the droplet route, thus it is recommended to distance infected/symptomatic persons from others who are not infected/symptomatic.
- D. Fever will be present in many respiratory infections; however, the absence of fever does not always exclude a respiratory infection.
- E. Healthcare personnel should observe Droplet Precautions (i.e., wear a mask) or Airborne Precautions (when indicated) and hand hygiene when examining and caring for patients with signs and symptoms of a respiratory infection.

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- F. Healthcare personnel who have a respiratory infection are advised to avoid direct patient contact, especially with high risk patients. If this is not possible, then a mask should be worn while providing patient care.

VI. MANAGEMENT OF BLOOD/BODY FLUID SPILLS

All spills of blood or body fluids from any patient must be treated as contaminated. Don disposable gloves and wipe area clean with disposable towels. Disinfect the area with an appropriate disinfectant solution in appropriate dilution ratios, per the manufacturer's instructions and appropriate contact time (e.g., Quaternary Ammonium, Quaternary Ammonium/Alcohol, Bleach/water 1:10). Place disposable used towels in a biohazard-labeled plastic lined trash container. Remove gloves and perform hand hygiene.

NOTE: If broken glass is present, do not pick up directly with your hands. Use a mechanical means such as a brush and dustpan, tongs or forceps to pick up the glass.

VII. BLOOD/BODY FLUID EXPOSURES

- A. Employees exposed to blood or body fluids are to **immediately:**
1. Wash the affected area(s). If skin is exposed clean with soap and water. If eyes, nose or mouth are exposed rinse thoroughly with copious amounts of water or normal saline.
 2. Instruct the source patient (if known) to stay for further instruction (Supervisor or designee will request source patient to be tested).
 3. Report the exposure to a Supervisor (or designee) immediately.
 4. Complete the occupational exposure forms provided by the Supervisor.
 5. Receive a confidential follow-up post-exposure medical evaluation and treatment by a physician. This follow-up should occur ASAP (as soon as possible) within two (2) hours of the exposure, per the Bloodborne Pathogens Exposure Control Plan and the Post Exposure to Bloodborne Pathogens Policy.
 6. If an employee refuses or declines treatment, the Office of Human Resources protocols and forms for declination of treatment are to be followed.
- B. Bloodborne pathogens may be found in blood and other body fluids or OPIM such as saliva, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and any other

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body fluids visibly contaminated with blood. They may also be present in unfixed tissue or organs other than intact skin from living or dead humans, cell or tissue cultures, culture media or similar solutions.

VIII. COMPLIANCE REQUIREMENT

- A. Standard Precautions are written per the requirements of the Cal-OSHA Regulations.
- B. Employees who habitually and/or willfully fail to comply with the mandatory methods of compliance are subject to disciplinary action, job reassignment or termination. This applies to all information contained in this document.

REFERENCES:

California Code of Regulations, Title 8, and Section 5193.
 CDC, Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 (HICPAC), 2007; 1-219.

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