

# Infection Prevention Guidelines

## Standard Precautions

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### Summary

**These guidelines aim to provide all trust staff with the relevant information about control measures required to reduce the risk of exposure from blood/body fluids from any source by encouraging safe working practices i.e standard precautions.**

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## 1 Introduction & Scope

It is not possible to identify all of those who are colonized or infected with pathogens, for example Methicillin Resistant Staphylococcus Aureus (MRSA), Human Immunodeficiency Virus (HIV), hepatitis virus or others. It is necessary therefore that all patients should be considered potentially infectious.

A minimum standard of hygiene and protection must be applied by all health care workers throughout their working day in the clinical environment. Precautions must be used to minimise the risk of contamination or infection by blood/body fluids, regardless of the presence of clinical disease or diagnosis. This means that safe practice must not be based on diagnosis of disease or infection, but on the degree of risk of exposure to blood/body fluids from any patient.

## 2 Definitions

**Standard Precautions** - the term denotes the basic minimum standard of hygiene to be applied throughout all contact with blood or body fluids from any patient or source regardless of diagnosis or infection status.

**Personal Protective Equipment (PPE)**-refers to the clothing i.e aprons, gloves, masks and eye protection that are worn to protect the wearer from potential contamination of body fluids or hazardous substances. They also protect the patient from cross contamination.

**Health Care Workers (HCW)** - all staff who have regular clinical or social contact with patients or clinical specimens.

**Infection Prevention Team (IPT)**-a group of staff who work as a team to help prevent Healthcare Associated Infections (HCAI) and ensure policies are complied with.

**Health Care Associated Infections (HCAI)** - HCAI are infections that are acquired as a result of healthcare interventions. There are a number of factors that can increase the risk of acquiring an infection, but high standards of infection control practice minimise the risk of occurrence.

### 3 Overview

Standard precautions are required for the care and treatment of all patients, regardless of their perceived or confirmed infectious status, and in the handling of:

Blood (including dried blood);

All other body fluids, secretions and excretions (excluding sweat), regardless of whether they contain visible blood;

Non intact skin and mucous membranes.

**The use of standard precautions is the essential primary risk based approach required to minimise transmission of health care associated infection because:**

Infectious patients may not show any signs or symptoms of infection that may be detected in a routine history and medical assessment.

A patient's infectious status is often determined by laboratory tests that may not be completed in time to provide specific isolation practices.

Patients may be infectious before laboratory tests are positive or symptoms of disease are recognised.

People may be placed at risk of infection from those who are asymptomatic but still infectious.

The implementation of standard precautions minimises the risk of transmission of infection from person to person, even in high-risk situations. **Standard precautions should be practised during clinical practice for all patients.**

It is important to remember that bacteria and other micro-organisms are identified as substances hazardous to health under the Control of Substances Hazardous to Health regulations 2002.

## 4 Trust Associated Documentation

YHFT [Version 1] Infection Prevention Policy for the Decontamination of Reusable Medical Devices and the Environment CLIN.IC19

YHFT [Version 10] Infection Prevention Policy for Effective Hand Hygiene CLIN.IC12

YHFT [Version4] Infection Prevention Isolation Policy CLIN.IC8

YHFT [Version 4] Laundry Guidelines CLIN.IC9

YHFT [Version 2] Safe Use, Handling and Disposal of Sharps

## 5 External References

1. EPIC 2 – <http://staffroom.ydh.yha.com/infection-prevention/external-links/epic-3>
2. WHO Guidelines on Hand Hygiene in Health Care. First Global Patient Safety Challenge Clean Care is Safer Care. 2009. [http://whqlibdoc.who.int/publications/2009/9789241597906\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf)
3. Control of Substances Hazardous to Health Regulations 2002 <http://www.hse.gov.uk/coshh/basics/substance.htm>

## 3 Appendices

<a href="#">Appendix A</a>	Applicable body fluids
<a href="#">Appendix B</a>	Standard Precautions
<a href="#">Appendix C</a>	Standard Precautions Door notice

## **Appendix A - Body fluids to which the basic minimum standards of hygiene must apply**

Blood

Urine

Faeces

Vomit

Cerebrospinal Fluid

Pleural Fluid

Pericardial Fluid

Synovial Fluid

Amniotic Fluid

Semen

Vaginal Secretions

Breast milk

Saliva in association with dentistry

Unfixed tissues and organs

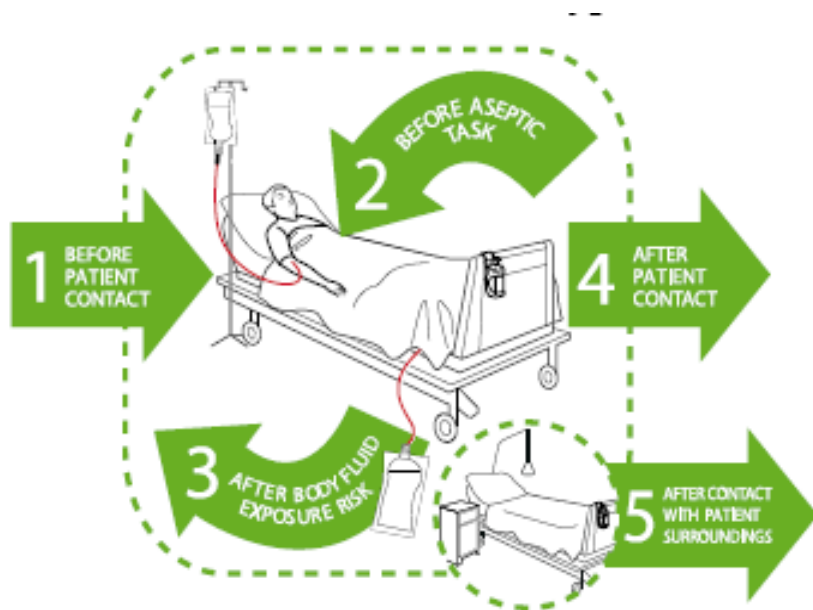
Any other body fluid containing visible blood

## Appendix B – Standard precautions

**Hand Hygiene** - For detailed advice refer to the Infection Prevention Policy for Effective Hand Hygiene

<http://staffroom.ydh.yha.com/policies-and-procedures/clinical/infection-prevention/effective-hand-hygiene/view>)

### WHO-5 moments for hand hygiene



### ***Level of hand decontamination and preparation required***

Disinfectant hand gel is recognised as the most convenient and effective method of hand decontamination where hands are not visibly soiled.

Effective hand washing with a liquid soap will remove transient micro organisms and render hands *socially clean*. This level of decontamination is sufficient for general social contact and most clinical care activities.

Disinfectant-based hand rubs are not effective in removing dirt, soiling, or *Clostridium difficile* spores, therefore hands *must* be washed with soap and water to remove visible dirt/soiling and

when caring for patients with *Clostridium difficile* and diarrhoeal/vomiting illness **before** disinfectant gel is applied.

Whichever solution is chosen, it must be acceptable to the user in terms of care of application, time, access and dermatological effects.

### **Personal Protective Equipment (PPE)**

The aim of PPE is to protect staff and patients and reduce opportunities for transmission of micro organisms.

The decision by the HCW to wear PPE must be based on

- a) The degree of risk of exposure to blood/body fluids from *any* patient.
- b) The risk to the patient of transmission of microorganisms.
- c) The risk to the health care worker of contamination of clothing and skin by patient's blood or bodily fluids

**Gloves** - Gloves are required for:

- Exposure to blood and body fluids from any patient
- Exposure of non intact skin
- Exposure to chemicals or hazardous substances (COSHH)

Staff with dermatological concerns must be referred to Occupational Health

### **Sharps disposal**

It is the users' responsibility to dispose of sharps safely into an approved sharps container that is secured into a sharps tray/holder at the point of use (see <http://staffroom.ydh.yha.com/policies-and-procedures/clinical/infection-prevention/safe-use-handling-and-disposal-of-sharps-policy/view> )

### **Sharps injuries**

Refer to the Needlestick, Sharps and Splash Injuries Guidelines and procedure)



## **Isolation**

Isolation is required when infection is suspected or proven and there is a risk of spread to other patients.

Isolation is also required to protect the immunocompromised that are at risk from environmental organisms and those carried by staff and visitors.

Effective and timely isolation of infected patients (suspected or proven infection) into single rooms is necessary to reduce the spread of the infection. Liaise with bed Managers if single rooms are unavailable.

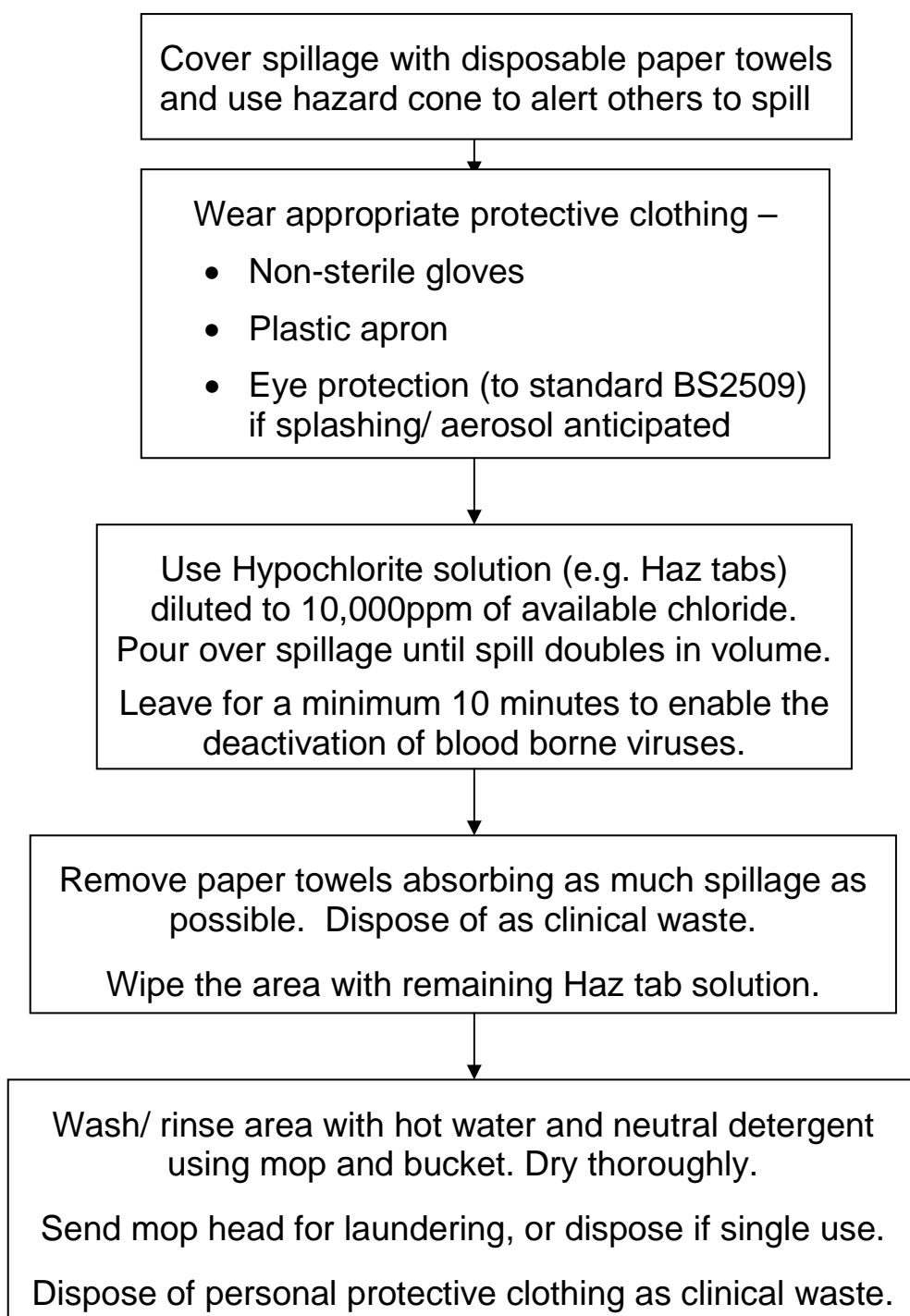
The appropriate door notice must be displayed that outlines the precautions required specific to the infection being isolated.

See **Isolation Policy** (<http://staffroom.ydh.yha.com/policies-and-procedures/clinical/infection-prevention/isolation-procedures/view>)

## **Control of Substances Hazardous to Health (COSHH)**

Biological agents such as bacteria and other micro-organisms, and chemicals e.g. chlorine, can put people's health at risk. The law requires employers to control exposure to these types of hazardous substances to prevent ill health. They have to protect both employees and others who may be exposed by complying with [The Control of Substances Hazardous to Health Regulations 2002 \(COSHH\)](#). It is the responsibility of all employees to make proper use of control measures and undergo training and instruction as required.

## Spillages of Blood/Body Fluids - Procedure for dealing with blood spillages from any patient/ source



### In the event of eye or skin contact with hypochlorite solution –

- Wash area with copious amounts of water. Consult Occupational health or Emergency Department

## **Waste Management**

**Clinical waste-** e.g. dressings, swabs, giving sets etc; take an appropriate small bag to the patients' bedside, dispose of waste into the bag, tie at the neck and dispose of into a large orange bag in the sluice

**Offensive Waste-** e.g. – sanitary towels, nappies take an appropriate small bag to the patients' bedside, dispose of waste into the bag, tie at the neck and dispose of into a large striped bag in the sluice

**Anatomical waste-** e.g. foetal tissue, limbs, theatre waste- dispose of into yellow bag

**General Domestic Waste-** e.g. paper towels, plastic cups- dispose of into black bag

Refer to trust waste management policy for further clarification

### **Used linen**

Used linen must be placed into a white plastic (non soluble and non-permeable) bag and tied securely. Bags must not be overfilled to facilitate secure closure.

### **Soiled, Fouled and Infected Linen**

Soiled, Infected and fouled linen should be placed in a red hot water soluble plastic bag and then into a white outer plastic (non soluble) bag. It should be disposed of as described in above.


When entering a room with a case of infection, leave the linen skip outside the room take the water soluble bag into the room dispose of linen tie at the neck then place in the white bag outside the room.


The bag must be sealed at the neck with tape that indicates the linen is infected.

### **ii. Theatre linen**









All linen used in the operating theatre must be placed in a red hot water soluble plastic bag and then into a white outer plastic (non soluble and non-permeable) bag.

## Appendix C Door Notice For Standard Precautions



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# Standard and Contact Precautions

	<b>Single Room</b>	Door must be kept closed - any exceptions upon the agreement of the Infection Prevention Team
	<b>Visitors</b>	Visitors please report to the nurse in charge before entering the room
	<b>Documentation</b>	Must be kept outside room
	<b>Aprons and Gloves</b>	Must be worn if there is a risk of contamination from blood or bodily fluids
	<b>Waste</b>	Dispose of in room as per Waste Management Policy (via Staff Room Corporate Policy)
	<b>Linen</b>	Refer to Laundry Guidelines (via Infection Prevention site on Staff Room)
	<b>Hands</b>	Effective hand hygiene before and after contact with patient / or environment
	<b>Cleaning</b>	With micro-fibre or disposable cloths and neutral detergent. Patient equipment i.e. commodes and bedpans to be cleaned with detergent / disinfectant wipes