



## Standard Precautions

### Key Points

**Standard Infection Prevention Control Precautions must be used in the care of ALL patients in EVERY healthcare setting**

### Introduction

Standard precautions are a set of activities which must be used for all patients cared for within all healthcare settings. They are designed to prevent the transmission of microorganisms between patients.

We do not always know which patients have microorganisms that can cause infection. Therefore standard precautions are used in the care of **ALL** patients in **EVERY** healthcare setting.

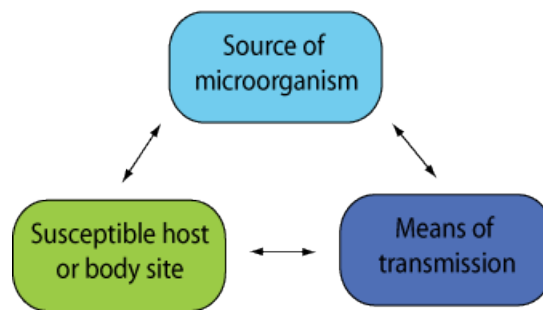
Standard precautions include:

- Hand hygiene
- Appropriate use of gloves
- Appropriate use of aprons and other personal protective equipment
- Appropriate handling and disposal of waste and sharps
- Appropriate handling and management of clean and used linen
- Isolation of patients with certain infections
- Keeping the healthcare environment free of clutter for ease of cleaning
- Appropriate decontamination of healthcare equipment in line with IPC principles and manufacturer's instructions.



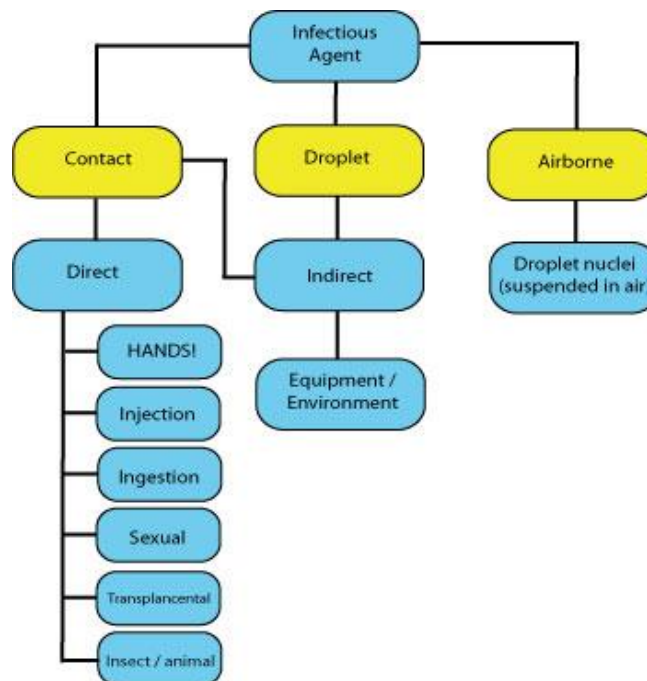
The spread of infection requires three elements:

### Infection Elements



### Means of Transmission

An infectious agent may be transmitted by contact (direct or indirect); droplets or by being airborne (inhalation of respiratory particles.)





In the case where a patient is known (or suspected) to have a transmissible infectious microorganism then Transmission Based precautions are used IN ADDITION to Standard Precautions. Transmission Based precautions target the three means of transmission (contact, droplet and airborne). Details of Transmission Based Precautions can be found in the following section of these guidelines.

## Guidance

### Environment

- Keep surfaces free of clutter for ease of cleaning.

### Hand Hygiene / Skin Protection

- Before and after direct all contact with patients, their immediate environment and contaminated items.
- After removing protective clothing, especially after glove removal and after touching a face mask.
- Before carrying out an aseptic technique.
- All cuts and abrasions must be covered with a waterproof dressing.
- See Hand Hygiene

### Disposable Gloves

- When in contact with blood or body fluids, secretions, excretions and contaminated items e.g. linen or dressings.
- Before touching mucous membranes and non-intact skin.
- **Note:** For patients known to have infectious conditions gloves must be discarded immediately after use and changed between patients. Gloves may also be required to be changed between procedures on the same patient
- **Ensure you choose the correct glove**



### Disposable Plastic Aprons

- Wear aprons when in direct contact with the patient and handling infected items, dressings etc. or working around the patient's bed.
- Use in instances when splashing/contamination is anticipated.
- Aprons must always be changed between patients, after carrying out a 'dirty' procedure and before carrying out an aseptic technique.
- See Personal Protective Equipment

### Masks / Eye Protection / Face Shields

- To protect eyes and mucous membranes of the healthcare worker when carrying out procedures where contamination with blood or body fluids is likely.
- A fluid shield mask is generally sufficient.
- If the patient has a severe cough and is not compliant with instruction to cover their mouth with a tissue, staff should wear a fluid shield mask.
- When MDR TB/XDR TB/SARS/Avian flu is suspected an FFP3 mask\* must be worn by the healthcare worker when in contact with the patient.
- Where aerosol generating procedures are being carried out on patients with confirmed or suspected pulmonary TB an FFP3 mask\* must be worn.
- **\*FFP3 masks must be properly 'fit checked' every time they are applied.**
- Ensure you choose the right Mask

### Clinical Waste / Sharps Disposal

- Dispose of all waste promptly into the appropriate bag or container.
- Dispose of sharps into a sharps bin.
- Do not resheath needles unless there is a safe means of doing so.
- All waste bags/containers should be no more than  $\frac{3}{4}$  full.
- All waste must be sealed with a traceable tag before removal to the disposal hold area. The identification label on rigid containers must be completed.

### Linen / Bed Screens / Curtains

- Never discard sheets onto the floor. Always use the correct colour coded bag.
- Always deal with linen at the bedside.
- Used sheets must be rolled or folded carefully before disposal to prevent airborne dispersal of skin cells.
- 'Infected' linen should be placed into a water-soluble bag before being placed into an appropriate water proof outer bag.
- Bed screens/curtains must be changed if visibly soiled, after a patient with an infectious condition has been discharged and routinely not less than every six months.



## Equipment

- Any equipment (including a doctors' stethoscope) that is used for more than one patient must be decontaminated between patients.
- Decontamination will include cleaning, and may be followed by disinfection or sterilisation depending on the piece of equipment.
- Manufacturer's guidance must be followed.
- Appropriate Personal Protective Equipment should be worn.

## Blood Spills (or spillages of bodily fluids stained with blood)

- Must be cleaned up immediately by using 10,000ppm chlorine releasing agent, or use granules.
- In the patients' own home use detergent and water.
- Appropriate Personal Protective Equipment should be worn.
- Always use safely under COSHH regulations & DO NOT use chlorine releasing agents in confined space or directly onto spills of urine or vomitus.

## Isolation of Patients

Patients presenting with the following should be isolated in a single room pending further investigation of infectious status:

- vomiting or diarrhoea if there is no clear non- infective aetiology;
- inter-hospital transfers of patients known to be colonised with MRSA or other multi-resistant bacteria;
- patients admitted from anywhere (home or other healthcare settings) with a history of colonisation with MRSA or other multi-resistant bacteria;
- newly diagnosed (or suspected) open pulmonary tuberculosis;
- undiagnosed rashes and fevers.

If any of the following are suspected the patient MUST be placed in an isolation room with negative pressure ventilation:

- Chicken Pox
- Multi-Drug Resistant Tuberculosis (MDR TB)
- Measles
- SARS or Avian influenza

**Note** – the febrile returning traveller should be assessed for presence of infectious diseases endemic to the region they have come from. If in doubt, contact a member of the local Infection Prevention and Control Team.

See Isolation of Patients





## References

1. Chalmers C, Straub M. Standard principles for preventing and controlling infection. Nursing Standard 2006 Feb 15-21;20(23):57-65; quiz 66.
2. Royal College of Nursing. Good practice in infection prevention and control – guidance for nursing staff. Available at [http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0003/78654/002741.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0003/78654/002741.pdf)
3. Ayliffe GAJ, Fraise AP, Geddes AM, Mitchell K. Control of hospital infection. A Practical Handbook. 4th Edition 2000 Oxford: Butterworth and Heinemann