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| **Standard Precautions** |
| **Policy** | This policy provides guidance for STANDARD PRECAUTIONS. |
| **Purpose** | * Children’s Minnesota Laboratory staff are to follow standard precautions with all patients and patient samples, regardless of their diagnosis or presumed infection status.
* Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.
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| **Precautions** | * All blood, tissue, body fluids, secretions and excretions are considered potentially infectious.
	+ Place all samples in leak-proof containers with a secure lid to prevent leakage during transport.
	+ Take care when collecting specimens to avoid contaminating the outside of the container.
	+ Paperwork should not be packaged in contact with the specimen.
* Quality control and proficiency testing materials, as well as calibrators, are handled like all other potentially infectious laboratory samples.
* All persons processing samples are required to wear appropriate personal protective equipment (PPE). Facial barriers are required if splashes or sprays of blood or body fluids can occur.
	+ Personnel that do not comply with the PPE requirements are subject to corrective action (See [SA 10.04 Personal Protective Practices](https://starnet.childrenshc.org/References/labsop/gen/safety/sa/sa10.04-personal-protective-practices.pdf)).
* Class II Biological Safety Cabinets should be used whenever procedures are conducted that have a potential for aerosolization or droplet formation.
	+ Includes initial processing and plating of microbiological specimens.
* Use mechanical pipetting devices for manipulating all liquids in the laboratory. Mouth pipetting is prohibited.
* Needles and syringes should be used with caution.
	+ Handle needles, scalpels, broken glass and other sharps with extreme caution.
	+ Handle all sharp objects with mechanical objects or using one-handed techniques, e.g., forceps, mechanical safety device to remove scalpel blades.
	+ Used needles should never be purposely bent, broken by hand, resheathed, recapped by hand, or removed from disposable syringes or blood collection devices.
* Never pick up broken glass with gloved or bare hands.
	+ Use forceps, disposable plastic scoops, tongs, or hemostats to pick up broken glass.
	+ Dispose of broken glass into a sharps container.
* Do not use broken or chipped glassware. Discard into a sharps container.
* All sharps are to be placed in a clearly labeled, puncture-resistant container (sharps container) after use.
	+ To prevent overfilling and possible accidents, once sharps containers are three-quarters filled, lids are placed on the containers and sealed and disposed properly.
* Work areas should be decontaminated with an appropriate chemical germicide after a spill with blood or other body fluids.
* Contaminated material should be placed in containers and disposed as infectious waste.
* Hands and other skin surfaces must be washed immediately and thoroughly if there is contact with blood, body fluids, or other potentially infectious materials (OPIM).
	+ Wash hands after gloves are removed and after completing laboratory activities.
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|  | * Gloves, safety glasses and face shields that are utilized for technical work in the laboratory must be removed before leaving the laboratory.
	+ A separate face shield or pair of safety glasses should be reserved for patient-facing scenarios that occur outside of the laboratory.
* Lab coats must be removed before entering clean areas, e.g., lab lounge, hospital dining room, lab offices, bathrooms. Lab coats should only be used outside of the laboratory for safety-related personal protection.
* When interacting with patients, follow Children’s Hospital isolation procedures and instructions (see hospital policies for specific transmission-based precautions e.g., contact, airborne, enteric).
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| **Supporting Documents** | [SA 10.03 Hand Hygiene](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Safety/SA/207672.pdf)[SA 10.04 Personal Protective Practices](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Safety/SA/205901.pdf)[SA 10.08 Biohazard or Infectious Material Spill Cleanup](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Safety/SA/208314.pdf)[1201.01 Standard Precautions for Infection Prevention and Control](http://khan.childrensmn.org/manuals/policy/1200/005603.pdf) |
| **References** | 1. CLSI. Clinical Laboratory Safety; Approved Guideline-Third Edition. CLSI document GP17-A3. Wayne, PA: Clinical and Laboratory Standards Institute; 2012.
2. CLSI. Protection of Laboratory Workers from Occupationally Acquired Infections; Approved Guideline-Fourth Edition. CLSI document M29-A4. Wayne, PA: Clinical and Laboratory Standards Institute; 2014.
3. OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030).

<https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051> |
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| **Historical Record** | **Version** | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** |
| 1 |  |  | Initial  |
|  | 2 | Kerstin Halverson | 07/01/2003 |  |
|  | 3 | Carol Buhl | 03/31/14 | Reformatted.Renumbered from 10.1.Added precautions list.Added supporting documents.Added references. |
|  | 4 | Carol Buhl & Lab Safety Committee | 03/17/17 | Added information about handling broken glass.Added link to OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030. |
|  | 5 | Carol Buhl & Lab Safety Committee | 03/27/2019 | Updated references. |
|  | 6 | Andrew Fangel | 09/23/2019 | Updated guidelines for lab coat usage outside of the laboratory. Clarified PPE that must be removed before leaving laboratory.  |