

STANDARD PRECAUTIONS PROTOCOL

PURPOSE

To outline the qualified clinical team member's responsibilities in preventing parenteral, mucosal and non-intact skin exposure of health care workers (HCW's) to potential pathogens in moist body substances.

SUPPORTIVE DATA

- WISHA Bloodborne Pathogens Standard WAC 296-62-8001.
- CDC Guidelines on Management of Multi-drug resistant organisms in the healthcare settings. 2006.
- Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Healthcare Facilities: Recommendations of CDC and Healthcare Infection Control Practices Advisory Committee (HICPAC). MMWR 2003; 52 (No.RR-10): 1-48.
- Centers for Disease Control and Prevention Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007).
- Smith,S., Duell, D., Clinical Nursing Skills – Nursing Process Model Basic to Advanced Skills, Appleton & Lange, Reference Textbook, 7th Edition.
- Bloodborne Pathogens Exposure Control Plan, Green Administrative Standards Manual #100.00.
- Infectious/Regulated Waste Management Plan, Green Administrative Standards Manual #160.00.
- Airborne Disease and Tuberculosis Control Plan, Green Administrative Standards Manual #195.00.
- Hand Hygiene Protocol #931.00
- Infection Control Protocol #939.50

CONTENT

Standard Precautions is an infection prevention and control strategy in which all moist body substances and tissues including, but not limited to blood, cerebrospinal, peritoneal, pericardial, pleural, amniotic fluids, urine, fecal material, breast milk, non-intact skin and mucous membranes are considered potentially infectious regardless of diagnosis.

PROTECTION

HCW's are protected from exposure to potential pathogens through implementation of Standard Precautions. Standard Precautions apply for all patients regardless of diagnosis or presumed infectious status. Standard Precautions applies to: 1) Blood; 2) All body fluids, secretions and excretions except sweat; 3) Non-intact skin; and 4) Mucous membranes.

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1. Hand Hygiene (handwashing and alcohol based hand gel/foam sanitizers use) - Wash hands promptly and thoroughly between patient contacts and after contact with blood, body fluids, secretions, excretions and equipment or articles contaminated with them. Alcohol-based hand sanitizers may be used in the absence of organic material on hands.
2. Personal Protective Equipment - (PPE) - Specialized protective equipment or clothing, which provides for a mechanical barrier between the HCW and potentially infectious material. (Gloves, mask, gowns, goggles, face shields, surgical caps, booties, N95 respirators, PAPR hoods, etc.)
3. Respiratory Hygiene/Cough Etiquette – cough into a tissue or your upper sleeve, perform hand hygiene after coughing or sneezing, post signage, don a mask.
4. Administrative and Work Place Practices - Standards, protocols and procedures, which incorporate Bloodborne Pathogen Standard HCW protective elements.
 - a. Franciscan Health System adheres with CDC standards and is demonstrating a commitment to prevent transmission of infectious agents by incorporating infection, prevention and control into the objectives of the organization’s patient and occupational safety programs. An infrastructure to guide, support and monitor adherence to Standard and Expanded Precautions will carry out the organization’s mission. Policies and procedures are currently in place that explain how Standard and Expanded Precautions will be applied including systems used to identify and communicate information about patients with potentially transmissible infectious agents and ensure the success of these measures. CDC recommends key administrative measures that include monitoring, assessment and correction of system failures that contribute to transmission, and providing feedback to healthcare personnel and senior leaders. Leadership involvement and support of infection prevention and control processes creates has an improved understanding of the resource requirements, and appreciation for the importance of adhering to positive influence in being involved in infection control processes and improve understanding of the rationale and resource requirements for following recommended infection control practices.
 - b. Safety Devices – specialized products to reduce exposure risks.
5. Engineering Controls - Engineering Controls isolate, reduce or remove pathogens from the workplace environment.
 - a. FHS is in compliance with CDC Guidelines for Environmental Control in healthcare facilities. Performance measures to monitor the environment of care include the following:
 - (1) Performing, documenting, and implementing infection control risk assessment practices relating to construction, demolition and renovation in the facility.
 - (2) Monitor and documenting of negative airflow in the Airborne Infection Isolation (AII) rooms and positive airflow in Protective Environment (PE) rooms especially when there are inpatients.
 - (3) Perform assays once a month by using standard quantitative methods for endotoxin in water used to reprocess hemodialyzers and for water used to prepare dialysate and for hemodialyzer reprocessing.

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- (4) Evaluate possible environmental sources (water, laboratory solutions, or reagents) of specimen contamination when nontuberculous bacteria (NTM) are isolated from clinical cultures. Elimination of probable mechanisms should be done once environmental contamination happens.
- (5) Documentation of policies identifying and responding to water damage concerns. Results should be in form of repair or drying of wet structural or porous materials within 72 hours, or removal of the material if drying is unlikely within 72 hours.

RESPONSIBILITY

- 1. Administration is responsible for:
 - a. Developing protective standards.
 - b. Enforcing adherence to protective standards.
 - c. Providing engineering controls, which include ongoing research evaluation and implementation of suitable engineering controls, which eliminate or minimize risk for exposure as technology and equipment become available.
 - d. Providing PPE suited to the tasks encountered and in sizes necessary in areas where exposure is reasonably anticipated.
- 2. Management is responsible for:
 - a. Education, training and monitoring HCW compliance with standards.
 - b. Assuring appropriate types and supply levels of PPE are available in the work area.
 - c. Ongoing system for assessing safety devices.
- 3. Health Care Workers are responsible for:
 - a. Compliance with protective standards including Hand Hygiene and Respiratory Hygiene/Cough Etiquette.
 - b. Proper use of PPE when exposure is reasonably anticipated.
 - c. Proper use of safety devices.

APPROVAL	2/98, 6/99, 06/01, 5/03, 03/05, 10/06, 08/07, 11/09
REVIEWED	11/2012
REQUIRED REVIEW	Infection Control Committee
DISTRIBUTION	Regional Clinical Standards Manual
CROSS REFERENCE	Personal Protective Equipment Isolation Precautions