Benalla HEALTH	TITLE: Standard Precautions Policy		
Document Type:	**Policy**	Approved by:	**Infection Control Comitee**
Department:	**Clinical Services**	Section:	**Continuum of Care**
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POLICY STATEMENT:

To implement appropriate infection prevention and control practices that minimise the risk of transmission of infections between people within the operations of Benalla Health.

PRINCIPLES:

Standard precautions are the primary strategy for minimising the risk of transmission of Hospital Acquired Infections (HAI's). Standard precautions are work practices that provide a basic level of infection prevention and are applied to everyone, regardless of perceived or confirmed infectious status.

OBJECTIVES:

Standard precautions will be consistently implemented to minimise the risk of transmitting HAIs between patients, Health care workers (HCW's), visitors and others at Benalla Health.

DEFINITIONS:

Standard precautions consist of the following elements:

- Hand hygiene, before and after every patient contact and every contact with the patients surrounds; as per the 5 moments of hand hygiene.
- Personal protective equipment (PPE);
- The safe handling and disposal of sharps;
- Routine environmental cleaning;
- Reprocessing of reusable medical equipment and instruments;
- Respiratory hygiene and cough etiquette;
- Aseptic non-touch technique (ANTT);
- Waste management;
- Appropriate handling of linen.

Standard precautions are used for all patients in all settings when exposure to blood or other body fluids is anticipated or likely regardless of perceived or confirmed infectious status.

This includes when handling: blood (including dried blood); all other body substances, secretions and excretions (excluding sweat), regardless of whether they contain visible blood; non-intact skin; and mucous membranes.

Transmission-based precautions are used in addition to standard precautions, where the suspected or confirmed presence of infectious agents represents an increased risk of transmission. See the Transmission Based Precautions policy

Uniforms

In areas of clinical practice where there is a high risk of repeated exposure to blood and other body substances, it is recommended that uniforms be worn as well as the appropriate PPE. Uniforms should be washed daily (please note: this also applies to nurses utility belts [used for carrying equipment tapes, scissors etc], which are worn as an item of clothing on the outside of the uniform, in contact with the patients and their environment).

Bare below the elbow:

Arms are to be bare below the elbows when undertaking clinical activities. If garments with long sleeves are worn they must be removed or pushed securely above the elbow when completing clinical procedures.

Operating suite attire (eg. Scrubs)

Is issued to minimise risk of bringing contamination from outside the facility, wards or public areas of the hospital into the operating theatres. Clothing including scrubs worn outside the operating suit must be changed when entering for the first time: or returning to the theatres from other areas.

Personal Protective Equipment (PPE)

PPE refers to a variety of barriers, used alone or in combination, to protect mucous membranes, airways, skin and clothing from contact with infectious agents.

Examples of PPE used as part of standard precautions includes: aprons, gowns, gloves, surgical masks, protective eyewear, and face shields etc. Selection of PPE is based on the type of patient interaction, known or possible infectious agents, and/or the likely mode(s) of transmission. Selection of protective equipment must be based on assessment of the risk of transmission of infectious agent(s), and the risk of contamination of the clothing or skin of healthcare workers with blood, body substances, secretions or excretions. Refer to: Transmission base precaution policy.

Factors to be considered are:

- probability of exposure to blood and body substances;
- type of body substance involved;
- probable type, and probable route of transmission of infectious agents.

PPE that has been worn in contaminated environments (e.g. isolation rooms, dirtyutilities, waste storage areas) should be removed when leaving the contaminated area.

Sequence for putting on PPE. 1. Gown 2. Mask 3. Eye/ face protection 4. Gloves

Sequence for removing PPE 1. Gloves 2. Eye/ face protection 3. Gown 4. Mask.

Face and eye protection

The mucous membranes of the mouth, nose and eyes are portals of entry for infectious agents, as are other skin surfaces if skin integrity is compromised (e.g. by acne, dermatitis). Face and eye protection reduces the risk of exposure of healthcare workers

to splashes or sprays of blood and body substances and is an important part of standard precautions. Procedures that generate splashes or sprays of blood, body substances, secretions or excretions require either a face shield or a mask worn in addition to protective eyewear.

Masks

Surgical Masks:.

They are used for standard and droplet precautions: they are fluid resistant, losse fitting, single- use items that cover the nose and month.

Used to protect HCW's from inhaling droplet contaminants

Used to protect the month and nasal musosa from splashes or sprays.

Used to protect patients from contaminants carried in a healthcare worker's month or nose during aseptic procedures.

- Masks should be changed when they become soiled or wet – The ties, earpieces and/ or headband used to secure masks to the head are considered 'clean and therefore safe to touch with bare hands. The front of a mask, protective eyewear or face shield is considered contaminated and should not be touched.
- Masks should never be reapplied after they have been removed
- Masks should not be left dangling around the neck
- Touching the front of the mask while wearing it should be avoided

  Perform hand hygiene after removing or touching a used mask.

Gloves

Gloves are used to protect both patients and healthcare workers

Always perform hand hygiene before putting on gloves and after removal of gloves

Gloves are the last item put on and first removed when worn in combination with other PPE

Glove Use:

- For all direct contact with blood or body substances, mucous membranes, non-intact skin and when potentially infectious material is anticipated (on likely).
- For handling or touching visibly or potentially contaminated equipment and environmental surfaces.
- Change gloves between all patients.
- Change gloves when moving from dirty to clean procedures on the same patient.
- Clinical gloves are single use items – Discard gloves after use.
- Single use gloves must not be washed or cleaned with hand washing agents (including Alcohol based hand rub product).
- Gloves must not be worn when answering telephones, using computer keyboards, opening doors, writing patient notes or taking linen off the clean linen trolly.

Aspeptic procedures:

Always wear sterile gloves for surgical aspectic procedures: and contact with key parts or key sites.

Immunocompromised patients

Immunocompromised patients are at increased risk of infections while receiving healthcare. The specific defects of the immune system determine the types of infections that are most likely to be acquired (e.g., viral infections are associated with T-cell defects and fungal and bacterial infections can occur in patients who are neutropenic. Immunocompromised patients require a patient centred risk management approach. Can generally be accommodated in the same environment as other patients. A single room is preferred. Avoid placing these patients in shared rooms with patients who have prolonged lengths of stay, infectious conditions, open wounds, or are colonised with resistant organisms.

Neutropenic patients:

Transmission based precautions (TBPs) are not required for febrile neutropenic patients. Care priorities are:

- Vigilant hand hygiene
- Adherence to standard precautions and ANTT practice
- Avoiding invasive devices when possible (IDC, extra IVC etc)
- Regular monitoring of vital signs at least 4/24 to pick up signs of deterioration/sepsis early
- Timely IVAB/investigation/supportive treatment as per Medical Officer
- Maintianing good patient hygiene (ie mouthcare and daily wash/shower)
- Advise catering of the admission to ensure appropriate low risk food choices are provided to decrease the risk of Listeriosis.
- No flowers, pot plants etc in room (avoiding contaminants from soil and plants)
- Ensure routine environmental cleaning. No additional cleaning is to be carried out (ie cleaning of air vents which may aerosolise contaminants).
- Single room allocation
- Appropriate allocation of staff (ie fully immunised and well; and a staff member NOT allocated another patient who has transmission based precautions insitu). Avoid allocating these patients to staff with other patients who have transmissible infections of any type, open wounds, are colonised with resistant organisms, or have prolonged lengths of stay.
- Restricting/screening visitors – refer to the purple sign in the yellow trolley and place this on the door. Visitors need to know they must postpone their visit if they are unwell themselves
- Providing the patient with the neutropenic info handout in the yellow folder in the isolation trolley if required

Transmission Based Precautions will need to be applied should a patient develop signs and symptoms of a transmissible illness (diarrhoea/influenza like illness etc).

Safe handling and disposal of sharps

- Safety engineered devices are used where available
- No recapping of needles
- Sharps removal systems are used when required – ie scalpel blade/needle remover tool
- Sharps are not to be passed by hand. If necessary to pass a sharp, it must be via a designated sharps tray/kidney dish
- Sharps are disposed of in AS 4031 or AS/NZS 4261 compliant containers as close to the point of use as possible
- The person generating the sharp is responsible for the safe disposal of sharps
- Occupational exposures/needle stick injuries and identified risks are reported through the riskman system as per Benalla Health policy.

Blood and body substance spills – Cleaning and Disinfection

Prompt removal of spots and spills of blood and body substance followed by cleaning and disinfection of the contaminated area is a sound infection control practice to meet occupational health and safety requirements. Strategies for decontaminating spills of blood and other body substances (e.g. vomit, urine) differ based on the setting in which they occur and the volume of the spill. If spillage has occurred on soft furnishings use a detergent solution to clean the area thoroughly. Furnishings, must be allowed to dry before reuse. Appropriate PPE should be worn at all times and alcohol solutions should not be used to clean spillages.

Disinfection

The use of sodium hypochlorite is not necessary for routinely managing spills but it may be used in specific circumstances and should be based on assessment of risk of transmission of infectious agents from that spill.

When disinfection is required, ensure appropriate PPE and use hospital choosen disinfectant producted plumbed into cleaners rooms.

METHOD: Use the 'Generic spills kit' located in the pan room of each clinical area which contains spill wipes and disposable equipment and instructions to manage the spill.

Spot cleaning	• Select appropriate PPE • Wipe up spot immediately with a damp cloth, tissue or paper towel and • Clean the area with warm detergent solution, using disposable cloth or sponge • Discard contaminated materials • Perform hand hygiene
Small spills (up to 10cm diameter)	• Select appropriate PPE – position hazard sign and restrict access are required • Wipe up spill immediately with absorbent material • Place contaminated absorbent material into impervious container or plastic bag for disposal • Clean the area with warm detergent solution, using disposable cloth or sponge

	• Wipe the area with sodium hypochlorite and allow to dry • Perform hand hygiene • If a spill occurs on a carpeted area, remove most of spill with absorbent towels then clean with cold water. Restrict access until area suitable for use again. • Contact Environmental Services to shampoo/steam clean carpet.
Large spills (greater than 10cm diameter)	• Select appropriate PPE – Position hazard sign and restrict access • Cover area of the spill with an super – obsorbent peracetic acid generating wipe and allow to absorb • Use disposable scraper and pan to scoop up absorbent material and any unabsorbed blood or body substances • Place all contaminated items into impervious container or plastic bag for disposal • Discard contaminated materials • Mop the area with detergent solution • Wipe the area with sodium hypochlorite as per risk assessment and allow to dry • Perform hand hygiene • If a spill occurs on a carpeted area, remove most of spill with super - absorbent wipes then clean with cold water. Restrict access until area suitable for use again. • Contact Environmental Services to shampoo/steam clean carpet.

Environmental Cleaning

Infectious agents can be widely found in healthcare settings and there is a body of clinical evidence suggesting the association between poor environmental hygiene and the transmission of infectious agents in healthcare settings. Transmission of infectious agents from the environment to patients may occur through direct contact with contaminated equipment, or indirectly, for example, via hands that are in contact with contaminated equipment or the environment and then touch a patient.

All surfaces require regular thorough cleaning.

Clean hard surfaces with warm water and neutral detergent as per manufacturers instructions. Allowing the cleaned surface to dry is an important aspect of cleaning.

A comprehensive list of equipment and cleaning frequencies is in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010 (pages159-164)* http://www.nhmrc.gov.au/guidelines-publications/cd33

- Frequently touched surfaces – clean with detergent solution at least daily, and when visibly soiled and after every known contamination or visible soil. Includes toilets, showers, taps, bed sides, patient's lockers and surrounding areas including floor, door handles, phones, call bells, lights switches
- General surfaces and fittings – Routine schedule cleaning: clean when visibly soiled and immediately after spillage.
- Shared patient equipment - reusable equipment such as BP cuffs, stethoscopes, IV stands, procedure trolleys and chairs will be decontaminated between patient use as

per manufacturer instruction with general detergent solution. Ensuring 'clean between' processes reduces the risk of transmitting infection within the clinical setting.

- Surface barriers – (e.g. clear plastic wrap, bags, sheets, tubing or other materials impervious to moisture) help prevent contamination of surfaces and equipment. Surface barriers may be used in specific instances (in consultation with Infection Control) to protect clinical surfaces (including equipment) that:
  - are touched frequently with gloved hands during the delivery of patient care
  - are likely to become contaminated with blood or body substances
  - are difficult to clean.

All exceptions to these conditions should be justified by risk assessment.

When Multiple Resistant Organisms (MROs) are suspected or known to be present, cleaning frequency is intensified and the use of a disinfectant is added to the cleaning regime. ***Cleaning and disinfection of environmental surfaces and equipment with a sodium hypochlorite is undertaken as a 2 or 3 step process at Benalla Health.*** Specific cleaning requirements are identified in the policies for individual infectious conditions and the Transmisssion Based Precautions Policy.

Appropriate Handling of Linen

- Standard Precautions are to be maintained during the handling of all linen
- Plastic linen bags are filled only ¾ as per OH&S recommendation
- Dirty linen is stored in the designated area for collection
- Linen processing services comply with AS/NZS4146

Refer to: Linen Management Policy

Waste Management

All waste shall be segregated according to their category at the time and source of generation and contained/ packaged as appropriate. Approved containers for the disposal of clinical and related waste are puncture resistant, leak proof and clearly labeled using colour coding and symbols as per waste management policy. Once full, containers are to be securely closed and transported to the designated waste storage area. Standard and transmission based (if required) precautions will be used during all waste handling activities. Hand hygiene is to be performed after handling and disposing of all waste products.

Refer to: Waste Management Policy

Evaluation

Incidents associated with non compliance of the policy directive and preventable transmission of infections will be recorded and managed through the Riskman System. Incidents are reviewed on a monthly basis to identify opportunities for continuous improvement.

REFERENCES:

1. Australian Government National Health and Medical Research Council (NHMRC) and Australian Commission on Safety and Quality in Health Care (2010) *Australian Guidelines for the Prevention and Control of Infection in Healthcare* http://www.nhmrc.gov.au/node/30290
2. Centre for Disease Control and Prevention. "Guidelines for Hand Hygiene and in health-care settings: Recommendations of the Healthcare Infection Control Practice Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force", *Morbidity and Mortality Weekly Report, 2002;* 51 (No. RR-16).
3. Centre for Disease Control and Prevention,(2010) *Sharps safety for healthcare settings,* http://www.cdc.gov/sharpssafety/index.html
4. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.* http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf
5. CHRISP Queensland Health, *Sharps safety program,* August 2012 http://www.health.qld.gov.au/chrisp/resources/sharps_safety.asp
6. Standards Australia (2014). Australian/New Zealand Standard 4187:2014 *Reprocessing of reusable medical devices in health service organizations.*
7. Hume Region Sterilization Working Party (HRSWP). Document 2. *Reprocessing reusable medical devices and other equipment.*
8. Joanna Briggs Institute Infection Control Manual (2017). Infection Management: Febrile Neutropenia.

ACCREDITATION STANDARDS:

National Safety and Quality Health Service (NSQHS) standards

NSQHS standard 3 – Preventing and controlling healthcare associated infections

Aged Care Standards

Standard 3 – Personal Care and Clinical Care

Acknowledgements

1. Hume Region Sterilization Working Party (HRSWP). Document 2. *Reprocessing reusable medical devices and other equipment.*

Related Benalla Health Documents

1. Transmission Based Precautions Policy
2. ANTT Policy
3. Hand Hygiene Policy
4. Environmental and Routine Cleaning Policy
5. Reprocessing reusable medical devices and other equipment Policy
6. Linen Management Policy
7. Waste Management Policy