

Appendix M

STANDARD AND TRANSMISSION BASED PRECAUTIONS

STANDARD PRECAUTIONS

Standard precautions are routine work practices that apply to the care and treatment of all patients, residents and clients, regardless of their perceived infection risk.

These precautions are designed to protect both patients and health care workers from exposure to infections from known or unknown sources.

Measures include hand hygiene, use of personal protective equipment, and decontamination of medical equipment, routine environmental cleaning, and management of sharps, waste, linen and blood spillages.

Standard precautions are recommended for contact with blood, all body fluids (except sweat), secretions, excretions, non-intact skin and mucous membranes.

TRANSMISSION BASED PRECAUTIONS

Transmission based precautions are additional measures that are required when standard precautions may not be sufficient to prevent the transmission of certain infectious agents. These additional precautions include measures to prevent airborne, droplet and contact transmission of infectious agents.

While standard precautions apply to all patients, transmission based precautions apply to particular patients based on either a suspected or confirmed clinical syndrome or a specific disease.

In addition to hand washing, cleaning and disinfection of environmental surfaces, these precautions may include use of a room shared only by those who are infected with the same infectious agent (with negative-pressure ventilation when airborne spread is involved), use of masks for infections spread by the airborne and droplet routes, and use of plastic aprons /gowns and gloves for diseases spread by contact

ELEMENTS OF STANDARD PRECAUTIONS

HAND HYGIENE

Appropriate hand washing is recommended:

- Before and after each episode of direct patient contact or care.
- Between individual patient contacts.
- After contact with blood, body fluids, secretions or excretions, whether or not gloves are worn.
- After handling soiled/contaminated equipment, materials or the environment.

- Immediately after removing gloves or other protective clothing.
- Hands may be washed with either a non-medicated liquid soap or an anti microbial liquid soap preparation. Alcohol based hand rubs or gels are a suitable alternative unless hands are visibly soiled with organic material, in which case, they should be washed with soap and water. (100)
- ◆ **PERSONAL PROTECTIVE EQUIPMENT (PPE) (e.g. gloves, apron/fluid repellent gown, masks and eye protection)**

The selection of appropriate PPE for Health Care Workers is based on an assessment of the risk of transmission to the patient, and the risk of contamination of the healthcare workers clothing and skin by patient's blood, body fluids, secretions /excretions.

- **Gloves are recommended:**
 - For all activities that carry a risk of exposure to blood, body fluids, secretions or excretions, sharps or contaminated instruments.
 - When touching mucous membranes and non -intact skin.
 - When handling contaminated equipment, e.g. commodes or bedpans.

Gloves:

- Should be worn as **single use** items.
- Should be put on immediately before an episode of patient contact, and removed as soon as the activity is completed.
- Should be changed between caring for different patients and between different care activities on the same patient.
- Should be disposed of as health care risk waste if contaminated with blood, body fluids (119).
- Should conform to European Community Standards.
- **Eye, nasal and mouth protection (e.g. goggles, visors and face masks)**
 - Facemasks and eye protection are recommended where there is a risk of blood, body fluids, secretions or excretions splashing into the face or eyes.
 - Masks should be single use and fluid resistant.
- **Disposable plastic apron /disposable fluid repellent gown**
 - Disposable plastic aprons should be worn where there is a risk that clothing or skin may become exposed to blood, body fluids, excretions or secretions. Fluid repellent gowns may be required if there is a risk of extensive exposure to the above.

MANAGEMENT OF HEALTH CARE RISK WASTE:

- This should occur in accordance with the Department of Health & Children's National Guidelines for Waste Disposal (119), which outlines the categorization and segregation of health care waste.

◆ **DISPOSAL OF SHARPS:**

- Syringes and needles should be disposed of as a single unit.
- Used sharps should be carefully discarded into designated sharps containers at, or close to, the point of use.
- Needles should not be re-capped, bent, broken or disassembled.
- Sharps should not be passed from person to person by hand.
- Guidelines should be available at local level on the management of needle stick and sharps injuries.

◆ **SPILLAGES**

- Spillages of blood, urine, faeces or vomit should be dealt with immediately wearing protective clothing (i.e. disposable gloves and apron).
- For spillages of body fluid (e.g. urine, faeces or vomit),
 - Soak up as much of the visible material as possible with disposable paper towels and carefully place the soiled paper towels in a yellow plastic bag.
 - Clean the area using hot water and general purpose detergent and dry. Discard gloves and apron into a yellow waste bag. Wash and dry hands thoroughly.
 - Do not apply chlorine-based disinfectants to spillages of urine as it may result in the release of chlorine vapour. (133)
- For blood spillages:
 - Decontaminate all blood spills with a chlorine based disinfectant (e.g. powder, granules or liquid containing 10,000ppm available chlorine) or suitable alternative, in line with the manufacturer's instructions and local policy.
 - Wipe up the spillage with disposable paper towels and discard into a yellow plastic bag. Wash the area with a general purpose detergent and water.
 - Discard gloves and apron into waste bag and wash and dry hands thoroughly.

ENVIRONMENTAL DECONTAMINATION:

- Routine environmental cleaning is required to minimise the number of microorganisms in the environment.

- Particular attention should be given to frequently touched surfaces and those most likely to be contaminated with blood or body fluids e.g. bedrails, mattresses, bedside tables, commodes, doorknobs, sinks, surfaces and equipment close to the patient.
- Chemical disinfectants are not recommended for routine environmental cleaning but should be used on surfaces that are soiled, and during outbreaks. A freshly made 0.1% hypochlorite (1,000ppm) solution may be used. The area should be well ventilated to avoid toxic fumes.
- When using disinfectants, staff should follow the manufacturer's instructions for dilution and contact times.

◆ **LAUNDRY CARE:**

- Laundry should be handled and transported in a manner that prevents transmission of microorganisms to other patients, HCW's or the environment.
- Laundry should be categorised and segregated according to recommended guidelines (121).
- Staff handling used linen should wear gloves and a disposable plastic apron.
- Soiled and infectious linen should be carefully placed in an alginate stitched or water soluble inner bag and then into an outer impermeable bag prior to transport to an approved laundry capable of dealing with potentially contaminated linen (121).
- Staff should not manually sluice or soak soiled or infected linen /clothing because of the risk of cross infection (134).
- Soiled linen should be transported and stored safely.

◆ **DECONTAMINATION OF MEDICAL EQUIPMENT:**

- Medical devices designated as "*Single Use Only*" must not be reprocessed or reused under any circumstances (MDA DB 2000), (MDD) 93/42/EEC



This symbol means "Single Use Only" (BS EN 980:1997).

- Reusable medical equipment should be cleaned and reprocessed according to the manufacturer's instructions and local policy.
- Non-critical items such as commodes, intravenous pumps must be thoroughly cleaned and disinfected prior to use on another patient/resident.