**Standard Precautions**

**Date Implemented:**

**Review/Updated Date:**

**Definitions**

Alcohol-based handrub is a 60-95% ethanol or isopropyl alcohol-containing preparation base designed for application to the hands to reduce the number of viable microorganisms.

Hand Hygiene is a general term that applies to hand washing, antiseptic hand wash, and alcohol-based hand rub.

Handwashing is the vigorous, brief rubbing together of all surfaces of hands with plain (such as antimicrobial) soap and water, followed by rinsing under a stream of water.

Personal Protective Equipment are protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission.

Standard Precautions are infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Furthermore, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. Standard precautions include but are not limited to hand hygiene, use of gloves, gown, mask, eye protection or face shield, depending on the anticipated exposure; safe injection practices; and respiratory hygiene/cough etiquette. Also, body fluids must be handled in a manner to prevent transmission of infectious body fluids must be handled in a manner to prevent transmission of infectious agents (such as gloves for direct contact, properly clean and disinfect or sterile reusable equipment before use on another patient)

**Policy**

Standard precautions represent the infection prevention measures that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where healthcare is being delivered. These evidence-based practices are designed to protect healthcare staff and residents by preventing the spread of infections among residents and ensuring staff do not carry infectious pathogens on their hands or via equipment during resident care. Standard precautions include hand hygiene, use of PPE (including gloves, gowns, facemasks), respiratory hygiene and cough etiquette, safe injection practices and safe handling of equipment or items that are likely contaminated with infectious body fluids, as well as cleaning and disinfecting or sterilizing of potentially contaminated equipment.

Standard precautions are the primary strategy for breaking the chain of infection and elements of standard precautions should be included in all resident care activities and job specific training.

**Procedures**

**Hand Hygiene**

To perform hand hygiene appropriately, soap, water, ABHR, and a sink should be readily accessible in appropriate locations including but not limited to resident care areas and food and medication preparation areas. Staff must perform hand hygiene (even if gloves are used) at the following times:

* Before and after contact with the resident;
* Before performing an aseptic technique;
* After contact with blood, body fluids, visibly contaminated surfaces or after contact with objects in the residents room;
* After removing personal protective equipment (PPE);
* After using the restroom; and
* Before meals.

Residents should be encouraged to complete hand hygiene as well. Staff should encourage and/or assist with resident hand hygiene after toileting, before meals, and use of ABHR or soap and water at other times when indicated.

**Personal Protective Equipment (PPE)**

The use of PPE during resident care is determined by the nature of staff interaction and the extent of anticipated blood, body fluid, or pathogen exposure to include contamination of environmental surfaces. If the resident is known to have an infection that requires usage of transmission-based precautions additional guidance is identified in the Transmission-Based Precautions policy and procedures. Appropriate use of PPE includes but is not limited to:

* Glove usage before and removed after contact with blood or body fluid, mucous membranes or non-intact skin;
* Gloves changed and hand hygiene performed before moving from a contaminated-body site to a clean-body site during resident care activities;
* Gown worn for direct resident contact if the resident has uncontained secretions or excretions or with contaminated or potentially contaminated items;
* Appropriate mouth, nose and eye protection (such as facemasks and face shields) are worn for procedures that are likely to generate splashes or sprays of blood or bodily fluids);
* PPE must be appropriately discarded after resident care activities when indicated and prior to leaving the resident care area followed by hand hygiene; and
* Supplies necessary for adherence to proper PPE use (gloves, gowns and masks) are readily accessible in resident care areas although, equipment supply carts should not be brought into the resident room.

**Gloves**

Gloves are utilized to protect one’s hands from contamination during direct contact with blood, body fluids, mucous membranes, non-intact skin and potentially contaminated surfaces or equipment. There are two types of gloves including non-sterile and sterile. Non-sterile gloves are disposable medical gloves and are used for general resident care activities. Sterile gloves are disposable gloves that are used for procedures that require a sterile environment such as inserting an indwelling catheter or changing a PICC line dressing.

When utilizing gloves assure that you are not touching yourself or potentially contaminated items with your gloves. Assure that you are not touching clean items with potentially contaminated glove. Gloves must not be worn for more than one resident and cannot be washed.

**Gowns**

Gowns are worn to protect employees’ arms, exposed areas on body and clothing from coming into contact with blood, body fluids or other potentially infectious materials in the environment. Gowns must fully over the torso and have long sleeves. Gloves should be snuggly fit around the wrists. If fluid exposure is anticipated, fluid resistant gowns should be utilized. Sterile gowns should be used for sterile procedures.

All gowns should be removed prior to leaving the resident care area and not re-used or saved for later use, even during care of the same resident as the risk is greater for donning used gowns for infection transmission. Clinical or laboratory coats should not be used in replacement of an isolation gown.

**Face Protection**

Face protection includes the use of facemasks, face shields and goggles. Depending on the extent of splashes or sprays face protection may be indicated to protect the employees’ eyes, nose and mouth.

Facemasks should be utilized for protecting the employees’ mouth and nose. Facemasks should fit snuggly and fully cover the nose and mouth. Facemasks should be changed if they become soiled or damaged and when providing care between residents. Facemasks should not be confused with respirators as respirators are indicated in certain transmission-based precaution circumstances.

Goggles are utilized to protect an employee’s eyes and should fit snuggly over and around the employee’s eyes.

Face shields are protection for an employee’s eyes, nose and mouth and can be used in place of goggles if extensive splashes or sprays are anticipated. Face shields can be used in addition to facemasks for additional protection.

Prescription eyeglasses should not be used to replace goggles or face shields for eye protection.

**Donning and Doffing PPE**

The procedures for donning and doffing PPE including the order of donning and doffing are included below per CDC recommendations.

Donning:

1. Identify and gather the appropriate PPE to don. Ensure that choices of gown and gloves are correct.
2. Perform hand hygiene.
3. Put on isolation gown. Tie all the ties on the gown, assistance can be provided by another healthcare personnel if needed.
4. Put on facemask or respirator as indicated. If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nose piece with one hand. The respirator or facemask should be extended under the chin. Respirator straps should be placed on the crown of head (top strap) and the base of the neck (bottom strap) or around each ear (depending on the type of respirator used). Perform a seal check once the respirator is placed appropriately. A facemask should be secured on the crown of head and base of neck (top and bottom ties) or lopped around each ear depending on the type of face mask used.
5. Put on goggles or face shields. When wearing a respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of eye protection as the respirator will not fit or seal appropriately.
6. Put on gloves. Gloves should cover the cuff (wrist) of the gown.
7. Healthcare personnel can now enter the resident’s room.

Doffing:

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique such as glove-in-glove or bird beak techniques.
2. Remove gown. Untie all ties (or unsnap buttons). Some gown ties can be broken rather than untied. Do so in a gentle manner, avoiding forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose of the gown in the trash receptacle.
3. The healthcare personnel may now exit the resident’s room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of the face shield or goggles.
6. Remove and discard respirator or facemask. Do not touch the front of the respirator or the facemask. Remove the respirator by pulling off the bottom strap by only touching the strap and bring it carefully over your head, grasp from the top strap and carefully pull it over the head and then pull the respirator away from the face without touching the front of the respirator. Facemasks can be removed by carefully untying or unhook from the ears and pull away from the face without touching the front.
7. Perform hand hygiene.

**Respiratory Hygiene and Cough Etiquette**

Respiratory Hygiene and Cough Etiquette apply to all persons with signs or symptoms of respiratory infections and focus on the actions the individual should take to contain respiratory secretions. Elements include source control measures, spatial separation, visual alerts with instructions to residents and visitors and education of staff, residents, and visitors.

Key factors of respiratory hygiene and cough etiquette include:

* Covering of the mouth and nose with a tissue when coughing or sneezing or coughing into the elbow or upper arm instead of hands.
* Source control (wearing a face mask) during symptoms of respiratory infection.
* Discarding used tissues in the nearest waste container.
* Performing hand hygiene after contact with respiratory secretions or contaminated objects.
* Spatial separation from individuals with respiratory infection to prevent exposure to and transmission of respiratory pathogens.
* Encourage visitors having signs or symptoms of respiratory infection to postpone visits if able, if not able to postpone visits visitors should wear a facemask, perform frequent hand hygiene, avoid common areas, restrict visits to residents’ room, keeping visits brief.
* Encouraging residents having signs or symptoms of respiratory infection to refrain from group activities and/or communal dining. If residents with signs or symptoms choose to leave their room encourage them to utilize a facemask and physically distance from other residents.

**Training**

Employees should be trained on standard precautions on hire and provided education as needed (by process measures) or at least annually. Training should include:

* Circumstances in which PPE should be worn.
* How and when PPE should be donned and removed including how to protect yourself against self-contamination.
* What to do in the event of an equipment failure or breach.
* Where to safely discard used PPE.
* Training should be interactive and competency of the employee should be performed.

**Resources**

CMS. (2017, Nov. 2). *State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities, F880*. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

CDC. (2020, June 10). *Infection Prevention Training | LTCF*. <https://www.cdc.gov/longtermcare/training.html>

CDC. (2020, June 9). *Using Personal Protective Equipment (PPE)*. https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html