Standard Precautions

POLICY:

Blood and body fluids are always considered contaminated. These substances should never be passed from one resident to another or come in contact with staff.

PROCEDURE:

1. Disposable gloves shall be worn in all cases where there is anticipated contact with blood, wound secretions, feces, urine or oral secretions.
   a. Gloves should be changed after contact with each resident and between “dirty” and “clean” activities.
   b. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids.
   c. Hands should be washed immediately after gloves are removed.
   d. Waterless sanitizers may be used in lieu of washing if hands are not obviously soiled.
2. Gowns should be worn when there is likelihood that clothing might be soiled with any of these substances.
3. Masks should be worn when there will be contact with respiratory droplet secretions, or danger of the face being splattered.
4. Goggles or facemasks are also available.
This Community policy is to utilize standard precautions to prevent the acquisition of blood borne infections (i.e., hepatitis (all types), AIDS, malaria, syphilis, etc.). Some carriers will not be identifiable using current technologies; therefore, the safest assumption is that all residents are potential carriers of blood-borne infections.

Blood is the single most important source of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and other blood-borne pathogens in the occupational setting. Standard precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomit unless they contain visible blood. Some of the fluids represent a potential source of infection with other pathogens and the methods for prevention of transmission are addressed under other categories.

Standard Blood and Body Fluid Precautions
1. All health care workers should routinely use appropriate precautions to prevent skin and mucous membrane exposure when contact with blood or body fluid of any resident is
anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all residents, for handling items or surfaces soiled with blood or body fluids and for performing any vascular access procedure. Gloves should be changed after contact with each resident. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

3. All health care workers should take precautions to prevent injuries caused by:
   a. Needles and other sharp instruments or devices during procedures.
   b. When cleaning used instruments.
   c. During disposal of used needles.
   d. When handling sharp instruments after procedures.

4. To prevent needle stick injuries, needles should not be recapped, purposely bent, broken by hand, removed from disposable syringes or otherwise manipulated by hand. After they are used, disposable syringes and needles and other sharp instruments should be placed in puncture resistant containers for disposal. The puncture resistant containers should be located as close as possible/practical to the use area.

5. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

6. Health care workers who have lesions or weeping dermatitis should refrain from all direct resident care and from handling resident care equipment or belongings until the condition is resolved.

Blood and Body Fluid Precautions

RECOMMENDATIONS FOR RESIDENTS AND CAREGIVERS

1. **Hand washing** – hands should be washed before and after touching the resident and immediately if hands are soiled with blood or other body fluids. Hands should be washed after removing gloves.

2. **Gloves** – should be worn when likely to have contact with blood, body fluids, excretions, broken skin and any article in contact with any of the above. Caregivers with weeping lesions should not provide direct resident care.

3. **Gowns** – should be worn if soiling of exposed skin or clothing is likely.
4. **Masks** – should be worn when splashing of blood or other body fluids is likely. A mask should be worn in combination with protective eyewear.

5. **Goggles** – should be worn when splashing of blood or other body fluids is likely. Personal eyewear (glasses) may provide adequate protection.

6. **Syringes/Needles** – sharp objects pose the greatest risk to exposure. Immediately after use, put them in a puncture resistant container. Do not bend, break, recap or remove the needle from the syringe. Containers should be sealed and discarded as directed when 2/3 – 3/4 full.

7. **Personal Care Items** – do not share toothbrushes, thermometers, razors, enemas, douche equipment or similar personal care items.

8. **Linen/Clothing** – wash clothing and linens as you ordinarily would. Use hot water or as directed on detergent package. Bleach may be added to help remove stains.

9. **Dishes** – wash in hot soapy water. Rinse in hot water and air dry. Use dishwasher, if available.

10. **Infectious Waste** – double plastic bags should be used for disposal of following items: soiled tissues, sanitary napkins, dressings, used gloves and disposable gowns. Flush all liquid waste containing blood down the toilet. Be careful to avoid splashing.

11. **Living Space** – bathroom and other living areas should be disinfected regularly with a 1:10 solution of household bleach and water. Fresh bleach solutions should be made at least daily as these solutions begin to lose their effectiveness at the time of dilution. Keep separate cleaning rags, sponges and mops for bathrooms – these cleaning agents are not to be used for other parts of the facility.

12. **Spills Blood/Body Fluids** – put on gloves (and other protective equipment as needed). Wipe up excess material with disposable towels. Clean with soap and water. Disinfect surfaces with 1:10 solution of household bleach and water. Diluted bleach should be no more than 24 hours old. Wash hands after removing gloves.

13. **Equipment** – clean with soap and water for obvious debris and bleach solution once a week.