

STANDARD PRECAUTIONS
Policy No. 7-007

PURPOSE

To reduce the risk of exposure to and transmission of infections when caring for patients.

POLICY

Organization personnel will adhere to the following precautions and will instruct patients and family/caregivers in infection control precautions, as appropriate to the patient's care needs.

Note: Patients may be given a copy of this procedure, if needed as a teaching tool.

Note: Ohioans Home Healthcare, Inc. has the right to limit the practice of organization personnel, if patient safety is in question.

Definition

Under standard precautions, blood and certain body fluids of all patients are considered potentially infectious for bloodborne pathogens, such as human immunodeficiency virus (HIV), and hepatitis B virus (HBV). Standard precautions apply to blood and other body fluids potentially containing blood or bloodborne pathogens. These body fluids include: emesis, sputum, feces, urine, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, and amniotic fluid. Standard precautions should be used with other fluids, such as nasal secretions, saliva, sweat, and tears when they contain visible blood or other potentially infectious materials and it is impossible to differentiate between body fluids.

PROCEDURE

General Precautions

Hand Hygiene

1. Hand hygiene will be performed to prevent cross-contamination between the patient and personnel.
2. When hands are visibly dirty, contaminated with proteinaceous material, or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial or antimicrobial soap and water.
3. When hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.
4. An alternative to use of an alcohol-based hand rub is to wash hands with an antimicrobial soap and water.

Personal Protective Equipment

1. Gloves:

- A. The use of gloves (intact latex or vinyl of appropriate size and quality) is important when personnel has cuts, abraded skin, chapped hands, dermatitis, etc. Gloves are to be worn when:
 - 1. There is actual or potential contact with blood or other potentially infectious materials
 - 2. Contact with non-intact or abraded skin is anticipated
 - 3. Touching contaminated items or surfaces
 - 4. Performing invasive procedures
 - 5. Handling any drainage appliance
 - 6. Taking a rectal temperature
 - 7. Shaving a patient with a safety razor
 - 8. Obtaining laboratory specimens
 - 9. Patients have active bleeding
 - 10. Cleaning of body fluids and decontamination procedures
 - 11. Performing wound care
 - 12. Entering the room of, or providing care for, patients who are colonized or infected with vancomycin-resistant enterococci or multidrug-resistant *Staphylococcus aureus* (MRSA)
 - 13. Handling soiled linen
- B. Sterile gloves are to be worn for sterile procedures.
- C. Gloves are to be changed:
 - 1. Between tasks and procedures on the same patient
 - 2. During changing or cleaning an incontinent patient
 - 3. After removing an old dressing
 - 4. When the integrity of the glove is in doubt
- D. Gloves should never be washed or disinfected for reuse.
- E. General purpose utility gloves (e.g., rubber household gloves) will be used for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused,

but should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.

- F. Gloves are not necessarily needed for general care or during casual contact, such as bathing of intact skin or assisting with ambulation.
 - G. Gloves are to be worn by the family/caregiver when direct contact with any body substance is anticipated (blood, urine, pus, feces, saliva, drainage of any kind.)
2. Gowns:
- A. The use of gowns is required when splashes to the skin and/or clothing are likely or when caring for patients with epidemiologically important microorganisms, such as multi-drug resistant organisms.
 - B. The gowns will be made of or lined with fluid-proof or fluid-resistant material and will protect all areas of exposed skin. The type and characteristics will depend on the task and degree of exposure anticipated.
3. Mask/Protective Eyewear:
- A. Masks, protective eye wear, or face shields are required when contamination of mucosal membranes, eyes, mouth, or nose is possible, such as splashes or aerosolization of material.
 - B. They are not required for routine care.
 - C. A NIOSH-certified N95 respiratory mask must be worn when caring for patients with suspected or confirmed Mycobacterium Tuberculosis.
4. Resuscitation Equipment:
- A. One (1)-way valve pocket masks, resuscitation bags, or other ventilation devices will be provided to personnel where the need for emergency mouth-to-mouth resuscitation would be required.

Sharps

1. After use, needles and other sharps will be placed directly into a puncture-proof container located in the immediate patient care area. Needles must not be recapped, bent, broken, or clipped.
2. Whenever possible, needleless protective devices will be utilized in the provision of patient care. Appropriate personnel will be involved in the selection of these products.

Laboratory Specimens

1. Laboratory specimens should be transported in a Ziplock bag or other leak-proof container.
2. The leak-proof container should be transported to the office or alternate lab site in a puncture-resistant container that is properly labeled.

3. Specimens transported to the office will be placed in a designated storage container located in the dirty supply area.

Labels

1. Biohazard labels will be used to prevent accidental injury or illness to personnel exposed to hazardous or potentially hazardous conditions that are out of the ordinary, unexpected, or not readily apparent.
2. Labels will state—BIOHAZARD—or the hazard symbol, readable at the minimum distance of five (5) feet.
3. Personnel will be informed as to the meaning of the labels.
4. Labels will be affixed as close as possible to respective hazards.
5. Labels will be used to identify equipment, containers, refrigerators, and rooms containing hazardous agents.
6. If labels are not used, other effective means will be used, such as RED bagging.

Housekeeping and Hygiene

1. Housekeeping procedures at Ohioans Home Healthcare, Inc.'s location will be implemented to ensure that the worksite is maintained in a clean and sanitary condition. The following guidelines will be implemented at Ohioans Home Healthcare, Inc.'s office. These same guidelines will be implemented and taught to patients and family/caregivers. Ohioans Home Healthcare, Inc. recognizes that patients have a right to refuse to follow these guidelines.
 - A. Ohioans Home Healthcare, Inc. will ensure that the worksite is maintained in a clean and sanitary condition. The organization will determine and implement an appropriate written schedule for cleaning and decontamination based upon the location within the facility; type of surface to be cleaned; and tasks or procedures to be performed in the area. All equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - B. An appropriate disinfectant (e.g., household bleach 5.25% mixed 1:10 with water) should be used to clean floors, toilet bowl, tub, shower, sink, countertops, and soiled furniture. This solution will be discarded after each use, or at least every 24 hours.
 - C. Sponge and mops used to clean up body fluid spills should not be rinsed out in the kitchen sink or used where food is prepared.
 - D. Dirty mop water should be poured down the toilet, rather than the sink.
 - E. Rooms will be kept well aired to decrease the risk of colds, flu and other airborne communicable disease.
 - F. Infectious organisms may be found in animal wastes, birdcages, cat litter boxes, and fish tanks. They should be maintained by someone other than a person with HIV disease or other causes of immunosuppression.

- G. Humidifiers and air conditioners can harbor infectious organisms, and should be cleaned and serviced regularly.
 - H. All bins, pails, cans (e.g., waste cans) intended for reuse which have a reasonable likelihood for becoming contaminated with blood and other potentially infectious materials, will be inspected and decontaminated weekly. They will also be cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination.
2. Blood/Body Fluid Spills
- A. Blood/body fluid spills should be mopped or wiped up using disposable towels or wipes with hot soapy water, then disinfected with bleach as described in 1B. If the cleanup is done by hand, disposable gloves must be worn.
 - B. Disposable towels or wipes used in the cleanup should be bagged to prevent leaking and exposure to others. A heavy-duty plastic bag should be used for bagging this type of waste with double bagging. The bag should be disposed in accordance with local and state regulations.
3. Hygiene
- A. Personal items, such as toothbrushes, razors, and enema equipment, should never be shared.
 - B. Maintaining a state of personal cleanliness is the key to reducing infection transmission from person to person. This includes bathing regularly, washing hands after use of bathroom facilities, after contact with one's own body fluids, and before preparing food.

Waste Disposal

1. General Waste:
- A. Materials not contaminated or visible soiled with blood or other infectious waste, such as diapers, incontinence pads, non-soiled PPE, dressing wrappers, or IV tubing not used for blood administration.
 - B. General waste should be disposed of in a securely fastened plastic bag and can be placed into the patient's trash receptacle.
2. Regulated Medical Waste:
- A. According to OSHA guidelines, these may include:
 - 1. Liquid or semi-liquid blood or other potentially infectious material
 - 2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
 - 3. Items that are caked with blood or other potentially infectious materials and are capable of releasing these materials during handling

4. Pathological and microbiological wastes containing blood or other potentially infectious material
 - B. Place regulated medical waste into a leak-proof, heavy duty, securely fastened plastic bag. Items should be double bagged when the potential for contamination of the outside of the first bag is present. Items should also be double bagged when the first bag may be at risk for tearing. They should be disposed of according to local and/or state regulation.
3. Syringe/Sharps Disposal:
 - A. In the home setting, a sharps disposal container will be available for use by the clinician or patient and family/caregiver. The uncapped needle will be placed directly into the disposal container. When 3/4 full, the disposal container will be sealed and transported to the dirty supply area located in the office. A new container should be provided to the patient for any future use.
 - B. If the patient is self-administering medications and generating one (1) or more syringes per day, the patient should notify the garbage collection service, or the local Department of Public Health, to obtain information on local and/or state regulations for proper disposal.

Laundry

1. Handling and Changing of Linens:
 - A. Contaminated laundry should be handled as little as possible with minimal agitation.
 - B. Towels and washcloths should not be shared by different users.
 - C. Gloves and other appropriate personal protective equipment are to be worn when handling soiled linen.
 - D. Soiled clothing and linens should be soaked as promptly as possible. Ideally, they should be machine washed in hot (160° F) soapy water. If appropriate, (e.g., colorfast material), a cup of bleach may be added to the water. If low temperature (less than 150° F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.
 - E. When contaminated laundry is wet and likely to soak through or leak from the bag to the container, the laundry should be transported in containers or bags that prevent leakage to the exterior.
 - F. Laundry and linens should be carried away from the body.

Equipment/Nondisposable Instruments

1. Bedpans/Urinals/Commodes:
 - A. Bedpans and urinals should be used by only one (1) patient and should be cleaned on a regular basis with household detergent.

- B. Shared commodes do not require special precautions unless blood, contaminated body substance, or fluid is present. If soiled, the commode should be cleaned with a 1:10 dilution of bleach.
2. Thermometers:
- A. Thermometers are not supplied by Ohioans Home Healthcare, Inc., but may be owned by patients.
 - B. Electronic thermometers with disposable sheaths need no special precautions unless they become visibly soiled. When thermometers are soiled, they should be wiped with a disinfectant solution.
 - C. Glass thermometers used in the home should be rinsed with soap and water before and after use. If the thermometer will be used by more than one (1) family/caregiver member, it should be soaked in 70–90% ethyl alcohol for 30 minutes followed by a rinse under a stream of water in between users.
3. Medical Equipment/Supplies:
- A. Any nondisposable equipment returned to organization stock will be placed in the dirty supply area and then thoroughly wiped down with an organization-approved disinfectant. After proper cleaning, the equipment may be returned to stock for patient use.
 - B. In the event a nondisposable piece of equipment comes in contact with blood or body fluids, a 1:10 dilution of bleach or other organization-approved disinfectant is used to clean it. Soiled blood pressure cuffs will be washed in hot, soapy water.
 - C. Dressing supplies contaminated with the patient's blood or body fluids should be double bagged in plastic bags, tied securely, and labeled "contaminated" then placed with household trash for garbage pickup (according to local and state regulations).

Kitchen/Food Preparation

1. Hand washing: Proper hand washing techniques should be observed prior to touching food.
2. General hygiene: "Tasting" of food during cooking should be done with a new, clean spoon each time. Wash the spoon with soap and water immediately after "tasting."
3. Cleaning of kitchen: Counters, sinks, and floors in the kitchen should be free from food particles and cleaned with a disinfectant regularly.
4. Refrigerator: The interior of the refrigerator should be cleaned with soap and warm water regularly to control molds.
5. Food freshness: Observe expiration dates and general freshness of food. Do not use cracked eggs due to the likelihood of Salmonella contamination.
6. Food storage: Store open packages of food (e.g., sugar) in covered containers to discourage infestation.

7. Food preparation: Pork, poultry, and eggs should be thoroughly cooked before eating. Porous (e.g., wood) cutting boards used for poultry should not also be used for fruits and vegetables.
8. Dishes/utensils: Wash dishes and utensils in hot soapy water. The water should be hot enough to require the use of lined gloves. Allow dishes to air dry. Known infected persons do not need separate dishes or utensils provided they are washed as described.
9. Sponges: Sponges used to clean in the kitchen should not be the same sponges used to clean bathrooms and body fluid spills. Sponges used to clean bathrooms and body fluid spills should be disinfected with bleach and changed periodically.

Special Considerations for a Person with HIV Disease

1. Unpasteurized milk, raw eggs, or products containing raw eggs or cracked or non-intact eggs should be avoided. They have been associated with Salmonella infections and may be problematic, especially for the person with HIV disease or other immune-suppressed diseases.
2. All fresh produce should be washed thoroughly.

Other Considerations

1. Eating, drinking, smoking, applying makeup or lip balm, or handling contact lenses should be avoided in work areas where there is a reasonable chance of exposure.
2. Sterile technique will be employed for sterile dressing changes, IV insertion, IV site care, phlebotomy, tracheal suctioning, insertion of a urinary catheter, and whenever appropriate to prevent infection.
3. Disinfectants:
HIV is inactivated rapidly after being exposed to chemical germicides. HIV can be inactivated after exposure for ten (10) minutes to any of the following:
 - A. Chlorine bleach (1:10 dilution)
 - B. Alcohol (70–95%)
 - C. Quaternary Ammonium (TRI-GUAT)
 - D. Phenolic (Vesphene II)