

Standard Precautions

Lesson Plan and Speaking Notes

Standard Precautions Apply to:

Blood

All body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood

Non-intact skin

Mucous membranes

Combines:

Universal Precautions – for protection against blood borne pathogens

Body Substance Isolation – for protection against all other pathogens

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Use Standard Precautions, or the equivalent, for the care of all residents.

When should you wash your hands?

When to Wash Hands

Before having direct contact with residents

Before putting on gloves

After removing gloves or other personal protective equipment

After contact with body substances or articles/surfaces contaminated with body substances

After contact with resident's intact skin (taking pulse, lifting a resident)

Before preparing or eating food

After using restroom

After personal contact that may contaminate hands (blowing nose, using bathroom)

It may be necessary to wash hands between tasks and procedures on the same resident to prevent cross-contamination of different body sites.

How to Wash Hands

Wet hands first with water.

Apply enough soap for lather to cover all surfaces of hands and wrists.

Rub hands together for a minimum of 15 seconds, covering all surfaces of hands and fingers, with special attention to nails and areas between fingers.

Rinse well with running water. Dry thoroughly with paper towel. Use paper towel to turn off faucet.

Avoid using hot water, as it can increase the risk of dermatitis.

Hand Hygiene

Nail polish is okay if it is not chipped.

Keep fingernails neatly manicured, and not extending past the fingertips.

Artificial fingernails are discouraged. They cause nail changes that can increase the risk of colonization and transmission of pathogens to residents. Outbreaks of infections have been traced to the artificial fingernails of healthcare workers.

The skin underneath rings is more heavily colonized with bacteria very hard to remove by hand washing. It is not recommended to wear rings.

Healthcare workers should use facility approved hand lotion to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or hand washing.

When should you wear gloves?

When to Wear Gloves

When touching blood, body fluids, secretions, excretions, and contaminated items

When you have cuts, scratches, or other breaks in the skin on your hands

Before touching mucous membranes and non-intact skin

Change gloves between tasks and procedures on the same resident after contact with material that may contain microorganisms.

Do not reuse gloves.

If you are allergic to latex or powder, ask the charge nurse for hypoallergenic or powder-free gloves.

When to Remove Gloves

Promptly after use

Before touching non-contaminated items and surfaces

Before going to another resident

Wash hands as soon as possible after glove removal.

Gloves Should Not be Worn:

Away from the bedside

At the nursing station

To handle charts, clean linen, clean equipment, or resident care supplies

In hallways or elevators.

Mask, Eye Protection, Face Shield

Wear a mask, eye protection, or a face shield to protect your eyes, nose, and mouth during procedures that are likely to generate splashes of blood, body fluids, secretions, and excretions.

What are some situations that might require wearing a mask or goggles?

Where are these items kept in this facility?

Situations which may increase risk of splash include:

Emptying bedpans/suction canisters into hopper/toilet

Care of coughing resident with suspected infection

When should gowns be worn?

Gowns

Wear a gown to protect skin and to prevent soiling of clothing during procedures that are likely to generate splashes of blood, body fluids, secretions, or excretions.

Select a gown that is appropriate for the activity and amount of fluid likely to be encountered.

Remove a soiled gown as promptly as possible, and wash hands to avoid transfer of microorganisms to other residents or environments.

Equipment

Handle used resident care equipment soiled with blood, body fluids, secretions, and excretions in a way that prevents contamination of skin and clothing and transfer of microorganisms to other residents, staff members, and environments.

Make sure reusable equipment is not used for the care of another resident until it has been cleaned appropriately.

What is the proper handling of soiled linen?

Linen

Wear gloves to handle moist or visibly soiled linen.

Handle contaminated laundry as little as possible with a minimum of agitation.

Place soiled linen in plastic laundry bags.

Do not place soiled linen on any clean surface, and do not allow clean linen to come in contact with soiled linen.

Securely close laundry bag when bag is three-fourths full and place it in storage area.

If laundry is wet or could soak through it must be transported in bags or containers that prevent soak-through.

Needles

Take care to prevent injuries when disposing of used needles.

Never recap used needles.

Place used disposable needles and other sharp items in appropriate puncture-resistant containers.

Resuscitation Equipment

Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation.

Surfaces and Spills

Clean work surfaces after contamination with blood or other potentially infectious materials.

Spills of body substances should be cleaned up promptly. Wear gloves and use other protective equipment if there is risk of splash.

Isolation

Follow isolation guidelines. Know which residents are currently in isolation, and follow the procedures as directed. If you are unsure whether to wear gloves, a gown, or a mask, or do not understand how linen should be handled, ask the charge nurse or infection control nurse for instructions.

Work Practices

Do not eat, drink, smoke, apply cosmetics and lip balm, or handle contact lenses in any work areas where there is a reasonable likelihood of occupational exposure.

Do not keep food and drink in freezers, refrigerators, counter tops, shelves, and cabinets where blood or other potentially infectious materials are stored or handled.