

STANDARD PRECAUTIONS

PURPOSE

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in healthcare settings. Standard Precautions apply to all patients and in all situations, regardless of diagnosis or presumed infection status. Because **all patients can serve as reservoirs for infectious agents**, adherence to Standard Precautions during the care of ALL patients is essential to interrupting the transmission of microorganisms.

Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions *except sweat*, regardless of whether they contain visible blood; 3) non-intact skin; and 4) mucous membranes.

Transmission of infection requires three elements:

- a source of infecting microorganisms,
- a susceptible host, and
- a means of transmission for the microorganism.

PRACTICE

A. **Standard Precautions:**

Are used with ALL patients, regardless of diagnosis or isolation status. The required elements include:

1. Adequate hand hygiene at all appropriate times,
2. Disinfecting surfaces and equipment between patient uses and
3. Appropriate use of Personal Protective Equipment (PPE) for reasonably anticipated contact with body substances or contaminated equipment. The **symptoms**, condition, and expected interaction with each patient must be critically assessed when determining what type of PPE use is appropriate.

4. **HAND HYGIENE**

IS THE MOST IMPORTANT ACTIVITY TO PREVENT TRANSMISSION!

5. **CLEAN HANDS** with hospital supplied soap or alcohol-based hand rub before and after routine patient care activities and after hand contaminating activities.
6. **ALWAYS CLEAN HANDS AFTER REMOVING GLOVES.**

B. **Hand Hygiene**

Hand cleaning is the single most important strategy to reduce the risk of transmitting organisms from one person to another or from one site to another on the same patient. Cleaning hands promptly and thoroughly between patient contacts and after contact with blood, body fluids, secretions, excretions, and equipment or potentially contaminated surfaces is an important strategy for preventing healthcare-associated infections. For further information and detailed instructions, please refer to [Hand Hygiene Policy](#).

C. Personal Protective Equipment (PPE)

1. Use of protective equipment (i.e., gowns, gloves, masks, eye protection) is mandated by the OSHA bloodborne pathogens final rule to reduce the risk of exposures to bloodborne pathogens under specified circumstances.
2. Under routine circumstances, remove and discard all PPE and CLEAN HANDS prior to leaving the patient care zone defined as
 - a. The patient's room
OR
 - b. The immediate patient care area in open bay situations
3. It is acceptable to wear appropriate PPE while performing a task beyond the patient care zone *while hands are occupied* and
 - a. There is reasonable anticipation that contact with blood or body fluid may occur
OR
 - b. During transport of a patient on Contact Precautions
4. Remove and discard PPE and perform hand hygiene at the completion of the task.

D. Gloves

Gloves are worn:

1. To provide a protective barrier and to prevent gross contamination of the hands
2. For anticipated contact with mucous membranes and non-intact skin
3. For invasive procedures

Glove use does not replace the need for hand hygiene.

E. Gowns*

Gowns reduce the opportunity for transmission of pathogens from patients or items in their environment to other patients or environments; when gowns are worn for this purpose, remove the gown and CLEAN HANDS before leaving the patient's environment.

1. Wear a clean, non-sterile disposable gown to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
2. Unanticipated soiling of skin and/or clothing may occur upon close physical contact with a patient. A gown *may* be worn when physically moving a patient to or from a transport device such as a gurney or wheelchair, but is only required when the patient is on Contact Precautions.
3. Remove and discard gown at completion of task, and clean hands to avoid transfer of microorganisms to other patients or environments.

F. Masks and Eye Protection

A mask worn to cover the nose and mouth, and eye protection (i.e., goggles or a face shield) are worn to protect the healthcare worker during procedures and patient-care activities that are likely to generate splashes or sprays of blood or body fluids

Wear a surgical mask and eye protection when providing care within 3 feet of a patient who is coughing, sneezing, spitting, or being suctioned.

Remove and discard all PPE and clean hands prior to leaving the patient's room or, in open bay situations, the immediate patient care area ("patient care zone"). It is acceptable to wear appropriate PPE while performing a task beyond the patient care zone while hands are occupied

and there is a reasonable anticipation that contact with blood or body fluid may occur. Remove and discard PPE and clean hands at the completion of the task.

F. Surface Disinfection

Surfaces in the patient's environment (e.g., telephones, call lights, bedrails, over-bed tables, bedside stands) must be cleaned at least daily and upon patient discharge or transfer using disposable detergent-disinfectant impregnated wipes or a cloth moistened with hospital-approved detergent-disinfectant.

G. Patient Placement

Appropriate patient assessment and placement is imperative to controlling infection. Standard Precautions are sufficient to interrupt the spread of most infectious agents. **Transmission-based precautions** are used ***in addition to*** Standard Precautions. A patient with a highly transmissible and/or epidemiologically important microorganism (e.g. influenza, *Clostridium difficile*, chickenpox) is placed in a private room.

H. Needles and Sharps

Discard all used needles and sharps in designated puncture-resistant containers. Containers are in all patient rooms, treatment rooms, delivery rooms, nurseries, OR suites, critical care cubicles, laboratory workstations, and ED cubicles. Sharps containers must be closed and discarded when filled to the "full" line. Additional information on safety devices available at UCSF Medical Center can be found on the Material Services website: <http://www.ucsfmedicalcenter.org/matserv/>.

I. Solid Waste*

Discard all trash in impervious plastic bag lined waste baskets. Regulated ("red bag") waste includes liquid blood wastes, containers of bloody body fluids, pathological waste, laboratory and microbiology waste, dialysis waste and full, closed sharps containers.

J. Linen*

Soiled linen shall be placed in linen bags. Upon discharge or room transfer, unused linen stored in that patient's room will be handled as if soiled, and placed in the linen bags upon discharge/transfer. Linen will be removed from the bed, gurney, or other surface with a minimum of disruption (i.e., avoid shaking and "fluffing"). When a bag is 2/3 full or less, it will be tied securely for transport to the laundry.

K. Reusable Procedure Trays and Instruments*

Reusable instruments and procedure trays contaminated with blood and/or body fluids should be returned to Central Sterile Supply for reprocessing in case carts or in impermeable bags or containers.

L. Reusable Equipment*

All patient care items and surfaces used for multiple patient contacts must be disinfected between uses. Remove visible soiling. A hospital-approved detergent disinfectant must be applied and allowed to air dry before the next patient contact - use disposable detergent disinfectant impregnated wipes or a cloth moistened with hospital-approved detergent disinfectant. This practice applies to items including, but not limited to, glucometers, blood pressure cuffs, thermometers, stethoscopes, pulse oximeters, gurneys, wheelchairs, therapy mats, bed scales, patient movement assistive devices, call lights, telephones.

M. Laboratory Specimens*

All specimens will be considered potentially infectious. All specimens will be placed in a container that is securely closed, labeled, and will be placed in a “Biohazard” labeled impervious bag.

N. Blood Spills

Environmental surfaces contaminated with blood or body substances will be immediately cleaned with a hospital-approved detergent disinfectant. Personal protective equipment will be used during the cleaning process to protect personnel from exposure.

O. Exposures*

First aid and thorough washing or flushing of the exposed site is essential at the time of the exposure. After sufficiently washing the site, blood and body substance exposures will be immediately reported to Employee Health Services via the Needlestick Hotline (719-3898), and then to the area supervisor.

P. Deceased Patient

Standard Precautions will be followed when preparing a deceased patient for moving and transport.

* Exceptions to this policy in the care of a patient with suspected or confirmed human prion disease are addressed in [Section 4.2](#) of the Infection Control Manual.

TRANSMISSION BASED PRECAUTIONS

PURPOSE

Transmission-based Precautions are designed for patients with symptoms and/or documented or suspected infection or colonization with one of the organisms listed on the table [“General Conditions and Specific Organisms Requiring Transmission Based Precautions”](#)

A. ”. Transmission based precautions are used **IN ADDITION TO STANDARD PRECAUTIONS**.

The three types of Transmission Based Precautions may be used alone, or in combination for diseases that have multiple routes of transmission:

1. Contact Precautions
2. Droplet Precautions
3. Airborne Precautions

Patients with suspected or confirmed diseases listed on either table shall be placed on the appropriate Transmission Based Precautions until the condition has been ruled out or the criteria for removal from isolation have been met.

WHEN A CONDITION IS SUSPECTED ENOUGH TO TEST FOR THE CAUSATIVE AGENT, THE APPROPRIATE PRECAUTIONS ARE TO BE INSTITUTED.

HAND HYGIENE

IS THE MOST IMPORTANT ACTIVITY TO PREVENT TRANSMISSION!

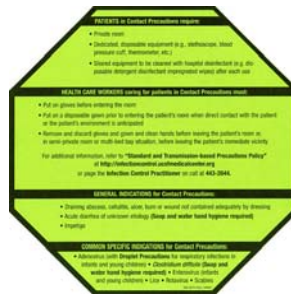
- **CLEAN HANDS** with hospital supplied soap or alcohol-based hand cleanser **before caring for patient and after contact with ANYTHING in the room.**
- **ALWAYS CLEAN HANDS AFTER REMOVING GLOVES.**

B. **Contact Precautions**

Contact, or touch, is the most common and most significant mode of transmission of infectious agents. Patients in Contact Precautions include those infected or colonized with ***Clostridium difficile*** ("C. diff"), **rotavirus**, or other organisms deemed significant by Infection Control. Contact transmission can occur by directly touching the patient, through contact with the patient's environment, or by using contaminated gloves or equipment.

Patients in **Contact Precautions** require:

1. Private Room.
2. Dedicated, disposable equipment (e.g., stethoscope, blood pressure cuff, thermometer, etc.). If shared equipment is used, it must be cleaned with hospital disinfectant (e.g. disposable detergent disinfectant-impregnated wipes) after each use.
3. Affix green “Contact Precautions” sign to the door.
4. Give patient (or responsible family member) A [“Contact Precautions Patient Information Sheet”](#)



Healthcare workers caring for patients in Contact Precautions must:

1. Put on gloves **and gown** prior to entering the patient's room.
2. Remove and discard gloves and gown and clean hands before leaving the patient's room or, in semi-private room or multi-bed bay situation, before leaving the patient's immediate vicinity.

NOTE: Gown and gloves may be worn during transport of a patient on Contact Precautions. PPE must be removed and hand hygiene performed when the transfer is complete.

DISCONTINUING PRECAUTIONS:

1. *Clostridium difficile*: when patient's diarrhea has resolved. (See [Diarrhea Decision Tree](#))
2. Rotavirus: when diarrhea is resolved AND rotavirus antigen test is negative.
3. **Other conditions/diseases: consult with Infection Control**

C. Droplet Precautions

Droplets are formed when a person coughs, sneezes, speaks, spits, sings, or undergoes oral or tracheal/bronchial suctioning. Transmission occurs when droplets containing microorganisms generated from an infected person are propelled a short distance (about 3 feet), and may come in contact with another person's conjunctivae or mucous membranes (eyes, nose or mouth). Diseases transmitted by the droplet route include **influenza, and meningococcal meningitis**. Droplets do not remain suspended in the air, and **are not transmitted by the airborne route**.

Patients in **Droplet Precautions** require:

1. Private room, except when directed otherwise by Infection Control.
2. The caregiver wears a mask that covers the mouth and nose (regular surgical or paper mask), and eye protection (safety goggles, fluid shield) when providing care within 3 feet (arm's reach) of the patient.
3. Patients are encouraged to remain in their room except for essential purposes, in which case, a regular mask (surgical or paper) is worn.
4. Affix yellow "Droplet Precautions" sign to the door.
5. Give patient (or responsible family member) A "[Droplet Precautions Patient Information Sheet](#)".



Visitors

1. Visitors will be educated regarding the transmission of droplet-borne diseases:
 - a. Hand hygiene with alcohol based hand rub or soap and water should be performed regularly and always upon leaving the patient's room.
 - b. Risk of acquisition of droplet-borne diseases is reduced through the use of personal protective equipment (i.e., surgical mask with eye shield or goggles). This equipment will be available for visitors who choose to wear it.
2. Visitors with upper respiratory symptoms are restricted from visiting. Special consideration may be given to close family members. Please consult with Infection Control.
3. Nursing staff must instruct family/visitors to clean hands after contact with patient secretions or contact with immediate patient environment.

DISCONTINUING PRECAUTIONS:

Droplet precautions may be discontinued when symptoms resolve or when criteria for discontinuing precautions (see [Transmission-based Precautions Table](#)) have been met. Consult with Infection Control if you have questions.

D. Airborne Precautions

When a person infected with **Tuberculosis, Measles, and Chicken Pox** coughs, sneezes, speaks, spits, sings, or undergoes oral or tracheal/bronchial suctioning, droplet nuclei (particles sized 5 microns or smaller), which carry the infectious organism may be released into the air and be carried via air currents. ***Negative pressure air handling (ventilation) IS REQUIRED for isolating patients diagnosed or suspected of being infected with airborne-transmitted organisms.***

Patients in **Airborne Precautions** require:

1. Private Negative Pressure Isolation Room (NPIR)
2. All persons entering the room of a patient with suspected or confirmed tuberculosis MUST wear a fit-tested N-95 respirator or PAPR (See [Tuberculosis Exposure Control Plan](#))
3. When a patient is suspected or confirmed to have an infection with chickenpox, disseminated shingles or measles, susceptible healthcare workers or visitors MAY NOT enter the room; healthcare workers or visitors immune to chickenpox or measles may enter these rooms *without wearing a mask*. The varicella vaccination is NOT 100% effective in conferring immunity to chickenpox. Health care workers who have not had the disease but have been vaccinated shall refrain from entering the room of a patient with chickenpox or disseminated zoster when there are other immune caregivers available.

4. Confinement to their room except for essential purposes, in which case, a regular mask (surgical or paper) is worn by the patient at all times when outside the negative pressure environment. (*Patients with airborne transmitted diseases are not required to wear an N95 respirator.*)
5. Affix appropriate sign to patient's door
 - a. If patient has active **tuberculosis** or is being ruled out for this disease, use **red** "Airborne/AFB Precautions" sign.
 - b. Give patient (or responsible family member) an "[Airborne/AFB Precautions Patient Information Sheet](#)"



- c. If patient has any other airborne transmitted disease, use the pink "Airborne Precautions" sign
- d. Give patient (or responsible family member) an "[Airborne Precautions Patient Information Sheet](#)"



Visitors

- A. For patients with suspected or confirmed tuberculosis
 1. Visitors will wear a surgical mask that is secured and snugly fitted.
 2. Symptomatic household or other contacts of patient may not visit until medically cleared. If symptomatic contact must visit, a mask will be donned before entering the hospital and worn continuously while in the facility.
- B. For **other conditions** to which airborne precautions apply.
 1. Visitors will be limited to those immune to the patient's disease.
 2. For exceptional circumstances, please consult with Infection Control.

DISCONTINUING PRECAUTIONS:

Consult with Infection Control before discontinuing Airborne Precautions. In addition, for "R/O TB", consult the [Tuberculosis Exposure Control Plan](#).

ADMISSION TO COMFORT CARE SUITES/ROOMS:

- Patients in Contact or Droplet precautions **may** be admitted to Comfort Care Suite L1439, and to Comfort Care Rooms on 7 Long.
- Patients on Airborne Precautions may **not** be admitted to any Comfort Care Suite or Room **EXCEPT M1524**. This room should be set to negative pressure prior to admission of a patient on Airborne Precautions.

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