STANDARD PRECAUTIONS

PURPOSE:
It is the intent of this facility that:

- All resident blood, body fluids, excretions and secretions other than sweat will be considered potentially infectious;
- Standard Precautions are indicated for all residents.

BARRIER INDICATED IN STANDARD PRECAUTIONS

A. **Gloves** – gloves should be worn whenever exposure to the following is planned or anticipated.
- Blood/blood products/body fluids with visible blood
- Urine
- Feces
- Saliva
- Mucous membranes
- Drainage tubes
- Wound drainage
- Non-intact skin
- Amniotic, cerebral spinal, pericardial, pleural, peritoneal, synovial fluids
- Performing venipuncture or invasive procedures
- Accuchecks/glucometer testing

B. **Masks and eyewear (or face shields)** – should be worn during procedures that are likely to generate droplets/splashing or blood/body fluids.

C. **Gowns/Aprons** – should be worn when there is potential for soiling clothing with blood/body fluids.

D. **Private Room** – consider when resident hygiene is poor or in cases where blood/body fluids cannot be contained.

E. **Handwashing/hand hygiene** – refer to procedure on handwashing/hand hygiene.

F. **Resuscitation Equipment** – mouthpieces or other ventilation devices should be available as alternatives for mouth to mouth resuscitation.

G. **Sharps Precautions** – safety engineered sharps should be used and used sharps should be placed in an appropriately labeled puncture resistant container.

H. **Lab Specimens** – should be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. If outside contamination of the primary container occurs, it should be placed within a second container.

I. **Blood Spills** – spills of blood or other body fluids should be removed and the area decontaminated using the facility approved blood spill kit. Gloves should be worn during cleaning and decontamination. The manufacturer's directions will be followed for use of the product in cleaning the decontaminating spills.

J. **Linen** – soiled linen should be handled as little as possible. Gloves should be worn to handle linen soiled with blood or body fluids. Linen is placed in plastic bags before it leaves the bedside.

K. **Waste** – waste should be bagged in inpervious bags before leaving the resident's room.

NOTE: All incontinent residents will wear impervious disposable briefs. These briefs prevent leakage of potentially contaminated urine and stool.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is provided to all employees. Each employee is responsible for knowing where the equipment is kept in the department.

A. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.

B. PPE available includes gloves, gowns or aprons, masks and eye protection (or face shields), and resuscitation devices.

SAFE INJECTION PRACTICES

The risk of transmission of bloodborne pathogens as a result of unsafe injection, infusion and medication vial practices in clinical settings continues to be a major issue for the healthcare industry. It remains the responsibility of individual healthcare facilities to develop, institute and monitor safe injection practices for the benefit of resident safety. Only trained staff should prepare parenteral medications.

The following safe practices are strongly supported by the Association for Professionals in Infection Control and Epidemiology (APIC):

A. Perform hand hygiene before handling supplies including vials/IV solutions and preparing medications.

B. Use aseptic technique for parenteral medication administration, medication vial use and injections, in a clean, dry and clutter free workspace that is away from sinks/water.

C. Discard all opened vials, IV solutions and prepared or opened syringes used in emergency situations.

D. Never use a syringe for more than one resident even if the needle has been changed between residents.

E. Use a new syringe and a new needle for each entry into a vial or IV bag.

F. Wherever possible, use sharps safety devices and dispose of used sharps at the point of use in an approved sharps container.

G. Discard syringes, needles and cannula after direct use on an individual resident or an IV administration system.

H. Never store or transport syringes in clothing/pockets.

I. Prefilled syringes are for single use only.

J. Prepare syringes as close to administration as possible.

K. Use single dose or single use vials whenever possible and discard after use on that resident.

L. Use a new sterile syringe and new needle/cannula when entering a vial.

M. Cleanse the diaphragm of vials using 70% isopropyl alcohol or other approved antiseptic and allow drying before accessing vial.

N. Dedicate multi-dose vials to a single resident whenever possible and access all vials using a new sterile syringe and new needle/cannula.

O. Do not store or access the vial in the immediate areas where direct resident care occurs.

P. The “beyond-use-date” and disposal of opened multi-dose medication vials depends on the approach taken:

- USP <797> requires a beyond-use date of 28 days after initial stopper penetration unless the manufacturer's expiration date will be reached before 28 days, or the package insert states otherwise. The vial must be dated to reflect the date opened and/or beyond-use date. Discard the vial when the date is reached.
- CDC indicates that the beyond-use date can be based on the manufacturer's expiration date. Date the vial to reflect the date opened.
- If sterility of the vial is in questions, regardless of the dates specified, the vial should be discarded.