Infection Control: Standard Precautions

Background

Standard Precautions is essential as the primary strategy for the successful minimisation of transmission of healthcare associated infections.

Standard Precautions are:

- Standard work practices required to achieve a basic level of infection control in all settings and situations.
- Recommended for the care and treatment of all patients, regardless of their infectious status.
- Designed to protect both patients and healthcare workers.
- Based on the principal that all blood and bodily fluids, tissues, excretions and secretions (except sweat) must be regarded as potentially infectious.
- Will prevent the transmission of many infectious agents, including blood borne viruses by reducing the risk of spread via direct/indirect contact, mucosal exposure or percutaneous inoculation.

Purpose and intent

The purpose of this procedure is to outline the requirement of all staff within Metro North to adhere to Standard Precautions. Standard Precautions are those work practices that apply to everyone, regardless of their perceived or confirmed infectious status and ensure a basic level of infection control.

Standard Precautions reduce the incidence of cross infection and transmission of pathogens.

Scope and target audience

All staff, volunteers, contractors and students within Metro North Hospital and Health service.

Principles

Mandatory Requirement:

All staff to comply with the principles of standard precautions as described in NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare Part B and in accordance with National Standards.
Procedure / process

Standard precautions consist of:

- Hand hygiene, before and after every episode of patient contact
- The use of personal protective equipment (PPE)
- Aseptic technique
- The safe use and disposal of sharps
- Routine environmental cleaning
- Reprocessing of reusable medical equipment and instruments
- Waste management
- Appropriate handling of linen.
- Vaccination against vaccine preventable diseases
- Respiratory hygiene and cough etiquette
- Appropriate handling of linen

Hand Hygiene

Hand hygiene is the single most important strategy to reduce the risk of infection.

Hand hygiene is to be performed as per the ‘5 moments for hand hygiene’ developed by the World Health Organization (WHO 2009) and adopted by Hand Hygiene Australia:

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient’s surroundings

As well as:

- Before putting gloves on and After removal of gloves
- Before and after breaks,
- Visiting the toilet
- Before & after handling food.
Bare Below the Elbows (BBE)
All staff having contact with a clinical area or direct contact with patients must adhere to BBE.
- Clothing not to exceed elbow length.
- Jewellery is limited to a plain band.
- Nails are to be short and clean. No artificial nails or nail polish.
- Lanyards are not recommended in clinical areas. A retractable ID holder is to be used in place of lanyards.
- Ties should be tucked in, secured or removed in clinical areas.
- Staff cannot work in a clinical area if they are unable to clean their hands or be bare below the elbows due to arm casts/hand braces, wound dressings or arm compression devices.

Personal Protective equipment (PPE)
Provide a barrier to contact with blood, body fluids, non-intact skin or mucous membranes.
Required:
- If there is a risk of exposure to blood or other body fluids, secretions and excretions regardless of whether they contain visible blood (excluding sweat)
- Contact with non-intact skin, including rashes
- Contact with mucous membranes
- As required by Transmission Based Precautions

PPE includes:
- Gloves
- Plastic apron/fluid impervious gown
- Protective eyewear
- Face wear/eye protection

Aseptic Technique
Refer to local Procedure for more information.
Aseptic principles:
- Protect patient during invasive procedures from contamination of key parts and key sites with microorganisms causing infection.
- Includes Hand Hygiene, PPE, aseptic fields and environment control.
Maintaining Safe Environment

Sharps Management
- Discarded at point of use in sharps container
- Do not overfill container
- Never recap used sharp
- Used retractable devices where possible

Linen Management
- PPE must be worn whilst handling soiled linen
- Soiled linen that cannot be contained should be placed in an alginate bag and placed in linen skip.
- Do not fill linen bags over ¾ full.

Waste Management
- PPE must be worn when handling waste

Environmental Cleaning
Routine thorough environmental cleaning is essential to minimise microorganisms in the environment and reduce transmission of these organisms.
Pay special attention to horizontal and common touch surfaces. E.g. door handles, call bells

Reusable medical devices (RMDs)
Single use items/instruments are preferred where available.
Appropriate PPE is to be worn when cleaning used patient equipment to prevent contact with potentially infectious material.
Contaminated equipment with blood or bodily fluids should be cleaned with approved pre-treatment cleaning agent prior to return to sterile processing area for disinfection.
Due to the risk of infection transmission, staff with dermatitis or skin infections are to consult a Medical Practitioner to determine their suitability to undertake reprocessing activities.
Hand creams shall not be used when performing reprocessing activities as use of these creams can result in transfer of residue to the surface of the RMD. This residue can compromise disinfecting and sterilising processes for the RMD.
Refer to local procedures on hand hygiene and exclusion periods for further information.

Vaccination and staff responsibilities
Vaccinations protect health care workers and those in their care from vaccine preventable diseases.
Hepatitis B vaccination or proof that an individual is not susceptible to Hepatitis B is a condition of employment for those who have direct contact with patients or who in the course of their work may be exposed to blood/body fluids or contaminated sharps.
Staff are required to vaccinated against or not susceptible to:
- Measles, Mumps, Rubella
- Varicella (Chicken pox)
- Pertussis
All wounds or broken skin are to be covered with waterproof dressings. Any staff member with non-intact skin that is not covered, arm casts, hand braces or arm compression devices which extend below the elbow cannot perform Hand Hygiene effectively and must be removed from the clinical area.

Exclusion periods apply for gastroenteritis (48 hours of no symptoms) and Influenza (5 days post onset of symptoms)

All staff are to ensure good personal hygiene and wear a clean uniform every day.

**Respiratory Hygiene and Cough Etiquette**

- Covering sneezes / coughs prevents infected persons from dispersing respiratory secretions into the air.
- Cough into tissues, cupped hands over both nose and mouth, or cough into sleeve.
- Dispose of used tissues in the waste immediately.
- Hand hygiene must be attended after sneezing or coughing.

**Legislation and other Authority**

NHMRC, National Health and Medical Research Council

CDIM, Communicable disease and Infection Management, Department of Health

Australian Commission on Safety and Quality in Health Care

- (NSQHS) National Safety and Quality Health Service Standards.

Hand Hygiene Australia (HHA)

World Health Organisation (WHO)

Australian / New Zealand Standard (AS/NZS), 4187:2014 Reprocessing of reusable medical devices in health service organisations

**References and benchmarking**

Australian Guidelines for the Preventions and Control of Infection in Healthcare (2010)

Commonwealth of Australia, Hand Hygiene Australia 5 Moments of Hand Hygiene, July 2009

Australian Commission on Safety and Quality in Health care NSQHS standards,

National Health and Medical Research Council (NHMRC), Department of Health, The Australian Immunisation Handbook 10th edition (2013),

**Relevant standards**

AS/NZ4187: Reprocessing of reusable medical devices in health service organisations

National Safety and Quality Healthcare Service Standards 2nd edition

Standard 1 – Clinical Governance

Standard 3 – Preventing and Controlling Healthcare Associated Infection
Document history

| Custodian | Metro North Infection Control Practitioner Collaborative  
| CNC, Infection Control Unit, TPCH  
| CNC, Infection Monitoring and Prevention Unit, RBWH |
| Risk rating | Medium (12) |
| Compliance evaluation and audit | Hand hygiene audit results  
| Occupational exposure data |
| Replaces document/s | New document |
| Previous issue date/s | - |
| Key stakeholders | MNHHS Infection Control Practitioner Collaborative  
| MNHHS Infectious Management Services Meeting |
| Marketing strategy | Noted at facilities Infection Control committees  
| Marketing through regular email to all line managers of new and updated policies and procedures |
| Key words | Standard; Precautions; Hand; Hygiene; PPE; Personal; Protective; Equipment; Linen; Waste; Sharps; ANTT; Aseptic; Technique |

Authorisation

Signature

Date

Executive Director

Medical Services Metro North Hospital and Health Services

The signed version is retained by the relevant facility Safety and Quality area, Metro North Hospital and Health Service.