

STANDARD PRECAUTIONS / UNIVERSAL PRECAUTIONS

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Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

Key components and their use.

HAND HYGIENE

Hand hygiene refers to both washing with plain or anti-bacterial soap and water and to the use of alcohol gel to decontaminate hands. When hands are not visibly soiled, alcohol gel is the preferred method of hand hygiene when providing health care to clients.

Hand hygiene should be performed before and after contact with a client, immediately after touching blood, body fluids, non-intact skin, mucous membranes, or contaminated items (even when gloves are worn during contact), immediately after removing gloves, when moving from contaminated body sites to clean body sites during client care, after touching objects and medical equipment in the immediate client-care vicinity, before eating, after using the restroom, and after coughing or sneezing into a tissue as part of respiratory hygiene.

NEEDLE STICK AND SHARPS INJURY PREVENTION

Safe handling of needles and other sharp devices are components of standard precautions that are implemented to prevent health care worker exposure to blood borne pathogens.

Used needles should be discarded immediately after use and not recapped, bent, cut, removed from the syringe or tube holder, or otherwise manipulated.

Any used needles, lancets, or other contaminated sharps should be placed in a leak-proof, puncture-resistant sharps container that is either red in color or labeled with a biohazard label.

Do not overfill sharps containers. Discard after 2/3 full or when contents are at the "full" line indicated on the containers.

Used sharps containers may be taken to a collection facility such as an area pharmacy, hospital, or clinic that provides this service.

CLEANING AND DISINFECTION

Client care areas, common waiting areas, and other areas where clients may have potentially contaminated surfaces or objects that are frequently touched by staff and clients (doorknobs, sinks, toilets, other surfaces and items in close proximity to clients) should be cleaned routinely with disinfectants.

Housekeeping surfaces such as floors and walls do not need to be disinfected unless visibly soiled with blood or body fluids. They may be routinely cleaned with a detergent only or a detergent/disinfectant product.

Most disinfectants are not effective in the presence of dirt and organic matter, therefore cleaning must occur first before disinfection. Wet a cloth with the disinfectant, wipe away dirt and organic material, then with a clean cloth apply

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the disinfectant to the item and allow to air dry for the time specified by the product manufacturer.

Some pathogens such as norovirus and *Clostridium difficile* are not inactivated by commercial disinfectants routinely used in local public health settings. In situations where contamination with these pathogens is suspected, a bleach solution (1:10) is recommended for disinfecting contaminated surfaces and items.

RESPIRATORY HYGIENE.

Clients in waiting rooms or other common areas can spread infections to others in the same area or to local public health agency staff. Measures to avoid spread of respiratory secretions should be promoted to help prevent respiratory disease transmission. Elements of respiratory hygiene and cough etiquette include:

- Covering the nose/mouth with a tissue when coughing or sneezing or using the crook of the elbow to contain respiratory droplets.
- Using tissues to contain respiratory secretions and discarding in the nearest waste receptacle after use.
- Performing hand hygiene (hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) immediately after contact with respiratory secretions and contaminated objects/materials.
- Asking clients with signs and symptoms of respiratory illness to wear a surgical mask while waiting common areas or placing them immediately in examination rooms or areas away from others. Provide tissues and no-touch receptacles for used tissue disposal.
- Spacing seating in waiting areas at least three feet apart to minimize close contact among persons in those areas.
- Supplies such as tissues, waste baskets, alcohol gel, and surgical masks should be provided in waiting and other common areas in local public health agencies.

WASTE DISPOSAL

Sharp items should be disposed of in containers that are puncture resistant, leak-proof, closable, and labeled with the biohazard symbol or are red in color. Items generated by local public health agencies that should be discarded into sharps containers include contaminated items that may easily cause cuts or punctures in the skin (used needles, lancets, broken glass or rigid plastic vials) and unused needles and lancets that are being discarded. Syringes or blood collection tube holders attached to needles must also be discarded still attached to the needles.

Non-sharp disposable items saturated with blood or body fluids (i.e. fluid can be poured or squeezed from the item or fluid is flaking or dripping from the item) should be discarded into biohazard bags that are puncture resistant, leak-proof, and labeled with a biohazard symbol or red in color. Such items may include used PPE and disposable rags or cloths.

SAFE INJECTION PRACTICES INCLUDE:

- Use of a new needle and syringe every time a medication vial or IV bag is accessed
- Use of a new needle and syringe with each injection of a client
- Using medication vials for one client only, whenever possible

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE includes items such as gloves, gowns, masks, respirators, and eyewear used to create barriers that protect skin, clothing, mucous membranes, and the respiratory tract from infectious agents. The items selected for use depend on the type of interaction a public health worker will have with a client and the likely modes of disease transmission.

Wear gloves when touching blood, body fluids, non-intact skin, mucous membranes, and contaminated items. Gloves must always be worn during activities involving vascular access, such as performing phlebotomies.

Wear a surgical mask and goggles or face shield if there is a reasonable chance that a splash or spray of blood or body fluids may occur to the eyes, mouth, or nose.

Wear a gown if skin or clothing is likely to be exposed to blood or body fluids.

Remove PPE immediately after use and wash hands. It is important to remove PPE in the proper order to prevent

contamination of skin or clothing.

If PPE or other disposable items are saturated with blood or body fluids such that fluid may be poured, squeezed, or dripped from the item, discard into a biohazard bag. PPE that is not saturated may be placed directly in the trash. Saturated waste generated from the home should be placed in sealable leak-proof plastic bags before placing in regular trash bags for disposal.

The following table gives guidance for PPE in general.

NO risk of exposure	Hygiene precautions essential e.g. handwashing
LOW risk of contact	Gloves must be available
Contact with blood and/or body fluids PROBABLE, splashing to face unlikely	Gloves to be worn, apron/safety spectacles/masks to be available
Contact with blood PROBABLE: potential for uncontrolled bleeding or splattering to the face	Gloves and apron to be worn, water repellent gown, safety spectacles or face visor and masks to be available

DISADVANTAGES OF STANDARD PRECAUTION.

Added cost of protective barrier equipment, particularly gloves, difficulty in maintaining routine use of the protocol for all patients, uncertainty about precautions for patients in isolation rooms and the overuse of gloves to protect staff at the expense of patients. The other drawback is, compliance by the healthcare workers. The administrators and staff will need to carefully review the recommendations contained in the Standard Precautions and modify them according to what is possible and practical within their resource setting.