

Standard Precautions

“If it’s wet and it isn’t yours, don’t touch it”

What is it?

A group of practices to prevent the spread of infection.

- Hand hygiene
- Use of gloves
- Masks
- Eye protection or face shields
- Cough Etiquette
- Use of masks during insertion of catheters
- Safe injection practices

Standard Precautions combines old terminology Universal Precautions and Body Substance Isolation.

Why should we follow Standard Precautions?

Centers for Disease Control bases Standard Precautions on the “principle that all blood, body fluids, secretions, excretions except sweat, non intact skin and mucous membranes may contain transmissible infections.” To prevent the spread of infection by protecting ourselves, our patients, and those around us we need to practice Standard Precautions.

When should we use Standard Precautions?

Anytime you anticipate possible exposure to body fluids.

Examples:

- Scene of an accident
- Triage
- Equipment and/or surroundings are contaminated: air plane crash, active TB patient
- Diarrhea
- Vomiting
- Bleeding

Standard Precautions Procedure

Assume that every person is potentially infected! Assess the scene and the person. Is it safe to approach the patient? Are there potential toxic substances? Is this a potential crime scene or potentially violent? Will you be on an unstable surface such as a slope, ice or water? Does the patient need to be protected from the environment? Do we need to control bystanders or crowds? First responders provide care only after the scene is safe and containment is completed.

I. Hand Hygiene

- A. Avoid touching surfaces that may be contaminated.
- B. Anytime hands are visibly soiled with anything, wash with soap and water for at least 2 minutes.
- C. Wash with soap and water before you eat and after going to the bathroom.
- D. Use alcohol-based hand rub when hands are not visibly dirty, in between patients, when soap and water are not available.
- E. Use hand hygiene after contact with a patient's skin, when moving from a contaminated body part to a clean body part, contact with objects near a contaminated patient, and after **removing gloves**.
- F. Do not wear artificial nails.

II. Personal Protective Equipment (PPE)

- A. Wear PPE when you anticipate contact with blood or body fluids.
- B. Wear PPE to protect your skin and clothing from contamination.
- C. Before leaving a patient room, remove gloves and discard.
- D. Gloves should be worn as outlined in A through C.
 1. Wear gloves with fit and durability for the task.
 - a. Disposable medical exam gloves for direct patient care.
 - b. Disposable medical gloves or utility gloves to clean environment or equipment.
 - c. Glove types include vinyl, latex.
 - d. Know if you are allergic to latex.
- E. Gowns
 1. Wear gowns for direct patient care where secretions or excretions are not contained.
 2. Remove gown and perform hand hygiene before leaving patient room.
 3. Do not reuse gowns.
- F. Mouth, nose, eye protection
 1. Select masks, goggles, face shields, appropriate to the task.
 2. Use anytime splashes or sprays of blood or body fluids may occur.
 3. Use anytime a procedure may aerosolize body fluids: intubation, Bronchoscopy.
 4. Use barrier devices or ventilation masks for CPR.

III. Respiratory Hygiene/Cough Etiquette

- A. Cover your cough. Best method is cough into your sleeve.
- B. Cover your sneeze. Best method is sneeze in your sleeve or into a tissue.
- C. Use hand hygiene after coughing or sneezing.

IV. Equipment, instruments and devices

- A. Contain, transport and handle equipment
 - 1. Bag contaminated equipment for cleaning at appropriate site.
 - 2. Transport contaminated equipment in appropriate containers marked with bio hazard. Transport linen in tight ball or linen bag.
 - 3. Handle equipment only when wearing appropriate PPE.

V. Surfaces

- A. Clean and disinfect surfaces with antibacterial, antimicrobial solutions approved by your organization.
- B. Organizations may have targeted cleaning on surfaces such as beds, toys, door knobs, floors, etc.
- C. Clean blood pressure cuffs in between patients, finger probes, IV poles etc according to your organizations policy.

VI. Safe injection practices

- A. Applies to needles, cannulas, intravenous delivery systems.
 - 1. Aseptic technique.
 - 2. Do not administer medication from a syringe to multiple patients even if the needle is changed.
 - 3. Infusion or administration sets are for one patient only.
 - 4. Use single dose vials for parenteral administration.
 - 5. If multi dose vials are used the needle and syringe must be sterile.
 - 6. Multidose vials must be kept in a secure place outside the patients room.
 - 7. Use safety needles where ever possible. Never recap.
 - 8. For lumbar punctures and central line placement, PPE should include mask, gloves and gown.

VII. Reporting

- A. Report any exposure to a patient blood or body fluids to your immediate supervisor and follow the organizations procedure.

Scenarios

Traffic Accident

Two victims. One in driver's side seat and one ejected from the car. Assessment Driver has large head gash bleeding profusely. Does not respond to verbal stimuli. Right leg appears at an odd angle. What else can you assess from outside the car?

What protective equipment do you need and why? What protection does the patient need from the environment or from infection?

Back Country Body

You are hiking and come upon a man face down on the trail. You (a) Shake and Shout? (b) feel for a pulse (c) roll them over (d) open his coat ? What about PPE?

Patient coughing blood presents to the ER.

Multiple children are playing with toys in waiting room.

Emergency triage post train wreck.
What considerations must you have to provide a safe triage area?