# Standard Precautions

(Administrative Policy & Procedure #746 – please click [HERE](http://hhi/sites/pp/administrative/700/746%20Standard%20Precautions.pdf) to view full policy)

 **PURPOSE:**

To reduce the risk of transmission of microorganisms found in blood, body fluids, and moist mucous membranes from both recognized and unrecognized sources of infection.

**POLICY:**

Standard Precautions apply to ***ALL*** patients regardless of their diagnosis or presumed infection status.

Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions regardless of whether or not they contain visible blood; 3) non intact skin; 4) mucous membranes.

**PROCEDURE:**

1. Hands, skin surfaces, and mucous membranes *must* be decontaminated following the WHO Hand Hygiene Guidelines (see policy #745 on Hand Hygiene for details). At a minimum hands should be decontaminated:
	1. *before* patient contact
	2. *after* patient contact
	3. *after* contact with blood, body fluids, secretions, excretions, non-intact skin or mucous membranes
	4. *after* contact with the patient’s environment - any surface potentially contaminated with blood or other body fluids
	5. immediately after parenteral *(through the skin)* or splash exposure
	6. *before* donning and *after* removing gloves
	7. *between* patient contact*s*
	8. With soap and water *after* contact with patients with active C. difficile infection
2. All health care workers will be provided with and should routinely use appropriate ***P***ersonal ***P***rotective ***E***quipment ***(PPE)*** as barriers to prevent skin and mucous membrane exposure when exposure to blood or other body fluids from any patient is anticipated.
3. *Gloves* should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of ***ALL*** patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves must be changed after contact with each patient or when moving from a “dirty” to a “clean” procedure on the same patient. Hands should always be washed *before donning* and *after removing* gloves.
4. *Masks and protective eyewear* should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. An N-95 mask must be worn when caring for tuberculosis patients or suspect tuberculosis patients.
5. Fluid-Resistant *gowns* should be worn if contamination of clothing or skin with blood or body fluids is anticipated. Gowns should also be worn during care of patients infected with epidemiologically important microorganisms, such as MRSA, VRE, and C.difficile, and to reduce the opportunity for transmission of these pathogens on clothing from patients or items in their environment to other patients or environments.
6. All health care workers should take precautions to prevent injuries caused by sharp instruments or devices during procedures; when cleaning used instruments; and during disposal of used instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. All used or contaminated disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture resistant containers for disposal.
7. Mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable and should be used during resuscitation procedures.