

# Standard Precautions

Precautions to be used at all times, by all employees and team members, and which are intended to reduce the risk of acquiring and spreading infective organisms.

## Who are these guidelines for?

All clinical employees and medical specialists working at Southern Cross Healthcare facilities.

## What do they contain?

The minimum level of precautions required when providing care at Southern Cross Healthcare facilities. These precautions are also summarised in the [Standard Precautions poster](#).

## Why is this important?

Every person is potentially infected (has symptoms of infection) or colonised (carries the organism but does not have symptoms of infection) with an organism that could be transmitted in the healthcare setting.

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## Contents

- [Hand hygiene](#)
- [Respiratory hygiene](#)
- [Personal protective equipment \(PPE\)](#)
- [Prevention of exposure to blood borne pathogens](#)
- [Environmental precautions](#)
- [Waste disposal](#)
- [Linen](#)
- [Patient clothing](#)

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## Hand hygiene

Hand hygiene is a critical measure in reducing transmission of infection.

### Refer to:



[Hand hygiene policy](#)

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## Respiratory hygiene

### Cough etiquette

To contain respiratory secretions the following are recommended for all individuals with signs and symptoms of a respiratory infection:

- Covering the mouth and nose during coughing and sneezing
  - Using tissues to contain respiratory secretions with prompt disposal followed by hand hygiene
  - Offering a surgical mask to persons who are coughing to decrease contamination of surrounding environment
  - Turning head away from others and maintaining spatial separation, ideally more than three feet when coughing
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## Personal protective equipment

Personal protective equipment (PPE) refers to a variety of barriers to protect mucous membranes, airways, skin and clothing from contact with infectious agents.

Always wear PPE when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur.

### Gloves

- Broken skin surfaces on hands and forearms are covered with occlusive dressings, which are impervious to moisture and replaced when no longer effective
- Gloves are worn when personnel anticipate coming into contact with blood/body fluids, non-intact skin, mucous membranes or where potentially contaminated intact skin could occur
- When exposure to contaminated material or instruments are likely
- Disposable gloves are not reused
- Remove gloves promptly after use, before touching non-contaminated items, environmental surfaces and before going to another patient. Use a proper technique to prevent hand contamination
- Do not wear the same pair of gloves to care for more than one patient
- Hand hygiene is performed immediately to avoid transfer of micro-organisms to other patients or environments

### Gown / apron

- Wear a gown or plastic apron appropriate to the task to protect skin and prevent soiling or contamination of clothing during procedures and patient care activities when contact with blood/body/fluids is likely
- An impervious gown should be worn where there is a risk of large amounts of body fluids splashing
- Remove soiled gown/apron as promptly as possible and perform hand hygiene

### Mouth, eyes and nose protection

- Protect the mucous membranes of the eyes, nose and mouth
- Wear a mask and eye protection (goggles) or a face shield and combination/s to protect mucous membranes of the eyes, nose and mouth when splashes or

sprays with blood/body/fluids is likely

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## Prevention of exposure to blood borne pathogens

### Sharps management

- Care is taken to prevent injuries when using needles, scalpels and other sharp instruments
- Use safety devices where available i.e. scalpel blade removing devices
- Avoid passing used needles, blades or other sharp instruments from hand to hand
- Use a puncture resistant dish during procedures
- Syringe needles are not recapped
- Other needles are placed in a sharps container at point of use (or if this is not possible, placed in a puncture proof kidney dish and transported to the nearest sharps container and discarded there)
- Needles are not removed from syringes
- Sharps containers are replaced when  $\frac{3}{4}$  full
- Sharps containers are placed on benches; trolleys and wall mounted brackets at appropriate heights

### Specimens

All specimens are securely sealed and placed in a biohazard bag prior to transport to the laboratory

### Blood and bodily fluid spills

- Blood or other body fluid spills are cleaned up promptly, while wearing personal protective equipment - gloves, apron, eye protection as required
- The size of the spill, location and the type of surface will determine the procedure for management
- Use of a spill kit is advisable
- Wipe up with damp cloth, absorbent paper towel or use absorbent media such as granules. Clean with water and detergent
- Where contact with bare skin is likely, wipe the area with sodium hypochlorite 500ppm and allow to dry

### Aseptic Technique

- Routine protection and care of vulnerable sites which could be exposed to microbes
- This involves hand hygiene, use of PPE and sterile equipment during care of these sites (eg care of lines, wounds)

### Safe injection practices

For preparation and administration of parental medication:

- Use of sterile, single use, disposable needle and syringe for each injection given
- Use of single dose vials for single patient use only (multi-dose ampules only when single-use vials are unavailable)

- Use aseptic technique
- Do not use a syringe to administer medication to multiple patients

**Refer to:**

**Medication ampoules/vials - single use/multi-dose policy and principles**

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## Environmental precautions

### Cleaning of equipment and the environment

- Routine cleaning methods, schedules and monitoring programmes are essential to maintain a clean hospital environment and reduce the transmission of healthcare associated infections.

**Refer to:**

**Environment cleaning guidelines**



**Decontamination of reusable patient-related equipment**

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## Waste disposal

- Wear appropriate personal protective equipment when handling contaminated items for disposal- gloves, apron
- Rubbish that is significantly contaminated with blood or body fluids and likely to leak is placed into a yellow waste bag or hard shell container with plastic bag liner for disposal as clinical waste
- Liquid blood and body fluids are either - suctioned into self-sealing suction receptacles, which are then placed into the yellow rubbish bins or where possible, they are first emptied via an approved system so the empty containers are placed into the waste stream.

**Refer to:**

**Waste management guideline**

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## Linen

- Linen that is blood or bodily fluid contaminated and is likely to leak is placed in a water-soluble plastic bag and then into a fluid impervious linen bag

**Refer to:****Linen management guidelines****Patient clothing**

- Do not launder onsite, soiled clothing is to be taken home
- Wear PPE, remove gross soil then place in a leak resistant plastic bag
- Label bag with patient name and ensure it is uplifted on the same day

**Associated documents****Standard Precautions poster**

Poster illustrating the precautions that apply to ALL patients at ALL times (available in A4 and A3 sizes).

**References:**

- [Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 \[CDC\]](#)

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