GUIDELINE TITLE: Standard Precautions

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1. Introduction

The general principles of infection prevention and control are applied during working practices which protect other patients and staff from infection. All blood and body fluids are capable of transmitting infection therefore standard precautions are applied to all patients in all wards/departments/community and at all times.

**Body fluids and substances include:** blood, cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid, amniotic fluid, semen, vaginal secretions, breast milk, nasal secretions, urine, vomit, faeces and sputum.

This Guideline applies to all staff.

1.1 Aims and Objectives

The aim of this guideline is to ensure the appropriate and safe use of standard precautions in order to protect patients and staff from cross infection.

1.2 Statement of intent

Airedale NHS Foundation Trust fully recognises that the obligation to implement guidance should not override any individual clinician to practice in a particular way if that variation can be fully justified in accordance with Bolam Principles. Such variation in clinical practice might be both reasonable and justified at an individual patient level in line with best professional judgement. In this context, clinical guidelines do not have the force of law. However, the Trust will expect clear documentation of the reasons for such a decision and for this variation. In addition, any decision by an individual patient to refuse treatment in line with best practice must be respected, escalated to the consultant and fully documented in the appropriate records of care/treatment.

2. Management

2.1 Accountability and Responsibilities

2.1.1 Management Responsibilities:

- To ensure that the Guideline is brought to the attention of staff and observed by them.
- To ensure that every member of staff has an understanding of the content and its scope and application.
- To ensure that the appropriate resources and training are made available within their sphere of responsibility.

2.1.2 Individuals employed by Airedale NHS Foundation Trust have a responsibility to:

- Adhere to these procedures
Correctly use the procedures and guidance given.

2.1.3 The Infection Prevention Team (IPT) will:

- Ensure the guideline is updated as required and work with managers to implement necessary changes in practice.
- Take a key role in investigating untoward occurrences related to implementation and managing associated hazards.

2.2 General Management

2.2.1 Standard infection prevention and control measures

Standard precautions cover:

- hand hygiene;
- personal protective equipment (PPE);
- body fluids spillage management;
- safe disposal of waste;
- sharps safety;
- safe handling of contaminated linen;
- decontamination of reusable devices and equipment;
- safe handling of specimens.

Hand Hygiene

Hand hygiene is the single most important practice in reducing the transmission of infectious agents, including healthcare associated infections, during delivery of care.

The hand hygiene procedure being undertaken should consider the potential/actual hazards that have or might be encountered, the subsequent potential/actual contamination of hands, and any risks that may present as a result. The nature of the work and patient interaction will often determine this along with the vulnerability of individuals.

All staff entering or working within clinical areas and/or providing direct patient care are required to be ‘bare below the elbows’ to facilitate effective hand hygiene.

Refer to Hand Hygiene Guideline for further information.

PPE

The decision to use or wear PPE must be based upon an assessment of the level of risk associated with a specific patient care activity and current health and safety regulations.
Selection of PPE must be based on an assessment of the risk of transmission of micro-organisms to the patient or carer, and the risk of contamination of the healthcare practitioner's clothing and skin by patient's blood, secretions or excretions. Everyone involved in providing care should be educated about standard principles and trained in the use of PPE.

Adequate supplies of disposable plastic aprons, single use gloves and face and eye protection should be made available wherever care is delivered.

**Aprons**

Plastic aprons must be worn during all close patient contact including bed making. Plastic aprons afford more protection to uniforms/own clothes than cloth gowns because they are water repellent and impervious to microbial contamination and can prevent the re-disposal of micro-organisms from uniforms/clothes to patients.

Plastic aprons must be worn as single use items, for one procedure or episode of patient care and then discarded and disposed of as clinical waste.

Aprons worn should be as follows:

- White aprons for dressings/aseptic techniques
- Blue aprons for general purpose duties
- Green for food handling/serving
- Yellow for care of isolated patients

**FACIAL PROTECTION**

**Face, respiratory and eye protection**

Expert opinion recommends that face and eye protection reduces the risk of occupational exposure of healthcare practitioners to splashes of blood, body fluids, secretions or excretions.

Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes.

Respiratory protective equipment, i.e., a particulate filter mask, must be correctly fitted and used when recommended for the care of a patient with respiratory infections transmitted by airborne particles, (i.e. pandemic influenza).

**Guide to PPE and FFP3 fit instructions**

**Gloves**

Expert opinion agrees that there are two main indications for the use of gloves in preventing healthcare associated infections.
1. To protect the hands from contamination with organic matter and micro-organisms
2. To reduce the risks of transmission of micro-organisms to both patients and staff

The use of gloves does not replace a correct and high standard of hand hygiene between procedures. Intact skin is a valuable defence mechanism, always cover cuts and lesions on hands with a waterproof dressing whilst on duty.

A risk assessment must be made of the type of procedure to be undertaken and the related risks to the patient and health care worker in order to establish whether gloves should be worn. The risk assessment should include:

- Who is at risk
- Whether sterile or non sterile gloves should be worn
- Exposure to blood or body fluids
- Contact with non-intact skin or mucus membranes
- Exposure to hazardous substances

Gloves should be worn as single use items. They are put on immediately before an episode of patient care and removed as soon as the activity is completed. Gloves are changed between caring for different patients, or between different cares for the same patient.

Gloves must be disposed of as clinical waste and hands decontaminated, ideally by washing with soap and water.

Gloves that are acceptable to healthcare personnel and CE marked are available in all clinical areas.

Neither powdered nor polythene gloves should be used in healthcare activities.

Sensitivity to natural rubber latex in patients, carers and healthcare personnel must be documented and alternatives to natural rubber latex must be made available.

Staff with skin complaints should report to Employee Health and Wellbeing Service/GP for advice.

Blood and Body Substance Spillage

- Deal with any blood/body fluid spillage immediately.

**Blood spillage:** Wear PPE (gloves and apron) use paper towels to absorb the fluid, clean with hot water and detergent, and then disinfect using a freshly made solution yielding 10,000ppm available chlorine.

**Urine faeces and vomit:** Wear PPE (gloves and apron) use paper towels to absorb the fluid. Clean with detergent followed by 1,000ppm hypochlorite solution or an agent that contains both.
N.B. Hypochlorite is a bleach solution and releases further vapour on contact with body fluid. The room area must be well ventilated when using this substance and COSHH guidelines followed. [COSHH Policy](#)

**SPILLS MUST NEVER BE LEFT FOR ANOTHER MEMBER OF STAFF TO DEAL WITH**

### Safe disposal of waste contaminated by blood and body substances

This is classed as healthcare waste and must be correctly segregated and placed into the appropriate bag for safe storage and disposal.

### Safe disposal of contaminated sharps

This is classed as healthcare waste and must be disposed of in a rigid sharps container that complies with UN3291 and BS 7329 standards. Refer to Prevention and Management of Contamination Injuries Policy. [Prevention and Management of Contamination Injuries Policy](#)

Sharps containers when ¾ full must be closed securely and the person closing must complete and sign the label on the container then place in the collection of clinical waste area.

Sharps container must not be placed inside clinical waste bags.

### Safe disposal of linen contaminated with body substances

Linen heavily contaminated with body substances must be placed into a water soluble bag. This is to protect laundry staff from avoidable risk.

Linen very heavily soiled with blood may require disposal and incineration. Discuss with the IPT.

When handling soiled linen, gloves, and apron must be worn.

### Contaminated clothing/uniform

Uniforms or clothes which become contaminated with body fluids must be changed as soon as possible and laundered at the earliest opportunity. Refer to Workwear Policy. [Uniform and Workwear Policy](#)

### Decontamination of equipment

Refer to Decontamination, Cleaning and Disinfection Guideline. [Decontamination, Cleaning and Disinfection appendix to Medical Devices Policy](#)

A decontamination certificate must be completed for ALL equipment prior to repair or service.
Specimens: collection, handling and storage.

There is a potential infection risk from specimens and therefore these must be identified, packaged and handled appropriately.

Procedure for Dealing with High Risk Specimens

Gloves are recommended if you identify a patient with high risk status e.g. HIV, Hepatitis B, Hepatitis C. Ensure that any request forms and samples have the appropriate ‘Danger of Infection’ yellow stickers in place. The samples should be double bagged and hand delivered to Pathology Specimen Reception (Double bagged is to place each bottle in individual bags, then place them all in request form bag).

Refer to Specimen Collecting and Handling and Transportation of Specimens guidance.

3. Implementation and Audit

Local Implementation

Implementation of national clinical guidelines is the responsibility of local NHS organisations and is an essential part of clinical governance. It is acknowledged that not every guideline can be implemented immediately on publication, but mechanisms should be in place to ensure that the care provided is reviewed against the guideline recommendations and the reasons for any differences assessed and, where appropriate, addressed. These discussions should involve both clinical staff and management. Local arrangements may then be made to implement the national guideline in individual hospitals, units and practices, and to monitor compliance. This may be done by a variety of means including patient-specific reminders, continuing education and training, and clinical audit.

Basic training on standard precautions is delivered to all staff at Trust Induction and Mandatory Training sessions. For staff / individual training requirements and methods of delivery please refer to: The Trust Training Needs Analysis, Training Strategy for Infection Prevention and Control. Training Strategy

4. Equality and Diversity

‘Airedale NHS Foundation Trust is committed to the overarching principles of Equality and Diversity. As such the organisation values and supports its entire staff. The Trust is committed towards ensuring all forms of prejudicial, unfair basis and/or actions which result in discriminatory practices are eliminated.

The Trust is continually working towards eradicating all forms of harassment and discrimination, exclusion, victimisation, harassment and bullying based on negative prejudices and ignorance. It is proactively working towards promoting equality of opportunity and good relations within and between all our communities.
Any complaint received will be investigated by Trust Staff, on an equitable basis. The process undertaken will also aim to ensure that complainants, patients, relatives and carers are not discriminated against on the grounds of disability, gender, marital status, sexuality, colour, race, nationality, ethnic origin, religious belief or age. Additionally, the Trust will ensure that no individual is treated in a detrimental manner as a result of having made a complaint.’

The guideline must be developed and reviewed on the basis that it does not discriminate and is not prejudicial on the grounds of disability, gender, marital status, sexuality, colour, race, nationality, ethnic origin, religious belief or age. Refer to the Commission for Racial Equality website to ensure that the race quality criteria are met [www.cre.gov.uk/duty/reia/flowchart.html](http://www.cre.gov.uk/duty/reia/flowchart.html). The race equality impact flow chart on the website should be used to assess whether the guideline is relevant to race equality and if so, whether it is likely to have an adverse effect.

5. Development

Methodology

These procedures have been produced in accordance with guidance provided by Department of Health and the EPIC Guidelines for Infection Control as published by Pratt et al Journal of Hospital (2007) 65S, S19-S22 been

Evidence will be gathered using literature reviews and recommendations.

Consultation

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Gary Thirkell – Infection Prevention Nurse Specialist
Anne Choyce – Infection Prevention Nurse Specialist
Jean Lawrence – Infection Prevention Nurse Specialist
Samantha Moorehouse – Infection Prevention Nurse Specialist

Peer Review

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Karen Haigh – Infection Prevention Nurse
Bernadette Tate – Infection Prevention Nurse
Samantha Moorehouse – Infection Prevention Nurse Specialist
6. References


- Infection Control Nurses Association (ICNA) 2002 Protective Clothing Guidelines.


- NHS Executive 1995 Hospital Laundry Arrangements for Used and Infected Linen HSG(95)18 HMSO London.