**PURPOSE:**

The purpose of this policy is to establish individual responsibilities to minimize the risk for health care workers of acquiring hospital-acquired infections due to occupational exposures at CHLA.

**SCOPE:**

This policy is applicable to all CHLA Team Members.

**DEFINITIONS:**

1. **Standard Precautions:** The routine and consistent use of appropriate barrier protection to prevent skin and mucous membrane transmission of microorganisms resulting from contact with blood and body substances, and as part of the practice of general hygiene.
2. **Blood and body substances:** These include all body fluids, tissues and substances that may potentially harbor contagious microorganisms. Blood and body substances include but are not limited to the following:

|  |  |  |  |
| --- | --- | --- | --- |
| amniotic fluid | feces | pleural fluid | urine |
| blood | nasal secretions | saliva | vaginal secretions |
| body tissues | non-intact skin | semen | vomitus |
| breast milk | pericardial fluid | sputum | wound drainage |
| cerebrospinal fluid | peritoneal fluid | synovial fluid |  |

NOTE: Blood and body substances do not include tears or perspiration unless they contain visible evidence of blood.

1. **Exposure:** Actual or potential skin, mucous membrane, or parenteral contact with blood or body substances.
2. **Hand Hygiene/Barrier Protection:** The appropriate use of hand washing, gloves, gowns, masks, goggles, and face shields to minimize exposure to blood and body substances.

**PROCEDURE:**

**Elements of Standard Precautions:**

1. **Hand hygiene should be performed consistent with the WHO 5 Moments (see IC 212.0)**
2. **Gloves should be used in the following situations:**

* For touching blood, body fluids, secretions, excretions and/or contaminated items
* For touching mucous membranes and or non intact skin
* As required for Transmission-Based Precautions (see IC 301)

1. **Masks, eye protection, face shield should be used in the following situations:**

* To protect mucous membranes of the eyes, nose and mouth during procedures and patient care activities likely to generate sp0lashes or sprays of blood, body fluids, secretions and or excretions.

1. **Gowns**

Gowns are used to protect skin and prevent soiling of clothing during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions and or excretions.

1. **Patient Care Equipment**

Soiled patient care equipment should be handled in a manner to prevent skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other patients and environments. Reusable equipment must be cleaned and reprocessed before being used in the care of another patient. See IC 716.0 for more details.

1. **Environmental Cleaning**

This requires procedures, for routine care, cleaning and disinfection of patient furniture and the environment. See IC 716.0 for more details.

1. **Linens**

Soiled linens should be handled in a manner to prevent skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other patients and environments.

1. **Sharps Devices**
   * Avoid recapping used needles
   * Avoid removing used needles from disposable syringes by hand
   * Avoid bending, breaking or manipulating used needles by hand
   * Place sharp devices in puncture resistant containers
2. **Patient Resuscitation**

Use mouthpieces, resuscitation bags or other ventilation devices to avoid mouth to mouth resuscitation.

1. **Patient Placement**

Patients who contaminate the environment or cannot maintain appropriate hygiene should be placed in a private room.

1. **Respiratory Hygiene/ cough etiquette-**

* Includes covering nose and mouth during coughing or sneezing with a tissue or offering a surgical mask to the coughing patient,
* Discard mask or tissue appropriately and perform hand hygiene after

1. **Special Lumbar Puncture Procedures- wear a face mask during spinal procedures.**
2. **Management of Contaminated Items** Contaminated surgical instruments shall be placed into impervious closed containers before being returned to Sterile Processing Department for reprocessing (see PER 113.0)
3. All patient specimens being transported to clinical laboratories shall be placed inside “ziplock” plastic specimen bags. The bagged specimen and the lab requisition shall be placed inside a second ziplock bag. Items too large to fit inside a bag shall be wrapped securely. See UTILITY – 007.0 for proper Pneumatic Tube specimen transport procedure.
4. Soiled linen shall be placed in covered hampers. Full bags shall be closed, removed to the holding truck by EVS, and a new bag provided.
5. Biohazardous medical wastes shall be placed in leakproof red biohazard bags. This includes
   * 1. all material containing large amounts of drainage from purulent or infectious sites;
     2. fluid blood and blood-soaked dressings;
     3. hemodialysis waste and all specimens and items used to process specimens and blood.

**NOTE:** Small amounts of blood on a dressing are NOT considered medical waste under California Medical Waste Disposal law and can be discarded with ordinary trash.

1. Handling of containers filled with body substances depends on the content of the containers.
   1. Containers of bloody body substances must be closed securely and placed inside a red "biohazard" bag. Containers of fluid blood or bloody material should not be thrown in the trash chute. Containers in which fluid has been solidified are still considered infectious and must be placed in a red bag.

**Sharps Safety**

1. All sharp devices used in contact with blood or body material are to be handled with care and attention.

All disposable sharps shall be disposed of in puncture-proof containers without manipulation, breaking or recapping, and without forcing devices into the container.

Safety devices should be activated immediately after use.

Once the sharps container is filled to the designated line it should be sealed, the unit removed to the soiled utility room and a new container provided.

1. Whenever possible, safety sharp devices, needle-recessed connectors or needleless IV lines shall be used

**CLEANING AND DECONTAMINATING BLOOD SPILLAGE**

1. All spills of blood or blood-contaminated substances are promptly cleaned and decontaminated using hospital-approved disinfectants:
2. Gloves must be worn while cleaning and disinfecting.;
3. Remove visible material with disposable towels or other appropriate means to prevent direct contact with potentially infectious material, and spreading of fluids when disinfectant is applied.
4. If the spill is large or splashing is anticipated, additional protective gear may be required, such as a fluid-impervious gown or apron and protective eyewear.
5. The area should then be treated with the appropriate hospital approved disinfectant,.
   1. Hands should be washed following removal of gloves.
      1. Soiled cleaning equipment should be cleaned and decontaminated or placed in appropriate container and disposed of according to hospital policy.

2. When massive blood contamination on floors has occurred, the use of impervious shoe covering should be considered.

* + 1. Protective gloves should be worn to remove contaminated shoe covering;
    2. The coverings and gloves should be disposed of in biohazardous bags.

Safe Injection Practices

Important infection prevention and control practices associated with the use of syringes, needles, multiple-dose vials, single-use vials, and flush solutions.

* 1. Never reuse a syringe for more than one patient after only changing the needle
  2. Changing the needle on a used syringe is not sufficient protection against disease transmission even if aspiration of blood does not occur and there is no visible blood in the syringe
  3. Never use single-dose/single-use vials for multiple patients
  4. Never use the same syringe to re-enter a multiple-dose vial more than once.
  5. While common preservatives used in multiple-dose vials may be bacteriostatic, they will not destroy all bacteria, and they do not have antiviral or antifungal activity. When possible, single-use medications and devices are strongly preferred.
  6. Never bring a multiple-dose vial to the bedside for use with the patient
  7. Never use a common bag or bottle of IV solution as a source of flushes and drug diluents for multiple patients

**ATTACHMENTS:**

1. [IC – 220.1 Example of Safe Donning and Removal of Personal Protective Equipment (PPE)](https://secure.compliance360.com/ext/f8J1rfH0DhtDF-JvkkvElg==)

**REFERENCES:**

1. Garner JS, Hospital Infection Control Practices Advisory Committee. Guideline for isolation precautions in hospitals. Infect Control Hosp Epidemiol 1996;17:53-80, and Am J Infect Control 1996;24:24-52.
2. Isolation Precautions, Chapter 28, APIC Text of Infection Control and Epidemiology. 2014
3. Ambulatory Surgery Centers, Chapter 64, APIC Text of Infection Control and Epidemiology. 2014
4. CDC FAQs regarding Safe Practices for Medical Injections, updated June 20, 2019: <https://www.cdc.gov/injectionsafety/providers/provider_faqs_multivials.html>
5. Pugliese, G, Gosnell,C et al. (2010).Injection Practices among clinicians in U.S. health care settings. *Association for Professionals in Infection Control and Epidemiology. 38: 789-98.*
6. CHLA Policy [UTILITY – 007.0 Pneumatic Tube (P-tube) Procedure](https://secure.compliance360.com/ext/hhNvRI5xf8Qqj2OdVW3K1w==)
7. CHLA Policy [PER – 113.0 Instrument Decontamination Process](https://secure.compliance360.com/ext/s_NnufjSI2m1yHygdsz0oQ==)
8. CHLA Policy [IC – 212.0 Hand Hygiene](https://secure.compliance360.com/ext/JV1CGYJFKb_ghMHC0mnqSw==)
9. CHLA Policy [IC – 716.0 Cleaning Disinfection](https://secure.compliance360.com/ext/ciPTgl3Ye85hzUVa4rAyaA==)

**POLICY OWNER:**

*Director, Infection Prevention and Control*