

CP-66 – Standard Precautions (formerly Body Substance Isolation)

Key Points

- **Standard precautions (SP) involves treating all patients as potentially infectious.**
- **Appropriate disposal methods are used for body substances, sharps, soiled linen, and medical waste.**
- **Personal protective equipment is worn whenever the potential for contact with blood/body fluids exist.**

Policy

- 1. In accordance with the recommendations from the Centers for Disease Control (CDC) and the mandate from the Occupational Safety and Health Administration (OSHA), SP is the infection control method practiced by UH employees and medical staff. All health care workers will use body substance isolation (BSI) when working with patients and/or blood/body fluids.**
- 2. Rationale:**
 - 2.1. SP provides a consistent approach to managing body substances from all patients and is essential in preventing transmission of potentially infectious agents.**
 - 2.2. SP reduces the risk of infection transmission by the consistent use of barriers whenever any body substance is likely to be in contact with the caregiver.**
 - 2.3. Because the status of each patient's blood/body fluids cannot be known, all blood/body fluids must be treated as potentially infectious.**
- 3. SP involves:**
 - 3.1. Treating all patients as potentially infectious.**
 - 3.2. Using the appropriate barrier precautions when the potential for exposure to blood/body fluids exists.**
 - 3.3. Washing hands often and well or using alcohol hand sanitizer, even if gloves have been worn, before and after every patient contact, before leaving the workplace, and after using the bathroom.**
 - 3.4. Changing gloves and performing hand hygiene between patient contact.**
 - 3.5. Using appropriate disposal methods for body substances, sharps, soiled linen, and medical waste.**
- 4. Implementation of SP will be followed by all employees and medical staff for all patients and patient specimens at all times, regardless of the patient's diagnosis. No physician orders are required. Additional categories of precautions based on**

transmission are used only for patients with airborne infections, contact or droplet-spread infections, certain pediatric infections, neutropenia and resistant organisms.

- 4.1. Personal protective equipment¹ (PPE) is required by federal law (OSHA) whenever the potential for contact with blood/body fluids exists (see [Attachment A](#)). The extent of the protection will be based on the caregiver's interactions with the patient's blood/body substances, mucous membranes, and nonintact skin (tissues, lab cultures).
 - 4.2. Established UH guidelines for procedures such as dressing changes, suctioning, and intravascular line care will be followed.
5. A sign explaining the basic principles of SP will be displayed in all patient care areas. Departmental staff are aware of all of these principles and where to locate the PPE.
 6. Body fluids are to be considered potentially infectious. Examples of such body fluids include:
 - 6.1. Blood.
 - 6.2. Semen.
 - 6.3. Vaginal secretions.
 - 6.4. Cerebrospinal fluid.
 - 6.5. Synovial fluid.
 - 6.6. Urine.
 - 6.7. Sputum.
 - 6.8. Pleural fluid.
 - 6.9. Pericardial fluid.
 - 6.10. Peritoneal fluid.
 - 6.11. Amniotic fluid.
 - 6.12. Body tissue.
 - 6.13. Feces.
 - 6.14. Vomitus.
 7. Personal protective equipment:
 - 7.1. Gloves: Gloves will be worn when it is likely that hands will be in contact with any body substances or nonintact skin. Examples of such times include:
 - 7.1.1. Placing and removing intravenous lines.
 - 7.1.2. Placing and removing urinary tract catheters.
 - 7.1.3. Rectal/vaginal suppositories.
 - 7.1.4. Contact with lab specimens.
 - 7.1.5. Douching/enema.
 - 7.1.6. Urine/fecal samples.
 - 7.1.7. Tube feed/residuals.
 - 7.1.8. Direct contact with wounds, dermatitis, decubiti.
 - 7.1.9. Ostomy care.
 - 7.1.10. Lumbar puncture.
 - 7.1.11. Simple dressings.
 - 7.1.12. Phlebotomy.
 - 7.1.13. Mouth care.
 - 7.1.14. Incontinent patient.

- 7.1.15. Emptying drains.
- 7.2. Gloves, masks and eye protection: Gloves, masks and eye protection will be worn when it is likely that body fluids may be splashed onto the eye. This action protects the mucous membranes of the mouth and eyes.
 - 7.2.1. Persons who wear glasses do not need to wear goggles if the glasses are equipped with side protectors.
 - 7.2.2. Goggles need to be washed if they are visibly soiled. Soap and water or hospital disinfectant may be used. Goggles do not require high level disinfection or sterilization and should not be discarded unless broken.
 - 7.2.3. Face shield may be substituted for the mask/goggles. Examples of such times include:
 - 7.2.3.1. Intubation.
 - 7.2.3.2. Suctioning:
 - 7.2.3.2.1. Endotracheal.
 - 7.2.3.2.2. Tracheal.
 - 7.2.3.2.3. Pharyngeal.
 - 7.2.3.2.4. Oral.
 - 7.2.3.3. Oral procedures including aerosolization.
 - 7.2.3.4. Tracheostomy care.
 - 7.2.3.5. Emptying urinary tract catheter.
 - 7.2.3.6. Emptying suction canisters.
- 7.3. Gloves, masks, protective eye wear and gowns are to be worn when it is likely that clothing will become soiled with blood/body fluids. Examples of such times include:
 - 7.3.1. Placement (assisting) of arterial catheters.
 - 7.3.2. Placement (assisting) of central venous catheters.
 - 7.3.3. Bronchoscopy.
 - 7.3.4. Endoscopy.
 - 7.3.5. Thoracentesis.
 - 7.3.6. Nasogastric intubation.
 - 7.3.7. Complex wound care.
 - 7.3.8. Dialysis.
 - 7.3.9. Cannulation.
 - 7.3.10. Surgery.
 - 7.3.11. Care/cleaning of copious amounts of feces or urine.
- 7.4. Resuscitation bags are to be kept at bedside for use in place of mouth-to-mouth resuscitation to prevent risk of direct transmission of disease. All other PPE is kept on the division area. Be familiar with the location of the division PPE supplies.
- 8. Disposal/Handling of Contaminated² Substances and Specimens:
 - 8.1. Needles are not to be recapped, bent or broken or otherwise manipulated. Needles and other sharps (e.g., lancets, razors) are to be disposed of immediately in the special puncture-proof sharps containers.
 - 8.2. Dispose of all bloody dressings, heavily contaminated PPE except for cloth gowns (e.g., gloves, face mask, disposable gowns), and infectious waste in red waste bags. Place cloth gowns in laundry bags. Syringes with needles, whether clean or

contaminated, are to be disposed of in puncture-proof sharps containers. Syringes without needles are to be disposed of in red waste bags or sharps containers. Bloody IV tubing is disposed of in red waste bags.

8.3. Spills: Spills of blood or other body fluids will be cleaned up promptly. Gloves will be worn. Absorbent paper toweling may be necessary to soak up the spill if it is large. Paper towels containing blood or body fluid will be placed in a red waste bag. The area will be cleaned using any approved hospital cleaner/disinfectant followed by a second application of the disinfectant.

8.4. Soiled linen: All laundry should be treated as if it were contaminated. Linen, if soiled with blood/body fluids, will be placed in a plastic bag used to collect linen.

EXCEPTION: If the patient is infected with anthrax or other specified diseases, the soiled linens are placed in a red bag and disposed of as directed by Infection Control. Check linen for any sharps and instruments and remove them before sending to laundry.

8.5. Fluid disposal: Body fluids are poured into the sanitary sewer system via the toilet, hopper, or sink in the dirty utility area. The fluid, including that from suction canisters, will be poured as close to the water level of the hopper, toilet or sink as possible to avoid splashing. Protective apparel, including eye protection, will be worn. If other containers cannot be easily opened for emptying (e.g., disposable chest drainage unit), close or tie off to prevent leakage and discard unemptied container with other infectious waste in a red waste bag or in the large puncture-proof sharps containers. Solidifier is used where appropriate. Fluids are disposed of in red bags, e.g. suction canisters.

8.6. Articles involved with medical device failure do not need to be cleaned, they should be placed in a biohazard bag. Send to Clinical Engineering.

9. Exposure:

9.1. Immediately wash area thoroughly with water. Force area to bleed if a needlestick has occurred. Cleanse with disinfectant. Flush eyes/mouth with water for at least three minutes.

9.2. Notify your supervisor.

9.3. Complete an Employee Incident Form. See policy [HR-67 - Workers Compensation on Employee Incident Reporting](#).

9.4. Immediately call the Corporate Health Service or, when the Corporate Health Service is not open, call the Department of Emergency Medicine and ask for the triage nurse. They will evaluate the need for further medical treatment. See policy [GM-44 - Prehospital Provider Exposure to Infectious Disease](#).

10. Transmission-based Precautions:

10.1. Additional special precautions are required for some conditions, such as:

10.1.1. Contact.

10.1.2. Droplet.

10.1.3. Airborne.

10.1.4. Strict airborne.

10.2. Refer to the online isolation manuals on the corporate intranet for specific protocols. For additional information, call the Department of Infection Control.

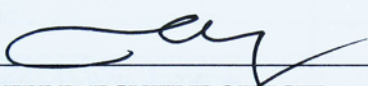
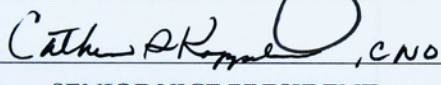
- 10.3. In general, do not label specimens, patient's medical record, patient's door, trash or linen with any specific disease name. However, there are exceptions (e.g., Creutzfeldt-Jakob Disease or other specified agents) as directed by infection control.
- 10.4. When sending an isolation patient off the floor for tests, notify the receiving department about the specific precautions and provide the patient and transporter with the appropriate personal protective equipment prior to leaving the division.

Attachments

A. Suggested PPE for Procedures with Risk of Exposure to Blood/Body Fluids.

¹ Personal protective equipment (barriers used to protect against fluid exposure, such as gowns, gloves, face masks, eye protection). See Attachment A for a list of suggested PPE for specific procedures.

² Contaminated: Soiled with human or experimental lab animal blood, body fluids, or tissue.

APPROVALS	
 _____ CHIEF EXECUTIVE OFFICER	<u>6/1/2010</u> Date
 _____ SENIOR VICE PRESIDENT	<u>6/1/2010</u> Date

ATTACHMENT A

Suggested PPE for Procedures with the Risk of Exposure to Blood/Body Fluids

This list is not all-inclusive. Additional personal protective equipment may be required if the situation warrants.

Procedure/Circumstance	Gloves	Gloves, Masks, Goggles*	Gloves, Masks, Goggles*, Gown
Placing/removing IV lines	X		
Placing/removing urinary tract catheters	X		
Rectal/vaginal suppositories	X		
Contact with lab specimens	X		
Douching/enemas	X		
Urine/fecal samples	X		
Tube feed residuals	X		
Ostomy care	X		
Lumbar puncture	X		
Phlebotomy	X		
Mouth care	X		
Simple dressings	X		
Emptying drains	X		
Fingersticks: blood sugar	X		
Incontinent patient	X		
Direct contact with wounds, decubiti, dermatitis	X		
Intubation		X	
Suctioning: Endotracheal		X	
Tracheal		X	
Pharyngeal		X	
Oral procedures with aerosolization		X	
Tracheostomy care		X	
Emptying urinary tract catheters		X	
Emptying suction canisters		X	
Placement (assisting) of central lines/arterial catheters			X
Bronchoscopy			X
Endoscopy			X
Thoracentesis			X
Nasogastric intubation		X	
Complex wound care			X
Dialysis			X
Surgery			X

NOTE: Face shields may be substituted for masks and goggles.