

INFECTION CONTROL

A system of infection prevention and control currently in use is called Standard Precautions or Body Substance Precautions (BSP). This system focuses on keeping all moist body substances (blood, feces, urine, wound drainage, tissues, oral secretions, and other body fluids) from the hands of personnel. This is done primarily by increased glove usage and hand hygiene. Hand hygiene is performed using soap and water or an alcohol based handrub to decontaminate the hands. The Standard Precautions system is consistent with recommendations from the Centers for Disease Control (CDC), the American Hospital Association, and Occupational Safety and Health Administration (OSHA) that point out the need to consider ALL blood and ALL body fluids as potentially contagious regardless of the resident's diagnosis. In order to comply with the CDC policies, the following recommendations should be used. The need to use barriers must focus on the caregivers' routine contact with the residents.

Because a medical history and examination cannot reliably identify all persons with infectious diseases, we treat ALL blood and body substances as potentially infectious rather than to focus precautions only on the residents that are diagnosed with infectious diseases.

Implementing the Standard Precautions System includes the following elements and should be followed by ALL personnel at all times, regardless of the resident's diagnosis.

Standard Precautions

1. Wear gloves when it is likely that hands will be in contact with mucous membranes, non-intact skin and/or ANY moist body substance, (blood, urine, feces, wound drainage, oral secretions, sputum, vomitus, or items/surfaces soiled with these substances). Gloves should be changed and hand hygiene performed between residents. If a glove is torn or a needle stick or other injury occurs, the glove should be removed, discarded in appropriate container, hands washed with soap and water, and a new glove used promptly as patient safety permits (report needle sticks or other injuries per facility policy).

REMEMBER: Gloves are not a cure-all. They reduce the likelihood of contaminating the hands, but hand hygiene should be performed before donning and after removal of the gloves.

- a. Use examination gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other resident care procedures.
- b. Change gloves and perform hand hygiene between residents.
- c. Do NOT wash or disinfect examination gloves for reuse.
- d. Use general purpose utility gloves (e.g., rubber household gloves) for housekeeping or instrument cleaning involving blood contact. These utility

gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, or discolored; or if they have punctures, tears, or other evidence of deterioration.

2. Wash hands often, always between residents' care and after any contact with body substances or contaminated material. Pay particular attention to around and under fingernails and between fingers. Always keep your hands away from your face or you may give yourself the infectious organisms.
3. Wear masks and/or eye protection when it is likely that eyes or mucous membranes will be splashed with body substances (your charge nurse will give you further direction).
4. Protect your clothing with a plastic apron or gown when it is likely that clothing will be soiled with body substances.
5. Health care workers with draining lesions or weeping dermatitis must refrain from all direct resident care and from handling resident care equipment until cleared by a physician. These conditions put the employee and the resident at risk of infections.
6. Discard trash in plastic bags according to facility policy.
7. If the resident has a disease which is transmitted in whole or part by the airborne route, use the "Stop Sign Alert" on the resident's door. This will allow the nurse to give the individuals wishing to enter the room specific instructions regarding the resident (e.g., tuberculosis). The nurse instructs non-immune persons to not enter the room of persons with specific diseases (e.g., chicken pox, measles, and mumps). Precautions for residents with airborne diseases include: private room, "Stop Sign Alert" on door, and door closed.
8. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Some Examples of Situations Using Standard Precautions

1. Follow Standard Precautions when caring for residents with bowel and/or bladder incontinence.

It is not possible to clean an incontinent resident without having contact with stool and or urine. Gloves should be worn routinely and for helping residents with toileting activities. A plastic gown or apron may also be needed for cleaning incontinent residents and for changing their clothes and bed linens. Obtain the plastic gown or apron before the tasks are begun.

2. When a care provider is emptying a urinary catheter bag, this should be viewed as a single interaction for a single resident and the tasks for one resident should be completed, including performing hand hygiene before going to the next resident.

Wearing gloves for emptying catheter bags is required due to the risk of contact with urine. It is unacceptable to consider it a single task to empty the catheter bags for several residents in sequence without changing gloves and washing hands between residents.

3. When a resident has a rash or skin lesions on his/her body, it could be due to any number of causes. The lesions may be due to varicella (chicken pox or zoster), herpes simplex, scabies, syphilis, impetigo, a drug reaction, or other causes. Prompt recognition of the rash, identification of the cause, prompt appropriate intervention, and proper usage of gloves and handwashing can prevent transmission of organisms to other residents and care providers.