STANDARD PRECAUTIONS

GUIDELINE

Department: Quality Improvement

Document Identifier: GL/HCO/005/03

GUIDELINE – STANDARD PRECAUTIONS

INTRODUCTION

Standard precautions reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources. Standard precautions are the minimum level of precautions used when providing care for patients, regardless of their infectious status, in any setting in which healthcare is provided.

Promotion of a safety climate is a cornerstone of prevention of transmission of pathogens in healthcare. Key components of standard precautions place a physical, mechanical, or chemical barrier between micro-organisms and an individual.

1. PURPOSE	
1.1	The purpose of this guideline is to provide minimum standards and procedures in standard precaution practices by healthcare workers in outpatient clinics and other clinical support and medical facilities in Dubai HealthCare City (DHCC).
1.2	This guideline has been developed to assist healthcare operators implement best practices in infection control and prevention and may be adopted by licensed healthcare operators (HCOs) in DHCC as part of their internal policies and procedures.

2. SCOPE OF APPLICATION	
2.1	Standard Precautions incorporate different elements including: 2.1.1 Hand hygiene; 2.1.2 Use of personal protective equipment, e.g. gloves, gowns, masks, face shields; 2.1.3 Safe injection practices; 2.1.4 Safe handling of potentially contaminated equipment or surfaces in the patient environment; 2.1.5 Respiratory hygiene/cough etiquette.

3. APPLICABLE TO	
3.1	This guideline is applicable to all healthcare workers, including clinical, technical, administrative, domestic, cleaning staff and contracted service workers in healthcare facilities within Dubai Healthcare City.

4. GUIDELINE	
4.1 Hand Hygiene Practices	
4.1.1	Hand Hygiene is the single most effective means of preventing and reducing the spread of infection by decreasing the number of transient and resident organisms on the hands.

4.1.2	Hand hygiene is an essential practice for all healthcare workers and those attending or visiting healthcare facilities.
4.1.3	The World Health Organization (WHO) has developed an approach to hand hygiene for healthcare workers known as the 'Five Moments in Hand Hygiene' that is now recognized as the basis for good hand hygiene practice in healthcare facilities to prevent and reduce the spread of infection.
4.1.4	It should be noted that the use of gloves does not replace the need for suitable hand hygiene. Hand hygiene practices are described in detail in the DHCR Hand Hygiene Guidelines.

4.2 Appropriate use of Personal Protective Equipment (PPE)	
4.2.1	PPE refers to wearable equipment that is intended to protect healthcare workers from exposure to or contact with infectious agents. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids and other infectious agents. Examples of PPE include gloves, gowns, face masks, goggles, and face shields.
4.2.2	**Gloves:** 4.2.2.1 Use the appropriate type of gloves. - Examination gloves (non-sterile single use) - patient examination, blood draws and other non-surgical procedures involving contact with mucous membranes, laboratory procedures, etc. To be used for one patient and discarded appropriately. - Surgeon's gloves (sterile single use) - aseptic and surgical procedures. To be used for one patient and discarded appropriately. - Medical gloves are available made from natural rubber latex, nitrile rubber, neoprene, polyvinyl chloride (PVC) & vinyl. - Non-medical gloves - housekeeping, cleaning and disinfection. Not for use during patient care. These gloves are commonly referred to as utility, industrial or general purpose gloves. Should be puncture or chemical resistant depending on the task. Latex medical gloves may not provide adequate chemical or sharps injury protection. Non-medical gloves can be natural rubber latex, nitrile, neoprene, butyl rubber, flurolastomer, polyethylene and ethylene vinyl alcohol copolymer. 4.2.2.2 Wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment. 4.2.2.3 When wearing gloves, change or remove gloves during patient care if moving from a contaminated body site to either another body site (including non-intact skin, mucous membrane or medical device) within the same patient or the environment. 4.2.2.4 Do not wear the same pair of gloves for the care of more than one patient. 4.2.2.5 Perform hand hygiene immediately after removing gloves. 4.2.2.6 Do not wash gloves for the purpose of reuse.

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	4.2.2.7 Gloves must be changed if a perforation or puncture is suspected. 4.2.2.8 Gloves should be appropriate for use, fit for purpose and well-fitting to avoid excessive sweating and interference with dexterity. 4.2.2.9 The use of non-latex, powder free and low protein gloves should be encouraged to prevent latex protein sensitization with repeated exposure. 4.2.2.10 Avoid use of latex gloves if allergic to latex, and use alternatives to latex gloves such as neoprene. 4.2.2.11 Avoid touching eyes, nose, or mouth while wearing latex, in order to prevent potential latex sensitization via these mucosal routes. 4.2.2.12 Prior to use, medical gloves should not be stored under conditions of excess heat or light nor be near sources of ionizing radiation, since this will cause more rapid degradation.
4.2.3	**Mask, eye protection (eye visor, goggles) and face shield:** 4.2.3.1 Wear mouth, nose and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids. 4.2.3.2 Should be removed or changed at the end of a procedure/task. **4.2.3.3** If the mask is damp with perspiration, then a change of mask is required.
4.2.4	**Gowns:** 4.2.4.1 Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions. 4.2.4.2 Wear to protect skin and prevent soiling of clothing and uniforms during non-clinical procedures such as equipment and instrument cleaning and decontamination or when performing other procedures that may generate splashes or sprays of blood or body fluids such as testing of patient specimens. **4.2.4.3** Remove a soiled gown as soon as possible, and then perform hand hygiene.
4.2.5	**Additional considerations related to Personal Protective Equipment:** 4.2.5.1 Healthcare operators should ensure that sufficient and appropriate PPE is available and readily accessible to healthcare workers. 4.2.5.2 Educate all healthcare workers on proper selection and use of PPE. 4.2.5.3 Appropriate PPE should be used for cleaning and decontamination procedures. 4.2.5.4 Hand hygiene is always the final step after removing and disposing of PPE.

4.3 Safe Injection Practices	
4.3.1	Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another or between a patient and healthcare worker during preparation and administration of all parenteral medications.

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4.3.2	Improper handling and disposal of sharps is a significant cause of injury in the workplace and a primary cause of workplace infection transmission.
4.3.3	The risk of life threatening blood borne illness such as Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) from needle stick or sharps injury is to be minimized.
4.3.4	Use aseptic technique when preparing and administering medications.
4.3.5	Cleanse the access diaphragms of medication vials with 70% alcohol before inserting a device into the vial.
3.3.6	Do not administer medications from the same syringe to multiple patients, even if the needle is changed or the injection is administered through an intervening length of intravenous tubing.
4.3.7	Do not reuse a syringe to enter a medication vial or solution.
4.3.8	Do not administer medications from single-dose or single-use vials, ampoules or bags or bottles of intravenous solution to more than one patient.
4.3.9	Do not use fluid infusion or administration sets (e.g. intravenous tubing) for more than one patient.
4.3.10	Dispose of used syringes and needles at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof.
4.3.11	Sharps Management practices are described in detail in the DHCR Sharps Management Guideline. For further guidance refer to DHCR Sharps Management Guideline.

4.4 Respiratory Hygiene / Cough Etiquette	
4.4.1	The concepts of respiratory hygiene and cough etiquette involve using source control measures to prevent transmitting respiratory infections to others.
4.4.2	Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing throughout the duration of the visit.
4.4.3	It is recommended to post signs at entrances with instructions to patients with symptoms of respiratory infection to: 4.4.3.1 Cover mouths/noses when coughing or sneezing. 4.4.3.2 Use and dispose of tissues. 4.4.3.3 Perform hand hygiene after hands have been in contact with respiratory secretions.
4.4.4	Provide no-touch receptacles for disposal of tissues.
4.4.5	Offer masks to coughing patients and other respiratory symptomatic persons upon entry to the facility.
4.4.6	Provide hand hygiene resources, tissues and masks in or near waiting areas.
4.4.7	If appropriate, it is recommended to provide spatial separation of persons with acute febrile respiratory symptoms with at least 1 meter (3 feet) away from others in common waiting areas.

4.4.8	Educate healthcare workers on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for patients with signs and symptoms of a respiratory infection.
4.4.9	Educate healthcare workers, patients, and visitors on the importance of respiratory hygiene/cough etiquette.

4.5 Environmental Cleaning	
4.5.1	Cleaning is a common activity performed to maintain a healthy, safe, and aesthetically pleasing environment.
4.5.2	Cleaning in healthcare serves the dual functions of providing surface cleanliness and infection prevention and control.
4.5.3	Both the importance and complexity of infection prevention and control are increasing due to rapidly developing strains of multidrug-resistant organisms that can result in serious worker and patient illness and death.
4.5.4	The transmission of many healthcare acquired pathogens is related to contamination of near-patient surfaces and equipment.
4.5.5	The care environment must be: 4.5.5.1 Free from clutter to facilitate effective cleaning 4.5.5.2 Well maintained and in a good state of repair 4.5.5.3 Routinely cleaned
4.5.6	Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens, including those in close proximity to the patient and frequently-touched surfaces in the patient-care environment (e.g. examination couches, dental chairs, doorknobs, etc.).
4.5.7	Environmental surfaces (e.g. floors, walls) are those that generally do not contact the patient during delivery of care. Cleaning may be all that is needed for the management of these surfaces but if disinfection is indicated, low-level disinfection is appropriate.
4.5.8	Select disinfectants or detergents/disinfectants with label claims for use in healthcare.
4.5.9	Follow manufacturer's recommendations for use of cleaners and disinfectants (e.g. amount, dilution, contact time, safe use, and disposal).
4.5.10	Material Safety Data Sheets (MSDS) must be made available with specific information to ensure the awareness of risk associated with chemicals and disinfectants
4.5.11	Linen Management: 4.5.11.1 Clean linen should be stored in a clean, designated area preferably an enclosed cupboard. 4.5.11.2 Ensure a laundry receptacle is available as close as possible to the point of use for immediate soiled linen deposit.

	4.5.11.3 Do not rinse, shake or sort linen on removal from beds/couches. 4.5.11.4 Do not place used linen on the floor or any other surfaces, e.g. a locker/table top 4.5.11.5 Do not re-handle used linen once bagged. 4.5.11.6 Do not overfill laundry receptacles.

4.6 Transmission-Based Precautions	
4.6.1	**Contact Precautions** 4.6.1.1 Contact Precautions are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment. 4.6.1.2 Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission. 4.6.1.3 A single-patient room is preferred. 4.6.1.4 When a single-patient room is not available, consultation with infection control personnel is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate). 4.6.1.5 In multi-patient rooms, ≥3 feet spatial separation between beds is advised to reduce the opportunities for inadvertent sharing of items between the infected/colonized patient and other patients.
4.6.2	**Droplet Precautions** 4.6.2.1 Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. 4.6.2.2 Special air handling and ventilation are not required to prevent droplet transmission because these pathogens do not remain infectious over long distances in a healthcare facility. 4.6.2.3 Infectious agents for which Droplet Precautions are indicated include *B. pertussis*, influenza virus, adenovirus, rhinovirus, *N. meningitides*, and group A streptococcus (for the first 24 hours of antimicrobial therapy). 4.6.2.4 A single patient room is preferred. 4.6.2.5 When a single-patient room is not available, it is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate). 4.6.2.6 Spatial separation of ≥3 feet and drawing the curtain between patient beds is especially important for patients in multi-bed rooms with infections transmitted by the droplet route.

	4.6.2.7 Healthcare personnel must wear a mask (a respirator is not necessary) for close contact with infectious patient; the mask is generally donned upon room entry.

4.7 Additional Considerations	
4.7.1	Healthcare operators are encouraged to develop and implement systems for early detection and management of potentially infectious patients at initial points of entry to the facility.
4.7.2	It is recommended to conduct a risk assessment and assess all healthcare activities to determine the personal protection that is indicated.
4.7.3	Provide sufficient and appropriate resources necessary for adherence to Standard Precautions (e.g. hand hygiene products, personal protective equipment, injection equipment and cleaning materials).
4.7.4	Provide alternatives to latex gloves for healthcare workers for those who are allergic or hypersensitive to latex and to avoid sensitization.
4.7.5	It is recommended that healthcare operators keep staff away from work if sick or reassign staff to prevent transmission of infections.
4.7.6	Practice social distancing by maintaining at least 1 meter (3 feet) distance between yourself and anyone who is coughing or sneezing

5.	**DEFINITIONS**
5.1	DHCC. Dubai Healthcare City.
5.2	WHO, World Health Organization
5.3	DHCR, Dubai Healthcare City Regulatory
5.4	PPE, Personal Protective Equipment
5.5	PVC, PolyVinyl Chloride
5.6	HIV. Human Immunodeficiency Virus
5.7	HBV. Hepatitis B Virus.
5.8	HCV. Hepatitis C Virus.

6.	**REFERENCE**
6.1	CDC Guide to Infection Prevention for Outpatient settings: Minimum Expectations for Safe Care https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html (page reviewed 2014)
6.2	Standard Infection Control Precautions http://www.nipcm.scot.nhs.uk/chapter-1-standard-infection-control-precautions-sicps/ (updated 2016)
6.3	WHO Standard Precautions in Health Care 2007 http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf

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6.4	Precautions to Prevent Transmission of Infectious Agents https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html
6.5	Coronavirus disease (COVID-19) advice for the public https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public