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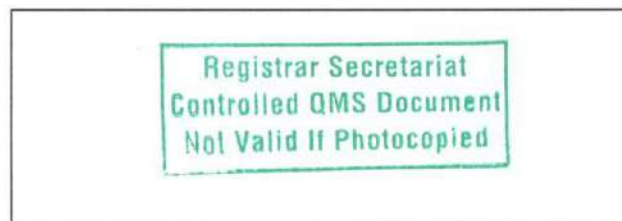
DOW UNIVERSITY OF HEALTH SCIENCES



STANDARD OPERATING PROCEDURE

Policy for Standard Precaution Policy (CLAUSE 1.1 OF ISO 9001:2008)

	NAME	DESIGNATION	SIGNATURE	DATE
PREPARED BY:	Dr. Shobha Luxmi	Assistant Professor	<i>Shobha</i>	2-8-19
REVIEWED BY:	Ms. Sanam Soomro	Director, Quality Enhancement Cell	<i>Sanam Soomro</i>	2-8-19
APPROVED BY:	Prof. Zarnaz Wahid	Pro-Vice Chancellor, DUHS	<i>Zarnaz Wahid</i>	2-8-19
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DATE OF LAST REVISION:	0			
DATE OF ISSUE:				





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Standard Precaution Policy

Prepared by: Dr. Shobha Luxmi

Will be approved by : Infection control team

Infection control committee

Implementation: All health care facilities which come under Dow University of health sciences

Target: 1. All health care workers working in these facilities

2. Housekeeping Staff

1 Purpose:

1.1 Implementing standard universal precautions facilitate safe practice in protecting, staff, patients and visitors from healthcare associated infections. Cross infection may occur when there is contact with blood, tissue and or bodily fluid, material and equipment. Since every patient is a potential infection risk universal or standard precautions should be used for all patients all of the time.

2 Definitions

2.1 Standard precaution: Includes all the infection prevention and control practices that prevent the spread of infections from recognized and unrecognized sources.

Standard Precautions



2.2 Personal protective equipment: Defined as all equipment which is intended to be worn or used by healthcare workers to promote personal and patient safety against infection risks e.g. gloves/aprons/eye protection/masks.

3 Policy statement:

3.1 This policy describes the best infection prevention and control practices for carrying out standard precautions to minimize the risk of transmission of infection from person to person, even in high-risk situations.

3.2 Standard precautions should be practiced during clinical practice for all patients.



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3.3 Persistent non-compliance with any element of the standard precaution policy by any member of staff will result in disciplinary action.

3.4 Responsibilities:

3.4.1 The following are the responsibilities of infection control committee and team:

3.4.1.1 Ensure that the personal protective equipment is available to health care workers according to risk assessment and level of exposure

3.4.1.2 Ensure that waste and sharps are disposed according to policy and there is necessary infrastructure and procedure for it

3.4.2 Train the staff in best practices for standard precautions through lectures, videos, workshops, posters and leaflets

3.5 Monitoring the adherence to standard precaution practices through an audit form.

4 Procedure:

4.1 Standard precautions consist of the following measures:

- Hand hygiene
- The use of personal protective equipment;
- The safe handling and disposal of sharps;
- Routine environmental cleaning;
- Reprocessing of reusable medical equipment and instruments;
- Respiratory hygiene and cough etiquette;
- Patient placement
- Waste management;
- Appropriate handling of linen.

4.2 Hand Hygiene: In any healthcare setting, hand hygiene is the single most important activity for preventing the spread of infection. Hand hygiene must be performed before and after every episode of patient contact. All health care workers who come into contact either directly with patients or indirectly through equipment or the environment are required to understand the importance of good hand hygiene practices including the 5 Moments for Hand Hygiene and adhere to them.

Refer also DUHS Hand Hygiene Policy

4.3 Personal protective equipment (PPE)

4.3.1 Best Practices for PPE

- Risk assess the level of anticipated exposure to body fluid in order to decide which PPE is most effective to wear to protect the Health care worker . This depends on the task or situation and what the wearer might be exposed to
 - PPE used should be appropriate, fit for the purpose and suitable for the person using/wearing it
 - Once the task is completed PPE should be removed and disposed of immediately
 - Take care to prevent contaminating clothing, skin and/or environment whilst removing PPE
- PPE supplies should be located close to the point of use



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- Single use items should be used where possible
- Stocks of PPE should be stored off the floor in a designated, clean and dry storage area to ensure that they are not contaminated prior to use. Do not store in dirty areas such as the sluice room

4.3.2 Gloves

- Wear gloves whenever in contact with blood, other body substances or contaminated items and surfaces and when in an isolation room.
- Wear and change gloves between tasks/procedures on the same patient.
- Remove gloves promptly after use and before touching clean items and environmental surfaces.
- Perform hand hygiene immediately after removing gloves.
- Gloves are not to be worn after leaving the patient room or procedure area.
- Use non-sterile gloves for examinations and other clean procedures, and use sterile gloves for sterile procedures.

4.3.3 Gowns/plastic aprons

- Wear a gown/plastic apron to protect skin and clothing during procedures that may generate splashes or aerosolization of body substances and cause the soiling of clothes.
- Securely fasten the tabs/ties to keep the gown/plastic apron in place while performing patient care activities in the patient room/procedure area.
- Remove the gown/plastic apron by untying the tabs/ties and folding it away from you in an inside-out manner. Roll it into a ball and discard.
- Change the gown/plastic apron for each patient and/or procedure.
- Gloves/aprons are not to be worn after leaving the patient room or procedure area.

4.3.4 Mask (surgical or N95)

- Wear a surgical mask (with protective eye/face wear) if splashing or aerosolization of blood or body fluids is expected.
- Change mask between patients and sooner if mask becomes wet, moist or torn.
- Wear an N95 mask when indicated to enter an airborne isolation room or when managing a patient where there is a high risk of transmission of air borne infection like tuberculosis, SARS or varicella etc.

4.4 Protective eye/face wear

- Wear protective eye/face wear if required for combined protection from eye/face contamination by aerosolized body substances.
- Face protection equipment should not be touched while being worn as it may be contaminated.



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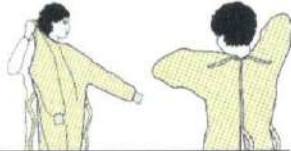
- Wash and disinfect visibly soiled reusable face shields or protective eyewear prior to reuse.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.


1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist




2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator




3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit




4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene





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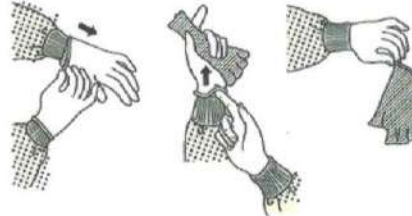
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SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first gloved
- Discard gloves in waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



PERFORM HAND HYGIENE BETWEEN STEPS
IF HANDS BECOME CONTAMINATED AND
IMMEDIATELY AFTER REMOVING ALL PPE



4.5 Safe handling and disposal of sharps:

4.5.1 Best practices for sharp handling:

- Sharps must not be passed directly from hand to hand
- The disposal of sharps should occur immediately at point of use.
- Needles shall not to be recapped, bent or manipulated by hand.
- Do not place used sharp items on any environmental surface.



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- An approved hard shell sharps waste container should be located in appropriate clinical locations and on every IV trolley.
- Discard used syringes and needles/blunt cannula as a single unit – do not attempt to separate.
- Sharps containers must be changed and sealed correctly when contents reach the maximum fill line or 3/4th filled and should be sent to incinerators
- Sharps containers must be stored safely away from the public and out of reach of children
- If there is accidental needle stick injury , inform your immediate supervisor and refer to needles stick injury policy.

4.6 Environmental cleaning:

4.6.1 Concentration of sodium hypochlorite tablets (Haz tab or High clean) Concentration of

- Mattress, Air mattress, Bed & side Trolleys, I/v Stand cleaning:
- General & Environmental Cleaning

Water	1 liter
Tablet	1 1000 p.p.m = 0.1%

- High Risk area cleaning

Water	2 liter
Tablet	5 2.500 p.p.m = 0.25%

- For Spillage Cleaning

Water	1 liter
Tablet	10 10,000 p.p.m=0.1%

- Maternity unit, domestic work, Surfaces, cupboards, floor

Water	7.5 liters
Tablet	1

- All used linen must be handled using 'Standard Precautions'.
- Linen should be handled minimally and placed into the laundry bag at the bedside.
- Soiled linen must be handled in a manner that prevents skin or mucous membrane exposure, contamination of clothing and/or transfer of micro-organisms to others and the environment.



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- Linen that is visibly soiled with blood and other body fluids or soiled with potentially infectious materials must be handled wearing apron and gloves and placed in an alginate liner and plastic linen bag.
- Used linen that is not visibly soiled must be placed in a plastic linen bag.
- Do not place soiled linen on the floor or any clean work surface.
- Please refer to the Hospitals [Linen Management Policy](#)
- **2.2.9 Clinical waste:**

All clinical waste must be disposed of safely, according the Hospitals Waste Management Policy.