

Standard precautions, home care

Reviewed: February 21, 2020

■ Introduction

The Centers for Disease Control and Prevention (CDC) developed standard precautions to protect against the transmission of infection. Standard precautions are a group of infection prevention practices based on the idea that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes may be infectious. CDC officials recommend that health care workers assume that all patients, regardless of their diagnosis, are potentially infected or colonized (carrying an organism but not showing signs or symptoms of infection) with an organism that the patient could transmit to others. Standard precautions include hand hygiene, appropriate use of personal protective equipment (PPE), and proper handling of potentially contaminated items, including patient equipment, items in the environment, sharps, and specimens.^{1 2 3 4}

Standard precautions are the minimum level of precautions that should be implemented. Standard precautions should be combined with transmission-based precautions (contact, droplet, or airborne) for patients with confirmed or suspected infection with highly transmissible pathogens. (See [Transmission-based precautions](#).)^{1 5 6 7}

◆ **Clinical alert:** For information on Coronavirus disease (COVID-19), please refer to the latest recommendations from the CDC, located at https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%253A%252F%252Fwww.cdc.gov%252Fcoronavirus%252F2019-ncov%252Fhcp%252Finfection-control.html, when caring for a patient with known or suspected Coronavirus disease.◆

TRANSMISSION-BASED PRECAUTIONS		
These precautions may be necessary in addition to standard precautions, depending on the patient's condition. ¹		
Precaution type	Indications	Nursing actions
Airborne	To prevent the spread of infection when a patient is suspected or known to have an infection that's spread by the airborne route	<ul style="list-style-type: none"> Wear a fit-tested N95 respirator before entering the patient's home. Don't care for the patient if you aren't immune to vaccine-preventable airborne diseases, such as measles and chicken pox.
Contact	To prevent the spread of epidemiologically important infectious organisms through direct patient contact or indirect contact with the patient's environment	<ul style="list-style-type: none"> Wear a gown and gloves for all interactions with the patient or the patient's environment. Follow your agency's infection control plan to determine when to initiate contact precautions. Designate dedicated patient care equipment if possible.
Droplet	To prevent the spread of infectious organisms through close respiratory or mucous membrane contact with respiratory secretions from an infected patient	<ul style="list-style-type: none"> Put on a mask before entering the immediate care area if working within 3' (1 m) of the patient. Designate dedicated patient care equipment if possible.

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| | | <ul style="list-style-type: none"> • Ensure that the patient wears a mask if the patient is transported outside of the immediate care area. |
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■ Equipment

- Hand hygiene supplies (alcohol-based hand rub, soap and water)
- Gloves
- Gown
- Mask and goggles or mask with face shield
- Puncture-resistant sharps container
- Agency-approved disinfectant
- Paper towels
- Laboratory biohazard transport bags
- Waste container lined with a plastic biohazard bag

■ Preparation of Equipment

Choose the appropriate PPE based on the clinical situation and anticipated exposure to blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes. Check the integrity of the equipment before putting it on *to prevent exposure to blood, body fluids, and other secretions harboring potentially infectious agents.*

■ Implementation

- Gather the appropriate equipment.
- Perform hand hygiene before and after patient care; before putting on and after removing gloves; before handling an invasive device; when moving from a contaminated body site to a clean body site; after contact with body fluids, excretions, mucous membranes, nonintact skin, or wound dressings (even if you wore gloves); and after contact with inanimate objects in the patient's environment. If your hands aren't visibly soiled, use an alcohol-based hand rub for routine hand hygiene. If they're visibly soiled, wash them with soap and water and dry them with a paper towel. (See the "[Hand hygiene, home care](#)" procedure.)^{1 2 8 9 10 11}
- Wear gloves if you may or will come in contact with blood, specimens, tissue, body fluids, secretions, excretions, mucous membranes, broken skin, or contaminated surfaces or objects. (See the "[Personal protective equipment \[PPE\], putting on, home care](#)" procedure.)^{1 5 12 13 14}
- Change your gloves and perform hand hygiene if your gloves become damaged or heavily soiled and when moving from a contaminated to a clean site during patient care *to avoid cross-contamination*. Avoid touching your face, body, and other surfaces and items not needed for direct patient care with your gloved hands *to reduce the risk of transmitting infectious organisms*.^{1 5 13 14 15 16}
- Wear a fluid-resistant gown if you anticipate your clothing or exposed skin will come in contact with blood, body fluids, secretions, or excretions through direct contact or via spraying or splashing.^{1 5 12 13 14}
- Wear a mask with a face shield or a mask and goggles during procedures that are likely to generate spraying or splashing of blood, body fluids, secretions, or excretions (such as irrigation procedures and some respiratory procedures) *to protect the mucous membranes of your eyes, nose, and mouth from exposure to infectious organisms*.^{1 5 12 13 14}
- Follow safe injection practices. Whenever possible, use single-dose vials instead of multidose vials. Use a sterile, single-use disposable needle and syringe for each injection. Use safety needles if available.^{1 12}
- Handle used needles and other sharps carefully. Don't bend, clip, recap, or otherwise manipulate them. Activate any safety mechanisms (such as a retraction feature on a syringe or lancet or a hinged or sliding shield on a needle) immediately after use.^{1 2 5 12 17 18}
- Discard the sharps immediately after use into a puncture-resistant sharps disposal container. Never force a sharp into a container or put your fingers into the container. Never place used sharps in regular household trash, recycling bins, or plastic biohazard bags. (See the "[Visit-generated waste disposal, home care](#)" procedure.)^{1 5 12 17 18 19}
- After obtaining specimens for laboratory analysis, make sure that the lids of specimen containers are closed tightly *to prevent leakage of potentially infectious specimens*. If a specimen container is visibly contaminated, wipe the outside of it with a paper towel moistened with an agency-approved disinfectant solution, such as a 1:10 dilution of household

bleach (5.25% sodium hypochlorite). Place specimen containers in a laboratory biohazard transport bag. (See the "[Laboratory specimen handling and transport, home care](#)" procedure.)¹²

- Place waste contaminated by blood, body fluids, or other potentially infectious materials (such as soiled dressings, incontinence supplies, and used tubing and catheters) into a waste container lined with a plastic biohazard bag. Avoid overfilling the container.^{1 5 12 19}
- While wearing the appropriate PPE, promptly clean all blood and body fluid spills. Blot the spill with paper towels first and then clean the area with an agency-approved disinfectant solution. Discard the saturated paper towels in a plastic biohazard bag. (See the "[Blood spill management, home care](#)" procedure.)^{1 12}
- Remove and discard your gloves and other PPE. (See the "[Personal protective equipment \(PPE\), removal, home care](#)" procedure.)¹²
- Perform hand hygiene.^{1 2 8 9 10 11}
- Put on gloves.^{1 2 4 6 12}
- Following the manufacturer's instructions, properly clean and disinfect reusable equipment before reuse using an agency-approved disinfectant. (See the "[Disinfection, patient care equipment, home care](#)" procedure.)^{1 2 5 12 20 21}
- Remove and discard your gloves.¹²
- Perform hand hygiene.^{1 2 8 9 10 11}
- Document standard precautions as well as the type of any transmission-based precautions used.^{22 23 24 25}

■ Special Considerations

- Personal eyeglasses aren't a substitute for goggles or a face shield *because they don't provide a protective barrier against splashes or sprays of blood or body fluids*. If you wear glasses and need face protection, place the goggles or face mask over them.¹³
- If you're accidentally exposed to blood or a body fluid or experience a needlestick or sharps injury, wash the area immediately. Then notify your supervisor *to allow for investigation of the incident and appropriate care and documentation*. Complete all follow-up screening and care as recommended by your agency.^{12 18 26 27}
- If you have dermatitis or another condition that results in broken skin on your hands, avoid situations in which you may have contact with blood and body fluids (even though you should be wearing gloves) until the condition has resolved and your employee health care practitioner has cleared you. If you have an exudative lesion, avoid all direct patient contact until the condition has resolved and your employee health care practitioner has cleared you.

■ Patient Teaching

Teach the patient and family about the importance of hand hygiene in preventing the spread of infection, and encourage them to remind health care workers to perform hand hygiene when necessary.^{8 10} Also teach them about respiratory hygiene and cough etiquette. Tell them to cover the mouth and nose with a tissue when coughing or sneezing, dispose of the tissue promptly, and then perform hand hygiene.^{1 5 6}

■ Complications

Failure to comply with standard precautions may lead to exposure to bloodborne pathogens and other infectious agents and to all the infections and related complications that they can cause.¹

■ Documentation

Document any transmission-based precautions that may be required in addition to standard precautions. Record teaching provided to the patient and family, their understanding of that teaching, and any need for follow-up teaching.

This procedure has been co-developed and reviewed by the National Association for Home Care & Hospice.



■ References

[\(Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions\)](#)

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Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions

The following leveling system is from *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice* (2nd ed.) by Bernadette Mazurek Melnyk and Ellen Fineout-Overholt.

Level I: Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from well-designed RCTs

Level III: Evidence obtained from well-designed controlled trials without randomization

Level IV: Evidence from well-designed case-control and cohort studies

Level V: Evidence from systematic reviews of descriptive and qualitative studies

Level VI: Evidence from single descriptive or qualitative studies

Level VII: Evidence from the opinion of authorities and/or reports of expert committees

Modified from Guyatt, G. & Rennie, D. (2002). Users' Guides to the Medical Literature. Chicago, IL: American Medical Association; Harris, R.P., Helfand, M., Woolf, S.H., Lohr, K.N., Mulrow, C.D., Teutsch, S.M., et al. (2001). Current Methods of the U.S. Preventive Services Task Force: A Review of the Process. American Journal of Preventive Medicine, 20, 21-35.