

## Standard precautions, AU

Reviewed: November 15, 2019

### ■ Introduction

Standard precautions were developed to protect against the transmission of infection. The *Australian Guidelines for the Prevention and Control of Infection in Healthcare* recommend that health care workers assume that all patients, regardless of their diagnosis, are potentially infected or colonised (i.e. may be carrying an organism but not showing signs or symptoms of infection) with an organism the patient could transmit in the health care setting.<sup>[1][2]</sup>

Standard precautions are part of routine infection control practices, and include wearing gloves for situations involving known or anticipated contact with blood, body fluids, tissue, mucous membranes, or non-intact skin.<sup>[1][2]</sup>

If the task or procedure you're performing may result in splashing or splattering of blood or body fluids to the face, you should also wear a mask and goggles or a mask with a face shield.

If the task or procedure you're performing may result in splashing or splattering of blood or body fluids to the body, you should also wear a fluid-resistant gown or apron.<sup>[1][2]</sup>

Additional protective clothing, such as shoe covers, may be appropriate to protect your feet in situations that may expose you to large amounts of blood or body fluids (or both), such as when caring for a trauma patient in an operating room or emergency department.

You should combine standard precautions with transmission-based precautions for patients with confirmed or suspected infection with highly transmissible pathogens.<sup>[1][2][3]</sup> (See [Transmission-based precautions](#).) (See the "[Airborne precautions](#)" and "[Contact precautions, AU](#)" and "[Droplet precautions, AU](#)" procedures.)

◆ **Clinical alert:** Refer to the latest recommendations from the Australian Department of Health information for health professionals, including infection prevention and control principles and information for clinicians when caring for a patient with known or suspected Ebola virus infection.<sup>[4]</sup>◆


TRANSMISSION-BASED PRECAUTIONS		
These precautions may be necessary in addition to standard precautions, depending on the patient's condition.		
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"> <li>Place the patient in an airborne infection isolation room with monitored negative pressure if available</li> <li>Caution all persons entering the room to wear a respirator mask<sup>[1][2]</sup></li> <li>Staff who aren't immune to vaccine-preventable airborne diseases shouldn't care for the patient<sup>[1][2]</sup></li> </ul>
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"> <li>Place the patient in a single-patient room if possible</li> <li>Wear a gown and gloves for all interactions with the patient or the patient's environment</li> <li>Follow your facility's infection control plan to determine when to implement contact precautions<sup>[3]</sup></li> </ul>

		<ul style="list-style-type: none"> <li>Designate single-use patient care equipment if possible<sup>1 2</sup></li> </ul>
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"> <li>Place the patient in a single-patient room if possible</li> <li>Put on a mask before entering the patient's room if working within 1 m of the patient</li> <li>Designate single-use patient care equipment if possible<sup>1 2</sup></li> <li>The patient should wear a mask if transported outside the room<sup>1 2</sup></li> </ul>

## Equipment

- Gloves
- Mask and goggles or mask with face shield
- Gown
- Resuscitation bag
- Hospital-grade disinfectant
- Bags for specimens
- Optional: shoe covers, apron

## Implementation

- Gather the appropriate equipment.
- Wash your hands immediately if they become contaminated with blood or body fluids, excretions, secretions, or drainage.<sup>1 2 5 6 7</sup>
- Perform hand hygiene before and after patient care, and before putting on and after removing gloves.<sup>8</sup> *Hand hygiene removes microorganisms from your skin.*<sup>1 5 6 7</sup> If your hands aren't visibly soiled, you may use an alcohol-based hand rub for routine decontamination.<sup>1 2 5 6 7</sup>
- Wear gloves if you could or will come in contact with blood, specimens, tissue, body fluids, secretions, excretions, mucous membranes, broken skin, or contaminated surfaces or objects.<sup>1 2</sup> 
- Change your gloves and perform hand hygiene when moving from a contaminated to a clean site during patient care and between patient contacts *to avoid cross-contamination.*<sup>1 2 5 6 7 8</sup>
- Wear a fluid-resistant gown and a mask with a face shield or a mask and goggles during procedures likely to generate splashing or splattering of blood or body fluids, such as surgery, endoscopic procedures, dialysis, catheter insertion and intubation.<sup>1 2 8</sup>
- Wear a mask during lumbar puncture procedures, such as a myelogram and spinal and epidural anaesthesia. The practitioner performing the procedure should wear a mask with a face shield.<sup>1 2</sup>
- 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.<sup>1 2</sup> Use safety needles if available.<sup>1 2</sup>
- Handle used needles and other sharp instruments carefully. Don't bend or break them, or reinsert them into their original sheaths, or remove needles from syringes, or unnecessarily handle them. Activate any safety mechanisms immediately after use. Discard the instruments intact immediately after use into a puncture-resistant sharps disposal container. Use tools to pick up broken glass and other sharp objects. Use a needleless IV system whenever possible. *These measures reduce the risk of accidental injury and infection.*<sup>1 2</sup>

- Immediately notify your employee health care provider (or the provider's designee) of all needlestick and other sharp object injuries, mucosal splashes, and contamination of open wounds or non-intact skin with blood or body fluids *to allow investigation of the incident and appropriate care and documentation*. Be sure to complete all follow-up screening and care, as recommended by your employee health care provider.<sup>1 2</sup>
- Properly label all specimens you've collected in the presence of the patient *to prevent mislabelling* and place them in plastic bags at the collection site.<sup>9</sup> Attach requisition slips to the outside of all bags.<sup>1 2</sup>
- Place all items that have come in direct contact with the patient's secretions, excretions, blood, drainage, or body fluids—such as non-disposable utensils or instruments—in a single impervious bag or container labelled 'Biohazardous' before removing them from the room. Place linens and rubbish in single bags of sufficient thickness to contain the contents.<sup>1 2</sup>
- While wearing appropriate personal protective equipment, promptly clean all blood and body fluid spills. Blot the spill with an absorbent material (such as a paper towel) first, then clean the area with detergent and water. Notify the environmental services department of the spill *so they can properly clean the area*.<sup>1 2</sup>
- If you have an exudative lesion, avoid all direct patient contact until the condition has resolved and your employee health care provider has cleared you to return to work. If you have dermatitis or another condition resulting 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 provider has cleared you to return to work.<sup>1</sup>
- Following the manufacturer's instructions, properly clean and disinfect or sterilise reusable equipment using a hospital-grade disinfectant before reusing.<sup>1 2</sup>
- Teach patients, families or carers, and visitors about hand hygiene, respiratory hygiene, and cough etiquette. Instruct visitors to perform hand hygiene before and after visiting a patient. Provide a mask for anyone who shows symptoms of a respiratory infection. Tell visitors to cover their mouth and nose with a tissue when coughing or sneezing, and to dispose of the tissue promptly, then perform hand hygiene.<sup>1 2 5 6 7</sup>
- Document the type of transmission-based precautions necessary, if applicable, in addition to standard precautions.<sup>3</sup>

## ■ Special Considerations

- Keep mouthpieces, resuscitation bags, and other ventilation devices nearby *to eliminate the need for emergency mouth-to-mouth resuscitation, thus reducing the risk of exposure to body fluids*.
- Be aware that disposable food trays and dishes aren't necessary for standard precautions.<sup>1 2</sup>

♦ **Clinical alert:** *Because you might not always know which organisms are present in every clinical situation, you must use standard precautions for every contact with blood, body fluids, secretions, excretions, drainage, mucous membranes, and non-intact skin.*<sup>1 2</sup> Use your judgement in individual cases about whether to implement transmission-based precautions, such as airborne, droplet, or contact precautions or a combination of them. In addition, if your work exposes you to blood, you should receive the hepatitis B virus vaccine series.♦

## ■ Complications

Failure to comply with standard precautions may lead to exposure to blood-borne pathogens and other infectious agents and to the complications they can cause.

## ■ Documentation

Document any transmission-based precautions that may be required in addition to standard precautions.

Record patient, family or carer, and other visitor teaching, their understanding of your teaching, and whether they require follow-up teaching.

*This procedure has been endorsed by the Australian College of Nursing.*



## ■ References

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

1. Australian Commission on Safety and Quality in Health Care. (2019). *Australian guidelines for the prevention and control of infection in healthcare (2019)*. Retrieved November 2019 from <https://www.nhmrc.gov.au/file/14289/download?token=QNDTcrjY> (Level V)

2. Hand Hygiene Australia. (2017). *Appropriate glove use*. Retrieved November 2019 from <https://www.hha.org.au/hand-hygiene/what-is-hand-hygiene/glove-use> (Level V)
3. Australian Commission on Safety and Quality in Health Care. (2017). *National safety and quality health service standards* (2nd ed.). Retrieved November 2019 from <https://www.safetyandquality.gov.au/standards/nsqhs-standards> (Level V)
4. Australian Government Department of Health. (2018). *Ebola: Information for front line health professionals*. Retrieved November 2019 from <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-ebola-Information-for-Health-Professionals>
5. Hand Hygiene Australia. (2017). *5 Moments for hand hygiene*. Retrieved November 2019 from <https://www.hha.org.au/hand-hygiene/5-moments-for-hand-hygiene> (Level V)
6. Hand Hygiene Australia. (2017). *What is hand hygiene?* Retrieved November 2019 from <https://www.hha.org.au/hand-hygiene/what-is-hand-hygiene> (Level V)
7. World Health Organization. (2009). *WHO guidelines on hand hygiene in health care: First global patient safety challenge, clean care is safer care*. Retrieved November 2019 from [http://apps.who.int/iris/bitstream/10665/44102/9789241597906\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44102/9789241597906_eng.pdf) (Level IV)
8. World Health Organization. (2007). *Standard precautions in healthcare*. Retrieved November 2019 from [http://www.who.int/csr/resources/publications/EPR\\_AM2\\_E7.pdf](http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf)
9. Australian Commission on Safety and Quality in Health Care. (2017). Communicating for safety standard. In *National safety and quality health service standards* (2nd ed.). Retrieved November 2019 from <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

### 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* (2<sup>nd</sup> 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.*