
INFECTION CONTROL: GUIDELINES FOR STANDARD AND ADDITIONAL PRECAUTIONS

Disease Transmission

There are four ways diseases are passed around.

A — Airborne transmission

Airborne germs can travel long distances through the air and are breathed in by people.

Examples of diseases caused by airborne germs are tuberculosis, chickenpox, influenza and certain types of pneumonia.

B — Bloodborne transmission

The blood of an infected person comes in contact with the bloodstream of another person, allowing germs from the infected person into the other person's bloodstream. Blood and bloodborne germs are sometimes present in other body fluids, such as urine, feces, saliva and vomit. Examples of diseases caused by bloodborne germs are HIV/AIDS and viral hepatitis.

C — Contact transmission

Touching certain germs can cause the spread of disease. Sometimes you touch an infected person, having direct contact with the germ. Sometimes you touch an object that has been handled by an infected person, having indirect contact with the infection. Examples of diseases caused by contact germs are pink eye, scabies, wound infections and methicillin-resistant *Staphylococcus aureus* (MRSA).

D — Droplet transmission

Some germs can travel only short distances through the air, usually not more than six feet. Sneezing, coughing and talking can spread these germs. Examples of diseases caused by droplet germs are flu and pneumonia. The virus commonly known as COVID-19 or SARS-CoV-2, is also known to spread via droplet transmission.

Standard Precautions

You should wash your hands with soap and warm water, especially if visibly soiled, or with alcohol-based hand rub if not visibly soiled.

Infection Control: Guidelines for Standard and Additional Precautions

Guidelines on hand hygiene:

- Any hand washing should always utilize an antimicrobial hand soap and water and any disinfectant gels, foams or rinses should be approved alcohol-based products with an ethanol concentration over 60% or isopropanol concentration over 70%.
- Wash your hands anytime they are visibly soiled.

Perform hand hygiene:

- Immediately before touching a patient
- Before performing task that involves handling medical devices such as catheters, drains, or other invasive devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids, or contaminated surfaces including for procedures such as wound care
- Immediately after glove removal

Guidelines on wearing gloves:

- Wear gloves whenever you touch or potentially could come in contact with blood, body fluids or contaminated objects.
- Wear gloves before touching a patient's broken skin or mucous membranes (mouth, nose). Put on clean gloves if you already have a pair on.
- Change gloves between tasks. Dirty gloves spread germs, just like dirty hands!
- Remove gloves immediately after use and discard before touching noncontaminated items or other surfaces.
- Always wash hands after removing gloves.

Guidelines on wearing personal protective equipment:

- Wear a gown, mask and goggles if there is a potential for you to get splashed with blood or body fluids.
- Use a waterproof gown if you might get heavily splashed.
- Personal eyeglasses and contact lenses are not considered adequate eye protection.

Use standard precautions for all patient care. This is a basic infection control measure that reduces the risk of transmission of microorganisms from identified and non-identified sources of infection.

Standard precautions protect both you and your patients.

- Remove protective clothing as soon as you can and wash your hands afterward.
- Dispose of protective equipment per agency policy. Gowns should not be worn for more than one patient.

As a last precaution, keep everything clean and clean up spills as soon as possible.

Standard Precautions for Handling Objects

- Clean any equipment that has been used by one patient before giving it to another patient. You should wear gloves when cleaning contaminated equipment. Follow your agency's cleaning procedures.
- Use disposable equipment only once.
- Dirty linens should be rolled, not shaken, and should be held away from your body. Linens soiled with body fluids can be washed with other laundry, using your agency's procedures.
- No special precautions are needed for dishes or silverware. Normal dish soap and hot water (water temperature must be hot enough to meet state requirements) will kill germs.
- Change cleaning rags and sponges frequently.
- Stethoscopes, blood pressure cuffs and thermometers should be cleaned between each use, using your agency's procedures.
- Dispose of dangerous waste, such as needles, very carefully. Needles and other sharp devices should go into clearly marked puncture-proof containers, not the regular trash container! Do not recap used needles — put them in the puncture-proof container without the cap on.
- Trash that is contaminated with germs such as wound dressings should be disposed of according to your agency's procedures.

Don't touch your face (nose, mouth, eyes) when giving patient care, unless you remove your gloves and wash your hands first. Protect yourself from infection.

- Any container marked "biohazard" is only for discarding contaminated waste. Don't remove anything from it! If you must handle anything in the container, always use gloves. Don't put your hand in anything that contains needles or other sharp objects.

- Check your gloves and other protective clothing frequently. If you see tears or holes, remove the gloves, wash your hands, and apply clean gloves.

Additional Precautions

Use additional precautions in addition to standard precautions when a patient has an illness requiring extra infection control measures. If you know that a patient has a disease that is spread in one of the following ways, use these extra precautions:

Airborne:

- The patient should have a private room, possibly one with a special air filter.
- Keep the patient's room door closed.
- Wear a mask. If the patient has or might have TB, wear a special respiratory mask (ask your supervisor). A regular mask will not protect you.
- Remind the patient to cover nose and mouth with a tissue when coughing or sneezing.
- Dispose of the tissue in nearest waste receptacle and wash your hands immediately. Ask the patient to wear a mask if he or she wants or needs to be around others.
- If the patient is suspected of having a cough or respiratory symptoms due to COVID-19, be sure to follow all droplet precautions as well and disinfect all "high touch" surfaces in the patient's area daily.
- Social distancing, keeping at least 6 feet of distance between yourself and the patient, as well as any others in the home, should always be practiced as a method of preventing droplet transmission, but is especially important to maintain whenever possible when caring for a patient who has a confirmed or suspected diagnosis of COVID-19.

Contact:

- If the patient is cognitively impaired, is unable to follow standard precautions, or has open draining wounds, then the patient should be encouraged to stay in one room (the door may stay open). Encourage at least daily cleaning of the patient's room and disinfect frequently touched surfaces and equipment.
- Gloves should be worn prior to entering the room.
- Change gloves after touching a contaminated object (bed linens, clothes, wound dressings).
- Remove gloves right before leaving the room. Don't touch anything else until you wash your hands. Wash your hands as soon as possible.
- Wear a gown in the room if the patient has drainage, has diarrhea or is incontinent. Remove the gown

right before leaving the room.

- Limit the amount of non-disposable equipment bought into the home.
- Utilize disposable equipment or patient-dedicated equipment if at all possible.
- If equipment cannot remain in the home, then clean and disinfect items per agency policy.

Droplet:

- Patients that are cognitively impaired or noncompliant with covering their mouth when sneezing or coughing should be maintained in one room, but the door may stay open.
- Wear a mask when working close to the patient (within 6 feet) and follow standard precautions. This is especially important for patients who have tested positive for COVID-19.
- Instruct the patient on using a tissue when coughing and disposing of it in a waste receptacle immediately.
- Ask the patient to wear a mask if he or she wants or needs to be around others. This is especially important for patients who have tested positive for COVID-19.
- Assure that high-touch surfaces in the patient's area are disinfected daily using soap and water, followed by a household disinfectant.
- Social distancing, keeping at least 6 feet of distance between yourself and the patient, as well as any others in the home, should always be practiced as a method of preventing droplet transmission, but is especially important to maintain whenever possible when caring for a patient who has a confirmed or suspected diagnosis of COVID-19.

Handwashing rule: Rub hands together with soap and running water for at least 20 seconds. Dry hands using disposable paper towels or air dry. Always wash hands when visibly soiled.

If soap and water are not available, then an alcohol-based hand sanitizer that contains 60% alcohol should be used. Apply sanitizer to palm of hand and rub hands together and over all surfaces of hands and fingers until your hands are dry.