



**Policy IC101**

<b>Subject</b>	IC101 - Standard Precautions		
<b>Category / Section</b>	Infection Prevention / General		
<b>Owner</b>	Casey Cleary (Mgr - Infection Prevention)		
<b>Reviewer(s)</b>	Dir - Carle East Region Services, Infection Preventionist - RMH Quality, Infection Preventionist - BMC Qual Assurance, Mgr - RMH Quality		
<b>Approvers</b>	APM Administrators, Elizabeth Angelo (Sr VP, Chief Nursing Officer & President CFH), Sally Salmons (Assoc Chief Medical Officer, Ambulatory Care)		
<b>Effective Date</b>	05/05	<b>Review Frequency</b>	1 Year
<b>Approval Date</b>	07/12/2023		

<b>Scope of Policy/Procedure (applies to entities/locations marked below)</b>			
This document applies to <u>all</u> entities/locations listed below			
<b>Hospitals</b>	<b>Ambulatory/Off-Campus locations</b>	<b>Other Carle Entities</b>	
X All Carle Hospitals listed below:	X All Carle ambulatory/off-campus locations listed below:	X All other Carle entities listed below:	
Carle Foundation Hospital (Urbana CFH)	CFH/CPG ambulatory locations <i>(also includes Home Health, Therapy Services, Medical Supply, Danville Surgicenter, Specialty Pharmacy)</i>	Arrow Ambulance, LLC	
Carle Hoopeson Regional Health Center (CHRHC)	CHRHC ambulatory locations <i>(includes, CARMC, Cissna Park, Danv-Fairchild, Mattoon-Hurst, Milford, Rossville, Tuscola, Watseka)</i>	Carle Retirement Centers <i>(Windsor of Savoy &amp; Windsor Court)</i>	
Carle Richland Memorial Hospital (CRMH)	Champaign SurgiCenter, LLC	Health Alliance Medical Plans	
Carle Eureka Hospital (CEH)	Administration Building locations (includes Carle at the Fields)	FCC – FirstCarolinaCare Insurance Co.	
Carle BroMenn Medical Center (CBMC)	Carle West Physician Group (CWPG)	CHPP—Carle Health Physician Partners	
	CRMH Ambulatory locations <i>(includes Bridgeport, WestSalem, Olney, Specialty Services)</i>	Carle Cancer Institute Normal, LLC	
<b>Scope Exclusions (Mark this box and enter any departments or locations within a marked entity that are exempt from the policy/procedure.)</b>			

**Purpose**

- A. To provide guidelines and safe patient-care practices for all staff to prevent exposures to infectious organisms and potentially infectious materials.

**Definitions**

- A. **Blood and Body Fluids** – All human blood, blood components and blood products, semen, vaginal secretions, pericardial fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures (in the office setting or patient bedside); any body fluid visibly contaminated with blood; and ALL BODY FLUIDS in situations where it is difficult or impossible to visualize blood content or differentiate between body fluids.
- B. **Potentially Infectious Materials** – Any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures and HIV, Hepatitis B (HBV) or Hepatitis C (HCV) – containing culture medium or other solutions as well as blood.
- C. **Protective Barriers or Equipment (Personal Protective Equipment – PPE)** – Gloves, gowns, aprons or other protective apparel, mask, eyewear and face shields; disposable (single use) mechanical devices such as mouthpieces, pocket masks and ambu-bags for ventilation in emergent situations.
- D. **“Appropriate” Protective Barriers or Equipment** – Barriers or equipment are considered appropriate ONLY when they do not permit blood or other potentially infectious materials to pass through or reach work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the DURATION of time the protective equipment will be used.
- E. **Engineering Controls** – Controls that isolate or remove the bloodborne pathogens hazards from the work place such as safety engineered needles or needleless systems.
- F. **Work Practice Controls** – Policies and procedures that reduce the likelihood of exposure.

- G. **Staff** – Staff includes all individuals who have direct contact with patients, enter patient rooms, or handle patient items, including employees, medical staff, students, volunteers, and vendors.
- H. **Eye Protection** – Chin-length face shields, a mask with a faceshield, or goggles/glasses with solid side shields.

### Statement of Policy

- A. Staff will be responsible to:
1. Follow the procedures indicated by this policy to protect themselves and others from inadvertent exposure to infectious organisms and potentially infectious materials.
  2. Use appropriate protective barriers to prevent contamination with infectious organisms, blood, body fluids, or other potentially infectious materials. The type of protective barriers selected for use by staff will be appropriate for the task being performed and the type of exposure reasonably anticipated.
- B. Carle will create policies and procedures as well as provide infection prevention education, devices, personal protective equipment, engineering controls, and supplies necessary to reduce the risk of occupational exposure to infectious organisms and potentially infectious materials.

### Procedure

- A. Hand Hygiene
1. Refer to [IC401 - Hand Hygiene](#) .
- B. Personal protective equipment (PPE).
1. Gloves
    - a. Staff will be responsible to:
    - b. Wear gloves when:
      - Hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin is reasonably anticipated.
      - Handling or touching visibly or potentially contaminated items or surfaces.
      - Performing any vascular access procedures, e.g. phlebotomy for lab/blood specimens.
    - c. Change gloves after contact with any patient or contaminated items or environments.
    - d. Replace gloves as promptly as patient safety permits if they are torn, punctured, or their ability to function as an effective barrier is otherwise compromised.
    - e. Disposable (single use) gloves will not be re-used.
    - f. Utility gloves may be washed and decontaminated for re-use if the integrity of the glove is not compromised. They will be discarded if they are cracked, peeling, torn, punctured, or show other signs of deterioration or when their ability to function as an effective barrier is compromised.
    - g. Double-gloving is recommended when a significant volume of blood, body fluids or potentially infectious material is anticipated, e.g. in surgery, during other interventional procedures, or suturing.
  2. Masks, Eye Protection, and Face Shields  
Staff will be responsible to:
    - a. Wear masks and eye protection whenever splashes, spray, spatter or droplets of blood, body fluids, or other potentially infectious materials may be generated and potential eye, nose or mouth contamination is reasonably anticipated.
    - b. Wear a respirator (N95, CAPR, or PAPR) and eye protection when performing aerosol – generating procedures. Refer to [IC404 - Isolation Guidelines](#)
    - c. Wear a surgical mask when placing a catheter or needle into the spinal canal or subdural space (i.e., during myelograms, lumbar punctures, and spinal or epidural anesthesia).
    - d. Wear an N-95 respirator or CAPR/PAPR when using surgical laser or performing other electrosurgical procedures producing aerosols or vapors from warts or other areas potentially infected with human papilloma virus (HPV).
    - e. Use disposable mechanical devices such as mouthpieces, pocket masks, or Ambu-bags during emergency resuscitation.
  3. Gowns, Aprons and Other Protective Clothing  
Staff will be responsible to:
    - a. Wear appropriate protective clothing in occupational exposure situations.
      - Selection of type and characteristics will depend upon task, procedure, and degree of exposure anticipated.

- b. Wear fluid resistant and/or impervious gowns when splashing, splattering, or gross contamination is reasonably anticipated, e.g. some operative or invasive procedures, trauma, or autopsies.
  - c. Wear surgical caps/hoods and shoe covers/boots when gross contamination is reasonably anticipated, e.g. autopsies, orthopedic surgery, or multiple traumas.
- C. Injection Practices
- Staff will be responsible to:
- a. Use a sterile, single-use, disposable needle and syringe for each injection given.
  - b. Use single-dose vials whenever possible.
  - c. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
  - d. Use fluid infusion and administration sets for one patient only.
2. Refer to Multi-Dose Vial Handling and Disposition policies for additional information.
- D. Sharps Safety
1. Refer to [IC303 - Sharps Safety](#).
- E. Respiratory Hygiene/Cough Etiquette
- Staff will be responsible to, and patients and visitors will be encouraged to:
- a. Cover their coughs/sneezes and properly dispose of tissues if used.
  - b. Wash their hands after contact with respiratory secretions.
  - c. Wear a surgical/procedural mask if coughing and the mask can be tolerated and offer masks to persons who are coughing.
2. Patients with respiratory infections who are waiting in common areas will be encouraged to stay at least six (6) feet away from other patients (if feasible).
- F. Linen
- 1. All linen/laundry must be handled with minimum agitation to avoid contamination of air, surfaces, and persons.
  - 2. Linen will be stored appropriately before use and placed in appropriate soiled utility containers after use.
- G. Transport of Lab Specimens
- 1. Staff will place all lab specimen containers in a plastic bag, properly identified and securely closed for transport to the lab to prevent occupational exposure due to leakage, spillage or potentially contaminated outer/surface of the specimen container.
  - 2. Refer to [EC412 - Translogic Computerized Tube System](#) for guidelines on the proper use of the tube system. (Does not apply to CBMC, CEH, CRMH or CRMH Ambulatory Locations)
- H. Clean and disinfect the environment and equipment appropriately.
- 1. Disinfection and Sterilization
    - a. Refer to [IC117 - Decontamination Guidelines at the Department Level \(does not apply to CBMC or CEH\)](#) for information regarding cleaning, disinfection, and sterilization of equipment.
    - b. For decontamination of walls, tabletops, beds and other inanimate objects with blood or body fluids:
    - c. Remove gross contamination with an approved disinfectant-soaked cloth, then
    - d. Wipe with organization-approved disinfectant.
    - e. Follow manufacturer's guidance for appropriate disinfectant wet time.
  - 2. Rooms and surfaces not directly contaminated with blood or body fluids will be cleaned using the routine cleaning process.
  - 3. Room Preparation Between patients
    - a. Room cleaning will be performed by Environmental Services or other designated staff.
    - b. The room will not be used for patient care until it has been appropriately cleaned.
    - c. Refer to [IC404 - Isolation Guidelines](#) for isolation room cleaning instructions.
    - d. Unused paper products (e.g., paper towels, toilet paper) do not need to be discarded when patients are discharged.
    - e. Unused medications, equipment, wrapped articles, and other supplies in a non-isolation patient's room do not need to be discarded if:
      - They have not been opened/used, and
      - They are not visibly soiled.
- I. Other
- 1. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure (OSHA Standard 1910.1030[d][2][ix]).
    - a. No staff food is allowed at the nurse stations or in patient care areas.

- b. Drinks must be covered and stored in designated locations.
2. **Exposure Risk Levels**
- a. There are the levels of exposure risk:
- **Level I/II - Regular Potential for Exposure** (Staff with direct patient care) those job classifications in which **all** employees have occupational exposure on a regular basis. (ex: inpatient units)
    - All drinks must be covered and only allowed in designated cabinets labeled “Personal Beverage Cabinet”
    - This does not include personal offices with no patient contact.
  - **Level III - No Potential Exposure**  
Those job classifications in which all employees have **no** occupational exposure risk. (Ex. CATF)
    - No drink restrictions
- b. Hand hygiene **MUST** be done before handling personal drinks
3. All deceased patients with diagnosed infections will be identified as an “INFECTION HAZARD.” This identification will be written on the body identification card or label. The “INFECTION HAZARD” label will remain with the body, whether or not an autopsy is performed, for delivery to the mortician. The infectious organism or process will not be identified on the label.

#### Other Related Links

- [Exposure Control Plan 2023](#)
- [RMH Exposure Plan 2022](#)
- [EC410 - Waste Management](#)

#### References

- Occupational Safety & Health Administration Regulations – Bloodborne pathogens. – 1910.1030(d)(2)(ix) Retrieved from [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051).
- Siegel, JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>.
- Guidelines for Environmental Infection Control in Health-Care Facilities (2003). Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HIPCAC). Retrieved from [Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)

#### Electronic Approval on File