

GBHWC FORM REVIEW AND ENDORSEMENT CERTIFICATION

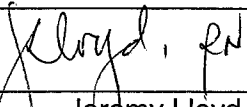
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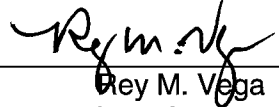
Submitted by: Jeremy Lloyd RN

Form No.: CW-07

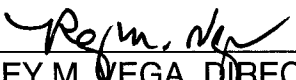
Form

Title: Standard Infection Control Precautions

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DIVISION: CW	CMS:	
APPROVED BY:  REY M. VEGA, DIRECTOR	EFFECTIVE: 1/12/16	REVISED:

PURPOSE:

- A. To provide guidelines for interactions between consumers and healthcare providers to prevent the transmission of infectious agents associated with healthcare delivery.

DEFINITIONS:

1. **Nosocomial infection:** Infections acquired in hospitals.
2. **Healthcare associated infection (HAI):** Infections associated with healthcare delivery in any setting (i.e., hospitals, long term care facilities, ambulatory settings, home care). This term reflects the inability to determine with certainty where the pathogen is acquired since consumers may be colonized with, or exposed to, potential pathogens outside of the healthcare setting, before receiving healthcare, or may develop infections caused by those pathogens when exposed to the conditions associated with delivery of healthcare. Additionally, the new terminology reflects the fact that consumers frequently move among the various settings within a healthcare system.
3. **Respiratory Hygiene/Cough Etiquette:** Applies broadly to all persons who enter a healthcare setting, including healthcare staff, consumers and visitors.

POLICY:

- A. Standard Precautions are designed for care of all consumers in facilities, regardless of diagnosis or presumed infection status, to reduce the risk of transmission from both recognized and unrecognized sources of infection.
- B. Standard Precautions combine the features of universal precautions and body substance isolation. Standard Precautions apply to all consumers regardless of their diagnosis or suspected infection status. Standard Precautions apply to the following:
 - a. Blood
 - b. All body fluids, secretions and excretions, except sweat, whether or not they contain visible blood
 - c. Non-intact skin
 - d. Mucous membranes
- C. Standard Precautions include:
 - a. Hand Hygiene (See policy and procedure)

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- b. Personal Protective Equipment:
 - i. Personal Protective Equipment (PPE) is used to protect staff from contact with infectious agents, and to prevent staff from carrying these infectious agents from consumer to consumer.
 - 1. Gloves:
 - a. To be worn when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin and other contaminated items, i.e., equipment.
 - b. Gloves do **NOT** take the place of hand hygiene. Hands are to be washed after removing gloves.
 - c. Gloves should be changed between tasks and procedures on the same consumer after contact with material that may contain a high concentration of microorganisms.
 - 2. Gowns:
 - a. To be worn during procedures and consumer-care activities when contact with blood, body fluids, secretions or excretions is anticipated to prevent soiling or contamination of clothing and to protect skin. Gowns are to be removed before leaving the consumer's environment.
 - 3. Mouth, Nose, Eye Protection:
 - a. Masks, goggles, face shields and combinations of each, according to the need anticipated by the task performed, to protect the mucous membranes of the eyes, nose and mouth during procedures and consumer-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions
 - ii. Personal Protective Equipment (PPE) is used to protect staff from contact with infectious agents, and to prevent staff from carrying these infectious agents from consumer to consumer.
- c. Respiratory Hygiene/Cough Etiquette:
 - i. Healthcare staff shall be educated on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections (i.e., influenza, RSV, adenovirus, parainfluenza virus) in communities.
 - ii. The following measures to contain respiratory secretions in consumers and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial

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encounter in a healthcare setting (i.e., triage, reception and waiting areas in emergency departments, outpatient clinics and physician offices) shall be implemented:

1. Signs shall be posted at entrances and in strategic places (i.e., elevators, cafeterias) within ambulatory and inpatient settings, with instructions to consumers and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.
 2. Tissues shall be provided, as well as no-touch receptacles for disposal of said tissues.
 3. Resources and instructions shall be provided for performing hand hygiene in or near waiting areas in ambulatory and inpatient settings; conveniently-located dispensers of alcohol-based hand rubs and, where sinks are available, supplies for hand washing shall also be provided.
 4. During periods of increased prevalence of respiratory infections in the community (i.e., as indicated by increased school absenteeism, increased number of consumers seeking care for a respiratory infection), face masks shall be offered to coughing consumers and other symptomatic persons (i.e., persons who accompany ill consumers) upon entry into the facility or medical office special separation. Ideally a distance of at least three (3) feet from others in common waiting areas shall be encouraged.
- d. Safe Injection Practices:
- i. The following recommendations apply to the use of needles, and cannulae that replace needles, and, where applicable intravenous delivery systems:
 1. Use aseptic technique to avoid contamination of sterile injection equipment.
 2. Do not administer medications from a syringe to multiple consumers, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another consumer nor to access a medication or solution that might be used for a subsequent consumer.
 3. Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one consumer only, and

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dispose appropriately after use. Consider a syringe needle or cannula contaminated, once it has been used to enter or connect to a consumer's intravenous infusion bag or administration set.

4. Use single-dose vials for parenteral medications whenever possible.
 5. Do not administer medications from single-dose vials or ampules to multiple consumers or combine leftover contents for later use.
 6. If multiple dose vials must be used, both the needle or cannula and syringe used to access the multiple dose vials must be sterile.
 7. Do not keep multiple dose vials in the immediate consumer treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
- e. Safe handling and Disposal of Sharps:
- i. Sharps must always be handled carefully, in accordance with the following principles;
 1. Do not re-sheath used needles
 2. In exceptional circumstances, if re-sheathing CANNOT be avoided, use a specific needle re-sheathing/removing device or use a One-hand Scoop technique. (see procedure below)
 3. Always get help when using sharps with a confused or agitated consumer.
 4. Never pass sharps from person to person by hand – use a receptacle or 'clear field' to place them in.
 5. Never leave sharps lying around – dispose of them yourself in a sharps container.
 6. Dispose of sharps at the point of use – take a sharps bin with you.
 7. Dispose of syringes and needles as a single unit in the sharps container – do not remove the needle first.

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- ii. Sharps must only be disposed of in designated sharps bins that meet the requirements of OSHA.

- f. Consumer Placement:
 - i. The potential for transmission of infectious agents shall be considered in consumer placement decisions.
 - 1. Consumers in Adult Inpatient Unit with active infection shall be referred to Guam Memorial Hospital for admission and treatment.
 - 2. Consumers in Residential Program with active infection who pose a risk for transmission to others (i.e., uncontained secretions, excretions or wound drainage) shall be placed in a single-consumer room when available.
 - 3. Consumer placement shall be determined based on the following principles:
 - a. Route(s) of transmission of the known or suspected infectious agent
 - b. Risk factors for transmission in the infected consumer
 - c. Risk factors for adverse outcomes resulting from an HAI in other consumers in the area or room being considered for consumer placement
 - d. Availability of single-consumer rooms
 - e. Consumer options for room-sharing (i.e., cohorting consumers with the same infection)

- g. Consumer-Care Equipment and Instrument/Devices:
 - i. Established policies and procedures for containing, transporting and handling consumer-care equipment and instruments/devices that may be contaminated with blood or body fluids shall be followed.

 - ii. Organic material from critical and semi-critical instrument/devices shall be removed using recommended cleaning agents before high-level disinfection and sterilization to enable effective disinfection and sterilization processes.

 - iii. PPE (i.e., gloves, gown) shall be worn and selected according to the level of anticipated contamination, when handling consumer-care equipment and instruments/devices that is visibly soiled or may have been in contact with blood or body fluids.

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h. Care of the Environment:

- i. Established policies and procedures for routine and targeted cleaning of environmental surfaces as indicated by the level of consumer contact and degree of soiling shall be followed.
- ii. Surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the consumer (i.e., bed rails, over bed tables) and frequently-touched surfaces in the consumer care environment (i.e., doorknobs, surfaces in and surrounding toilets in consumers' rooms) shall be cleaned and disinfected on a more frequent schedule compared to that for other surfaces (i.e., horizontal surfaces in waiting rooms).
- iii. EPA-registered disinfectants that have microbiocidal activity against the pathogens most likely to contaminate the consumer-care environment shall be used in accordance with manufacturer's instructions.
 1. When there is evidence of continuing transmission of an infectious agent (i.e., rotavirus, *C. difficile*, norovirus) that may indicate resistance to the in-use disinfectant, the efficacy of the in-use disinfectant shall be reviewed and if indicated, a change may be made to a more effective disinfectant.
- iv. Established policies and procedures shall be followed for cleaning and disinfecting toys located in pediatric departments at regular intervals.
- v. Multi-use electronic equipment, including those items that are used by consumers, items used during delivery of consumer care, and mobile devices that are moved in and out of consumer rooms frequently shall be cleaned and disinfected on a daily basis.

i. Textiles and Laundry:

- i. Used textiles and fabrics shall be handled with minimum agitation to avoid contamination of air, surfaces and persons.
- ii. Laundry baskets shall be properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry.

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PROCEDURE:

- A. One – hand scoop technique
 - a. Leave the needle cap on the surface and guide the tip of the used needle tip into it using only one hand. Clean the surface with disinfectant afterward to avoid leaving blood.
 - b. Place the needle cap against a firm upright surface with its opening towards you, and place the used needle tip into it.
 - c. Lift the needle and syringe vertically and, once the tip is covered, use the other hand to fix the cap into place.

REFERENCE:

1. 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, June 2007