

		Policy Title: Standard (Universal) Precautions
Effective Date: October 1996	Policy Number: 5130	
Review Date: 7/20/2018	Category: Infection Control	
Revised Date: 9/13/2018	Oversight Level: 2	
Administrative Responsibility: Operations Managers		

1. Purpose

1.1. To prevent the transmission of diseases that can be acquired by contact with blood, bodily fluids or excretions, non-intact skin or mucous membranes

2. Scope

2.1. All employees of McLaren Medical Group (MMG) and/or employees working at a MMG managed site

3. Definitions

3.1. Standard (Universal) Precautions - are used in all patient care settings. Standard (Universal) Precautions are composed of common sense practices and Personal Protective Equipment (PPE) use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.

3.2. Hand Hygiene - means cleaning hands by hand washing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis.

4. Policy

4.1. The Standard (Universal) Precautions described in the Procedure will be followed in the ambulatory care setting.

5. Procedure

5.1. Hand Hygiene

5.1.1. Staff shall complete hand hygiene in the following situations:

1. Before eating
2. When entering and exiting an exam/patient care room
3. Before and after having direct contact with a patient's intact skin
4. After contact with blood, bodily fluids or excretions, mucous membranes, non-intact skin or wound dressings
5. If hands will be moving from a contaminated body site to a clean body site during patient care
6. After glove removal
7. After using a restroom

5.1.2. Hand hygiene completed during patient care should be done in the presence of the patient.

5.1.3. An antiseptic hand rub may be used when hands are not visibly dirty. Soap and water are recommended for cleaning visibly dirty hands, before eating and after using a restroom.

5.1.4. Technique for Washing Hands with Soap and Water

5.1.4.1. When cleaning hands with soap and water, wet hands first with water, apply the amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.

5.1.4.2. Rinse hands with water and use disposable towels to dry. Use a towel to turn off the faucet.

5.1.4.3. Use warm (not hot) water to prevent drying of skin.

5.1.5. Technique for using Antiseptic Hand Rub

5.1.5.1. When using antiseptic hand rub, put product on hands and rub together.

5.1.5.2. Cover all surfaces until hands feel dry, about 20 seconds.

5.2. Personal Protective Equipment (PPE)

5.2.1. Gloves

5.2.1.1. Put on gloves before touching a patient's non-intact skin, open wounds or mucous membranes, such as the mouth, nose and eyes.

5.2.1.2. Change gloves during patient care if the hands will move from a contaminated body site to a clean body site.

5.2.1.3. Remove gloves after contact with a patient and/or the surrounding environment.

5.2.1.4. Do not wear the same pair of gloves for the care of more than one patient.

5.2.2. Mask, Eye Protection and Face Shield

5.2.2.1. Protects the mucous membranes of the eyes, nose and mouth.

5.2.2.2. Wear during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

5.2.3. Gown

5.2.3.1. Protects skin and prevents soiling of clothing during procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

5.2.4. Shoe Covers

5.2.4.1. Protects skin and prevents soiling of shoes during procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

5.3. Patient-Care Equipment

5.3.1. Handle used equipment soiled with blood, body fluids, secretions and/or excretions, in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.

5.3.2. Reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately.

5.3.3. Single-use items are discarded properly after use.

5.4. Linen

5.4.1. Soiled linen will be handled as little as possible with minimal agitation.

5.4.2. Soiled linen shall be bagged at the location where it was used. Do not sort or rinse soiled linen.

5.4.2.1. Wet linen may soak through the bag and leak. Soiled wet linen shall be placed and transported in leak-proof bags, or double bagged.

5.4.2.2. Employees handling soiled linen should wear gloves and other appropriate personal protective equipment (PPE) as needed to prevent occupational exposure during handling.

5.4.2.3. Soiled linens will be stored in a closed, designated container until picked up by the laundry service.

5.5. Sharps Use and Disposal

5.5.1. Do not recap used needles. Deploy shield/safety lock, if available. Dispose of used needles directly into a sharps container.

5.5.2. Avoid bending, breaking or otherwise manipulating used needles.

5.5.3. Sharps containers must be used for deposit of the following: needles, blades, scalpels, lancets, glassware, capillary tubes, any object which could penetrate the skin, plastic and metal IV catheters; any length of IV tubing that contains or is stained with blood; and all syringes, clean or contaminated, with or without a needle.

5.5.4. Sharps disposal containers will be placed in any location where sharps are used.

5.5.5. Change out sharps disposal containers after 90 days or when the manufacturer's fill line is reached, whichever occurs first. Do not overfill.

5.6. General

5.6.1. Eating, smoking or applying cosmetics or lip balm is prohibited in work areas. Drinks shall be limited to designated areas determined by the Operations Manager without potential for exposure to blood and/or bodily fluids. Keep drinks in spill-proof containers labeled with first and last name.

5.6.2. When administering emergency Cardiopulmonary Resuscitation (CPR), use mouthpieces, resuscitation bags or other ventilation devices whenever possible.

6. Exceptions

6.1. None

7. References

7.1. Centers for Disease Control and Prevention (CDC). *Hand Hygiene*. (March 15, 2016). Retrieved from <https://www.cdc.gov/handhygiene/providers/index.html>

7.2. Michigan Department of Environmental Quality (MDEQ) (May, 2011). *Medical Waste Public Act and Rules Governing Disposal of Medical Waste*. Retrieved from https://www.michigan.gov/documents/deq/whm-stsw-mwrp-MW-Reg-Act-Rules_257176_7.pdf

7.3. The Joint Commission (TJC) e-dition. (July 1, 2018). IC.02.01.01, EP 2; EP 6.

7.4. United States Department of Labor, Occupational Safety & Health Administration. *Laundry eTools*. (2018). Retrieved from <https://www.osha.gov/SLTC/etools/hospital/laundry/laundry.html>

7.5. United States Department of Labor, Occupational Safety & Health Administration. *Needlestick/Sharps Injuries eTools*. (2018). Retrieved from <https://www.osha.gov/SLTC/etools/hospital/hazards/sharps/sharps.html>

7.6. United States Department of Labor, Occupational Safety & Health Administration. *Universal Precautions eTools*. (2018). Retrieved from <https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

8. Appendix

8.1. None

9. Approvals

Rochelle Schiller
Interim President/Chief Executive Officer

Date

Brad Ropp, MD
Chief Medical Officer

Date

Previous Revision Dates/Supercedes Policy: 4/20/2016, 5/1/2012, 7/18/2006