

Use Standard Precautions for ALL Residents at ALL times

2016

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September 2016

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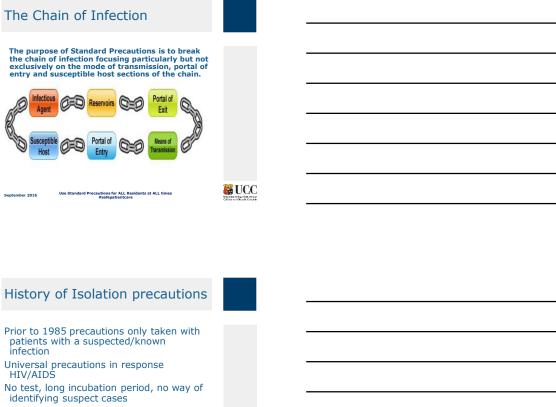
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Why Standard Precautions

Within any setting where healthcare is provided both patients and staff are at risk of acquiring an infection

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Healthcare workers demanded action to protect themselves

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# **Universal Precautions**

• 1985 - CDC Atlanta

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- HCW's were advised to treat all blood as potentially infectious
- Blood and all body fluids with visible blood present – treat as infectious
- Wear protective equipment if exposure possible
- Specific measures for handling needles & other sharp devices

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· Report all needle stick injuries

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# Standard Precautions • 1996 Standard Precautions replaced Universal Precautions – (Garner et al) HCW's advised to take precautions with all blood, body fluids, non-intact skin and mucous membranes. Hand Hygiene, PPE, Patient Placement, Decontamination of Equipment & Environment, Safe Sharps, Spills & Exposure Management, Handling of Linen. Additional Precautions for known infections based on mode of transmission – Contact, Droplet and Airborne Precautions. UCC Use Standard Precautions for ALL Residents at ALL times #safepatientcare mber 2016

# **Standard Precautions:**

2007 → Emergence of new pathogens such as SARS and Avian flu, coupled with continued occurrence of outbreaks of hepatitis B and hepatitis C viruses in ambulatory settings, CDC amended the 1996 guidelines

Recommendation made on

- Non-acute healthcare • LTCF, ambulatory care settings & home care and • non healthcare settings were health care is delivered
- Transmission Risks for Special Patient Population
- Precautions to Prevent Transmission of Infectious
- Agents
   Standard Precautions
- Transmission based Precautions Droplet, Contact & Airborne

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# Standard Precautions

Hand hygiene

- Use of personal protective equipment (PPE) Management of spillages of blood and body fluids
- Appropriate patient placement
   Management of sharps
- Safe injection practices
- Respiratory hygiene and cough etiquette
- Management of needle stick injuries
- · Management of waste
- Management of laundry
- Decontamination of reusable medical equipment
- Decontamination of the environment.

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# Transmission of HIV & HCV from a nursing home patient to HCW

- 35 yr old Nursing Home Aid Jan 2000
- No non-occupational risk factors identified
- Cared for 1 HIV-infected patient from Dec 99 Feb 2000
- No specific exposure to blood
- Numerous exposures to the patients body fluids
- urine, faeces "coffee ground" like emesisChapped & abraded hands landscape
- Enapped & abraded nands landscape
- Patient was not known to be infected with HCV
   Beltrami et al (2003) Transmission of HIV and hepatitis C virus from a nursing home
  patient to a health care worker. American Journal of Infection Control 31;168-175

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## Conclusion

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- "Transmission may have been prevented in this situation by-
  - Adherence to Standard Precautions
  - Exposure management plan
  - Provision of Personal Protective Clothing
  - Engineering & work practice controls to eliminate percutaneous injuries

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### Transmission Based Precautions

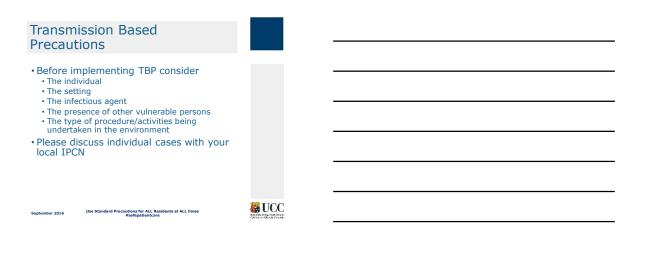
- In Healthcare setting additional precautions called Transmission Based Precautions will be implemented dependant on the route of transmission of the microorganism
  - Contact Precautions e.g Gastroenteritis, *C.difficile*, Shingles
  - Droplet Precautions e.g Influenza,
  - mumps

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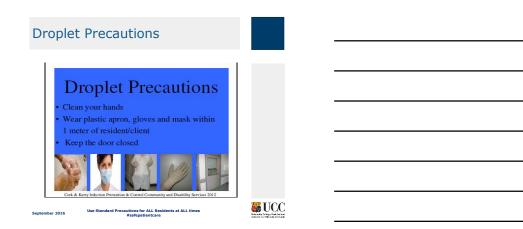
- Airborne Precautions e.g TB, measles, chickenpox
- In residential care facilities the focus is on Standard Precautions at all times for all clients.

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