



## Community Infection Prevention and Control Guidance for Health and Social Care

# Standard Precautions

# STANDARD PRECAUTIONS

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## This guidance document has been adopted as a policy document by:

Organisation:	Cumbria County Council
Signed:	
Name:	Pam Duke
Job Title:	Assistant Director Provider Services
Directorate:	People
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## For further information and advice regarding infection prevention and control please contact:

<p>Fiona McCredie Head of Health Protection Public Health People Directorate Cumbria County Council Penrith Community Fire Station Carleton Avenue Penrith Cumbria CA10 2FA</p> <p>Tel: 01768 812539 Mob: 07900 668648 Email: <a href="mailto:Fiona.McCredie@cumbria.gov.uk">Fiona.McCredie@cumbria.gov.uk</a></p>	<p>Debbie McKenna Health Protection Specialist Public Health People Directorate Cumbria County Council Cumbria House 107-117 Botchergate Carlisle Cumbria CA1 1RZ</p> <p>Mob: 07769 301904 Email: <a href="mailto:Deborah.McKenna@cumbria.gov.uk">Deborah.McKenna@cumbria.gov.uk</a></p>
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### This document has been written and produced by:

Community Infection Prevention and Control  
Harrogate and District NHS Foundation Trust  
Gibraltar House, Thurston Road  
Northallerton, North Yorkshire. DL6 2NA  
Tel: 01423 557340  
Email: [ipccommunity@hdfn.nhs.uk](mailto:ipccommunity@hdfn.nhs.uk)  
[www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)

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## Contents

## Page

1. Introduction.....	4
2. Hand washing (please also refer to Hand Hygiene Guidance) .....	4
3. Personal protective equipment .....	5
4. Sharps management and inoculation injuries (please also refer to the Sharps Management and Inoculation Injuries Guidance) .....	8
5. Spillage of blood and blood stained body fluids .....	8
6. Disposal of health and social care waste (please also refer to Waste Management Guidance) .....	11
7. Specimens (please also refer to Specimen Collection Guidance) .....	11
8. Laundry (please also refer to Laundry Guidance) .....	12
9. Decontamination of equipment (please also refer to Decontamination, Cleaning and Disinfection Guidance) .....	13
10. Additional IPC resources .....	13
11. References .....	13

# STANDARD PRECAUTIONS

## STANDARD PRECAUTIONS

### 1. Introduction

Standard precautions are applied during working practices to protect service users, family, staff and visitors from infection. All blood and body fluids are capable of transmitting infection; Standard precautions are the basic minimum standard of hygiene to be applied throughout all contact with blood and body fluids from any source. It is the basis for controlling the spread of infection via blood and body fluids within clinical practice.

Body fluids include:

- cerebrospinal fluid
- synovial fluid
- semen
- vaginal fluids
- peritoneal fluid
- pleural fluid
- amniotic fluid
- blood
- faeces/urine/vomit
- breast milk.

### 2. Hand washing (please also refer to Hand Hygiene Guidance)

Hand washing is one of the single most important procedures in the control of infection. Good hand hygiene should be undertaken by staff, service users and visitors.

Liquid soap is preferable to bar soap as bar soap can harbour micro-organisms. In health and social care settings, liquid soap should be wall mounted with a single use cartridge or bottle. To prevent contamination of liquid soap, dispensers should not be refilled/topped up. Hands must be washed before and after contact with a service user and their surroundings and before and after all clinical procedures. Hands must be wet under warm running water, apply enough liquid soap to cover all hand surfaces and wash all areas of the hands thoroughly, rinse well and dry using disposable paper towels.

Staff in care home settings should have access to liquid soap and paper towels in each service user's room.

Antibacterial solutions are not recommended for routine hand washing as they dry the skin which can cause damage. They are recommended for use prior to an invasive procedure, e.g., minor surgery.

All cuts and abrasions should be covered with a waterproof dressing.

Staff should be 'bare below the elbows' (please refer to Hand Hygiene Guidance).

Lesions on the hand that may be infected must be reported to the person in charge or, where available, an Occupational Health Department.

Routine use of nailbrushes is not recommended. If used, they must be sterile and single use.

### ALCOHOL HANDRUB

Alcohol handrubs are of particular value where hand washing facilities are limited or not available. They should be applied to dry, visibly clean hands. These products are only effective if hands are physically clean. It is important to wash hands which are visibly contaminated prior to its application.

Alcohol handrub should not be used when dealing with a service user with Norovirus (viral gastroenteritis) or *Clostridium difficile* as it is **not** effective. Therefore, hand washing with liquid soap and warm water is vital when dealing with any service user known to have had diarrhoea within the last 48 hours.

Visitors should be encouraged to use alcohol handrub when entering and leaving all health and social care settings.

## 3. Personal protective equipment

### GLOVES

If contact with blood and/or body fluids, non-intact skin or mucous membranes, is anticipated or the service user has a known infection, disposable gloves should be worn that are appropriate for the task.

Clinical gloves must be powder-free and can be latex, nitrile or vinyl material. Glove selection (please refer to the Glove Selection Guide in the Hand Hygiene Guidance) should be based on risk assessment of:

- the nature of the task
- the risk of contamination
- barrier efficacy of gloves.

Gloves must comply with British and EN Standards and be CE marked.

**Latex gloves** are made from natural rubber and due to their elasticity provide a better fit. They have resistance to puncture and resealing properties which make them the glove of choice when handling sharps, and when dealing with blood and blood stained body fluids. Latex gloves can cause skin sensitivity.

**Nitrile gloves** are a synthetic alternative to latex gloves. They are suitable to be worn when in contact with blood and blood stained body fluids and if a service user or member of staff is latex sensitive.

**Vinyl gloves** are looser fitting than nitrile or latex gloves, are less durable for procedures involving twisting and more likely to tear. They are not recommended for contact with blood and blood stained body fluids. Therefore, they should only be worn when there is no risk of exposure to blood or blood stained body fluids and if tasks are short and non-manipulative. They are not associated with skin irritation.

**Polythene gloves** are not recommended for clinical use.

Gloves should be discarded after each procedure/care activity. The re-use of gloves is not recommended for the following reasons:

- glove integrity can be damaged if in contact with substances such as isopropanol, ethanol, oils and disinfectants
- many gloves will develop micro-punctures very quickly and will no longer perform their barrier function
- there is a risk of transmission of infection
- washing of gloved hands or using an alcohol handrub on gloves is considered unsafe practice.

All used gloves should be disposed of as clinical waste in a health and social care establishment (see Waste Management Guidance for further information).

### APRONS

Disposable aprons are impermeable to bacteria and water and protect the areas of maximum potential contamination on the front of the body.

A disposable apron should be worn whenever body fluids or other source of contamination is likely to soil the front of the uniform or clothing, especially when:

- undertaking an aseptic non-touch technique
- assisting bathing a service user
- dealing with incontinent service users
- assisting service users with the use of a commode

- emptying catheter drainage bags
- making beds
- decontaminating equipment.

A disposable apron should be removed and disposed of after each task. Never wear an apron for a dirty task and then move onto a clean task without changing it. Hand hygiene should be performed after removing the apron.

### Colour coding of aprons

For non-cleaning activities:

- white aprons for clinical duties
- green aprons for food handling/serving food.

It is recommended that for cleaning activities, aprons worn should be in line with the National Colour Coding Scheme for cleaning materials and equipment.

Care Homes – cleaning activities:

- green aprons for kitchen areas including satellite kitchen area and food storage areas
- yellow aprons for bedrooms when someone has an infection and is cared for in their own room (isolated)
- red aprons for bathrooms, showers, toilets, basins and bathroom floors
- blue aprons for general areas, including lounges, offices, corridors and bedrooms.

General Practice – cleaning activities:

- green aprons for kitchen areas
- yellow aprons for treatment and minor operation rooms
- red aprons for sanitary areas including sinks in sanitary areas
- blue aprons for general areas, e.g., waiting rooms and consulting rooms.

## FACIAL PROTECTION

### Masks

A surgical mask should be worn to protect staff when there is a risk of blood, body fluids, secretions or excretions splashing on to the face.

Surgical masks should:

- cover both the nose and mouth and not be allowed to dangle around the neck after use
- not be touched once put on

- be changed when they become moist
- be worn once and discarded as infectious waste. Hand hygiene must be performed after disposal.

To protect staff when there is a risk of airborne transmission of infection:

- a disposable respirator providing a high protection factor should be used for this purpose, i.e., FFP3 disposable respirator. Examples of appropriate use are during aerosol generating/cough inducing procedures on service users with open pulmonary TB, Pandemic influenza or during close contact with a service user who has MDRTB. The fit of the respiratory masks is critically important and every user should have been fit tested and trained in the use of the respirator. Additionally, a seal check should be carried out each time a respirator is worn.

#### Eye Protection

If there is a risk of splashing of blood and/or body fluids to the face, safety spectacles or a visor should be worn to protect the eyes. Normal prescription glasses do not provide adequate protection and additional protection is required when splashing is anticipated.

Non-disposable eye protection should be decontaminated appropriately following each use.

## 4. Sharps management and inoculation injuries (please also refer to the Sharps Management and Inoculation Injuries Guidance)

It is the responsibility of the user to dispose of sharps safely into sharps containers that comply with UN3921 and BS9320 standard. Needles must not be re-sheathed unless an approved device for re-sheathing of needles is available, syringes and needles should be discarded as one unit. Sharps should be disposed of at the point of use.

Health care employers, their contractors and employees have legal obligations under the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations). All employers are required to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place. Where it is not practicable to avoid using sharps, safer sharps incorporating protection mechanisms should be used.

## 5. Spillage of blood and blood stained body fluids

All must be dealt with promptly.

### EQUIPMENT REQUIRED FOR BLOOD AND NON-BLOOD SPILLAGES

- Disposable latex or nitrile gloves.
- Disposable apron.
- Disposable paper towels.
- A yellow and black striped waste bag for offensive/hygiene waste if there is no indication a service user has an infection or suspected infection. An orange waste bag for infectious waste if a service user has a known or suspected infection. In a service users own home, a plastic bag which can be tied and placed inside a black household waste bag.
- Blood and blood stained body fluid spillages: a hypochlorite product of 10,000 parts per million (ppm). This should preferably be in the form of granules, e.g., Haz tabs, or a solution, e.g., Milton 2% using 1 part Milton to 2 parts water. (Household bleach can be used 1 part bleach to 10 parts water.)
- Body fluid spillages (non-blood): a hypochlorite product of 1,000 ppm. This should preferably be in the form of granules or a solution, e.g. Milton 2% using 1 part Milton to 20 parts water. (Household bleach can be used 1 part bleach to 100 parts water.)
- Disposable cloth.
- Detergent and warm water.
- Eye protection should be worn if there is a risk of splashing into eyes with blood or hypochlorite.

### PROCEDURE FOR SPILLAGE OF BLOOD AND BLOOD STAINED BODY FLUID

Action	Rationale
Put on disposable apron and gloves (wear facial protection if there is a risk of splashing to the face)	To protect against risk of contamination
Cover spill with disposable paper towels (not required if Haz tab granules are to be used)	To soak up the fluid and prevent further handling by others
Ventilate area if possible, e.g., open windows and doors	Fumes from hypochlorite solution can occur
Make up hypochlorite solution 10,000 ppm and label with date and time made up	For disinfection of the spillage. Hypochlorite solutions should be discarded after 24 hours as the concentration of hypochlorite reduces
Pour solution of hypochlorite over paper towels on spillage and leave for 5-10 minutes.  If using granules, sprinkle on spillage and leave for 2 minutes, then use paper	To disinfect the spillage

towels to remove	
Clear away towels from spillage area and dispose of as offensive waste if no known or suspected infection, or as infectious waste if known or suspected infection. In a service user's own home dispose of as household waste	To prevent against further risk of contamination
Wash area with detergent and warm water using a disposable cloth, dry with disposable paper towel	To clear away remains of spill and/or hypochlorite
Discard all used materials into waste bag.  Remove personal protective equipment and discard as offensive waste if no known or suspected infection, or as infectious waste if known or suspected infection	To prevent against risk of contamination
Wash hands thoroughly	To prevent transmission of infection

**When dealing with a spillage on a carpet, the use of detergent and warm water alone is advised to avoid bleaching with the hypochlorite.**

#### PROCEDURE FOR SPILLAGE OF BODY FLUIDS (NOT BLOOD)

Action	Rationale
Put on disposable apron and gloves (wear facial protection if there is a risk of splashing to the face)	To protect against risk of contamination
Ventilate area if possible, e.g., open windows and doors	Fumes from hypochlorite solution can occur
Make up hypochlorite solution 1,000 ppm and label with date and time made up	For spillage and disinfection. Hypochlorite solutions should be discarded after 24 hours as the concentration of hypochlorite reduces
Soak up excess liquid and remove any solid material using paper towels and dispose of as offensive waste if no known or suspected infection, or as infectious waste if known or suspected infection. In a service user's own home dispose of as household waste	To prevent further handling by others and risk of contamination
Using a disposable cloth wash the area first with detergent and warm water followed by the hypochlorite solution. Dry area with disposable paper towels	To clean and disinfect the area. For urine spills, ensure all urine is removed before using a hypochlorite to prevent harmful

	fumes caused by mixing hypochlorite and urine
Discard all used materials into waste bag and dispose of as offensive waste if no known or suspected infection, or infectious waste if known or suspected infection. In a service user's own home dispose of as household waste	To prevent against further risk of contamination
Remove personal protective equipment and dispose of in waste bag	To prevent against risk of contamination and transmission of infection
Wash hands thoroughly	To prevent transmission of infection
Put on disposable apron and gloves (wear facial protection if there is a risk of splashing to the face)	To protect against risk of contamination
Ventilate area if possible, e.g., open windows and doors	Fumes from hypochlorite solution can occur

- For urine spills, ensure all urine is removed before using a hypochlorite to prevent harmful fumes caused by mixing hypochlorite and urine.

## 6. Disposal of health and social care waste (please also refer to Waste Management Guidance)

All health and social care workers are responsible for the safe management and disposal of waste. All contaminated waste in a health and social care setting must be correctly segregated and disposed of to prevent injury/infection.

## 7. Specimens (please also refer to Specimen Collection Guidance)

All specimens are a potential infection risk therefore all specimens must:

- be collected in the correct container with the lid securely fastened, in a container which has not been contaminated on the label or outer surfaces by the contents
- care should be taken not to contaminate the outer receptacle
- clearly labelled with the correct service user's details
- be accompanied by a correctly labelled specimen form with the relevant clinical details given, including GP details and any antibiotic history

- have a 'Danger of Infection' sticker applied to the container and the form when required, i.e., known blood-borne virus, TB, CJD
- the specimen should be placed inside the specimen bag attached to the request form
- be transported in a rigid container to the relevant laboratory or GP practice.

The specimen transport carrier must be secure and conform to guidelines set out in the Health and Safety at Work Act (1974), the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (2005) and the Department of Health Transport of Infectious Substances best practice guidance for microbiology laboratories (2007). It is illegal to send contaminated items through the post.

## 8. Laundry (please also refer to Laundry Guidance)

An adequate laundry service must be available in order to provide care that is both safe for staff and service users.

All linen should be appropriately segregated and bagged for transport to the laundry facility.

### Used, soiled and fouled linen

Used, soiled and fouled linen should be placed in a white bag.

Soiled and fouled items should first be placed into a water soluble (alginate) bag sealed/tied and then either placed in:

- a white fabric laundry bag for transport to the laundry. Contents should be emptied into the washing machine followed by the fabric laundry bag; or
- a white impermeable (waterproof plastic) bag for transport to the laundry. Empty the contents into the washing machine and dispose of the bag as offensive waste.

### Infected linen

Infected linen should be placed in a red water soluble (alginate) bag and should either be placed in:

- a fabric laundry bag for transport to the laundry. Place the alginate bag into the washing machine, followed by the fabric laundry bag; or
- an impermeable bag for transport to the laundry. Place the alginate bag in the washing machine and dispose of the impermeable bag as infectious waste
- the outer bag should be labelled 'infectious' linen

- when handling soiled, fouled and infected linen, disposable gloves and apron should be worn.

In a health and social care setting, commercial washing machines and tumble driers should be used to ensure the correct temperature for thermal disinfection is achieved. Washing processes should have a disinfection cycle in which the temperature in the load is maintained at 65°C for not less than 10 minutes or 71°C for not less than 3 minutes.

## 9. Decontamination of equipment (please also refer to Decontamination, Cleaning and Disinfection Guidance)

All re-usable equipment should be decontaminated appropriately.

Items sent for repair/investigation, must be accompanied by Declaration of Contamination Status certificate (please refer to the Decontamination, Cleaning and Disinfection Guidance).

## 10. Additional IPC resources

The North Yorkshire and York Community Infection Prevention and Control (IPC) team have produced a wide range of innovative educational and other IPC resources, including standard precautions, e.g., Glove selection guide poster. These resources are designed to assist your organisation in achieving compliance with the Health and Social Care Act 2008 and CQC requirements. Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)

## 11. References

Department of Health (2013) *Choice Framework for local Policy and Procedures (CFPP) 01-04 Decontamination of linen for health and social care: Management and provision*

Department of Health (2013) *Choice Framework for local Policy and Procedures (CFPP) 01-04 Decontamination of linen for health and social care: Social care*

Department of Health (2010) *The Health and Social Act 2008. Code of Practice for the Prevention and control of healthcare associated infections*

Department of Health (2007) *Transport of Infectious Substances best practice guidance for microbiology laboratories*

Department of Health (2006) *Essential steps to safe, clean care*

Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. HSE Information sheet <http://www.hse.gov.uk/pubns/hsis7.pdf> [Accessed 14 November 2014]

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National Clinical Guideline Centre (2012) *Partial Update of NICE Clinical Guidelines 2 Infection: prevention and control of healthcare-associated infection in primary and community care*

National Patient Safety Agency (August 2010) *The national specifications for cleanliness: Guidance on setting and measuring performance outcomes in care homes*

National Patient Safety Agency (August 2010) *The national specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises*