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**COLORADO MENTAL HEALTH INSTITUTE AT FORT LOGAN**

**POLICY AND PROCEDURE**

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**TITLE: STANDARD AND TRANSMISSION – BASED PRECAUTIONS**

**PURPOSE:** Guidelines for infection control precautions have been established in order to assure that appropriate techniques are implemented to meet the needs of the patient by decreasing transmission of disease causing microorganisms.

**POLICY:** The Colorado Mental Health Institute at Fort Logan utilizes The Centers for Disease Control and Prevention Guidelines and the recommendations of the Hospital Infection Control Practices Advisory Committee when implementing precautions.

**I. STANDARD PRECAUTIONS**

Standard Precautions are observed by all employees of the Institute to prevent direct body contact with blood or other potentially infectious materials. All body fluids are considered potentially infectious.

Standard Precautions synthesizes the major features of Universal (Blood and Body Fluid) Precautions (designed to reduce the risk of transmission of blood borne pathogens) and Body Substance Isolation (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all patients regardless of their diagnosis or presumed infectious status.

Standard Precautions applies to employee contact with blood, all body fluids, secretions, and excretions (*except sweat*), regardless of whether or not they contain visible blood, wound (non-intact)/skin exudates, and mucous membranes; with blood being the single most important source of transmission of blood-borne pathogens.

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection at the Institute.

**BARRIERS INDICATED FOR STANDARD PRECATIONS:**

**1. Gloves - gloves should be worn whenever exposure to the following is planned or anticipated:**

- Blood/blood products/body fluids with visible blood
- Urine
- Feces
- Saliva
- Mucous membranes
- Wound drainage
- Drainage tubes
- Non-intact skin
- Amniotic, cerebral spinal, pericardial, pleural, peritoneal, synovial fluids
- Performing venipuncture or invasive procedures

2. **Masks and eyewear (or face shields)** - should be worn during procedures that are likely to generate droplets/splashing of blood/body fluids.
3. **Gowns/Aprons** - should be worn when there is potential for soiling clothing with blood/body fluids.
4. **Private Room** - consider when patient hygiene is poor or in cases where blood/body fluids cannot be contained.
5. **Hand Hygiene** – refer to procedure on hand hygiene.
6. **Resuscitation Equipment** – mouthpieces or other ventilation devices should be available as alternatives for mouth-to-mouth resuscitation.
7. **Safe Injection Practices** –Recommendations (CDC update 2007) apply to use of needles, cannulas that replace needles, and where applicable, intravenous delivery systems:
  - Use aseptic technique to avoid contamination of sterile injection equipment
  - Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannula and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
  - Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
  - Use single-dose vials for parenteral medications whenever possible.
  - Do not administer medications from single-dose vials or ampule to multiple patients or combine leftover contents for later use.
  - If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
  - Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable
  - Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients
  - Safety engineered sharps should be used and used sharps should be placed in an appropriately labeled puncture resistant container.
  - Adhere to federal and state requirements for protection of healthcare personnel from exposure to bloodborne pathogens
8. **Lab Specimens** – should be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping. If outside contamination of the primary container occurs, it should be placed within a second container.

9. **Blood Spills** – spills of blood or other body fluids should be removed and the area decontaminated using the facility-approved blood spill kit. Gloves should be worn during cleaning and decontamination. The manufacturer’s directions will be followed for use of the product in cleaning and decontaminating spills.
10. **Linen** – soiled linen should be handled as little as possible. Gloves should be worn to handle linen wet with blood or body fluids.
11. **Waste** – waste should be bagged in impervious bags.
12. **Respiratory hygiene/cough etiquette** (source containment of infectious respiratory secretions in symptomatic patients, beginning at initial point of encounter e.g., admission): Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, greater than three feet if possible.

#### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

1. PPE is provided to all employees. Each employee is responsible for knowing where the equipment is kept in the department.
2. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
3. PPE available includes gloves, gowns or aprons, masks and eye protection (or face shields), and resuscitation devices.

#### **II. TRANSMISSION-BASED PRECAUTIONS**

Transmission-based Precautions are designed for patients known or suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission. There are three types of transmission-based precautions: Contact Precautions, Airborne Precautions, and Droplet Precautions.

- A. **Contact Precautions** are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the patient or the patient’s environment (e.g., norovirus, C.difficile, MDRO).
  - 1) **Direct contact:** Direct contact transmission occurs when microorganisms are transferred from one infected person to another person without a contaminated intermediate object or person.
  - 2) **Indirect contact**
    - Fomites (Inanimate objects or substances that are capable of transmitting infectious organisms from one individual to another)
    - Environmental surfaces
    - Hands

#### **BARRIERS INDICATED FOR CONTACT PRECATIONS:**

Contact Precautions shall be used in addition to Standard Precautions for patients with specific infections that can be transmitted by direct and indirect contact.

### **Resident Placement**

- 1) Patient may be placed in a private room. If a private room is not needed/not available, the patient may be placed in a room with a patient(s) who has active infection with the same organism but with no other infection (cohorting).
- 2) When a private room is not available and cohorting is not an option, consider the organism and patient population when determining placement. A decision will be made on a case-by-case basis regarding the safety of placing the patient in a room with another patient. Examples of patients that may require a private room include patients with resistant organisms who have copious drainage from a wound, patients with poor hygiene and behavior that cannot be positively influenced, etc.

### **Gloves and Handwashing**

- 1) Gloves should be worn when entering the room and while providing care for a patient.
- 2) Gloves should be changed after having contact with infective material (e.g. fecal material and wound drainage).
- 3) Gloves should be removed before leaving the patient's room and hand hygiene should be performed immediately.
- 4) After glove removal and hand hygiene, hands should not touch potentially contaminated environmental surfaces or items.

### **Gowns**

- 1) A gown should be worn when entering the room if it is anticipated that clothing will have substantial contact with the patient, environmental surfaces, or items in the patient's room, or if the patient is incontinent or wound drainage is not contained by a dressing.
- 2) If a gown is worn, it should be removed before leaving the patient's room.
- 3) After removal of the gown, clothing should not contact potentially contaminated environmental surfaces.

### **Patient Transport**

- 1) Activities of the patient may need to be limited. This will be determined on a case-by-case basis.
- 2) If the patient leaves the room, precautions should be maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment.

### **Patient Care Equipment**

- 1) Dedicated patient-care equipment should be considered for the patient.
- 2) If use of common equipment or items is unavoidable, the items should be adequately cleaned and/or disinfected before use for another patient.

- B. **Airborne Precautions** are designed to prevent transmission of either droplet nuclei (small-particle residue or 5 microns or less) or evaporated droplets that may remain suspended in the air for long periods or dust particles containing the infectious agent. These microorganisms can be widely dispersed by air currents and may become inhaled by or deposited on a person within the same room or over longer distances from the source patient, depending on environmental factors. (I.e., Tuberculosis). Patients placed on Airborne Precautions would be placed in a facility that could provide the patient with an airborne infection isolation room (AIIR). PPE needed for caring for this type of patient would include a fit tested NIOSH approved N95 or higher respirator for respiratory protection. This Institute is not equipped to treat patients who require airborne precautions.
- C. **Droplet Precautions** are designed to prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions that are generated by a patient who is coughing, sneezing or talking. Droplet transmission involves contact of the conjunctiva or mucous membranes of the nose or mouth of a susceptible person with large-particle droplets containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Transmission requires close contact between people since droplets do not remain suspended in the air and generally travel only short distances, usually three feet or less (e.g.: cold viruses, influenza, Mycoplasma pneumonia, Strep pharyngitis or pneumonia).

#### **BARRIERS INDICATED FOR DROPLET PRECAUTIONS:**

Droplet Precautions shall be used in addition to Standard Precautions.

##### **Patient Placement**

- 1) Patient may be placed in a private room. If a private room is not necessary/not available, the patient may be placed in a room with a patient(s) who has active infection with the same organism but with no other infection (cohorting).
- 2) When a private room is not available and cohorting is not an option, maintain spatial separation of at least 3 feet between the infected patient and other patients and visitors. Special air handling and ventilation are not necessary and the door may remain open.

##### **Masks**

- 1) A mask should be worn when within 3 feet of the patient.

##### **Transport**

- 1) Limit the movement and transport of the patient. If transport is necessary, masking the patient may minimize dispersal of droplets.

#### **REFERENCES:**

Colorado Department of Public Health and Environment Regulations: Chapter XV111  
Department of Labor Occupational Safety and Health Administration: **Occupational Exposure to Bloodborne Pathogens, Needle stick and Other Sharps Injuries; Final Rule.** – 66:5317-5325.2012.  
Department of Labor Occupational Safety and Health Administration, **Occupational Exposure to Bloodborne Pathogens: Final Rule 29 CFR Part. 1910-1030.** 2012.  
HICPAC, **Guideline for Isolation Precautions in Hospitals**, Infection Control and Hospital Epidemiology, January 2007  
Infection Control and Applied Epidemiology Principles and Practice. APIC, 2009; Chapter 18.  
Smith, S., Duell, D., Martin, B., **Clinical Nursing Skills**, 8<sup>th</sup> ed. Pearson Education, Inc., 2012