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**STANDARD PRECAUTIONS TO PREVENT
THE TRANSMISSION OF BLOODBORNE PATHOGENS AND OTHER PATHOGENS**

It is prudent to routinely employ practices to protect against exposure to potentially infectious material when having contact with any patient, because many persons who are infected with bloodborne pathogens or other transmissible pathogens are not diagnosed or identifiable.

Standard Precautions

The practices established to prevent the transmission of bloodborne and other transmissible pathogens are referred to as *Standard Precautions*. Standard Precautions are designed for the care of all patients, regardless of their diagnosis or presumed infectious status. Standard Precautions expand upon Universal Precautions (which were designed to decrease the risk of transmission of bloodborne pathogens) to include measures to prevent the transmission bloodborne diseases such as HIV, hepatitis B and hepatitis C, as well as other transmissible pathogens of non-bloodborne pathogens as well. Standard Precautions, therefore, address pathogens such as multidrug-resistant gram-negative bacteria and *C. difficile*.

Bloodborne pathogens-Definition of potentially infectious material: In terms of transmission of bloodborne pathogens, the CDC and OSHA define *potentially infectious* materials as **blood and the following human body fluids**: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, peritoneal fluid, pericardial fluid, amniotic fluid, pleural fluid, peritoneal or hemodialysis waste, or other body fluid contaminated with visible blood; any unfixed tissues.

All other transmissible pathogens – Definitions of potentially infectious material: In order to address both bloodborne pathogens and transmissible pathogens that are not bloodborne, Standard Precautions define potentially infectious materials as:

- **all body fluids, discharges, secretions, and excretions except sweat, regardless of whether they contain visible blood;**
- **breast milk (e.g., infant’s inadvertent ingestion of breast milk from a woman other than the natural mother)**
- **non-intact skin;**
- **mucous membranes.**

Mount Sinai Infection Control policy is to use protective attire for both personal protection and to prevent the transmission of bloodborne and non-bloodborne pathogens to patients. The following practices are **REQUIRED** to prevent transmission of bloodborne and other pathogens between patients and healthcare workers. These practices should be used routinely regardless of whether or not a specific category of Transmission-Based Precautions is also in effect.

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1. The following attire is to be used to prevent exposure to or contact with blood and other potentially infected body fluids.
 - Gloves must be worn when touching mucous membranes or non-intact skin of all patients and must be changed between all patient contacts.
 - Gloves must be worn when having contact with blood or other potentially infected body fluids or when handling items containing or contaminated with blood or other potentially infected body fluids.
 - Gloves must be worn for performing venipunctures, hypodermic injections (e.g., intramuscular injections), and other vascular access procedures.
 - Protective eye coverings, in addition to a mask, gloves and a gown, are to be worn when more extensive exposure to aerosolization or splashing of blood or other potentially infected body fluids is likely to occur.
 - Gloves, gowns or, aprons made of materials that provide an effective barrier, and surgical masks are to be worn for all invasive procedures. Protective eyewear or face shields are to be worn for procedures that are anticipated to commonly result in generation of droplets, splashing of blood or other potentially infected body fluids, or generation of bone chips.
 - If a glove is torn or a needlestick or other injury occurs during an invasive procedure, the glove must be changed as promptly as safety permits, and the needle or instrument removed from the sterile field.

Invasive procedure is defined as surgical entry into tissues, cavities or organs, or repair of traumatic injuries 1) in an operating or delivery room, emergency department, or outpatient setting, 2) during cardiac catheterization and angiographic procedures, 3) in the manipulation, cutting or removal of any oral or perioral tissues during which bleeding or potential for bleeding exists, 4) during a vaginal or caesarian delivery or other obstetric procedures during which bleeding may occur.

- Gloves and gowns, masks and protective eyewear are to be worn when handling the placenta or newborn infant until blood and amniotic fluid have been removed from the infant's skin. Gloves are to be worn during post-delivery care of the umbilical cord. This applies to the labor and delivery area as well as to the nursery.

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2. Caregivers' personal examination equipment (stethoscopes, reflex hammer, etc.) should be wiped with alcohol or disinfecting wipes between patients.
3. Dual hand set phones for translation should be disinfected with Dispatch or disinfecting wipes between patients.
4. Infection Control carts, on nursing units, contain personal protective equipment required by the OSHA Bloodborne Pathogens Standard as well as all attire used for Transmission-Based Precautions.

These carts should always contain the following supplies:

- Disposable gloves
- Alcohol wipes
- Fluid Resistant masks with and without face shields
- N-95 particulate respirators (small and regular)
- Glasses/goggles
- Long sleeved plastic gowns/aprons
- Cloth cover gowns

These items are to be used when exposure to blood or other potentially infected body fluids is anticipated. If there are any questions regarding the use of these carts, or the supplies required to be on the carts, contact Infection Control at ext. 89450 or the Infection Control Practitioner assigned to your area.

5. Hands are to be washed thoroughly and immediately if accidentally contaminated with blood or other potentially infected body fluids and immediately after gloves are removed.
6. Skin must be washed with soap and water, or mucous membranes flushed with water, immediately (or as soon as feasible), following contact of such body areas with blood or other moist body substances.
7. Contaminated sharp items (needles, scalpel blades and other sharp instruments) are considered potentially infectious and are to be handled with extraordinary care to prevent accidental injuries.
8. Disposable syringes, needles, scalpel blades and other sharp items are to be placed into puncture-resistant sharps containers (either red or labeled biohazard). To prevent needle

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stick injuries, needles are not to be recapped (unless accomplished through the use of a one-handed technique or approved mechanical device) purposefully bent, broken, clipped or otherwise manipulated by hand.

Note: A one-handed technique for recapping is only appropriate when administering medication to an individual patient from the same syringe on more than one occasion (e.g., but not limited to, during dentistry or in the operating room)

Scalpel blades must be removed from handles by using a hemostat and carefully placed in puncture-resistant sharps containers that are either red or labeled biohazard. Reusable instruments must be placed in puncture-resistant, leak-proof containers that are labeled biohazard.

9. Reusable needles must be placed in appropriate, puncture resistant, leak-proof containers (labeled biohazard).
10. Resuscitation bags are to be used in place of mouth to mouth resuscitation and must be readily available wherever they are likely to be needed.
11. Any healthcare worker who has exudative or weeping dermatitis should be evaluated immediately by Employee Health or, in the ED when Employee Health is closed. Infection Control will be available for consultation. The employee should refrain from direct patient care activities and from handling equipment to be used in patient care.
12. When caring for and/or performing a procedure on an uncooperative/combatative patient, caution should be taken to prevent exposure to blood or other potentially infected body fluids. Assistance should be used in these situations.
13. All procedures involving blood or other potentially infected body fluids should be performed in a way that will minimize splashing, spraying, splattering and generation of droplets.
14. Management of Potential Exposures to Bloodborne Pathogens

Refer to Section B-3.2 - Initial Evaluation and Management Following Exposure to Blood or other Potentially Infected Body Fluids.

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