**Definitions**

*Universal Precautions*

1. In 1985 the Center for Disease Control developed an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.

*Standard Precautions*

1. Represents a system of barrier precautions to be used by all personnel for contact with blood, all body fluids, secretions, excretions, non-intact skin, and mucous membranes of ALL residents, regardless of the resident’s diagnosis.
	1. This system was revised in 1996 to include the concepts of UniversalPrecautions
2. Standard Precautions focuses on reducing the risk of transmission of microorganisms.
3. The use of barriers is determined by the care provider's interaction with the resident and the level of potential contact with body substances.

**Purpose**

1. The purpose is to reduce transmission of infectious agents between patients, caregivers, and others in the health care environment, and to reduce the incidence of nosocomial infections among residents.
2. The CDC recommends Standard/Universal Precautions for the care of all residents, regardless of their diagnosis or presumed infection status.
3. Standard/Universal Precautions will be followed by all personnel and will be based on the degree of anticipated exposure to body substances.
4. It is the responsibility of the individual to comply with all isolation precautions.
5. Standard/Universal precautions include the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated.
6. To follow the recommendations of the Centers for Disease Control regarding infection control.

# *Protective Barriers*

Standard/Universal precautions are to supplement rather than replace infection control procedures such as hand washing and the use of gloves to prevent cross-microbial contamination of hands. It is not practical to specify the types of barriers needed for every possible situation; judgment must be exercised.

Common protective barriers are:

1. Gloves - if contact with visible blood is probable
	1. Gloves are to be used for phlebotomy
	2. Gloves are to be used for Blood Glucose testing
	3. The type of gloves used must be appropriate for the task performed
	4. Sterile gloves must be used for procedures involving contact with normally sterile areas of the body
	5. Examination gloves must be used for procedures involving contact with mucous membranes, unless otherwise indicated
	6. d. General purpose utility gloves must be used for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures
	7. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, discolored or if they have punctures, tears or other evidence of deterioration
	8. Gloves must be changed between resident contacts
	9. Sterile gloves must not be washed or reused
2. Gowns - if contamination with visible blood is probable
3. Masks - if possibility of contact with visible blood
4. Protective eyewear - if possibility of contact with visible blood
	1. Immediate and thorough washing of hands and other skin surfaces that come in contact with VISIBLE BLOOD, BODY FLUIDS CONTAINING VISIBLE BLOOD, OR OTHER BODY FLUIDS TO WHICH STANDARD/UNIVERSAL PRECAUTIONS APPLY must be observed

# *Waste Management*

1. Infectious waste is handled and stored according to facility policy.