



# Principles of Infection Control

## Standard Precautions

- Include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection
- Application of standard precaution during patient care is determined by the nature of the interaction with the patient and the extent of anticipated blood, body fluid, and pathogen exposure.
- **Hand Hygiene:** Perform hand hygiene before and after patient care or contact with their environment, when hands are visibly dirty, and before and after removing gloves.
- **Gloves:** Gloves should be worn when contact with blood or other potentially infectious materials, mucous membranes, non- intact skin, or potentially contaminated intact skin could occur. Gloves do not replace the need for hand hygiene. Perform hand hygiene before and after glove use.
- **Gowns:** Wear a gown to protect healthcare worker's skin and clothing from contamination when contact with blood, body fluids, secretions, or excretions is anticipated.
- **Masks & Eye Protection/Face Shields:** Use a mask and/or eye protection/face shields to protect the mucous membranes of the eyes, nose, and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
- **Respiratory Hygiene and Cough Etiquette:** Patients with signs and symptoms of a respiratory infection should be taught to cover their mouth and nose with a tissue when coughing or sneezing and dispose of the tissue in the nearest trash container as soon as possible. Educate patient and family on proper hand hygiene.
- **Injection Safety:** Gloves should be worn when administering injections. Puncture-proof disposal systems are recommended to dispose of uncapped needles and sharps. Never recap needles following administration of medication to reduce your risk of being stuck with an unclean needle. You should engage a needle safety device immediately performing an injection. Equipment or items in the patient's environment likely to have been contaminated with infections body fluids must be handled in a manner to prevent transmission of infectious agents.

## Transition Based Precautions

### Contact Precautions

- In addition to standard precautions, apply to patients who are suspected or known to be colonized or infectious with organisms that can be transmitted by direct contact with the patient or indirect contact with the environmental surfaces or patient-care items in the patient environment:
  - Conjunctivitis
  - Herpes
  - HEP C
  - MRSA
  - C-DIFF
  - Shingles
  - Chicken Pox
- **Personal Protective Equipment (PPE):**
  - Use of gloves and gowns to enter the room regardless of patient contact
  - Perform hand hygiene prior to entering and leaving the patient area
  - Perform hand hygiene before and after touching the patient and after contact with items in their environment

### Droplet Precautions

- In addition to standard precautions, apply to patients with known or suspected to be infected with a pathogen that can be transmitted by droplets larger than 5m in size that can be generated by the patient during coughing, sneezing, and talking. Contamination can be acquired by direct contact, contact with droplets over 6 feet, as well as contact with objects recently contaminated by respiratory secretions:
  - Pertussis
  - Influenza
  - Diphtheria
- **Personal Protective Equipment (PPE) and Education:**
  - Masks should be used within 6 to 10 feet of residents or upon entry into a resident's room
  - If respiratory secretions or body fluid contact is anticipated gloves, gown, goggles, and mask ( or face shield and mask) should be worn
  - Perform hand hygiene prior to entering and leaving the patient area
  - Perform hand hygiene before and after touching the resident and after contact with objects in the resident's environment
  - Instruct patient to wear a facemask when outside of personal space
  - Avoid close contact with others
  - Instruct on respiratory hygiene and cough etiquette

## **Airborne Precautions**

- In addition to standard precautions, apply to patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei smaller than 5µm. These evaporated droplets remain suspended in the air and can be widely dispersed by current in the room or over a long distance:
  - Tuberculosis
  - Measles
  
- **Personal Protective Equipment (PPE):**
  - Use of Fit Tested Mask N95: Fitting should occur every 2 years
  - If eye protection is needed, wear goggles or a face shield during contact with the patient.
  - Perform hand hygiene prior to entering and leaving the patient area.
  - Perform hand hygiene before and after touching the patient and after contact with the patient environment