

This is all you need to know about
STANDARD PRECAUTIONS



WHY STANDARD PRECAUTIONS?

Because most patients are colonized with potential pathogens, because some patients are infected with pathogens that were not diagnosed

2-Touching wet, red or dirty ? Wear gloves

- Wear gloves you touch blood, body fluids, secretions, excretions, mucosae, damaged skin (BBF/SEM)
- The easy way to remember is “wear gloves when you touch something wet from the patient
- Wear gloves when you touch contaminated environment

3- Splash on you ? Wear mask, goggle, shield, gown

1-Patient Contact ? Wash hands before/after

- when entering / leaving the work site
- before/after physical contact with each patient
- before/after handling patient care device
- after removing glove
- after contact with blood, body fluids, secretions, excretions, mucosae, damaged skin (BBF/SEM)
- before/after collecting specimens
- after leaving contaminated area, isolation room
- after using bathroom
- before/after eating, serving food
- after touching your face

How long:

- 10-15 seconds usually,
- 2 minutes for high risk procedures, heavy contamination
- 10 mn for surgical scrub

4-Know what is clean Know what is contaminated Keep them apart

This is all you need to know about ISOLATION PRECAUTIONS



All patients All the time

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Besides STANDARD PRECAUTIONS

these other precautions may be added

AIRBORNE PRECAUTIONS

- Personal Respirator
- Room with Ventilation Control

Tuberculosis, Measles, Varicella
Any suspect of TB: chronic pulmonary symptoms >3 weeks

We do not use these terms any longer
Strict, Blood & body fluids, Drainage and secretions, Enteric, Respiratory, AFB

CONTACT PRECAUTIONS

- Private room or 3ft separation between patients
- Gloves when entering
- Gown IF extensive contact

INFECTIONS TRANSMITTED BY CONTACT

Gastrointestinal, respiratory, skin, wound infections or colonization with multidrug resistant bacteria
 Enteric infections, enteroviral infections in infants
 RSV, parainfluenza,
 Infectious skin infections: HSV, impetigo, cellulitis, scabies, staphylococcal furunculosis,
 Viral hemorrhagic conjunctivitis, viral fevers
 History of colonization with multidrug resistant organisms
 Respiratory infections, bronchiolitis in infants, children
 Abscess, draining wound that cannot be covered

DROPLET PRECAUTIONS

- Private room or 3ft separation between patients
- Mask when within 3 ft of patient

MOST BACTERIAL & VIRAL RESPIRATORY INFECTIONS except RSV

Invasive H.influenzae, N.meningitidis
 Invasive drug resistant S.pneumoniae,
 All serious bacterial respiratory infections spread by droplets
 Diphtheria, Pneumonic Plague, Pertussis, Mycoplasma pneumoniae
 Streptococcal pharyngitis, streptococcal pneumonia, scarlet fever
 Adenoviral infections, Influenza, Mumps, Parvovirus 19, Rubella
 Paroxysmal cough (?Pertussis)

A gram of prevention is worth a kilo of cure

Metric version of an old english proverb