INFECTION CONTROL: STANDARD AND TRANSMISSION BASED PRECAUTIONS

NHPCO Standard(s): CES 12.1, 14.2

Regulatory Citation(s): COPs 418.60, OSHA 29 CFR 1910.1030, 10 NYCRR 793.6(a)(2)

POLICY

High Peaks Hospice (HPH) follows accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard and transmission-based precautions. HPH staff will teach patients, families, and other caregivers the appropriate use of universal precautions as well as transmission-based precautions as indicated.

DEFINITIONS:

**Standard Precautions** – used in the care of all patients receiving care regardless of their diagnosis or presumed infection status. Standard precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain blood; (3) non-intact skin; and (4) mucous membranes.

**Transmission-based precautions** – apply only to patients with confirmed or suspected infection or colonization with certain microorganisms. They are used in addition to standard precautions. The three types of transmission-based precautions are:

- **Airborne precautions** – used to prevent the spread of pathogens that are transmitted by the airborne route;
- **Droplet precautions** – used to prevent transmission of infectious agents through close respiratory or mucous-membrane contact with large particle droplets generated by coughing, sneezing or talking; and
- **Contact precautions** – used to prevent the transmission of pathogens that are spread by direct or indirect contact with the patient or contaminated surfaces or objects in the patient’s environment.

PROCEDURE

1. HPH staff is required to use standard precautions in the care of all hospice patients, regardless of diagnosis or presumed infection status. Standard precautions include, but are not limited to:
   - A. Hand hygiene before and after patient contact;
   - B. Use of appropriate personal protective equipment, including gloves, masks, gowns, face shields and eye protection;
C. Appropriate respiratory hygiene and cough etiquette;
D. Safe handling and disposal of needles and other sharp devices; and
E. Cleaning and disinfecting contaminated surfaces, equipment and other objects.

2. The need for transmission-based precautions to be used in addition to standard precautions may be determined at the time of referral or initial assessment, based on the patient’s current diagnoses, past history and other information obtained prior to and during the admission process.

3. The selection of appropriate precautions is based on the mode of transmission of the infection, the portal of exit from the infected or colonized patient and the portal of entry for the susceptible host (HPH staff or family member or visitor).

4. If a patient has or is suspected to have an infectious disease that requires more than standard precautions in order to prevent the spread of infection, transmission-based precautions are initiated.

5. Patients may require one or two types of transmission-based precautions depending on the type of infection and potential modes of transmission.

6. The need for transmission-based precautions is documented on the patient’s comprehensive assessment and plan of care and communicated to all staff caring for the patient.

7. The selection of appropriate precautions is based on the mode of transmission of the infection, the portal of exit from the infected or colonized patient and the portal of entry for the susceptible host (HPH staff or family member or visitor).

8. Direct patient care staff receives in-service training regarding transmission-based precautions and appropriate additional equipment is available as needed (for example, certified N95 respiratory protective devices for use with patients who have or are suspected to have TB).

9. Registered Nurse Case Managers are responsible for ensuring that patients, families, and other caregivers are instructed in Universal Precautions as well as transmission-based precautions as indicated, in a manner that they can comprehend. Other clinical staff will reinforce this teaching as appropriate.

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