October 30, 2009

CCL INFORMATION RELEASE NO. 2009-03

TO: CCLD STAFF

SUBJECT: STANDARD PRECAUTIONS

This information release provides information and guidance on standard precautions for use in licensed community care facilities as appropriate. Licensing regulations currently define and reference “universal precautions.” But infection-control techniques have advanced since universal precautions were first introduced. Today, “standard precautions” include universal precautions and are considered the basic level of infection control. For example, the California Department of Public Health’s (CDPH) Swine Influenza Virus Q&A for Long-Term Care Facilities, dated April 28, 2009, mentions the importance of using standard precautions when caring for clients.

Until the licensing regulations are amended, the licensing agency will NOT be enforcing the use of standard precautions that are above and beyond the precautions currently required in licensing regulations. However, any licensee or provider who practices standard precautions will automatically meet licensing requirements regarding universal precautions. Licensees and providers should be encouraged to use standard precautions routinely as “best practices” for the protection of clients, facility staff and visitors.

UNIVERSAL PRECAUTIONS

Universal precautions were first introduced in the 1980s to protect healthcare workers following the AIDS outbreak. According to the federal Centers for Disease Control and Prevention (CDC), universal precautions are a set of precautions designed to prevent the spread of human immunodeficiency virus (HIV), hepatitis B virus, and other bloodborne pathogens. They apply to blood and body fluids containing visible blood, and involve the use of protective barriers such as gloves, gowns and masks to prevent contact with blood and body fluids.

STANDARD PRECAUTIONS

Both universal precautions and standard precautions assume that anyone may be infected with a virus. Standard precautions are very similar to universal precautions, but more comprehensive. In 1996, the CDC recommended that standard precautions be used in place
of universal precautions in hospitals. Standard precautions have since been adapted as common-sense guidelines to prevent disease transmission in a variety of settings, including congregate-living facilities, child care facilities and schools.

Standard precautions combine the major features of universal precautions (which apply to blood and other body fluids) and body substance isolation (a set of precautions that apply to moist body substances), and apply to: 1) blood; 2) all body fluids, secretions and excretions (except sweat) whether or not they contain visible blood; 3) nonintact skin (including cuts, scratches and badly chapped skin); and 4) mucous membranes. Thus, like universal precautions, standard precautions apply to blood and body fluids. But standard precautions also apply to body substances and fluids such as urine, feces, gastric drainage, and mucous membranes of the nose and mouth.

The attachment outlines the elements of standard precautions and provides related guidance for licensed community care facilities, including some examples. It is important for licensees and providers to be aware of the steps they can take to help protect clients and stop the spread of infectious diseases in their facility.

For more information on standard and other precautions, please see:

- Minnesota Department of Health’s website at [www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/pre/standard.html](http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/pre/standard.html)

- Yale-New Haven Hospital’s *Infection Control Manual* at [www.med.yale.edu/ynhh/infection/precautions/intro.html](http://www.med.yale.edu/ynhh/infection/precautions/intro.html)


- CDPH’s website at [www.cdph.ca.gov](http://www.cdph.ca.gov), for information about infectious diseases

We hope this information is helpful to you, and we encourage you to share it with licensees and providers at meetings and during site visits. If you have any questions, please contact the Policy Development Bureau at (916) 324-4312.

Sincerely,

*Original signed by Jeffrey Hiratsuka*

JEFFREY HIRATSUKA  
Deputy Director  
Community Care Licensing Division

Attachment
STANDARD PRECAUTIONS:
GUIDELINES FOR LICENSED COMMUNITY CARE FACILITIES

Following are guidelines for standard precautions adapted for licensed community care facilities with the assistance of the California Department of Public Health. Until the regulations are amended, the licensing agency will NOT enforce the use of standard precautions that are above and beyond the precautions currently required in licensing regulations. However, any licensee or provider who practices standard precautions will automatically meet licensing requirements regarding universal precautions. It is recommended that licensees and providers use standard precautions routinely as “best practices” for the protection of clients, facility staff and visitors.

GENERAL GUIDELINES

- Assume that anyone may be infected with a virus.
- Standard precautions combine universal precautions (which apply to blood and other body fluids) and body substance isolation (which apply to moist body substances).
- Standard precautions apply to: 1) blood; 2) all body fluids, secretions and excretions (except sweat) whether or not they contain visible blood; 3) nonintact skin (including cuts, scratches, and badly chapped skin); and 4) mucous membranes. This includes: urine; feces; wound drainage; gastric drainage; nasal, mouth, and eye secretions; and open lesions or wounds on the skin.

HANDWASHING

Handwashing is the single most effective infection-control measure known to reduce the potential for spreading germs in any facility.

- Wash hands with soap and warm running water following possible contact with blood, body fluids, secretions or excretions while caring for a client—or following contact with surfaces or equipment that may be soiled with blood or other body fluids—whether or not gloves are worn.
- Wash hands routinely with a plain, non-medicated soap (non-antimicrobial). Use disposable paper towels to dry hands.
- Make available, and encourage the use of, alcohol-based handrub products when hands are not visibly soiled.
- In a facility, examples of specific times when hands should be washed include:
  - Whenever hands are visibly soiled
  - After removing gloves
  - Before preparing or eating food
  - After using the toilet
  - Before and after treating or bandaging a cut
  - Before and after providing direct care to a client
➢ After wiping down surfaces, cleaning spills, or performing other housekeeping tasks

RESPIRATORY HYGIENE/COUGH ETIQUETTE

Respiratory hygiene/cough etiquette should be used when first interacting with a potentially infected client to help prevent the spread of respiratory tract infections.

- Consider posting signs requesting clients and visitors to inform facility staff if they have symptoms of a respiratory infection. Also consider posting signs that emphasize handwashing and covering coughs/sneezes, such as the federal Centers for Disease Control and Prevention’s (CDC) Cover Your Cough sign. For links to signs and brochures, please see http://www.cdc.gov/flu/protect/covercough.htm.

- Make handwashing supplies available where sinks are located, and provide dispensers of alcohol-based handrubs in other locations.

- Provide tissues to clients or visitors who are coughing or sneezing so that they can cover their nose and mouth.

- If tolerated, offer facemasks to clients or visitors who are coughing during flu season, or at any other time when there are increased respiratory infections in the community. Some facilities find it easier to do this year round. Facemasks include procedure masks (have ear loops) and surgical masks (have ties).

- Provide wastebaskets or no-touch receptacles (e.g., a wastebasket with a foot-pedal operated lid) for disposal of tissues or materials soiled with nasal or respiratory secretions.

- Provide space for and encourage coughing persons to sit at least three feet away from others in common areas, if tolerated. (But a client with an acute respiratory infection should be encouraged to stay six feet away from others.)

GLOVES

- Use gloves only one time, for one incident or for one client. Gloves are not washable or reusable. Clean, non-sterile latex, vinyl or synthetic gloves are adequate. Vinyl gloves should be available for facility staff with a latex allergy.

- Wear gloves for contact with all blood, body fluids, secretions, excretions, and contaminated items or surfaces. Examples of when to wear gloves in a facility include:
  ➢ When facility staff have cuts or scratches on their hands
  ➢ When assisting with incontinent care or when cleaning up urine, stool or vomit
  ➢ When administering first aid for a cut, a bleeding wound or a bloody nose

- Put gloves on just before touching mucous membranes or contacting blood, body fluids, secretions or excretions.
• Wash hands before putting on gloves if hands are visibly soiled, or if assisting a client with a health-related procedure.

• Remove gloves when a specific task is completed, and wash hands. Dispose of used gloves immediately after use.

• For standard housekeeping/equipment-cleaning activities only, general-purpose utility gloves, such as household rubber gloves, may be washed, disinfected and reused. Discard these gloves if they are peeling, cracked, punctured, torn, discolored, or otherwise showing signs of deterioration.

GOWNS

Although not commonly worn in facilities, sometimes it may be advisable for facility staff to consider wearing a gown, such as when soiling of clothes with a client's respiratory secretions is anticipated.

• Wear a gown (a clean, non-sterile gown is adequate) to protect skin and to prevent soiling of clothing during activities that may result in contact with blood, body fluids, secretions or excretions. If a cloth gown becomes soiled, remove it immediately to prevent fluids from soaking through onto clothing, and wash hands thoroughly.

• Change gowns after each client encounter and wash hands.

MASKS (AND EYE PROTECTION)

Similarly, sometimes facility staff may want to consider wearing a facemask, such as when providing direct care to a client (e.g., bathing, feeding) with an acute respiratory infection. Eye protection and face shields are generally not needed in a community care setting.

• Wear a surgical facemask covering the nose and mouth in situations that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

ENVIRONMENTAL CONTROL

It is important to keep the facility clean at all times so that there are fewer germs to share between clients and facility staff. Be sure to clean an area or item before disinfecting it. Disinfectants don’t work properly through dirt.

• Ensure that policies and procedures are in place for the routine care, cleaning and disinfection of surfaces in common areas of the facility and in client rooms. Pay particular attention to high-touch areas such as handrails, doorknobs and jams, countertops, bed rails and light switches. In children’s facilities, also establish policies and procedures for disinfecting toys at regular intervals.

• Immediately clean and disinfect any surfaces, such as countertops and floors, on which blood or body fluids have been spilled.
To disinfect, consider using a basic bleach solution, made fresh daily by mixing one-quarter (¼) cup household chlorine bleach in one gallon of tap water, or one tablespoon of bleach in one quart of water. Commercial disinfectants such as Pine-Sol or Lysol may also be used as long as the manufacturer’s instructions are followed exactly. Make sure that any commercial disinfectant is registered with the U.S. Environmental Protection Agency (EPA).

Dispose of fluid-contaminated materials properly by placing them in a plastic trash bag, tying the bag with a secure tie, and disposing of the bag out of the reach of clients and children.

CLIENT CARE EQUIPMENT

- Clean, disinfect or reprocess non-disposable equipment before reuse with another client to avoid contamination of clothing and the transfer of germs to other clients, surfaces and environments.
- Clean and disinfect recreational or physical therapy equipment when soiled with body fluids and at the end of each day’s activity sessions.
- Dispose of single-use items properly.

LINEN AND LAUNDRY

Soiled linen and laundry, especially linen soiled by incontinent clients, is grossly contaminated with a variety of germs. The risk of disease transmission is considerably reduced if soiled linen and laundry are handled properly.

- Treat all soiled linen as potentially infectious.
- Wash hands after having contact with all soiled linen.
- Keep soiled linen away from clothing, and wear gloves when handling soiled linen contaminated with blood or body substances.
- Do not shake soiled linen, which may aerosolize infectious particles.
- Place soiled linen in a container or plastic bag that prevents seepage of liquid blood and body fluids to the outside of the container.
- Place all soiled linen directly into a linen container or bag. Avoid putting wet, soiled linen on bedside tables, chairs or countertops. Special color-coded bags or bags labeled “infectious” or “contaminated” are not necessary.
- Wash linen and laundry properly. Linen and laundry may be washed in a standard washing machine with warm water and detergent. Bleach may be added but is not necessary.

October 2009