



## INODAYA Hospitals - Kakinada

Documentation code:  
INH/IPC.Doc. No:06

### Policy on Standard Precautions & Transmission based Precautions

Prepared date: 11/11/2025

Reference: IPC.3.a & c NABH Standards – 6<sup>th</sup> Edition

Issue Date: 11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

## Policy on Standard Precautions & Transmission based Precautions

### POLICY:

- Standard precaution shall be strictly adhered to by all healthcare staff in all situations as indicated in the document.
- Infection control committee and team shall monitor the adherence of standard precaution by healthcare staff. Regular training shall be provided by Infection control team on standard precaution.

### PURPOSE:

- The purpose of this policy is to establish standard precautions for infection control to protect against transmission of blood borne viruses including HIV, HBV and HCV in the health care setting.

**SCOPE:** Hospital wide

**RESPONSIBILITY:** Infection control team

### Transmission of infections:

Patients must be promptly assessed for infection risk on arrival at the care area (if possible, prior to accepting a patient from another care area) and should be continuously reviewed throughout their stay. This assessment should influence placement decisions in accordance with clinical/care need.

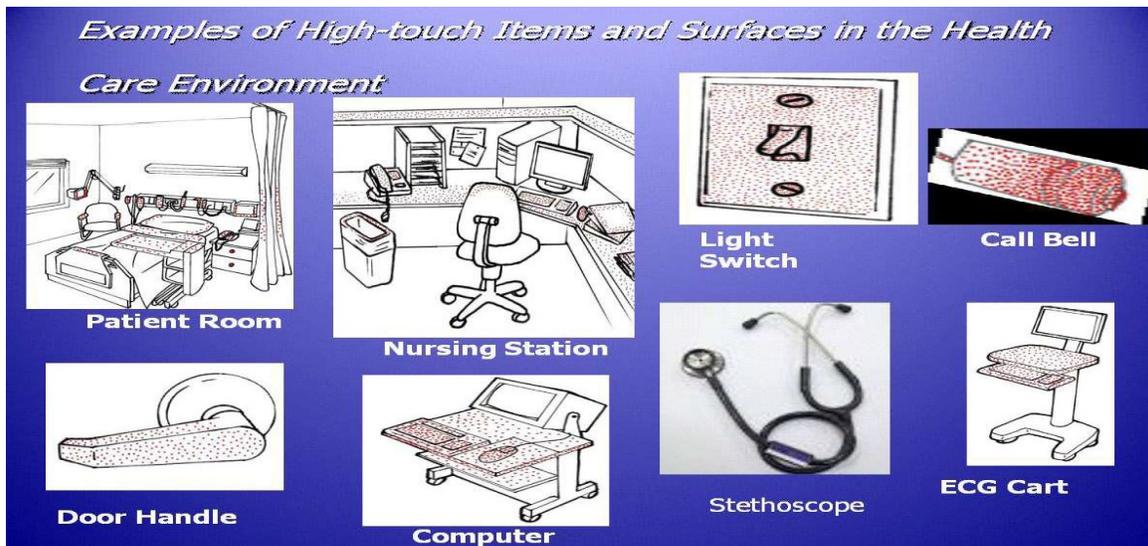
### Mechanism of spread of infections

Patients who may present a cross-infection risk include those:

- With Diarrhea, Vomiting, an unexplained rash, fever or respiratory symptoms.

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Infection Control Officer	Medical Director	Chief executive Officer

- Known to be have previously positive with a Multi – Drug Resistant Organism (MDRO) e.g. MRSA, VRE
- Who have been in contact with healthcare in the last three months
- Who have been hospitalized for long time, discharged and readmitted
- Who have been hospitalized and received multiple antibiotics in the last 12 months
- Who have been in long term care in the last 12 months
- Cross infection contamination of surface after a long stay of MDR infected patient



	Direct	Direct physical contact (body surface to body surface) between infected or colonized individual and susceptible host.eg outbreak of MRSA
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	Indirect	Infectious agent deposited onto an object or surface (fomite) and survives long enough to transfer to another person who subsequently touches the object. Examples of transmission: Not washing your hands between patients; contaminated instruments
	Droplet	Contact, but transmission is through the air. Droplets are relatively large (>5 µm) and projected up to about one metre. Examples of transmission: Sneezing; coughing, or (in health care) during suctioning. Examples of infections: Meningococcal; pertussis; respiratory viruses, H1N1, mumps.
NON CONTACT	Airborne	Transmission via aerosols (airborne particles <5µm) that contain organisms in droplet nuclei or in dusts. Can be spread via ventilation systems. Examples of infections: OpenTB; varicella; measles; chickenpox; smallpox
	Vehicle	A single contaminated source spreads the infection (or poison) to multiple hosts. This can be a common source or a point source. Examples of transmission - Point source: Food-borne outbreak from infected batch of food; IV fluid; medical equipment.

### ELEMENTS OF STANDARD PRECAUTIONS:

#### 1. Hand hygiene:

Hand washing is the single most effective way of preventing infections. Hand shall be washed appropriately before and after coming in contact with a patient. Seven points hand wash technique shall be used for hand washing

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## 2. Use of Personal Protective Equipments (PPEs):

S.NO	COMPONENT	RECOMMENDATIONS
1	Hand hygiene	After touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between patient contacts
2	Personal protective equipment (PPE)	
	Gloves	For touching blood, body fluids, secretions, excretions, contaminated items, mucous membranes, and nonintact skin
	Gown	During procedures and patient care activities when contact of clothing/ exposed skin with blood/body fluids, secretions, and excretions is anticipated
	Mask, Eye protection ((Goggles), Face shield	During procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation
3	Soiled patient care equipment	Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene
4	Environmental control	Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient care areas
5	Textiles and laundry	Handle in a manner that prevents transfer of

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		microorganisms to others and to the environment
6	Needles and other sharps	Do not recap, bend, break, or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture-resistant container
7	Patient resuscitation	Use mouthpiece, resuscitation bag, other ventilation devices to prevent contact with mouth and oral secretions
8	Patient placement	Prioritize for single-patient room if patient is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome after infection
9	Respiratory hygiene/cough etiquette (source containment of infectious respiratory secretions in symptomatic patients, beginning at initial point of encounter, eg, triage and reception areas in emergency departments and physician offices)	Instruct symptomatic persons to cover mouth/nose when sneezing/ coughing; use tissues and dispose in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, .3 feet if possible

- Gown/apron
- Mask/goggles or protective face shield
- Gown/apron
- Gloves

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- Footwear (preferably rubber shoes)

## PERSONAL PROTECTIVE EQUIPMENTS

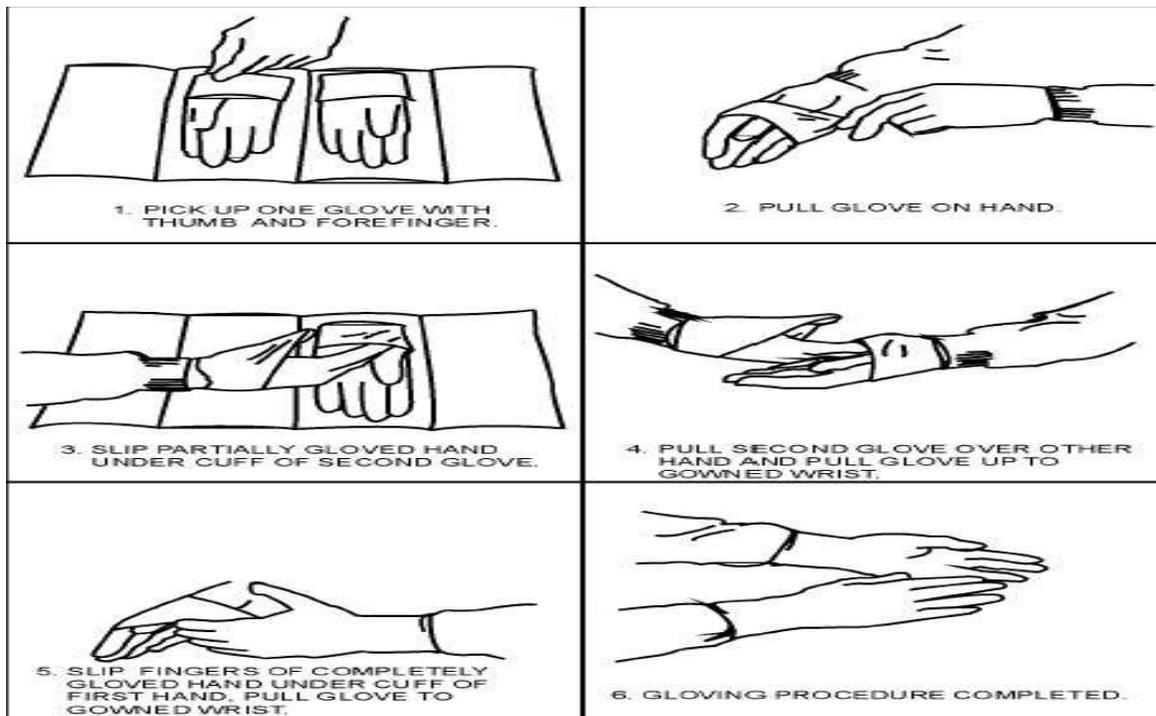
### GLOVES:

- Gloves are used to prevent contamination of healthcare personnel hands when anticipating direct contact with blood or body fluids, mucous membranes, non-intact skin and other potentially infectious material; having direct contact with patients who are colonized or infected with pathogens transmitted by the contact route e.g., VRE, MRSA, RSV or handling or touching visibly or potentially contaminated patient care equipment and environmental surfaces.
- Gloves can protect both patients and healthcare personnel from exposure to infectious material that may be carried on hands.
- The extent to which gloves will protect healthcare personnel from transmission of blood borne pathogens (e.g., HIV, HBV and HCV) following a needle stick or other puncture that penetrates the glove barrier has not been determined.
- During patient care, transmission of infectious organisms can be reduced by adhering to the principles of working from “clean” to “dirty”, and confining or limiting contamination to surfaces that are directly needed for patient care. It may be necessary to change gloves during the care of a single patient to prevent cross-contamination of body sites.
  - It also may be necessary to change gloves if the patient interaction also involves touching portable computer keyboards or other mobile equipment that is transported from room to room.
  - Discarding gloves between patients is necessary to prevent transmission of infectious material. Gloves must not be washed for subsequent reuse because microorganisms cannot be removed reliably from glove surfaces and continued glove integrity cannot be ensured.

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- When gloves are worn in combination with other PPE, they are put on last. Gloves that fit snugly around the wrist are preferred for use with an isolation gown because they will cover the gown cuff and provide a more reliable continuous barrier for the arms, wrists, and hands.
- Gloves that are removed properly will prevent hand contamination. Hand hygiene following glove removal further ensures that the hands will not carry potentially infectious material that might have penetrated through unrecognized tears or that could contaminate the hands during glove removal.

**DONNING OF GLOVES**



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## REMOVAL OF GLOVES

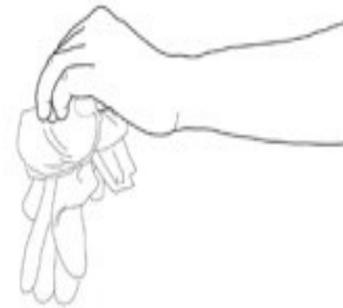
### II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove



3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

## ISOLATION GOWNS

<p>Prepared by:</p> <p><i>Ch. Arunakumari</i></p>	<p>Verified by:</p> <p><i>M. Gowthamkrishna</i></p>	<p>Approved by:</p> <p><i>G. Lakshmi Lavanya</i></p>
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- Isolation gowns are used as specified by standard and Transmission-Based Precautions, to protect the HCW's arms and exposed body areas and prevent contamination of clothing with blood, body fluids, and other potentially infectious material.
- The need for and type of isolation gown selected is based on the nature of the patient interaction, including the anticipated degree of contact with infectious material and potential for blood and body fluid penetration of the barrier.
- When applying Standard Precautions, an isolation gown is worn only if contact with blood or body fluid is anticipated. However, when Contact Precautions are used (i.e., to prevent transmission of an infectious agent that is not interrupted by Standard Precautions alone and that is associated with environmental contamination), donning of both gown and gloves upon room entry is indicated to address unintentional contact with contaminated environmental surfaces.
- The routine donning of isolation gowns upon entry into an intensive care unit or other high-risk area does not prevent or influence potential colonization or infection of patients in those areas.
- Isolation gowns are always worn in combination with gloves, and with other PPE when indicated.
- Gowns are usually the first piece of PPE to be donned. Full coverage of the arms and body front, from neck to the mid-thigh or below will ensure that clothing and exposed upper body areas are protected.
- Several gown sizes should be available in a healthcare facility to ensure appropriate coverage for staff members.
- Isolation gowns should be removed before leaving the patient care area to prevent possible contamination of the environment outside the patient's room.
- Isolation gowns should be removed in a manner that prevents contamination of clothing or skin.
- The outer, "contaminated", side of the gown is turned inward and rolled into a bundle, and then discarded into a designated container for waste or linen to contain contamination.

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1. DRY HANDS.



2. PICK UP GOWN.



3. LET GOWN UNFOLD.



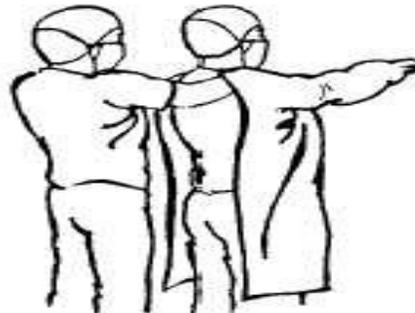
4. OPEN TO LOCATE SLEEVE / ARMHOLES.



5. SLIP ARMS INTO SLEEVES.



6. HOLD ARMS OUT AND SLIGHTLY UP.



7. CIRCULATOR PULLS GOWN ON.

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## FACE PROTECTION: MASKS, GOGGLES, FACE SHIELDS

### MASKS:

- Masks are used for three primary purposes in healthcare settings:
- Placed on healthcare personnel to protect them from contact with infectious material from patients e.g., respiratory secretions and sprays of blood or body fluids, consistent with Standard Precautions and Droplet Precautions;
- Placed on healthcare personnel when engaged in procedures requiring sterile technique to protect patients from exposure to infectious agents carried in a healthcare worker's mouth or nose, and placed on coughing patients to limit potential dissemination of infectious respiratory secretions from the patient to others (i.e., Respiratory Hygiene / Cough Etiquette).
- Masks may be used in combination with goggles to protect the mouth, nose and eyes, or a face shield may be used instead of a mask and goggles, to provide more complete protection for the face.
- Masks should not be confused with particulate respirators that are used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route.
- The mucous membranes of the mouth, nose, and eyes are susceptible portals of entry for infectious agents. Therefore, use of PPE to protect these body sites is an important component of Standard Precautions.
- Appropriate PPE should be selected based on the anticipated level of exposure.

### GOGGLES:

- The eye protection chosen for specific work situations (e.g., goggles or face shield) depends upon the circumstances of exposure, other PPE used, and personal vision needs.
- Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Indirectly-vented goggles with a manufacturer's anti-fog coating may provide the most reliable practical eye protection from splashes, sprays, and respiratory droplets from multiple angles.

## RESPIRATORY PROTECTION

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- Respiratory protection currently requires the use of a respirator with N95 or higher filtration to prevent inhalation of infectious particles.
- CDC currently recommends N95 or higher level respirators for personnel exposed to patients with suspected or confirmed tuberculosis.
- Currently this is also true for other diseases that could be transmitted through the airborne route, including SARS and smallpox.
- Respirators are also currently recommended to be worn during the performance of aerosol-generating procedures (e.g., intubation, bronchoscopy, suctioning) on patients with SARS Co-V infection, avian influenza and pandemic influenza.

### RESPIRATORY HYGIENE/COUGH ETIQUETTE

- Educate healthcare personnel on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens.
- Implement the following measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter in a healthcare setting (e.g., triage, reception and waiting areas in emergency departments, outpatient clinics and physician offices.
- Post signs at entrances and in strategic places (e.g., elevators, cafeterias) with instructions to patients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.
- Provide tissues and no-touch receptacles (e.g., foot-pedal operated lid or open, plastic-lined waste basket) for disposal of tissues.
- Provide resources and instructions for performing hand hygiene in or near waiting areas in ambulatory and inpatient settings; provide conveniently-located dispensers of alcohol-based hand rubs and, where sinks are available, supplies for hand washing.

### DONNING OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

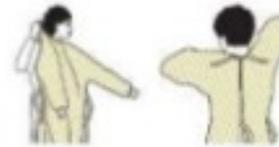
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## SEQUENCE FOR **DONNING** PERSONAL PROTECTIVE EQUIPMENT ( PPE )

The type of PPE used will vary based on the level of precautions required: e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists
- , and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

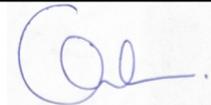
- Extend to cover wrist of isolation gown

## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



### DOFFING OF PERSONAL PROTECTIVE EQUIPMENTS (PPE)

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**HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)  
EXAMPLE 2**

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

**1. GOWN AND GLOVES**

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



**2. GOGGLES OR FACE SHIELD**

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



**3. MASK OR RESPIRATOR**

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



**4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



CS250673-E

**REMOVING PPE:**

Remove PPE at doorway before leaving patient room or in anteroom

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#### GLOVES:

- Outside of gloves are contaminated
- Grasp outside of gloves with opposite gloved hand: peel off
- Hold removed gloves in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Goggles / Face Shield
- Outside of goggles or face shield are contaminated
- To remove, handle by “clean” head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

#### GOWN

- Gown front and sleeves are contaminated
- Unfasten neck, then waist ties
- Remove gown using a peeling motion: pull gown from each shoulder toward the same hand
- Gown will turn inside out
- Hold removed gown away from body, roll into a bundle and discard in to waste or linen receptacle

#### MASK OR RESPIRATOR

- Front of mask / respirator is contaminated \_ DO NOT TOUCH !
- Grasp Only bottom then top ties/elastics and remove
- Discard in waste container

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Infection Control Officer	Medical Director	Chief executive Officer

**RESPIRATORY HYGIENE/ COUGH ETIQUETTE**

# COVER UP

## COUGHING AND SNEEZING



- Turn your head away from others
- Use a tissue to cover your nose and mouth



- Drop your tissue into a waste bin



- No tissues? Use your sleeve



- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds



These steps will help prevent the spread of colds, flu and other respiratory infections

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### HIC 3.c. TRANSMISSION BASED PRECAUTIONS

#### ISOLATION POLICIES AND PROCEDURES

##### Purpose :

The basic purpose of isolation is to confine the infection to a restricted area or to confine the patient to avoid infection in the patient.

#### RATIONALE FOR ISOLATION PRECAUTIONS IN HOSPITALS

Transmission of infection within a hospital requires three elements: a source of infecting microorganisms, a susceptible host, and a means of transmission for the microorganism.

#### SOURCE

Human resources of the infecting microorganisms in hospitals may be patients, personnel, or, on occasion, visitors, and may include persons with acute disease, persons in the incubation period of a disease, persons who are colonized by an infectious agent but have no apparent disease, or persons who are chronic carriers of an infectious agent. Other sources of infecting microorganism can be the patient's own endogenous flora, which may be difficult to control, and inanimate environmental objects that have become contaminated, including equipment and medications. Infection pathogens include bacteria, viruses and mycobacterium.

#### HOST

- Resistance among persons to pathogenic microorganisms varies greatly. Some persons may be immune to infection or may be able to resist colonization by an infectious agent; others exposed to the same agent may establish a commensal relationship with the infecting microorganism and become asymptomatic carriers; still others may develop clinical disease. Host factors such as age; underlying diseases; certain treatments with antimicrobials, corticosteroids, or other immunosuppressive agents; irradiation; and

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INH/IPC.Doc. No:06

### Policy on Standard Precautions & Transmission based Precautions

Prepared date: 11/11/2025

Reference: IPC.3.a & c NABH Standards – 6<sup>th</sup> Edition

Issue Date: 11/11/2025

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breaks in the first line of defense mechanisms caused by such factors as surgical operations, anesthesia, and indwelling catheters may render patients more susceptible to infection.

### TRANSMISSION

- Microorganisms are transmitted in hospitals by several routes, and the same microorganism may be transmitted by more than one route.
- There are five main routes of transmission :
- Contact
- Droplet
- Airborne

### PREVENTION OF TRANSMISSION

**Asepsis:** Freedom from infection or infectious (pathogenic) material

An aseptic technique aims to prevent pathogenic organisms, in sufficient quantity to cause infection, from being introduced to susceptible sites by hands, surfaces and equipment. Therefore, unlike sterile techniques, aseptic techniques are possible and can be achieved in typical hospital.

### Aseptic non-touch technique (ANTT) in practice:

ANTT is a technique used to prevent contamination of key parts and key sites by microorganisms that could cause infection. In ANTT, asepsis is ensured by identifying and then protecting key parts and key sites by hand hygiene, non-touch technique, using new sterilized equipment and/or cleaning existing key parts to a standard that renders them aseptic prior to use.

Three basic principles to be kept in mind

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- **Contact transmission:** Direct body surface to body surface contact and physical transfer of microorganisms between a susceptible host and an infected or colonized person e.g. turning the position of patient, bathing a patient, performance of other patient care activities that require direct personal contact.
- Indirect contact of a susceptible host with a contaminated usually inanimate object e.g. Contaminated needles, instruments, dressings, contaminated gloves worn on hands in between two patients etc.
- **Droplet transmission:** Droplets are generated from a person primarily during coughing, sneezing, talking and during performance of certain procedures e.g. Suction, Bronchoscopy etc. These are propelled through short distance and do not remain suspended in the air.
- **Air borne transmission:** Dissemination of airborne droplet nuclei (5µm or smaller) of evaporated droplets containing microorganisms that remain suspended in the air for long period of time or dust particles containing the infectious agent.
- **Patient placement :** A patient with highly transmissible or epidemiologically important organism shall be placed in a private room with hand washing and toilet facilities, to reduce opportunities of transmission of microorganisms.
- **'Standard Precautions:** Please refer HIC.2.b.&c of this Manual

#### PROCEDURE:

- Identification of communicable diseases shall be determined by the consultant attending on the patient. It shall be his/ her responsibility to inform the management and all those associated with the patient care about the communicable disease patient.

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### **LIST OF COMMUNICABLE DISEASES FOR WHICH KNOWN / SUSPECTED CASES ARE NOT BE ADMITTED, UNTIL DECIDED OTHERWISE.**

- Chicken Pox
- Measles
- Mumps
- Rubella
- Pulmonary Tuberculosis (open cases – Sputum positive by direct smear).
- Diphtheria.
- Rabies
- Cholera
- Tularemia
- Plaque
- Acute Poliomyelitis
- Whooping cough
- Lassa Fever
- African Haemorrhagic fever
- (Marburg & Ebola)

#### **AIRBORNE PRECAUTIONS**

Always follow Standard Precautions

Airborne precautions shall be specifically used in cases known or suspected to be infected with microbes disseminated by airborne droplet nuclei (5µ or smaller in size) e.g.

Measles

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Mumps

Rubella

Chicken Pox

Pulmonary Tuberculosis (Sputum positive by direct smear)

Diphtheria

Pertussis

Pneumonic Plaque

Sterptococcal (Group A) Pharyngitis.

### Patient placement : (For Airborn Isolation / Respiratory Isolation)

Isolation room, which shall be a single room with

- Monitored negative air pressure in relation to surrounding areas.
- 6-12 air changes per hour.
- Appropriate discharge of air to outdoors.
- Keep the patient confined to the room as far as possible.
- Room door shall be closed at all times when not needed.
- In case of non availability of private or single rooms, the patient shall be placed in a room with a patient who has active infection with the same microorganism (cohorting) until and unless otherwise recommended but with no other infections disease.

### 3. Care of all cuts and abrasions with waterproof dressings

### 4. Care to prevent sharps and needle-stick injury

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- Use gloves when handling sharps.
- Do not reseal or recap needles.
- Never manipulate any sharp that involves directing the point of a needle toward any part of the body.
- Dispose of sharps immediately into an approved container
- Take a sharps container to the point of use.

#### 5. Occupational safety and Immunization of HCWs:

- HCWs with skin conditions must seek the advice of an Occupational Health Nurse.
- Use devices such as Pocket Mask as an alternative to mouth-to-mouth resuscitation.
- Ensure that vaccination schedule as per the hospital policy is strictly adhered.
- Always ensure reporting of needle-stick or sharps injury.
- It is in your own personal and professional interest.

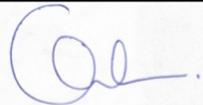
#### 6. Isolation of patient with risk of infection transmission

#### 7. Sterilization and decontamination of patient-care equipment.

- Follow decontamination, disinfections and sterilization guidelines for reuse of reusable patient-care equipments
- Patient-care equipments e.g. infusion pumps, drip stands, etc must be kept clean.
- Do not reuse single use equipment on more than one patient
- Do not reuse single-use equipment
- Wear protective clothing when handling contaminated equipment.

#### 8. Environmental cleaning:

- Ensure that the clinical areas are clean.
- Particular attention must be paid to cleaning of horizontal surfaces, floors, beds, bedside equipment and other frequently touched surfaces.
- If areas are not clean the domestic supervisor must be informed.

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#### 9. Laundry / Linen:

- Always wear a plastic apron (and gloves when linen is soiled) when handling used linen.
- Discard linen soiled with blood / body fluids, or from patients in isolation, directly into a yellow bag
- Never place linen (soiled/used or clean) on the floor.
- Do not expose clean linen to potential contamination by storing inappropriately before it is used.
- Soiled linen is a significant source of microbial contamination.
- Many of the pathogens present in the air of the patient unit are liberated into the air from bedding, dressings and clothes.
- Linen is stored in a clean, dry area and kept covered to prevent airborne contamination. It is recommended that clean linen that has been removed but not used must not be returned to the storage area.
- When changing linen, it must be handled gently with a minimum of agitation and placed directly into a linen bag, not the floor.
- Soiled linen is carried away from the person and placed into a disposal bag.

#### 10. Spillage management:

- Disinfect all blood and body fluid spillages immediately wearing protective clothing (gloves, apron and if risk of splash, goggles).
- Decontaminate spillages as per the Spillages Management section of the Decontamination Policy.

#### 11. Bio-Medical Waste Management:

- Collection/Segregate/storage and disposal of waste should be as per the Waste Policy

#### STANDARD PRECAUTIONS ESSENTIALS;

Certain standard precautions are needed to be followed in all health care settings.  
There are –

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- Wash hands before and after all patients or specimen contact.
- Handle the blood of all patients as potentially infectious.
- Wear gloves for potential contact with blood and body fluids.
- Place used syringes immediately in nearby impermeable container. DO NOT recap or manipulate needle in any way.
- Wear protective eyewear and mask if splatter with blood or body fluids is possible (e.g. bronchoscopy, oral surgery etc.)
- Wear gowns when splash with blood or body fluids is anticipated.
- Handle all linen soiled with blood and / or body secretion as potentially infectious.
- Process all laboratory specimens as potentially infectious.
- Wear mask for TB and other respiratory organisms (HIV is not airborne)

Treating all Patients in the health care facility with same basic level of “standard Precautions involves work practices that are essential to provide a high level of protection to patients, health care workers and visitors. Self-protection of HCW by using PPE in every situation is essential and everyone needs to follow these while working in the healthcare set up

These include the following:

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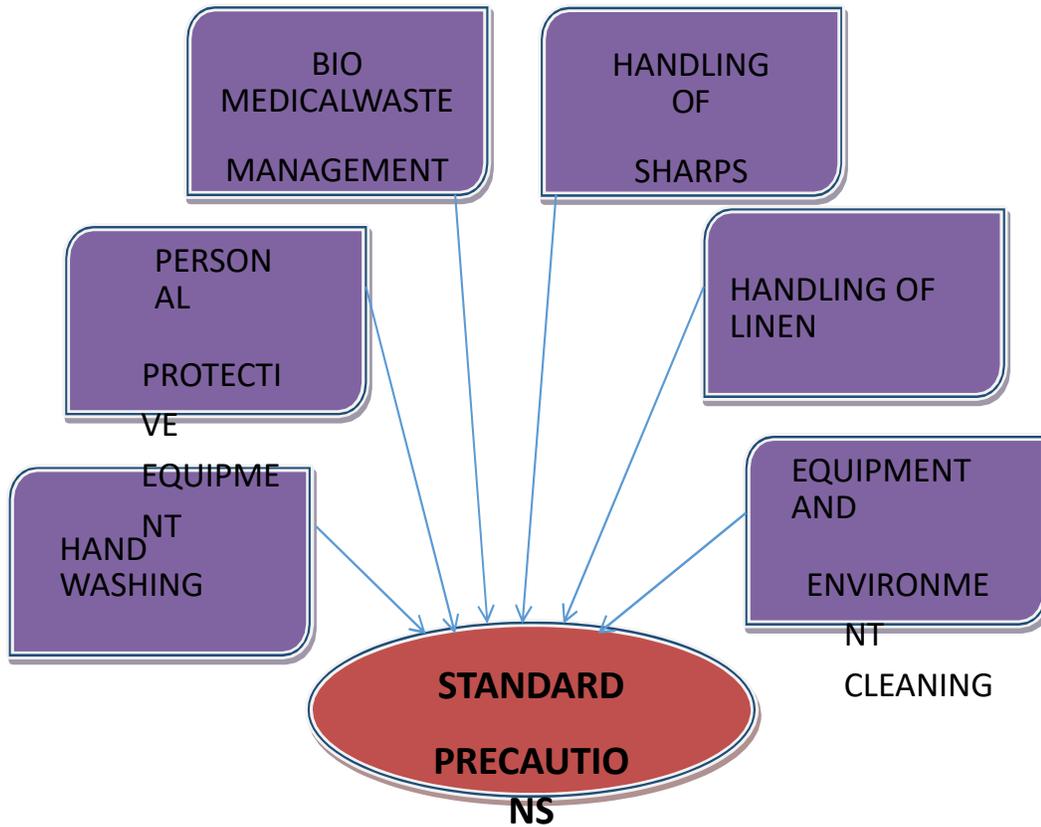
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Standard precautions are to be used by healthcare workers to prevent or reduce the likelihood of transmission of infectious agents from one person or place to another; and to maintain objects and areas as free as possible from infectious agents.

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Transmission Based precautions are used in addition to standard precautions, where the suspected or confirmed presence of infectious agents represents an increased risk of transmission.

### Background

Successful infection prevention and control involves implementing work practices that prevent the transmission of infections and multi-resistant organisms through a two-tiered approach including:

Standard precautions Transmission Based precautions effectively practiced to where standard precautions may not be sufficient on their own.

### Summary of recommended Standard Precautions

Requirements	Standard Precautions
	All persons blood ( <i>including dried blood</i> ); all body substances, secretions and excretions ( <i>excluding sweat</i> ); non-intact skin; and mucous membranes including eyes
Single room	No
Hand hygiene	Yes - Hand Hygiene with alcohol-based hand rub or liquid soap & water <ul style="list-style-type: none"><li>• 5 Moments of hand hygiene for patient care</li></ul>
Gloves	Protect from anticipated contact with blood or body substances
Apron/Gown	Protect where soiling or splashing are likely on uniforms and clothing
Mask	Protect face if splash or aerosol likely

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<b>Protective eyewear</b>	Protect eyes if splash is likely or where aerosol may be generated
<b>Aseptic technique</b>	<ul style="list-style-type: none"><li>Prevents microorganisms on hands from being introduced into a susceptible site</li><li>Avoid contaminating environmental surfaces and equipment with used gloves</li><li>Clean shared patient care equipment after use</li></ul>
<b>Transport of Patients</b>	<ul style="list-style-type: none"><li>Cover all patient's open wounds</li><li>Respiratory hygiene for coughing and sneezing</li></ul>
<b>Workplace Health &amp; Safety</b>	<ul style="list-style-type: none"><li>Exposure to blood/body substances – immediately wash site, promptly notify supervisor, and seek management of occupational exposure</li><li>Ensure compliance vaccination policy requirements</li></ul>
<b>Linen</b>	Handle used linen with care and do not contaminate clean linen

### TRANSMISSION BASED PRECAUTIONS

#### Summary of recommended Contact Precautions

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Requirements	Contact Precautions
Single room	<p><b>Yes</b> • with dedicated bathroom /toilet or cohort with patient(s) with same microorganism (risk stratify e.g. immune compromised, pregnant patients have a high priority for a single room)</p> <ul style="list-style-type: none"><li>• Clear visible signage of room precautions required</li></ul>

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<b>Negative pressure</b>	No
<b>Hand hygiene</b>	Yes <ul style="list-style-type: none"><li>Hand Hygiene with alcohol - based hand rub or liquid soap and water</li><li>5 Moments of hand hygiene for patient care</li></ul>
<b>Gloves</b>	Protect from anticipated contact with blood or body substances
<b>Apron/Gown</b>	Protect where soiling or splashing are likely on uniforms and clothing
<b>Protective eyewear</b>	Protect eyes if splash is likely or where aerosol may be generated
<b>Mask</b>	<ul style="list-style-type: none"><li>If splash or aerosol likely.</li><li>Remove last after leaving patient's room.</li></ul>
<b>Patient care</b>	<ul style="list-style-type: none"><li>✓ Single use or dedicated.</li><li>✓ Clean and process before using to next patient</li></ul>
<b>Transport of patients</b>	<ul style="list-style-type: none"><li>Cover all patient's open wounds</li><li>Respiratory hygiene for coughing and sneezing</li></ul>
<b>Room cleaning</b>	<ul style="list-style-type: none"><li>Clean patient care items, bedside equipment, and frequently touched Surfaces at least daily.</li><li>On discharge terminal clean.</li></ul>
<b>NOTES</b>	Remove personal protective equipment and perform hand hygiene on leaving the room

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This colored signage card is hung outside the patient's room / at the bedside of patients with infections which can be transmitted through contact.

### Summary of recommended Droplet Precautions

Requirements	Droplet Precautions
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<b>Single room</b>	<b>Yes</b> <ul style="list-style-type: none"><li>With dedicated bathroom /toilet or cohort with patient(s) with same microorganism</li><li>Clear visible signage of room precautions required</li></ul>
<b>Negative pressure</b>	<b>No</b>
<b>Hand hygiene</b>	<b>Yes</b> <ul style="list-style-type: none"><li>Hand Hygiene with alcohol- based hand rub or liquid soap and water</li><li>5 Moments of hand hygiene for patient care</li></ul>
<b>Gloves</b>	Protect for anticipated contact with blood or body substances  For anticipated contact with blood and body substances. <ul style="list-style-type: none"><li>Remove first before leaving patient's room.</li><li>Perform hand hygiene and avoid touching contaminated surfaces/equipment</li><li>Avoid contaminating environmental surfaces and equipment with used gloves</li></ul>
<b>Apron/Gown</b>	<b>Yes</b> <ul style="list-style-type: none"><li>If soiling or splashing are likely.</li><li>Remove before leaving patient's room</li></ul>
<b>Protective eyewear</b>	<b>Yes.</b> <ol style="list-style-type: none"><li>Remove after leaving patient's room</li></ol>

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<b>Mask</b>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>• Surgical mask, remove last after leaving patient's room.</li> <li>• Perform hand hygiene</li> </ul>
<b>Patient care equipment</b>	Clean / process before using to next patient
<b>Transport of patients</b>	<ul style="list-style-type: none"> <li>✓ Surgical mask for patient when they leave the room.</li> <li>• Patients on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs if condition allows. • Minimize Patient transfers &amp; restrict visitors.</li> <li>• Notify area receiving patient and transport staff of precautions to be maintained</li> </ul>
<b>Room cleaning</b>	Clean patient care items, bedside equipment and frequently touched surfaces at least once daily
<b>NOTES</b>	<ul style="list-style-type: none"> <li>✓ Remove mask after leaving the room</li> <li>• Respiratory hygiene for coughing and sneezing patients suspected of having an infectious respiratory illness</li> <li>• Visitors to patient room must wear a surgical mask.</li> </ul>

**This colored signage card is hung outside the patient's room / at the bedside of patients with infections which can be transmitted through droplet.**

<i>Ch. Arun</i>	<i>Col.</i>	<b>Approved by:</b> <i>G. Lakshmi Lavanya</i>
<b>Prepared by:</b> Dr.Ch.Arunakumari	<b>Verified by:</b> Dr.M.Gowthamkrishna	Mrs.G.Lakshmi Lavanya
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**Summary of recommended Airborne Precautions**

Requirements	Airborne Precautions
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<b>Single room</b>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>Negative Pressure room with dedicated bathroom /toilet or cohort with patient(s) with same microorganism</li> <li>Keep door closed</li> <li>Clear visible signage of precautions required</li> </ul>
<b>Negative pressure</b>	<p><b>Yes</b> if available or keep door closed and, only if there is no possibility of air currents resulting in transmission the window may be opened</p>
<b>Hand hygiene</b>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>Hand Hygiene with alcohol -based hand rub or liquid soap and water</li> <li>5 Moments of hand hygiene for patient care</li> </ul>
<b>Gloves</b>	<p>Protect for anticipated contact with blood or body substances</p> <ul style="list-style-type: none"> <li>Yes for anticipated contact with blood and body substances.</li> <li>Remove first before leaving patient's room. Perform hand hygiene and avoid touching contaminated surfaces/equipment</li> <li>Avoid contaminating environmental surfaces and equipment with used gloves</li> </ul>
<b>Apron/Gown</b>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>If soiling or splashing are likely. Remove before leaving patient's room</li> </ul>

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Protective eyewear	If splash or aerosol likely. Remove after leaving patient's room
Mask	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>(N95) mask.</li> <li>Remove last after leaving patient room. Perform hand hygiene</li> </ul>
Patient care equipment	Clean / process before next patient
Transport of patients	<ul style="list-style-type: none"> <li>N95 mask for patient when they leave the room.</li> <li>Patients on oxygen therapy must be changed to nasal prongs and have a N95 mask over the top of the nasal prongs if condition allows.</li> <li>Minimize Patient transfers &amp; restrict visitors</li> <li>Notify area receiving patient and transport staff of precautions to be maintained</li> </ul>
Room cleaning	Clean patient care items, bedside equipment and frequently touched surfaces at least once daily
NOTES	Visitors to patient room must wear (N95) mask

		<b>Approved by:</b> 
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Policy on Standard Precautions & Transmission based Precautions

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Reference: IPC.3.a & c NABH Standards – 6<sup>th</sup> Edition

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This colored signage card is hung outside the patient's room / at the bedside of patients with infections which can be transmitted through air.

**STOP AIRBORNE PRECAUTIONS STOP**

**EVERYONE MUST:**

- Clean their hands, including before entering and when leaving the room.**
- Put on a fit-tested N-95 or higher level respirator before room entry.**
- Remove respirator after exiting the room and closing the door.**
- Door to room must remain closed.**

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U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

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