

PRECAUTIONS

Universal Precautions (UP)

Universal Precautions are simple infection control measures that reduce the risk of transmission of blood borne pathogens from exposure to blood or body fluids among patients and health care workers. It is based on the premise that all persons should be considered as infected with HIV, HBV and HCV regardless of the known or supposed serological status. Improving the safety from infections is an important component of universal precautions. All Health Care Workers are required to take Universal Precautions, while working at health facility, at every time, considering every patient a potential source of infections.

Standard Precautions (SP)

A significant proportion of infectious diseases can be incubating, can cause no symptoms, or can result in chronic infection (e.g. hepatitis C virus) among patients who are exposed to these pathogens. SP is the foundation of protection for health care personnel against exposure to infectious agents during patient care. SP is a system of precautions designed to reduce the risk of transmission of blood-borne pathogens and other pathogens present in body substances. This terminology applied to precautions against blood-borne pathogens is confused with universal precautions (UP). UP were developed

originally to focus attention on precautions against occupational exposure to body fluids that were likely to contain blood-borne pathogens (i.e. blood, semen, vaginal secretions, cerebrospinal, pericardial, peritoneal, pleural, and synovial fluids, and other body fluids visibly contaminated with blood). UP against blood-borne pathogens did not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomitus unless visibly contaminated with blood. In the mid-1980s a group of infection control professionals in the US developed a system of precautions called body substance isolation (BSI) or Transmission Based Precautions whose aim is to interrupt transmission of endemic infection in HCFs and to protect HCP and others. BSI is applied to all moist and potentially infectious body substances (blood, secretions and excretions) and surfaces and equipment if contaminated.

SP is a synthesis of these two systems. They apply to:

- ✦ Blood
- ✦ All body fluids, secretions, and excretions regardless of whether they contain visible blood
- ✦ Non-intact skin
- ✦ Mucous membranes and contaminated surfaces or equipment.

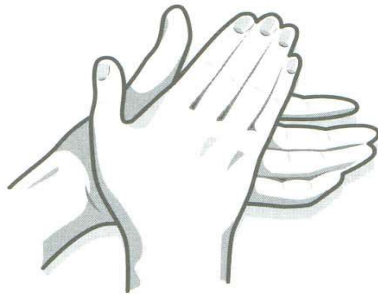
Protection Measures

Use of Barrier

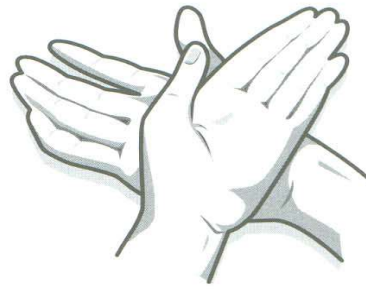
All caregivers should routinely use appropriate barrier (gloves, goggles) to prevent skin and mucous

Handwashing Technique

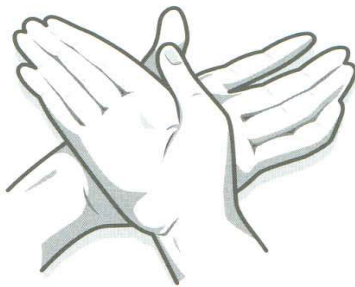
Repeat each movement five times



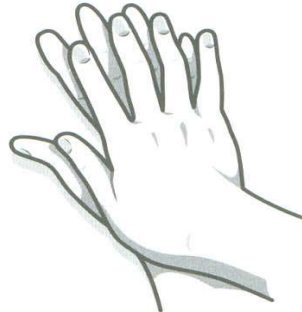
Palm to palm.



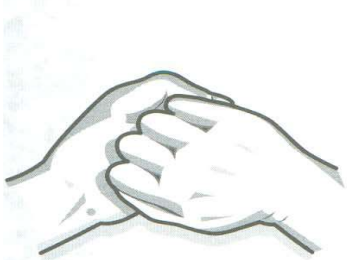
Right palm over left dorsum.



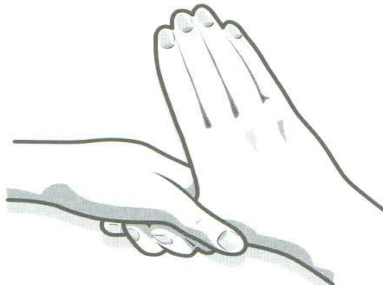
Left palm over right dorsum.



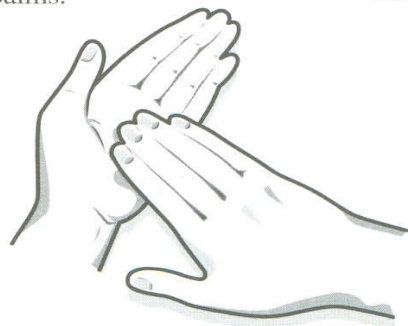
Fingers interlace palm to palm.



Back of fingers to opposing palms.



Rotational rubbing of thumbs.



Rotational rubbing of palms.



membrane exposure when contact with blood or body fluid of any patient is anticipated.

WASH HANDS

Wash hands every time after examination of patient and after contact with specimen (blood, stool urine, etc)



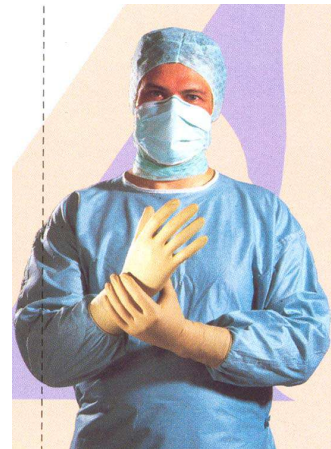
Picture 11: Hand Washing Procedure

WEAR GLOVES

Health care worker must wear gloves when body contact with blood or body fluids/ substances is anticipated and he/she must use new gloves after each individual task.

WEAR A GOWN

When splashing from blood or body fluid is anticipated.



Picture 12: Wear Gloves & Gown



Picture 13: Wear Mask & Protective Glasses

Risk from Needle stick Injuries

The estimated risk of infection following a needle stick injury varies from one virus to another. The

estimated risk of infection after exposure to an HBV infected person from a needle stick injury ranges from 6%-30%. The risk of HCV infection ranges from 0% to 7% with an average of 1.8% by injury while the average transmission rate of HIV is estimated to be 0.3%. Most of this variability in risk of infection is related to the concentration of virus in the source patient's blood.

Most needle stick injuries occur during the following activities:

- ✦ Recapping, bending, or breaking needles
- ✦ Inserting a needle into a test tube or specimen container and missing the target;
- ✦ Injury from a person carrying unprotected sharps;
- ✦ Sharps that are present in unexpected places, like linens;
- ✦ During complex surgical procedures;
- ✦ Handling or disposing of waste that contains used sharps
- ✦ Patients moving suddenly during injections

Use hands-free technique for passing sharps during procedures

The assistant puts the sharp in a sterile kidney tray or other "safe zone" in the sterile field. The assistant tells the service provider that the sharp is in the safe zone.

The provider picks up the sharp item, uses it, and returns it to the safe zone.



Picture-14: Sharps PassingSafe Disposal in Kidney Tray