

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Standard Precautions for patient care**Policy Number:** 950-03-012

Responsible Officer:	Chief Medical Officer
Responsible Office:	Clinical Affairs
Origination Date:	05/01/2016
Date of Revision:	August 6, 2023
Scope:	UCR Health Clinics

I. Policy Summary

This policy outlines Standard Precautions basic practice elements for providers and staff to follow.

II. Definitions

Standard Precautions are the basic practices that apply to all patient care, regardless of the patient's suspected or confirmed infectious state, and apply to all settings where care is delivered. These practices protect healthcare personnel and prevent healthcare personnel or the environment from transmitting infections to other patients.¹

III. Policyⁱ

Standard Precautions are practices to reduce healthcare associated infections are used with all patients, regardless of diagnosis or isolation status, and apply to interacting with blood, body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood, non-intact skin and mucous membranes. The required elements include:

1. **Hand hygiene:** Adequate hand hygiene must be maintained at all appropriate times per UCR SOM Policy and procedure: [950-03-014 - Hand Hygiene](#).
2. **Environmental cleaning and disinfection:** Established standards for disinfecting surfaces and equipment between patients uses are to be followed, per UCR SOM Policy and procedure: 950-03-006 Cleaning and Decontamination of Equipment and Work Surfaces.
3. **Injections and medication safety:**
 - a. **Safe Injection practices:**
 - i. Scrub the cap or port of invasive lines with alcohol using friction before injecting an IV medication.
 - ii. Use a sterile, single-use disposable needle and syringe for each injection given.
 - iii. Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed.
 - iv. Use fluid infusion and administration sets (i.e., intravenous bags, tubing, and connectors) for one patient only and discard appropriately after use. Consider a syringe or needle/cannula contaminated once used to enter or connect to a patient's intravenous infusion bag or administration set.
 - v. Use single-dose vials for parenteral medications whenever possible.
 - vi. Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.

- vii. If multidose vials (MDV) must be used, both the needle or cannula and syringe used to access the MDV must be sterile.
 - viii. Date and time every MDV
 - Check date and time every time you use a MDV to ensure it is in-date.
 - Before each withdrawal from a MDV, scrub the surface of the rubber diaphragm with alcohol using friction.
 - Do not keep MDV in the immediate patient treatment area; store MDV according to the manufacturer's recommendations; discard if sterility is compromised or questionable.
 - IX. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
 - b. Needlestick Prevention (in the event of a needlestick refer to UCR SOM Policy and Procedure: [950-03-011 - Sharps Incident Reporting](#))
 - i. All UCR Health workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.
 - ii. To prevent needlestick injuries, needles will not be recapped by hand, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
 - iii. After they are used, disposable syringes and needles, scalpel blades, and other sharp items will be placed in puncture-resistant containers for disposal.
 - iv. The puncture-resistant containers will be located as close as practical to the use areas.
4. **Appropriate use of Personal Protective Equipment (PPE):** (e.g., gowns, gloves, mask, eye protection) for reasonably anticipated contact with body substances or contaminated equipment. UCR SOM Policy and procedures: [950-03-040 - Personal Protective Equipment \(PPE\)](#)
5. **Minimizing potential Exposures:** Respiratory Hygiene/Cough Etiquette
Elements in respiratory hygiene/ cough etiquette include and not limited to:
- 1. Activate source control measures to contain respiratory secretions to prevent droplet transmission of respiratory pathogens such as offering masks to coughing patients and other accompanying family members upon entry into the medical clinic.
 - 2. Encourage spatial separation (more than 6 feet) between individuals with respiratory infections in common waiting areas when possible.
 - 3. Move coughing or sneezing patients into exam rooms as soon as possible.
6. **Reprocessing of reusable medical equipment between each patient or when soiled.** UCR SOM Policy and procedures: [950-03-004 - Autoclave Sterilization, Spore Testing and Cleaning.](#)

IV. Responsibilities

UCR Health providers and staff

V. Related Policies

1. [950-03-004 - Autoclave Sterilization, Spore Testing and Cleaning](#)
2. [950-03-040 - Personal Protective Equipment \(PPE\)](#)
3. [950-03-006 - Cleaning and Decontamination of Equipment and Work Surfaces](#)
4. [950-03-011 - Sharps Incident Reporting](#)
5. [950-03-014 - Hand Hygiene](#)

Approvals:

COMPLIANCE COMMITTEE (08/01/2023)

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ⁱ Centers for Disease Control and Prevention: CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, 2022, November 29 (cited 2023, August 6), available from: <https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html>