

Infection Control Guidelines for All Nursing Procedures

Purpose

To provide guidelines for general infection control while caring for residents.

Preparation

1. Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on general infection and exposure control issues, including:
 - a. The facility protocols for isolation (standard and transmission-based) precautions;
 - b. The location of all personal protective gear;
 - c. The location of medical waste disposal containers;
 - d. The facility exposure control plan; and
 - e. The facility protocol for occupational exposures to bloodborne pathogens.
2. Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on managing infections in residents, including:
 - a. Types of Healthcare-Associated Infections;
 - b. Methods of preventing their spread;
 - c. How to recognize and report signs and symptoms of infection; and
 - d. Prevention of the transmission of multi-drug resistant organisms.

General Guidelines

1. *Standard Precautions* will be used in the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases. Standard Precautions apply to blood, body fluids, secretions, and excretions regardless of whether or not they contain visible blood, non-intact skin, and/or mucous membranes.
2. *Transmission-Based Precautions* will be used whenever measures more stringent than Standard Precautions are needed to prevent the spread of infection.
3. Employees must wash their hands for ten (10) to fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions:
 - a. Before and after direct contact with residents;
 - b. When hands are visibly dirty or soiled with blood or other body fluids;
 - c. After contact with blood, body fluids, secretions, mucous membranes, or non-intact skin;
 - d. After removing gloves;
 - e. After handling items potentially contaminated with blood, body fluids, or secretions;
 - f. Before eating and after using a restroom; and
 - g. When there is likely exposure to spores (i.e., *C. difficile* or *Bacillus anthracis*) (Note: Alcohol-based hand rubs are inactive against spores. For effective mechanical removal of spores, wash hands for 30-60 seconds with soap and water or 2% chlorhexidine gluconate.)
4. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations:
 - a. Before and after direct contact with residents;
 - b. Before donning sterile gloves;
 - c. Before performing any non-surgical invasive procedures;
 - d. Before preparing or handling medications;

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- e. Before handling clean or soiled dressings, gauze pads, etc.;
 - f. Before moving from a contaminated body site to a clean body site during resident care;
 - g. After contact with a resident's intact skin;
 - h. After handling used dressings, contaminated equipment, etc.;
 - i. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident;
and
 - j. After removing gloves.
5. Wear personal protective equipment as necessary to prevent exposure to spills or splashes of blood or body fluids or other potentially infectious materials.
 6. In addition to these general guidelines, refer to procedures for any specific infection control precautions that may be warranted.