Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection control practices.

**Hand Hygiene**
Avoid unnecessary touching of surfaces in close proximity to the patient.

When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with soap and water.

If hands are not visibly soiled, or after removing visible material with soap and water, decontaminate hands with alcohol-based hand rub. Alternatively, hands may be washed with an antimicrobial soap and water.

**Perform Hand Hygiene:**
- Before having direct contact with patients
- After contact with blood, body fluids, or excretions, mucous membranes, non-intact skin, or wound dressings.
- After contact with a patient’s intact skin (e.g. when taking a pulse or blood pressure or lifting a patient)
- If hands will be moving from a contaminated body site to a clean body site during patient care
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- After removing gloves

**Personal Protective Equipment (PPE)**
Wear PPE when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur.

Before leaving the patient’s room or cubicle, remove and discard PPE.

**Gloves**
Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (e.g. of a patient incontinent of stool or urine) could occur.

Remove gloves after contact with a patient and/or the surrounding environment using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one patient.

Change gloves during patient care if the hands will move from a contaminated body site (e.g. perineal area) to a clean body site (e.g. face).

**Gowns**
Wear a gown to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.

Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.

Remove gown and perform hand hygiene before leaving patient’s environment.

**Mouth, Nose, Eye Protection**
Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

During aerosol-generating procedures wear one of the following: a face shield that fully covers the front and sides of the face, a mask with attached shield, or a mask and goggles.

**Respiratory Hygiene/Cough Etiquette**
Educate healthcare personnel to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections.

Offer masks to coughing patients and other symptomatic persons (e.g. persons who accompany ill patients) upon entry into the facility.

**Patient Placement**
Include the potential for transmission of infectious agents in patient-placement decisions.

**Patient-Care Equipment and Instruments/Devices**
Wear PPE (e.g. gloves, gown) according to the level of anticipated contamination, when handling patient-care equipment and instruments/devices that are visibly soiled or may have been in contact with blood or body fluids.

**Care of the Environment**
Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently (e.g. daily).

**Textiles and Laundry**
Hand used textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons.

**Safe injection practices**
Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
IV. A. Hand Hygiene

IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces.

IV.A.2. Wash hands visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with either a nonantimicrobial soap and water or an antimicrobial soap and water.

IV.A.3. If hands are not visibly soiled, or after removing visible material with nonantimicrobial soap and water, decontaminate hands in the clinical situations described in IV.A.2.a.1.

IV.A.3.a. The preferred method of hand decontamination is with an alcohol-based hand rub. Alternately, hands may be washed with an antimicrobial soap and water. Frequent use of alcohol-based hand rub immediately following handwashing with antimicrobial soap may increase the frequency of decontamination.

IV.A.3.a. Before having direct contact with patients.

IV.A.3.b. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings.

IV.A.3.c. After contact with a patient’s intact skin (e.g., when taking a pulse or blood pressure or lifting a patient).

IV.A.3.d. If hands will be moving from a contaminated body site to a clean body site during patient care.

IV.A.3.e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

IV.A.3.f. After removing gloves.

IV.A.4. Wash with either nonantimicrobial soap and water or with antimicrobial soap and water if contact with sores (e.g., C. difficile or Bacillus anthracis) is likely to have occurred. The physical action of washing and rinsing hands under such circumstances is recommended because atypical mycobacteria, chlorella, isodophs, and other antiseptic agents have poor activity against spores.

IV.A.5. Do not wear artificial fingernails or extenders if duties include direct contact with patients at risk for infection and associated adverse outcomes (e.g., those in ICUs or operating rooms).

IV.A.5.a. Develop an organizational policy on the wearing of non-natural nails by healthcare personnel who have direct contact with patients outside of the groups specified above.

IV. B. Personal protective equipment (PPE)

IV.B.1. Observe the following principles of use.

IV.B.1.a. Wear PPE, as described in IV.B.2.a.4 when the nature of the anticipated patient interaction indicates that healthcare workers may be exposed to body fluids, blood, secretions or excretions.

IV.B.1.b. Prevent contamination of clothing during procedures and patient care activities when contact with a patient and/or the surrounding environment is anticipated.

IV.B.2. Remove or discard gloves after contact with a patient with a patient and/or the surrounding environment that is likely to be contaminated with pathogens, including those that are in close proximity to the patient (e.g., bed rails, over beds tables) and frequently-touched surfaces in the patient care environment (e.g., door knobs, surfaces in and surrounding toilets and bedside washrooms) more frequent schedule compared to that for other surfaces (e.g., horizontal surfaces in waiting rooms).

IV.B.3. Establish policies and procedures for patient handling and equipment/devices that are visibly soiled or may have been in contact with blood or body fluids.

IV. C. Care of the environment

IV.C.1. Establish policies and procedures for routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling.

IV.C.2. Clean any non-horizontal surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient (e.g., bed rails, over bed tables) and frequently-touched surfaces in the patient care environment (e.g., door knobs, surfaces in and surrounding toilets and bedside washrooms) more frequent schedule compared to that for other surfaces (e.g., horizontal surfaces in waiting rooms).

IV.C.3. Use EPA-registered disinfectants that have microbicidal (i.e., killing) activity against the pathogens most likely to contaminate the patient-care environment. Use in accordance with manufacturer instructions.

IV.C.4. Review the efficacy of in-use disinfectants when evidence of continuing transmission of an infectious agent (e.g., rotavirus, C. difficile, norovirus) may indicate resistance to the in-use product and change to a more effective disinfectant as indicated.

IV.C.5. In facilities not provided with hot water, use aqueous solutions or pre-packaged disinfectants for use during handwashing or body site application (e.g., obstetric/gynecology offices and clinics), establish policies and procedures for cleaning and disinfecting toys at regular intervals.

IV.C.5.a. Use the following guidelines in developing this policy and procedures:

1. Select play toys that can be easily cleaned and disinfected - Do not permit use of stuffed furry toys if they will be shared - Clean and disinfect large stationary toys (e.g., climbing equipment) at least weekly and whenever visibly soiled - If toys are likely to be mised, rinse with water after discharge; alternately wash in a dishwasher

2. When a toy requires cleaning and disinfection, do so immediately or store in a designated labeled container separate from toys that are clean and ready for use

IV.C.5.b. Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently (e.g., daily).

IV.C.5.a. No recommendation for use of reusable protective covers or washable keyboards.

IV.D. Textiles and laundry

IV.D.1. Hands and arms are in contact with materials with minimal agitation to avoid contamination of air, surfaces and persons.

IV.D.2. If laundry chutes are used, ensure that they are properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry.

IV.E. Sepsis injection practices

IV.E. The following recommendations apply to the use of needles, cannulas that replace needles, and, where applicable intravenous delivery systems

IV.E.1. Use aseptic technique to avoid contamination of sterile injection equipment.

IV.E.2. Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is contaminated. Needles, cannulas and syringes are sterile, single-use items; they should not be re-used for another patient and or not to access a medication or solution that might be used for a subsequent patient.

IV.E.3. Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated only if it has been used to enter or connect to a patient’s intravenous infusion bag or administration set.

IV.E.4. Use single-dose vials and discard medications when excessive.

IV.E.5. Do not administer medications from single-dose vials or ampoules to multiple patients or combine leftover contents for later use.

IV.E.6. Disposables must be used, both the needle or cannula and syringe used to access the multidose vial must be sterilized.

IV.E.7. Do not handle child’s toys or play materials in the immediate patient treatment area and store in accordance with the manufacturer’s recommendations; discard if sterilized is compromised or questionable.

IV.E.8. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

IV.F. Infection control practices for special inpatient punction procedures

Wear a surgical mask, face shield, gown, and gloves when accessing the spinal canal or subarachnoid space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia).

Workforce safety

Adhere to federal and state requirements for protection of healthcare personnel from exposure to bloodborne pathogens.