

Directorate: Quality Assurance & Improvement



**Cluster meeting:
Hospitals and Tertiary Health Services**



Director QA & QI



STANDARD PRECAUTIONS



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STANDARD PRECAUTIONS



- Standard precautions apply to all patients regardless of their diagnosis or presumed infection status. Standard precautions must be used in the handling of:
- blood (including dried blood)
- all other body fluids/substances (except sweat), regardless of whether they contain visible blood



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- non-intact skin
- mucous membranes.

Standard precautions consist of the following practices:

- hand hygiene before and after all patient contact



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Standard precautions



- the use of personal protective equipment, which may include gloves, impermeable gowns, plastic aprons, masks, face shields and eye protection.
- the safe use and disposal of sharps
- the use of aseptic "non-touch" technique for all invasive procedures, including appropriate use of skin disinfectants



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- reprocessing of reusable instruments and equipment
- routine environmental cleaning
- waste management
- respiratory hygiene and cough etiquette
- appropriate handling of linen

Standard precautions are the minimum infection prevention and control practices that must be used at all times for all patients in all



- **Transmission-based precautions:**
Cleaning staff must observe the following precautions when cleaning the isolation room of a patient on transmission-based precautions or as directed by the IPC Team or nurse in charge of the clinical area.



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- **Airborne precautions:** Use respirators only for patients with TB, measles or chickenpox. Gloves and aprons should be worn



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- **Droplet precautions:** Surgical face mask unless otherwise specified by nursing staff. Gloves and apron should be worn.



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- **Contact Precautions:** Gloves and plastic apron for housekeeping activities. Remove the gloves and apron when leaving the room and perform hand hygiene.
- All PPE must be discarded inside the isolation area and hand hygiene carried out before exiting the room.



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Personal protective equipment



- Personal protective equipment (PPE) is specifically used to protect clinical and non-clinical health workers (including cleaners, ancillary staff and food service workers) from exposure to body fluids or from droplet or airborne pathogens, chemicals or heat.
- Appropriate use of protective equipment must be adhered to at specific areas.



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ISOLATION



- Hospitalized neonates are uniquely vulnerable to healthcare-associated infections (HAIs), which are associated with increased mortality, increased length of stay and healthcare costs.
- HAIs surveillance in the NICU is a key aspect of performance improvement.
- Infection prevention and control (IPC) strategies that address both patients and their environment are therefore of utmost importance in neonatal care settings.



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HAND HYGIENE



- HH is the foundation of IPC in any healthcare setting, including the NICU.

WHO 5 Moments of hand hygiene.

- Before patient contact
- Before aseptic task
- After body fluid exposure
- After patient contact
- After contact with patient surroundings



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Environmental cleaning



- Protocols for cleaning and disinfection at regular intervals and at patient discharge should be established to prevent HAI.
- Routine closure of clinical areas can facilitate deep cleaning while not disrupting infant development, such as with bright lights and loud machinery.
- Adherence monitoring with regular feedback and using dedicated teams are strategies to support effective cleaning.



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