

FAQ

Module 1 Standard Precautions

Facilitator notes: Each Project Firstline CNA module is designed to provide 30 minutes of training content with optional post-training discussion using the *FAQ* files. Use any or all *FAQ* below to initiate further discussion among CNA after trainings, during huddles or team meetings, etc.

1. Is Contact Precautions the same as Standard Precautions?

No. Standard Precautions are for all residents, all the time, meant for everyday use. Contact Precautions are for residents with certain known or suspected illnesses that spread by contact or touch, such as norovirus and *C. difficile*.

2. Are universal precautions the same as Standard Precautions?

Yes. Universal precautions is a term that changed in the 1990s. We now refer to universal precautions as *Standard Precautions*; these terms are often used interchangeably, but *Standard Precautions* is preferred.

Hand Hygiene

3. I have been told 15 seconds is enough time to wash my hands. You are saying 20 seconds. Which one is standard?

In the past, the CDC set the standard for washing hands with soap and water for 15 seconds. In healthcare settings you may see recommendations for 15 seconds, or for 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times.

4. Can I use my own hand lotion after washing my hands?

No, personal hand lotion may not be compatible with the brand of gloves your facility uses. Follow your facility policy and use facility-provided lotion.

5. If you do not touch anything from the time you do hand hygiene at entry to the time you put on a pair of gloves, do you have to perform hand hygiene before interacting with a resident?

Upon entering the room, if you do not touch anything and immediately don gloves then you would not need to perform hand hygiene again. But it is our natural instinct to touch things without realizing it, so it is recommended to perform hand hygiene before donning gloves.

6. Why did you use a towel to turn off the faucet after washing your hands?

If you washed your hands using the correct technique, your hands are already clean. You would use the towel to turn off the faucet because your hands are clean, and the faucet handle has germs on it. You could also turn off the faucet with another towel, elbow, or any other hands-free method.

7. Should I perform hand hygiene after touching a curtain even though it is not a *high-touch surface*?

Yes. Germs can be found on curtains, and they are touched more often than you may think. Hands can become contaminated after handling curtains. It is important to perform hand hygiene after handling curtains.

8. Can we use alcohol-based hand rub after washing our hands?

At least one method of hand hygiene should be performed. If you feel you need to perform both in certain situations, that is a personal choice.

9. Does the percentage of alcohol matter when performing hand hygiene with an alcohol-based hand rub?

Yes, always follow CDC guidelines in using at least a 60% alcohol product. Always use the amount the manufacturer indicates to use each time.

10. How many times can you use alcohol-based hand rub before you need to use soap and water?

There is no limit on the number of times you can use alcohol-based hand rub. However, if you find that your hands are becoming sticky due to multiple uses of alcohol-based hand rub, it is recommended to wash your hands with soap and water. Additionally, you want to make sure to wash your hands with soap and water if your hands are visibly soiled.

11. If I have an allergic reaction to the hand soap at work, is it appropriate to use my own?

No. Speak with your infection preventionist about other products that can be ordered. It is not advised to use your own products because they may not meet facility guidelines.

12. Does alcohol-based hand rub go bad?

Alcohol-based hand rub does expire. Your facility should monitor and change containers according to the expiration date. If you notice any expired containers, tell your EVS staff or infection preventionist so the containers can be replaced.

13. I've noticed some alcohol-based hand rubs are runny and others are not. Does this indicate the alcohol content?

No, all manufacturers are different. Alcohol-based hand rub may be thicker or runnier, but this is not indicative of the alcohol content. Always check the alcohol content on the label to be sure you are using an appropriate product.

14. Is it ever okay to mix alcohol-based hand rub, either by mixing bottles or by using different brands throughout the day?

It is okay to use different brands of alcohol-based hand rub throughout the day. However, do not mix different alcohol-based hand rub products together in one bottle. It is important to keep the alcohol-based hand rub in the original container; mixing product may mean a potential for reduced effectiveness, accidental contamination, or possible irritation.

15. When I perform hand hygiene with soap and water, can I use antimicrobial soap to get better protection?

Studies have not found any added health benefit from using antibacterial soap. Antimicrobial soap works like regular soaps, with similar benefits and limitations. These soaps are no better than plain soap at preventing people from getting sick and their ingredients may not be safe for long-term, daily use.

16. My facility is currently in a boil-water advisory. How can I clean my hands?

In most cases, it is safe to wash your hands with soap and tap water during a boil water advisory. Follow the guidance from your local public health officials or water utility. If soap and water are not available, use an alcohol-based hand rub containing at 60% - 95% alcohol.

Environmental Cleaning and Disinfection

17. As a CNA, why do I have to clean the room? Isn't this something EVS does?

EVS is usually responsible for cleaning the entire room. However, there are places in the room that can get dirty quickly (e.g., high-touch surfaces) or that might need additional cleaning. For instance, if the bedside table was used to hold dirty linen or a urinal, you need to clean it before you put something like a food tray on the table.

18. My facility has never told me about contact/wet times. Where can I find information about contact/wet time? Do I have to do this for every disinfectant?

Contact time, also called *wet time*, is indicated on the disinfectant label. Wet times vary from disinfectant to disinfectant. The wet time is the time the surface being disinfected must remain wet to kill specific pathogens. Always read the disinfectant's label for the manufacturer's instructions for use.

19. Can I use detergent to disinfect surfaces?

No, detergents are used for *cleaning*. They contain surfactants or soap that lifts dirt off the surface. Because they usually have no germ-killing properties, these solutions can become easily contaminated. Detergents are less toxic than disinfectants, and because they are essentially soap solutions, they can be used for cleaning. The action of a disinfectant is to inhibit growth, stop reproduction, or to kill germs. Detergent should be used for cleaning before disinfectant is applied. A disinfectant will only work if the surface is cleaned first, unless the product is an "all in one" product that both cleans and disinfects. Always read the product label and use it according to the manufacturer's instructions.

20. When disinfecting a surface, should EVS staff use paper towels or wash cloths?

Paper towels or microfiber cloths are ok to use. Make sure to clean microfiber cloths appropriately.

Sharps Safety

21. As a CNA, I have never been told I have to do anything with sharps containers. Are sharp containers a CNA responsibility?

This may not necessarily be your responsibility, but all staff should know who is responsible for changing out sharps containers. If you see a full sharps container or if you see a sharp item where it doesn't belong, you should know who to report this to in order to prevent injuries. It is always helpful to know about best practices that should be followed to make the facility a safe place for you, your colleagues, and your residents.

Personal Protective Equipment (PPE)

22. According to Standard Precautions, when would I need to use gloves?

Standard Precautions includes using appropriate PPE when there is a risk of exposure to germs. When there is a chance of touching blood or body fluids, such as when you're helping a resident use the toilet, you should use gloves.

23. Why shouldn't I double glove? It is more protection, right? What if my first set breaks?

You should always only wear one set of gloves. Double gloving is not recommended and does not eliminate the need to perform hand hygiene. Also, it is almost impossible to remove the first set of gloves without contaminating the bottom set of gloves.

Bacteria and other germs can still spread while double gloving since wearing double gloves does not eliminate the risk for punctures or tears or contaminating the gloves underneath. It is best to perform hand hygiene before donning gloves and after doffing gloves in order to prevent the spread of infection.

If your gloves tear, you need to remove the gloves and perform hand hygiene as soon as possible. If it seems like the gloves are tearing on a regular basis, contact the infection preventionist in your facility to let them know the quality issues you are having with the gloves.

24. What PPE needs to be worn for cleaning?

Gloves should always be worn when cleaning. Wearing additional PPE items will depend on if the resident is on specific precautions and on the manufacturer's instructions for use for the products you're using.

25. Can visitors wear their own masks, or do we need to provide new disposable ones when they arrive?

Check and follow your facility policy on masking for visitors.

26. Do I need to wear PPE while assisting a resident who is on Contact Precautions while in the shower?

Yes. The same recommended PPE that needs to be worn around the resident should be worn while assisting the resident in the shower. Always speak with your IP at your facility for further guidance.

27. How often should a face shield be changed?

Follow your facility policy. There may be different guidelines depending on the performed activity.

Respiratory Hygiene and Cough Etiquette

28. Is my responsibility to teach visitors about respiratory hygiene and cough etiquette?

As a healthcare worker, it is our responsibility to teach all visitors coming into the facility, as well as our residents, the importance of respiratory hygiene.

29. What should I do if staff say they are not feeling sick but cough often?

You should follow your facility policy and discuss with the infection preventionist or supervisor. Staff should still always cover their cough as part of respiratory etiquette.

References

- [Clean care for all- it's in your hands | World Health Organization \(WHO\)](http://www.who.int/campaigns/world-hand-hygiene-day)
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- [Clean Hands: Combat COVID-19! | Centers for Disease Control and Prevention \(CDC\)](https://www.youtube.com/watch?v=xmYMUly7qiE)
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- [Hand Hygiene in Healthcare Settings | Centers for Disease Control and Prevention \(CDC\)](http://www.cdc.gov/handhygiene/index.html)
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- [When and How to Perform Hand Hygiene | Centers for Disease Control and Prevention \(CDC\)](http://www.cdc.gov/handhygiene/providers/index.html)
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