Back to Basics: Standard Precautions
Objectives

- List the 6 elements of standard precautions
- Discuss the importance of hand hygiene
- Describe how hand hygiene plays a vital role in every element of standard precautions
Chain of Infection

Source → Transmission → Host

Resident A → CNA gets germs on their hands → CNA touches Resident B with unwashed hands
What Are Standard Precautions?

Use all the time, in all settings

1. Hand hygiene
2. Environmental cleaning and disinfection
3. Injection and sharps safety
4. Appropriate personal protective equipment (PPE) based on activities being performed
5. Respiratory hygiene and cough etiquette
6. Reprocessing of reusable medical devices
HAND HYGIENE
CNAs Touch Many Surfaces
Element #1: Hand Hygiene

- Hands are the most common mode of transmission of germs
- Perform hand hygiene for at least 20 seconds to keep your hands clean and stop the spread of infections. **Clean hands save lives.**

**Soap and Water**

**Alcohol-Based Hand Rub (ABHR)**
Perform Hand Hygiene for at Least 20 Seconds

• In one 12-hour shift, CNA touch about 912 surfaces

• When you move from resident room to another, you can spread germs if you do not perform proper hand hygiene

• The less time you wash, the less germs you will remove and the higher the chance of infections spreading
What Hand Hygiene Method To Use

**ABHR**
- Not visibly soiled
- Before and after eating
- Upon entry and exit of every resident room
- Donning and doffing gloves
- Before and after accessing devices

**Soap and Water**
- Contaminated
- Soiled
- Before and after eating
- After using the restroom
- After contact with residents with *C. difficile* or norovirus
- Contact with bodily fluids, etc.
Every Moment Matters!

Your 5 moments for hand hygiene

1. Before entering a resident room
2. Before any aseptic procedure
3. After contact to body fluids
4. After leaving a resident room
5. After touching a resident’s surroundings

WHO Five moments for hand hygiene
(www.who.int/gpsc/tools/Five_moments/en)
Hand Hygiene With ABHR

1. Apply ABHR to the palms of hands
2. Rub hands together covering all surfaces until dry. Get between fingers, fingernails, on the front and back of hands, thumbs and wrists.

Note: Amount of product is based on manufacturer recommendation.
CDPH HAI Program's Project Firstline Hand Hygiene How-To Video 2021
(youtu.be/1gNTC4zj7wM)
HOW TO WASH YOUR HANDS

1. WET YOUR HANDS
2. APPLY THE SOAP
3. SCRUB YOUR HANDS
4. CLEAN YOUR THUMBS
5. RINSE YOUR HANDS
6. DRY WITH SINGLE USE TOWEL
Hand Hygiene Scenario

1. Performs hand hygiene
2. Enters room
3. Dons gloves
4. Changes bed pan
5. Doffs gloves
6. Performs hand hygiene
Hand Hygiene Scenario

1. Performs hand hygiene
2. Enters room
3. Dons gloves
4. Changes bed pan
5. Doffs gloves
6. Performs hand hygiene
ENVIRONMENTAL CLEANING AND DISINFECTION
Environmental Cleaning and Disinfection

• We all play a part in making sure the environment stays clean for the safety of all in the facility

• A thorough cleaning must occur before a surface can be disinfected
  – **Cleaning**: removal of all visible and invisible soil
  – **Disinfection**: destruction of germs on a non-living surface
Contact/Wet Times

• The time required for a disinfectant to kill microorganisms on a *pre-cleaned* surface (clean area or item first)
• The disinfectant must remain wet long enough to achieve the claimed level of surface disinfection
• Follow manufacturer’s guidelines for achieving the appropriate contact/wet time
• Perform hand hygiene after cleaning a surface
INJECTION AND SHARPS SAFETY
Safe Sharps Disposal = No Spread of Infection

- Bloodborne infections can be prevented with proper injection safety and proper sharps disposal
- If you are stuck by a used needle, report it per facility policy
- If you see a used syringe, dispose of it safely
  - Be mindful of the environment
  - Drop item in sharp part first
- If you see a sharps container filled pass the marked line, or a needle sticking out, act immediately and report it to charge nurse or person in charge of disposal
- Perform hand hygiene after disposing of needles and changing sharps containers

CDC Sharps Safety for Healthcare Settings
(www.cdc.gov/sharpsafety/tools.html)
PERSONAL PROTECTIVE EQUIPMENT (PPE)
Use Appropriate PPE

PPE includes:

- Gown
- Facemask/Respirator
- Gloves
- Face shield/Goggles

• Determine PPE based on the resident care you will be performing
  – Consider: potential for exposure to blood, body fluids or other infectious material
PPE and Hand Hygiene

**DOs**
- Do hand hygiene before donning PPE
- Do hand hygiene after doffing PPE
- Do hand hygiene after every removal of gloves

**DON'Ts**
- Do not wash or reuse gloves
- Do not double glove or double gown
RESPIRATORY HYGIENE AND COUGH ETIQUETTE
Respiratory Hygiene

- Infection prevention practices to reduce the spread of respiratory pathogens spread by droplet and airborne transmission.
  - **Cover your mouth and nose** when sneezing or coughing
  - Use and properly throw away tissues
  - **Perform hand hygiene** every time you touch your nose, mouth, or face
Educate Residents, Visitors, and Staff

- Teach your residents and visitors to maintain proper respiratory hygiene and cough etiquette
- Wash your hands with soap and water or use ABHR
- Sneezing and coughing can make others sick
Device Reprocessing

- Device reprocessing is a multi-step process that includes cleaning and disinfecting of a reusable medical device, such as:
  - Blood pressure cuffs
  - Thermometers and other point-of-care devices
  - Walkers
- Maintain separation between clean and soiled devices to prevent the spread of infection
Hand Hygiene and Reusable Devices

Using Devices
1. Hand Hygiene
2. Use Device
3. Hand Hygiene

Cleaning and Disinfecting Devices
1. Hand Hygiene
2. Clean Device
3. Disinfect Device
4. Hand Hygiene
Summary

• Standard precautions should be used at all times, in all healthcare settings
• Hand hygiene for at least 20 seconds plays a vital role in every element of Standard precautions to prevent the spread of infection
• Using proper PPE can protect you from spreading infections to your residents
• Follow listed wet/contact times for cleaning and disinfecting surfaces and medical equipment
Resources

1. California Department of Public Health Healthcare-Associated Infections Program
   (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAIProgramHome.aspx)
2. Centers for Disease Control and Prevention, Project Firstline
   (www.cdc.gov/infectioncontrol/projectfirstline/index.html)
3. Centers for Disease Control and Prevention, Hand Hygiene
   (www.cdc.gov/handhygiene/index.html)
4. Centers for Disease Control and Prevention, Clean Hands Video
   (www.youtube.com/watch?v=xmYMUIy7qiE)
5. WHO Your 5 Moments for Hand Hygiene
   (www.who.int/gpsc/tools/Five_moments/en/)
Next Steps

- Complete the Learning Needs Assessment (by July 23)
- Fill out the post-training evaluation
- Join us for Office Hours Friday, July 16, 9-10AM (See confirmation email for meeting link)
- Save the dates for August training sessions: “Who? What? Wear?: Personal Protective Equipment in Skilled Nursing Facilities” (August 14-20)
- Visit Project Firstline website
  (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx)
Questions?
For more information, contact
ProjectFirstline@cdph.ca.gov