

Frequently Asked Questions about...

Standard Precautions (for care providers)

Q. What are standard precautions?

A. "Standard precautions" are a set of basic steps care providers use to protect their residents and themselves from infection. These basic steps include:

- 1) practicing appropriate **hand hygiene** before and after contact with a resident, after contact with the surfaces or objects around the resident, and after removing gloves (if used)
- 2) wearing **disposable gloves** when the care provider may have contact with blood, feces, urine, or any other body fluids
- 3) wearing a **gown** to prevent contamination of the provider's clothing with blood or body fluids
- 4) using a **face mask, face shield, and/or goggles** if splashing of blood or body fluids might occur
- 5) **cleaning of care equipment** between residents

Additional components that should be considered include: care of the environmental, handling of linens and waste, sharps injury prevention, use of protective equipment during resuscitation, resident placement, safe injection practices, respiratory hygiene/cough etiquette, and use of a mask during special lumbar puncture procedures. For further guidance on these components, use CDC's 2007 Guideline for Isolation Precautions.

Q. When do I use standard precautions?

A. Standard precautions should be used for all hands-on resident care activities, and for cleaning or other activities in the resident's room where the worker might have contact with blood or body fluids.

Q. What is included in hand hygiene?

A. Hand hygiene refers to the use of soap and water **or** an alcohol-based hand rub to remove bacteria and viruses from the hands so they cannot be transmitted to anyone else.

Soap and water should be used when the hands are visibly soiled. Alcohol-based hand rubs can be used when the hands are not visibly soiled and when appropriate for the specific organism.

Hand wash sinks should be located in the resident's room or nearby so hand washing can be done right away after leaving the resident. Anti-microbial soap or plain soap can be used. Liquid soap from a dispenser is better than bar soap. If bar soap is used, it should be placed where it can dry out between uses. Single use paper towels or warm air should be used to dry hands. Reusable cloth towels should not be used.

Q. When should I wear gloves?

A. Gloves should be worn when touching or coming into contact with blood, saliva, mucus, wound drainage, feces, urine, or any other body fluids. Gloves should also be worn when cleaning possibly contaminated environmental surfaces (e.g., bedside furniture or bathrooms).

Q. What else do I need to know about gloves?

A. Gloves should be clean, but do not have to be sterile and can be made of vinyl, nitrile, or latex. The gloves should be applied just before touching the resident, and should be discarded immediately after use, before touching any clean supplies or equipment. Gloves should always be changed between residents and changed right away if they become visibly soiled, torn, or punctured.

Q. When do I need to wear a gown?

A. Gowns should be worn whenever resident care activities might result in soiling of the provider's clothing or uniform with blood, body fluids, or other contaminated materials. Gowns should be worn with the opening in back and the ties tied.

Q. What else do I need to know about gowns?

A. Gowns should be clean, but do not need to be sterile. They should be fluid resistant, so contaminated materials cannot soak through the gown and onto the clothing underneath. Gowns should be donned (put on) just before use and removed as soon as the activity is completed. Reusable gowns should be collected for laundering in accordance with facility policy. Disposable gowns should be disposed of properly.

Q. When do I need to wear a mask, face shield, or eye protection?

A. Masks and face shields or eye protection should be worn whenever a resident care activity might result in blood, saliva, mucus, wound drainage, feces, urine, or any other body fluids being splashed on the face.

Q. What else do I need to know about masks, face shields, and eye protection?

A. In standard precautions, masks refer to surgical masks. The surgical mask protects the mouth and nose from splashed materials. The surgical mask should be worn with eye protection to avoid splashes of infected material into the eyes.

Goggles help protect the eyes from spatters. The goggles should fit snugly over and around the eyes or over prescription eyeglasses. Standard eyeglasses do not provide adequate eye protection.

Face shields cover the eyes, nose, mouth, and skin of the face. If you wear a face shield, you may not need a mask.

Q. If I am going to wear some combination of gloves, gown, and mask/face shield/eye protection, what order should I put them on and remove them?

A. Instructions for putting on and removing gloves, gown and mask are available in the form of a poster. The poster is included in this toolkit. Copies of the poster should be posted somewhere in your facility. If you want to view a video or slide presentation on the use of personal protective equipment, you can download it from the CDC website, at: <http://www.cdc.gov/HAI/prevent/ppe.html>.

Q. How should I dispose of used materials?

A. Your facility should have policies and procedures for handling of soiled laundry (such as bed linens and gowns), routine trash, and medical waste. Signs should be posted in the utility room as a reminder of how to handle linens and waste.

Q. How should reusable gowns and equipment be cleaned?

A. In general, reusable gowns and linens should be transported to the laundry in bags or containers with minimal handling, and sorted and transferred to the washing machine using gloves and an apron or cover gown to prevent soiling of the worker's hands and clothing.

Disposable equipment should not be reused.

Manufacturers usually provide instructions for cleaning reusable equipment. Your facility manager should provide instructions and appropriate supplies for cleaning equipment.