

Standard Precautions are measures intended to protect you (Direct Support Person/FamilyHome Provider/Respite Provider) and others from exposure to infectious agents such as the flu, common colds, or other bacteria, viruses etc. such as Hepatitis (A, B, C), HIV, etc. Infections can spread whether or not you know if a person is a carrier of an infectious substance or not. It is your responsibility to follow the precautions outlined in this document.

Your use of precautions is determined by the risk of encountering a bodily substance. Transmission of infections can be passed through coughs, sneezes or bodily substances through direct or indirect contact with the person.

These infection control precautions are to be followed for the care of all persons at all times.

The principals for Standard Precautions are:

- a) **Identify the task, support or procedure** you will be performing;
- b) **Identify the bodily substance** you might be in contact with (i.e. saliva, fecal matter, blood, etc.);
- c) **Determine the protection needed** specific to the person supported, or the supporting person, such as barriers (i.e. gloves, masks), etc.;

Best Practice Procedures for Infection Control

1. **Hand Washing (The single most important infection control practice.)**

The preferred and most effective practice is to wash hands with soap and water for 20 seconds **before and after providing care**. If running water is not available, clean hands with a damp towelette and scrub hands with about 5 ml of alcohol based hand sanitizer. Wash hands as soon as you have access to proper hand washing equipment. Hands must be washed immediately if:

- They may have been in contact with bodily substances. In many cases, good hand washing is adequate when there are no open cuts/sores.
- They are visibly soiled, after contact with your own or another's body fluids
- After touching contaminated objects
- Before preparing/eating or feeding someone food
- Before and after putting on gloves.

2. **Disposable Gloves**

"Gloves must be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin [open cuts/sores], tissue, blood, body fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the above and when giving first aid. Gloves are not required for routine health care activities in which contact is limited to intact skin of the person supported (e.g., taking blood pressure, bathing and dressing the person, assistance with eating. Compliance with hand hygiene should always be the first consideration."** The most important aspect of using gloves is to maintain an intact barrier. Gloves must be changed and discarded after contact with the person and when cleaning up surfaces. Hand washing/sanitizing must be performed before and after using the gloves. Put on gloves just before the task and remove them immediately upon completion. Remove gloves properly. It is the responsibility of the individual supported/family to provide gloves.

**https://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf

3. Other Protective Barriers as Necessary

Wear other protective barriers as necessary to reduce the risk of exposure to potentially infective body fluids on broken skin or mucous membranes. Always wear a protective barrier when there will be contact with blood and body fluids. If you have cuts or open sores on your skin, cover with a plastic bandage. If performing emergency mouth to mouth resuscitation, use a mouth shield if available even though the risk of infection remains extremely low. In certain circumstances (i.e. supporting someone in a hospital, etc.) the following personal protective barriers might be required:

Masks/Protective Eye Wear/Clothing are primarily intended for working in high risk environments. Wear protective eye glasses and/or masks during procedures where there is droplets, aerosols or splashes of blood or body fluids which may contact mucous membranes of eyes nose or mouth. Wear a gown or apron when skin or clothing are likely to be soiled.

4. Reporting Exposure

Report direct exposure of blood on any open skin or in mucous membranes of eyes or mouth to your doctor if the risk is high (i.e. after a needle stick.) Advise your Coordinator or supervisor as well to determine what follow up is needed.

5. Clean Contaminated Surfaces

Immediately wipe up spills of potentially infected material with paper towels and dispose carefully. Wash area with hot water and household cleaner. Rinse. Apply a fresh solution of 1 part bleach to 9 parts water to the area. Leave solution on for 10 minutes and wipe up. (Include contaminated counters, sinks, bathtubs, etc.)

6. Dispose of Contaminated Articles

Dispose of soiled articles in plastic bags tied at the top. Double bag if leaking. Handle soiled laundry as little as possible and place in separate bag. Launder separately. Rinse in cold water, then machine wash in hot water and detergent. Sharps (including needles) must be handled with caution. Wear gloves; dispose in a puncture resistant container with lid. Drop container at designated pharmacies. Always wear gloves when handling soiled laundry and wash hands after removing gloves.