



SAN MATEO COUNTY HEALTH SYSTEM

General Infection Control Measures in Residential Facilities

General prevention measures apply to everyone associated with a non-medical, residential facility. These measures are not specific to any disease, and should be incorporated into daily activities and processes as frequently as possible. The basic infection prevention measures include:

- Performing hand hygiene regularly
- Maintaining good personal hygiene
- Avoid sharing of eating utensils, personal hygiene products, cigarettes
- Keeping immunizations current
- Practicing respiratory hygiene
- Practicing safe food preparation and handling techniques

Hand Hygiene

Hand hygiene is the most important means of preventing the spread of infection. Hand hygiene consists of using soap, water, friction and rinsing for a minimum of 15-20 seconds, OR using alcohol-based hand sanitizers. Hand washing with soap and water should be used if the hands are visibly soiled. Hand hygiene should be used:

- At the beginning of all work shifts, for all job descriptions
- Before providing care to any residents, and as needed during the care of residents
- Before and after handling food
- Before and after eating food
- Before and after all toileting activities
- Before and after smoking
- After sneezing and wiping the nose
- After contact with all body fluids
- After handling any soiled items or equipment
- After removing gloves

Personal Protective Equipment

Personal protective equipment (PPE) such as gloves, face protection, gowns, and masks may also be used by staff in the facility. Gloves are used to provide a protective barrier that reduces or prevents contamination of the hands when performing tasks that could result in contamination of the hands; or, to reduce the likelihood that microorganisms present on the hands of staff members will be transmitted to clients during patient-care procedures that involve contact with a client's mucous membranes

or non-intact skin. Wearing gloves does NOT replace hand hygiene, as gloves may have small, undetectable defects, or may be torn during use-. Hands may also be contaminated during removal of gloves - thus, then need for hand hygiene after glove removal.

Face protection, which includes masks and eye protection, should be use whenever splashing of body fluids to the eyes, nose and mouth of personnel is anticipated. Masks are for single use, and should not be lowered around the neck and then reused. After use, they should to be disposed of in a trash container. Eye protection that is reusable, such as transparent glasses, should be cleaned thoroughly if soiled with body fluids or substances.

While gowns are not required for most client care activities, they should be worn when necessary to prevent contamination or soiling of clothing when providing care for clients. Gowns should be worn only once, and then discarded appropriately. Personal clothing soiled with visible body substances should be laundered at the workplace, and not taken home to be laundered. Shoe covers may also be worn when a large amount of soiling is anticipated.

Care of Residents

Appropriate resident placement is a significant component of infection control. In addition to placement of residents based on confirmation of an infectious disease, residents should be placed in a private room for the following conditions:

- The client has compromised hygiene issues, such as inability to maintain appropriate respiratory or excretory hygiene.
- The client regularly contaminates the overall room environment with body substances; and/or
- The client shares contaminated items with others.

If a resident with a communicable disease needs to be transported to another facility, a hospital, or any other location, staff and residents should use appropriate barrier protection, such as masks and gloves. Receiving facilities should be notified of the type of infection and of recommended precautions.

Care of the Environment

In general, cleaning products should be selected based on their effectiveness, safety and cost. Always follow the label instructions for use, preparation, application and re-use. Surfaces should first be cleaned (with a detergent, to remove visible soil), then sanitized for maximum effect. Personal protective equipment such as gloves, goggles or glasses, gowns, and footwear should be readily available for all cleaning activities.

Cleaning should proceed from least to most soiled, and areas to be cleaned should proceed from least infectious to most infectious. Spills of body fluids or wastes should first be cleaned with detergent, and then disinfected with an appropriate product.

All waste that contains moist body fluids and excretions (blood, urine, vomitus, and diarrhea) should be considered potentially infectious. This type of waste should be discarded into a plastic bag, sealed and then discarded appropriately. This procedure should also be used for disposable medical supplies.

Reusable care equipment such as stethoscopes, electronic thermometers, and sphygmomanometer cuffs should be cleaned with an approved disinfectant in between clients.

Linen that is soiled should be considered potentially infectious and should be placed in a leak-resistant bag, then transported to the facility laundry. Personal protective equipment should be made available for use in handling or sorting laundry that is soiled with body wastes or fluids. Linen may be laundered according to regular laundering guidelines, ideally washed and dried on the hottest settings. Laundry appliances should be cleaned when visibly soiled.

Except as recommended for specific disease outbreaks, disposable dishes, glasses and utensils are not required for individuals with infectious diseases, as detergents and hot water settings typically used in industrial kitchens is sufficient to decontaminate these items. Disposable items may be indicated if a client visibly contaminates the dishes, utensils and/or tray with blood, drainage, or secretions.

Suggested frequency of cleaning and disinfection of items and areas in the facility is listed in the table below:

<u>Type of Soiling</u>	<u>Frequency of Cleaning</u>
Spills	Immediately
Food preparation surfaces	After each use
Kitchen, bathrooms, group rooms	Daily and as necessary
Resident rooms, offices, large objects	Weekly or as needed
Mattresses, pillows, bed frames, furniture	In between occupants
Furniture in group rooms, walls, carpets	Monthly, or as needed
Reusable items	After each use

Books, magazines, toys, and recreational objects (bingo cards, etc.) should also be disinfected on a regular basis. Use of an approved, non-corrosive disinfectant is recommended. Washable items that are visible soiled should be thoroughly cleaned with soap and water, and non-washable items should probably be discarded in a plastic bag.

All visitors should be instructed to perform hand hygiene upon entrance to and exit from the facility, whether or not there is an infectious disease incident occurring at the facility. Visitors should also be instructed in the use of other protective items if there is risk of contact with moist body substances. Ill persons should NOT visit clients.

Thorough, terminal cleaning may be indicated periodically. Terminal cleaning involves a standardized, comprehensive cleaning and moist disinfectant wipe down of all rooms in the facility, including all items in rooms, such as beds, bedrail, carts, commodes, tables, equipment, surfaces, doorknobs, faucet handles, telephones, and computer stations. This type of cleaning usually ensures that organisms which can survive on inanimate objects are removed.

Food Handling Recommendations

Perform hand hygiene often and always before handling food, and after handling raw foods, soiled utensils or equipment, and garbage. Food handlers should not smoke while preparing or serving food; persons with sores or cuts on their hands, or active respiratory or gastrointestinal illness should not prepare food. Persons preparing food should avoid touching their mouth or nose. Utensils, counter tops and cutting boards should be sanitized after each use (unscented, 1:100 dilution chlorine bleach may be used).

References:

Infection control guidelines for community shelters and group homes (2005). Manitoba Communicable Disease Control.

Investigation of acute viral gastroenteritis outbreaks in residential facilities (2004). California Department of Health Services, Division of Communicable Disease Control.

Infection control in the community. Lawrence, D, & May, D. 2003, Edinborough, Churchill Livingstone.