
Infection Control Guidelines for Small Option Homes & Residential Care Facilities

Developed by:
Approved by:

Partners for Infection Control
Nova Scotia Department of Health

Approval date:

May 2003

Table of Contents:

Introduction	1
Standard Precautions	2
Hand-Washing	7
Antimicrobial Resistant Organisms	9
Clostridium Difficile	12
Scabies	15

Introduction:

Prevention and control of infection is every one's responsibility. When people are living in a group setting, it is important to pay attention to the prevention of infection and to control the spread of disease.

These guidelines are developed to help the owner/operators and staff of residential care facilities and Community Based Option Homes to learn basic information about prevention and control of some common infections. In addition, information about hand washing and standard precautions are provided. Proper hand washing as well as following standard precautions are two important ways to prevent the spread of infection.

These guidelines provide the basic information required to handle certain situations. For additional information contact your nearest Public Health Services office, or the Long Term Care Advisor for your area at the Department of Health. You may also contact the Field Assessment Officer, Department of Community Services, for further clarification. Please see appendix at the end of this guideline for contact information.

Standard Precaution Guidelines

STANDARD PRECAUTION GUIDELINES IN SMALL OPTION HOMES &

RESIDENTIAL CARE FACILITIES

PURPOSE.

These guidelines are designed to provide protection for all residents, employees, volunteers and visitors who may be at risk of exposure to infectious diseases.

The importance of careful and frequent hand washing is essential. **Hand washing is the single most effective way to prevent the spread of infection.**

Residents, employees, volunteers or visitors may unknowingly carry an infectious disease. A person appearing healthy can carry and spread the germs without having any symptoms.

Terms marked with a star * will be defined in the glossary, found at the end of these guidelines

HAND WASHING

Hand washing is the key to infection prevention and must be done by staff, visitors, volunteers and residents. Hands should be washed for 20 seconds covering all surfaces of the hands including wrists.

Wash hands:

- **Before you** eat, drink, handle food, put on make up, or put on gloves.
- **After you** eat, go to the bathroom, handle uncooked meats, cough/sneeze, and after taking off gloves.
- **Immediately after** you touch body fluids or soiled items (clothing, soiled linen etc.) whether you are wearing gloves or not. **Gloves do not replace hand washing.**

GLOVES

Disposable gloves should be worn when touching body fluids and items soiled with these fluids. Gloves should be removed immediately after use and the hands should be washed.

DIETARY

The use of disposable dishes is usually not required to prevent the spread of infection. Hand washing is essential. Follow hand washing guidelines for food preparations.

GOOD HYGIENE

Good hygiene is required to maintain health and minimize the risk of infection. This includes personal grooming e.g. showering/bathing, hand care, nail care, and frequent hand washing.

GENERAL HOUSEKEEPING AND CLEANING

Routine housekeeping is sufficient. A disinfectant product generally found at grocery stores is recommended for all cleaning.

Routine cleaning procedures are sufficient for bathrooms. It is essential that visible body fluids are cleaned and the area disinfected. Frequently handled areas such as door knobs and hand rails should be cleaned and disinfected as a part of routine housekeeping procedures.

If yellow reusable heavy-duty utility gloves are worn for cleaning, they should be cleaned with soap and water and disinfected between uses. Hand washing must be done when gloves are removed.

Do not over fill garbage bags and do not push garbage down in the bag with your hands.

LINEN

Wear gloves when handling linen soiled with blood or body fluids. Linen should be held away from your clothing to prevent soiling and should be placed in a separate laundry basket or hamper. It should not be thrown on the floor. Wash linen soiled with blood and/or body fluids separately from other clothes.

Wash your hands after handling soiled linen and before handling clean linen.

NEEDLES, SYRINGES AND ALL DISPOSABLE SHARPS

Needles, syringes and all disposable* sharps should be handled with care to prevent accidental needle stick injuries. Needles and other disposable sharps are to be discarded immediately after use into a puncture-proof container specifically designed for disposal of sharps.

Do Not:

- Bend, break, or otherwise manipulate used needles by hand
- Recap used needles.
- Over fill sharps containers.

Should a needle stick injury occur first aid must be given immediately .

- Allow needle stick to bleed freely and wash thoroughly with plenty of soap and water or alcohol.
- Flush the area thoroughly with plenty of running water.
- Dress the wound.

Any needle stick injury must be reported immediately to the supervisor. You should be

urgently assessed by your local Emergency Department or by your doctor.

SPILLS OF AN INFECTIOUS* NATURE

Blood and Body Fluid spills should be cleaned and disinfected with the following equipment: disposable gloves, plastic garbage bag, paper towel, disinfectant (preferably one part bleach, 9 parts water)

Procedure:

- Wear gloves
- Wipe up as much as possible with paper towels and dispose in plastic bag.
- Cover area with paper towel and soak with disinfectant (1 part bleach, 9 parts water) for 10 minutes.
- Remove paper towel and dispose in plastic bag.
- Remove gloves and wash hands.
- If floor is wet, put wet floor sign.

GLOSSARY:

Disposable	Not for reuse. To be disposed of following a single use.
Infectious	Germs can be spread from person to person.
Non - disposable	For reuse.

GUIDELINES FOR HAND WASHING IN SMALL OPTION HOMES & RESIDENTIAL CARE FACILITIES

HAND WASHING GUIDELINES IN SMALL OPTION HOMES & RESIDENTIAL CARE FACILITIES

Hand washing is the most effective way of preventing the spread of germs from the hands of care givers to residents.

Procedure:

1. It is preferable to either not wear jewelry at work or wear only a wedding band. If you are wearing jewelry, it should be removed before washing your hands.
2. Prepare paper towel/towel.
3. Roll or push sleeves up to the elbows.
4. Turn water on, adjusting the temperature for comfort. Avoid splashing.
5. Wet hands and wrists while holding them downward. Apply soap and wash all surfaces of the hands including between the fingers, the wrists, and the finger tips. Rub firmly to loosen bacteria and dirt.
6. Wash hands for 20 seconds using friction over all the surfaces of hands.
7. Rinse hands under continuous running water.
8. Dry hands well with paper towels/towel.
9. Turn the tap off using paper towel.

Frequency:

Wash hands:

1. Before beginning work.
2. Before and after direct contact with a resident.
3. Before and after breaks.
4. Before and after using the washroom.
5. Before wearing and after removing gloves.
6. Other times as indicated during care.

GUIDELINES FOR THE MANAGEMENT OF ANTIMICROBIAL RESISTANT ORGANISMS (ARO) IN SMALL OPTION HOMES & RESIDENTIAL CARE FACILITIES

**GUIDELINES FOR THE MANAGEMENT OF ANTIMICROBIAL
RESISTANT ORGANISMS (ARO) IN SMALL OPTION HOMES &
RESIDENTIAL CARE FACILITIES**

What Are AROs?

ARO's are bacteria, viruses and fungi that have become resistant to commonly used treatment drugs.

What Causes Antibiotic Resistance?

Resistance to antibiotics is not a new concern. Resistance is a natural development which happens in response to frequent or too much antibiotic use.

In the last 10-15 years, it has become clear that resistance to antibiotics is happening more frequently. It is now a world wide problem and a serious threat to the treatment of infections.

Some of the reasons for the resistance problem are: the improper use of antibiotics by the public and health professionals; the use of antibiotics in the production of food and the spread of resistant strains in hospitals.

What Are Well Known AROs?

The most well known ones are:

Methicillin Resistant Staphylococcus Aureus (MRSA)

Staphylococcus aureus is a bacteria that lives on human skin and mucous membranes (30%-80% of humans can have *Staphylococcus aureus* in their nose at any given time). *Staphylococcus aureus* is a common cause of infection in hospitalized patients. It was the first bacteria to develop resistance to penicillin. Today MRSA is resistant to most antibiotics except vancomycin.

Vancomycin Resistant Entrococci (VRE)

Entrococci are bacteria commonly found in human intestines. When this bacteria becomes resistant to the antibiotic called vancomycin, it is called VRE. It is estimated that about 20% of infections caused by *Entrococci* can not be treated with vancomycin. For some infections there may not be an effective treatment.

How can I help prevent the spread of AROs?

- ▶ Wash your hands well and often. Hand washing is the single most effective way to prevent the spread of infection.
- ▶ Follow your doctor's or pharmacist's instructions when taking antibiotics. Continue to take your antibiotics until they are finished.

What Should I Know About Caring for Someone with an ARO?

- ▶ **Hand washing is the single most effective way to prevent the spread of infection. Hands must be washed before and after glove use and after contact with body fluids.**
- ▶ Continue to provide care to the resident in the usual manner.

- ▶ Resident can stay in their room. If you have more than one resident with the same ARO, you can put both of them in the same room.
- ▶ ~~It is not necessary to wear gowns and mask while providing care. Check with your local Public Health Services if you need to take any special precautions.~~
- ▶ Residents may continue to eat in the dining room using regular dishes, cutlery, etc.
- ▶ Clothing, linens and dishes may be washed in the usual manner.
- ▶ Residents may use shared bathroom facilities. As usual, the tub should be washed between residents.
- ▶ Residents may participate in regular activities of the home. Outings should not be restricted.
- ▶ It is important to inform ambulance staff and the hospital about the resident's ARO status prior to transfer/appointment.
- ▶ Residents may have visitors as usual. Encourage visitors to wash hands after each visit.

GUIDELINES FOR THE

**MANAGEMENT OF
CLOSTRIDIUM DIFFICILE (C.
DIFFICILE) IN SMALL OPTION
HOMES & RESIDENTIAL CARE
FACILITIES**

**GUIDELINES FOR THE MANAGEMENT OF CLOSTRIDIUM DIFFICILE
(C. DIFFICILE) IN SMALL OPTION HOMES & RESIDENTIAL CARE
FACILITIES**

What is C. difficile?

Clostridium difficile is a bacteria that produces toxins that can cause diarrhea. Three percent (3%) of healthy adults may carry the bacteria without becoming sick.

How is C. difficile spread?

C. difficile can spread on the hands of direct care givers, therefore hand washing is the best method to protect yourself and your clients. This bacteria can also be spread through contact with contaminated surfaces. Use 1 part bleach to 9 parts water to clean contaminated areas. Leave on the surface for 2 minutes. Throw out bleach solution if not used within 24 hours. As with other cleaning, have good ventilation.

How is C. difficile treated?

Resident should be seen by a doctor who may prescribe a medication.

Is C. difficile some sort of “super bug”?

No. C. difficile is a bacteria that responds to specific treatment prescribed by the doctor. Hand washing is the **most** effective way to prevent the spread of infection.

Who is at Risk for C. difficile?

Those who may be at a greater risk for C.difficile are:

- people who on are antibiotics for a long time.
- people who have chronic bowel problems.
- older people with a weak immune system.

How should Laundry be Washed?

Wear gloves if handling soiled linens. Wash all soiled linens or clothing in warm cycle separately. Machine wash clothing, linens and towels as usual and dry in the dryer.

How can I prevent the spread of infection?

- Hand washing is the best method to protect yourself and your residents.
- Follow standard precautions.
- Educate staff.

What should I know about caring for someone with C. difficile?

- Continue to provide care to the resident in the usual manner.
- The resident can remain in his/her room. A private room is not necessary.
- It is not necessary to wear a gown and mask while providing care.
- The resident may continue to eat in the dining room.
- Dishes may be washed as usual in the home.
- Residents may use shared bathroom facilities. The tub should be washed between residents as is the usual practice.
- Residents may participate in all regular activities of the home. Outings should not be restricted.
- Residents may have visitors as usual. Encourage visitors to wash hands after each visit.

GUIDELINES FOR THE

MANAGEMENT OF SCABIES IN SMALL OPTION HOMES & RESIDENTIAL CARE FACILITIES

**GUIDELINES FOR THE MANAGEMENT OF SCABIES IN SMALL
OPTION HOMES & RESIDENTIAL CARE FACILITIES**

What is Scabies?

Scabies or the “itch” is a contagious skin infection caused by a mite. The mite burrows under the skin, laying its eggs. Fine red lines, red bumps or a red rash may be found on the fingers, wrists, arms, genitals or thighs.

How is Scabies spread?

Scabies is spread through direct skin-to-skin contact with an infected person. It may also be spread by sharing articles of clothing, bedding, towels and stuffed toys with an infected person.

What are the symptoms?

Severe itching especially at night in areas where the red bumps, red lines or rash may be present. Especially in the elderly, scabies may be mistaken for other skin conditions.

How is it treated?

The recommended treatment is a cream or lotion containing 5% permethrin, for example NIX. The cream or lotion is applied to the entire body, from the neck down paying special attention to skin folds and left on for 8-12 hours. The lotion or cream should then be washed off the skin. The nails of the infected person should be trimmed short and the lotion or cream should be applied under the nails with a soft toothbrush or nail brush.

Treatment can be repeated 7-10 days after the first treatment but only if **new** red bumps, red lines or rash appear. Itching may be present for up to 6 weeks following the treatment. This does not mean that a new infection has occurred. If itching continues, a doctor can order a cream or lotion to ease the itching.

Gloves should be worn by care givers when applying the 5% permethrin lotion or cream to the infected person.

Who is at risk?

Anyone who has had **direct** skin-to-skin contact with an infected individual or who has shared clothing, towels or stuffed toys with an infected individual. This may include household members, sexual partner(s) and close friends.

How should laundry be washed?

All clothing, linen, towels and stuffed toys used within 2 days before treatment should be machine washed separately in hot water and dried on the hot cycle for 20 minutes.

What preventative measures should I take?

- As with all types of care, wash hands before and after giving care to any individual. Hand washing is the best way to prevent a scabies infection.
- Avoid direct skin-to-skin contact or sharing personal belongings with those infected with scabies or suspected of having scabies.
- Wear gloves when giving personal care to an infected person.

Appendix 1

Department of Community Services - Community Supports for Adults - Field Assessment

Office Contacts:

Northern Region

Field Assessment Officer
New Glasgow, NS
755-7075

Central Region

Field Assessment Officer
Halifax, NS
424-7528 or 424-4562

Western Region

Field Assessment Officer
Kentville, NS
679-6244

Eastern Region

Field Assessment Officer
Sydney, NS
563-3664

Department of Health Contact Information:

Long Term Care Advisors:

424-5639 (your call will be directed to the appropriate Advisor)

Public Health Services: please refer to the blue pages of the phone book for the nearest office