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FRASER HEALTH MHSU
LESS THAN 15 BEDS
OUTBREAK TOOLKIT
FOR
PREVENTION AND CONTROL OF
Respiratory and Gastrointestinal
Illnesses

APRIL 2018

Adapted from the Fraser Health Assisted Living Prevention and Control of Infectious Diseases Toolkit.

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Purpose of Toolkit

The purpose of this TOOLKIT is to guide the Mental Health and Substance Use (MHSU) Provider with less than 15 beds to manage resident/clients who are experiencing an outbreak related to Respiratory and Gastrointestinal illness.

Overview of the Toolkit

- This toolkit provides posters, tracking forms, checklists and job-specific measures related to an outbreak due to Viral Respiratory or Gastrointestinal Illness
- For printing Toolkit Materials, please use the ***Quick Reference Guide***
- The toolkit should be readily available for staff and contracted third party service providers.

Section 1

Policies Procedures and Education for Preventing Infections and Spread of Infections

Client education and orientation

- MHSU Providers should encourage and educate clients to inform staff of GI and RI symptoms or if their physician has indicated a potential infectious disease that may put other clients or staff at risk.
- Close interaction with other people, as in communal living settings, increases the risk of spread of infections.
- Clients should be encouraged to be up-to-date with recommended immunizations, including immunization against influenza each year and the pneumococcal vaccine.

Staff education and orientation

MHSU Providers and Contractors/Sub-contractors should ensure that they provide orientation and education to all new staff. Orientation sessions should include the following infection prevention and control topics:

1. Changes in the usual medical condition of a client must be reported;
2. Checking on clients more frequently when they are ill;
3. Reporting situations appropriately when there is more than one client with similar new symptoms (perhaps indicating a cluster of infections); "*who to tell what and when*".
4. Recognizing the importance of staff, client and visitor hand hygiene;
5. Routine infection prevention and control practices including appropriate use of personal protective equipment (PPE) and the correct technique for donning and doffing PPE;
6. Understanding the reasons why good cleaning and disinfection is an important way to prevent infections and what products are required.
7. Following the Fraser Health Influenza Control Policy requirements for vaccinations including yearly influenza immunization and the pneumococcal vaccine as required.

<http://www.fraserhealth.ca/professionals/resources/influenza/influenza-policy>

8. Acknowledging that staff should not come to work when they know or suspect that they are ill.

Education about Hand Hygiene

Clients, staff and visitors who perform frequent hand hygiene by washing with soap and water or using Alcohol Based Hand Rub (ABHR) are less likely to become ill. The Toolkit contains posters that may be used, especially in communal washrooms or lounges, to remind staff of the value of hand hygiene. Link to the hand hygiene education module:

<https://ccrs.vch.ca/catalog.aspx?cid=2424>

Section 2

Being Prepared

Early recognition of infectious illness in an MHSU residence is generally beneficial in minimizing its impact on residents, visitors, staff and other service providers.

Registrants must have written policies and procedures for staff to understand the importance of recognizing an outbreak affecting residents and/or staff. Staff is expected to keep a watchful eye over residents and, if aware of one or more cases of infectious disease among residents and/or staff, follow written policies and procedures and consult with the MHSU Infection Prevention and Control Specialist as needed.

Don't wait until an outbreak is upon you. Being prepared is your best defence. It is recommended that you begin to prepare in August or early September.

It is recommended that each MHSU Residence have a **'Response Team'** as part of a **preparedness plan**. A Response Team can make a difference in the timeliness, appropriateness, ease and effectiveness of response to an outbreak, in particular, **respiratory and gastrointestinal illness in more than a few staff and/or clients**.

The Response Team does not need to be large, but should include the MHSU Provider Manager (or other appropriate Leader) and at least 2 or 3 others that are able to represent client care, food services, housekeeping and laundry.

To create a preparedness plan, it is suggested that the Response Team use the [CHECKLIST for MHSU Residences when there is an outbreak due to Respiratory Illness](#) (section 3), the [CHECKLIST for MHSU Residences when there is an outbreak due to Gastrointestinal](#) (see section 4) and the associated area/activity-specific measures, inventory of educational tools and supplies [including personal protective equipment (PPE)] and communication (including signage).

- It is crucial that there is a primary person responsible for coordinating the response to an outbreak and there is a clear reporting process.
- Staff members that work with clients on a daily basis need to be aware of the importance of telling their supervisor when changes in the usual health condition of clients occur.
- It is also important that they know that they must report if more than one client or staff has a similar new symptom.
- They need to be aware that ill clients will require additional time and care.
- The designated person should discuss concerns with the Client (or their family or spokesperson), and an appointment with the client's physician should be made as soon as possible, if indicated.

Example of Preparedness Plan

- Form Response Team (**see Contact List Template**)
- Identify roles and responsibilities of each member
- Outline communication/reporting structure (**see Algorithms for Respiratory Outbreak, Algorithm for Gastrointestinal Outbreak**)
- Prepare Illness tracking logs for use (**see Client Tracking Log, Staff Tracking Logs**)
- Prepare phone list of institutions/services you may need to communicate with (**see Contact List Template**)
- Review Precautions (Routine practice, Contact and Droplet-Contact and precautions with staff and post posters for each (**see Precautions Signage**)
- Review and provide work duty specific guides with all departments,
- Choose appropriate cleaning method and ensure sufficient stock. (**see Enhanced cleaning guidelines**)
- Check stock of any needed supplies, plan for regular inventory check, refresh, re-order as needed. (**see Supply List**) Personal protective equipment includes gloves, gowns, masks and eye protection.
- Prepare education sessions for clients including hand hygiene and respiratory etiquette, importance of reporting illness, and not visiting ill clients until they are well again.
- Post educational posters (i.e. hand hygiene)
- Prepare education for staff and volunteers
- Purchase and provide ABHR in common areas (if safe to do so)

Section 3

The Recognition and Management of Respiratory Illness, including Influenza

Influenza and other Seasonal Respiratory Illnesses causing predominately Serious Illness*

In this section, you will find a ‘Checklist for MHSU Residences when there is an outbreak due to Respiratory Illness’ to guide you in the management of respiratory illness.

- The definition of ‘ill’ is onset of **new or worse cough**. The cough is central to defining respiratory infections of concern. See [definitions for serious and mild RI](#) in the **Quick Reference Guide**. Other signs or symptoms such as sore throat, fever, joint or muscle achiness or extreme fatigue may also be present.
- **The definition of an outbreak is onset of illness in 2 or more clients and/or staff in the MHSU residence in a 7-day period.**
- An individual client is considered non-infectious when symptoms are completely resolved or 5 days after onset of illness, whichever is sooner. Maintain the client on droplet /contact precautions during infectious period and keep spatially separated from others to prevent spread.
- If clients throughout the residence are affected, the outbreak may be declared over with a return to normal conditions when a minimum of 8 days have lapsed from the last onset of illness in last resident case or 3 days after the last known staff case (whichever is longer).,

**This is not meant to be used for situations in which illness in clients is generally characterized by mild illness with common cold-like symptoms, though good hand and respiratory hygiene is always recommended.*

ALGORITHM FOR RESPIRATORY OUTBREAK CONTROL MEASURES FOR MHSU RESIDENTIAL LESS THAN 15 BEDS

Two or more people with new or worse cough
on a unit or area within a 7-day period
(Staff and/or Residents)

Additional Symptoms: Fever, Sore Throat, Joint/Muscle
Pain, Fatigue, Runny Nose

PUT CONTROL MEASURES IN PLACE FOR ILL RESIDENTS

(Refer to Checklist for Respiratory Illness)

- Initiate **DROPLET/CONTACT PRECAUTIONS** when caring for ill residents
- Using appropriate Personal Protective Equipment (gloves, gowns and masks)
- Initiate Tracking Log (Begin daily recording of incidents of ill residents and staff)
- Post Signage and Provide Educational Posters (see tools)
- Review Checklist for additional Control Measures

NOTIFY

CRESST

PC/Manager
Licensing
IPC Specialist
Other Support Services
Housekeeping and
Dietary

SHARP Sites

NIC/Manager of Care
SHARP Coordinator
Housing Manager/Director
Licensing
IPC Specialist (For Licensed Sites)
Other Support Services as needed

Unlicensed

NIC/Manager of Care
SHARP Coordinator
Housing Manager/Director
Other Support Services as needed

Always Remember:

Hand Hygiene & Respiratory Etiquette

**CHECKLIST for MHSU Residences when there is a
Outbreak* due to RESPIRATORY ILLNESS**
**SUSPECT OUTBREAK DEFINITION: 2 or more clients and/or staff with a
new or worse cough in the MHSU residence in a 7-day period**

A. How to start and assess response

- Activate your Response Team (in keeping with your [preparedness plan](#) call together your team to respond to the Outbreak-see [contact list template](#) as summarized in the following CHECKLIST
- Develop a plan of action and determine roles and responsibilities of each party

B. Who should be notified and When? – [See Algorithm for Respiratory Outbreak](#)

- MHSU Case Manager **when** cases first start to appear
- Any health care facility institution that may have admitted a client from you within the past 72 hours to advise them of illness in your residence
- Support Services –(i.e. housekeeping, volunteers, visitors, other interdisciplinary team members-)
- For CRESST and LICENSED SITES ONLY: Notify MHSU Infection Prevention and Control (IPC) Specialist during business hours (Monday to Friday from 0800-1600) and for additional support as needed. As there is no after-hours IPC support please use Outbreak Toolkit for guidance and inform IPC Specialist on next business day.
- For UNLICENSED SHARP SITES: There is no IPC Support during business hours, after-hours, during weekends and holidays, please use this Outbreak Toolkit for guidance.

C. What should be done for clients who are ill (symptomatic)?

- Maintain ill clients in their rooms on **droplet/contact precautions**. Ensure that **precautions** are used by workers/volunteers during contact with **ill** residents/clients (hand hygiene and the use of personal protective equipment such as procedure masks, gloves or gowns as deemed appropriate for the situation)—[See droplet /contact precautions poster](#).
- Remove personal protective equipment on leaving room of ill client and perform hand hygiene. [See how to remove PPE](#)
- Ensure hand hygiene is done after removing gloves
- Ensure hand hygiene is done between contact with different clients
- Arrange for meals to be brought to ill clients' rooms and for extra laundry and housekeeping services
- Consult with client's clinician to address medical concerns
- Check on clients more frequently
- Advise that ill clients not take part in social and recreational group activities

D. What resources/changes in practice are needed?

- Begin daily recording of incidents of [client illness](#) and [staff illness](#) on Illness Tracking Logs.
- Review and ensure that droplet/contact precautions are in place as indicated and signage appropriately posted
- Check stock of any needed supplies, plan for regular inventory check, refresh and re-order as needed
- Ensure routine cleaning, disinfection, laundry and waste management occur. Initiate enhanced cleaning – see [enhanced cleaning checklist](#).
- Post, review and implement recommendations contained in Work Duty specific with Staff and Contractors. [See Guides for Client Care, Housekeeping, Laundry](#)

E. What should be done for clients who remain well?

- Provide education about:
 - [Hand hygiene](#) and respiratory etiquette. [See related tools](#).
 - [Visitors and Family](#) should be made aware of the outbreak and visit only one client, perform hand hygiene and follow precaution signage
 - Self-reporting of symptoms to staff if clients become ill
- Ensure educational posters/signage in common areas (may include provision to individual rooms)
- Identify means for hand hygiene. Placement of [alcohol based hand rub](#) (ABHR) based on risk assessment.
- Ensure there are gowns, gloves ,mask and eye protection available-[see supply list](#)
- Advise new clients of prevention and control measures
- Offer and make available influenza vaccine for unimmunized clients – see [client influenza vaccination record](#)
- Clients sharing rooms with ill roommates should be educated and assisted to practice hand hygiene prior to leaving the room.
- [Soap and water](#) or [alcohol-based hand rub](#) are acceptable methods of hand hygiene to prevent spread of respiratory viruses.

F. What should be done for well workers/volunteers?

Remind about availability of influenza immunization. See Influenza Control Policy
<http://www.fraserhealth.ca/professionals/resources/influenza/influenza-policy>

- Provide educational posters in appropriate areas
- Provide ABHR in staff areas or personal size ABHR.
- Provide education about [hand hygiene](#) and [respiratory etiquette](#)
- Remind workers/volunteers to self- monitor for symptom development and stay at home and notify management **if** symptoms of respiratory illness develop

G. What should be done for workers/volunteers who are ill?

- Advise ill workers/volunteers (including contractors) to exclude themselves from work until symptoms are resolved **or** five days after onset of illness, whichever is sooner

H. What should be considered for workers who go into clients' rooms/work with well clients?

- Consider restriction on movement of workers from rooms or areas with respiratory illness to rooms or areas without respiratory illness
- As per [routine practice](#), provide gowns and gloves, masks and/or eye protection for workers when hands or clothing come in contact with blood or other body fluids
- Ensure hand hygiene is done after removing gloves
- Ensure hand hygiene is done between contact with different clients

I. What should be considered about group activities/functions/services (for example, movies, parties, trips, hairdresser visits, exercise room use, etc.)?

- Advise that ill clients not take part in social and recreational group activities until symptoms are resolved **or** five days after onset of illness, whichever is sooner
- If more than a few clients are ill, and especially if spread of illness within the residence is the likely explanation, assess the appropriateness of social and recreational group activities. *(Cancellation of all group activities would be a very unusual measure and would not be appropriate in most situations. Consideration of alternative arrangements or postponement may be prudent if many clients are ill and spread of illness within the residence is the likely explanation)*

J. What advice/information should be given to visitors?

- If more than a few clients are ill and especially if spread of illness within the residence is the likely explanation, provide signs at entrances and common areas notifying family members and other visitors of respiratory illness
- If more than a few clients are ill, advise visitors that they should limit the number of clients they visit to one room or area
- Advise visitors that they should not visit other clients after visiting an ill client
- Enhance education about hand hygiene and respiratory etiquette. Provide educational posters in common areas
- Provide means for hand hygiene. Placement of ABHR should be made based on a risk assessment
- Advise visitors that they should not visit if they are ill with acute respiratory illness. Ask them to postpone their visit until they are well (until symptoms are resolved **or** five days after onset of illness, whichever is sooner for viral respiratory illness)

K. What to consider about moves to and from other residences, facilities or hospitals

- Inform the hospital if a client who is ill with respiratory illness signs and symptoms is being taken to hospital
- Inform the hospital of the facility outbreak status when transferring any client.
- If transfer to a residential care facility or another MHSU setting is essential, notify the receiving setting about the Outbreak in your residence before the client moves
- Notify BC Ambulance of the Outbreak or other transport personnel when called to transport an ill client
- Readmission of clients from acute care facilities can proceed.
- Admit new clients based on a risk assessment in consultation with the Infection Prevention and Control Specialist.

L. When there are continued cases

- Review the appropriate "[Evaluation for problem solving when control measures are failing](#)"
- Review toolkit to ensure all measures are in place.
- Consult with MHSU Infection Prevention and Control Specialist during business hours ONLY (Monday to Friday from 0800-1600)

M. What needs to be done when declaring Outbreak Over (in Consultation with Infection Prevention and Control Specialist)

- Lift control measures and return to normal activities the 8th day following onset of illness for Clients, or 3 days for staff.
- Refresh any kits/supplies as needed –see [supply list](#)
- Evaluate response measures and amend response plan for future incidents as needed, based on evaluation

**Managing an outbreak in an MHSU Setting due to
Influenza and other Respiratory Illness (new or worse cough) causing
predominately Serious Illness
Work Duty Specific Precautions**

Client Care

- Care for ill clients in their rooms on droplet/contact precautions or a contained area until their symptoms have cleared or 5 days from onset of illness, whichever is sooner
- Keep well clients away from areas with ill residents until their symptoms have cleared or 5 days from onset of illness, whichever is sooner
- Serve meals to ill clients in their rooms or a spatially separated area for ill residents until their symptoms have cleared or 5 days from onset of illness, whichever is sooner
- Cohort care staff when possible (eg. staff caring for ill clients should not care for well clients **or** should care for well clients first and then ill clients).
- Ensure proper use of personal protective equipment with ill clients, removal on leaving room and proper hand hygiene between care for each client

Personal Protective Equipment

- Gowns, gloves, masks and eye protection are required during the care of ill clients and for any contact with the room

Notes:

- **All staff with respiratory symptoms should be excluded from work until symptoms have stopped or 5 days from symptom onset, whichever is sooner**
- **Staff with respiratory symptoms should not work in other facilities until their symptoms have stopped or 5 days from symptom onset, whichever is sooner**

**Managing an outbreak in an MHSU Setting due to
Influenza and other Respiratory Illness (new or worse cough) causing
predominately Serious Illness
Work Duty Specific Precautions**

Housekeeping

In addition to routine housekeeping duties, those responsible for housekeeping should:

- Increase frequency of cleaning and disinfection of the Residence to minimum 2 times per day, particularly surfaces where frequent hand contact occurs (e.g. railings, chair arms, light switches, door handles, faucets, thermostats, telephones, keypads, keyboards and other surfaces that people touch frequently) and equipment (e.g. Commodes, walker handles, wheelchair arms). See [Enhanced Cleaning for RI checklist](#).
- Ensure that all surfaces remain wet for the required contact time as indicated on the disinfectant.
- If possible, clean rooms of well clients first.
- Change cleaning cloth/mops between rooms of all clients. Place used cleaning cloths/mops into plastic bag or water resistant laundry bag.
- Remove personal protective equipment on leaving room off ill client and perform hand hygiene

Personal Protective Equipment

- Gowns, gloves, mask and eye protection is required when entering the rooms of ill clients.

Notes:

- **All staff with respiratory symptoms should be excluded from work until symptoms have stopped or 5 days from symptom onset, whichever is sooner**
- **Staff with respiratory symptoms should not work in other facilities until their symptoms have stopped or 5 days from symptom, whichever is sooner**

**Managing an outbreak in an MHSU Setting due to
Influenza and other Respiratory Illness (new or worse cough) causing
predominately Serious Illness
Work Duty Specific Precautions**

Laundry

In addition to routine laundry duties, those responsible for laundry should:

- Assist with laundry services for ill clients

Personal Protective Equipment

- All soiled laundry is potentially infectious therefore routine practices should always apply. Gloves and a gown should be worn when in contact with soiled laundry.

Notes:

- All staff with respiratory symptoms should be excluded from work until symptoms have stopped or 5 days from symptom onset, whichever is sooner
- Staff with respiratory symptoms should *not* work in other facilities until their symptoms have stopped or 5 days from symptom onset, whichever is sooner

Section 4

The Recognition and Management of Gastrointestinal Illness

In the following section, you will find a 'Checklist for MHSU Residences when there is an outbreak due to Gastrointestinal' to help guide you.

- The definition of 'Gastrointestinal' is a person with:
 - 2 or more episodes of diarrhea within a 24 hour period above what is considered normal for the client or is otherwise explained by diet or medication. Diarrhea defined as loose or watery stool that is loose enough to take the shape of a container;
 - 2 or more episodes of vomiting within a 24 hour period;
 - 1 episode of diarrhea AND 1 episode of vomiting within a 24 hours period; or
 - Lab confirmation of a known enteric pathogen AND at least one symptom compatible with Gastrointestinal (nausea, vomiting, diarrhea, abdominal pain or tenderness).

- The definition of an outbreak is:
 - onset of illness in 3 or more clients and/or staff in the MHSU residence within a 4-day period.
- Maintain clients on contact precautions or keep them spatially separated from others until 48 hours after symptoms have stopped.

- The outbreak may be declared over with a return to normal conditions when 72 hours have lapsed from symptoms resolution in the last case.

ALGORITHM FOR GASTROINTESTINAL OUTBREAK CONTROL MEASURES FOR MHSU RESIDENTIAL LESS THAN 15 BEDS

3 or more Clients/Residents with 2 or more Episodes of Vomiting or Diarrhea in a 4 day period

PUT CONTROL MEASURES IN PLACE FOR INDIVIDUAL ILL RESIDENTS

(Refer to Checklist for Gastrointestinal Illness)

- Initiate **CONTACT PRECAUTIONS** in addition to **ROUTINE PRACTICE** when caring for ill residents. **DROPLET/CONTACT PRECAUTIONS** if vomiting present
- Using appropriate Personal Protective Equipment (gloves, gowns and masks with facial protection)
- Initiate Tracking Log (begin daily recording of incidents of ill residents and staff)
- Post Signage (**CONTACT & ROUTINE PRECAUTIONS**, Attention Visitors) and provide Educational Posters (i.e Hand Hygiene)

NOTIFY

CRESST

PC/Manager
Licensing
IPC Specialist
Other Support Services
Dietary/Housekeeping

SHARP SITES

NIC/Manager of Care
SHARP Coordinator
Housing Manager/Director
Licensing
IPC Specialist (For Licensed Sites)
Other Support Services as needed

Unlicensed

NIC/Manager of Care
SHARP Coordinator
Housing Manager/Director
Other Support Services as needed

Always Remember: Hand Hygiene

**CHECKLIST for MHSU Residences when there is a
Outbreak* due to GASTROINTESTINAL
OUTBREAK DEFINATION: 3 or more clients with 2 or more episodes of vomiting
and/or diarrhea in a 4 day period**

A. How to start and assess response?

- Activate your Response Team (in keeping with your [preparedness plan](#), call together your team to respond to the Outbreak-See [Contact List](#) as summarized in the following CHECKLIST
- Develop a plan of action and determine roles and responsibilities of each party

B. Who should be notified and When [see Algorithm for Gastrointestinal Outbreak?](#)

- MHSU Case Manager **when** cases are first identified.
- Any facility that may have admitted a client from you within the past 72 hours of your outbreak status
- Support Services –(i.e. housekeeping, volunteers, visitors, other interdisciplinary team members-) of control measures that may affect their provision of services
- For CRESST and LICENSED SITES ONLY: Notify MHSU Infection Prevention and Control (IPC) Specialist during business hours (Monday to Friday from 0800-1600) and for additional support as needed. As there is no after-hours IPC support please use Outbreak Toolkit for guidance and inform IPC Specialist on next business day.
- For UNLICENSED SHARP SITES: There is no IPC Support during business hours, after-hours, during weekends and holidays, please use this Outbreak Toolkit for guidance.

C. What should be done for clients who are ill (symptomatic)?

- Maintain ill clients to stay in their rooms on [contact precautions](#) or [droplet/contact precautions](#) when symptomatic, until at least 48 hours after symptoms have stopped. Ensure that **precautions** are used by staff during contact with **ill** residents—[See droplet /contact precautions signage \(also in Quick Reference Guide\)](#).
- Remove personal protective equipment (PPE) on leaving room of ill client and perform hand hygiene. [See how to remove PPE](#)
- Ensure hand hygiene is done between contact with different clients
- In the event that bathing facilities and/or equipment is shared, ensure adequate cleaning and disinfection is done between clients.
- Arrange for meals to be brought to ill clients' rooms and for extra laundry and housekeeping services as needed.
- Consult with client's clinician to address medical concerns.
- Check on clients more frequently while they are ill and keep hydrated
- Ill clients should not take part in social and recreational group activities while ill

D. What resources/changes in practice are needed?

- Begin daily recording of incidents of [client illness](#), [staff illness](#) on **illness tracking logs**
- Review Routine Practices and ensure that Contact Precautions and/or droplet/contact precautions are in place as indicated
- Check stock of any needed supplies, plan for regular inventory check, refresh and re-order as needed
- Initiate Enhanced environmental cleaning with disinfectant product with a non-enveloped virucidal claim.– [see enhanced cleaning checklist](#).
- Ensure all shared equipment is cleaned and disinfectant between use with a disinfectant with a non-enveloped virucidal claim.
- Post, review and implement recommendations contained in Work Duty specific **Guides for [Client Care](#), [Housekeeping](#), [Laundry](#), [Waste Management](#) and [Kitchen](#)**

E. What should be done for clients who are well?

- Enhance education about:
 - [Hand hygiene](#) is the single most important practice to prevent spread of infections. Cleaning with [soap and water](#) is recommended when caring for clients with gastroenteritis or when hands are visibly soiled.
 - [Visitors and Family](#) should be made aware of the outbreak and visit only one client, perform hand hygiene and follow precaution signage
 - Cleaning and disinfection of equipment used between clients
 - Self-reporting of symptoms to staff if clients become ill
- Provide educational posters/signage in common areas (may include provision to individual rooms)- see [tools](#)
- Ensure adequate supplies are available-see [supply list](#)
- Clients sharing rooms with ill roommates should be educated and assisted to practice [hand hygiene with soap and water](#) prior to leaving the room. They should be advised to monitor and report symptoms if they develop.

- Increase monitoring for symptoms on these clients by staff

F. What should be done for well workers/volunteers?

- Ensure educational posters in appropriate areas
- Provide education about hand hygiene ([hand washing with soap and water](#)) is single most important practice); always wash visibly soiled hands
- Ensure hand washing before handling or preparing food, before eating or smoking

G. What should be done for workers/volunteers who are ill?

- Remind workers/volunteers that they should stay home until 48 hours after last onset of symptoms and notify management if symptoms of gastrointestinal illness develop

H. What should be considered about group activities/functions/services (for example, movies, parties, trips, hairdresser visits, exercise room use, etc.)

- Advise that ill clients not take part in social and recreational group activities until 48 hours after symptoms stopped
- Activities for well clients can continue with attention to hand hygiene.

I. What advice/information should be given to visitors

Visitors and Family should be made aware of the [outbreak](#) and visit only one client, perform hand hygiene and follow precaution signage

- Advise visitors that they should not visit other clients after visiting an ill client
- Provide education and means for [hand hygiene](#).
- Advise visitors that they should not visit if they are ill.

J. What to consider about moves to and from other residences, facilities or hospitals

- Inform the hospital if a client who is ill with respiratory illness signs and symptoms is being taken to hospital
- Inform the hospital of the facility outbreak status when transferring any client.
- If transfer to a residential care facility or another MHSU setting is essential, notify the receiving setting about the Outbreak in your residence before the client moves
- Notify BC Ambulance of the Outbreak or other transport personnel when called to transport an ill client
- Readmission of clients from acute care facilities can proceed.
- Admit new clients based on a risk assessment in consultation with the Infection Prevention and Control Specialist.

K. When there are continued cases:

- Ensure all measure are being followed
- Review the appropriate [Evaluation for problem solving when control measures are failing](#)"
- Notify MHSU Infection Prevention and Control Specialist during business hours ONLY (Monday to Friday from 0800-1600) and for additional support needed. Consult Toolkit for support required after hours, weekends and holidays.

L. What needs to be done when Returning to Normal Conditions and Declaring Outbreak Over (in Consultation with Infection Prevention and Control Specialist)

- Lift control measures and return to normal activities after 72 hours from last symptoms
- Refresh any kits/supplies as needed- see [supply list](#)
- Evaluate response measures and amend response plan for future incidents as needed, based on evaluation

Cleaning and Disinfection Protocol when Outbreak due to Gastrointestinal Illness

(Adapted from the Gastrointestinal Infection Outbreak Guidelines for Healthcare Facilities, British Columbia Provincial Infection Control Network 2010)

In the event of outbreak due to Gastrointestinal Illnesses, special consideration must be given to the cleaning of areas contaminated from either a vomiting or fecal accident. The area should be cordoned off and cleaned immediately. Failing to properly clean contaminated areas will lead to rapid spread and continuation of outbreaks.

Note: a disinfectant with a non-enveloped virucidal claim should be used throughout the entire facility for the duration of the outbreak.

Cleaning Vomit and Feces

Cordon off area and place a wet floor sign/flag to prevent slipping.

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, standard procedure mask (or face shield), and gown
- Using paper towels to soak up excess liquid and gross soil. Transfer these and any solid matter directly into a plastic garbage bag
- Cleaning the soiled area with detergent and water, using a “single-use” cloth to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions (see below)
- Depositing disposable gloves, masks, and gowns into a garbage bag and re-usable gowns into a laundry bag
- Washing hands thoroughly using soap and water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with one of the recommended disinfectant solutions (see below)
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)
- Wash all dishes, utensils and trays in a commercial dishwasher; (see following)
- If a vomiting or fecal accident occurs in an area where food is prepared served or displayed or stored, dispose of any food that has been handled by the ill person since symptom onset, or been present within 2 meters of a vomiting incident.

Recommended Disinfectant Solutions

1. Hypochlorite (Bleach) Solution

Cleaning with bleach is a 2 step process. First, clean the area using your regular process, then follow up with bleach solution.

The recommended level of 1:50 bleach solution is made by:

Adding 1 part of household bleach (5.25% hypochlorite) to 50 parts water (or 1/3 cup of bleach to 1 gallon of water or 80ml of bleach to 4 litres of water).

This will give an approximately 1000ppm hypochlorite solution

- Note that hypochlorite is corrosive and may bleach fabrics. **Mixing bleach with other cleaning/disinfecting agents can be dangerous.** Never mix bleach with other products unless the product label specifically allows it
- Applying the bleach solution to surfaces and leaving to air dry should provide adequate contact time

- The solution should be freshly made to be most effective. Don't use diluted bleach solutions that are over 24 hours old

2. Accelerated Hydrogen Peroxide Solution 0.5%

- Use as recommended in the product use and safety information
- Ensure the contact time of the product used is met as necessary to be effective against gastrointestinal viruses

3. Disinfectants with non-enveloped virucidal claim are also acceptable.

NOTE

Accelerated Hydrogen Peroxide solutions differ from basic hydrogen peroxide cleaning solutions.

Accelerated Hydrogen Peroxide (AHP) is a cleaning and disinfectant solution that must not be confused with standard Hydrogen Peroxide solutions. AHP is a combination of commonly used ingredients that when mixed with low levels of hydrogen peroxide dramatically increases its germicidal potency and cleaning performance. Various distributors make and market AHP disinfectants so you will see different brand names. The important ingredient to look for is '**accelerated**' **hydrogen peroxide**.

Treatment of Specific Materials

This applies to rooms of ill clients, as appropriate and to dining rooms and other common areas if vomiting or diarrhea accidents/contamination

- Contaminated linens, clothes, towels, cloths etc., should be washed in the hottest water available and detergent using the maximum cycle length, and then machine dried on the hot cycle
- Vinyl covered furniture or mattresses should be thoroughly cleaned with detergent and hot water then wiped down with one of the recommended disinfectant solutions
- Soft furnishings or cloth-covered mattresses should be thoroughly cleaned with detergent and hot water. For disinfection they can be placed outside in the sun for a few hours. As this is not usually feasible, after being cleaned they should be steam cleaned (strongly recommended) or disinfected with one of the recommended disinfectant solutions (Note: some fabrics may not be bleach resistant)
- Contaminated carpets should be cleaned with detergent and hot water then disinfected with one of the recommended disinfectant solutions or steam cleaned using the hottest water available. Note: some carpets may not be bleach resistant
- Contaminated hard surfaces should be washed with detergent and water, using a single-use cloth, then disinfected with one of the recommended disinfectant solutions
- Non-disposable mop heads should be laundered in the hottest water available and detergent using the maximum machine cycle length, and then machine dried on the hot cycle
- Fixtures in bathrooms should be cleaned with detergent and water using a single-use cloth, and then disinfected with one of the recommended disinfectant solutions

Managing an Outbreak in an MHSU Setting due to **Gastrointestinal Illness** Work Duty Specific Precautions

Client Care

- Care for ill clients in their rooms on contact precautions or droplet contact precautions until at least 48 hours after their symptoms have cleared
- Keep well clients away from areas with ill clients until at least 48 hours after symptoms have cleared
- Serve meals to ill clients in their rooms or a separate contained area for ill clients until at least 48 hours after symptoms have cleared
- Cohort care staff when possible (eg. staff caring for ill clients should not care for well clients **or** should care for well clients first and then ill clients).
- Ensure proper use of personal protective equipment with ill clients, removal on leaving room and proper hand hygiene between care for each client
- Ensure mattresses and pillow covers are water-resistant. Wash and disinfect as required.
- Ensure client bathing facilities are cleaned and disinfected between use.
- Ensure toilet lid is closed **before** flushing (where possible) to reduce possible droplet spread of the toilet water into the air
- Wear a gown and mask (with eyewear protection) when disposing of body waste such as feces/urine/aspirates/vomit into toilet to avoid splash/spillage.
- Remind clients to wash hands with soap and water before meals, after toileting and when leaving their room.
- If clients share an room, instruct that dentures or partials be protected from potential contamination by droplets spread into the air and are properly cleaned before use
- Ensure that any food that was sitting out near an episode of vomiting is discarded.
- Perform hand hygiene with soap and water. Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc.

Personal Protective Equipment

- Gowns and gloves are required during the care of ill clients and for any contact with infectious material while cleaning or laundering
- A mask (with eyewear protection) should be worn when assisting a client who is vomiting, or during the cleaning of vomit or fecal matter

Additional resources:

Gastroenteritis in Adults and Older Children

<http://www.healthlinkbc.ca/healthtopics/content.asp?hwid=zx1806>

Norovirus:

<http://www.healthlinkbc.ca/healthfiles/hfile87.stm>

Gastrointestinal Cleaning and Disinfection Protocol

Specific to Client Care

(Adapted from the Gastrointestinal Infection Outbreak Guidelines for Healthcare Facilities, British Columbia Provincial Infection Control Network 2010)

Cleaning Vomit and Feces

Cordon off area and place a wet floor sign/flag to prevent slipping.

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, standard procedure mask (or face shield), and gown
- Using paper towels to soak up excess liquid and gross soil. Transfer these and any solid matter directly into a plastic garbage bag
- Cleaning the soiled area with detergent and water, using a “single-use” cloth to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions (see below)
- Depositing disposable gloves, masks and aprons into a garbage bag and re-usable aprons/gowns into a laundry bag
- Washing hands thoroughly using soap and water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with one of the recommended disinfectant solutions
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)
- Wash all dishes, utensils and trays in a dishwasher
- If a vomiting or fecal accident occurs in an area where food is prepared served or displayed or stored, dispose of any food that has been handled by the ill person since symptom onset, or been present within 2 meters of a vomiting incident.

Notes:

- **All staff with symptoms that suggest infection should be excluded from work until at least 48 hours after symptoms have stopped**
- **Staff should not work in another health care facilities while they are ill or convalescing**
- Snacks for staff in common containers in lunchroom, nursing station etc. are discouraged

Managing an outbreak in an MHSU Setting **due to Gastrointestinal Illness**

Work Duty Specific Precautions

Housekeeping

In the event of an outbreak due to Gastrointestinal, special consideration must be given to the cleaning and disinfecting of areas contaminated from either a vomiting or fecal accident. The area should be cordoned off and cleaned immediately. Failing to properly clean and disinfect contaminated areas will contribute to rapid spread and continuation of Gastrointestinal. Note that an effective virucidal disinfectant (as noted above) should be used throughout the entire facility on a regular basis.

In addition to routine housekeeping duties, those responsible for housekeeping should:

- Increase frequency of cleaning and disinfection of the Residence to minimum 2 times per day, particularly surfaces where frequent hand contact occurs (e.g. railings, chair arms, light switches, door handles, faucets, thermostats, telephones, keypads, keyboards and other surfaces that people touch frequently) and equipment (e.g. Commodes, walker handles, wheelchair arms)
- Ensure disinfectant used has a non-enveloped virucidal claim. Ensure product remains wet on surfaces for the required contact time.
- Clean rooms of well clients first
- Change cleaning cloth between rooms of all clients. Place used cleaning cloth into plastic bag or water resistant laundry bag.
- Change mop heads after cleaning rooms of ill clients. Place wet mop head into plastic bag or water resistant laundry bag.
- Perform hand hygiene using soap and water.

Personal Protective Equipment

- Gowns and gloves as per precaution signs are required for cleaning.
- A mask and eye protection should be worn when cleaning up vomit or fecal matter

Notes:

- **All staff with symptoms that suggest infection should be excluded from work until at least 48hours after symptoms have stopped**
- **Staff should not work in other healthcare facilities while they are ill or convalescing**
- Sharing of food is discouraged.

Gastrointestinal Cleaning and Disinfection Protocol

Specific to Housekeeping

Cleaning Vomit and Feces

Cordon off area and place a wet floor sign/flag to prevent slipping.

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, procedure mask and eye protection, and gown
- Using paper towels to soak up excess liquid and gross soil. Transfer these and any solid matter directly into a plastic garbage bag
- Cleaning the soiled area with detergent and water, using a “single-use” cloth to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions
- Depositing disposable gloves, masks and gowns into a garbage bag and re-usable gowns into a laundry bag
- Washing hands thoroughly using soap and water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with a disinfectant solution that has a non-enveloped virucidal claim. Ensure product remains wet on surfaces for the required contact time.
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)
- Wash all dishes, utensils and trays in a commercial dishwasher
- If a vomiting or fecal accident occurs in an area where food is prepared served or displayed or stored, dispose of any food that has been handled by the ill person since symptom onset, or been present within 2 meters of a vomiting incident.

Treatment of Specific Materials

- Contaminated linens, clothes, towels, cloths etc., should be washed in the hottest water available and detergent using the maximum cycle length, and then machine dried on the hot cycle.
- Vinyl covered furniture or mattresses should be thoroughly cleaned with detergent and hot water then wiped down with a suitable disinfectant solution.
- Soft furnishings or cloth-covered mattresses should be thoroughly cleaned with detergent and hot water. For disinfection they can be placed outside in the sun for a few hours. As this is not often feasible, after being cleaned they should be steam cleaned (strongly recommended) or disinfected with a suitable disinfectant solution. (Note: some fabrics may not be bleach resistant).
- Contaminated carpets should be cleaned/disinfected with a non-enveloped virucidal disinfectant solution, (Note: some carpets may not be bleach resistant) or steam cleaned using the hottest water available.
- Contaminated hard surfaces should be washed with detergent and water, using a single-use cloth, then disinfected with a non-enveloped virucidal disinfectant solution.
- Non-disposable mop heads should be laundered in the hottest water available and detergent using the maximum machine cycle length, and then machine dried on the hot cycle.
- Fixtures in bathrooms should be cleaned/disinfected with a non-enveloped virucidal disinfectant

Managing an outbreak in an MHSU Setting **due to Gastrointestinal Illness** Work Duty Specific Precautions

Laundry

(Adapted from the Gastrointestinal Infection Outbreak Guidelines for Healthcare Facilities, British Columbia Provincial Infection Control Network 2010)

- Assist with laundry services for ill clients
- Handle soiled linen as little as possible to prevent microbial contamination of the air and persons handling linens
- Wear long sleeved gown when handling soiled linen and discard gown after use and wash hands after removing gown
- Wear gloves when handling soiled linen and **wash hands after removing gloves**
- Use a mask (with eyewear protection) if there is a potential of droplets of infectious material to spread into the air
- Place and transport soiled wet linen in bags that prevent leakage. Double bagging linen is not necessary unless the first bag is leaking
- Soiled laundry should be washed with detergent in hot water at the maximum cycle length and then machine (hot air) dried
- Perform hand hygiene using soap and water (Ensure that your hands are washed after using the toilet, before eating, touching your face, touching any food or drink, or anything that will touch anyone's face and refrain from chewing on pens, pencils etc.)

Personal Protective Equipment

- Gowns and gloves are required during contact with infectious material while laundering
- A mask and eye protection should be worn when handling laundry that is wet and will likely spray or splash

Notes:

- **All staff with symptoms that suggest infection should be excluded from work until at least 48hours after symptoms have stopped**
- **Staff should not work in other residences/facilities while they are ill or convalescing**
- Shared food is discouraged

Managing an Outbreak in an MHSU Setting **due to Gastrointestinal Illness** Work Duty Specific Precautions

Waste Management

- Place garbage in a leak-proof bag and close securely before removal from client's room. Double bagging is not necessary unless the first bag is leaking. Try to avoid a "whoosh" of air in your face as the bag is tied shut as this may spread droplets of infectious material into the air
- Use close systems for disposal of feces and vomit
 - Macerators or washer/disinfectors
 - Incontinent products
 - Disposable Hygienic bags
- Perform hand hygiene using soap and water.

Personal Protective Equipment

- Gowns and gloves are required for any contact with infectious material
- A mask with eye protection should be worn when assisting a client who is vomiting, having diarrhea or during the cleaning of vomit or fecal matter

Notes:

- **All staff with symptoms that suggest infection should be excluded from work until at least 48hours after symptoms have stopped**
- **Staff should not work in other residences/facilities while they are ill or convalescing**
- Shared food is discouraged

Managing an Outbreak in an MHSU Setting **due to Gastrointestinal Illness** Work Duty Specific Precautions

Kitchen Staff

- **Avoid practices that generate droplet spray from used dishes.**
- If cleaning up vomit in a food preparation area:
 - Clean and disinfect the area (including vertical surfaces) with a suitable disinfectant solution.
 - Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)
- Kitchen staff shall wash all dishes, utensils and trays in a commercial dishwasher;
- Be careful not to cross-contaminate dirty and clean dishes
- Perform hand hygiene using soap and water.

Personal Protective Equipment

- A mask or face shield and gown should be worn when cleaning dishes or trays

Notes:

- **All staff with symptoms that suggest infection should be excluded from work until at least 48hours after symptoms have stopped**
- **Staff should not work in other residences/facilities while they are ill or convalescing**
- Shared food is discouraged.

Gastrointestinal Cleaning and Disinfection Protocol

Specific to Kitchen staff in Food Prep Areas

Cleaning Vomit and Feces

Cordon off area and place a wet floor sign/flag to prevent slipping.

People, who clean up vomit or feces, should minimize the risk of infection to themselves and others by:

- Wearing disposable gloves, procedure mask and eye protection, and gown
- Using paper towels to soak up excess liquid and gross soil. Transfer these and any solid matter directly into a plastic garbage bag
- Cleaning the soiled area with detergent and water, using a “single-use” cloth to remove any trace residual dirt or body fluids.
- Disinfecting the area to a radius of 2 meters with one of the recommended disinfectant solutions
- Depositing disposable gloves, masks and gowns into a garbage bag and re-usable gowns into a laundry bag
- Washing hands thoroughly using soap and water for at least 15-20 seconds

If cleaning up vomit in food preparation areas:

- Disinfect the area (including vertical surfaces) with a disinfectant solution that has a non-enveloped virucidal claim. Ensure product remains wet on surfaces for the required contact time.
- Dispose of any exposed food (food that has been handled by an infected person or food that may have been exposed to the virus by someone vomiting nearby)
- Wash all dishes, utensils and trays in a commercial dishwasher
- If a vomiting or fecal accident occurs in an area where food is prepared served or displayed or stored, dispose of any food that has been handled by the ill person since symptom onset, or been present within 2 meters of a vomiting incident.

Section 5

Websites

PICNet BC resources

The Provincial Infection control Network is a resources available for the community of practice for infection control, public health and Occupational health resources.

PICNet BC: <http://www.picnetbc.ca/>

HealthLink BC Files, Index and Homepage links

<http://www.healthlinkbc.ca/healthfiles/httoc.stm>

<http://www.healthlinkbc.ca/healthfiles/index.stm>

<http://www.healthlinkbc.ca/healthtopics/content.asp?hwid=zx1806>

<http://www.healthlinkbc.ca/healthfiles/hfile87.stm>

Influenza Vaccine (Files 12 a-d):

Why Seniors should get the Seasonal Influenza Vaccine

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12a.pdf>

Facts about Seasonal Influenza

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12b.pdf>

Influenza Immunization: Myths and Facts

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12c.pdf>

Seasonal Influenza Vaccine

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile12d.pdf>

Fraser health Flu Policy

<http://www.fraserhealth.ca/professionals/resources/influenza/influenza-policy>

Pneumococcal Vaccine

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile62b.pdf>

Section 6

TOOLS INVENTORY

RESPIRATORY RESOURCES

Guide to characterizing Respiratory illness as predominately MILD or SERIOUS:

Predominately SERIOUS Illness

- Illness is more than “a bad cold” in many or most of those affected.
- Illness may be remarkable in its suddenness and accompanying extreme fatigue (prostration).
- Affected individuals generally are not up and about while ill.
- Eating and drinking are likely to be affected.
- Symptoms may persist.
 - There are complications such as pneumonia (viral or secondary bacterial), heart failure or septicemia in clients or staff for whom pre-existing frailty or underlying chronic illness is not a satisfactory explanation for such complications.
- Illness may be prolonged, with cases taking longer than expected to recover.

Predominately MILD Illness

- Illness is mild and “common cold-like” in most of those affected.
- From onset (or within a day or two), activity levels, including eating and drinking, are not markedly different than usual.

Note: There may be individual exceptions due to underlying pre-existing illness that makes certain individuals very susceptible to complications from any respiratory infection.

Is it a cold or influenza?

COLD	SYMPTOM	INFLUENZA
rare	fever	usual high fever (102° f/39 °c to 104°f/40°c) – sudden onset, lasts 3-4 days
rare	headache	usual – can be severe
sometimes, mild	muscle aches and pains	usual – often severe
sometimes, mild	tiredness and weakness	usual, severe, may last 2-3 weeks or more
unusual	extreme fatigue	usual early onset – can be severe
common	runny, stuffy nose	common
common	sneezing	sometimes
common	sore throat	common
sometimes, mild to moderate	chest discomfort, coughing	usual – can be severe
can lead to sinus congestion or earache	complications	can lead to pneumonia and respiratory failure; can worsen a current chronic condition; can be life-threatening
<ul style="list-style-type: none"> • wash hands frequently • cough / sneeze into your sleeve 	PREVENTION	<ul style="list-style-type: none"> • annual vaccination • wash hands frequently • cough / sneeze into your sleeve

DROPLET/CONTACT PRECAUTIONS

To be followed in addition to Routine Practice Residential Care

VISITORS REPORT TO THE NURSES' STATION BEFORE ENTERING ROOM

PATIENT PLACEMENT



- Private room preferred, if unavailable-maintain a distance 2 meters between residents
- Door may be left open

GLOVES



- Wear gloves
- Remove gloves before leaving resident room and wash hands

GOWNS



- Wear a gown
- Remove gown before leaving resident room or bedspace

MASK/PROTECTIVE EYEWEAR



- Wear procedure mask and protective eyewear for when within 2 meters of the resident

HAND HYGIENE



Must be done:

- Before and after any contact with resident and the environment
- After removing gloves
- Use soap and water if hands are visibly soiled or dealing with residents with diarrhea

EQUIPMENT



Use soap and water if hands are visibly soiled.

- Dedicate equipment for resident care
- All equipment must be cleaned and disinfected before removing from resident room or bedspace

RESIDENT TRANSPORT



- Limit transport of resident to essential purposes only
- Resident must wear procedure mask during transport
- Notify receiving department of isolation precautions

Revised February 2014

How to Remove PPE When Leaving an Isolation Room

In the room

- Undo waist ties of gown
- Remove gloves
- Undo neck ties of gown
- Remove gown from sleeves without touching outside of gown, roll gown and discard in laundry or garbage
- Perform hand hygiene

If wearing a procedure mask - in room

Remove protective eyewear by straps and place in garbage *

Perform hand hygiene

Remove mask

Perform hand hygiene

Use paper towel to open door to exit room

* clean goggles if using reusable goggles

Hand Hygiene

Alcohol Based Hand Rub

- Place a loonie sized amount of the product in the palm of hand
- Spread the product to cover all surfaces of both hands, including nail beds
- Rub hands together for 15-20 seconds or until dry
- If hands are visibly soiled, or when dealing with diarrhea or the environment, use soap and water

Hand Washing with Soap and Water

- Remove jewelry then wet hands under a steady flow of warm water and apply soap
- Use friction to wash all surfaces of both hands, including web spaces, thumbs, wrists, and the back of the hands, rubbing the rub nail beds against the opposite palm
- Wash for a minimum of 15-20 seconds
- Rinse thoroughly and dry hands gently with clean paper towel
- Use paper towel to turn off tap
- Discard paper towel

NOTE: Ensure your clothing does not touch the sink

Template for List of Important Contact Numbers

Check your list of PHONE and FAX numbers

Fraser Health Infection Prevention and Control Specialist

For Fraser Health Operated facilities: Central FAX number for Occupational Health Community Care Facility Licensing if your facility is licensed

Others to notify in event of an outbreak if you are calling for service

- BC Ambulance
- HandyDART or other Transport services
- Medical Gas/Oxygen provider
- Cleaning service
- Hairdresser, Physiotherapist, Podiatrist, and other service providers

NAME	PHONE	FAX	COMMENT

If linens are provided by the MHSU Provider, a ready supply of bed linens and clean supplies should be stored in carts specific for this purpose, or lidded plastics cans or tubs. This provides ready access to supplies when they are needed, and ensures supplies remain clean and dry.

When linen is provided by the client, it is a good idea to suggest that extra supplies be available for necessary unscheduled linen changes when there is an increased incidence of client illness. The following table will assist with having a ready supply of protective clothing and equipment for care staff.

Suggested List of Supplies			
Item	Stores Number/ Supply Company	Number of Items recommended	Number of items required to complete inventory
Disposable gowns			
Face masks			
Eye goggles			
Face Shields			
Gloves: small			
Gloves: medium			
Gloves: large/ extra large			
Alcohol Based Hand Rub			
Additional bucket and cleaning cloths for emergency clean up			
Emergency use containers for garbage and linen staff discard			
Mops			
Cleaning agent – bleach or Accelerated Hydrogen Peroxide			
Other:			
Location of supplies: _____			
Person responsible for replacement of supplies: _____			

Enhanced Cleaning Guidelines for Respiratory illness - Frequently Touched Surfaces-REVIEW	Check off as completed
1. Nursing area:	
(a) Counters	
(b) Chairs	
(c) Light Switches	
(d) Telephone(s)	
(e) Keyboard(s)	
(f) pager or cell phone	
2. Staff Meeting Room(s):	
(a) Door and knob on entry and exit	
(b) Telephone	
3. Client Common Areas:	
(a) Chairs and end tables	
(b) Kitchenette	
4. Hallways	
(a) Resident Doors and Handles	
(b) Elevator buttons	
(c) Key pads	
(d) Handrails	
5. Client Room Surfaces to be cleaned	
Light Switches	
Bedrails	
Bedside tables	
Over-bed light	
Over bed tables including framework	
Bedside Chairs	
Wheelchair and/or Walker	
TV Controller	
Call button/ pull chord	
Telephone	
Lavatory surfaces:	
(a) Light Switch	
(b) Safety – pull up bars	
(c) Faucets, sink, counter	
(d) Commode/ toilet (lever/flush, horizontal surfaces, seat)	
(f) Door	
(g) Floor	
Shelves and items handled regularly	
Dedicated Laundry Hamper	

CLIENT INFLUENZA VACCINATION

Year: _____

CLIENT NAME	SUITE #	DATE VACCINATED AGAINST INFLUENZA THIS SEASON			YEAR OF PNEUMOCOCCAL VACCINATION
		DD	MM	YY	

STAFF INFLUENZA VACCINATION

Year: _____

STAFF NAME	DATE VACCINATED AGAINST INFLUENZA THIS SEASON		
	DD	MM	YY

RESPIRATORY ILLNESS – CLIENT TRACKING LOG

(Clients with new or worse cough in an outbreak)

RESIDENCE NAME:	DATE OF OUTBREAK:
FORM COMPLETED BY:	RETURN TO NORMAL CONDITIONS:
AREAS:	

Name of Client (Surname, Initial)	Suite #	New Or Worse Cough	Fever	Sore Throat	Joint Pain Or Muscle Ache	Extreme Fatigue	Runny Nose	Other Symptoms Please Specify or put NONE for no other Sx	Date First Onset Symptoms		Date of Last Flu Vacc'n		Date Anti- Influenza Medication Started		Date of Recovery		Date Resident Admitted to Hospital		Resident Date of Death	
		Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM

STAFF RESPIRATORY ILLNESS TRACKING LOG

RESIDENCE NAME:	DATE OF OUTBREAK:
NUMBER OF STAFF:	RETURN TO NORMAL CONDITIONS:
AREAS:	

Name of Staff Member (Surname, Initial)	New Or Worse Cough	Fever	Sore Throat	Joint Pain Or Muscle Ache	Extreme Fatigue	Runny Nose	Other Symptoms Please Specify or put NONE for no other Sx	Date First Onset Symptoms		Date of Last Flu Vacc'n		Date Anti- Influenza Medication Started		Date Returned to Work at Residence		Does S/He Work At Other Residence/ Facility?
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		DD	MM	DD	MM	DD	MM			

Evaluation: Problem solving when control measures are failing for RI

If illnesses continue to appear (for respiratory illness 4-5 days after control measures were implemented), there may be a problem with the way measures are being implemented. The following factors should be explored and reviewed with your Response Team:

- Is anyone on Droplet/Contact Precautions walking around the residence?
 - Can they be encouraged to stay in their room until no longer symptomatic?
 - Are they using appropriate hand hygiene?
- Is anyone with a cough moving around the residence?
 - Can they be encouraged to stay in their room until no longer symptomatic?
 - Are they using appropriate hand hygiene?
- Is any equipment being used for ill and well clients without being washed and disinfected in between?
- Is Personal Protective Equipment being changed when going from care of ill clients to care of those who are well?
- Are staff caring for well clients first and then moving to ill clients?
- Is hand hygiene being performed appropriately?
 - Are all hand hygiene stations well stocked with soap and single-use towels or alcohol-based hand rub?
 - Are products easy to locate by all staff, volunteers and visitors?
 - Are there signs at hand hygiene stations?
- Are signs posted for visitors about illness in the residence?
- Is Personal Protective Equipment available and being appropriately worn?
- Is the necessary cleaning/disinfecting occurring as scheduled?
 - Are well client rooms cleaned before ill client rooms?
 - Are the appropriate cleaning/disinfecting solutions being used according to manufacturer's directions for use, mixing and soaking?
- Are changes needed to group activities?

Evaluation: Post-Illness

As a risk management strategy, review the increased number of illnesses with care, food and housekeeping staff and clients to discuss the following and amend your response plan for future events.

- What worked?
- What didn't work?
- What do we need to change for the next time?

Attention Visitors



Enhanced Infection Control Measures
are currently in place

To Prevent the Spread of Infection
Stop and Clean Your Hands

Thank you





Hand Hygiene is the single most important practice to prevent the spread of germs!

Hands Hygiene MUST BE performed:

- Before contact with clients and their environment
- Between contact with different clients
- Before putting on gloves and after removing gloves
- After using the toilet or nose blowing
- Before eating or smoking
- Before handling or preparing **food**

A Proper Hand Wash includes:

- Using warm running water and soap with plenty of friction to all surfaces for at least 15-20 seconds, including nails
- Using a clean paper towel to dry your hands and to turn off the tap

Use of Alcohol based hand rub may be substituted for hand washing when there are no sink and hands are not visibly soiled.



Protect Yourself

...and others from influenza

Stop the spread of viruses that make you and others sick!



Cover your mouth and nose with a tissue when you cough or sneeze.



Throw tissues away immediately.



No tissue? Cough or sneeze into your upper sleeve, not your hands.



Clean your hands often with soap and warm water, or a gel or alcohol-based hand cleanser.



Stay home if you are sick.

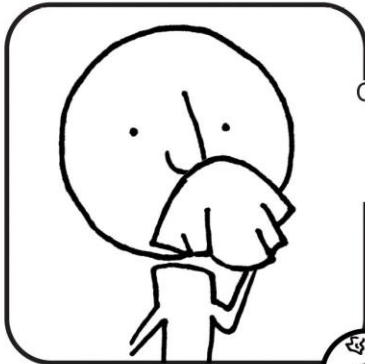


Ministry of Health

For more information, visit www.health.gov.bc.ca/pho/influenza.html

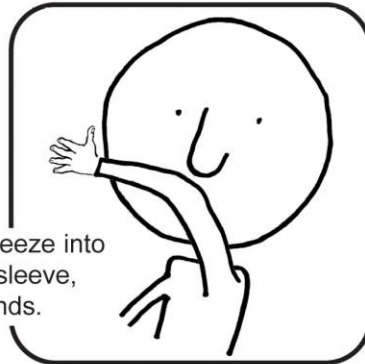
Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or
cough or sneeze into your upper sleeve, not your hands.

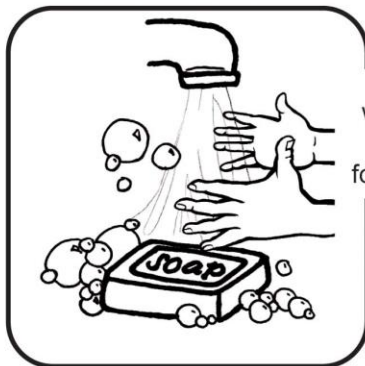


Put your used tissue in the waste basket.



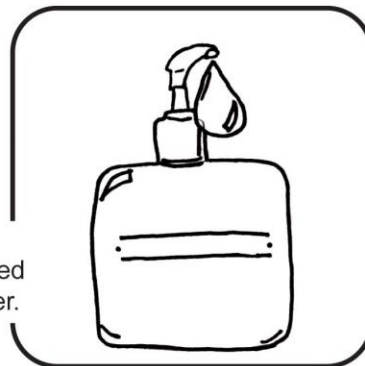
Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or
clean with alcohol-based hand cleaner.



Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us



Minnesota Antibiotic Resistance Collaborative



GASTROINTESTINAL RESOURCES



Norovirus

What is Norovirus?

Norovirus is a group of viruses that cause acute gastroenteritis, an infection of the digestive tract (stomach and intestine). Norovirus outbreaks occur in B.C. communities every year. Outbreaks occur year round but are more common in the winter months. Outbreaks of illness are common in nursing homes, daycare centres, schools, children's camps and on cruise ships.

What are the symptoms?

Within 1 to 2 days of being exposed to a norovirus you may have the following symptoms: an upset stomach, vomiting, and/or diarrhea. Other symptoms include nausea, cramping, chills and fever.

The illness usually begins suddenly and lasts for 1 to 3 days. Complications may occur if you lose too much fluid from vomiting and diarrhea and do not drink enough fluids. This is called dehydration. Symptoms of dehydration include: decrease in urination, a dry mouth and throat, and dizziness. This is more likely to occur with babies, the elderly and people with weakened immune systems. Severe illness is very rare and hospital care is usually not required.

How does the virus spread?

Norovirus can be found in the vomit and diarrhea of people who are sick. When someone vomits, people nearby may become infected by swallowing tiny droplets from the air.

The virus can also be spread on surfaces like countertops or sink taps. The virus can survive for a long time on these surfaces if they are not properly cleaned. You can become ill

when you touch these surfaces and then place your hands or fingers in your mouth.

The virus can be spread if an infected person does not wash their hands or if someone with this illness handles food, water or ice.

Some foods can be contaminated with the virus at their source. For example, shellfish may be contaminated by sewage water before they are harvested.

Is there a treatment?

Medications are not usually used to treat norovirus. People infected with norovirus usually get better within a few days.

Antibiotics should not be taken for norovirus. Antibiotics only work to fight bacteria and not viruses.

It is important that you drink enough clear fluids, such as water, so you do not get dehydrated. You could also drink other fluids such as juices, clear soups, or oral rehydration fluids for vomiting or diarrhea.

See a health care provider if diarrhea or vomiting lasts more than 2 or 3 days, or if dehydration is a concern.

How can you prevent infection with the virus?

There is no vaccine or medication that can prevent norovirus infection. However, these tips can help prevent the virus from spreading:

- Wash your hands, especially after using the toilet, changing diapers or before eating or preparing food. Proper hand washing requires running water, soap and cleansing of the hands for about 20 seconds. For more information see [HealthLinkBC File #85 Hand Washing for Parents and Children](#).

Link to full 2 page document:

<http://www.healthlinkbc.ca/healthfiles/pdf/hfile87.pdf>

<http://www.healthlinkbc.ca/healthfiles/hfile87.stm>

Routine Practices and PPE use

Gloves

- Gloves are to be used when there is contact with:
 - ❖ Blood
 - ❖ Body fluids, excretions or secretions
 - ❖ Non intact skin
 - ❖ Mucous membranes
- Gloves are single use and should be disposed of following use in the client's room.
- Hand hygiene is to be performed immediately before putting on gloves and immediately after removing gloves
- Vinyl gloves are sufficient for routine care of clients (unless large blood spills when nitrile should be used)

Gowns

- Gowns are required when splashes or sprays of body fluids are likely.
- Wear a long-sleeved gown that covers the wrists
- Gowns are single use, remove and dispose in the client's room.

Masks and Eye Protection

- Eye protection and procedure masks are required to protect the eyes, nose and mouth where splashes or sprays of body fluids are likely.
- Masks are single use and are to be removed by the straps and discard in the client's room.
- Eye protection may be disposable and will need to be discarded in client's room or it may be reusable and will need to be cleaned following use.

The definition for Routine practice:

Any person can carry an organism that can produce disease therefore routine practice must be followed when dealing with anyone, anywhere. This applies when there may be contact with blood, body fluids, and secretions, excretions, when touching non intact skin or mucous membranes. A risk assessment for the need for personal protective equipment is required in order to protect both the resident and the caregiver.

CONTACT PRECAUTIONS

To be followed in addition to Routine Practice Residential Care

VISITORS REPORT TO THE NURSES' STATION BEFORE ENTERING ROOM

GLOVES



- Wear gloves
- Remove gloves before leaving resident room or environment and perform hand hygiene

GOWNS



- Wear a gown
- Remove gown before leaving resident room or bed space

HAND HYGIENE



Must be done:

- Before and after any contact with resident or the environment
- After removing gloves
- Use soap and water if hands are visibly soiled or dealing with residents with diarrhea

EQUIPMENT



- Dedicate equipment for resident care
- All equipment must be cleaned and disinfected before removing from resident room or bed space

RESIDENT TRANSPORT



- Limit transport of resident to essential purposes only
- Notify receiving department of isolation precautions

DROPLET/CONTACT PRECAUTIONS

To be followed in addition to Routine Practice Residential Care

VISITORS REPORT TO THE NURSES' STATION BEFORE ENTERING ROOM

PATIENT PLACEMENT



- Private room preferred, if unavailable-maintain a distance 2 meters between residents
- Door may be left open

GLOVES



- Wear gloves
- Remove gloves before leaving resident room and wash hands

GOWNS



- Wear a gown
- Remove gown before leaving resident room or bedspace

MASK/PROTECTIVE EYEWEAR



- Wear procedure mask and protective eyewear for when within 2 meters of the resident

HAND HYGIENE



Must be done:

- Before and after any contact with resident and the environment
- After removing gloves
- Use soap and water if hands are visibly soiled or dealing with residents with diarrhea

EQUIPMENT



Use soap and water if hands are visibly soiled.

- Dedicate equipment for resident care
- All equipment must be cleaned and disinfected before removing from resident room or bedspace

RESIDENT TRANSPORT



- Limit transport of resident to essential purposes only
- Resident must wear procedure mask during transport
- Notify receiving department of isolation precautions

Revised February 2014

How to Remove PPE When Leaving an Isolation Room

In the room

- Undo waist ties of gown
- Remove gloves
- Undo neck ties of gown
- Remove gown from sleeves without touching outside of gown, roll gown and discard in laundry or garbage
- Perform hand hygiene

If wearing a procedure mask - in room

Remove protective eyewear by straps and place in garbage *

Perform hand hygiene

Remove mask

Perform hand hygiene

Use paper towel to open door to exit room

* clean goggles if using reusable goggles

Hand Hygiene

Alcohol Based Hand Rub

- Place a loonie sized amount of the product in the palm of hand
- Spread the product to cover all surfaces of both hands, including nail beds
- Rub hands together for 15-20 seconds or until dry
- If hands are visibly soiled, or when dealing with diarrhea or the environment, use soap and water

Hand Washing with Soap and Water

- Remove jewelry then wet hands under a steady flow of warm water and apply soap
- Use friction to wash all surfaces of both hands, including web spaces, thumbs, wrists, and the back of the hands, rubbing the rub nail beds against the opposite palm
- Wash for a minimum of 15-20 seconds
- Rinse thoroughly and dry hands gently with clean paper towel
- Use paper towel to turn off tap
- Discard paper towel

NOTE: Ensure your clothing does not touch the sink

Template for List of Important Contact Numbers

Check your list of PHONE and FAX numbers

Fraser Health Infection Prevention and Control Specialist

For Fraser Health Operated facilities: Central FAX number for Occupational Health

Community Care Facility Licensing if your facility is licensed

Others to notify in event of an outbreak if you are calling for service

- BC Ambulance
- HandyDART or other Transport services
- Medical Gas/Oxygen provider
- Cleaning service
- Hairdresser, Physiotherapist, Podiatrist, and other service providers

NAME	PHONE	FAX	COMMENT

If linens are provided by the MHSU Provider, a ready supply of bed linens and clean supplies should be stored in carts specific for this purpose, or lidded plastics cans or tubs. This provides ready access to supplies when they are needed, and ensures supplies remain clean and dry.

When linen is provided by the client, it is a good idea to suggest that extra supplies be available for necessary unscheduled linen changes when there is an increased incidence of client illness. The following table will assist with having a ready supply of protective clothing and equipment for care staff.

Suggested List of Supplies			
Item	Stores Number/ Supply Company	Number of Items recommended	Number of items required to complete inventory
Disposable gowns			
Face masks			
Eye goggles			
Face Shields			
Gloves: small			
Gloves: medium			
Gloves: large/ extra large			
Alcohol Based Hand Rub			
Additional bucket and cleaning cloths for emergency clean up			
Emergency use containers for garbage and linen staff discard			
Mops			
Cleaning agent – bleach or Accelerated Hydrogen Peroxide			
Other:			
Location of supplies: _____			
Person responsible for replacement of supplies: _____			

Enhanced Cleaning Guidelines - Frequently Touched Surfaces - GI	Check off as completed
1. Nursing area:	
(a) Counters	
(b) Chairs	
(c) Light Switches	
(d) Telephone(s)	
(e) Keyboard(s)	
(f) pager or cell phone	
2. Staff washroom(s) (if a staff has been ill in the bathroom flag for cleaning prior to anyone using)	
(a) Sink basin and faucet	
(b) Toilet (lever/flush, horizontal surfaces, seat)	
(c) Floor	
(d) Soap dispenser	
(e) Paper towel dispenser	
(f) Light switch	
(g) Door and handles on entry and exit	
3. Staff Meeting Room(s):	
(a) Door and knob on entry and exit	
(b) Telephone	
4. Client Common Areas:	
(a) Chairs and end tables	
(b) Kitchenette	
5. Hallways	
(a) Resident Doors and Handles	
(b) Elevator buttons	
(c) Key pads	
(d) Handrails	
6. Resident Room Surfaces to be cleaned	
Light Switches	
Bedrails	
Bedside tables	
Over-bed light	
Over bed tables including framework	
Bedside Chairs	
Wheelchair and/or Walker	
TV Controller	
Call button/ pull chord	
Telephone	
Washroom surfaces:	
(a) Light Switch	
(b) Safety – pull up bars	
(c) Faucets, sink, counter	
(d) Commode/ toilet (lever/flush, horizontal surfaces, seat)	

Enhanced Cleaning Guidelines - Frequently Touched Surfaces - GI	Check off as completed
(f) Door	
(g) Floor	
Shelves and items handled regularly	
Dedicated Laundry Hamper	
Employee Signature: _____ Date: _____ Time it took to complete: _____	
Supervisor Signature: _____ Date: _____	

CLIENT GASTROENTERITIS TRACKING LOG

(3 or more episodes of diarrhea and or vomiting in a 24 hour period)

RESIDENCE NAME:	DATE OF OUTBREAK:
NUMBER OF CLIENTS:	RETURN TO NORMAL CONDITIONS:
AREAS:	PAGE #:

Name of client	Suite #	nausea	vomiting	diarrhea	abdominal pain	muscle aches	Other Symptoms Please Specify or put NONE for no other Sx	Date First Onset Symptoms		date symptoms resolved		OTHER ISSUES
		Y/N	Y/N	Y/N	Y/N	Y/N		DD	MM	DD	MM	

STAFF GASTROENTERITIS TRACKING LOG

(3 or more episodes of diarrhea and or vomiting in a 24 hour period)

RESIDENCE NAME:	DATE OF OUTBREAK:
NUMBER OF STAFF:	RETURN TO NORMAL CONDITIONS:
AREAS:	PAGE #:

Name of Staff Member	nausea	vomiting	diarrhea	abdominal pain	muscle aches	Other Symptoms Please Specify or put NONE for no other Sx	Date First Onset Symptoms		Date Returned to Work at Residence		Does S/He Work At Other Residence/ Facility?	
	Y/N	Y/N	Y/N	Y/N	Y/N		DD	MM	DD	MM		

Evaluation: Problem solving when control measures are failing for GI

If illnesses continue to appear (for influenza 4-5 days after control measures were implemented), there may be a problem with the way measures are being implemented. The following factors should be explored and reviewed with your Response Team:

- Is anyone on Contact Precautions walking around the residence?
 - Can they be encouraged to stay in their room until no longer symptomatic?
 - Are they using appropriate hand hygiene?
- Is anyone with vomiting or diarrhea moving around the residence and having accidents?
 - Can they be encouraged to stay in their room until no longer symptomatic and soiling the environment?
- Is any equipment being used for ill and well clients without being washed and disinfected in between with the appropriate agent?
- Is personal protective equipment being changed when going from care of ill clients to care of those who are well?
- Are staff caring for well clients first and then moving to ill clients?
- Is soap and water being used for hand hygiene?
- Are all hand hygiene stations well stocked with soap and single-use towels?
 - Are products easy to locate by all staff, volunteers and visitors?
 - Are there signs at hand hygiene stations?
- Are signs posted for visitors about the illness in the residence?
- Is personal protective equipment available and being appropriately worn?
- Is the necessary cleaning/disinfecting occurring as scheduled?
 - If bleach and water is in use, is it being made fresh daily?
 - Are well client rooms cleaned before ill client rooms?
 - Are the appropriate cleaning/disinfecting solutions being used according to manufacturer's directions for use, mixing and soaking?
- Are changes needed to group activities?

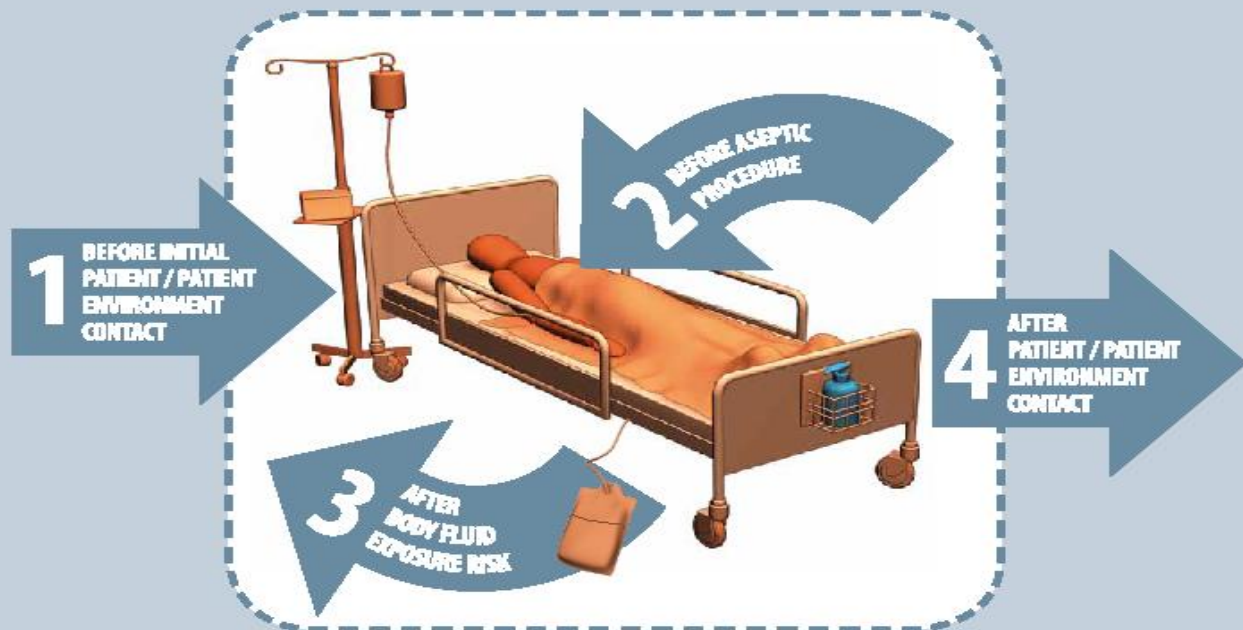
Evaluation: Post-Illness

As a risk management strategy, review the increased number of illnesses with care, food and housekeeping staff and clients to discuss the following and amend your response plan for future events.

- What worked?
- What didn't work?
- What do we need to change for the next time?

HAND HYGIENE RESOURCES

Your 4 Moments for Hand Hygiene



<p>1 BEFORE initial patient / patient environment contact</p>	<p>WHEN? Clean your hands when entering:</p> <ul style="list-style-type: none"> - before touching patient or - before touching any object or furniture in the patient's environment or - before putting on gloves. <p>WHY? To protect the patient/patient environment from harmful germs carried on your hands.</p>
<p>2 BEFORE aseptic procedure</p>	<p>WHEN? Clean your hands immediately before any aseptic procedure.</p> <p>WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body.</p>
<p>3 AFTER body fluid exposure risk</p>	<p>WHEN? Clean your hands immediately after an exposure risk to body fluids.</p> <p>WHY? To protect yourself and the health care environment from harmful germs.</p>
<p>4 AFTER patient / patient environment contact</p>	<p>WHEN? Clean your hands when leaving:</p> <ul style="list-style-type: none"> - after touching patient or - after touching any object or furniture in the patient's environment or - after removing gloves. <p>WHY? To protect yourself and the health care environment from harmful germs.</p>

Adapted from WHO poster "Your 5 moments for Hand Hygiene", 2006. Your 4 Moments for Hand Hygiene adapted with permission of the Government of Ontario.



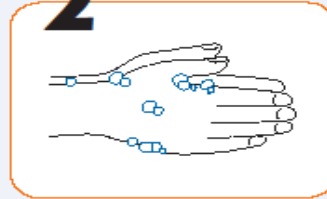
CLEAN YOUR HANDS USING ALCOHOL BASED HAND RUB

1



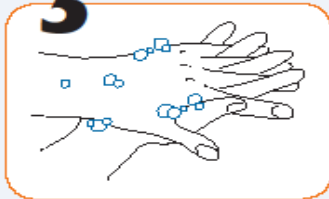
Apply loonie size of product to palms of dry hands.

2



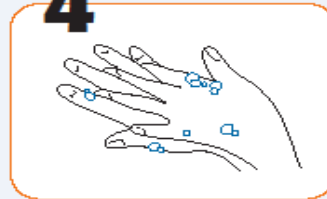
Rub hands together, palm to palm.

3



Rub in between and around fingers and wrists.

4



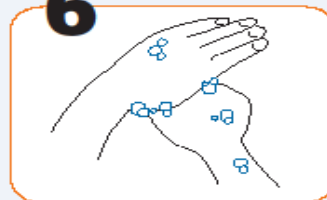
Rub fingertips of each hand in opposite palm.

5



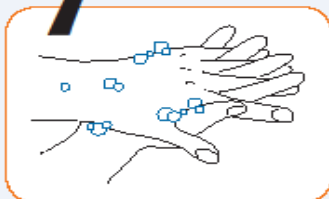
Rub nail beds of each hand in opposite palm.

6



Rub each thumb clasped in opposite hand.

7



Rub hands for 15 to 20 seconds until dry.
Do not use paper towels.

8



Once dry, your hands are now clean.



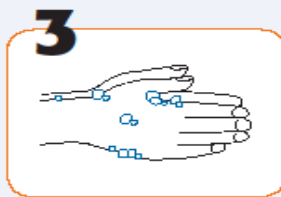
CLEAN YOUR HANDS USING SOAP AND WATER



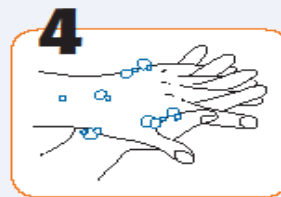
Wet hands with warm water.



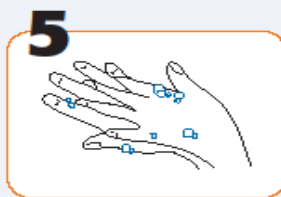
Apply soap.



Lather soap and rub hands palm to palm.



Rub in between and around fingers and wrists.



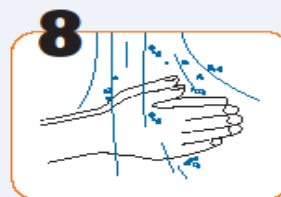
Rub back of each hand with palm of other hand.



Rub nail beds of each hand in opposite palm.



Rub each thumb clasped in opposite hand.



After 15 to 20 seconds rinse thoroughly under running water.



Pat hands dry with paper towel.



Turn off water using paper towel.



Your hands are now clean.

PRINTSHOP # 256524



 **fraserhealth**

Cleaning your hands is the single most important procedure to prevent infection

Remember!

- Direct patient care providers must not wear artificial fingernails or extenders
- Keep fingernails short (less than 3 mm) and clean to prevent the spread of infection
- Direct patient care providers must not wear chipped nail polish, as bacteria may become trapped along edges
- Direct patient care providers must wear a minimum amount of hand jewelry.
- Remove hand jewelry before performing hand hygiene.

Printshop: 253173 - Revised March 3, 2011

Information for Staff



For more information:
See the Acute Care Infection Prevention and Control Manual or the Residential Care Infection Prevention and Control Manual. Both are available on FH Pulse.

or

Contact the Infection Control Practitioner in your area (phone numbers are available on the Infection Prevention & Control FH Pulse pages).

Search 'hand hygiene' on FH Pulse for additional resources

Contracted care providers and sites please see the "Professionals" drop down menu on www.fraserhealth.ca for more information.

**Help Fight the Spread of Infection
Clean your hands**



Make hand hygiene your responsibility – someone's life may depend on it.

Clean hands save lives

Hand Hygiene is performed using soap and water or alcohol based hand rub (ABHR). Hand hygiene is indicated:

- when arriving and leaving the work area
- before initial resident / resident environment contact
- before an aseptic task
- after body fluid exposure risk
- after patient, patient environment contact
- before and after using gloves
- when moving from a contaminated body site to a clean body site during direct patient care
- after handling contaminated equipment
- after contact with animals
- after smoking and blowing your nose
- before handling food or drinks
- before preparing medication
- whenever in doubt

Areas of the hand most commonly missed when performing hand hygiene



Two ways to clean your

Using Alcohol Based Hand Rub (ABHR)



1. Take a loonie size amount of the product in the palm
2. Spread the product to cover all surfaces of both hands including, web spaces, thumbs, wrists and the back of hands
3. Rub hands together for 15-20 seconds or until dry

Hand hygiene with plain soap and water is indicated:

- when caring for residents with diarrhea and their environment
- when hands are visibly soiled
- after 5 to 6 applications of an alcohol-based hand rub to remove residual emollients

Using Plain Soap and Water



- Wet hands under a steady flow of warm water
- Apply an adequate amount of the appropriate soap, i.e. one pump from the dispenser
- Using friction to wash all surfaces of both hands, including web spaces, thumbs, wrist and the back of the hands
- Rub nail beds against the opposite palm
- Wash for a minimum of 15-20 seconds
- Rinse thoroughly and dry hands gently with clean paper towel
- Use paper towel to turn off taps

It's okay to ask your healthcare worker to clean their hands!

Healthcare workers are busy people and want to do everything to get you well.

Sometimes they may forget to clean their hands in front of you.

Before your healthcare worker begins examining you or providing care — or if you are not sure if he/she has cleaned his/her hands - **it's okay to ask...**

"Would you mind cleaning your hands in front of me?"

While you're receiving care...

We can help you keep your hands clean and reduce the spread of infection.

Remember:

- It's okay to ask your healthcare provider for alcohol-based hand rub or for soap and a wet cloth.
- It's also okay to ask your healthcare provider if they've washed their hands at any point in your care.
- It's okay to encourage family and friends to use alcohol-based hand rub when arriving and leaving the hospital and when entering and leaving your room.

Questions?

Your health care provider would be happy to answer any questions you may have.

For more information, visit www.fraserhealth.ca



Information for the public



Help Fight the Spread of Infection

Clean your hands



Patients Residents Clients Visitors

Protect your health, and the health of others. Cleaning your hands might seem like a simple task, but it's important to follow the tips below to thoroughly rid your hands of germs.

Clean hands save lives

Two ways to clean your hands

How can you help?

As the patient, **YOU** are the most important member of the healthcare team and you have a role to play in hand hygiene.

Did you know?

Cleaning your hands is the most important way to reduce the spread of germs that cause colds, flu, and even serious or life threatening diseases.

It's okay to ask!

Hand hygiene is everyone's responsibility. Ask your visitors (family and friends) to clean their hands frequently. Infections can spread by simple contact with any number of surfaces so it's important that we all work together to keep you safe by practicing hand hygiene properly and often.

There are two ways to clean your hands...

Using Soap and Water



- Use when hands are soiled
- Use after visiting a bathroom

How to use:

- Wet hands and apply soap
- Lather to wash all surfaces
- Continue rubbing for 15 - 20 seconds
- Rinse well
- Dry hands with paper towel
- Use paper towel to turn off tap

Using Alcohol Based Hand Rub (ABHR)



- Fast, easy and convenient
- Use after sneezing, coughing or blowing your nose

How to use:

- Apply a Loonie size amount on your hands
- Rub hands together, covering all surfaces of hands and fingers
- Rub until hands are dry (approximately 15-20 seconds)