



Infection Prevention and Control

To prevent infection transmission between residents and protect their own health, employees need to follow some basic infection control practices

Infection Control Program

- Point of Care Risk Assessments
- Handwashing
- Masks
- Enhanced Cleaning & Responsibility
- Stay home if you are sick!

Chain of Transmission

CORONAVIRUS

PREVENTION

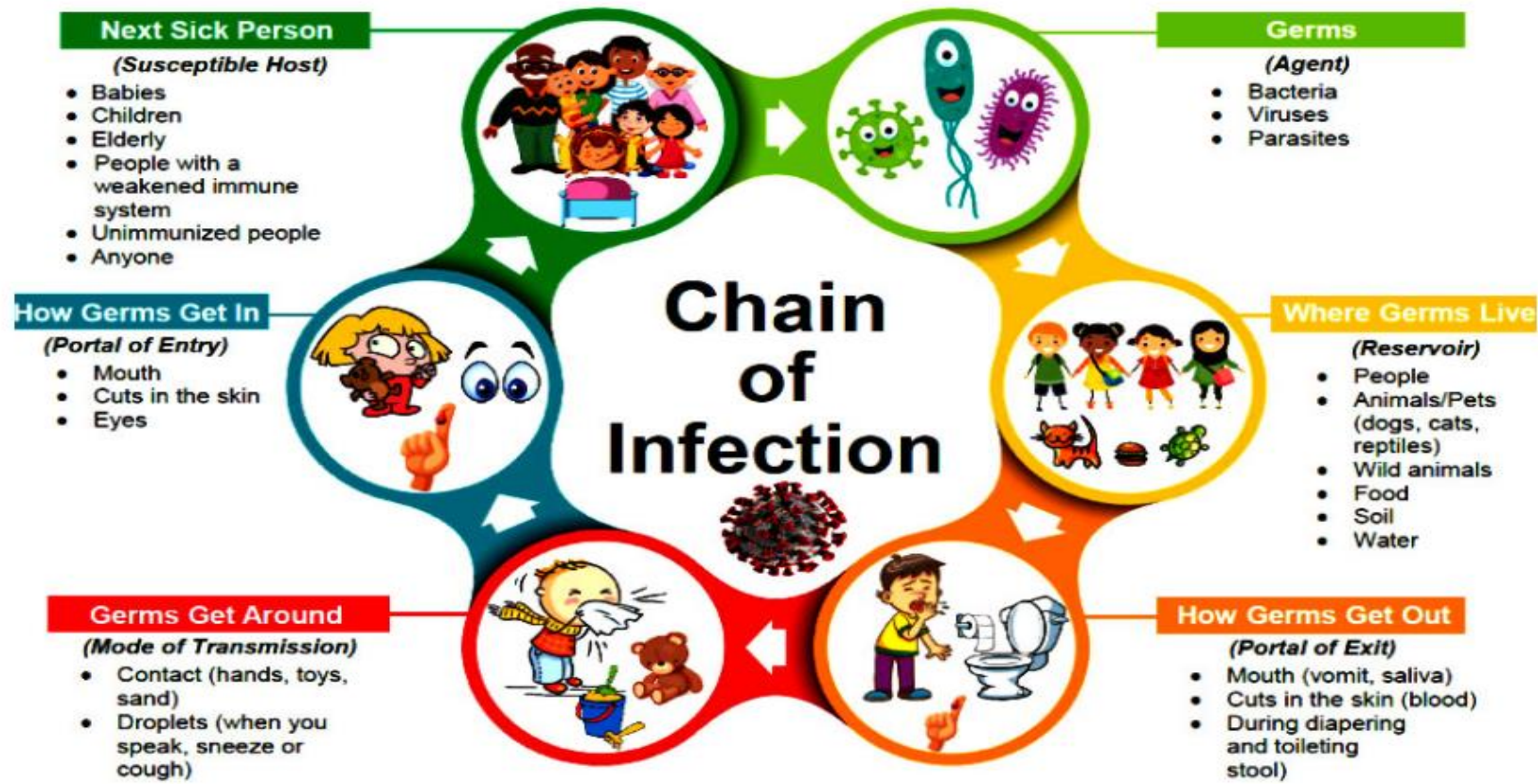


By admin1

| April 11, 2020

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What is the best way to break the chain of transmission and control the spread of germs?



Hand Hygiene!!!

Hand hygiene refers to removing or killing microorganisms (germs) on the hands.

When performed correctly, hand hygiene is the single most effective way to prevent the spread of communicable diseases and infections.

Did you know??

- 80% of communicable diseases are transferred by touch
- The most critical times for hand washing are before preparing food and after going to the bathroom
- Most bacteria on our hands is on the fingertips and under the nails
- Damp hands are 1,000x more likely to spread bacteria than dry hands.

2 methods to perform hand hygiene

ABHR

Using an alcohol-based hand rub is the preferred method for decontaminating hands.

SOAP & WATER

Hand washing with soap and running water **must** be performed when hands are **visibly soiled**.

If running water is not readily available, use moistened hand wipes to remove visible soil, followed by alcohol-based hand rub.

How do I use ABHR?

Alcohol-based hand rubs should only be used if no visible dirt is present on the hands.

- Remove hand and arm jewelry.
- Apply enough alcohol-based hand rub to make about the size of a quarter onto your hands, enough when you rub your hands together to cover all areas of your hands, including under your nails (1-2 pumps).
- Use a rubbing motion to evenly distribute the alcohol-based hand rub over all surfaces of the hands, particularly between fingers, fingertips, back of hands and base of thumbs.
- Rub hands until your hands feel dry (minimum 15-30 seconds).

How do I use soap & water?

Good hand hygiene technique is easy to learn. Follow these five simple steps to keeping hands clean:

- Remove hand and arm jewelry and wet your hands with warm (not hot) running water.
- Add soap, and then rub your hands together, making a soapy lather. Do this for at least 15 seconds, being careful not to wash the lather away. Wash the front and back of your hands, as well as between your fingers and under your nails.
- Rinse your hands well under warm running water, using a rubbing motion.
- Wipe and dry hands gently with paper towel. Rubbing vigorously with paper towels can damage the skin.
- Turn off tap using paper towel so that you do not recontaminate your hands.

Technique Matters!

- Hand hygiene must be performed for a minimum 15 seconds
- It isn't only about the quantity, quality matters!!

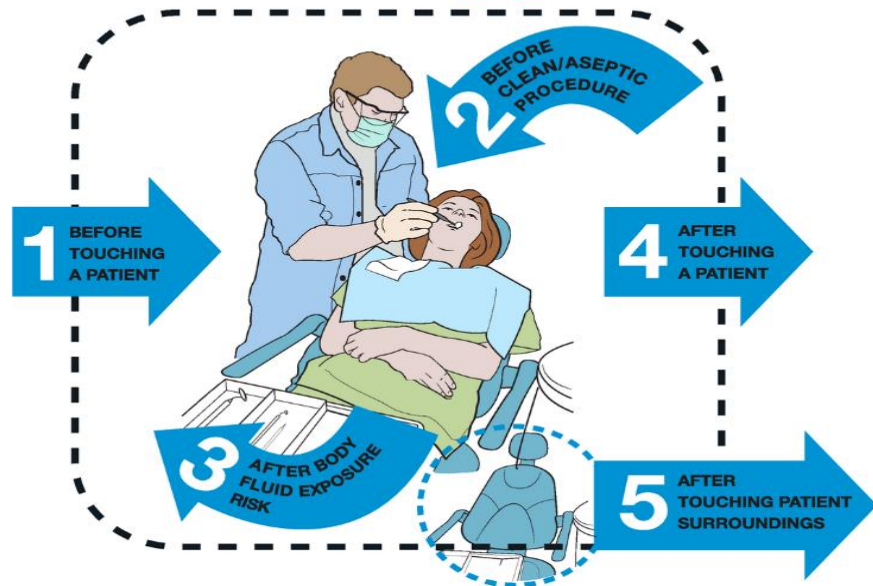
https://youtu.be/nEzJ_QKjT14

General indications for hand hygiene

- Before and after preparing, handling, serving, touching or eating food.
- After using the washroom.
- After sneezing, coughing or blowing your nose.
- After touching pets
- After handling garbage
- Before and after a resident activity (groups)
- Before touching your eyes, nose or mouth.

Hand Hygiene in Health Care: 5 moments

Your 5 moments for Hand Hygiene



1 BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient WHY? To protect the patient against harmful germs carried on your hands
2 BEFORE CLEAN ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean/ aseptic procedure WHY? To protect the patient from harmful germs, including their own, entering the body
3 AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after a procedure involving exposure to body fluids (and after glove removal). WHY? To protect yourself and the environment from harmful patient germs
4 AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching the patient at the end of the encounter or when the encounter is interrupted WHY? To protect yourself and the environment from harmful patient germs
5 AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient surroundings when a specific zone is temporarily and exclusively dedicated to a patient - even if the patient has not been touched WHY? To protect yourself and the environment from harmful patient germs

- Before entering a resident's space or touching a resident
- Before doing an clean/aseptic procedure
- After body fluid exposure risk
- After touching a resident
- After touching resident surroundings/ the home area

Important Considerations!

- ❖ Hands must be washed before applying PPE and after removal
- ❖ Hands must be washed before handling medication/preparing for administration
- ❖ Hands must be washed before assisting with feeding residents and afterwards – before assisting another resident
- ❖ Hands must be washed before and after resident activities
- ❖ Hands must be washed after handling garbage/used linens
- ❖ Ask residents to wash their hands before meals!

Maintaining good skin integrity is also part of hand hygiene

Intact skin is the first line of defense against microorganisms, hence it is important to maintain good skin care.

Here are a few tips to follow:

- To prevent chafing, wet your hands before applying soap
- Use a mild lotion soap with warm water
- Pat rather than rub hands dry
- Apply lotion liberally and frequently

Most alcohol-based hand rubs contain emollients to reduce the incidence of skin irritation.

Frequent use of alcohol-based hand rub actually lessens the incidence of skin breakdown, as it does not subject hands to the friction and abrasion involved in hand washing and drying hands.

What other measures do we use?

Hand hygiene is only one of many layers of protection we use to prevent the spread of microorganisms

What other methods do we use?



Additional Precautions/PPE

All instructions on the signs are visual and simple to follow

Additional layers of protection may include:

- Masks
- Gloves
- Gowns
- Eye protection
- Use of dedicated equipment
- Cleaning/disinfecting high touch surfaces
- Good air quality
- Physical distancing
- Proper use of PPE/Including proper donning and doffing



PPE: SEQUENCE OF APPLICATION/REMOVAL

Correct Sequence of Putting On and Removing Personal Protective Equipment

PUTTING ON Personal Protective Equipment

- 1** Perform hand hygiene 
- 2** PUT ON gown 
- 3** PUT ON mask or N95 respirator 
- 4** PUT ON eye protection 
- 5** PUT ON gloves 

REMOVING Personal Protective Equipment

- 1** REMOVE gloves 
- 2** REMOVE gown 
- 3** Perform hand hygiene 
- 4** REMOVE eye protection 
- 5** REMOVE mask or N95 respirator 
- 6** Perform hand hygiene 

Use Of PPE: Gloves

Gloves are task-specific and single-use

Always perform hand hygiene before putting gloves on

Gloves must be removed and discarded immediately after the task is complete

Hand hygiene must be performed immediately after glove removal.

Avoid inappropriate glove use, such as:

- Double gloving
- Using alcohol-based hand rub on gloves
- Re-using gloves
- Wearing gloves in hallways, outside of care areas
- Not changing gloves between residents when care is provided

Remember! Gloves are not a substitute for hand hygiene.

PPE videos from TBDHU

Face protection, gloves

- <https://www.tbdhu.com/health-topics/diseases-infections/tbdhu-ipac-hub/ppe-how-to-videos>

Staff Cohorting

- Designate staff to a defined cohort, such as symptomatic residents.
- If this is not possible, then consider staff going first to rooms with unexposed well residents, then to well exposed residents and then to symptomatic residents.
- Physical distancing between staff is important to maintain in common areas.

Types of Cohorting

Residents

- • The placement and care of individuals who are infected in the same room/area;

OR

- • Placing those who have been exposed together to limit risk of further transmission

Staff

- The practice of assigning specified health care workers to care only for residents known to be infected/exposed OR non-exposed residents, never both

Use of PPE: Eye Protection

Eye protection is used to protect the mucous membranes of the eyes

- Eye protection includes: • Safety goggles • Face shields • Visors attached to masks
- Prescription eye wear is not considered accepted eye protection.

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on>

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>

Eye protection

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>

A Resource for Health Care Workers

Cleaning and Disinfection of Reusable Eye Protection



1



Clean hands and put on a pair of gloves.

2



Wipe the inside of the eye protection first and then the outside.

3



Ensure all surfaces remain wet for the disinfectant contact time (e.g., 1-3 minutes).

4



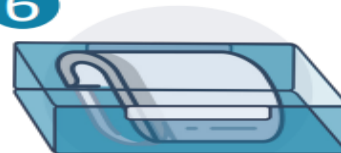
Rinse with tap water and allow to dry.*

5



Remove gloves and perform hand hygiene.

6



Store the eye protection in a clean, designated area.

Important Reminders

Reusable eye protection can include face shields, goggles and safety glasses.

Follow infection prevention and control best practices for use of eye protection such as performing a Point-of-Care or Personal Risk Assessment.

Always clean and disinfect reusable eye protection between uses according to manufacturer/product instructions.

Single use eye protection such as disposable face shields or visor/mask must be safely discarded after one use.

If the equipment is damaged or the foam piece of the face shield/goggle straps are visibly soiled, DO NOT REUSE.

** Tip: To help reduce fogging, after disinfection, cleaning with soap and water or wiping with alcohol may help.*

For more information about PHO, visit [publichealthontario.ca](https://www.publichealthontario.ca). ©Queen's Printer for Ontario, 2021