Infection Control

RALF rules mandate that each facility develop and implement policies and procedures consistent with recognized standards which control and prevent infections for both staff and residents (IDAPA 16.03.22.156).

Additional requirements for infection control are specified at 16.03.22.335 and describe:

The administrator is responsible for ensuring that infection control policies and procedures are implemented.

01. Staff must implement facility policies and procedures.

02. Staff with an infectious disease must not work until the infectious stage is corrected or must be reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent.

03. Standard precautions must be used in the care of residents to prevent transmission of infectious disease according to the Centers for Disease Control and Prevention (CDC) guidelines. These guidelines may be accessed on the CDC website at http://www.cdc.gov/.

04. The name of any resident or facility personnel with a reportable disease listed in IDAPA 16.02.10, “Idaho Reportable Diseases,” (https://adminrules.idaho.gov/rules/1998/16/0210.pdf) must be reported immediately to the local health district authority and appropriate infection control procedures must be immediately implemented as directed by that local health authority.

Each staff member must be trained on these procedures to contribute to proper infection control facility-wide. The World Health Organization has infection control training resources at https://www.who.int/infection-prevention/en/. The CDC has infection control training resources (https://www.cdc.gov/longtermcare/training.html) that cover a variety of topics, including outbreaks and injections.

Any infection control systems should be monitored by administration for efficacy.

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In addition to outbreaks and injections, the infection control policies should also address standard precautions, including the use of personal protection equipment (PPE) and hand hygiene. Standard precautions are important, as the best way to prevent the spread of illness is to avoid exposure. (Hand hygiene is so important it is the focus of the next article in this newsletter!)

Procedures should also address environmental cleaning, including the handling of reusable supplies (such as blood pressure cuffs) and laundry. The CDC has information related to the cleaning of laundry at https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html. The Environmental Protection Agency maintains lists of products that are disinfectants against common pathogens at (https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants), including Hepatitis C (List F), Norovirus (List G), Clostridium Difficile (C-Diff) Spores (List K) and SARS-CoV-2 (Coronavirus) (List N).

In the event a staff or resident of a facility becomes ill with a reportable disease, the administrator must ensure the illness is reported to the local health district. Health district information, including district addresses and phone numbers, can be found at https://healthandwelfare.idaho.gov/Health/HealthDistricts/tabid/97/Default.aspx. Always follow the instructions of the health district after reporting an illness; they are the primary resource during infectious disease outbreaks of any type.

Instructions and precautions during a time of an outbreak can include:

- Isolate those infected. *Isolation is different from confinement. A person can be isolated in any amount of space, indoors or outdoors. Fresh air and sunshine can be very good. Isolation in this context refers to separating people with an illness from people without an illness.
- Wear PPE (which each assisted living must ensure is available) when interacting with residents with an infectious disease. This can include gowns, gloves, face masks and eye protection.
- Encourage people to cover their mouth and nose with a tissue, or use the inside of an elbow, when coughing or sneezing.
- Encourage all to avoid touching their eyes, nose and mouth.
- Encourage everyone (staff, residents, visitors, etc.) to wash their hands often with soap and water for a minimum of 20 seconds.

Remember any infectious disease can cause serious complications for those who are over the age of 65, especially those with chronic illnesses such as heart disease or asthma. We hope these notes on infection control help keep the Idaho assisted living community as safe and healthy as possible!
Handwashing can help prevent illness. It involves five simple and effective steps (Wet, Lather, Scrub, Rinse, Dry) you can take to reduce the spread of diarrheal and respiratory illness so you can stay healthy.

Regular handwashing, particularly before and after certain activities, is one of the best ways to remove germs, avoid getting sick and prevent the spread of germs to others. This can prevent illness and the spread of infections to others because:

- People frequently touch their eyes, nose, and mouth without even realizing it. Germs can get into the body through the eyes, nose and mouth and make us sick.
- Germs from unwashed hands can get into foods and drinks while people prepare or consume them. Germs can multiply in some types of foods or drinks, under certain conditions, and make people sick.
- Germs from unwashed hands can be transferred to other objects, like handrails, table tops or toys, and then transferred to another person’s hands.
- Removing germs through handwashing therefore helps prevent diarrhea and respiratory infections and may even help prevent skin and eye infections.

Teaching people about handwashing helps them and their communities stay healthy. The CDC has many materials to promote hand hygiene, including education courses, posters, brochures, infographics, factsheets and videos. One video on their website, titled “What You Need to Know About Handwashing,” is only 2-minutes long and is a great, quick educational tool.

The World Health Organization also has hand hygiene resources, including Guidelines on Hygiene in Health Care. Handwashing education:

- Reduces the number of people who get sick with diarrhea by 23-40%.
- Reduces diarrheal illness in people with weakened immune systems by 58%.
- Reduces respiratory illnesses, like colds, in the general population by 16-21%.

Estimated global rates of handwashing after using the toilet are only 19%. Although people around the world clean their hands with water, very few use soap to wash their hands. Washing hands with soap removes germs much more effectively. Many diseases and conditions are spread by not washing hands with soap and clean, running water. CDC recommends cleaning hands in a specific way to avoid getting sick and spreading germs to others. The guidance for effective handwashing and use of hand sanitizer was developed based on data from a number of studies. The five steps are:

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Hand Hygiene

Wet your hands with clean, running water (warm or cold). The temperature of the water does not appear to affect microbe (all tiny, living organisms) removal.

Lather your hands by rubbing them together with soap. Lathering and scrubbing hands creates friction, which helps lift dirt, grease and microbes from skin. Microbes are present on all surfaces of the hand, often in particularly high concentration under the nails, so the entire hand should be scrubbed. Using soap to wash hands is more effective than using water alone because the surfactants in soap lift soil and microbes from skin, and people tend to scrub hands more thoroughly when using soap, which further removes germs.

Scrub your hands for at least 20 seconds. The optimal length of time for handwashing is also likely to depend on many factors, including the type and amount of soil on the hands and the setting of the person washing hands. For example, surgeons are likely to come into contact with disease-causing germs and risk spreading serious infections to vulnerable patients, so they may need to wash hands longer than a man before he prepares his own lunch at home. Nonetheless, evidence suggests that washing hands for about 15 - 30 seconds removes more germs from hands than washing for shorter periods.

Rinse your hands well under clean, running water. Soap and friction help lift dirt, grease, and microbes (including disease-causing germs) from skin so they can then be rinsed off of hands. Rinsing the soap away also minimizes skin irritation. Because hands could become re-contaminated if rinsed in a basin of standing water that has been contaminated through previous use; clean, running water should be used. While some recommendations include using a paper towel to turn off the faucet after hands have been rinsed, this practice leads to increased use of water and paper towels, and there are no studies to show that it improves health.

Dry your hands using a clean towel or air dry them. Germs can be transferred more easily to and from wet hands; therefore, hands should be dried after washing.

Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat.
On average, healthcare providers clean their hands less than half the number of times they should. Healthcare providers might need to clean their hands as many as 100 times in a 12-hour shift, depending on the number of patients and intensity of care. On any given day, about 1 in 31 hospital patients has at least one healthcare-associated infection. Healthcare facilities should:

- Require healthcare personnel to perform hand hygiene in accordance with CDC recommendations.
- Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled.
- Require healthcare personnel to perform hand hygiene with soap and water before and after the use of gloves.
- Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where care is being delivered.

You can help yourself, your loved ones and the assisted living community stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during and after preparing food
- Before and after eating food
- Before and after caring for someone who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After cleaning up someone who has used the toilet
- After blowing your nose, coughing or sneezing
- After touching an animal, animal food or animal waste
- After housekeeping, including handling dirty laundry or garbage

An alcohol-based hand sanitizer may be used if hands are not visibly soiled, but remember the following:

- **Alcohol-based hand sanitizers can quickly reduce the number of microbes on hands in some situations, but sanitizers do not eliminate all types of germs.**
  
  Soap and water are more effective than hand sanitizers at removing certain kinds of germs, like C-Diff and norovirus.

- **Alcohol-based hand sanitizers must contain at least 60% alcohol.**
  
  Hand sanitizers with less than 60% alcohol may not work equally well for many types of germs and merely reduce the growth of germs rather than kill them outright.
When using hands sanitizer, the product should be applied to the palm of one hand (read the label for the correct amount) and rubbed all over the surfaces of the hands until the hands are dry. The thumbs, fingertips and areas between fingers are commonly missed when using sanitizer. Other common issues are people may not use a large enough volume of the sanitizer or may wipe it off before it has dried. If the hands feel dry after rubbing together for 10-15 seconds, an insufficient volume was applied. Using a proper volume of sanitizer can be more effective at killing certain bacteria than washing hands.

When evaluating hand hygiene products for potential use in healthcare facilities, administrators must consider factors that can affect the overall efficacy of products, including the antiseptic agents against various pathogens and acceptance of the products by staff members. Products that are not well-accepted by healthcare staff can be a deterrent to proper hand hygiene. Characteristics of a product that can affect acceptance include smell, consistency (i.e. “feel”) and color. For soaps, the ease of lather and for hand sanitizers, the time required for drying should also be considered. The tendency of products to cause skin irritation and dryness is also a substantial factor that affects acceptance, and ultimately usage.

Dispensing systems may be used, but can discourage proper hand hygiene if:

- The system becomes clogged and does not deliver the product, or a sufficient amount of product, when used.
- The dispenser does not deliver the product appropriately on the hands. For example, the product squirts onto the wall.

While hand hygiene supplies can be costly, it is important to consider that by purchasing more effective, widely-accepted products, hand hygiene practices will improve and infections will be avoided. Avoiding infections will lead to a savings that will exceed any costs of improved hand hygiene products.

Other factors healthcare staff discuss related to hand hygiene programs:

- Location, number and convenience of sinks
- Presence of hand hygiene supplies (including paper towels)
- Amount of time available during a shift to stop and wash hands
- Belief that gloves eliminate the need for hand hygiene
- Personal forgetfulness
- Hand hygiene role modeling by administration
- Education regarding importance of, and facts behind, handwashing
Hand hygiene promotion has been challenging for over 150 years. In-service education, informational leaflets, workshops, lectures, automated dispensers and performance feedback related to hand hygiene adherence have been associated with hand hygiene improvement.

Did you know May 5th is World Hand Hygiene Day? Save lives, clean your hands! Click here to be taken to the CDC’s Clean Hands Count Campaign page.

Additional hand hygiene resources:

The Society for Healthcare and Epidemiology in America - Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene

The Joint Commission - https://www.jointcommission.org/

Hand Hygiene Resource Center - https://handhygiene.org/

References and resources used in this article:


Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002; 51 (No. RR-16); [Pages 6 - 27]
Official guidelines for Residential Assisted Living Facilities were developed and sent out via FLARES regarding coronavirus. We will continue to keep you informed of any changes made to those guidelines. The guidance can also be found here: RALF Guidance for COVID-19.

The Division of Public Health Medical Director issued a statement titled Reducing Risk of Respiratory Illness Clusters and Outbreaks, which is linked here from our website as well.

“COVID-19 Temporary Waived Rules” (linked from our website) is a document that identifies which assisted living rules are waived until further notice.

The following is a website specific to coronavirus in Idaho, which includes contact information for local health districts: https://coronavirus.idaho.gov/. Health districts are a fantastic and necessary resource during an infectious disease outbreak. Cases of coronavirus should be reported to them, as identified on the Idaho Reportable Disease List. The local health district can even be contacted for personal protection equipment (PPE) in times of supply shortages!

If you have any questions related to coronavirus, please direct them to the Idaho Department of Health and Welfare toll-free hotline: 1-888-330-3010, 8:00 a.m. - 6:00 p.m., Monday through Friday.

![Stop the Spread of Germs](https://www.flareslive.com/portal/ProviderLogin.aspx)