INFECTION PREVENTION AND CONTROL TRAINING

NEVADA HOSPITAL ENGAGEMENT NETWORK & NEVADA RURAL HOSPITAL PARTNERS

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INTRODUCTION

➢ As health care workers our primary goal is to do no harm.
HEALTH CARE ASSOCIATED INFECTIONS

- Healthcare-associated infections (HAIs) are infections that patients acquire during the course of receiving healthcare treatment for other conditions.
- These infections related to medical care can be devastating and even deadly.
- HAIs are an important public health problem. Every day, about 1 in every 25 hospitalized patients has an infection caused by receiving medical care.
- HAIs are preventable.
- May be detected after discharge from hospital or after outpatient treatment.
- Examples: Surgical Site Infections, Catheter Associated Urinary Tract Infections and Central Line Associated Bloodstream Infections and Pneumonia.
CONSEQUENCES OF HOSPITAL ACQUIRED INFECTIONS

- Complicated Treatment
- Cause Additional Suffering
- Increased Costs ($10 billion/yr.)
- Prolonged hospital stay
- Drug treatment
- Additional surgery
- Death
GINNY’S STORY

- Do to some graphic scenes View Discretion is advised.

- http://youtu.be/s5x1f3_NJX8
HAND WASHING

Hand washing is the most effective measure for preventing the spread of infection!!
WHAT LIVES ON OUR HANDS?

- Transient micro-organisms – acquired by contact these micro-organisms survive on the skin for less than 25 hours and can be removed by hand hygiene

- Resident micro-organisms – part of normal skin flora these micro-organisms survive and multiply on the skin, they rarely cause infections except when introduced into the body through invasive procedures
HAND WASHING

- **Frequency**
  - before and after patient care
  - between patient contact
  - after toileting
  - before and after work

- **Effectively**
  - soap/water/friction
  - 15-30 seconds
HAND HYGIENE TECHNIQUE

- Remove wrist watches, jewelry and other items
- Turn the tap on and check the temperature of the water
- Wet hands under warm running water before applying soap
- Apply enough soap to cover all hand surfaces (usually about 5ml)
- Rub hands for at least 15 to 20 seconds (sing “Happy Birthday”)
- Rinse thoroughly under warm running water
- Dry hands with a single use towel (IMPORTANT)
- Use other towel to turn the tap off

YOUR HANDS ARE NOW SAFE!!!
ALCOHOL-BASED PREPARATIONS

- Alcohol-based preparations offer a solution when time and facilities are restricted
- Ideal for rapid hand hygiene on visibly clean hands
- The technique for alcohol-based preparations is the same as for hand hygiene
- Concentrations of at least 60% are recommended by the Center for Disease Control and Prevention (CDC)
- Rub the product over all surfaces of your hands and fingers until your hands are dry
- Not a cleansing agent, so visible contaminants still need removing with soap and water
- Takes 15 to 30 seconds to perform
HAND WASHING

- Physicians are the worst for compliance
- Nurses and Technicians do the best
- None are 100% compliant
HAND WASHING

- Studies show that even when hand washing occurs, the duration is often inadequate
- Typically devote 8-9 seconds (current standard is 15 – 25 seconds)
- As workload increases, hand washing decreases
HAND WASHING

- It is said that health care workers are unwilling to acknowledge the importance of hand washing because the missed opportunity for hand washing and the consequence -- a health care acquired infection -- are widely separated in time.

- What is your opinion of this statement?
WHY HEALTHCARE WORKERS DO NOT WASH THEIR HANDS

Belief is that:

- hand washing between patient contact is not necessary
- hand washing does not affect clinical outcome
- hand washing is not necessary when gloves are worn
- frequent hand washing interrupts efficient patient care
One puzzle is why health care workers are so bad at it. Among the explanations studies have offered are complaints about dry skin, the pressures of an emergency environment, the tediousness of hand washing and resistance to authority (doctors, who have the most authority, tend to be the most resistant, studies have found).
PERSONAL PROTECTIVE EQUIPMENT (PPE)

Definition:
Specialized clothing or equipment worn by an employee for protection against infectious materials (OSHA)
TYPES OF PPE USED IN HEALTHCARE SETTINGS

- Gloves – protect hands
- Gowns/aprons – protect skin and/or clothing
- Masks and respirators – protect mouth/nose
  
  Respirators – protect respiratory tract from airborne infectious agents
- Goggles – protect eyes
- Face shields – protect face, mouth, nose, and eyes
FACTORS INFLUENCING PPE SELECTION

Type of exposure anticipated
➤ Splash/spray versus touch
➤ Category of isolation precautions
➤ Durability and appropriateness for the task
➤ Fit
GLOVES

Purpose – patient care, environmental services, other
- Glove material – vinyl, latex, nitrile, other
- Sterile or nonsterile
- One or two pair
- Single use or reusable
DO’S AND DON’TS OF GLOVE USE

- Work from “clean to dirty”
- Limit opportunities for “touch contamination” -
- Protect yourself, others, and the environment
- Don’t touch your face or adjust PPE with contaminated gloves
- Don’t touch environmental surfaces except as necessary during patient care
DO’S AND DON’TS OF GLOVE USE (CONT’D)

- **Change gloves:**
  - During use if torn and when heavily soiled (even during use on the same patient)
  - After use on each patient
- Discard in appropriate receptacle
- Never wash or reuse disposable gloves
GOWNS OR APRONS

- Purpose of use
- Material:
  - Natural or man-made
  - Reusable or disposable
  - Resistance to fluid penetration
- Clean or sterile
FACE PROTECTION

- **Masks**
  - Protect nose and mouth
  - Should fully cover nose and mouth and
  - Prevent fluid penetration

- **Goggles**
  - Protect eyes
  - Should fit snuggly over and around eyes
  - Personal glasses not a substitute for goggles
  - Anti-fog feature improves clarity
FACE PROTECTION

- Face shields
  - Protect face, nose, mouth, and eyes
  - Should cover forehead, extend below chin and wrap around side of face
RESPIRATORY PROTECTION

- Purpose – protect from inhalation of infectious aerosols (e.g., Mycobacterium tuberculosis)
- PPE types for respiratory protection
  - Particulate respirators
  - Half- or full-face elastomeric respirators
  - Powered air purifying respirators (PAPR)
ELEMENTS OF A RESPIRATORY PROTECTION PROGRAM

- Medical evaluation
- Fit testing
- Training
- Fit checking before use
HOW TO DON A PARTICULATE RESPIRATOR

Select a fit tested respirator

- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with elastic
- Adjust to fit
- Perform a fit check –
  - Inhale – respirator should collapse
  - Exhale – check for leakage around face
KEY POINTS ABOUT PPE

- Don before contact with the patient, generally before entering the room
- Use carefully – don’t spread contamination
- Remove and discard carefully, at the doorway
- Remove respirator outside room
- Immediately perform hand hygiene
SEQUENCE FOR DONNING PPE

- Gown first
- Mask or respirator
- Goggles or face shield
- Gloves

Combination of PPE will affect sequence – be practical
SEQUENCE FOR REMOVING PPE

- Gloves
- Face shield or goggles
- Gown
- Mask or respirator
HAND HYGIENE

- Perform hand hygiene immediately after removing PPE.
- If hands become visibly contaminated during PPE removal, wash hands before continuing to remove PPE.
- Wash hands with soap and water or use an alcohol-based hand rub.
- PPE Use in Healthcare Settings
  - *Ensure that hand hygiene facilities are available at the point needed, e.g., sink or alcohol-based hand rub.
PPE FOR STANDARD PRECAUTIONS

- Gloves – Use when touching blood, body fluids, secretions, excretions, contaminated items; for touching mucus membranes and non-intact skin

- Gowns – Use during procedures and patient care activities when contact of clothing/ exposed skin with blood/body fluids, secretions, or excretions is anticipated
PPE FOR STANDARD PRECAUTIONS

- Mask and goggles or a face shield
  Use during patient care activities, which are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions
DROPLET PRECAUTIONS

- PPE use:
  - Wear a facemask, such as a procedure or surgical mask, for close contact with the patient; the facemask should be donned upon entering the exam room
  - If substantial spraying of respiratory fluids is anticipated, gloves, gown and goggles (or face shield in place of goggles) should be worn
  - Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and contaminated objects/materials. Note: use soap and water when hands are visibly soiled (e.g., blood and/or body fluids)
  - Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette
  - Clean and disinfect the exam room accordingly
AIRBORNE PRECAUTIONS

- Apply to patients known or suspected to be infected with a pathogen that can be transmitted by airborne route; these include, but are not limited to:
  - Tuberculosis
  - Measles
  - Chickenpox (until lesions are crusted over)
  - Localized (in immunocompromised patient) or disseminated herpes zoster (until lesions are crusted over)
- Have patient enter through a separate entrance to the facility (e.g., dedicated isolation entrance), if available, to avoid the reception and registration area
- Place the patient immediately in an Airborne Infection Isolation Room (AIIR)
**AIRBORNE PRECAUTIONS**

- If an AIIR is not available:
  - Provide a facemask (e.g., procedure or surgical mask) to the patient and place the patient immediately in an exam room with a closed door.
  - Instruct the patient to keep the facemask on while in the exam room, if possible, and to change the mask if it becomes wet.
  - Initiate protocol to transfer patient to a healthcare facility that has the recommended infection-control capacity to properly manage the patient.
USE THE RIGHT PPE EVERY TIME

If Homer can do it so can you!!

use the right PPE for the job.

DO YOU KNOW WHEN AND WHERE TO WEAR PPE?
WHAT TYPE OF PPE WOULD YOU WEAR?

- Giving a bed bath?
- Suctioning oral secretions?
- Transporting a patient in a wheel chair?
- Responding to an emergency where blood is spurting?
- Drawing blood from a vein?
- Cleaning an incontinent patient with diarrhea?
- Irrigating a wound?
- Taking vital signs?
WHAT TYPE OF PPE WOULD YOU WEAR?

- Giving a bed bath?
  - Generally none

- Suctioning oral secretions?
  - Gloves and mask/goggles or a face shield – sometimes gown

- Transporting a patient in a wheel chair?
  - Generally none required

- Responding to an emergency where blood is spurting?
  - Gloves, fluid-resistant gown, mask/goggles or a face shield

- Drawing blood from a vein?
  - Gloves

- Cleaning an incontinent patient with diarrhea?
  - Gloves with gown

- Irrigating a wound?
  - Gloves, gown, mask/goggles or a face shield

- Taking vital signs?
  - Generally none
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
With the emergence of the HIV epidemic in the 1980s, concerns about occupational transmission of bloodborne pathogens in the healthcare setting came to the forefront in infection control. These concerns culminated in passage of the Bloodborne Pathogens Standard by the Occupational Safety and Health Administration (OSHA) in 1991.
Pathogenic microorganisms can also cause diseases such as hepatitis C, malaria, syphilis, arboviral infections, relapsing fever, Creutzfeldt-Jakob disease, adult-cell leukemia/lymphoma and viral hemorrhagic fever.

Although a variety of pathogens may be bloodborne, the pathogens of greatest concern continue to be human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).
HOW CAN A HEALTH CARE WORKER BE EXPOSED TO BLOODBORNE PATHOGENS ON THE JOB?

- Needle-sticks or cuts from used needles or sharps.
- Contact of your eyes, nose, mouth, or broken skin with blood.
- Assaults – bites, cuts, or knife wounds.
- Splashes or punctures – especially when drawing blood.
HOW CAN YOU PROTECT YOURSELF?

- Get the hepatitis B vaccine.
- Read and understand your employer’s Exposure Control Plan.
- Dispose of used sharps promptly into an appropriate sharps disposal container.
- Use sharps devices with safety features whenever possible.
- Use personal protective equipment (PPE), such as gloves and face shields, every time there is a potential for exposure to blood or body fluids.
- Clean work surfaces with germicidal products.
WHAT SHOULD YOU DO IF YOU’RE EXPOSED?

- **Wash**
  - Needle sticks and cuts with soap and water.

- **Flush**
  - Splashes to nose, mouth, or skin with water.

- **Irrigate**
  - Eyes with clean water, saline, or sterile wash.

- **Report**
  - All exposures promptly to ensure that you receive appropriate follow-up care.
HOW CAN YOU ENCOURAGE REPORTING?

- Establish a mandatory policy to report all exposures.
- Ensure employees know what an exposure is.
- Regularly remind your workers to quickly report all exposures of blood and other body fluids.
- Assure your employees that the report of an exposure will not adversely affect their employment status or performance evaluations.
- Have a system in place for reporting and responding to exposure reports.
- Ensure reports are handled promptly and confidentially.
- Ensure all supervisors and managers know what to do if an employee reports an exposure incident.
- Include reporting procedures and your facility’s yearly exposure statistics in annual bloodborne pathogens training.
- Get the word out! Tell your employees about the policy, the steps you are taking to implement it, and what they need to do.
RISKS OF BLOODBORNE EXPOSURES

- HCV
- HIV
- HBV
HUMAN IMMUNODEFICIENCY VIRUS

- Virus that leads to AIDS
- Transmitted by
  - Blood or body fluids
  - Sex
  - Shared needles
  - Birth
  - Clinical exposures/Needle sticks
HEPATITIS B VIRUS (HBV)

- One of the causes of viral hepatitis
- **Transmitted by**
  - Blood and body fluids
  - Sex
  - Sharing intravenous needles
  - Birth
  - Clinical Exposure
  - Needlesticks
  - Splashes
HEPATITIS C (HCV)

- One of the causes of viral hepatitis

- Transmitted by
  - Injection drug use
  - Receipt of donated blood, blood products, and organs (once a common means of transmission but now rare in the United States since blood screening became available in 1992)
  - Needlestick injuries in health care settings
  - Birth to an HCV-infected mother

- HCV can also be spread infrequently through
  - Sex with an HCV-infected person (an inefficient means of transmission)
  - Sharing personal items contaminated with infectious blood, such as razors or toothbrushes (also inefficient vectors of transmission)
  - Other health care procedures that involve invasive procedures, such as injections (usually recognized in the context of outbreaks **unsafe injections**)
CHAIN OF INFECTION

**Source**
- Patient
- Employee
- Environment
- Equipment
- Visitors

**Method of Transmission**
- Contact
  - Direct
  - Indirect
- Airborne
- Vehicle
- Vector

**Host**
- Socioeconomics
- Age
- Treatment
- Nutrition
- Immunity
- Skin
- Injury
- Disease
- Life Style
PRINCIPLES OF CLEANING AND DISINFECTION
RISK OF INFECTION

- Cleaning, disinfection, and sterilization play an important role in prevention of infections related to introduction of microorganisms caused by factors or an agent from outside the organism or system. (indirect contact)

- All microorganisms in health care facilities should be considered potentially pathogenic.

- Ability to produce infection/disease dependent on:
  - Number and virulence of organism,
  - Portal of entry
  - Susceptibility of host
SPAULDING’S CLASSIFICATION

- Critical = object enters a normally sterile tissue = sterile

- Semi-critical = objects that touch mucous membranes or skin that is not intact = high level disinfection

- Non critical = objects that touch only intact skin = low level disinfection
DEFINITIONS THAT EVS PERSONNEL SHOULD KNOW AND UNDERSTAND

- **Clean**: The removal of visible soil (e.g., organic and inorganic material) from object and surfaces.

- **Sanitize**: To clean and sterilize.
DEFINITIONS THAT EVS PERSONNEL SHOULD KNOW AND UNDERSTAND

- **Disinfect** - The use of a chemical procedure that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial endospores) on inanimate objects.

- There are three levels of disinfection: high, intermediate, and low.
  - High-level disinfection kills all organisms, except high levels of bacterial spores, and is effected with a chemical germicide cleared for marketing as a sterilant by the FDA.
  - Intermediate-level disinfection kills mycobacteria, most viruses, and bacteria with a chemical germicide registered as a "tuberculocide" by the Environmental Protection Agency (EPA).
  - Low-level disinfection kills some viruses and bacteria with a chemical germicide registered as a hospital disinfectant by the EPA.
DEFINITIONS THAT EVS PERSONNEL SHOULD KNOW AND UNDERSTAND

- **Sterilization** - The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.
- **Bioburden** - The number of bacteria living on a surface before it is sterilized.
- **Contact Time** - The amount of time the disinfectant or sterilant needs to stay on the surface in order to kill the bacteria and or viruses on that surface.
- **EPA registered disinfectant** - Disinfectant that has a claim on its label stating that it is a registered product that has been approved by the EPA.
- **Types of isolation** – Contact, airborne and droplet.
Definition: The removal of visible soil (e.g., organic and inorganic material) from object and surfaces.

- Is normally accomplished manually or mechanically using water with detergents or enzymatic products.
- Thorough cleaning is essential before high-level disinfection and sterilization.
USING CLEANERS AND DISINFECTANTS

- **Read the label first.**
  - Each cleaner and disinfectant has instructions on the label that identify important facts:
    - How to apply the product to a surface.
    - How long to leave it on the surface to be effective (contact time).
    - If the surface needs to be cleaned first, then rinsed after using.
    - If the disinfectant is safe for the surface.
    - Whether the product requires dilution with water before use.
    - Precautions you should take when applying the product, such as wearing gloves or aprons or making sure you have good ventilation during application.
CMS CLEANING EXPECTATIONS

- Cleaning of patient care equipment
- Privacy Curtains – cleaning schedule and precaution rooms
- Environmental services procedures
- Use of disinfectants and germicidal wipes (contact times)
- Laundry handling procedures
- Cleaning of blood spills
- Facilities
- HVAC system, refrigeration, ice machines, scrub sinks, faucet aerators, eye washes
PATIENT ZONE OR HIGH TOUCH AREAS

- **Includes:**
  - Area around the patients’ environment that maybe reasonably expected to be contaminated.
  - This refers to all surfaces within reach/touch of the patient such as: bed rails, bedside tables, carts, charts, bedside commodes, doorknobs, light switches, TV control, call button, faucet handles, exam table, door knobs and chairs.
FREQUENTLY MISSED AREAS

- These areas are frequently missed or not properly cleaned in the patient’s room:
  - Light switches
  - Toilet flush handle
  - Toilet room door knobs
  - Telephone
  - TV remote
FREQUENCY OF CLEANING

- Patient-care areas, medication preparation areas (outside pharmacy/compounding areas), and bathrooms are cleaned at least daily, with the following exceptions:

  - Promptly clean and decontaminate any location with spills of blood and other potentially infectious materials
  - Clean medication preparation areas when visibly soiled; if medication preparation takes place in the patient treatment area (outside a designated medication room), clean this area after each patient encounter.
  - Ensure the medication preparation area is free of any items contaminated with blood or body fluids (e.g., used equipment such as syringes, needles, IV tubing, blood collection tubes, and needle holders) dispose of such items appropriately.
FREQUENCY OF CLEANING

- Disinfect bathrooms after use by a patient with known or suspected infectious diarrhea and before use by another person
- Disinfect environmental surfaces and noncritical patient-care devices when visibly soiled
- Disinfect environmental surfaces and noncritical patient-care devices in between patient use if:
  - There was direct contact to non-intact skin or mucous membrane or potential contamination with body fluids (e.g., blood and/or body secretions)
  - The patient-care device involves a blood glucose meter or other point of care testing device (e.g., PT/INR readers) that utilize blood samples; to prevent bloodborne pathogen transmission, these devices must be cleaned and disinfected after each use in accordance with manufacturer’s instructions
CLEANING/DISINFECTING STRATEGIES IN SURGICAL CARE AREAS

- Train and verify competency of staff
- End of the day terminal cleaning for Every OR, scrub room, and service room.
  - Lights and horizontal surfaces of equipment.
  - Anesthesia cart
- Guidelines: AORN, AAMI
- http://www.disinfectionandsterilization.org/
CLEANING PATIENT CARE AREAS

General cleaning and disinfection measures that apply to any patient-care area:

- Wear appropriate PPE
- In general, cleaning should be performed before disinfection unless a one-step detergent disinfectant is used
- Wet-dust horizontal surfaces by moistening a cloth with a small amount of an EPA-registered disinfectant
- Avoid dusting methods that disperse dust (e.g., feather-dusting)
- Concentrate on cleaning high-touch surfaces (areas frequently touched by patients and facility staff) and those in close proximity to the patient.
Terminal cleaning: to decrease the amount of pathogens, dust and debris

When terminal cleaning and disinfecting, areas of focus include but are not limited to:
- Surgical lights and external tracts
- Fixed and ceiling-mounted equipment
- All furniture including wheels and casters
- Equipment handles
- Ventilator faceplates
- Horizontal surfaces (tops of counters, sterilizers, fixed shelving)
- The entire floor
- Kick bucket and scrub sinks
TERMINAL CLEANING

- Surgical and invasive procedure rooms and scrub/utility areas should be terminally cleaned and disinfected daily
- Operating and invasive procedure rooms should be terminally cleaned and disinfected
  - Upon the completion of scheduled procedures for the day and
  - Everyday during the week
- Operating and invasive procedure rooms that are not in use should be terminally cleaned and disinfected daily
- Personnel should move equipment and supplies in and out of rooms when cleaning and disinfecting
TERMINAL CLEANING CHECKLIST

http://www.cdc.gov/HAI/toolkits/Environmental-Cleaning-Checklist-10-6-2010.pdf
CLEANING/DISINFECTING STRATEGIES
IN SPECIAL PATIENT CARE AREAS

➤ Keep vacuums in good repair, and equip vacuums with HEPA filters.

➤ Wet-dust horizontal surfaces daily by moistening a cloth with a small amount of an EPA-registered hospital detergent/disinfectant.

➤ Close the doors of immunocompromised patients’ rooms when vacuuming, waxing, or buffing corridor floors to minimize exposure to airborne dust.

➤ Avoid unnecessary exposure of neonates to disinfectant residues on environmental surfaces

➤ Do not use phenolics or any other chemical germicide to disinfect bassinets or incubators during an infant’s stay. Rinse disinfectant-treated surfaces, especially those treated with phenolics, with water.
DISINFECTION

- Definition: The use of a chemical procedure that eliminates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial endospores) on inanimate objects.

- There are three levels of disinfection: high, intermediate, and low.
  - High-level disinfection
  - Intermediate-level disinfection
  - Low-level disinfection
STERILIZATION

- Sterilization means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

- The major sterilizing agents used in hospitals are:
  - a) moist heat by steam autoclaving
  - b) ethylene oxide gas
  - c) dry heat.

- In general, reusable medical devices or patient-care equipment that enters normally sterile tissue or the vascular system or through which blood flows should be sterilized before each use.
STERILIZATION

- Separate clean and dirty functions
- Set up traffic flow to avoid re-contamination
  - Physical facilities – 3 separate areas
    1. Cleaning/decontamination
    2. Packaging
    3. Sterilization and storage

- Cleaning
- Packaging: (Inspection: remove items not adequately cleaned, broken, needing repair)
- Loading: (All surfaces must be directly exposed to disinfecting/sterilizing agent)
- Storage (package must be labeled and dated)
CLEANING SCHEDULES

- Provide a cleaning schedule for items in the facility that should be cleaned on a daily, weekly, and monthly basis.

- Utilize the healthcare staff members (environmental services, infection preventionist, etc.) to create an effective cleaning schedule.
CLEANING SCHEDULES

- Make a “cleaning matrix” showing:
  - Who cleans post discharge, e.g., environmental services (EVS)
  - Who cleans when in use
  - How often “general use equipment” is cleaned
  - Who cleans “general use equipment”

- Identification of cleaned items
  - Rags, tags and bags
You can clean without disinfecting, but you cannot disinfect without cleaning.
CLEANING DURING AN OUTBREAK

- During an outbreak you want to increase cleaning within your facility, especially all high touch surfaces.
- Environmental hygiene measures and general cleaning are extremely important –
- Particular attention should be given to the cleaning of rooms containing ill residents and to cleaning objects that are frequently handled such as door handles and toilet or bath rails, telephones, banisters to stairs/passageways and rails to balconies.
- Cleaning should be with a solution containing an approved EPA disinfectant and using separate disposable cloths for toilet areas.
- Be sure that the disinfectant is effective against the causative agent of the outbreak.
CLEANING DURING AN OUTBREAK

- Use EPA approved cleaning products for any contaminated surfaces, cleaning is necessary to remove foreign material. This is normally accomplished using water with detergents or enzymatic products.

- Thorough cleaning is necessary since organic matter (e.g., feces, vomitus) can interfere with the antimicrobial activity of disinfectants.

- In addition, reducing the number of microorganisms that must be inactivated through cleaning increases the margin of safety when a germicide is used according to the labeling and shortens the exposure time required to kill the entire microbial load.
A disinfectant should be used on all surfaces that are touched regularly.

Restroom surfaces such as:
- faucet handles
- soap dispensers
- stall doors and latches
- toilet seats and handles
- towel dispensers are heavily contaminated surfaces and require frequent disinfection.

Other high touch surfaces include:
- Food preparation surfaces,
- Self-service utensil handles, sinks, faucets
- Drinking fountains, tables, chairs, counters,
- Commodes, bedside tables, door handles and latches,
- Push plates, railings, elevator buttons, thermostats, telephones, alarm clock buttons, keyboards, carts, chairs (including backs),
- Bed rails, hand rails, light switches, curtain pull rods, ice machines, vending machine keyboards, pens, pencils, games, sports equipment,
- Medical equipment (e.g., blood pressure cuffs) & privacy curtains, etc.
CLEANING DURING AN OUTBREAK

- Housekeeping staff should wear gloves and masks when cleaning potentially contaminated surfaces. If gloves or hands are visibly soiled with (e.g. feces or vomitus or potentially contaminated cleaning solution), wash hands with soap and water.

- Properly wash, rinse and sanitize all eating utensils/dishware according to state regulations.

- Mops and reusable cleaning cloths should be handled with disposable gloves and wearing a gown. The mops and cloths should be adequately cleaned and disinfected after every three to four rooms at no longer than 60-minute intervals.
CLEANING DURING AN OUTBREAK

- Cleaning staff should use face masks with eye protection or face shield, gloves, and aprons when cleaning up after a vomiting incident.
- Placed line directly into laundry bags, and washed separately in hot water and detergent for a complete wash cycle – ideally as a half load for best dilution.
- Note: Do NOT contaminate clean linen. It is critical that individuals wash their hands every time before removing clean linen from the dryer or when handling clean linen while making a bed.
QUESTIONS
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HAVE A GREAT DAY

THANK YOU FOR YOUR TIME