INFECTION CONTROL BASICS

NEW August 2016

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INTRODUCTION

Infection control is an important function of running an Adult Foster Home (AFH) that includes:

- Standard precautions – used when providing care;
- Food preparation and storage;
- Kitchen and dining areas;
- Laundry;
- Cleaning equipment;
- Proper containment and disposal of contaminated supplies and materials.
INTRODUCTION CONTINUED

- Infectious organisms, bacteria and virus:
  - Do not discriminate;
  - Can be transmitted via:
    - Airborne;
    - Animals;
    - Body fluids;
    - Food;
    - Soil;
    - Surfaces; and
  - **YOU!**
Infections caused by germs are a major safety and health hazard. Some infections are:

- Minor and cause short illnesses;
- Serious and can cause serious illness and even death.

Germs do not discriminate and everyone is at risk for an infection including:

- YOU;
- Your Family; and
- Residents.
INTRODUCTION CONTINUED

- Some groups are more vulnerable to infectious organisms:
  - Infants;
  - People with chronic conditions; and
  - Aging populations.

- Did you know you are contagious before you have symptoms? This requires the routine use of:
  - Hand Hygiene; and
  - Respiratory Etiquette (Hygiene.)
INTRODUCTION CONTINUED

- Caregivers and healthcare professionals have an important role in protecting:
  - Residents;
  - Resident’s family;
  - Visitors;
  - You and your family; and
  - Your caregivers.

- This introduction to infection control will provide you with a better understanding of ways to prevent the spread of disease.
HOW DISEASE SPREADS

- Person to person:
  - Human hands are the main mode of transmission.
HOW DISEASE SPREADS CONTINUED

- Person to surface:
  - Germs can spread to surfaces and objects.
HOW DISEASE SPREADS CONTINUED

- **Person to food:**
  - Germs can spread from your hands to food.
HOW DISEASE SPREADS CONTINUED

- Surface to person:
  - Spreads from contaminated surfaces.

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HOW DISEASE SPREADS CONTINUED

- Droplet or airborne:
  - Spreads through the air and is inhaled or contaminates surfaces.
HOW DISEASE SPREADS CONTINUED

Contact with body fluids:
- Blood, wound drainage, stool, urine etc.
Infection control is everyone's responsibility. Understanding how to prevent the transmission of infectious organisms will ensure a safe environment for you, your staff, your residents and your family.
STANDARD PRECAUTIONS
STANDARD PRECAUTIONS

- Standard precautions, *part of infection control*, are safeguards used when providing direct care for residents:
  - Precautions that must be used when providing care for all residents regardless of whether or not you know if they have a known infectious disease;
  - Additional precautions needed when a resident has a known infectious disease or it is suspected they have an infectious disease.
ANTIBIOTIC RESISTANCE

- Standard precautions are used for a wide variety of infectious organisms including antibiotic-resistant infections. Infectious organisms can become antibiotic resistant:
  - Antibiotic resistance occurs when an organism becomes resistant to an antibiotic treatment;
  - Multi-drug resistant organisms (MDRO) occur when an organism becomes resistant to more than one antibiotic treatment;
  - Resistant or multi-drug resistance is a significant health issue.
A resident with a multi-drug resistant organism (MDRO) must have an MDRO transfer form:

- Law was enacted January 1, 2014;
- MDROs include, but are not limited to:
  - Methicillin-Resistant *Staphylococcus aureus* (MRSA);
  - Vancomycin-Resistant *Enterococcus* (VRE);
  - Carbapenem-Resistant *Enterobacteriaceae* (CRE);
  - Multidrug-Resistant *Acinetobacter baumannii*;
  - Toxin-producing *Clostridium difficile*. 
A resident that has been diagnosed or is suspected to have an antibiotic resistance infection they should have an MDRO form. Typically these are generated at the hospital, nursing home or by their healthcare provider. You are required to:

- Keep the MDRO form with the resident’s record;
- Provide a copy to:
  - Any emergency personnel (i.e. paramedics etc.) when treating and/or transporting the resident;
The facility when a resident is being transferred to the hospital, emergency room, ambulatory surgical center, nursing facility or another setting.

Notify your local health department within one working day of the date of transfer to or from your facility.

If a resident is diagnosed while living in your AFH, request the MDRO be filled out by the resident’s healthcare practitioner.

The next slide is a sample MDRO form.
Inter-facility Infection Control Transfer Form

SENDING FACILITY TO COMPLETE FORM and COMMUNICATE TO ACCEPTING FACILITY
Please attach copies of latest culture reports with susceptibilities, if available

<table>
<thead>
<tr>
<th>Patient/Resident Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Print or place Patient Label

<table>
<thead>
<tr>
<th>Sending Facility Name</th>
<th>Sending Facility Unit</th>
<th>Sending Facility Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the patient/resident currently on antibiotics? □ NO □ YES  
DX: _____________________________

Does the patient/resident have pending cultures? □ NO □ YES

Is the patient/resident currently on precautions? □ NO □ YES

Type of Precautions (check all that apply)  □ Contact □ Droplet □ Airborne □ Other: ________________

<table>
<thead>
<tr>
<th>Does patient currently have an infection, colonization OR a history of a multidrug-resistant organism (MDRO)?</th>
<th>Colonization or history Check if YES</th>
<th>Active infection on treatment Check if YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA (methicillin-resistant <em>Staphylococcus aureus</em>).</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>VRE (Vancomycin-resistant <em>Enterococcus</em>).</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><em>C. diff</em> (<em>Clostridium difficile, CDI</em>).</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><em>Acinetobacter</em> spp., multidrug-resistant.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Gram-negative organism resistant to multiple antibiotics* (e.g., <em>E. coli, Klebsiella, Proteus</em> spp.).</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>CRE (carbapenem-resistant <em>Enterobacteriaceae</em>).</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other**:</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

*Culture report with multiple antibiotics marked resistant (R); send copy of report with susceptibilities.
**Other: lice, scabies, shingles, norovirus, influenza, tuberculosis, etc.
Hand hygiene is key in preventing the transmission of germs:

- It is an important first line of attack for avoiding the spread of disease;
- It is used the beginning of the day and routinely throughout the day;
- Must be done even if gloves are used:
  - Before putting on gloves; and
  - Immediately after removing gloves.
Hand hygiene must be done:

- Before and after:
  - Work;
  - Contact, including direct care, with a resident;
  - Preparing food and after each time you handle raw meat, fish, seafood preparing food;
  - When setting up medications for each resident;
- After:
  - You sneeze or cough;
  - Using the bathroom;
  - Anytime hands are visibly dirty or greasy.
HAND HYGIENE CONTINUED

- **ALWAYS** use soap and water:
  - Before and after preparing food:
    - *And* each time after handling raw meat; fish, seafood;
  - After using the bathroom;
  - After providing care for a resident with vomiting and/or diarrhea;
  - Unprotected contact with body fluids;
  - Residents with norovirus or C-difficile infection;
  - Anytime hands are visibly dirty or greasy;
  - Per guidelines or recommendation from the Health Department.
Wash for 20 seconds with soap and warm water:

The 20 seconds does not include:

- Turning on the water;
- Getting the soap;
- Rinsing;
- Turning off the water; and
- Drying hands.

When using soap and water drying hands is a critical step!
Lather with soap and water for 20 seconds:

- Lather all surfaces
- Between Fingers
- Backs of hands
- Thumbs
- Wrists
- Finger Tips
HAND SANITIZER

- Is safe and can be more effective than soap and water. Increased effectiveness is based on easy access and increased use:
  - Entering a resident’s room;
  - Exiting a resident’s room;
  - Before and after providing resident care *not involving potential contact with body fluids*;
  - Before and after setting up medications;
  - Before putting on gloves and after removing gloves.

- Must contain 62% - 95% ethyl alcohol.
Both hands must be covered with sanitizer:
- Rub hands until hands are dry;
- Dry in less than 20 seconds? Not enough hand sanitizer was used;
- **DO NOT** dry hands with a towel:
  - Rubbing hands until dry is a critical part of how it is effective.
- Read the product label, each product has specific instructions on proper use.
Use enough sanitizer so both hands are thoroughly wet:

- Cover all surfaces
- Between Fingers
- Backs of hands
- Thumbs
- Wrists
- Finger Tips
HAND CARE

Keep your hands and nails in good condition:

- Routinely clip nails;
- Clean under nails daily;
- Nail polish cannot have chips or cracks;
- Avoid wearing jewelry at work:
  - Fingers underneath rings must be kept clean.
- Use lotion to keep hands from drying and becoming chapped and cracked;
- Wear gloves when doing:
  - Housework;
  - Gardening etc.
RESPIRATORY HYGIENE

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RESPIRATORY HYGIENE

- Cover cough or sneeze with upper sleeve or elbow (vampire style) then:
  - Wash hands - after each sneeze & cough;
  - Clean & disinfect - surfaces that may have been contaminated after someone has coughed/sneezed.

- Other considerations:
  - Provide masks - for people who are coughing;
  - Coughing & sneezing people should keep at least three – six feet from others!
SICK POLICIES FOR STAFF

- If you or your staff become ill:
  - Stay home from work, school, travel, shopping, social events and public gatherings;
  - If you have a fever, you should not return to work until:
    - You are free of a fever for 24 hours without the aid of a fever reducer such as aspirin or acetaminophen;
    - Free from vomiting and diarrhea;
  - If you have a persistent cough use a mask when providing direct care with residents wash hands more frequently.
PERSONAL PROTECTIVE EQUIPMENT (PPE)
GLOVES

- Gloves must be used when potentially coming into contact with *any* body fluids:
  - Blood;
  - Body fluids - secretions, excretions (except sweat) even if no visible blood;
  - Non-intact skin;
  - Mucous membrane.

- Wash hands before and after wearing gloves.
GLOVES CONTINUED

- **Gloves must be changed:**
  - Between each residents;
  - Between tasks with a resident; or
  - If visibly dirty or torn.

- **Gloves need to be:**
  - Removed immediately after use:
    - Immediately wash hands.
  - Disposed of properly, cannot reuse;
  - Readily available and in the area they are needed;
  - The right size – too big or small can lead to failure.
Proper technique for removing gloves:

1. Grasp outside edge near wrist

2. Pull away turning glove inside out

3. Hold removed glove in other hand

4. Using clean hand slip finger underneath

5. Pull away turning glove inside-out with other glove inside

6. Hold the inside of the glove and discard
GOWNS

Gowns must be used:

- If directed by the Health Department or other healthcare providers;
- When providing care that may contaminate clothing:
  - Resident incontinent of urine or stool and requires turning increases the risk of contaminating your clothing;
  - Behaviors such as smearing;
  - Dressing changes with drainage.
OTHER PPE

- Masks are used when there is a concern about droplet or “splash” concerns:
  - Not all masks are created equal. Read the specifications to make sure the mask selected meets the intended need;
  - Must be worn properly i.e. tie masks must be tied at top and on the bottom;
  - Must be changed between residents and disposed of immediately after use;
  - MUST NEVER BE REUSED.
OTHER PPE CONTINUED

Goggles or safety glasses are used when there is a concern about droplet or “splash” concerns:

- Goggles/safety glasses are reusable but must be:
  - Cleaned after each use;
  - The need is uncommon but should have two pairs on hand:
    - Typically they are less than $10;
    - Make sure you can easily work with them on.
OTHER PRECAUTIONS
Adult vaccines are important tools in the prevention of certain viral infections. Recommended vaccines for healthcare workers include:

- Seasonal flu vaccine;
- Pneumonia;
- Hepatitis B; and
- Others as advised by your healthcare practitioner.
You have the right to choose whether or not you receive a seasonal flu vaccine or other adult vaccinations however, you:

- May not impose your beliefs on residents;
- Annually, contact the resident’s health care practitioner to determine if they should have a flu vaccination and/or other adult vaccines as appropriate:
  - September or October are the best months to get a flu vaccine to ensure maximum protection.

Vaccines protect you and protect others!
Flu Facts:

- Flu is a highly contagious respiratory illness causing mild to severe illness. Severe illness can cause death in compromised individuals;
- You or anyone infected with the influenza virus are:
  - Contagious for 24 hours *BEFORE* having any symptoms;
  - Contagious for 5 – 7 days after becoming sick.
VACCINE FACTS

Vaccine Facts:

- You cannot get the flu from the vaccine:
  - May cause mild side effects such as a sore arm or stuffy nose or sore throat;
  - If you were already exposed to the flu the vaccine may help reduce the severity and duration.
- Flu vaccine is safe and has 50 years of well documented safety;
- You should get a flu shot every year:
  - Each year there are new strains of the flu requiring up-dated vaccines.
FOOD HANDLING
INTRODUCTION

Food poisoning and foodborne illnesses can be life-threatening for anyone, especially older persons. Prevent food poisoning and spread of contagious diseases by safely handling, preparing and storing food:

- Food safety can be broken into four areas:
  - Hand washing;
  - Workplace cleanliness;
  - Food storage;
  - Food preparation.
HAND WASHING

Hand washing is easy. It’s one of the most effective ways to prevent the spread of many types of infection and illness anywhere:

Clean hands including fingernails, can stop germs from spreading from:

- Person to person;
- Person to surface or vice versa; and
- Person to food.

Washing your hands before and after you prepare food is essential for safe food handling.
HAND WASHING CONTINUED

- When handling food:
  - Make sure your hands, fingernails, hair and clothes are clean and your hair is contained;
  - Keep your hands away from your mouth, nose and hair;
  - Use utensils — not your hands — to mix foods, whenever possible;
  - Use a clean utensil every time you taste food during food preparations, cooking or serving;
  - Wash your hands after handling meat, poultry and fish and before handling other food.
CLEAN WORK AREA

- Safe food handling includes keeping the kitchen, preparation area and kitchen tools clean:
  - Wash dishes and utensils every day. To sanitize dishes and utensils, water must be at least 170°F or use the bleach solution and rinse well;
  - Thoroughly clean all dishes, utensils and work surfaces with soap and water after each use;
  - When working with raw foods such as meat, poultry and fish, thoroughly clean the work surface and utensils immediately. *This may require you clean before you complete meal preparation.*
CLEAN WORK AREA CONTINUED

- Hand washing dishes and tools/utensils:
  - Fill the sink with hot, soapy water;
  - Use a clean dishcloth or sponge;
  - Wash the cleanest dishes first — glasses, cups and silverware first; then wash plates and, last, the pans;
  - Rinse dishes under hot, running water or in a pan of clean, hot water;
  - Sanitize cups and silverware for extra protections against germs. Soak for five to 10 minutes in water with one tablespoon of chlorine bleach in one gallon of water;
Drain dishes and let them air-dry:
- This is better than using a towel as towels can spread germs. Air-drying is part of how sanitizers are effective in reducing surface germs.

Change the water if becomes cool or is dirty or greasy.

Dishcloths and sponges must be kept clean. Change dishcloths or sponges daily:
- Toss dishcloths and sponges into the washing machine. Use a hot dryer to help kill germs;
- Sponges can be placed in the top rack of the dishwasher;
CLEAN WORK AREA CONTINUED

- It is best to use dishcloths because they are easier to keep clean. However; with proper care, cleaning and routine replacement, sponges can also be effective in reducing the spread of germs;
- Use paper towels and disposable disinfecting wipes to clean up spills of meat, fish and poultry. This will help reduce the spread of germs.
CLEAN WORK AREA CONTINUED

- Clean counters and other surface areas before and after preparing food. Wipe with disposable disinfecting cloths or spray sanitizer on the counter to reduce germs:
  - To make sanitizer mix one teaspoon of chlorine bleach into one quart of water;
  - Store mixture in a plastic spray bottle and label with the date and mixture information (e.g., “Sanitizer: one teaspoon chlorine bleach and one quart water, January 2016”) on the bottle;
  - Do not increase the amount of chlorine bleach in the mix. Mix new sanitizer every two to three weeks.
CLEAN WORK AREA CONTINUED

- Cutting boards require special attention:
  - Wash in hot, soapy water. Plastic cutting boards can be placed in the dishwasher;
  - After use with meat, fish or poultry, wipe or spray with sanitizer;
  - Have multiple cutting boards:
    - Dedicate, a dishwasher safe, cutting board for raw meat, fish or poultry use;
  - If the wood cutting board has deep scratches, it’s time to get a new one.
FOOD STORAGE

- Keep food clean; keep hot foods hot and cold foods cold. When in doubt, throw it out. That seems easy enough, but what does it mean?

- Food may be unsafe if held for more than four hours over 45°F, the zone where bacteria grow rapidly. Keeping foods cold slows bacterial growth and the production of toxins (poisons);

- **Recommended refrigerator temperature is 45°F or below. You must have a refrigerator thermometer to ensure proper temperatures;**
FOOD STORAGE CONTINUED

- Refrigerate or freeze foods as soon as possible after cooking. In most cases, quick cooling and proper refrigeration of foods can hold the number of bacteria to a safe level;

- Keep foods refrigerated until ready to serve or reheat them;

- Keep raw eggs clean and cold. Refrigerate them promptly. Leftover egg yolks or whites should be refrigerated in a covered container;

- Refrigerate hard-cooked eggs after preparation;
Always store foods made with eggs in the refrigerator. This includes items such as custards, meringue pies, foods with custard filling, cakes, cream puffs and éclairs, as well as salads containing eggs:

- Do not allow such foods to stand at room temperature;
- If you take foods on summer outings, keep them in a cooler with ice or reusable cold packs until served.
FOOD STORAGE CONTINUED

► Store fresh or thawed raw meat, poultry and fish in the refrigerator:
  ► Place them below and completely separate from ready-to-eat foods in the refrigerator;
  ► Put a tray or pan under refrigerated meat, poultry and fish to prevent the juices from running or dripping onto other foods.

► Store cooked meat or poultry products in the freezer:
  ► Products last longer frozen;
  ► You can then reheat or thaw for immediate use.
FOOD STORAGE CONTINUED

➤ Thaw frozen meat or poultry overnight in the refrigerator:

➤ Normally, it will be ready for use the next day;

➤ For faster thawing, put the frozen food in a watertight plastic bag under cold water; change the water often. The cold water temperature slows bacterial growth in the outer, thawed portions of the food while the inner areas are still thawing.

➤ **Caution:** It is not safe to thaw meat, poultry or fish on the kitchen counter. Bacteria can multiply rapidly at room temperature.
FOOD STORAGE CONTINUED

- Hot perishable foods need to be put directly into the refrigerator or placed in a bowl surrounded by ice water, then refrigerated:
  - Do not leave food on the kitchen counter to cool;
  - **Caution:** Do not rely on reheating to make leftovers safe. Staph bacteria produce a toxin that is not destroyed by heating.
FOOD STORAGE CONTINUED

- Frozen foods:
  - Maintain strict sanitation when preparing food for the freezer;
  - Handle foods to be frozen as little as possible to avoid spreading bacteria;
  - Freezing does not kill bacteria; it simply stops the growth;
  - Freeze only high-quality foods. You may safely refreeze frozen food if it is still cold — about 40°F;
  - Caution: If the odor or color of any food is poor and questionable, do not taste it. Throw it out.
FOOD PREPARATIONS

Food must be properly prepared before it is cooked. This section will discuss some basics to preparing foods and cooking temperatures:

Uncooked foods:

- Both fresh fruits and vegetables can be served uncooked. Cooking kills foodborne germs;
- If you are not going to cook the fruit or vegetables, you must take other precautions to kill germs:
FOOD PREPARATIONS CONTINUED

- Rinse all fruits and vegetables, *before* cutting;
- Even if you are using packaged fruits or vegetables that indicate on the label “ready to eat,” you still need to rinse;
- Germs can be transferred to the inside of the fruit or vegetables when cutting into sections/pieces;
- You won’t be able to rinse off all germs, but you can minimize the number on the surface;
- Fruits and vegetables should be rinsed even if you will be cooking them.
Keep ready-to-cook foods separate from the preparation area of fresh foods such as fruits and raw vegetables:

- Cross-contamination can occur at any stage of food preparation;
- Quick washing between uses may not be thorough enough to kill germs;
- Have specific cutting boards for meats/fish/poultry and for fruits and vegetables;
- Use different knives for each type of food.
Cooking temperatures:

- Different foods must be cooked to a specific temperature to kill bacteria;
- Make sure foods are not cross-contaminated. Make certain uncooked vegetables do not come in contact with uncooked meat during food preparation;
- Invest in a good digital thermometer to check the foods you prepare;
- Check your thermometer to make sure it’s accurate. Test in boiling water; it should read 212°F. If your thermometer cannot be calibrated it’s time to get a new one.
Eggs:

- Cook eggs until both the yolk and white are firm, not runny. Eggs need to be heated to 160°F. Serve eggs and dishes containing eggs immediately after cooking, or keep hot dishes hot (above 140°F) and cold dishes cold (below 40°F);

- If you prepare dishes with raw or partially cooked eggs, use pasteurized eggs or a modified recipe:
  - Eggs are not thoroughly cooked in homemade salad dressings, eggnogs, and ice creams;
  - You can find modified egg recipes at the American Egg Board: [www.aeb.org](http://www.aeb.org).
Meat, poultry and fish:

- Meat, poultry and fish must be cooked to specific temperatures;
- The Table on the next slide is a guide to minimum internal cooking temperatures for meat, poultry and fish;
- Do not partially cook meat or poultry one day and complete the cooking the next day;
- You can cook frozen meat, poultry or fish without thawing, however, allow more cooking time to ensure food is cooked. Allow at least one and a half times as long to cook as required for unfrozen or thawed foods.
<table>
<thead>
<tr>
<th>Category</th>
<th>Food</th>
<th>Temperature (°F)</th>
<th>Rest Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground meat and meat mixtures</td>
<td>• Beef, pork, veal, lamb, • Turkey, chicken</td>
<td>160 165</td>
<td>None None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh beef, veal, lamb</td>
<td>• Steaks, roasts, chops</td>
<td>145</td>
<td>3 minutes</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poultry</td>
<td>• Chicken and turkey whole</td>
<td>165</td>
<td>None None</td>
</tr>
<tr>
<td></td>
<td>• Poultry breasts, roasts</td>
<td>165</td>
<td>None None</td>
</tr>
<tr>
<td></td>
<td>• Poultry thighs, legs, wings</td>
<td>165</td>
<td>None None</td>
</tr>
<tr>
<td></td>
<td>• Duck and goose</td>
<td>165</td>
<td>None None</td>
</tr>
<tr>
<td></td>
<td>• Stuffing (cooked alone or in bird)</td>
<td>165</td>
<td>None None</td>
</tr>
<tr>
<td>Pork and ham</td>
<td>• Fresh pork</td>
<td>145</td>
<td>3 minutes</td>
</tr>
<tr>
<td></td>
<td>• Fresh ham (raw)</td>
<td>145</td>
<td>3 minutes</td>
</tr>
<tr>
<td></td>
<td>• Precooked ham (reheat)</td>
<td>145</td>
<td>None None</td>
</tr>
<tr>
<td>Eggs and egg dishes</td>
<td>• Eggs</td>
<td>Until yolk/whites are firm 160</td>
<td>None None</td>
</tr>
<tr>
<td></td>
<td>• Egg dishes</td>
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<td></td>
</tr>
<tr>
<td>Leftovers and casseroles</td>
<td>Leftovers and casseroles</td>
<td>165</td>
<td>None None</td>
</tr>
<tr>
<td>Seafood</td>
<td>• Fin fish</td>
<td>145 or flesh is opaque Pearly and opaque Until shells open Flesh is milky white or opaque</td>
<td>None None</td>
</tr>
<tr>
<td></td>
<td>• Shrimp, lobster and crabs</td>
<td></td>
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<tr>
<td></td>
<td>• Clams, oysters and mussels</td>
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<td></td>
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<tr>
<td></td>
<td>• Scallops</td>
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</tbody>
</table>
General Guidelines:

Ground meat — Ground meat requires special care because bacteria on the surface are spread throughout the meat during grinding. Cook until the juices are clear. The internal temperature should be at 155°F;

Ham — Some types of ham need to be cooked; others are fully cooked. Read the label carefully;

Stuffed meat or poultry - \textit{It is recommended you bake stuffing separately:}

- Stuff meat or poultry just before roasting and make sure the stuffing reaches at least 165°F.
Microwave poultry or pork:

- Extra care must be taken when using a microwave to cook poultry or pork:
  - The bones in poultry, cause an uneven distribution of microwaves. This results in cold spots, and means the food is undercooked;
- Follow the manufactures cooking recommendations specific to your microwave oven.
Serving meat, poultry and fish:

- Cooked meats, poultry and fish are perishable foods and should be kept cold or hot;
- If cooked foods are to be eaten hot, keep them at over 140°F until served;
- Promptly refrigerate cooked foods to be eaten cold (or after reheating) and store at below 40°F.

Heat commercially prepared frozen foods as directed on the package:

- Following the specified time to ensure the food is safe to eat.
CANNED FOODS

- Commercially canned foods are considered safe because they are processed under carefully controlled conditions;
- For home canning and freezing or other food safety concerns, contact your local county extension office;
- If a commercially or home canned food shows any sign of spoilage — bulging can, leakage, spurting liquid, off-odor or mold — throw it out. Do not taste it!
SAFE FOOD HANDLING

Learn more about safe food handling:

- http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Pages/index.aspx
- www.fsis.usda.gov/foodsafety
GENERAL CLEANING
GENERAL CLEANING

- Surfaces spread germs:
  - Clean surfaces/equipment routinely.
  - Clean objects commonly touched:
    - Door knobs
    - Remotes
    - Phones
    - Keyboards
    - Other examples?
GENERAL CLEANING CONTINUED

- Not all cleaning products are created equal:
  - Know how to use the product & why:
    - Cleaners require rinsing, but some disinfectants must dry without rinsing to be effective.
  - There are three types of products:
    - Cleaners;
    - Disinfectants; and
    - Sanitizers.
GENERAL CLEANING CONTINUED

- **Cleaners:** remove soil, dirt, and germs by washing gunk off surfaces:
  - Rinsing is a critical part of the cleaning process.

- **Disinfectants:** destroy or inactivate germs - preventing them from growing:
  - Use after cleaning surfaces that are visibly dirty or greasy.

- **Sanitizers:** reduce the number of germs on surfaces but does not get rid of all germs.
GENERAL CLEANING CONTINUED

- Buy the correct cleaning product
- **READ LABELS!**
- Lists time:
- Effective against:
- Directions for use:

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DHS-Office of Licensing and Regulatory Oversight
LAUNDRY
LAUNDRY

- Routine laundry detergents & additives remove most germs:
  - Read the label and follow directions!
  - Proper water temperature is specific to the laundry product being used.
  - Bleach is not necessary;
  - Don’t forget the directions for the machine you are using.
- DO NOT wash contaminated laundry with regular wash:
  - Store contaminated laundry separately.
LAUNDRY CONTINUED

- Contaminated laundry must be washed separately from other laundry such as:
  - Soiled beddings and clothing with body fluids;
  - Towels or sponges used in the kitchen and bathroom;
  - Towels, sponges or any other fabric object used to clean contaminated surfaces.

- Wash contaminated laundry in hot water and dry in a hot dryer:
  - Even if the label indicates cold or warm water only.
CONTAMINATED SUPPLIES
CONTAMINATED SUPPLIES

- Properly dispose of contaminated, non-sharp, supplies such as:
  - Kleenex;
  - Dressings, band aids, etc.;
  - Gloves and other disposable gear such as masks and gowns.

- Place in lidded trashcan lined with a plastic bag. Tie bag and:
  - Remove from room using gloves;
  - Dispose in normal trash.
SHARP SUPPLIES

- Properly dispose of contaminated, *sharp*, supplies such as:
  - Needles; and
  - Lancets, etc.

- Place in a rigid, puncture-resistant, leak-proof, color coded to indicate hazardous content container with a lid:
  - Keep upright in a secure location until full;
  - Disposal must be made according to local regulations.
You must make sure residents, children and animals cannot access the sharps container:

- You must use gloves when disposing of sharps; and
- When sealing the container for disposal.
Some non-disposable (durable) supplies used to administer medications are considered personal items and cannot be shared. They must be labeled with the residents name:

- CBG monitors, injection pens, lancet holders, etc.;
- Pill cutters, pill crushers, pill boxes, etc.;
- Medication syringes (not the same as injection syringes which are single use only);
- Inhalers (metered or dry powder) and inhaler spacers, etc.
Hands must be washed (or use hand sanitizer) before and after each resident’s medications are set up and administered:

- Use gloves for all lotions, gels and when placing or removing transdermal patches;
- When testing blood sugar with a CBG monitor;
- When administering subcutaneous medications.
CONTAMINATED EQUIPMENT

- All durable medical equipment (non-disposable) must be:
  - Cleaned before and after use according to the directions;
  - Cleaned, if allowed to share, in-between residents.
There are no rules regarding specific infection control training, however, there are several areas in the rules that expect that you have the knowledge regarding a wide range of infection control areas:

- Applicant and Licensees Training Requirements:
  - Attend EQC and Pass the exam;
  - Have current CPR and First Aid certification;

- Substitute caregiver training requirements:
  - Complete AFH Caregiver Preparatory Training workbook and study guide.
TRAINING

- Operational Standards:
  - Meals;

- Facility and Safety Standards:
  - Sanitation and Precautions;
  - Bathrooms;
  - Safety; and
  - Resident Care.
RESOURCES

Your local County Health Department: [https://public.health.oregon.gov/ProviderPartnershipResources/LocalHealthDepartmentResources/Pages/lhd.aspx](https://public.health.oregon.gov/ProviderPartnershipResources/LocalHealthDepartmentResources/Pages/lhd.aspx)

Health Topics A-Z Oregon Public Health: [www.oregon.gov/DHS/ph/topics.shtml#I](www.oregon.gov/DHS/ph/topics.shtml#I)

Centers for Disease Control: [www.cdc.gov](www.cdc.gov)

5th Guy Videos: [www.5thguy.com](www.5thguy.com)

Norovirus: [www.cdc.gov/norovirus/index.html](www.cdc.gov/norovirus/index.html)
State Infectious Waste FAQ:
http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Pages/InfectiousWasteFAQ.aspx

DEQ Website for Resident Waste by County:
www.deq.state.or.us/lq/sw/hhw/collection.htm

Safe Injections: One and Only Campaign:
https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Prevention/Pages/one-and-only.aspx
Infection Control Posters: webbertraining.com/freeposterdownloads97.php
Got Bacteria: www.cdc.gov/handhygiene/training/interactiveEducation/pdf/Posters/Poster01_GotBacteria_w.pdf
Practice Hand Hygiene: www.cdc.gov/handhygiene/training/interactiveEducation/pdf/Posters/Poster04_Gloves_w.pdf
QUESTIONS

Where do you find?
What?
How?

Can you go over?
Clarification