



INFECTION CONTROL: A GUIDE FOR HEALTH CARE INSTITUTIONS IN COMMUNITY

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Sri Lanka
2020**

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**Published by
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Published by : Department of Community and Family Medicine,
Faculty of Medicine, University of Jaffna, Sri Lanka

Pages : 26

Printed by : Guru Printers
39/2, Adiyapatham Road, Thirunelvely,
Jaffna.

ISBN No : 978-624-5595-07-5



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**Message from Head, Department of Community and Family Medicine,
Faculty of Medicine, University of Jaffna**

It is with great pleasure I am sending this brief message to the publication of “Infection Control (A guide for health care institutions in Community)”. I appreciate the efforts of the authors to make a worthwhile and needed document to advise hospice staff on the correct methods of infection control. This guide will facilitate the hospices, nursing homes, elders homes, and other community based health care institutions to get understanding the information relates to situations where there is a known or suspected risk of infection, how to safe the residents of such institutions.

I congratulate the authors from Department of Community and Family Medicine, Faculty of Medicine, University of Jaffna, and Institute of Medical Sciences, Green Memorial Hospital Premises, Manipay.

This guide will definitely helpful to upgrade the infection control policy and health standard of our community based health care institutions.

Dr. P.A.D. Coonghe
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Department of Community and Family Medicine,
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Introduction to the guide

Community health care services include home support, nursing, physiotherapy and other rehabilitation services. Community based organizations are aimed at making desired improvements to a community's social health, well-being, and overall functioning.

The purpose of this guide is to provide guidance for the community-based health staff to adopt the correct infection control measures in the institutions. The measures will minimize health care associated infections. All members of staff should adopt the safe practices outlined and attend infection control training. This guide includes information relating to situations where there is a known or suspected risk of infection. Ultimate responsibility of control of infection goes to manager of the institution. First line of responsibility is with the unit nurse, who is responsible for implementing infection control with the team working in the institutions.

It is necessary to provide guidance, and information on a day-to-day basis on infection control issues and arrange appropriate training. It is important to ensure that the staff are aware and comply with the policy and procedure. These attempts will lead to a clean and healthy institution.

Hence, this guide will facilitate the health care workers of community based institutions to understand the pre-preparedness in the institutions with guides for practical session, continuous monitoring, and check lists for monitoring.

Contents

CHAPTER 1- INFECTION CONTROL	1
1.1 Introduction	1
1.2 Members of infection control committee in institutions	5
CHAPTER 2- Standard infection control precautions.....	7
2.1 Hand hygiene.....	7
2.2 Personal protective equipment	10
2.3 Prevention of occupational exposure	10
2.4 Management of blood and other body fluid spillages	11
2.5 Cleanliness of care equipment.....	12
2.6 Cleanliness of the environment.....	15
2.7 Safe handling of linen	16
2.8 Safe handling of waste	17
2.9 Patient placement	19
CHAPTER 3- Infection control check list	20
References.....	26

List of Figures

Figure 1. 1: Modes of Infectious Disease Transmission.....	2
Figure 1. 2: Common health care-associated infections	3
Figure 1. 3:Transmission of health care-associated infections	3
Figure 1. 4: Transmission of infection	5
Figure 2. 1: Hand washing Technique	9
Figure 2. 2: Personal Protective Equipment -PPE	10
Figure 2. 3: Recapping needles	11
Figure 2. 4: Trolley cleaning.....	15
Figure 2. 5: Colour coding for cleaning equipment.....	16
Figure 2. 6: Disinfecting the floor.....	16
Figure 2. 7: Colour code for solid waste bins	19

List of Tables

Table 2. 1: How to disinfect in the following circumstances	11
Table 2. 2: Difference between cleaning, disinfection and sterilization.....	12
Table 2. 3: Methods of preparation of Antiseptics and Disinfectants.....	13
Table 2. 5: Type of linens and washing method	17
Table 2. 6: Safe handling of waste.....	18
Table 3. 1: Weekly checklist to be maintained in premises.....	20

Acknowledgement

We would like to offer my thanks to Head, Department of Community and family Medicine. The support given by all the academic and non-academic staff of the Department of Community and family Medicine, University of Jaffna in the completion of this book should also be acknowledged here. Thank You.

We also would like to thankful Institute of Medical Sciences, Green Memorial Hospital, Manipay for their technical assistance and support.

CHAPTER 1- INFECTION CONTROL

1.1 Introduction

The human body is not sterile and from birth we become covered with bacteria (micro-organisms) known as ‘normal flora’. These normal flora are helpful and live harmlessly on or in the human body, but under certain conditions or given certain opportunities they can cause infections.

About Infection

The invasion of bodily tissue by pathogenic microorganisms that proliferate, resulting in tissue injury that can progress to disease.

Health Care-Associated Infections (HCAIs)

Health care-associated infections are acquired by patients during their stay in health care settings, and also acquired by health care workers while working there. Health care-associated infections occur while receiving health care, develop in a health care facility that first appears within 48 hours or more after admission, or within 30 days after having received health care (Horan and Gaynes, 2004).

Transmission of infectious disease

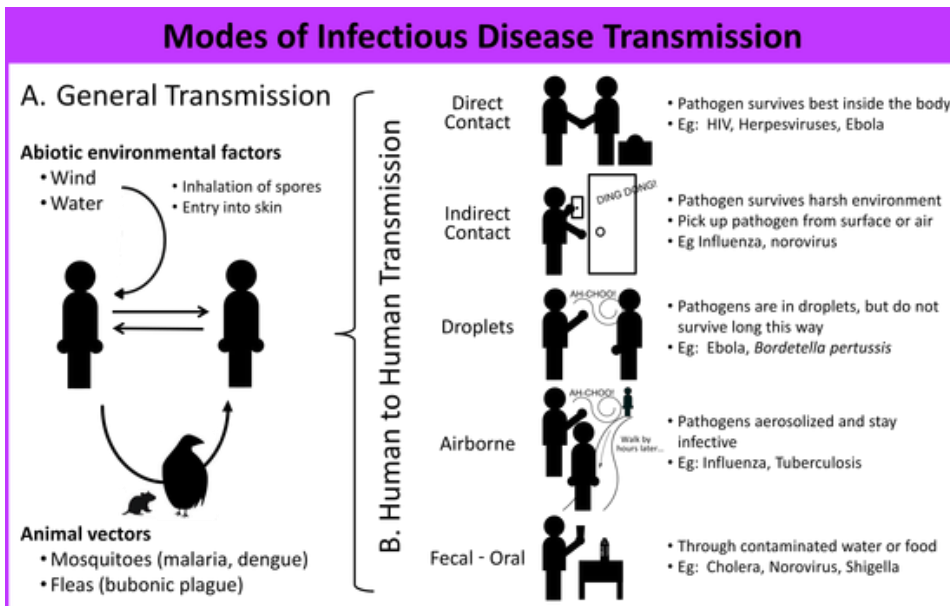
Many infections have the potential to spread in an institution due to sharing of eating and living spaces, in addition, residents may have an increased susceptibility to infection due to;

- Age
- Immune status
- Poor nutrition
- Underlying medical conditions (cancer, diabetes, heart

problems)

- Antibiotic therapy
- Incontinence
- Indwelling medical devices (urinary catheters or gastric feeding tubes, and breaks in the skin).

Figure 1. 1: Modes of Infectious Disease Transmission



Source: Harvard University, The Graduate School of Arts and Sciences

Common health care-associated infections

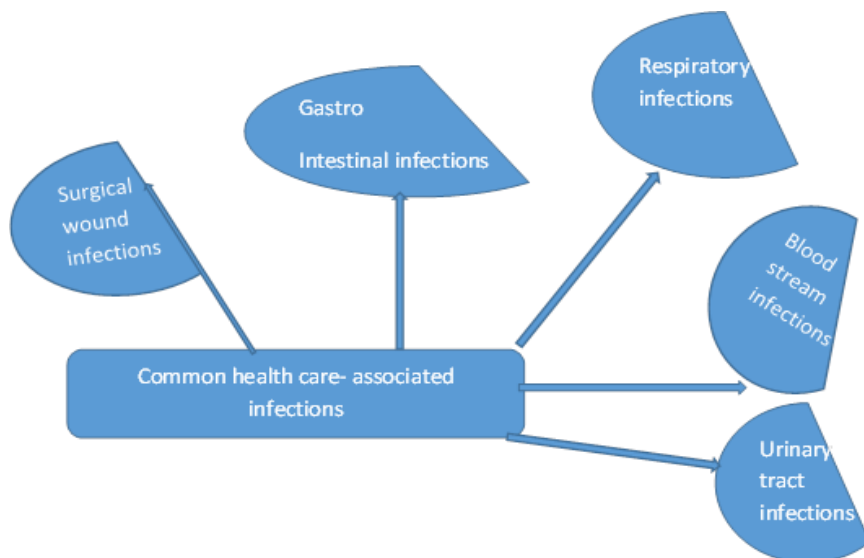


Figure 1. 2: Common health care-associated infections

Transmission of health care-associated infections

Health care-associated infections may be transmitted by health care workers to patients, from patient to patient and from patient to health care worker. An important route of transmission is by direct contact from the hands of health care worker.

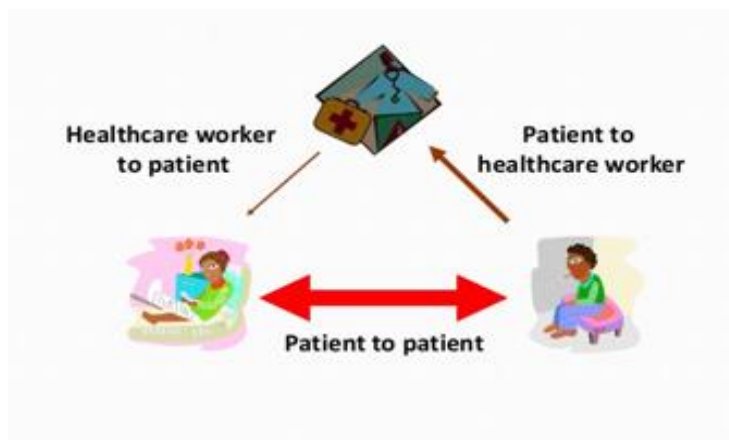


Figure 1. 3:Transmission of health care-associated infections

The chain of infection transmission

In order for infection to occur several things have to happen. This is often referred to as the Chain of Infection. The six links in the chain are:

1. *Infectious Agent* – or the microorganism which has the ability to cause disease
2. *Reservoir or source of infection where the microorganism can thrive.* This may be a person, an animal, any object in the general environment, food or water.
3. *Portal of Exit from the reservoir.* This describes the way the microorganism leaves the reservoir. In the case of someone with gastro-enteritis microorganisms would be transmitted in the feces.
4. *Mode of Transmission.* This describes how microorganisms are transmitted from one person or place to another. This could be via someone's hands, on an object, or through the air.
5. *Portal of Entry.* This is how the infection enters another individual. This could be landing on a mucous membrane, being breathed in, entering via a wound, or a tube such as a catheter.
6. *Susceptible Host.* This describes the person who is vulnerable to infection.

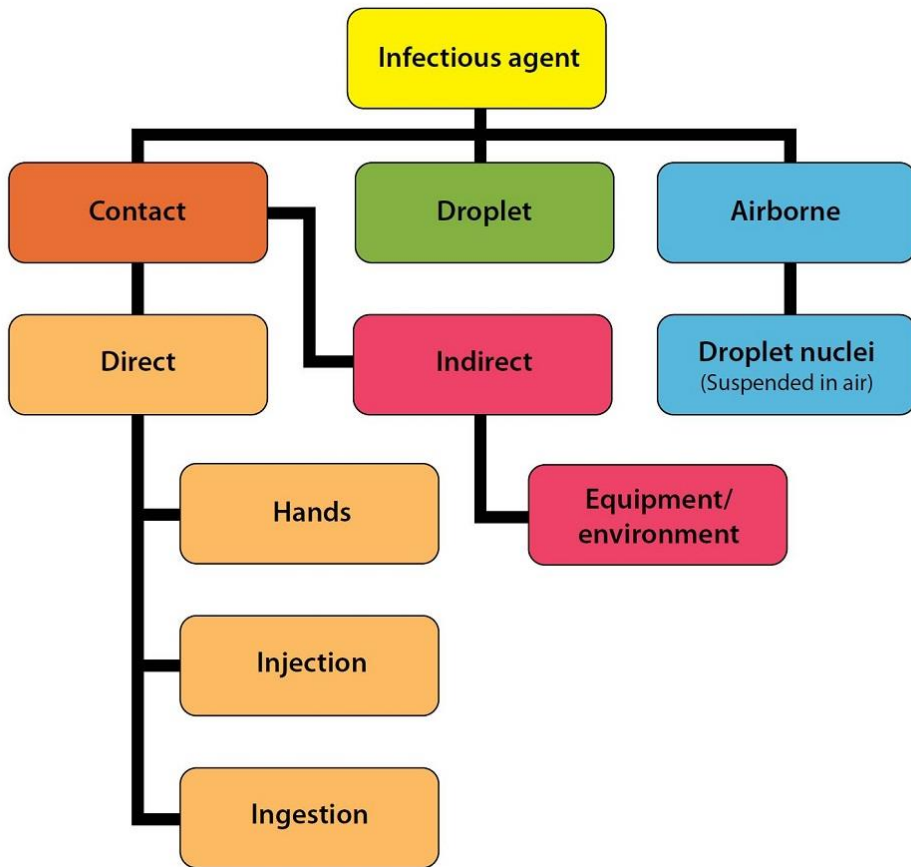


Figure 1. 4: Transmission of infection

Importance of infection control in community based institutions

Infection control practices are important in an institution to maintain a safe environment for everyone by reducing the risk of the potential spread of disease. Infection control prevents or stops the spread of infections.

1.2 Members of infection control committee in institutions

Community based institutions must increase instruments for the implementation of infection control evidence based practices both in acute and long-term care settings. Because such institutions provide the service in treating and rehabilitating clients who have become acutely disabled by a

stroke, and elders who need facilitating in day-to-day living and simple leisure activities.

Forming Infection Control Committee (ICC) is necessary to ensure the required infrastructure, including personnel and funding for infection control activities within the institution.

The members of Infection Control Committee may include:

- ❖ Administrative officer
- ❖ Staff supervisor
- ❖ Infection control nurse
- ❖ Financial staffs
- ❖ Volunteer nursing staff
- ❖ Trainee nursing staffs, etc.

Did you wash your hands????
Clean hands reduce the spread of germs

CHAPTER 2- Standard infection control precautions

Standard Infection Control Precautions (SICPs) are the core measures that should be used at all times, in all care settings, by all health care workers.

In all situations you must assess the risk of task that you are doing....

There are nine elements:

1. Hand hygiene
2. Use of personal protective equipment
3. Prevention of occupational exposure
4. Management of blood and body fluid spillage
5. Cleanliness of care equipment
6. Cleanliness of the environment
7. Safe handling of linen
8. Safe handling of waste
9. Patient placement



Source: Infection control guidelines for care homes, NHS, England, 2010

2.1 Hand hygiene


The hands of health care workers are often colonized with hospital pathogens from patients and from environmental surfaces. Transfer of pathogens from patients to other patients or to the environmental surfaces occurs most commonly via the contaminated hands of health care workers. To prevent the transfer of microorganisms it is essential to wash hands *before* contact with any patient and *after* hands have become contaminated with microorganisms.

Hand washing breaks the chain of infection transmission.

Dear staffs,

 Soap and water is used for routine hand washing to remove transient microorganisms.  Nails must be clean and short.

 Remove watches and rings.

 Wet hands and apply soap on all surfaces of the hands. Rub hands systematically for 10-15 seconds covering all surfaces especially the tips of the fingers, the thumbs and the finger webs. Rinse hands thoroughly. Dry hands thoroughly using a single-use clean towel which is then sent to laundry for washing.

Hand washing agents

- Soap - Liquid soap is better than bar soap. If only bar soap is available, provide small pieces which should be just adequate for the day, placed on a rack so that no water is retained (as in a dish).
- 2% - 4% chlorhexidine gluconate (has a good residual activity).
- 7.5% povidone iodine.

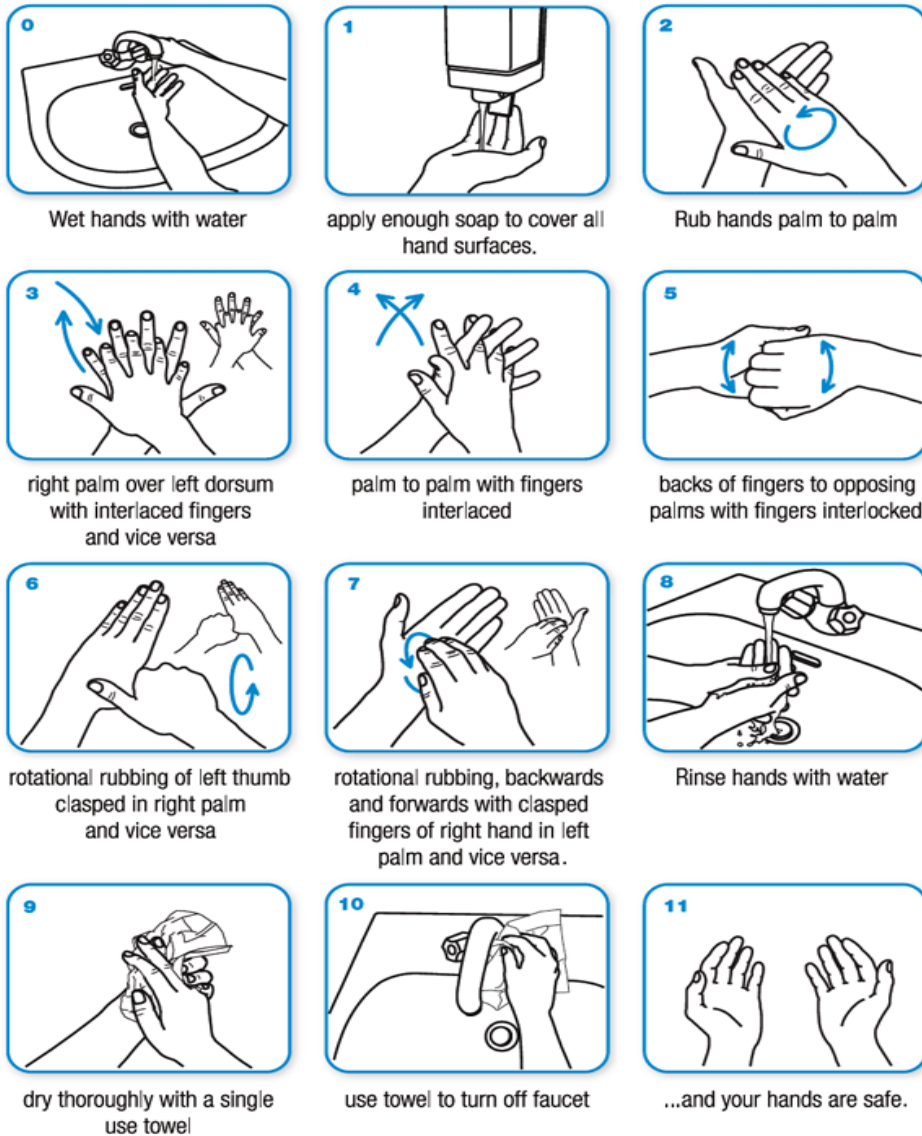
Alcohol hand rubs

- Used as an alternative to hand washing with soap and water or disinfectants.
- *Do not use for visibly soiled hands.*
- Has a good immediate activity. Residual activity is poor.
- *Does not require drying* with a towel, and does not require a designated area for hand washing.

- Less time consuming and does not cause drying of skin

Hand washing is the single most important procedure for preventing the transmission of infections.

Figure 2. 1: Hand washing Technique



Source: Ministry of Education, Family Health Bureau, UNICEF, 2020

2.2 Personal protective equipment

The use of Personal Protective Equipment (PPE) is essential for health and safety, and offers protection both to residents and workers. PPE is worn in addition to your normal work clothes, whether these are your own or a uniform.



Gloves



Aprons



Face, mouth/eye
protection-
masks/goggles/visors

Figure 2. 2: Personal Protective Equipment -PPE

2.3 Prevention of occupational exposure

Institutions should have policies to ensure that staff are protected from occupational exposure to micro-organisms, particularly those that may be found in blood and body fluids, and the residents must also be protected from any communicable diseases that staff may have.

Exposures occur though needle stick or cuts from other sharp instruments contaminated with an infected patient's blood, or through contact of the eye, nose, mouth, or skin with a patient's blood (*Centers for Disease Control and Prevention, 2003*). Exposures to the eyes, nose, and mouth, can be prevented through the use of appropriate barriers such as gloves, eye and face protection, or gowns.

Needle sticks and cuts can be prevented by using safer techniques- avoiding recapping needles using two hands, disposing of used needles and blades in appropriate sharps disposal containers, and using medical devices with safety features designed to prevent injuries.

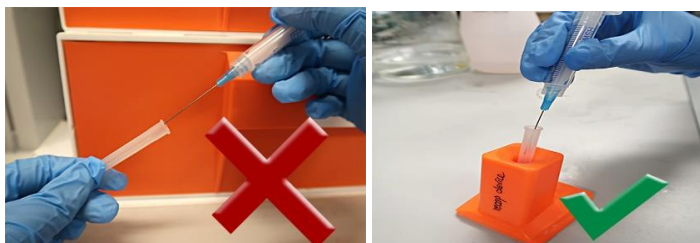


Figure 2. 3: Recapping needles

2.4 Management of blood and other body fluid spillages

Spillages of blood, body fluids and excreta may be hazardous to health and should be cleaned up promptly. A disposable plastic apron and gloves must be worn when dealing with all blood/body fluid spillages.

Table 2. 1: How to disinfect in the following circumstances

(Source: Infection control guidelines for care homes, NHS, England, 2010)

<i>No</i>	<i>Situations</i>	<i>Action</i>
1	Spillages of Pus, Sputum, Faces and Vomit	<ul style="list-style-type: none"> • Put on apron and gloves • Remove spillage with disposable paper towels
2	Spillage of Urine	<ul style="list-style-type: none"> • Wash area with general purpose detergent and warm water, rinse and dry. • Discard disposables as clinical waste • Wash hands

3	Spillage of blood	Along with 1 and 2, disinfectant must be used in case of visible blood as follows: Solution or granules containing sodium hypochlorite or sodium dichlorisocyanurate with a concentration of 10,000 parts per million.
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2.5 Cleanliness of care equipment

Cleaning, disinfection and sterilization are the methods used in all health care settings that reduce or destroy contaminants, thereby preventing microorganisms from reaching a site where they might cause harm.

Table 2. 2: Difference between cleaning, disinfection and sterilization.

(Source: Infection control guidelines for care homes, NHS, England, 2010).

<i>Methods of decontamination</i>	<i>Mechanism</i>	<i>When</i>
Cleaning	Removes the organic material on which microorganisms feed, and will also reduce the load of microorganisms, and essential prior to disinfection and sterilization.	Equipment that comes into contact only with intact skin.
Disinfection	A process additional to cleaning. It does not kill all micro-organisms, but reduces their number to a level which is not harmful to health.	Items contaminated with blood or body fluids, mucous membranes
Sterilization	A process that destroys or removes all living micro-organisms including bacterial spores.	All items that penetrate intact skin or mucous membranes, and enter vascular systems or sterile body cavities.

Table 2. 3: Methods of preparation of Antiseptics and Disinfectants

(Source: HOSPITAL INFECTION CONTROL MANUAL, Sri Lanka College of Microbiologists, 2005).

Disinfectant	Method of preparation	Precautions
Alcohol hand rub	97 ml of isopropyl/ ethyl alcohol with 3 ml of glycerol.	Volatile and inflammable
Calcium hypochlorite powder (35%w/w)	Solutions should be made fresh & discarded immediately after use. Dissolve 30.0g of the powder in 1 L of water to get 1% (10,000 ppm) solution (used for high level disinfection, blood spills). Dilute this solution 10 times to make 0.1% (1000 ppm) solution (used for surface cleaning).	Avoid inhalation, contact with skin, eyes & clothing. Do not mix or allow contact with other chemicals (soaps, detergents, paints, solvents, combustible substances).
Tropical chloride of lime (TCL)		Prepare in a well-ventilated room to avoid inhalation. Wear gloves and masks. Bulk solution made daily. Store as indicated earlier.
4% chlorhexidine gluconate	Dilute stock solution of chlorhexidine with sterile water to required percentage. Concentrated stock solution is available in the indoor dispensary.	Ototoxicity possible if instilled to middle ear. High concentrations and preparations containing alcohol / surfactant may cause eye damage.
2% chlorhexidine gluconate		
10% povidone iodine	Ready to use preparation. Do not dilute	Can cause hypersensitivity & skin irritation. Avoid use on large body surface areas for prolonged periods (increases serum iodine levels).

		<p>Contraindicated in hyperthyroidism and other disorders of thyroid function.</p> <p>Avoid in pregnant/nursing mothers, newborns. Avoid in patients allergic to iodine preparations.</p>
2% Lysol	Dilute stock solution of Lysol with water to required percentage.	<p>Irritant, avoid contact with eyes and skin. Avoid use in infant bassinets & incubators (causes hyperbilirubinaemia). Avoid use on plastic & rubber (mackintosh, mattress covers) since it is absorbed and may increase permeability to body fluids.</p> <p>Avoid use on porous material as it leaves a film leading to irritation to skin and tissues.</p>
5% Lysol		
Peracetic acid (Parasafe)	<p>Use slightly warm water (35⁰ C). 16.2g of "Parasafe" in 1 L of water. Stir till a clear blue solution is obtained.</p> <p>Usable for 24 hours after preparation.</p>	Irritant to skin, mucous membranes and eyes.



Red		Toilets Washroom Utility Room
Blue		General Cleaning
Green		Kitchen, Catering Food Preparation Food Service
Yellow		Infectious Areas



Figure 2. 4: Trolley cleaning

2.6 Cleanliness of the environment

Clean, free from dust and soilage of an environment symbolizes our purity and peace of mind. Hence, regular and efficient cleaning is necessary to maintain the appearance and function of the institutions.

Impervious flooring can be washed using a neutral detergent and a mop. Mop buckets must be washed daily after use, and stored dry and inverted, and carpet can be cleaned using vacuum cleaner.

Colour coding for cleaning equipment: Colour coding helps to reduce the risk of cross contamination, improves hygiene and reduces the risk of bacteria

transfer between work areas. Mops, buckets, handles, brooms, brushes, cloths, wipes, etc. can all be colour coded for the work place.

Figure 2. 5: Colour coding for cleaning equipment



Figure 2. 6: Disinfecting the floor

Please remember:

- ◆ Wear protective clothing, i.e., apron and gloves
- ◆ Prepare a fresh cleaning solution appropriately diluted for each task.
- ◆ Make up only the quantity required in a clean dry container.
- ◆ Dispose of cleaning solution promptly in a sliding gate or dirty utility area
- ◆ Ensure that equipment is stored clean, dry and in the designated place.
- ◆ Remove protective clothing and wash hands before carrying out other duties.

2.7 Safe handling of linen

All linen (bedding and clothing) should be handled with care, avoiding the creation of dust, and placed in the appropriate bag at the point of use. Always wash hands after handling linen.

Linen should be divided by staff into 3 categories

Table 2. 4: Type of linens and washing method

(Source: INFECTION CONTROL GUIDELINES FOR CARE HOMES, NHS, Highland, 2010).

<i>Type of Linen</i>	<i>Example</i>	<i>How should be washed</i>
Used Linen	Ordinary used bed linen, towels etc. including items soiled with urine.	Use washing powder
Known or Suspected Infected Linen	Linen soiled by faeces, blood, bile, pus or other potentially infected matter.	Use washing powder, but do not soak or sluice by hand as this may spray bacteria onto surfaces, uniforms and staff.
Heat labile fabrics e.g. clothing	Fabrics likely to be damaged by the normal heat	Disinfect by adding sodium hypochlorite to the penultimate rinse. This should be of at least five minutes duration and sufficient sodium hypochlorite should be added to achieve a concentration of 150 parts per million of chlorine.

2.8 Safe handling of waste

The safe disposal of waste is an essential component of good infection control practice. Examples of clinical waste are human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, and any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

Table 2. 5: Safe handling of waste

(Source: INFECTION CONTROL GUIDELINES FOR CARE HOMES, NHS, Highland, 2010).

Safe Handling	How to handle
Handling of waste bag	<ol style="list-style-type: none"> 1. Seal securely with a plastic tie at the end of the working day or when $\frac{3}{4}$ full 2. Tighten the knot to ensure an effective seal 3. Do not transfer contents. 4. If a bag splits, the contents must be cleared as per Spillages mentioned in Table 1.
Storage of waste	<ol style="list-style-type: none"> 1. All waste storage areas should be separate from residential, food preparation and general storage areas 2. The designated storage area should be easy to clean, have a roof, and be inaccessible to animals and birds. 3. The area should be cleaned weekly 4. Washing and first-aid facilities, protective clothing, and materials for dealing with spillages should all be easily available.

(Source: *INFECTION CONTROL GUIDELINES FOR CARE HOMES, NHS, Highland, 2010*).



Figure 2. 7: Colour code for solid waste bins

2.9 Patient placement

Residents with specific infections should be placed appropriately in single rooms.

CHAPTER 3- Infection control check list

An Infection Control Nurse should take the responsibility to prevent and identify the spread of infectious agents like bacteria and viruses in the environment. To achieve that goal, we should maintain a checklist like other advanced community based institutions, such as nursing homes, rehabilitation centers, hospices, etc.

Table 3. 1: Weekly checklist to be maintained in premises

No.	Infection control review	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	Entrance							
1.1	Hand washing facilities and or Alcohol hand rub is available							
1.2	Pedestal controlled bins with liner are available							
1.3	All the waste bins are emptied							
1.4	Reception counter is wiped with 70% Alcohol/ 0/1% hypochlorite							
1.5	Door knobs are wiped with 70% Alcohol/ 0/1% hypochlorite							
1.6	Fan switches are wiped with 70% Alcohol/ 0/1% hypochlorite							
1.7	Light switches are wiped with 70% Alcohol/ 0/1% hypochlorite							
1.8	Table phones are wiped with 70% Alcohol/ 0/1% hypochlorite							
1.9	Reception computer is wiped with 70% Alcohol/ 0/1% hypochlorite							
1.10	Chairs: Damp wiped with disinfectant							
1.11	Table tops: Damp wiped with disinfectant							
1.12	Floor: Mopped with detergent, and disinfect							
1.13	Surgical masks are available for those responsible for cleaning							

1.14	Gloves are available for those responsible for cleaning								
1.15	Cleaning cloths are washed and dried at the end of each cleaning								
1.16	Mops are washed and dried at the end of each cleaning								

2 Personnel

2.1	Personnel wear neat, untorn and appropriate clothing								
2.2	Good personal hygiene, including hair and body cleanliness, is practiced								
2.3	Fingernails are clean and trimmed								
2.4	Hair is neat and off the collar								
2.5	Personnel follow strict clothing and linen handling procedures to avoid contaminating their clothes								
2.6	Disposable gloves are worn when handling contaminated equipment								
2.7	Suspected infections are reported so appropriate action can be taken								
2.8	Personnel are oriented to Infection Control policies when hired and this orientation is documented								
2.9	Personnel attend department and facility-wide Infection Control in service programs								
2.10	Personnel review isolation procedures at least annually								
2.11	Personnel are screened for infectious diseases when hired and at other times deemed necessary								
2.12	Personnel are informed of potential dangers/toxicities of cleaning compounds and other supplies								
2.13	Apply hand washing technique in following occasions (All jewelry on hands are removed and washed):								
2.13.1	when going from a dirty to a clean area								
2.13.2	when hands are soiled								
2.13.3	before and after coming in contact with a resident, their equipment or belongings								
2.13.4	before, between and after resident food or feeding equipment								

2.13.5	before and after eating																		
2.13.6	after combing hair																		
2.13.7	after using a handkerchief or tissue																		
2.13.8	after handling soiled linen																		
2.13.9	before handling clean linen																		
2.14	Proper technique is used for wound care																		
2.15	Proper technique is used for catheter procedures																		
2.16	Proper technique is used for dressing changes																		
2.17	Proper technique is used for tube feedings																		
2.18	Parenteral and fluid administration																		
2.19	Proper technique is used for handling oxygen equipment																		

3 BEDSIDE STAND

3.1	Dentures are kept in a clean denture cup labeled with resident's name																		
3.2	Comb and brush are separate from toothbrush																		
3.3	Oral hygiene brush is in a separate sanitary container																		
3.4	Bedpan and wash basin are clean and separated																		
3.5	Bedpan/urinal covers are available																		
3.6	All equipment is clean																		
3.7	Soiled clothes are removed																		
3.8	Bar soap is kept in a clean container and labeled with resident's name																		
3.9	Perishable food is removed from within the bedside stand																		
3.10	Medications are not removed unless specified by a physician's order																		
3.11	Non-perishable food is kept in a closed container																		

4 BED

4.1	Rails are clean																		
4.2	Mattress is intact with protective covering and odor-free																		
4.3	No dirt or dust																		
4.4	Food particles are removed																		
4.5	Linen is clean and untornd, not stained																		
4.6	Supportive devices (restraints, pillows, foot guards, etc.) are clean																		

5 CLOSET

5.1	Clothes are clean and odor-free																		
-----	---------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5.2	Clothes are labeled								
5.3	Perishables are absent								
5.4	Non-perishables are in a closed container								
5.5	Soiled laundry to be done outside facility is stored in closed, plastic-lined container								

6 OVERBED TABLE

6.1	Table is clean and unchipped								
6.2	There is a clean water pitcher, glass and tray								

7

7.1	Wheelchairs, recliner and walkers are clean								
7.2	Commodes are clean and unchipped								
7.3	Suction equipment, tube feeding equipment and oxygen equipment are clean								
7.4	IV stands are clean								
7.5	A cleaning schedule is followed for all the above								

8 SHOWER ROOM

8.1	Tubs, showers and shower chairs are clean and in good repair								
8.2	Tubs, shower and shower chairs are disinfected between residents								
8.3	Individual resident items are labeled with resident's name								
8.4	Storage wares are clean, paint unchipped, orderly and locked (if necessary)								
8.5	Linen, personal belongings and equipment are off floor and not stored in room								
8.6	Privacy curtains are clean and dry								
8.7	Room is well-ventilated								

9 BATHROOM

9.1	Toilet seats and other equipment are clean and in good repair								
9.2	Cleaning schedule is followed								
9.3	Paper towel dispensers are filled and functioning								
9.4	Soap dispensers are filled and functioning								
9.5	Resident's personal equipment is clean, labeled and stored proper								

10 CLEAN UTILITY ROOM

10.1	Hand washing sinks are present and functioning								
------	--	--	--	--	--	--	--	--	--

10.2	Equipment is clean, dry and stored in an orderly fashion								
10.3	Autoclaved equipment is not outdated								
10.4	Soap and towel dispensers are filled and working								
10.5	Clean is marked accordingly and clearly separated from dirty area								

11 DIRTY UTILITY ROOM

11.1	Equipment is rinsed before washing								
11.2	The flush is operating								
11.3	Hand washing sink is functioning well								
11.4	Procedures for disinfecting equipment are developed, available and used								
11.5	Cleaning, disinfecting and sterilizing solutions are available for all procedures								
11.6	Countertops are dry and clutter-free by end of each shift								
11.7	Room is ventilated and dust-free								
11.8	Cleaned equipment is removed in a timely fashion								
11.9	Dirty area is marked accordingly and clearly separated from clean area								

12 MEDICATION ROOM AND MED CHARTS

12.1	Syringes/sharps are disposed of in-impervious container								
12.2	Internal and external medications are stored separately and properly								
12.3	Medication room and charts are clean								
12.4	Refrigerator is clean								
12.5	Supplies and equipment are stored above floor level								
12.6	Sterile solutions are dated when opened and disposed of within 24 hours								

Reference: 1. <https://txhca.org/app/uploads/2014/10/nursing.pdf>, last accessed on 26.12.2020. 2. COVID-19 Safety Measures, Faculty of Medicine, University of Jaffna

Be Alert.....

It's a busy morning. You and the whole staff are rushing, distracted, and multitasking with caring for residents in the home. You have just administered insulin injection to an elder. But unexpectedly, you just stuck yourself with a needle! Yes, you are stuck by a contaminated needle. What do you do?.....

References

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