



Infection Control Guidelines for Health Care Workers in the Community

COMMUNICABLE DISEASE CONTROL

Preamble:

These infection control practice guidelines outline the standards for preventing the spread of all infective microorganisms in community settings. Precautions used in acute care settings may be more intensive depending on the microorganism (e.g., MRSA, VRE) and will generally be stopped once the individual is discharged from that facility.

1. Handwashing

- A 10-15 second handwash with soap and running water is the most effective method of preventing the spread of infective microorganisms. Paper towels or a clean towel must be used to dry hands and turn off faucets. Use only bar soap that is well drained, or liquid soap. Clients should be encouraged to wash out liquid soap containers before refilling.
- Handwashing should be done before and after direct care; after removing gloves; after handling body substances, contaminated equipment, articles and surfaces, linen, garbage and dishes; and before leaving a client's home.
- When handwashing facilities are inaccessible use a waterless alcohol or chlorhexidine-based handwashing product and rub vigorously for 10-15 seconds, e.g., towelettes, liquid, gel. Wash hands with soap and water at the next possible opportunity.

2. Gowns, Masks, Protective Eye Wear and Gloves (Personal Protective Attire)

- **Disposable Gowns or Aprons** should be used when splashing or soiling of clothes with blood or body fluids is likely to occur.
- **Masks and Protective Eyewear** should be used if splashing of blood or body fluids is likely to occur.
- **Disposable Gloves** should be used when contact with blood is likely to occur. They should also be used for handling of potentially infectious material such as feces, wound secretions, mucous membrane lesions, skin lesions, and also when the health care worker has nonintact skin on hands.

3. Nursing/Medical Equipment and Supplies

- **Reusable equipment** should be cleaned after use and then either sterilized or disinfected depending on how it will be used (e.g., footcare instruments or forceps for wound care should be sterilized; bed pans and urinals should be disinfected; and stethoscopes should be wiped with 70% alcohol). Standard procedures should be developed by health care agencies for processing all equipment and supplies.



- **Use of disposable equipment** may eliminate the need for cleaning, disinfection or sterilization procedures for reusable equipment. Disposable equipment should be placed in a bag and discarded with regular waste.
 - **Needles, syringes and other sharps** should be placed in a puncture-resistant container. If a commercial disposal container is not available, a plastic, thick-walled, household container (e.g., bleach, vinegar bottle) should be used.
- 4. Household Equipment/Articles/Supplies**
- Equipment such as bath stools, etc. should be cleaned with a normal household cleaner before use by other individuals.
 - After handling contaminated equipment, hands should be washed immediately with soap and running water for 10-15 seconds.
- 5. Linen**
- Linen and clothing should be washed by the usual methods. Health care workers should wear protective attire (i.e., disposable gloves and gown or apron) to sort or handle linen that is heavily soiled with body fluids.
 - Wash hands for 10-15 seconds with soap and running water after removing gloves.
- 6. Dishes**
- Dishes should be washed by the usual methods.
- 7. Garbage**
- Dispose of soiled gloves and other supplies in the regular garbage. Wash hands with soap and running water for 10-15 seconds after handling garbage.
- 8. Environment**
- Clean the household/environment as usual with regular household cleaner, paying special attention to items frequently handled during care.
 - After a spill of blood or body fluids the surface should be cleaned with soap and hot water and, if possible, disinfected with a solution such as 1:10 bleach and water. Gloves should be used and hands washed after removing gloves.