

## Chapter 2

### Infection Prevention and Control

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## What is infection prevention and control (IPAC)?

Infection prevention and control involves the education, preparation and actions that are taken by all individuals to prevent or reduce the spread of infectious organisms within a community or group of people. The use of infection prevention and control practices in a shelter/group home setting should address the infection risks among clients/residents, between clients/residents, staff and volunteers and between the home and the community. The program should strive to reduce the risk of infection while maintaining the quality of life for the clients/residents of the home. By addressing these risks and applying IPAC practices you may:

- Decrease the spread of communicable diseases between clients/residents/staff/volunteers
- Reduce the risk of spreading communicable disease to visitors and the public
- Protect the facility from outbreaks of communicable disease
- Improve the overall well being of clients/residents

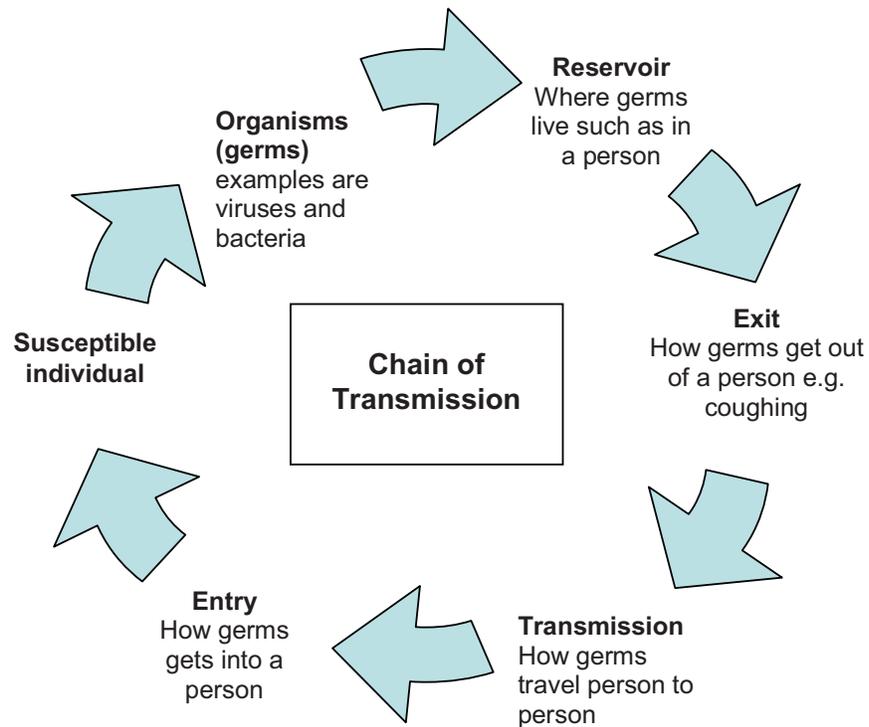
## What is an infection?

Understanding what causes infection and disease is the first step in being able to prevent and control it.

An infection occurs when an organism (germ) enters the body and starts to multiply, often causing signs and symptoms of infection. Such signs and symptoms can include redness, swelling, heat, coughing, nasal discharge, eye discharge, diarrhoea, etc.

## Chain of transmission

In order for infections to occur, a series of events must happen. This is called the chain of transmission. There are six links in the chain of infection and each link must connect for an infection to occur. Our goal is to **break the chain** and stop the infection from occurring. To do this, it is essential to understand each link and how they connect.



1. **Organism (germ)** – virus, bacteria, parasite or fungi that may produce an infection and is capable of causing disease. Some germs can survive for hours or even days in the environment e.g. the influenza virus can survive five minutes on unwashed hands and up to 48 hours on a smooth surface such as a countertop.
2. **Reservoir** – place where the organism (germ) can live and reproduce e.g. person, animal, soil
3. **Portal of exit** – the way the organism leaves the person, animal etc – These include blood, respiratory tract (cough, sneeze), gastrointestinal tract (stool, vomit), genitourinary tract, skin and mucous membranes, placenta.

4. **Mode of Transmission** – how an infectious organism (germ) is spread. These include contact, droplet and airborne:
  - i) **Contact**

Contact may be direct contact or indirect contact. **Direct contact** occurs through touching, e.g. an individual may spread germs to others through touching another person with contaminated hands or gloves or through sexual contact.

**Indirect contact** is the spread of infectious organisms (germs) by touching a contaminated object such as a doorknob or toy and then bringing the germ into your body. This can happen by touching the eyes, nose or mouth with contaminated hands.
  - ii) **Droplet**

Infectious organisms (germs) from an infected person are expelled as droplets when a cough or sneeze is not covered. Germs from an uncovered cough or sneeze can travel up to 2 metres where they may enter another person's eyes, nose or mouth, or may fall onto surfaces that people touch with their hands.
  - iii) **Airborne**

Small droplets containing infectious organisms (germs) can survive in the air for long periods of time and travel considerable distances and may be inhaled by others. For example, TB, chickenpox and measles are spread this way.
  - iv) **Vector borne**

Occurs when an individual is bitten by an animal or insect, carrying infectious organisms (germs). Examples of vector borne diseases are West Nile Virus which is transmitted from the bite of an infected mosquito and rabies which is transmitted from the bite of an infected warm blooded animal such as a dog, cat or bat.
5. **Portal of Entry** – how the organism (germ) enters a susceptible individual. For example, inhaling virus particles, eating contaminated food.
6. **Susceptible host** – a person lacking resistance to particular organism (germ). For example, the very young, elderly, non-immunized and depressed immune system such as cancer patients, transplant patients, diabetics and alcoholics.

## Routine practices

### Overview

Routine practices (formerly known as “universal precautions” or “blood-borne precautions”) are universally recognized strategies to prevent and control infections. They are based on the principle that **any person** may be carrying an infection and that their blood and body fluids potentially contain illness-causing organisms. Simply put, if we treat everyone as if they have an infection, and protect ourselves, then the chances that we will be accidentally exposed to an organism are smaller. Consequently, specific actions must be taken whenever there is a risk of contact with, or exposure to any person’s bodily secretions.

Practicing proper hand hygiene, covering a cough or sneeze, using personal protective equipment (PPE), such as gloves, and cleaning and disinfecting environmental surfaces are all basic routine practices. Routine practices include:

- Risk assessment
- Hand hygiene
- Personal protective equipment/barriers
- Environmental controls (cleaning and sanitizing)
- Personal hygiene and other specific activities

Health care professionals and frontline care providers have adopted this principle around the world. It is a simple idea, but when used regularly and properly, the results are impressive.

### 1. Routine Practices - risk assessment

Before each interaction with a client/resident or their environment, it is important to assess the risk for potential exposure to blood, body fluids, mucous membranes, non intact skin or contaminated equipment or surfaces. Consideration should be given to the following factors:

- The type of interaction e.g. is physical care such as foot care being provided
- The characteristic of the client/resident e.g. cooperative, physically assertive
- The immune status of client/resident (if known) and staff members. For example, are staff member vaccinations up to date
- Observation of any symptoms that may indicate a communicable illness such as cough, sneezing, diarrhea

### 2. Routine Practices - hand hygiene

Hand hygiene includes washing hands at a sink with soap and running water or the use of alcohol based hand rub (ABHR).

Regular hand hygiene is considered one of the most effective ways to reduce the spread of infection.

## The “When” of hand hygiene

Staff members should clean their hands upon **entering** the shelter. Hands should be cleaned thoroughly for **15 seconds**.

Staff members should clean their hands frequently throughout the day for at least **15 seconds with soap and clean running water, or use alcohol based hand rub** with attention to the following situations:

- After having **physical contact with a person, their bodily fluids or belongings**
- Before and after having contact with **food** (including breastfeeding)
- Before eating
- Before and after wearing **gloves**
- When your hands are obviously **dirty**
- After using the **toilet**
- After sneezing, coughing or **blowing your nose**
- Before and after **smoking cigarettes**
- After **changing a diaper**
- After handling soiled items or equipment e.g. after cleaning rooms or handling soiled linen
- After **leaving** the shelter; at least upon arrival at home



Staff members should encourage shelter clients/residents to also clean their hands upon entering the shelter and at key times to help prevent infections in the shelter.

## The “How” of hand hygiene

Hand hygiene is the most important way to prevention the transmission of infections. Wrist and finger jewellery can make proper hand hygiene difficult. Remove any jewellery that may hinder proper hand hygiene.

### Washing with soap and water

Step	Rationale
Turn on taps and adjust to a comfortable temperature	Water that is too hot or too cold will damage skin
Wet hands with warm water	If applied to dry hands, soap will dry the skin
Apply soap to palm of hand	Use pump style soap. Bar soap quickly becomes contaminated and can spread organisms. One squirt of soap should provide enough to wash your hands. <b>Never</b> “top up” soap dispensers. Wait for the dispenser to be empty then replace with a new filled dispenser.
Lather soap and rub palm to palm, in between and around fingers paying attention to backs of hands, fingertips, thumbs and wrists for 10-15 seconds.	Soap and friction are needed to remove organisms. It is important that all surfaces have contact with the soap.
Rinse thoroughly under running water	If hands are not rinsed thoroughly, any residual soap left on the hands will dry the skin
Pat hands dry with paper towel	Rubbing hands with paper towel will abrade the skin and result in chapped skin.
Turn off taps with paper towel	Using paper towel to turn off taps prevents your clean hands from becoming contaminated. If paper towel is not available, turn taps off by using elbows if possible.

- See [www.peelregion.ca/health](http://www.peelregion.ca/health) for a [hand washing poster](#)

Consider posting hand hygiene reminder signage near all sinks.

**Using alcohol based hand rub:**

<b>Step</b>	<b>Rationale</b>
Inspect hands to ensure that no visible dirt is present Remove any jewellery that will interfere with proper hand hygiene.	Visible dirt will interfere with the ability of the alcohol in the waterless hand sanitizer to clean hands
<ul style="list-style-type: none"> <li>▪ Apply 1 to 2 pumps of alcohol based hand rub, about the size of a loonie, to palms of dry hands</li> <li>▪ Rub hands together palm to palm</li> <li>▪ Rub in between and around fingers</li> <li>▪ Rub back of each hand with palm of other hand</li> <li>▪ Rub fingertips of each hand in opposite palm</li> <li>▪ Rub each thumb clasped in opposite hand</li> <li>▪ Rub hands for at least 15 seconds and until product is dry. Do not use paper towels</li> </ul>	<p>Sufficient hand rub is needed to cover all surfaces. If hands are dry in less than 15 seconds, then not enough hand rub was dispensed.</p> <p>It is important that all surfaces come into contact with the sanitizer to ensure that any germs have been destroyed.</p> <p>Hands should not be wiped dry with paper towel. This will reduce the effectiveness of the sanitizer.</p>

See the Peel Health Hand hygiene signage: [Clean Your Hands](#)

Although widely used, alcohol based products range in alcohol concentration from 60% to 90%. Recent studies suggest that norovirus and other viruses are inactivated by alcohol concentrations of 70% to 90%. Therefore, it is preferable that a minimum concentration of 70% alcohol be chosen for use. (PIDAC, 2008). Products may be in the form of gels, foam, liquid or lotion and contain emollients to prevent skin from drying.

Be aware – alcohol-based hand rubs are poisonous if ingested and are flammable. Consider offering the hand rub from a wall mounted or other type of controlled dispenser to avoid misuse of the product. Dispenses should not be

“topped up” but replaced when empty.

**Hand hygiene should be encouraged with your clients/residents using the above “when” and “how” principles.**

## **Questions and answers**

### **What kind of soap is the right kind of soap?**

Use pump style soap. Bar soap quickly becomes contaminated and can spread organisms. Antibacterial soaps are not recommended for routine use.

### **What about alcohol based hand rubs?**

Alcohol based hand rubs are very effective in killing most germs and can be handy when soap and water are not available. However, if there is dirt/debris on the hands, it must be washed off with soap and water. If you are not able to access running water and soap such as when doing outreach, “clean” your hands with a moist disposable wipe.

### **More information**

Region of Peel Health –[Hand hygiene](#)

## **3. Routine Practices - personal protective equipment/barriers**

One way to reduce the spread of infection is through the use of barriers. By physically blocking the germ from getting to you or others, the risk of infection is avoided. Some examples of barriers include gloves and masks.

### **Gloves**

- Use gloves whenever physical contact is expected with any bodily fluid such as saliva, blood, mucous, feces or non intact skin, including contacting equipment or surfaces contaminated with bodily fluids.
- Wear gloves only once and discard after each client/resident. Do not re-use gloves, do not wash & re-use gloves.

- Wash hands before and after using protective gloves. Gloves alone are not a substitute for hand hygiene.
- Make sure you receive training on the proper way to remove gloves that have been in contact with body fluids. See [Poster](#)
- Do not handle equipment or objects with contaminated gloves
- Never double glove

## Masks

- Use an “N95” mask when giving direct support to someone who may have TB. N95 masks have to be fit-tested ahead of time specifically for the person who will be wearing them.
- Have clients/residents wear a surgical mask if they are coughing, until they can be assessed by a medical professional. This will help prevent infectious droplets from getting into the air.
- Wear mask and eye protection (goggles or face shield) if there is a possibility of splashing or spraying of blood or body fluids. Prescription eye glasses are **not** acceptable eye protection.
- Change mask according to the manufacturer’s direction and if it becomes wet. Clean hands after removal.
- Do not re-use disposable masks. Use once and discard.

## More information

- Peel Public Health’s hand hygiene brochure  
[www.region.peel.on.ca/health/pandemic/downloads/handbrochure.pdf](http://www.region.peel.on.ca/health/pandemic/downloads/handbrochure.pdf)
- Ontario Ministry of Health and Long-Term Care  
<http://www.health.gov.on.ca/en/>
- 
- Public Health Ontario. Provincial Infectious Disease Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings  
<http://www.oahpp.ca/resources/pidac-knowledge/>

#### 4. Routine Practices - environmental control

Maintaining a high standard of cleanliness is important in reducing the spread of infection in any place. This is very important within a shelter or drop-in. It is often challenging for homeless people to maintain good personal hygiene, and it is important that the facility be cleaned thoroughly and regularly.

Some guidelines for environmental cleaning include:

- Cleaning products should be:
  - selected on the basis of effectiveness, safety and cost
  - used according to manufacturer's instructions
  - stored in a safe manner
  - appropriate to the task
- Cleaning should proceed from least to most soiled areas e.g. bathrooms last
- Areas/objects that are touched frequently including door knobs/handles, window latches, taps in bathroom sinks, light switches, telephones and handles on toilets should be thoroughly cleaned and disinfected. These areas should be cleaned more frequently during outbreaks or peak periods for infections such as influenza season.
- Spills involving blood or body wastes should be cleaned up immediately with disposable towels and placed in a plastic bag for disposal in regular garbage. The area should be cleaned and disinfected. See procedure on page 14.
- Medical gloves should never be used when handling cleaning chemicals. For environmental cleaning and disinfecting, general purpose reusable rubber gloves are appropriate.
- Cleaning schedules should be established to ensure appropriate cleaning and disinfecting
- A vacuum should be used regularly on cloth fabric furniture and rugs/carpets
- Specific attention should be given to how individual pieces of furniture will be cleaned. Ideally, shared surfaces such as bathtubs should be cleaned with a diluted bleach solution. While this is not possible with most cloth or fabric, it is recommended that contaminated upholstered furniture be cleaned thoroughly to remove as much debris as possible and then shampooed afterwards. Mattresses should be completely enclosed in plastic covers, as should pillowcases. Furniture such as tables and chairs used for eating should be cleaned with a diluted bleach solution after every meal.

- Housekeeping staff should be educated on additional cleaning required during outbreaks
- Dishware and eating utensils are effectively decontaminated in dishwashing machines by hot water, detergents and sanitizers.

### Garbage disposal

Discard all contaminated disposable material (e.g., paper towels) in a sealable plastic bag. Make sure when disposing of garbage that you do not reach into the bag or step on it with your feet. Empty waste containers frequently. Bags should never be too full (three-quarters) but if a bag is overflowing, use a tool (e.g., tongs) to empty excess garbage into a second bag. Never use your hands! Be sure to wash/clean your hands after handling garbage.

Local municipal regulations on waste handling must be followed. For example, recycling, hazardous waste disposal and sharps disposal.

### Sharps disposal

Used syringes, needles and razors must be carefully thrown-out in a designated sharps disposal container made of puncture resistant, unbreakable material. Most shelters should have contracts with sharps disposal companies. If not, consult waste disposal companies listed in the Yellow Pages under waste management, the Region of Peel Waste Management Department or check with a local pharmacy.



### More information

- Region of Peel –Public Works/Waste Management  
<http://www.peelregion.ca/pw/waste/crc/acceptable.htm#hhw>

### Laundry

Some guidelines for laundry services include:

- Donated clothing should be laundered before use/distribution
- Personal protective equipment such as disposable gloves should be available for use in sorting/handling laundry soiled with blood or body fluid
- Appliances should be cleaned when visibly soiled
- Laundry should be collected in a manner that prevents contamination of the environment. Use baskets/hampers lined with a disposable or washable liner
- Laundry soiled with blood or body fluid should be washed as soon as possible

- Sorting should be done in a way that prevents the contamination of clean laundry
- Usual cycles of household washing machines are adequate
- Clothes should be dried in an automatic dryer
- Clean laundry should be stored in a way that prevents contamination

## 5. Routine Practices - personal health management

### Personal hygiene

Shelter staff should encourage clients/residents to maintain good personal hygiene. Make sure there is an adequate supply of personal hygiene products on site at all times:

- soap
- toilet paper
- alcohol based hand rub
- paper towels
- tissues (i.e. Kleenex, Scotties)
- shaving equipment
- feminine napkins/tampons
- toothbrushes and toothpaste

### Education of clients/residents

Topics to cover with clients/residents:

- correct hand hygiene
- basic hygiene practices such as respiratory etiquette (ie. cough into sleeve not hand)
- not sharing personal items e.g. wash cloths, toothbrushes and razors

### Respiratory etiquette

Personal practices should be promoted to all clients/residents, visitors, volunteers and staff including:

- a) not visiting the people in the facility when ill
- b) cough and sneeze into your sleeve or use a tissue, then wash your hands with soap and water or an alcohol-based rub. In a shelter, it is especially important that clients/residents be reminded to do this by frontline staff and through the use of posted signs.
- c) maintaining a space of 2 metres (an arm's length) from people who are coughing or sneezing
- d) avoid face to face contact - turn your head away from others when coughing or sneezing

### Immunization

One of the most effective preventive measures to protect clients/residents and staff from acquiring communicable diseases is immunization.

Promote appropriate immunizations such as the annual seasonal

influenza vaccine and encourage clients, residents, volunteers and staff to keep routine immunizations up to date.

**For more information:**

Public Health Agency of Canada (PHAC) - National Advisory Committee on Immunization <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php>

Canadian Immunization Guide: <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>

**Questions and answers**

**Why is it necessary to wash my hands before using gloves?**

Gloves are an effective barrier but accidents can happen. It is important that hands be clean to prevent contamination should the gloves tear. Also, some germs grow extremely well inside gloves. By washing your hands before gloves are put on and after they are taken off, the number of germs is reduced to safer levels to protect both you and your client/resident.

**6. Blood/body fluid exposures (including needle-stick injuries)**

There may be a number of situations where frontline workers might come in contact with body fluids. Some people may throw up, others may accidentally cut themselves. It is important to know how to respond if this happens.

Should you be pricked by a dirty needle or splashed with body fluids in your eyes, nose or mouth, or through an open cut on your skin, here are some steps to follow:

**Needle-stick injuries (accidentally being stabbed with a hypodermic needle)**

1. Let the wound bleed.
2. Flush the area with water or wash with soap and water. If the skin has been broken, apply a topical antiseptic solution such as 70% isopropyl alcohol or iodine, if available. However, there is no evidence that

antiseptic use reduces risk of organism/germ transmission. Do not apply disinfectants to the eyes, nose or mouth.

3. Bandage the wound.
4. Report the incident to a supervisor.
5. Seek immediate medical attention at the hospital emergency department.

### **Injuries with blood/body-fluid exposures (exposure with broken skin)**

1. Flush the area with water or wash with soap and water.
2. If there is excessive bleeding, apply pressure to stop the bleeding.
3. Apply a topical antiseptic solution (e.g., isopropyl alcohol, iodine) if available. However, there is no evidence that antiseptic use reduces risk of organism/germ transmission. Do not apply disinfectants to the eyes, nose or mouth.
4. Bandage the wound.
5. Report the incident to a supervisor.
6. Seek immediate medical attention at the emergency department.

### **Body fluid exposures to the eyes, nose or mouth**

1. Flush the area with large amounts of water.
2. Report the incident to a supervisor.
3. Seek follow up medical care or emergency care if necessary.

### **Coming into contact with body fluids (intact skin)**

1. Thoroughly wash hands and exposed skin following the same procedures for hand washing.

## **Disinfecting solutions and blood/body fluid clean-ups**

### **Bleach disinfecting solutions**

#### **For cleaning-up surfaces where there are bodily fluids or other contamination (not skin)**

- Mix nine equal parts of water with one part bleach (50 ml or ¼ cup of bleach to 450 ml or 2 ¼ cups of water or 0.5% or 5,000 ppm)
- Be careful not to spill the bleach solution on your skin
- Prepare a fresh solution of bleach and water for each incident

#### **For general disinfecting of surfaces (not skin)**

- Mix 99 equal parts of water with one part bleach. This is about one teaspoon (5 ml) of bleach to two cups (500 ml) of water i.e. 0.05% or 500 ppm.
- Be careful not to spill the bleach solution on your skin
- Put in a labelled spray bottle for ease of use
- The solution must be prepared **fresh each day** as the bleach weakens quickly

### **Procedure for cleaning up of body fluids**

- 1) Make sure that the area where the body fluid spill has occurred is blocked off.
- 2) Wash hands for 15 seconds.
- 3) Put on disposable rubber gloves specific for cleaning. Latex gloves should not be worn as they are not designed for withstanding cleaning solutions.
- 4) Place disposable paper towels over top the area so it is completely covered. Use additional disposable paper towel as necessary to wipe up the spill. Place paper towels in a garbage bag. The objective is to clean the material with minimal disturbance to avoid any germs entering the air.
- 5) Any needles or sharps should be picked up using tongs and placed into a sharps container.
- 6) Clean the surface first with soapy water, rinse with clean water. Wipe the surface with the bleach disinfecting solution: nine equal parts of water with one part bleach (50 ml or ¼ cup of bleach to 450 ml or 2 ¼ cups of water or 0.5% or 5,000 ppm).  
Be careful not to spill the bleach solution on your skin or clothing.
- 7) Use enough bleach and water solution so the area stays **wet** for at least 10 minutes. This gives the bleach time to kill the germs. Note: if a non bleach disinfectant is used, allow it to stand for the amount of time recommended by the manufacturer.
- 8) Any mops or non-disposable materials should be soaked in the bleach solution and air dried. Try to avoid using a mop.
- 9) Dispose of used paper towels in the garbage bin, remove gloves and wash your hands.

### **For more information**

Check the Peel Public Health web site:

<http://www.peelregion.ca/health/infectioncontrol/routine-practices.htm#enviro>

## **Needle Exchange Program (NEP) and harm reduction**

Peel Public Health's Needle Exchange Program (NEP):

- Offers new needles\* and [other services](#) to reduce the spread of blood-borne diseases among people who use needles for the purpose of injecting drugs, including [steroids](#)
- Protects the public by reducing the number of used needles discarded in public places like playgrounds and washrooms
- Follows a "[Harm Reduction](#)" philosophy

Harm Reduction recognizes that a certain percentage of the population will use drugs and the goal is to reduce the harm that might result from drug use. Harm reduction is decreasing the adverse health, social and economic consequences of substance abuse, for the user and the community, without requiring abstinence. It is important to reduce the risk of infectious diseases, such as HIV and hepatitis C, by making drug use as safe as possible.

#### **Peel Works NEP:**

- Provides new needles and equipment
- Provides containers for the safe disposal of used needles and equipment
- Will pick up and safely dispose of used needles from needle exchange clients/residents
- Provides piercing kits which includes information about after care
- Provides information about safer drug use
- Provides presentations on Harm Reduction, safer piercing, program services
- Provides information about [safer sex](#) as well as free condoms and lube
- Offers referrals to:
  - Peel's Healthy Sexuality clinics for:
    - Anonymous [HIV/AIDS testing](#)
    - Hepatitis B and C testing
    - Hepatitis B vaccinations
    - [Sexually transmitted infection testing](#) and treatment
  - Other agencies for support and treatment

**All of Peel's NEP services are free and confidential.**

**To access needle exchange services in Peel:**

- Call our cell phone at 647-225-1623

**More information on hours and locations, visit:**

Peel Public Health Needle Exchange Program

<http://www.peelregion.ca/health/needle-exchange/#services>

## **Sexually transmitted infections**

There are many infections such as gonorrhoea, herpes and syphilis that can be transmitted from one person to another through sexual contact. Some of these infections can be transmitted through exchanging bodily fluids such as semen, saliva and vaginal secretions. This can happen through anal, oral or vaginal sex.

Other infections can be spread through direct bodily contact such as skin to skin contact with an infected area. Some sexually transmitted infections have very obvious signs and symptoms while others may have no symptoms at all. As well,

some sexually transmitted infections can be very serious, sometimes life threatening.

It is important to remember that people are sexual and to provide education and resources so that sex can be a healthy part of life. Make sure your clients/residents have access to resources for safer sex. These resources can include:

- Condoms
- Educational pamphlets
- Access to sexual healthcare providers and testing centres
- Access to sexual health information centres/numbers

A number of fact sheets are available on specific sexually transmitted infections. Also, Peel Public Health can assist you in providing some resources to your clients/residents through the Healthy Sexuality Program.

### **More information**

- Peel Public Health - Customer Contact Centre: 905-799-7700 or visit the healthy sexuality web site  
<http://www.peelregion.ca/health/sexuality/contact.htm>
- For the location of Peel Public Health healthy sexuality clinics visit  
<http://www.peelregion.ca/health/sexuality/clinics/cli-locations.htm>

## **Prevention of respiratory infections**

To prevent the spread of respiratory infections in shelters, efforts should be made to identify ill persons and implement appropriate infection control measures as soon as possible. Be alert for, and ask clients/residents to report the following:

- Fever
- Coughing
- Sneezing
- Runny nose

- Wheezing
- Shortness of breath
- Difficulty breathing
- Night sweats
- Weight loss

## First

- An ambulance should always be called for any VERY sick person!
- Clients/residents who are ill should be separated from other clients/residents as much as possible. If a separate room or area is not possible, encourage persons with respiratory illness to stay at least 2 metres (6 feet) away from others.
- Encourage hand washing/sanitizing and the use of tissues or their sleeve to cover the mouth and nose when people sneeze or cough
- Staff who are showing signs of sickness should not be working or should be away from clients/residents
- Record information on the **Daily Report of Infections Screening Log** (see Appendix #2)
- Provide barriers, as is necessary and appropriate to staff that are to be in contact with sick clients/residents
- Sick clients/residents who cannot be separated from the rest of the population should be provided with surgical masks, if tolerated. This is especially important if respiratory hygiene compliance is poor.

## Second

- If your facility has healthcare professionals available, they should be contacted to assess any sick clients/residents
- If your facility does not have health care professionals available, encourage clients/ residents to seek medical attention. For those who are not seriously ill, try to arrange for them to see a community healthcare professional or go to a walk-in clinic.

## Third

- It is important that a healthcare professional assess any sickness. If they have any concerns about a client/resident, tests will be ordered to determine a diagnosis. The healthcare professional will report any diseases/outbreaks which are classified as “reportable” to Peel Public Health.

#### **Fourth**

- If an outbreak is declared, refer to the sections on outbreaks for more information

#### **For a list of reportable diseases:**

Peel Public Health

<http://www.peelregion.ca/health/pdfs/reportable-diseases.pdf>

## Gastrointestinal symptoms

To prevent the spread of gastrointestinal infections in shelters, efforts should be made to identify ill persons and implement appropriate infection control measures as soon as possible. Be alert for, and ask clients/residents to report the following:

- Diarrhoea - abnormally frequent semi-solid to fluid stool (poop)
- Vomiting
- Cramping
- Blood in the stool
- Fever

### First steps

- An ambulance should always be called for any VERY sick person!
- Encourage regular hand hygiene with soap and running water or alcohol based hand rub
- Staff who are showing signs of sickness should not be working
- Clients/residents who are ill should be separated from other clients/residents as much as possible
- Implement enhanced cleaning and disinfection of surfaces that are frequently touched such as door knobs, railings, computer key boards and mice.
- 
- **Record information on the Daily Report of Infections Screening Log** (See Appendix)

### Second steps

- If your facility has healthcare professionals available, they should be contacted to assess any ill clients/residents
- If your facility does not have healthcare professionals available, encourage clients/residents to seek medical attention. For those who are not seriously ill, try to arrange for them to see a community healthcare professional or to go to a walk-in clinic.
- Babies who are sick need to be seen by physician and monitored as appropriate
- Encourage the sick person to drink water to replace lost fluids

### Third steps

- Whenever an increase in the number of people with symptoms of illness is seen, contact Peel Public Health for guidance at 905-799-7700. It may be an outbreak. Peel Health will help to determine the cause of the increase in illness. Make this call as soon as you become aware of the increase in illness in your facility. **Do not wait** to see what happens.
- Begin enhanced cleaning and disinfection with special attention to your bathroom facilities

## Resources and supplies

The following is a list of recommended supplies related to infection prevention, that every shelter or hostel should have on hand.

### First aid supplies

Well maintained first aid kits are important for many reasons. To begin with, they are an important safety measure for both staff and clients/residents. Secondly, having the right supplies at the right time is an important step in preventing the spread of infection. It is recommended that a first aid kit be kept in an easily accessible and well known location. In larger facilities, it is a good idea to have more than one first aid kit, such as one per floor. The following is a list of required contents for most standard emergency first aid kits:

- Scissors (1)
- Blunt nose tweezers (1)
- 5 cm x 5 cm (2 inches x 2 inches) sterile gauze dressings (10)
- 10 cm x 10 cm (4 inches x 4 inches) sterile gauze dressings (5)
- 10 cm x 10 cm (4 inches x 4 inches) sterile non-adherent dressings (5)
- Regular size plastic bandages (10)
- Children's size plastic bandages (10)
- Slings or triangular bandages (10)
- 8 cm (3 inches) gauze roll (1)
- Roll of non-allergenic adhesive tape (1)
- 8 cm (3 inches) elastic tensor bandage (1)
- Safety pins (5)
- Small bottle of skin antiseptic/individually wrapped antiseptic wipes
- Pocket first aid reference book (1)
- Pairs of disposable gloves (2)
- Incident records (1 set)
- Instant cold compress (1)
- Alcohol based hand rub
- One resuscitation pocket mask

### Outbreak response kit

It is suggested a separate box of supplies labelled specifically for outbreak response be maintained. In the event of a suspected or actual outbreak of an infectious disease, these basic supplies will be available for immediate use.

These supplies should be readily accessible to staff. The employer is responsible for arranging to get staff fit-tested for N95 masks.

While the quantity will vary from site to site, it is important that facilities have enough of the following supplies to last at least 72 hours:

- Box (es) of surgical masks/N95 masks\*
- Box of eye protection (face shields or goggles)
- Box (es) of disposable rubber gloves in varying sizes
- At least one box of non-latex gloves
- Package of disposable gowns
- Digital or disposable thermometers (digital with probe covers)
- Extra bottles of alcohol based hand rub
- **Record information on the Daily Report of Infections Screening Log**  
(See Appendix #2)

**\*N95** masks have to be fit-tested specifically for the person who will be wearing them. If you do not have an occupational health service available to you for advice on how to get this done, ask your supplier (pharmacies will not be able to arrange fit testing).



