**Appendix A - Infection Control Recommendations for Group Home A**

A standard workflow for morning and evening care activities, incorporating the infection control practices outlined below, should be performed by all caregivers. The facility should consider additional staff during certain, high activity times if the caregivers are unable to ensure appropriate infection control practices.

***Infection Control Practices***

Resident Placement

* Decisions about resident room placement (such as cohorting or use of a private room) or restrictions on a resident’s movement or participation in group activities within the facility should be the least restrictive possible for the resident while maintaining a safe environment.
	+ - Residents colonized with multidrug-resistant organisms (MDROs) who have the ability to contain body secretions, excretions and cover sites of colonization do not need their movements in the facility restricted or to be excluded from group activities.
		- Dedicated bathrooms should be designated for residents with MDROs to limit opportunities for transmission to other residents.
		- Residents with active infections from MDROs resulting in stool or body secretions that are not able to be adequately contained should remain in a private room for the duration of symptoms to minimize potential for transmission of organisms.
* In order to maintain resident privacy, it is not necessary to place signage indicating MDRO precautions or isolation status outside of private rooms or outside of the facility.
* Consultation with public health may be necessary to determine how residents should be cohorted.

Use of Gown and Gloves

* Personal protective equipment (PPE), including non-sterile gloves and non-sterile fluid-resistant gowns, should be used whenever there is an expectation of possible exposure to infectious material. For example:
	+ Caregivers should wear PPE when handling body fluids and stool (such as assisting residents with toileting, changing residents’ briefs) for any resident in the facility and during bathing, regardless of whether the resident is colonized with an MDRO.
	+ Caregivers should wear PPE when cleaning and disinfecting bathrooms, residents’ rooms or any surfaces contaminated with body fluids or stool.

*Assessment:*

* *Caregivers should receive basic training regarding hand hygiene, use of PPE and be able to demonstrate appropriate hand hygiene and PPE.*
* *The facility should have a process for monitoring and improving caregivers’ adherence to hand hygiene and proper PPE use.*

Hand Hygiene

* Glove use is never a substitute for hand hygiene. Always perform hand hygiene before and after removing gloves.
* Hand hygiene can be performed using soap and water or using alcohol based hand rub (ABHR).
* ABHR should be available throughout the facility in common areas and easily accessible for caregivers. The facility should consider having staff use pocket or clip-on individual containers of ABHR so that it is accessible. If used, caregivers should use the following proper steps to access the containers:
	+ Pull pocket ABHR out of pocket and dispense adequate gel or foam into one hand
	+ Place bottle back in pocket with other hand before performing hand rub
	+ Perform hand rub, thoroughly coating all surfaces of both hands
	+ Go directly to the resident without touching anything else or re-entering hands into pockets
* Hand hygiene with ABHR can be performed in these situations:
	+ Before and after physical contact with a resident
	+ Before putting on gloves and after removing gloves
	+ Before handling sterile or clean supplies
* Hand washing with soap and water is *preferred* in these situations:
	+ After handling soiled or contaminated items and equipment, including linens
	+ When hands are visibly dirty or soiled with body fluids
	+ After care of a resident with known or suspected infectious diarrhea
* Resident hand hygiene should also be performed in these situations as well as before and after eating, bathing, and toileting.
	+ To promote hand hygiene among residents, alcohol-based hand wipes could be used when hands are not visibly soiled.

*Assessment:*

* *Caregivers should demonstrate knowledge of when to use alcohol based hand rub during care activities and identify appropriate opportunities to perform resident hand hygiene.*
* *The facility should have a process for monitoring and improving caregivers’ adherence to hand hygiene and proper PPE use.*

Food Preparation

* Hand hygiene (with soap and water) should be performed before and after eating or handling food.
	+ Gloves should be worn while caregivers are directly preparing and touching food.
* Silverware and plates can be washed with detergent in hot water.
* Gloves are not mandatory if caregivers are assisting residents with eating but not directly touching food.

Cleaning/Disinfecting

* Cleaning refers to the removal of visible soil from surfaces through the physical action of scrubbing with a surfactant or detergent and water.  The physical action of scrubbing with detergents and surfactants and rinsing with water removes large numbers of microorganisms from the surfaces.
* A standard, systematic workflow should be established for cleaning and disinfecting each room in the facility.
	+ Close attention should be paid to high touch surfaces (such as tray tables, doorknobs, bedrails and controls, call buttons), shared equipment and bathrooms, including the bathroom inner door knob, light switch, handrails by toilet, toilet seat/flush handle, shower seat and arm rest.
* A standard procedure should be established for cleaning the bathroom after each resident use.
* Store cleaning products away from patient care activities, including the bathroom.
	+ All cleaning equipment (including mop handles and other shared equipment) should be cleaned and disinfected at least once per day. Laundering mop heads should be performed as frequently as possible to minimize degree of contamination. Single use mop heads may be preferred.
* An EPA-registered combined cleaner and disinfectant should be used for all surfaces. Caregivers should ensure they follow the manufacturer’s guidelines, including the **contact times** for the disinfectant. The web link for EPA-registered disinfectants is the EPA web link is <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>.
	+ Contact times refers to the time a disinfectant should be in direct contact with a surface to ensure that the pathogens specified on the label are killed. The facility may consider selecting products with shorter contact times. If the contact time is not followed, residual pathogens could be left on the surface. Please see the images (below) for where the contact time of the EPA-registered disinfectant used at the facility might be found on the container.
* Frequently touched (“high-touch”) surfaces in resident bedrooms and common areas (such as dining room, family room or lounge) should be cleaned and disinfected with an EPA-registered combined cleaner/disinfectant at least once per day.
* Floors can be cleaned and disinfected with an EPA-registered disinfectant (such as quaternary ammonium or bleach) at least once per day; carpets should be vacuumed on a regular basis. Caregivers should follow instructions regarding use of products for cleaning floors, including dilution instructions.
* Shared resident care equipment (such as walkers, wheelchairs, shower chairs, weight scales) should be cleaned and disinfected with an EPA-registered cleaner/disinfectant between each resident use.

*Assessment:*

* *Caregivers should demonstrate an understanding of high touch surfaces and willingness to follow a standard, systematic workflow for cleaning and disinfection.*

Laundry

Caregivers should follow the clothing and laundry detergent label instructions. It is preferred to wash and dry residents’ clothing in the warmest temperature listed on the clothing label for the items being laundered.

Volunteers

* Infection control practices should be including in training and orientation of new staff and volunteers.
* Volunteers should only participate in resident care and other tasks if they have been trained in infection practices and can demonstrate understanding.

*Assessment:*

* *Caregivers should demonstrate knowledge of basic infection control principles.*