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**Prevention and control
of infection in residential and
community aged care**

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Prevention and control of infection in residential and community aged care

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Introduction

Infections can spread in any environment. Residents/clients in aged care may be more vulnerable to infection for a number of reasons, including being older, having been in hospital and having chronic diseases.

The advice in this mini guide is taken from *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, which was published in 2010 by the National Health and Medical Research Council (NHMRC).

The principles also apply in non-hospital settings such as residential aged care homes and community aged care.

Infection prevention and control is an essential part of care and the responsibility of all staff providing care to older people.

This mini guide aims to provide advice to assistants in nursing and personal care workers (referred to in this mini guide as care workers) that complements their training on infection prevention and control.

How to use this mini guide

This mini guide is divided into three parts:

Part A includes information that is relevant to all health care and personal care workers in aged care, including:

- the causes of infection and how infections are spread (Section 1)
- essential work practices that stop the spread of infectious agents and are used during all care activities (Section 2).

Part B is relevant for care workers in residential aged care and **Part C** for care workers in community aged care. These parts highlight key aspects of infection prevention and control in each setting.

Case studies are included to help you to know what to do in different situations.

A: Infection prevention and control

1. Infections and how they spread

What is an infection?

An infection is a disease or illness caused when an organism inside a person multiplies to levels where it causes harm.

What causes infections?

Organisms that cause infections are called *infectious agents* and are sometimes referred to as *germs*. Most are *microorganisms* (bacteria, viruses, fungi and parasites).

When an infectious agent spreads from one person to another, it *colonises* (establishes itself in) the person exposed to it. That person (the *host*) won't become infected if their immune system fights the infectious agent. But when people are vulnerable (e.g. if they are frail or have another illness) infectious agents can multiply in the body and cause disease.

Infection prevention and control terms

Colonisation—When an infectious agent establishes itself on or in the body but does not cause disease.

Contamination—When infectious agents spread to a surface or item, creating risks for the spread of infection.

Infection—When an infectious agent enters the body and multiplies to levels where it causes disease.

Source—The origin of the infectious agent. Most sources are other people, but they can also be air, water, food or equipment that has become contaminated.

Susceptible host—A person exposed to an infectious agent who is vulnerable to infection.

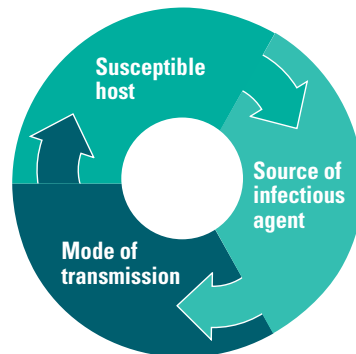
Transmission—The spread of infectious agents from one person to another.

How do infections spread?

Infection requires three main elements:

- a source of the infectious agent
- a mode of transmission and
- a susceptible host.

This is known as the chain of infection. Breaking the chain of infection helps to stop the spread of disease.



Common modes of transmission

There are many different types of infectious agents, but only a few ways they are spread.

Contact Infectious agents are transferred directly (eg contact with infected blood or body fluids) or indirectly (eg touching a contaminated surface and then another person without performing hand hygiene in between).

Droplet Droplets made by coughs or sneezes transfer to someone's eyes, nose or mouth.

Airborne Tiny particles containing infectious agents travel through air currents (e.g. air conditioning) and are breathed in.

Some infectious agents can be spread in more than one way. For example, *influenza* can be spread by breathing in droplets, or by touching contaminated surfaces, then touching the eyes, mouth or nose before performing hand hygiene.

Why are older people at risk?

Older people are vulnerable because their immune systems may not be able to fight infection.

People with chronic diseases may spend time in hospital where they are exposed to infectious agents.

Surgical wounds and invasive devices such as catheters also increase the risk of infection.

Common infectious agents in aged care

Influenza ('flu')—Spread by droplet and contact routes. Causes runny nose, aches and pains, fever, tiredness. *See case study on page 47.*

Norovirus, rotavirus ('gastro')—Spread by droplet and contact routes. Cause diarrhoea and/or vomiting. *See case study on page 44.*

Skin infection (scabies, impetigo)—Spread by contact route. Causes rashes, redness, swelling, boils.

Tuberculosis (TB)—Spread by airborne route. Causes bad cough, sweating, fatigue, fever.

Multi-resistant organism (MRO)—See next section. *See case study on page 52.*

What is a multi-resistant organism?

A multi-resistant organism (MRO) is a type of infectious agent that has become resistant to a number of different antibiotics normally used in its treatment.

Because treatment options are limited, it's especially important to stop the spread of MROs.

Don't be alarmed if a resident or client is found to have an MRO. Standard work practices to stop the spread of infection are enough to prevent transmission of most MROs.

Extra measures (e.g. wearing gloves and gowns, cleaning and disinfecting surfaces likely to be touched by the resident/client) may be needed if the person has an uncovered wound or has trouble with hand hygiene or cough etiquette.

Examples of multi-resistant organisms**Methicillin-resistant *Staphylococcus aureus* (MRSA)**

Risk is higher in people with open wounds, invasive devices, and weakened immune systems.

Vancomycin-resistant enterococci (VRE)

Spread by contact. Common sites for infection include the intestines, the urinary tract and wounds.

Clostridium difficile

Causes diarrhoea and is spread through contact with spores that are shed in stools and can live in the environment for a long time.

Residents and clients on antibiotics may have diarrhoea. *Clostridium difficile* can cause diarrhoea which can lead to dehydration and being unwell. Report all cases of diarrhoea, and let your medical or nurse supervisor know if the resident/client is taking antibiotics, as some forms of *Clostridium difficile* are MRO.

What can you do?

Follow the guidance for infection control practices of your organisation and in this mini guide.

Ask your supervisor if there is anything you're not sure about.

Tell your supervisor if you are suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice.

Tell your supervisor if you have any infected skin lesions (e.g. infected skin sore, boil, acne, cut or abrasion, or any discharges from the ears, nose or eyes).

Stay home when you are sick. Don't return to work until you have had no symptoms for 48 hours.

Make sure you are up to date with your immunisations and **have yearly influenza vaccinations. Encourage residents and clients to do so too.**

Think about what you are taking home with you—change clothes at work if they have been contaminated with blood or body fluids, wash your clothes thoroughly, avoid wearing false fingernails and keep jewellery to a minimum.

2. Essential work practices including 'Golden Rules'

Infection prevention and control involves work practices that stop the spread of infectious agents.

Infection control is everyone's responsibility!

Standard precautions

Standard precautions are practices applied to everyone and include:

- hand hygiene
- respiratory hygiene/cough etiquette
- personal protective equipment
- handling of medical devices
- cleaning and managing spills
- handling of food, waste and linen.

Standard precautions should be used for:

- **all** residents/clients
- **all** work practices
- **all** of the time.

Standard precautions are essential at all times, wherever care is being provided.

Transmission-based precautions

These are extra practices used when standard precautions may not be enough on their own. These practices vary, depending on the way the particular infectious agent is spread (contact, droplet and/or airborne).

Transmission-based precautions are used **in addition to** standard precautions in specific situations—for example, if a client or resident has gastroenteritis.

Residents/clients in aged care should know that every effort is being made to protect them from infection. When applying standard and transmission-based precautions, it's a good idea to explain what you are doing and why.

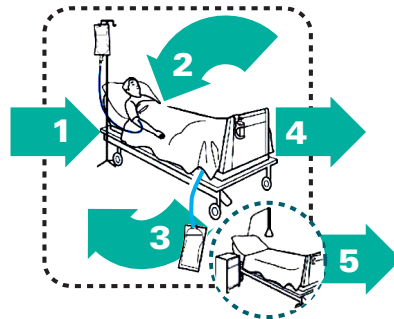
Remember, infection control protects you too.

Hand hygiene

Hand hygiene is the single most important factor in reducing the spread of infections. It is important that it is performed at the right moments.

The five moments for hand hygiene

- 1 Before touching a resident/client or their surroundings
- 2 Before a procedure or where there is a risk of being exposed to body fluids (e.g. changing a drainage bag)
- 3 After a procedure or body fluid exposure risk
- 4 After touching a resident/client
- 5 After touching the resident's/client's surroundings (e.g. over bed table, linen)



Adapted from World Health Organization
Your 5 moments for HAND HYGIENE

As well, you should ALWAYS perform hand hygiene:

- before putting on gloves
- after removing gloves
- before touching food and eating
- after going to the toilet
- after your lunch or other breaks
- after blowing your nose or coughing
- after handling rubbish
- after handling unwashed linen or clothing
- after handling animals
- when your hands are visibly dirty.

Jewellery and nails

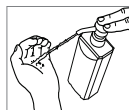
Keep jewellery to a minimum (e.g. a wedding band) and avoid wearing gel, acrylic or false fingernails – they increase the amount of bacteria on hands and make it harder to clean hands effectively.

How is hand hygiene performed?

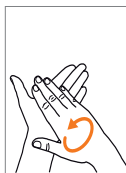
Hand hygiene can be performed either by washing hands with soap and water or using an alcohol-based hand rub.

- If hands are visibly dirty, soap and water is used.
- Alcohol-based hand rub is effective against most infectious agents and is suitable in most situations. However, it does not remove some infectious agents that cause gastroenteritis.
- If gastroenteritis is suspected, hands should be washed with soap and water using the technique on the following pages.

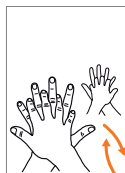
How to use alcohol-based hand rub



Apply alcohol-based handrub to hands then rub,



palm to palm,



back of hands,



in between fingers and back of fingers,



around thumbs,



tips of fingers,



once dry, your hands are clean.



A hand rub should take 20–30 seconds or until your hands are dry

Adapted from World Health Organization *How to Handrub*

How to wash hands

1



Wet hands with running water (preferably warm, for comfort)

2



apply soap to hands

3



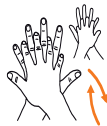
lather soap and rub hands together thoroughly including:

3a



rub hands palm to palm

3b



rub the backs of your hands

3c



rub between your fingers and the backs of your fingers

3d



rub around your thumbs

Adapted from World Health Organization *How to Handwash*

How to wash hands (continued)

3e



rub the tips of your fingers

4



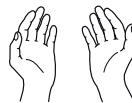
rinse under running water

5



dry hands thoroughly with single use paper towel

6



once dry, your hands are now clean



A hand wash should take about 30 seconds

Adapted from World Health Organization *How to Handwash*

Respiratory hygiene/cough etiquette

Covering sneezes and coughs prevents people who are infected from dispersing droplets into the air where they can spread to others.

Cover your nose and mouth with a tissue when coughing, sneezing, wiping or blowing your nose, and dispose of the tissue after use.

If you don't have a tissue, cough or sneeze into your elbow rather than your hand.



Perform hand hygiene straight away.



You can help residents and clients by:

- encouraging them to use tissues when they sneeze or cough
- putting a plastic bag near them so used tissues can be disposed of straight away
- encouraging hand hygiene
- making sure alcohol-based hand rub is within reach.

Respiratory hygiene/cough etiquette is particularly important for people with infections spread by droplets.

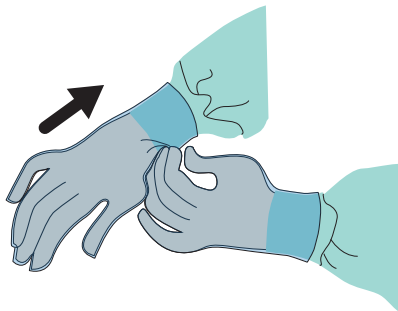
Personal protective equipment

Gloves

Gloves are used to reduce the spread of infectious agents that may be carried on hands.

Gloves are worn for procedures where there is a risk of exposure to blood or body substances.

They are also worn during care of people who have an infection spread by contact (especially if it is caused by a multi-resistant organism).



Types of gloves

- **Sterile**—used for procedures where there is contact with susceptible sites (eg catheterisation, where aseptic technique is required for wound care or managing a tracheotomy).
- **Non-sterile**—used for procedures that involve contact with non-intact skin and mucous membranes (eg emptying a catheter bag) and personal care activities (eg assisting with toileting).
- **Reusable utility**—used for non-care activities (e.g. general cleaning, cleaning contaminated surfaces).

Wear gloves when

Changing a colostomy bag or urinary drainage bag

Dressing wounds or touching broken skin

Assisting with toileting

Giving mouth or eye care

Oral suctioning

Touching equipment or surfaces that may come into contact with blood or body substances

Blood glucose monitoring

You have broken skin

Preparing food

Don't wear gloves when

Transporting a resident/client

Pushing trolleys

Making the bed (unless the person has known infectious disease)

Moving furniture

Writing in a person's notes

Giving oral medicines

Assisting with oral feeding/eating unless there is a risk of being exposed to blood or body substances

Golden rules—gloves

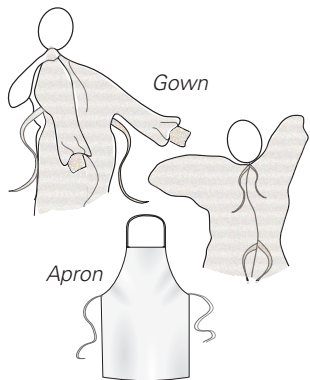
- Gloves are not used instead of hand hygiene.
- Perform hand hygiene before and after using gloves.
- Remove gloves when a care activity is finished. Change gloves before starting a different care activity.
- Dispose of used gloves immediately.
- Do not use multiple gloves at the same time.

Gowns or aprons

Impermeable (waterproof) gowns or aprons are used to stop contamination of care workers' clothes and skin.

They are used when there is a risk of splashes or sprays of blood or body fluids (e.g. if there is vomiting or diarrhoea).

Gowns/aprons are worn during care of people who have an infection that is spread by the contact, droplet or airborne route.

**Golden rules—gowns or aprons**

- Hand hygiene must be performed before and after using gowns or aprons.
- Gowns must fully cover the torso from neck to knees, arms to end of wrists and adequately wrap around the back. Tie all fastenings on the gown and fasten at the back.
- Remove and dispose of the gown as soon as care is completed.
- Plastic aprons can be used:
 - when clothes may be exposed to blood or body fluids and there is a low risk that arms will be contaminated
 - when the care worker's clothes might get wet (e.g. when showering a resident/client)
 - aprons should be used once and disposed of as soon as care is completed.

Face masks

Face masks are used to protect a care worker's nose and mouth from exposure to infectious agents.

They are used when there is a risk of:

- droplets or aerosols (e.g. from coughs or sneezes)
- splashes or sprays of blood or body fluids (e.g. when emptying wound or catheter bags).

Masks are worn during care of people who have an infection that is spread by the droplet or airborne route.

Masks may also be placed onto clients/residents who are coughing, especially if they are unable to cover their mouths. Before doing this, consider whether wearing a mask will cause distress (e.g. if the client or resident is unable to understand the purpose of wearing it).



Types of mask

- *Surgical masks* are appropriate for most situations.
- *Other types of masks may be required. Your supervisor will inform you if this is necessary.*

Golden rules—masks

- Check manufacturer's instructions before use.
- Don't touch front of the mask with your hands once the mask is in place.
- Use each mask for the care of one person only and change if a care activity is taking a long period of time.
- Don't leave mask dangling around your neck.
- Discard after use and perform hand hygiene after discarding.



Protective eyewear

Protective eyewear is used to protect a care worker's eyes from exposure to infectious agents.

It is used when there is a risk of:

- droplets or aerosols (e.g. from oral suctioning)
- splashes or sprays of blood or body fluids (e.g. when emptying catheter bags).

Eyewear is worn during care of people who have an infection that is spread by the droplet or airborne route.

**Golden rules—protective eyewear**

- Remember that the outside of the eyewear is contaminated.
- Remove using the headband or ear pieces.
- Clean eye shield after each use with detergent and water and allow it to dry.
- If eyewear is single use, dispose after the care activity.

Handling medical devices

Indwelling medical devices, such as urinary catheters and intravenous catheters, provide a route for infection to enter the body. When handling these devices, care workers are at risk of exposure to blood and body substances.

Golden rules—medical devices

- Perform hand hygiene before any contact with the device or where the device enters the body.
- Select personal protective equipment (e.g. wear gloves and a mask and gown if there is a risk of exposure to blood or body fluids).
- Touch the device as little as possible.
- The longer the device is in place, the greater the risk of infection.
- Medical devices that are designed for single use must not be used multiple times and manufacturer's instructions should be followed.

See case study on page 62.

Cleaning

The level of cleaning required to stop the spread of infection depends on the objects involved and the risk of contamination.

Golden rules—cleaning

- Most surfaces can be adequately cleaned with warm water and detergent as per manufacturer's instructions.
- Allow the cleaned surface to dry completely.
- Detergent solution followed by disinfectant may be appropriate when an infection is known or suspected.

Managing spills

Promptly managing spills of blood or body substances (e.g. vomit or diarrhoea) helps to stop infectious agents spreading from the environment to people.

Golden rules—managing spills

- Select the appropriate personal protective equipment (e.g. gloves and other equipment, depending on the size of the spill).
- Immediately wipe up spots and spills smaller than 10cm or cover larger spills with absorbent material.
- Discard contaminated materials.
- Clean with detergent solution. Consider following with disinfectant for infectious or larger spills.
- Perform hand hygiene.

See case study on page 64.

Food handling

Safe food handling is especially important in aged care—older people are more susceptible to food-borne illness and it can have serious results.

- Follow your organisation's food handling policies.
- Tell your supervisor if you are suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice and seek medical advice.
- Do not return to work until you are free of symptoms for 48 hours.
- Tell your supervisor if you have any infected skin lesions (e.g. an infected skin sore, boil, acne, cut or abrasion, or any discharges from the ears, nose, or eyes) and seek medical advice.
- Tell your supervisor if you know or think any food is unsafe to eat.

Golden rules—food handling

- Perform hand hygiene before handling food or putting on gloves.
- Perform hand hygiene after using the toilet, smoking, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or after cleaning.
- Avoid unnecessary contact with ready-to-eat-feeds.
- Cover hair and tie back long hair.
- Secure hair clips, hair pins, buttons on clothes, jewellery, bandages.
- Make sure bandages or dressings on any exposed parts of the body are covered with a waterproof covering.
- Do not sneeze, blow, cough over unprotected food or surfaces likely to come into contact with food.
- Do not eat over unprotected food or surfaces likely to come in contact with food.

Golden rules—food handling (*cont.*)

- Do not spit, smoke or use tobacco or similar preparations in areas where food is handled.
- Do not touch food after touching earrings, body parts (hair, nose, ear, eye), skin lesions, saliva, mucus, sweat, blood, money without first performing hand hygiene.
- Do not wear gel, acrylic or false fingernails, or jewellery that will come into contact with food.
- Remember, Lanyards may also transit bacteria.

See case study on page 58.

Handling linen

Used linen should be handled carefully, to avoid spreading infectious agents into the environment or onto your clothes.

Golden rules—handling linen

- Follow your organisation's linen handling policy.
 - Wear gloves and disposable gown/apron when handling linen of residents or clients who have an infection (e.g. a multi-resistant organism).
 - Take laundry basket to the bedside and put linen directly in the basket.
 - Place linen soiled with blood, urine or other body fluids into leak-proof laundry bags. Do not carry soiled linen.
 - Don't sort or rinse used linen in resident-care areas.
 - Perform hand hygiene after handling linen.
 - Clean linen should be stored in a clean dry place, separate from used linen.
-

Transporting residents or clients

If a resident is being transferred within or between facilities or a client is being transported, care must be taken to reduce the risk of spreading infection.

Golden rules—transporting residents or clients

- Perform hand hygiene before and after transfer/transport.
 - If the person has a respiratory illness, encourage them to wear a mask and to perform respiratory hygiene/cough etiquette.
 - Contain and cover any infected areas of the person's body.
-

B: Residential aged care

Communal living in residential care increases contact between people and also the risk of infection, especially when residents have difficulties with activities of daily living (e.g. toileting).

In aged care facilities, residents and the staff members who care for them are the most likely sources of infectious agents. In particular, care workers' hands are a likely source of transmission of infectious agents to residents.

Residents and care workers are the most common susceptible hosts in residential aged care facilities. Visitors and other people working in the facility may also be at risk of infection or transmission.

Tips for effective practice

This section summarises key aspects of putting infection prevention and control into practice in residential aged care.

The case studies in the following section give examples to help you to know what to do in different situations.

Hand hygiene

- Use soap and water if your hands are dirty or you are caring for a resident with vomiting and/or diarrhoea. Alcohol-based hand rub can be used in other situations. After hand hygiene, your hands should be dry.
- Keep your fingernails clean and trimmed, don't wear gel, acrylic or false fingernails and keep jewellery to a minimum.
- Use hand cream regularly (e.g. before going on a break or when off duty) as this helps to keep the skin healthy when regularly washing your hands with soap and water or cleaning your hands with alcohol-based hand rub.
- If skin irritation occurs, tell your supervisor.

Personal protective equipment (PPE)

- Make sure you can access face masks, gowns, aprons and protective eyewear.
- Decide on the type of PPE you need, depending on the risk of exposure to blood or body substances (e.g. wear gloves and a mask if caring for a resident who is sneezing or coughing, wear gloves and a gown if a resident has diarrhoea).
- Change PPE before attending to other residents.

Cleaning

- Follow your organisation's cleaning policy and schedule.
- Use detergent and water for general cleaning. Disinfectant is needed as well when infection is known or suspected.
- Clean frequently touched surfaces regularly, when they look unclean and when they have been contaminated.
- Clean general surfaces and fittings when they look unclean and immediately after a spill.

- Clean equipment before using it with another resident — for example, commode chairs, wheelchairs, blood glucose monitoring equipment, blood pressure cuffs, wound dressing trolleys.
- Encourage a tidy environment for resident's rooms and communal areas.

Managing spills

- Clean spills promptly, dispose of contaminated materials and perform hand hygiene.

Multi-resistant organisms

- Use standard precautions (e.g. hand hygiene, gloves and gown if risk of blood or body fluid splash; goggles if high risk of splash to the eyes).
- Ensure items are disposed of into the correct containers.
- Make sure resident's items and equipment stay with them and are cleaned regularly.

Clothing and personal hygiene

- Change own clothing daily or when soiled. Wear short sleeves or roll up sleeves above the elbows.
- Remove clothing that is not washed daily (such as cardigans and jackets) during personal care activities, food preparation and cleaning.
- Wear non-slip closed-in shoes to protect your feet against accidental injury/spillage.
- Always cover your nose and mouth when coughing or sneezing.

Report and observe

- Talk to your supervisor about any aspect of infection control you're not sure about.
- Tell your supervisor if you notice anything that might increase the risk of infection (e.g. inadequate cleaning or a resident who is unwell).

Outbreak management***What is an outbreak?***

- Occurrence of more cases of disease than expected in a given area among a specific group.
- Two or more linked cases of the same illness.

What do you do if you identify residents you think may be unwell?

Tell your supervisor if you have identified any resident you think is unwell, and pay particular attention to note if two or more residents are unwell.

Your facility will have procedures in place to manage outbreaks. Talk with your supervisor about these and work with the set procedures. Management of outbreaks may include:

- increase in frequency of environmental cleaning
- isolation of residents
- cohorting of residents
- working closely with local public health unit.

- As a care worker, you can help reduce the outbreak by rigorous adherence to the five moments of hand hygiene, environmental cleaning protocols and appropriate use of Personal Protective Equipment (PPE).

Case studies

GASTROENTERITIS

Reva, a care worker in a residential aged care home, is bathing and dressing Dorothy. Dorothy is not able to let Reva know that she is feeling unwell. Reva undresses Dorothy and places her in the shower. Dorothy starts to vomit and have watery diarrhoea. As gastroenteritis could spread to other residents, Reva is concerned.

What should Reva do? Reva needs to protect herself and other residents, staff and visitors from becoming ill. Gastroenteritis is transmitted through faeces and vomit and can spread very quickly from person to person, contaminated surfaces, bedding, clothing and food.

Reva can help stop the spread of infection in the following ways:

Hand hygiene:

Perform hand hygiene before and after attending to Dorothy and her surroundings.

Before putting on personal protective equipment:

Check that hand hygiene products are available in Dorothy's room and near the toilet/shower facilities.

Personal protective equipment:

Ensure disposable gloves and disposable gowns are used and face masks are available. Perform hand hygiene after disposing of gloves and gowns.

Waste management:

Dispose of used items into a waste container before leaving the room.

Contain the infection:

Complete bathing and dressing Dorothy if she has stopped the episode of vomiting and diarrhoea.

Ensure Dorothy is kept away from other residents.

Cleaning:

Flush or discard any vomit and/or stool in the shower area.

After caring for Dorothy, arrange for a thorough clean of the bathroom and toilet area.

Report:

Ensure the supervisor and other staff members are informed of the incident.

Observe:

Dorothy and other residents for further signs of illness (including behaviour if they cannot communicate). Report to supervisor if other residents become ill.

Staff health:

If any staff members become unwell with the same symptoms they should contact their supervisor and seek medical advice. They should stay away from work until they are symptom free for 48 hours.

Most importantly Reva should: Talk to her supervisor, who will assist Reva to understand the facility's procedures and what her role is.

INFLUENZA

Safina, a care worker in an aged care home, becomes aware that two residents have developed fever, cough, runny nose, have muscle aches and pains and seem to be tired and weak. Safina knows it is the flu season and that influenza is highly infectious and spreads easily and quickly. Safina is worried that the disease will spread to other residents, staff, visitors and herself.

What should Safina do? Safina needs to prevent the spread of infection. Influenza is spread by droplets from coughs or sneezes or by touching contaminated items or surfaces, then touching the eyes, mouth or nose. Safina can stop the spread of infection in the following ways:

Report:

- Ensure that her supervisor and other care workers are aware of the situation. Check with the supervisor about the facility's procedures.

Hand hygiene:

- Use alcohol-based hand rub as it is very effective against influenza virus.
- Perform hand hygiene before putting on personal protective equipment.
- Ensure care workers perform hand hygiene before and after contact with the two residents and their surroundings.

- Remind residents of the importance of hand hygiene.
- Encourage all visitors to perform hand hygiene when they arrive and before they leave.

Personal protective equipment:

- Use gloves, an impermeable long sleeved gown or apron and a surgical mask.
- Wear gloves if touching surfaces and equipment contaminated with secretions or droplets.
- Wear a surgical mask on entering the room or working within one metre of an infectious resident. Remove and dispose of the mask when leaving each room.
- Wear a gown if clothes are likely to become soiled. Change or dispose of gown after each care activity.
- Perform hand hygiene after removing personal protective equipment.

Contain the infection:

- If practical, have the ill residents wear a surgical mask during transfer and when staff members are directly caring for them.
- Follow protocols of your organisation.
- Remind staff, residents or visitors who have symptoms to practice cough etiquette and if possible to stay away from the facility until all symptoms have passed.
- Visitors should be kept to a minimum and stay for a short time only.
- If possible keep ill residents away from well residents.

Observe:

- Safina should observe other residents and notify the supervisor immediately if any show signs of illness.

Prevent against influenza:

- Safina should ensure she has her yearly influenza vaccination.
- Encourage residents to have a yearly influenza vaccination.

Regular cleaning and equipment care:

- Increase cleaning, especially frequently touched hard surfaces, with detergent followed by a disinfectant solution (e.g. doorknobs, over-bed tables, light switches, table tops and wall areas around the bathroom).
- Ensure there are tissue boxes and disposal containers for used tissues within reach.
- Where possible make sure equipment stays in the room with the ill resident.
- If equipment cannot stay in the resident's room, ensure removed equipment is cleaned with a detergent followed by disinfectant.

Most importantly Safina should: Talk to her supervisor, who will assist Safina to understand the facility's procedures and what she needs to do.

METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) IN WOUND

Anne, a care worker in a residential aged care home, is told that Quon, one of her allocated residents, has returned from hospital with a diagnosis of methicillin-resistant *Staphylococcus aureus* (MRSA) in his leg wound. Anne is concerned about caring for a resident with MRSA as she is aware it can spread easily. Anne is also not sure how to manage Quon's care and is worried she may spread MRSA to other residents if his wound is not managed properly.

What should Anne do? Anne should ensure that her actions don't assist the spread of infection to other residents or to other areas on Quon's body. MRSA is easily spread by physical contact or contact with the resident's surroundings.

Anne can help stop the spread of infection in the following ways:

Hand hygiene:

- Perform hand hygiene before and after contact with Quon and his surrounds.
- Quon should also perform regular hand hygiene. So should his visitors, before and after visiting him.
- Anne should perform hand hygiene before caring for the next resident.

Personal protective equipment:

- Gloves and disposable gowns or aprons should be worn for attending to Quon's personal care activities and handling Quon's linen.

Providing personal equipment:

- Check that equipment used for Quon's care stays with him. This includes things such as walking frames and commode chairs.

Regular cleaning:

- Keep Quon's environment clean and tidy. Regular cleaning can help remove the organisms from the environment.

Contain the infection:

- If possible, cover the affected area with a clean dressing. This will act as a physical barrier in stopping the spread of MRSA.
- If Quon shares a room with other residents, attend to residents one at a time

Most importantly Anne should: Talk to her supervisor, who will assist Anne to understand the facility's procedures and what she needs to do. Anne should also check that the shift supervisor knows about Quon's diagnosis.

C: Community aged care

In community aged care, visiting care workers and visitors are a common source of infectious agents. In particular, care workers' hands are a likely source of transmission of infectious agents to aged care clients.

Living at home also presents risks of infection as homes may have clutter, varying levels of cleanliness and domestic pets.

Tips for effective practice

This section summarises key aspects of putting infection prevention and control into practice in community aged care.

The case studies in following section give examples to help you to know what to do in different situations.

Hand hygiene

- Use alcohol-based hand rub where possible and store it away from heat and direct sunlight.

Personal protective equipment

- Have access to disposable gloves, plastic aprons and eye goggles.

Cleaning

- Use detergent and water for general cleaning. Disinfectant is needed as well when infection is known or suspected.
- Encourage a tidy environment for a client's home environment.

Managing spills

- Clean spills promptly, dispose of contaminated materials and perform hand hygiene.

Clothing and personal hygiene

- Change clothing daily or when soiled. Wear short sleeves or roll up sleeves above the elbows.
- Remove clothing that is not washed daily (such as cardigans and jackets) during personal care activities, food preparation and cleaning activities; and ensure lanyards and mobile phones are secured.
- Wear non-slip closed-in shoes to protect your feet against accidental injury/spillage during home visits.
- Keep jewellery to a minimum and do not wear gel, acrylic or false fingernails.
- Keep finger nails cleaned and trimmed.

Food handling

- Perform hand hygiene before and after handling food.
- Clean work areas with detergent and water and allow them to dry before preparing food.
- Food should be consumed by the client shortly

after preparation or covered and placed in the fridge.

Multi-resistant organisms

- Use standard precautions (e.g. hand hygiene, gloves and gown if risk of blood or body fluid splash; goggles if high risk of splash to the eye).
- Place all disposable items in the home's general waste bin (except sharps which require a specialised sharps container).

Presence of pets

- Pets should be kept away from the area where the care worker is caring for the client.

Case studies

FOOD PREPARATION

Alegria is a care worker who is visiting an elderly client named Freida. Freida is unable to prepare her lunch or dinner, and Alegria has been instructed to assist Freida in this task by preparing cold sandwiches for lunch and warming up a precooked meal for dinner.

Alegria is aware that infections from contaminated food (e.g. diarrhoea) can be serious, especially in people who are frail or have illnesses.

What should Alegria do? Alegria should protect Freida from a food borne illness by correctly preparing and handling the food using standard precautions.

Perform hand hygiene:

- Perform hand hygiene before handling food. If gloves are worn, perform hand hygiene before putting on gloves.
- Perform hand hygiene after preparing raw foods and before preparing cooked or precooked foods.
- Perform hand hygiene after coughing, sneezing, touching body parts (mouth, ears, nose), cleaning, going to the toilet or handling rubbish.

Inspect the food:

- Food should be fresh, not have an offensive odour, and not have any mould. Packaging should be intact, cans should be in good condition and not have visible damage. There must not be signs of insects near the food.

Food storage:

- Cover food stored in the fridge and use as soon as possible. Store opened canned food in a clean container. Store cooked and raw foods separately. Store raw meat in a container that does not leak.
- Check non-refrigerated foods regularly for expiry dates.
- Keep cold foods cold and hot foods hot unless cooling the food to be refrigerated.

Food preparation:

- Use gloves or cover cuts or sores on hands with a waterproof dressing before handling food.
- For cooked and raw foods, use a different chopping board and kitchen utensils or wash the single board well in hot soapy water, then dry well between each food type.
- Wash fruit and vegetables in water before use.
- Thaw frozen food before cooking.

Food hygiene:

- Clean dishes and utensils in a dishwasher or in a sink with detergent and hot water and allow to air dry.
- Use spoons, forks or tongs (not hands) to pick up foods.

Importantly Alegria should: Encourage Freida to eat the food as soon as possible after it has been prepared.

CATHETER CARE

Leeto is a care worker who is visiting a client called Marco. Marco has just returned from hospital with a urinary catheter. Marco has a disability and he is not able to empty or change his catheter bag.

Leeto is aware that a client who has an indwelling urinary catheter is at high risk of getting an infection in the urinary tract. Correct care of the catheter can assist Marco in reducing the risk that can lead to infection.

What should Leeto do? Leeto should use standard precautions to help reduce the risks of an infection in the urinary tract and to minimise his exposure to a body fluid.

Perform hand hygiene:

- Wash hands with soap and water or use alcohol-based hand rub **before** and **after** each catheter care.
- Use hand hygiene **before** putting on gloves.

Use personal protective equipment:

- Use gloves when emptying or changing a catheter bag. If there is a risk of body fluid splash, wear a disposable apron or gown and eye goggles.

Maintenance:

- Use a clean container when draining the catheter bag. Avoid contact between container and bag.
- Only empty the bag when required.
- Keep the drainage bag off the floor and position it so the urine does not back flow.
- Change drainage bags only when necessary. Follow Marco's care plan instructions. When connecting the bag and the catheter, check it is firmly in place and there are no urine leaks around the insertion site.
- Encourage Marco to have a routine daily bath or shower.

Observe:

- Leeto should observe Marco's general health and contact the supervisor if Marco says he feels unwell.

Importantly Leeto should: Check with his supervisor if he is unsure of any catheter care tasks.

MANAGING SPILLS OF BODY SUBSTANCES

Tom is a care worker in community aged care. Tom has arrived at Sergei's home and found he has had a fall and is bleeding from his head. There is blood on Sergei and on the floor.

What should Tom do? Tom should protect himself from an infectious disease and protect Sergei from a head wound infection.

Perform hand hygiene:

- Use alcohol based hand rub unless hands are dirty.

Personal protective equipment:

- Put on gloves before attending Sergei.

Provide first aid**Contain/cover the site:**

- Place clean dressings over the wound, then remove the gloves and dispose of them. Perform hand hygiene after removing the gloves.

Clean the spill:

- Wear a new set of gloves when cleaning the floor.
- Use a disposable towel with detergent and water to clean the blood from the floor.
- Dispose of the towel in a plastic bag then in the client's bin.
- Remove the gloves when finished cleaning the floor.
- Perform hand hygiene after removing the gloves.

Waste management:

- Place the materials used to clean the wound in a plastic bag then dispose of the bag in the bin.

Report:

- Communicate the incident to his supervisor.

Immunisation:

- Follow the recommended vaccination schedule for community care workers as immunisation is an important protective measure.

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