

CBRF Standard Precautions Training



Participant Guide

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Wisconsin CBRF Training Registry
University of Wisconsin-Green Bay
Approved by:
CBRF Training and Division Quality Assurance

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Important Note

Participants must successfully complete this two-hour training to meet the CBRF training requirements of Ch. DHS 83.20 (2)(a) *Standard precautions*.

This standardized training material is the only curriculum approved by the WI Department of Health Services to meet the requirement listed above. In addition, the training must be delivered by an instructor approved by the Wisconsin CBRF Training Registry, University of Wisconsin-Green Bay. To view the registry of approved instructors, go to: www.uwgb.edu/cbrf-registry

Participants who successfully complete this training will be added to a registry located at www.uwgb.edu/cbrf-registry

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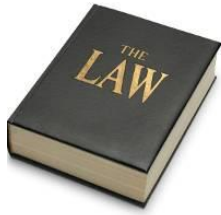
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CBRF Standard Precautions Training Overview



In Wisconsin, Community Based Residential Facilities, or CBRFs, are regulated by the Department of Health Services (DHS) Division of Quality Assurance (DQA). The rules for CBRFs are outlined in the State Statute and more specifically defined in the Wisconsin Administrative Code, often called Administrative Rules.

Chapter DHS 83, Wisconsin Administrative Code, is the rule that defines the responsibilities and restrictions of CBRFs. DHS 83.20 requires all CBRF employees, who may be exposed to infectious materials in the course of their jobs, to complete this training. The training must be successfully completed prior to performing any task that may expose the employee to infectious material.

The Occupational Safety and Health Administration (OSHA) is the federal agency that enforces rules for the health and safety of employees. This training is not intended to meet the OSHA requirements.

A Note to Participants

Use the guide to make notes, write questions, and underline or highlight important material. The participant guide is the participants to keep and can serve as an important resource when returning to the CBRF.

At the end of this training, a test will be required. The participants may use this participant guide to complete the test.

Learning Points

- Participants will understand how infectious agents are spread from person to person (chain of infection)
- Participants will understand how standard precautions prevent the transmission of infectious agents
- Participants will know how to use standard precautions to break the chain of infection in a CBRF

Opening Activity: How Infection Spreads

Explain to the participants that they will be watching a video about how infection spreads in healthcare settings. Prior to the video, review the questions below and encourage participants to write down notes as they see examples in the video.



YouTube video resource (4:29 minutes): Infection Control: Break the Chain
https://www.youtube.com/watch?v=_o9SxDFPUIA

While watching the video observe the following:

1. How many people become infected?

2. In what ways did the infection spread?

3. In what ways could the infection have been stopped?

Standard Precautions



Standard Precautions are practices used to reduce the spread of infection. They are based on the principle that all blood, body fluids, secretions, excretions (except sweat,) non-intact skin and mucous membranes may contain infectious agents. Standard Precautions consist of various practices including hand hygiene, personal protective equipment (gloves, gown, mask or eye protection), respiratory hygiene, cough etiquette, and safe injection practices.

Employees must follow standard precaution practices whenever caring for a resident even if the person does not seem to have an infection or a disease that can spread to another person. Standard precautions can prevent employees from becoming infected and transmitting infectious agents to the residents in a CBRF.

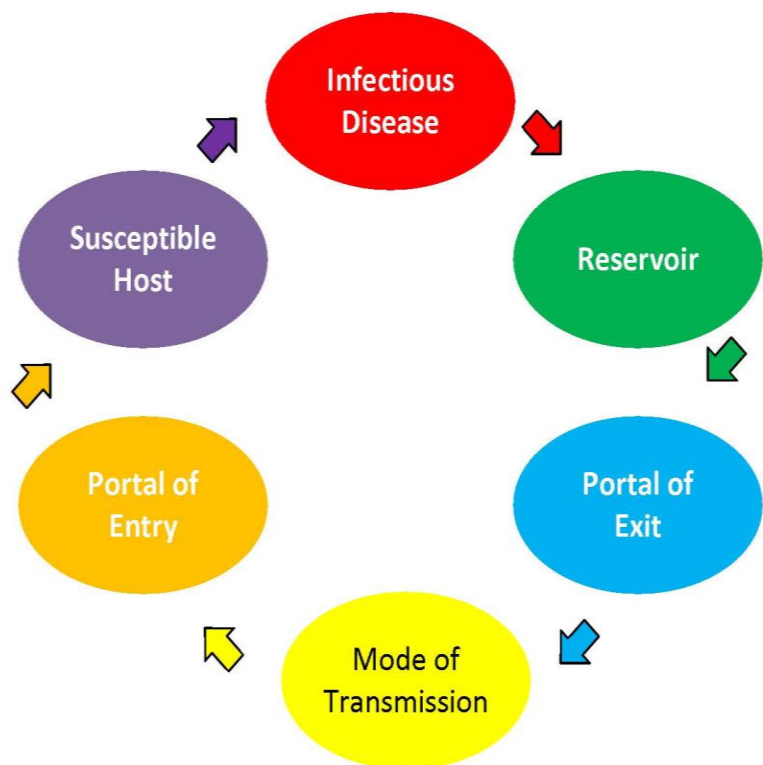
Every CBRF is required to have a written infection control program for implementing standard precautions. The program should include written policies and training for employees. Each CBRF will train employees according to the CBRF’s program.

The Chain of Infection

The transmission of infection depends on six elements which link together like a chain. If any link is broken then the chain is broken and infection cannot be transmitted. Each link has a unique role in the chain. For an infection to develop, each link of the chain must be connected. Breaking any link of the chain can stop the transmission of infection.

The six elements are:

- Infectious disease
- Reservoir
- Portal of exit
- Mode of transmission
- Portal of entry
- Susceptible host



Infectious diseases are caused by microorganisms such as viruses, bacteria, fungi or parasites. Some of the more common infectious diseases in assisted living environments are influenza (flu), norovirus, clostridium difficile (c-diff), and methicillin-resistant staphylococcus aureus (MRSA).



A reservoir is the place where the microorganism lives and reproduces. Examples of reservoirs are humans, animals, food, water, toilet seats, door handles, human feces, or respiratory secretions. Depending on the type of organism, it can live on surfaces for hours to days.



Portal of exit is the place where the organism leaves the reservoir. Examples in humans are the respiratory tract such as the nose or mouth, the intestinal tract, the urinary tract, blood, or other body fluids.

Mode of transmission is the way an organism transfers from one carrier (infected person) to another. This can be by direct transmission or by indirect transmission.

Direct transmission occurs when an infected host comes in direct contact with a susceptible host. For example, skin-to-skin contact or kissing. Directly coughing/sneezing in front of someone can also spread disease when droplets or airborne particles carry the infection directly to the other person.



Indirect transmission is when the organism is on an intermediate carrier such as an environmental surface that has been contaminated by an infected person. Airborne transmission is a type of indirect transmission where the organisms suspend in the air by dust or droplets. Droplets or dust can remain suspended for long periods and can blow over great distances.

Some vehicles that may indirectly transmit an organism are food, water, blood, and objects such as tissues or bedding. When the infectious microorganism is on these items, the organism can travel large distances.

Portal of entry is the opening that the infectious organism enters the host's body. This can be an open wound, mucus membranes such as the mouth or nose, or tubes inserted in the body such as catheters.

A susceptible host is the person at risk for developing an infection from the disease. Not everyone who encounters a disease will become sick. There are factors that make a person more likely to become infected with the disease:

- Age (elderly people are more susceptible)
- Underlying chronic diseases such as diabetes or asthma
- Conditions that weaken the immune system
- Taking certain medications
- Having invasive devices such as a feeding tube

Since many CBRF residents have one or more of these risks, it is important for staff to follow standard precautions to protect the residents.



Chain of Infection Review Questions

Think about the last time you or someone you know had a cold; what was the infectious disease?

What was the reservoir?

What was the portal of exit?

What was the mode of transmission?

What was the portal of entry?

Who was the susceptible host and why?

Common Types of Infection

Influenza (flu) is a highly contagious infectious disease of the respiratory passages causing multiple symptoms such as fever, cough, sore throat, runny or stuffy nose, headaches, to more severe illness symptoms that require hospitalization resulting in death. Symptoms typically begin two days after exposure to the virus and may last up to several weeks. According to the CDC, the number one way to prevent influenza is having a flu vaccine each year. The vaccine is usually effective against three to four types of influenza.



Norovirus Video Resource (2:36 minutes): Have You Ever Heard Of Norovirus? https://www.youtube.com/watch?v=Ey_OV_-pBeo

Norovirus causes inflammation of the stomach and/or the intestines. Sometimes it is also known as acute gastroenteritis. Most commonly, the symptoms are diarrhea, throwing up, nausea and stomach pain. In some cases, a person may experience a fever, headache, and body aches. Symptoms normally develop 12-48 hours after exposure to the virus and last one to three days. It is a highly contagious virus and is transmitted through infected stool or vomit. This can happen by eating food or liquids that are contaminated with the virus, touching contaminated surfaces or objects, or having direct contact with someone who is infected.



Clostridium difficile Video Resource (3:03 minutes): What is Clostridium difficile (C-diff)? <https://www.youtube.com/watch?v=zGB4zSZaxHE>

Clostridium difficile (C-diff) is a bacterium that causes inflammation of the colon, known as colitis. People who have other illnesses or conditions requiring prolonged use of antibiotics have an increased risk of infection. For instance, patients of advanced age with antibiotic exposure, GI surgery, long hospital stays, or serious underlying illness are at increased risk of acquiring this bacterial infection. Symptoms are watery diarrhea, fever, loss of appetite, nausea, and abdominal pain/tenderness. A CDC study found that one in nine people who are over the age of 65 will die within 30 days of being diagnosed with c-diff. It spreads through feces of an infected person. Any surfaces that encounter the feces become a reservoir for the spores. C-diff can remain on surfaces, such as bed rails or counters, for an extended period of time.

Methicillin-resistant staphylococcus aureus (MRSA) is a type of staph bacteria that is resistant to several antibiotics. It most often causes skin infections and in some cases can cause pneumonia. If left untreated the MRSA infection can become severe and cause sepsis, which is a life threatening condition. Symptoms are a bump or infected area of the skin that might be red, swollen, painful, warm to the touch, full of pus or other drainage and accompanied by a fever.

Bloodborne Pathogens



Bloodborne pathogens are materials in blood that can spread diseases from person to person. If employees are exposed to blood containing these materials, they are at risk for serious illness or even death. Bloodborne pathogens can spread from one person to another through direct or indirect contact with blood or other body fluids.

Direct contact transmission happens when infected blood or body fluid from one person enters another person's body. Needle sticks are a common example of direct contact transmission. Bloodborne pathogens can spread if the infected blood comes in contact with another person's eye, nose, mouth or an open sore on the skin. Sharing a toothbrush with someone who has bleeding gums or a shaver where the previous person nicked himself, along with handling a specimen of body fluid with an uncovered sore on your hand can lead to direct contact transmission.

Indirect contact transmission happens when a person touches an item that contains infected blood or body fluid. For example, touching a used bandage or dirty laundry when a person has an open sore on their hand is considered indirect contact transmission.

Human Immunodeficiency Virus (HIV) is a type of bloodborne pathogen. If left untreated, HIV can lead to the disease AIDS (acquired immunodeficiency syndrome.) AIDS is the most advanced stage of HIV infection. HIV attacks the body's immune system, specifically the CD4 cells (T Cells), which help the immune system fight off infections. The loss of CD4 cells makes it difficult for the body to fight infections, diseases and other complications.

Hepatitis B is a liver infection caused by the Hepatitis B virus (HBV) and is transmitted when blood, semen, or another body fluid from a person infected with the Hepatitis B virus enters the body of someone who is not infected. For some people, hepatitis B is an acute, or short-term, illness, but for others, it can become a long-term, chronic infection. Chronic Hepatitis B can lead to serious health issues, like cirrhosis or liver cancer.

Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV). This form of hepatitis is less common in CBRFs than Hepatitis B. Hepatitis C is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness that attacks the liver. The Hepatitis C virus (HCV) is spread primarily through contact with the blood of an infected person.

Breaking the Chain of Infection

Breaking the chain of infection can be done by removing any of the six links in the chain. This section of training will cover ways to break the chain of infection in CBRFs.

Employees can prevent the spread of infection by considering how they may be acting as a vehicle for the infectious agent. When an employee believes they have a contagious infection or disease it is their responsibility to prevent the residents from being exposed. It is important to follow the directions of their supervisor in regards to coming into the CBRF when contagious and any precautions that should be taken.



Hand Hygiene

Hand hygiene is the easiest and most effective way to prevent the spread of infection. Keeping the body clean, including the hands, helps keep diseases from spreading from person to person.

The term hand hygiene includes both washing with soap and water or using alcohol-based hand sanitizers that do not require the use of water.

When to wash with soap and water versus hand sanitizer:

- Hands are visibly dirty
- Before preparing food
- When assisting a resident who has diarrhea or vomiting
- After known or suspected exposure to the organisms *C. difficile* or Norovirus
- After using the restroom

When to Perform Hand Hygiene

Before:

- Having direct contact with a resident's intact skin
- Putting on gloves
- Caring for any invasive device, such as a catheter
- Handling food
- Administering medication



Right after:

- Having contact with a resident's skin
- Having contact with body fluids (even when gloves are worn)
- Having contact with resident items such as dressings, dirty laundry, dishes or trash
- Taking off gloves
- Moving from parts of the resident's body that could be contaminated to clean parts of the resident's body
- Using the restroom
- Coughing or sneezing into hands
- Using a tissue
- Smoking

Fingernails

CBRF's may have a policy regarding fingernails. If not, it's best to keep your fingernails natural and cut to about $\frac{1}{4}$ inch. Artificial or long nails harbor bacteria, take longer to clean and can puncture disposable gloves.

Activity: Practice Hand Hygiene Techniques

This activity will demonstrate the correct way in which employees cleanse their hands to protect themselves and others from contagious diseases.

1. Hand sanitizer (foam or gel)



Resource Video (1:18 Min): How to Hand-rub with alcohol-based formulation <https://www.youtube.com/watch?v=ZnSjFr6J9HI>

- Apply to palm of one hand
- Rub hands together until dry, covering all parts of the hand, especially fingertips and fingernails
- Use enough sanitizer that requires at least 15 seconds to dry

2. Hand washing (soap and water)



Resource Video (1:26 Min): How to Wash with Soap and Water <https://www.youtube.com/watch?v=3PmVJQUCm4E>

- Wet hands with water
- Apply soap
- Rub hands together for at least 15 seconds, covering all parts of the hand, especially fingertips and fingernails
- Rinse hands under running water and dry with a disposable towel
- Use the towel to turn off the faucet

Personal Protective Equipment



Personal protective equipment (PPE) is specialized clothing or equipment. Wear it to protect skin and to prevent soiling or contamination on clothing from contact with bloodborne pathogens or infectious organisms.

The Types of PPE that a person may need will depend on the amount and type of exposure that may occur. Common types of PPE are gloves, masks, goggles and gowns.

The CBRF must provide personal protective equipment at no cost to the employee. It must be available to you when needed.

If a person believes they need personal protective equipment to complete a task safely and the equipment is not available, they should not proceed with the task. Report the lack of equipment to the CBRF supervisor.

When removing personal protective equipment, put it in an appropriately designated area or container for storage, washing or disposal.

Employees are responsible for following the rules for using proper equipment, supplies and techniques at all time

Gloves

Gloves are an important part of keeping both employees and residents safe from infectious diseases. Gloves can only do their job if they are put on *before* being exposed to blood or body fluids. Hypoallergenic (not likely to cause allergic reaction) gloves must be available. Latex gloves are an example of gloves that may cause allergic reactions in some people.

When to apply gloves:

- Before touching a resident's non-intact skin, open wounds or mucous membranes (eye, nose, mouth)
- Before performing care that could result in contact with bodily excretions
- Caring for any invasive device, such as a catheter
- Having contact with items that could be contaminated such as dressings, incontinence products, dirty laundry or trash
- Re-apply clean gloves during personal care if hands move from a contaminated body site (perineal area) to a clean body site (face)

Always follow these rules:

- Carefully remove used gloves so that the outer surface never touches the skin
- Wear gloves that fit – gloves that are too small or too big can tear
- Perform hand hygiene after glove removal
- Always change gloves between residents
- Always use new gloves



Activity: Removing Gloves

What is the correct way to remove gloves?

In this activity, the facilitator will demonstrate the proper way to remove gloves. Next, each participant will have a chance to practice.



Gowns

Gowns protect skin and clothing. Use gowns if it is likely that clothing will be contaminated with bodily excretions during care or when told to by a supervisor.

Steps to put on a gown

- Select appropriate type and size of gown
- Opening is in the back
- Secure at neck and waist
- If gown is too small use two gowns
 - First gown ties in front and second gown ties in back

Steps to remove a gown

- Remember to treat the entire outside of the gown as contaminated
- First unfasten the neck and then the waist ties
- Using a peeling motion remove the gown from each shoulder down towards the hand.
- Gown should be inside out, hold the gown away from the body and roll it into a bundle.
- Discard into waste or dirty linen receptacle

Masks and Eye Protection

Goggles and eye protection should be used when splashes may occur. A combination of PPE types is available to protect all or parts of the face from contact with potentially infectious material. Facial PPE is determined by the transmission-based precautions required for the resident and should be identified in the resident's individual service plan.

Masks should fully cover the nose and mouth and prevent fluid penetration. Masks should fit snugly over the nose and mouth. The preferred type of mask has a flexible nosepiece and secures to the head with string ties or elastic.

Goggles provide barrier protection for the eyes; personal prescription lenses do not provide optimal eye protection and should not be used as a substitute for goggles. Goggles should fit snugly over and around the eyes or glasses.

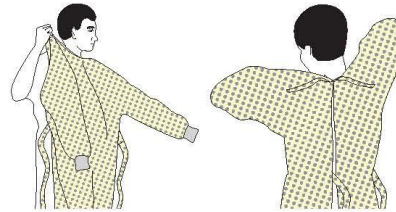
Sequence for Putting on and Removing Personal Protective Equipment

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



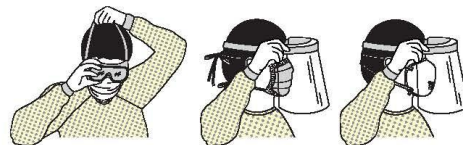
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



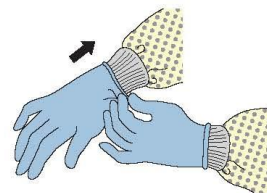
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



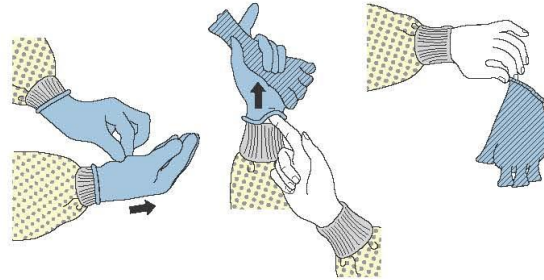
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



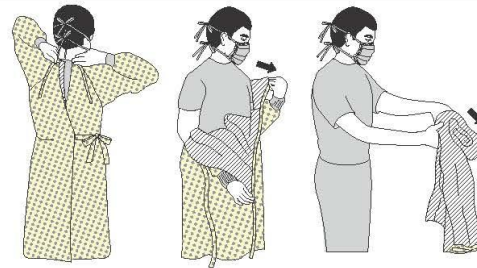
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



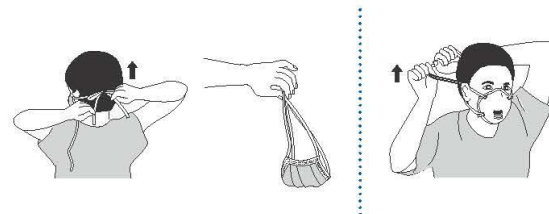
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

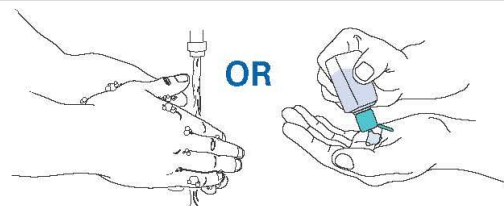


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



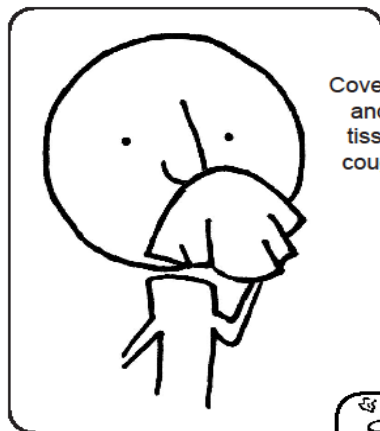
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Respiratory Hygiene and Cough Etiquette

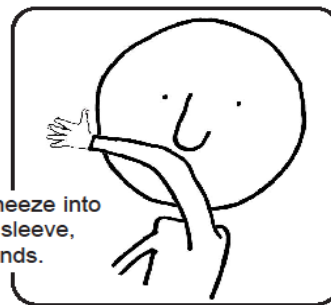
A simple and effective way to stop the spread of germs that cause colds, flu, and other respiratory illnesses is to use good hygiene practices when coughing or sneezing. These illnesses can make us sick, but they may be especially dangerous to the residents of the CBRF.

Stop the spread of germs that make you and others sick!

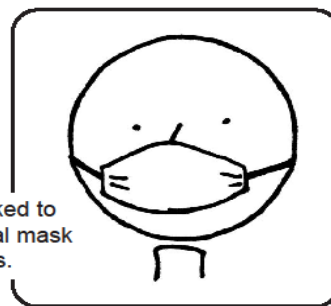
Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing.



Wash with soap and water

or clean with alcohol-based hand cleaner.



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Breaking the Chain of Infection When Handling Infectious Materials



There are many different types of germs and infections within a CBRF facility. Despite the various types of infections they can easily spread person to person through a common series of events. The best way to stop infection is by interrupting this chain at any link.

Certain materials have the potential to cause infection if not handled properly. Below are some of the most common materials and ways of proper collection and disposal to minimize risk.

Specimens



A specimen is a sample of blood, urine, stool, sputum or other body fluids.

Specimens may contain blood or other infectious materials. Handle specimens carefully to avoid contact with them. One must use personal protective equipment when collecting or handling specimens.

The CBRF must provide containers that meet OSHA standards for collecting and storing specimens. Food and drink may never share storage space such as refrigerators, cabinets, countertops, etc. with specimens.

Regulated Waste

Regulated waste is anything that could contain infectious materials.

Some examples are:

- Items, such as bandages or tissues, that have enough blood that it could drip from the item
- Contaminated sharps
- Lab wastes containing blood or other body fluids

Because regulated waste may contain blood or other infectious materials, handle it in ways that prevent contact with a body or clothing. Use personal protective equipment when exposed to regulated waste.

OSHA has set strict rules for storing and disposing of regulated waste that could contain blood or other body fluids. The rules are designed to keep contagious diseases from spreading within the CBRF and to individuals outside of the CBRF who collect and dispose of the materials. The OSHA rules must always be followed by the CBRF and by all employees.



Warning labels are required on:

- Containers of regulated waste
- Refrigerators and freezers containing blood and other potentially infectious materials
- Other containers used to store, transport, or ship blood or other potentially infectious materials

Red bags or containers may be substituted for labels.

The CBRF must provide containers for regulated waste that meet the OSHA standards. If the container leaks, always put the first container inside a second container.

Sharps

Sharps are any object that can penetrate the skin. Some examples are:

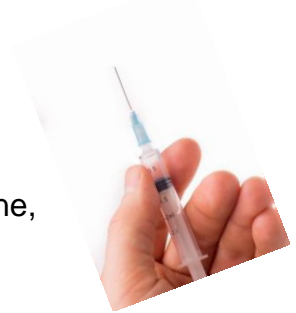
- Needles
- Lancets
- Broken glass
- Disposable razors

Never bend, recap or handle sharps in any way. Always dispose of them immediately in a container designed for sharps.

The CBRF must make sure that containers for contaminated sharps are located close to the area where the sharps are used. Containers must meet the OSHA standards. The containers must have the Biohazard symbol on them. Container for sharps must not be self made. If the container leaks, always put it inside a second container. Always replace containers before they become completely full.

Exposure Incident

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (injection) contact with blood or other potentially infectious materials.



What to do if an exposure occurs:

- Wash exposed area with soap and water
- Flush splashes to nose, mouth or skin with water
- Irrigate eyes with water or saline
- Report the exposure
- See a healthcare professional

Safe Laundry Practices



Laundry services include moving soiled items from the resident's room to the laundry room as well as washing, drying and replacing bedding, towels, clothing, etc. It is important to follow standard precautions when handling resident laundry.

Always follow the CBRF's laundry procedures:

- Wear gloves
- Carry linens away from the body so that the clothes aren't contaminated
- Wear personal protective equipment if necessary to keep safe
- Immediately clean and change clothes if they become contaminated
- Roll soiled linens up
- Handle contaminated laundry as little as possible
- Use separate containers for clean linen and dirty linen
- Change linens as often as needed to keep residents clean
- Wash the laundry of residents who have infectious organisms separate from other resident's laundry

Breaking the Chain of Infection by Cleaning and Disinfecting



Housekeeping covers all duties that keep the CBRF clean and orderly. CBRFs will train employees on their housekeeping policies and procedures. Cleaning and disinfecting is a good way to prevent the spread of infection.

Cleaning is the process using soap and water that physically removes germs, dirt and impurities from surfaces. This process does not kill germs, but it will lower the number of germs by removing them.

Disinfecting is the process when chemicals are used to kill germs on surfaces or objects. Clean the surface first and then disinfect using the CBRFs cleaning procedures. It is important to follow the manufacturers directions when using chemicals for cleaning and disinfecting.

- Pick up items that were used to care for residents in a way that avoids contact with the body or clothes
- Follow the rules of the CBRF for cleaning and disinfecting surfaces and equipment
- Completely clean and disinfect reusable equipment before it is used for another resident. It is best to minimize the sharing of equipment to help in breaking the chain of infection
- When cleaning and disinfecting where *C. difficile* or Norovirus is present or suspected, use a bleach-based disinfectant and follow CDC guidelines for these organisms.
- When cleaning an area where blood has spilled, use a blood spill kit and dispose of the contaminated material in an appropriate regulated waste container. A blood spill kit has everything needed to clean blood off a hard surface.

Breaking the Chain Activity

Sally Smith is a resident at Shady Meadows CBRF and she fell on her way back from lunch. She hit her head on the corner of a table during the fall causing a large cut on her head and a significant amount of blood on the tile floor. Staff, having put on disposable gloves, used a paper towel to put pressure on the cut while they waited for the ambulance to arrive. Now that Sally is on her way to the hospital, it is time to clean up. Take a moment as a group and identify the following:

What should staff do before cleaning?

What are the steps for cleaning the area?

How should the paper towel, any laundry, first aid supplies and anything else used be disposed of or cleaned?

Wrap-Up

The number one way to break the chain of infection is handwashing. Studies have found that a healthcare worker may need to wash their hands as many as 100 times in a 12-hour shift. By following standard precautions CBRF employees are able to break the chain of infection and help keep their residents safe from infectious organisms.

Activity: Learning Points Review

Learning points from today’s training:

- Participants will understand how infectious agents are spread from person to person (chain of infection)
- Participants will understand how standard precautions prevent the transmission of infectious agents
- Participants will know how to use standard precautions to break the chain of infection in a CBRF

Take a moment and write down **three** things you can do as a CBRF employee to protect yourself and the residents from infectious organisms.

Resources

The following are resources used for this curriculum. These resources may also provide valuable information about current standards and practices. Instructors and students are encouraged to explore the resources to increase program knowledge.

Occupational Safety and Health Administration (OSHA)

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

OSHA Regulations on Bloodborne Pathogens

Centers for Disease Control

http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html

Universal Precautions for Prevention of Transmission of HIV and Other Bloodborne Infections

<https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html>

Glove removal and other Personal Protective Equipment guidelines

Wisconsin Administrative Rule

<http://www.legis.state.wi.us/rsb/code/dhs/dhs083.pdf>

Chapter DHS 83

Community-Based Residential Facilities

Wisconsin Department of Health Services

<https://www.dhs.wisconsin.gov/ic/precautions.htm>

Infection Control and Prevention – Standard Precautions