INFECTION CONTROL & MAINTENANCE OF A CLEAN, SAFE & HEALTHY ENVIRONMENT

ARIS at home, Inc. practices infection control measures when providing service to its clients in order to minimize the risk of infections to employees/clients/families and the community-at-large in accordance with Occupational Safety and Health Administration (OSHA) regulations.

Our caregivers must know the importance of cleanliness. You need to try to achieve ideal sanitary conditions. Cleanliness is an important part of controlling disease and keeping diseases from spreading.

What are microorganisms?
Very small, living microorganisms are everywhere. Many are helpful to people. For instance, microorganisms in the human digestive tract break down foods and turn them into waste products when not used by the body. When microorganisms move out of their natural environment into a foreign one, they become pathogens. Pathogens are disease producing microorganisms. They destroy human tissue by using it as food and giving off a waste product called toxins. Toxins are absorbed into the body and poison it, causing an infection.

Signs of infection:
- Fever
- Restlessness
- Chills
- Abnormal discharge
- Swelling
- Lack of appetite
- Redness
- Pain
- Change in behavior

Report these signs to the ARIS immediately so we can contact the client’s Doctor or other responsible person right away.

What is the chain of infection?
Whether or not an infection happens will depend on a number of things. It is best explained by looking at the ‘chain of infection’ which consists of six ‘links’ that have to be present for an infection to happen. The links are:
- **Pathogen**: Microorganism that causes disease.
- **Reservoir**: Where the pathogen lives and grows usually in warm, moist, dark places. Examples – cut or open area, bladder, and lungs.
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- **Portal of exit**: How pathogen leaves one place or host. Examples – drainage & secretions, urine, stool, blood, breathing, sneezing, or coughing.
- **Transmission**: How pathogen is carried from portal of exit to portal of entry. Examples – hands, food, mouth, and clothing.
- **Portal of Entry**: How pathogen enters new place or host. Examples - cuts, mucous membranes (eyes, nose, mouth).
- **Susceptible Host**: Someone more likely to become infected. Elderly people are more susceptible due to aging changes.

You can stop the process by ‘breaking’ the chain and removing one of the links. Some examples are:

- **Reservoir**: Keep cuts, etc. clean and uncovered. Keep surroundings clean.
- **Portal of exit**: Cover mouth and nose when coughing or sneezing. Cover open areas if draining.
- **Transmission**: Wash hands. Keep clothing clean by holding things away from you. Wear gloves, mask, and apron when needed.

By doing these things, you may stop an infection either to you or your care.

**Infectious Diseases**
Infectious/Communicable Diseases are those that are capable of being transmitted from one person or species to another. They include, but are not limited to:

- Malaria
- Strep Throat
- Influenza (the flu)
- HIV/Aids
- Measles
- Mumps
- Rubella
- SARS
- Tuberculosis
- Common Cold
- Chicken Pox
- Conjunctivitis
- Hepatitis (A,B,C)
- Lice
- Ringworm
- Scabies
- Scarlet Fever
- Sexually Transmitted Diseases
- Yeast Infections
Remember:
• All people shall be considered potentially infectious.
• Employees of ARIS at home have a responsibility to protect the health and well-being of clients/families.
• Employees of ARIS at home have a responsibility to protect themselves and each other.
• An employee’s Health Care Professional shall determine if and when an infected employee is removed from client contact and when client contact can once again be resumed.
• Eating, drinking, smoking, handling contact lenses and applying make-up shall not be permitted in work areas where there is a potential for exposure to infectious diseases.

Occupational Exposure
Occupational exposure means an employee can reasonably anticipate coming into contact with blood or other potentially infectious material during the performance of their duties.

Exposure Incident
An exposure incident is one wherein an employee has come in direct contact with a potentially infectious disease through the skin, eye, mouth or mucous membrane by being splashed with blood/other body substances or by being pricked with a sharp object.

Source Individual
A source individual is a person, whose blood or other potentially infectious substances may be a source of occupational exposure to the employee.

Other Potentially Infectious Materials (OPIM)
Other Potentially Infectious Materials refers to semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva, any body fluid, which is contaminated with blood, any human unfixed tissue/organ (other than intact skin) and any tissues affected with HIV or HBV.

Mucous Membrane
Mucous membrane refers to the wet, thin tissue found in certain openings to the human body including the mouth, eyes, nose, vagina, rectum, and opening of the penis.

Blood-borne Diseases
• Blood-borne Pathogens
Blood-borne pathogens are germs (bacteria, virus etc.) that can cause a blood-borne disease. These pathogens are found in infected human blood and certain other body fluids, particularly semen and vaginal secretions. They may be passed from person-to-person, with any exposure to infected blood or infected body fluid. Blood-borne pathogens include, but are not limited to the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV).
Hepatitis B (HBV)
Hepatitis B is a serious disease usually caused by a virus, although it can also be caused by abuse of alcohol or other toxins. The virus can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. It can be transmitted from person to person through blood and other bodily fluids.

Hepatitis C (HCV)
HCV is a virus carried in blood, which causes liver inflammation and can lead to cirrhosis, liver cancer, and death. Infection occurs when infected blood enters another person's bloodstream through broken skin or through mucous membranes.

Human Immunodeficiency Virus (HIV)
HIV is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes. Some people with HIV may develop AIDS as a result of their HIV infection.

Acquired Immune Deficiency Syndrome (AIDS)
AIDS is caused by the HIV virus, which damages the immune system. It results in a loss of ability to defend against diseases caused by bacteria, viruses, and other microscopic organisms. It also leaves the body vulnerable to certain cancers. There is no cure for but medical treatments can slow down the rate at which HIV weakens the immune system.

GUIDELINES
- All individuals shall be considered to be potentially infected with a blood-borne disease.
- Eating, drinking, smoking, handling contact lenses and applying make-up shall not be permitted in work areas where there is a potential for exposure to blood-borne diseases.
- You as an employee of ARIS at home have a responsibility to protect the health and well-being of clients/families.
- You as an employee of ARIS at home have a responsibility to protect themselves and each other from contacting and transmitting blood-borne diseases.
- You as an employee of ARIS at home shall recognize that work restrictions are necessary for the control of blood-borne diseases.
- You as an employee of ARIS at home shall not discriminate against coworkers, clients. And families who have a blood-borne disease or who have positive antibodies to a blood-borne disease.
- You as an employee of ARIS at home shall keep medical information about co-workers, clients and families confidential.

PROCEDURES
Employees shall:
- utilize Universal Precautions in the performance of their duties;
- follow the employer’s policies on Universal Precautions when performing duties that may expose them to blood-borne diseases;
- report the details to the Supervisor whenever they notice another employee is not following Universal Precautions;
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- follow the employer’s individual policies specific to personal protective equipment: “Gloves”, “Gowns and Aprons”, “Masks and Protective Goggles”;
- follow employer’s policy on “Exposure Control Plan for Blood-borne Diseases”, whenever they come into direct contact with a blood-borne disease;
- know their individual status regarding HIV, HBV and HCV;
- understand and follow the employer’s policy on “Immunizations;
- treat all body fluids and materials as if they are infectious;
- make every effort to protect themselves from splashes, sprays and other means that could expose them to infectious diseases;
- apply established engineering controls;
- follow the controls for good work practices;
- recognize and adhere to work restrictions based on infection control concerns;
- report health symptoms and/or exposure to any blood-borne or infectious disease to their Supervisor immediately;
- not keep food and beverages in areas where blood and other potentially infectious materials are present such as cabinets, refrigerators, countertops or benches;
- not handle blood or other potentially infectious substances, if they have skin sores, which are actively seeping.

Cleanliness
One way to stop the spread of infection is by keeping the care recipient’s home clean. You can do this by following these guidelines:

- Disinfect surfaces and reusable items. There are many commercial cleaners you can buy.
- Hold linens and other supplies away from your body.
- Separate clean and dirty linens.
- Keep things off the floor. Anything that falls on the floor is considered dirty and must be cleaned appropriately before using.
- Wash your hands and wear gloves when needed.

Universal Precautions
Universal Precautions are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if he/she could have an infectious disease. Universal Precautions include:

- hand washing;
- personal protective equipment;
- sharp objects;
- body specimens;
- blood and body fluid spills;
- household waste;
- laundry; and,
- hygienic measures in the home.
Other Potentially Infectious Materials (OPIM)

OPIM consist of:

- certain human body fluids including:
  - semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures;
  - any body fluid that is visibly contaminated with blood; and,
  - all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- any unfixed tissue or organ (other than intact skin) from a human (living or dead); and,
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Engineering Controls

Engineering controls refer to methods of isolating hazards or removing hazards from the home environment by using containers for disposing sharp objects. e.g. Appropriate containers are used for discarding insulin syringes.

Work Practice Controls

Work Practice Controls are practical techniques that reduce the likelihood of exposure by performing tasks in a way that promote safety. Controls include such things as correctly washing hands, correctly handling sharp objects and correctly handling/transporting specimens.

PROCEDURES

Employees shall:

- consider an individual’s body fluids/substances (i.e. urine, faeces, vomit, mucus and blood) to be potentially infectious material;
- ensure they are informed and protected from potentially infectious materials.
- use Universal Precautions when contact can be anticipated with:
  - blood;
  - body fluids, secretions, and excretions (except sweat), regardless of whether or not they contain visible blood;
  - non-intact skin; and,
  - mucous membranes.
- follow the Exposure Control Plan For Blood-Borne Diseases, should you be exposed to a blood-borne diseases and/or other potentially infections materials;
- be aware of engineering controls in the work place and the proper use of those controls; and,
- follow established work practice controls to eliminate or minimize occupational exposure.

Hand Washing

- ARIS at home, Inc. requires that its employees, who provide personal care, wash their hands:
  - when arriving on the jobsite;
  - before and after eating;
  - after using the bathroom;
  - before and after caring for individual clients;
HOME SERVICES WORKER TRAINING – SESSION #6 – 1 CREDIT HOUR

- between task and procedures on the same client to prevent cross-contamination of different body sites;
- after handling bed pans, urinals, catheters and linens;
- after changing tampons or sanitary pads;
- after changing children’s diapers;
- after changing adult incontinence pads;
- before and after assisting client with toileting;
- before and after direct contact with blood, body fluids secretions, excretions and contaminated items;
- after cleaning areas, which are contaminated with blood or body fluids.
- before and after using gloves;
- after disposal of gloves or other personal protective equipment;
- before and after preparing food;
- after blowing nose, sneezing or coughing; and,
- when leaving the job site.

- If available, the following shall be used for washing hands:
  - paper towels;
  - cloth towels; and,
  - liquid soap;

- If these items are not available, the following shall be used:
  - bar soap (thoroughly drain between usages); and,
  - waterless hand washing products.

PROCEDURES

- Washing Hands With Water:
  - Turn tap on.
  - Run water until it reaches a warm temperature.
  - Hold hands under water flow.
  - Apply soap so that it totally covers both hands and work soap into a frothy lather, rubbing vigorously,
  - Clean thoroughly under nails, between fingers and on backs of hands.
  - Wash for at least 15 – 30 seconds.
  - Rinse hands thoroughly under running water starting at the fingertips and flowing towards the wrists, in order that the dirty water runs off the wrists.
  - If a bar of soap is used, it should be rinsed and placed on a drain.
  - Dry hands on a clean cloth towel or on a paper towel.
  - Use a dry section of the towel to turn off the tap.
  - Use a moisturizing cream on hands regularly to prevent skin from drying and cracking.
  - Step-by-Step Directions for Washing Hands:

  1. Rub palms of both hands together:
2. Interlace fingers of one hand over palm of other hand; then switch hands:

3. Rub palms of both hands together:

4. Place back of fingers of one hand to palm of other hand, interlacing hands; then switch hands:

5. Rotate thumb of one hand in palm of other hand; then switch hands:

6. Rotate fingertips of one hand into palm of other hand; then switch hands:

Washing Hands Without Water:
- If hands are not visibly soiled, an alcohol-based hand rub may be used.
- When using alcohol-based hand rubs, apply the product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry.
HOME SERVICES WORKER TRAINING – SESSION #6 – 1 CREDIT HOUR

- When using an antiseptic hand cleanser or an antiseptic towel:
  - use the antiseptic according to its instructions;
  - dry hands with a clean towel or a paper towel;
  - clean under the nails and between the fingers carefully; and,
  - use this method only if water is not available.

Personal Protective Equipment (PPE)

PPE is specialized clothing or equipment that provides protection against exposure to blood-borne pathogens. For example:

- gloves
- face shields
- eye protection
- resuscitation bags
- plastic aprons
- masks
- mouthpieces
- pocket masks

PPE is effective only when blood or Other Potentially Infectious Materials (OPIM) is not able to penetrate into an employee’s clothing, skin, eyes, mouth or mucous membranes.

PROCEDURES

- Employees shall always practice standard, precautionary measures including:
  - staying away from the jobsite when they have an infection;
  - utilizing proper hygiene and cough techniques when they have a respiratory infection i.e.:
    - cover nose and mouth when coughing or sneezing;
    - use a Kleenex or the sleeve of clothing to cough or sneeze into;
    - use a Kleenex to blow the nose;
    - dispose of used Kleenexes immediately;
    - avoid touching the eyes and mouth after the hand has been in contact with high traffic areas, such as doorknobs or handrails;
    - wash hands with regular soap and hot water or with an alcohol-based hand rub:
      - after having contact with respiratory secretions;
      - after contact with contaminated objects; and,
      - before handling or eating food.

- Employees shall be provided with PPE either before they get to the client’s home or once they arrive at the client’s home.

- If PPE is necessary, they must be used correctly.
  - Gloves - Follow the policy on “Gloves”
  - Gowns and Aprons, - Follow the policy on “Gowns and Aprons”.
  - Masks and Protective Goggles – Follow the policy on “Masks and Protective Goggles”.

- PPE should be donned in the following order, when they are needed:
  - mask
  - protective goggles
  - gown
  - gloves
PPE should be removed in the following order when they are used:

- gloves
- protective goggles
- gown
- mask

Each employee shall demonstrate their knowledge of training received and their ability to use PPE appropriately, before being permitted to conduct job duties, which require the use of PPE.

Employees are not required to wear PPE when conducting routine client care providing they only conduct activities, which involve touching the client’s skin e.g. assisting a client to walk.

Employees are responsible for wearing PPE to prevent infections in themselves/clients/families/other individuals.

Should employees ever decline to use PPE, they must do so only when, in their professional judgment, and in that particular situation only, the use of PPE would:

- prevent the delivery of health care or public safety services; or,
- present an enhanced danger to their safety or another individual’s safety.
- Wash hands thoroughly with soap and water as soon as possible after removing any PPE.

Gloves

1. Employees shall be provided with gloves either before they get to the client’s home or once they arrive at the client’s home.

2. Employees, who provide personal care to clients shall wear disposable gloves during the performance of, but not limited to, the following duties:
   - providing assistance with toileting;
   - providing assistance with incontinence pads, adult diapers, and child diapers;
   - providing bladder care;
   - providing bowel care;
   - bathing the rectal or groin area;
   - handling items dirtied with blood, body fluids, secretions and excretions;
   - handling dirtied dressings bedding, and clothing;
   - handling feminine hygiene products;
   - cleaning or caring for urinary catheters;
   - coming into contact with draining wounds, broken skin, secretions, excretions blood, body fluids, or mucous membranes;
   - cleaning up blood or body fluid spills;
   - cleaning/disinfecting areas exposed to blood, stool, urine or body fluids;
   - cleaning toilets, commodes, or soiled equipment;
   - having open skin lesions on their hands; and,
   - bagging materials soiled with blood or other potentially infectious materials.

3. Employees are not required to wear gloves when conducting routine client care providing they only conduct activities, which involve touching the client’s skin e.g. assisting a client to walk.
4. Gloves shall be changed when:
   - they become soiled;
   - they are torn; and,
   - delivering service to a different client...

5. Normally, non-latex, disposable gloves shall be provided to employees.

6. Latex gloves shall be:
   - un-powdered;
   - low protein;
   - water-proof; and,
   - strong enough not to tear.

7. Employees, who have allergies to latex or vinyl gloves, are responsible for advising the supervisor/management of this sensitivity.

8. Supervisors/management shall be responsible for ensuring that employees with glove allergies are provided with hypo-allergenic gloves, gloves liners, un-powdered gloves or other suitable alternatives.

9. When removing disposable gloves, ensure that the hands do not come in contact with any blood or body fluids, which may be left on the gloves.

Procedures for removing gloves:
1. Grasp glove cuff with opposite gloved hand and peel off.

2. Hold removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove at wrist.

3. Peel the glove from wrist to fingertips.

4. Turn the glove inside out leaving the first glove inside the second.
5. Discard gloves into waste receptacle.
6. Wash hands thoroughly with soap and water:
   a. as soon as possible after removing gloves; and,
   b. immediately after exposure to infectious material and before touching any non-
   contaminated objects and surfaces.
7. Used gloves, soiled pads, paper towels, rags, and hygiene products shall be placed directly
   into a garbage receptacle.
8. These soiled products shall be placed in a plastic garbage bag, which is subsequently closed
   tightly.
9. Place the garbage bag out to be picked up with the regular garbage.

ROUTINE HOUSEKEEPING

ARIS at home, Inc. requires *Universal Precautions* be applied when handling soiled linens/clothing to
prevent employees/clients/families from becoming contaminated, in accordance with Occupational
Safety and Health Administration (OSHA) standards.

A family caregiver may be responsible for providing a safe, clean living area for the care recipient. The
extent of these home services will depend on the needs of the loved one. A clean environment keeps
harmful bacteria under control and helps stop the spread of communicable diseases. It also makes one
feel more relaxed and comfortable, and is, therefore, conducive to the good health of the care recipient.
Food stored properly and spills wiped up promptly keep insects from becoming a problem. Clean rooms
provide an orderly way of living, enable us to find things easily, and help prevent accidents. It may be
helpful to set up a daily work plan for the jobs that family members can follow. Always make a list of
what you need to keep a living area clean, and use those products already in the home where possible.

- **Always protect your eyes and skin.**
- **Always read label instructions.** Follow directions in the order they are given and use the
  amount suggested.
- **Do not mix cleaning products.** This may cause a chemical reaction that will hurt you and/or the
  surface you are cleaning.
- **Leave cleaners on a surface only for the recommended time.** Use care when scrubbing.
- **Change cleaning water when moderately dirty.** Rinse if needed to avoid streaking or filming.
- **Store all cleaning products safely.** They should be kept in their original containers, away from
  children, pets, and any heat sources.

Cleaning tools and supplies should be stored safely as close as possible to where you will use them.
Before beginning your tasks, collect all supplies and equipment needs for a chore and carry them in a
pail, tray, shopping bag, or laundry basket from one room to another. Carry a pad and pencil for noting
items that need to be bought or replaced. Plan major jobs for different days of the week – i.e. don’t do
laundry, vacuuming, and wash floors all on the same day.
Laundry

1. Separate areas for clean and soiled laundry shall be used.
2. Laundry shall be sorted in the laundry room, not in the client’s room.
3. Clothing/linen, soiled with blood or body fluids, shall be put into bags at the spot where the soiling occurred.
4. Dangerous objects shall not be thrown into the clothing/linen bags/hampers.
5. Disposable gloves shall be worn whenever any clothing/linen, soiled with blood (including menstrual blood) or body fluid, is handled.
6. Plastic aprons shall be worn, when indicated.

7. Clothing/linens that are to be transported shall be:
   a. placed in leak proof bags e.g. plastic garbage bags;
   b. closed securely;
   c. placed loosely into bags; and,
   d. placed into bags identified as being potentially infectious.

8. Protective gloves shall be worn when bagging clothing/linens that have been soiled with body substances/blood (including menstrual blood).
9. Wash hands with hot water and soap for 15 seconds after gloves are removed.
10. Other protective clothing shall be worn as necessary.
11. Paper towels and/or running water shall be used to remove solid materials from clothing/linens prior to laundering.
12. Urine, stool and vomit shall be flushed down the toilet.
13. Relevant cleaning methods shall be used when washing laundry, i.e.:
    a. separation of items;
    b. suitable water temperature; and,
    c. appropriate machine cycle.
14. Use a water temperature of at least 140°F. (60 °C) to ensure decontamination.

BEDMAKING

Your care recipient may spend part of or all of the day in bed. As a result, many individuals are fed, bathed, and use the bedpan in bed. Making a bed properly is, therefore, very important. A clean, neat bed will make the care recipient comfortable. Wrinkles are uncomfortable and restrict the circulation, and can cause pressure sores (decubitus ulcers). Make the bed wherever your care recipient has decided to sleep, whether in bed or on the couch. Use whatever linens are in the house.

- **Closed bed** – used when the bed will be empty for a while. It will stay clean, not exposing the linens.
- **Open bed** – used when the care recipient is out of bed for a while but needs to get into it easily. The top sheet of the closed bed is fan-folded down.
- **Occupied bed** – used when the bed is made with the care recipient in it and not able or permitted to get out of the bed.

1. Keep the bed dry and clean. Change linens when needed.
2. Keep the bed wrinkle-free.

3. Keep the bed free of food and crumbs.
4. Make the bed to suit your care recipient.
5. Never use torn or pinned linens.
6. Never shake linens, as this spreads microorganisms.
7. Never allow linens to touch your clothing.
8. Never put dirty linen on the floor.
9. When using a flat bottom sheet instead of a fitted sheet, always miter the corners. These make the bed smooth, wrinkle-free, and give the bed an attractive appearance.
10. Fan-folding the top of the bed enables the care recipient to easily get in and out.
11. A plastic ‘draw sheet’ protects the mattress. If you don’t have one, a plastic tablecloth makes a good substitute.
12. Plastic must never touch the care recipient’s skin. You must always cover the plastic draw sheet with one of cotton. (This is about half the size of a regular sheet and can be made by folding it in half width-ways. Place the fold towards the top of the bed.)
13. When the care recipient is in bed all day, change the linen daily, or as often as necessary.
14. Always use good body mechanics. Where there is a hospital bed, raise the bed to a good working height and lower it when done.

**Procedure: Making a Closed Bed**

1. Collect the linens needed
   a. Bottom Sheet
   b. Top sheet
   c. Draw sheet
   d. Blanket
   e. Bedspread
   f. Pillowcase
2. Remove soiled linens and place in laundry.
3. Wash your hands.
4. Fold bottom sheet length-wise. Centerfold should be in center of mattress.
5. Open sheet. Should hang evenly over bed.
6. Tuck the sheet under at the head of the bed.
7. To miter the corner, pick up the edge of the sheet about 12” from the head of the bed and bring it to the top of the bed. Making a triangle. Tuck the bottom of the triangle (edge) under the mattress. Bring the top of the triangle down over the mattress and tuck it under.
8. Tuck in the sheet all the way to the foot of the bed.
9. Repeat the procedure on the opposite side of the bed.
10. Place the draw sheet, if used, about 14” from the top of the bed and tuck tightly under the mattress.
11. Place the top sheet on the bed, hanging evenly on both sides. Large hem should be even with the head of the bed.
12. Place blanket and bedspread on bed, hanging evenly on both sides, and about 4” below the top sheet.
13. Fold top sheet, blanket, and bedspread under at the foot of bed.

14. Miter both corners, but leaving the top triangle hanging free.
15. Fold the top sheet back over the bedspread and blanket.
16. Place the pillowcase on the pillow.

Procedure: Making an Open Bed
1. Collect linens (same as for closed bed).
2. Wash your hands.
3. Make a closed bed.
4. Fold the top of the covers (top sheet, blanket, spread) to the foot of the bed.
5. Smooth the sides into the folds you have made.
6. Place the pillow on the bed.

Procedure: Making an Occupied Bed
1. Collect the necessary linen
   a. Bottom sheet
e. Draw sheet
   b. Top sheet
f. Blanket
c. Bedspread
   g. Pillow case
d. Bath Towel
2. Wash your hands.
3. Explain to the care recipient what you are going to do.
4. Cover the care recipient with the bath towel and remove the top covers. Place linens in hamper.
5. Remember to use the safety or bed rails if the bed has them.
6. Ask, or help, the care recipient to move to one side of the bed or to turn onto side.
7. Untuck the bottom sheet and the draw sheet and fold them towards the care recipient, against the back.
8. Fold a clean bottom sheet in half, lengthwise. Place it on the bed, with the fold in the middle.
9. Roll the top part of the sheet towards the care recipient. (This part will be used on the other half of the bed.)
10. Tuck in the other half of the bottom sheet at the top of the bed. Miter the corner.
11. Tuck in the bottom sheet along the side.
12. Place draw sheet, folded in half on the bed. Roll one half towards care recipient and tuck in other half.
13. Ask, or help, care recipient to roll over onto the clean sheets. Be sure to put side rail up on that side of bed.
14. Remove the soiled sheet and draw sheet. Place in a hamper.
15. Pull clean bottom sheet to edge of bed, miter the corner, and tuck in the side.
16. Pull draw sheet over and tuck in.
17. Assist care recipient to turn onto back.
18. Change pillowcase and replace pillow.
19. Spread clean top sheet over care recipient and remove the bath towel from underneath. (You keep them covered this way.) Place the bath towel in a hamper. Leave about four inches of sheet extra to fold over blanket, etc.
HOME SERVICES WORKER TRAINING – SESSION #6 – 1 CREDIT HOUR

20. Place clean blanket or bedspread over sheet.

21. Tuck top sheet, blanket, and spread under at the foot of the bed and miter the corners. Leave the sides hanging evenly; making sure it’s not too tight over the care recipient’s toes.
22. Fold the top sheet down over the blanket and spread.
23. Wash your hands.

Dusting
Dusting helps prevent the spread of bacteria. It also helps those who are sensitive to dust. Dusting should be done daily or at least weekly. Lightly dampen a rag with water or a commercial spray to keep the dust from spreading. Move the cloth to gather the dust onto it.

Cleaning Floors
Rugs and carpets should be vacuumed or swept regularly. Furniture may have to be moved to do a proper job. Smaller rugs can be shaken and washed. Do not wash wood floors. Instead, vacuum and clean with a vinegar/water solution or use a commercial product. Hard floors can be swept or vacuumed and mopped. Always mop tile or linoleum floors with a well wrung-out mop or rag so as not to loosen the tiles or make them slippery. Small rugs placed in entryways can catch a lot of dirt from the outside.

Washing Dishes
Proper dishwashing kills bacteria. Always wash dishes as soon after a meal as possible. When using a dishwasher, first scrape and rinse the dishes. Load the dishwasher and run it when you have a full load to conserve water and electricity. If you don’t have a dishwasher, wash and rinse dishes by hand. Wash the cleanest dishes first and the dirtiest last (glasses and cups, silverware, plates, pots and pans.) Rinse dishes well and place in drain board or on towel. Allow them to air dry if possible.

Cleaning the Kitchen
A kitchen is cleaned more frequently than any other room in the home. You should clean up after each meal to kill as many bacteria as possible. Keeping a kitchen clean and tidy is easy if you remember to do each of these chores:

- Refrigerate or otherwise store all food immediately after each meal.
- Clean up any spills regularly, especially on a stove where they can become baked on.
- Wipe out the refrigerator regularly, defrosting when necessary.
- Wipe down any small appliances with soap and water. Remember to disconnect them first.
- Wipe off the countertops, areas around the drawer handles, and door pulls. Keep surfaces uncluttered.
- Wash, rinse, drain, and put away all dishes as soon as possible after each meal.
- Scrub cutting boards between and after each use.
- Mop the floors and take out any garbage.
Cleaning the Bathroom
Bathrooms usually have constant moisture in the air. Therefore, they need to be cleaned regularly to kill bacteria and odors. Water left on the floor can be slippery and dangerous. When you clean a bathroom, make a point of doing the following:

- Wipe out the shower/tub after each use.
- Clean sinks and other fixtures regularly.
- Clean the toilet
  - Scrub the toilet bowl with soap or detergent, especially under the rim.
  - Leave the suds in the bowl while you wash the outside.
  - Do NOT mix toilet bowl cleaner with other cleansers.
  - Use clean, hot water to rinse off the toilet.
- Mop the floors or vacuum the carpet.

SUMMARY

In this session you will have learned importance of cleanliness. In each and every case that you work you will need to try to achieve ideal sanitary conditions. We all know cleanliness is an important part of controlling disease and keeping diseases from spreading. This session has explained pathogens, the chain of infection, signs of infection, keeping surroundings clean, hand washing, and body substance isolation...etc.