

# Infection Prevention and Control Practices for “Other” Congregate Living Settings

Adapting IPC Recommendations for Other Group Living Settings



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# Objectives

Identify:

- Types of “other” congregate living settings (CLS)
- Existing sources of information (legislation, best practices)
- Challenges associated with implementation of infection prevention control (IPC) best practices, guidelines and standards

Discuss:

- Important consideration in other CLS settings
- Approaches to IPC in various CLS settings
- Similarities and differences to settings such as long- term care
- IPC gaps, barriers and enablers in other CLS's

# Types of Other Congregate Living Settings

## Assisted Living

- May be associated with LTCH or RH or Seniors Apartment Complex

## Violence Against Women Shelters:

- provide temporary housing
- support for women experiencing domestic violence.

## Intervenor Residential Services

- Assist individuals who are deafblind.

## Adult Developmental Services Residential Services

- Support adults with developmental disabilities

## Anti-Human Trafficking (AHT) Residences:

## Retirement Homes

- residential settings for seniors where they receive support services and live independently.

## Open Custody Youth and Adults

# “Other” Congregate Living Settings: Some Definitions

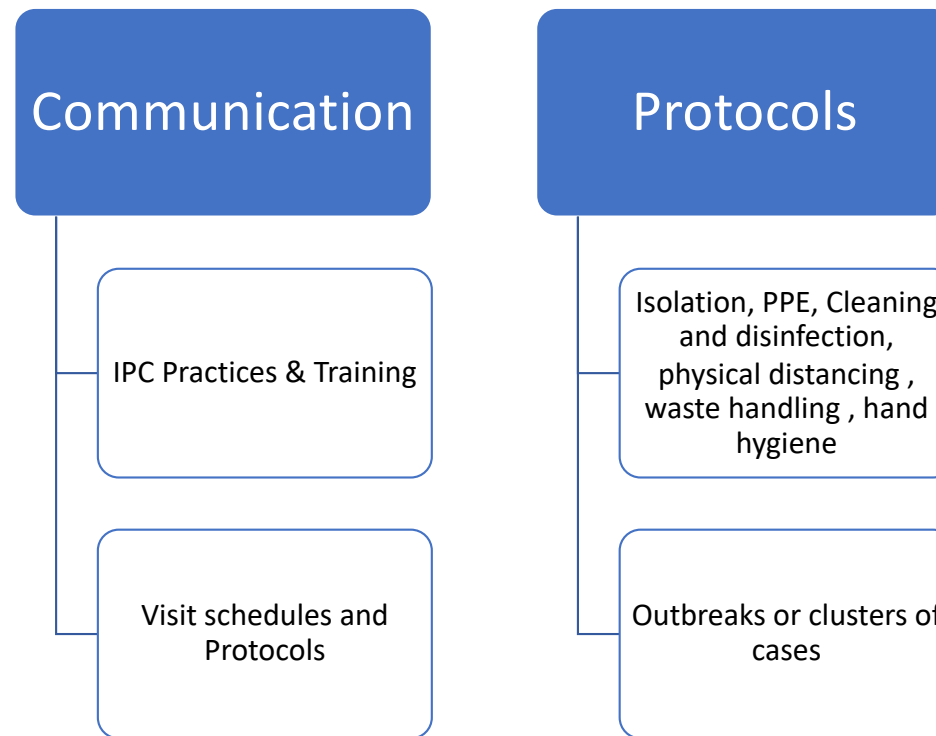
- **Shelters:** Temporary housing for homeless individuals and families and including violence against women shelters
- **Group homes:** Residential facilities for individuals tailored to those with very specific needs (e.g., adult or child developmental disabilities, mental health conditions)
- **Open Justice facilities (Youth or Adult):** Facilities that provide transitional and reintegration housing for those dealing with situations of conflict with the law
- **Children or youth residential settings**



## Considerations Guiding IPC Consultation

- Restrictions imposed during COVID-19 were tailored and separate from those applied to health care facilities and public
- Current outbreak status
- Safety of you, their staff and their clients
- Client emotional well-being
- Equitable access
- Flexibility

# Basic Requirements During COVID -19





Post COVID-19 What Now?

# Resident and Client Risks

Risk of infections may be higher in some residents of “other CLS settings” compared with the general population

Those people experiencing homelessness or with certain underlying medical conditions may result in an increased risk of infection or for severe outcomes from infections

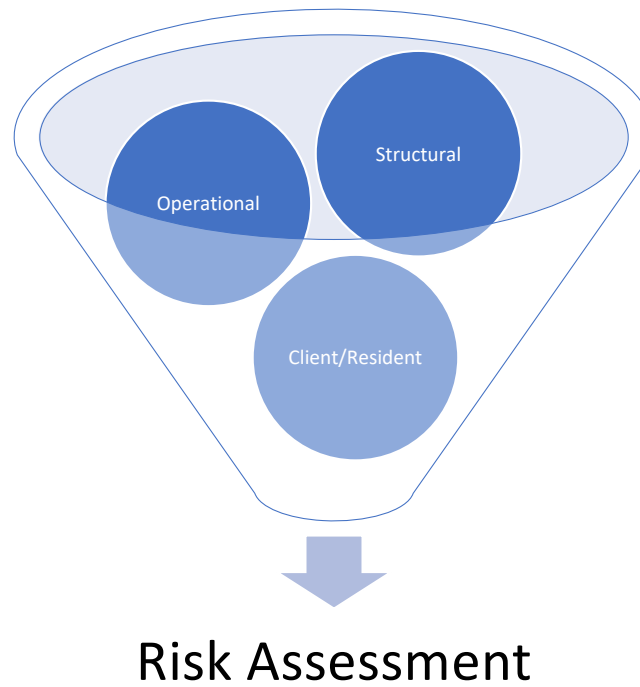
Underlying medical conditions may include include dementia, chronic liver disease, chronic lung disease, diabetes, heart disease, HIV, Cystic fibrosis,

Underlying mental health conditions

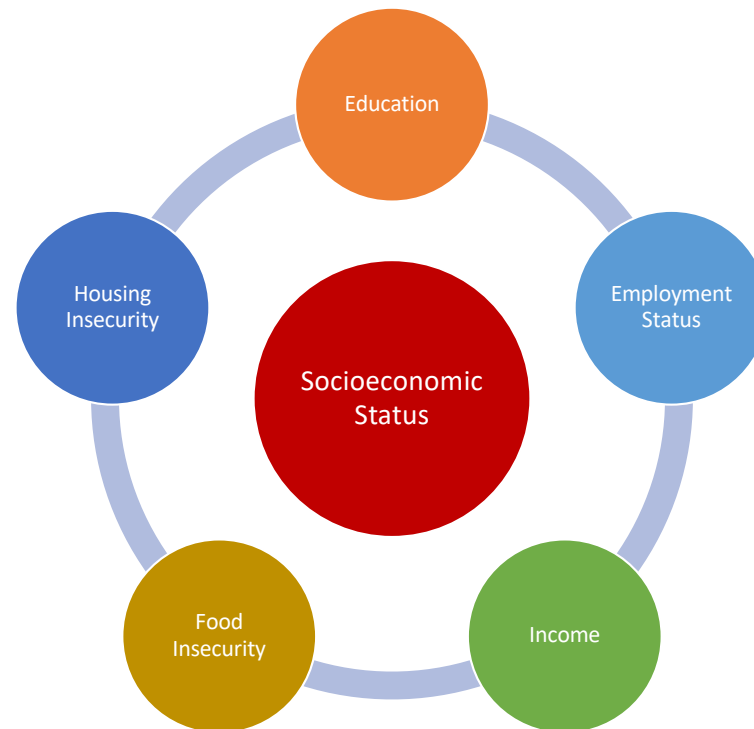
lifestyle, socioeconomic and other factors (smoking, substance abuse, nutrition, education, access to healthcare)



# Assessing Setting Characteristics



# Socioeconomic Status and Health



# Factors Influencing Infection Transmission

- Ventilation
- Testing
- Use of personal protective equipment (PPE)
- Type of Accommodations
- Cleaning and disinfection
- Hygiene

# Descriptions of CLS Settings

## Group Home: Open Youth Custody/Detention

- Not-for-profit Christian organization
- Male youth open custody detention : The home has 5 bedrooms, 2 shared rooms with no more than 2 people in a room, and 1 bathroom with 3 shower stalls and 3 toilet stalls. Common areas include a main-floor living room, kitchen, and workout space
- Observed expired alcohol-based hand rub in the workout room.
- Implement regular auditing of hand hygiene and PPE to evaluate hand hygiene and PPE practices in the home.
- Aerosol/trigger spray bottles used to clean. Use flip-top lids to minimize the occupational hazards associated with the use of aerosol/trigger spray bottles

# Community Living Organizations: Group Home

- Two-story home used for 3-4 clients with disabilities
  - One client in basement apartment with separate bathroom to use.
  - 6 Staff including agency use second bathroom located in the furnace room in basement
  - 2 -3 clients upstairs with own bedroom and 1 shared bathroom; use wheelchairs
  - Clients are supported for meals in their wheelchair and use the kitchen which is cleaned in-between use. One client uses the dining table in the kitchen.
  - Staff desk located in the kitchen alternating times of use. Fridge located in the kitchen is used by all individuals living at the home
- Expired hand hygiene product
  - Cleaning process not optimal
  - Lack of plan for isolating clients when sick
  - Lack of procedures for handling soiled linen and waste

# Hospice

- 10-bed residential hospice for those with life expectancy < 3 month; average stay 12 to 14 days
- 10 private rooms: each room has private 3-piece bathroom
- Home has two staff per day: one nurse and 1 PSW
- Two nurses (12 hour per shift) and 2 PSW (8-hour shift)
- Expired 70% Alcohol Based Hand Rub (ABHR) bottles and expired ABHR product in the wall mounted dispensers were observed in the facility
- Reusable spray bottles being used
- Wet contact time disinfectant 10 minutes
- Housekeeping closet had personal items
- Laundry machines not cleaned after loading
- PPE donning and doffing not performed correctly
- Recommended auditing PPE use and Hand hygiene

# Approaching “Other” CLS Settings

*Before  
Visit  
Determine  
Following:*

- Description of facility
- Services provided and how they are funded
- Cultural backgrounds
- Staffing levels
- Staff education levels
- Client population
- Ministry oversight



# Determining the Language Level/Style to Use



PRESENCE OF  
HEALTH CARE  
WORKERS



VOLUNTEERS  
AND CLIENTS



WHO IS  
READING THE  
REPORT



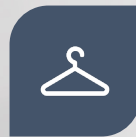
DEMEANOR  
DURING THE  
VISIT



SENSITIVITY  
TO ABILITY  
TO PROVIDE  
RESOURCES



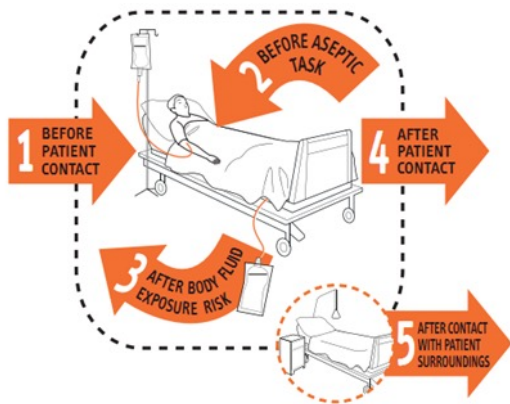
ABILITY TO IMPLEMENT  
RECOMMENDATIONS



TAILORING THE RECOMMENDATIONS TO THE  
HOME/FACILITY

# Basic Important IPC Practices -

## Your 5 moments for HAND HYGIENE



# Personal Risk Assessment Plus Hand Hygiene

Do I have what I need before going into the room ?

Is there more than one client in the room?

What do I need to do or wear to keep myself safe ?  
(Gloves, masks etc.)

Is the client healthy or do they have any symptoms of illness or are they coughing, are clients' personal hygiene practices good?

What do I need to do to prevent germs from an open wound, blood or body fluid or spit (from someone coughing or sneezing) from getting on me?

Are my hands health and kept clean before touching clean things or my face?

Are hands cleaned after touching something soiled, after taking off gloves ?

# Masks

- Use of Masks
  - Masks fit properly and are worn without touching ( do not wear 2 masks)
  - Hands cleaned before putting on
  - Clean your hands before touching your face or if accidentally touching outside of your mask
  - Do not wear mask under chin or around neck

# Cleaning and Disinfecting



Remove and clean dirt and soil including blood and any bodily fluids from surfaces



Read the label before using to make sure you are using it safely and how long to leave wet



Leave surface wet for the correct amount of time  
Allow to air dry ( do not wipe dry)



Always check expiry dates of cleaners



If using wipes, make sure they are not dried out.



Use flip tops and not spray bottles as sprays can be hazardous to your health

# Physical Distancing

1

Stay away from others as much as possible (at least 2 metres) when they are sick

2

Try to combine distancing with use of masks when others are sick in the home.

3

Focus on not touching your face

4

Try to not go into small rooms that are crowded when others are sick others.

5

Explore safer options to remain connected with others

# The Buildings Air Quality

- Evaluate the air quality to see if it is stuffy, odours don't clear away, are there open windows, check for drafts
- Check your vents – are air vents closed, check for air movement
- Safely open windows as needed to dilute the germs in the space
- Consider limiting the number of persons in room at one time
- Consider use of HEPA filtered air filters that are properly positioned

# Decluttering

Minimize what you  
take into client  
rooms

—1→

Remove items not  
needed in spaces to  
make cleaning easier  
and more effective

—2→

Place items not used  
in storage; keep  
hallways and rooms  
clear



# Signs

Ensure you can see them, easily recognizable and legible and in language needed

Clear message with both pictures and words - Less is more

Don't have too many signs

Signage is before entry and/or close to the area it applies to

# Are there Rooms for Isolating When Sick?



IS THERE A PLAN FOR ONE OR MORE CLIENTS WHEN SICK



WHAT ABOUT SHARED AREAS?



IS THERE A PROTOCOL OR PROCEDURE TO FOLLOW



IS THERE A CONTACT LIST FOR AGENCIES NEEDING NOTIFICATION OF AN OUTBREAK ?



IS THERE HOUSING OFF SITE IN THE EVENT OF AN OUTBREAK?



CAN CLIENTS GO HOME OR ELSEWHERE DURING AN OUTBREAK

# Bathrooms

Are there products being shared?

Are personal items stored in the bathroom ?

Where can items be stored?

What is the cleaning protocol ?

What happens when bathroom is shared with a sick person?

# Considerations for Common Areas

- TV Rooms and computer areas
- Kitchen
- Meeting rooms for social workers
- Routine cleaning frequency
- Cleaning during clusters of cases
- Ability to restrict use
- Who is cleaning the area ( staff or clients)
- Space (distancing, ventilation, clutter)
- Furnishings

# Considerations for Kitchen and Laundry

- Who uses the space
- Ability to clean items
- Types of furniture
- Cleaning frequency and cleaning assignments
- Are there procedures for cleaning

# Summary

- Important to do the homework/ obtain relevant background information
- Make recommendations that are able to easily be implemented
- Do not kill the message with healthcare wording
- Offer assistance with implementation plans when possible
- Respect the home and know you are a guest
- Check back
- Request feedback on visit and usefulness of the report
- Adapt the language to the clientele and staff

# References

- [Socioeconomic Factors | CDC](#)
- [People with Certain Medical Conditions | CDC](#)
- [Visitor's Guidelines: Re-Opening of Congregate Living Settings \(kwhab.ca\)](#)
- [Key Elements of Environmental Cleaning in Healthcare Settings \(publichealthontario.ca\)](#)
- [Action IPAC Activities Support IPAC Practices Congregate Living Settings \(publichealthontario.ca\)](#)
- [World Health Organization \(WHO\)](#)

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