

Personal and Clinical Hygiene and Sanitation Concepts and Guidelines

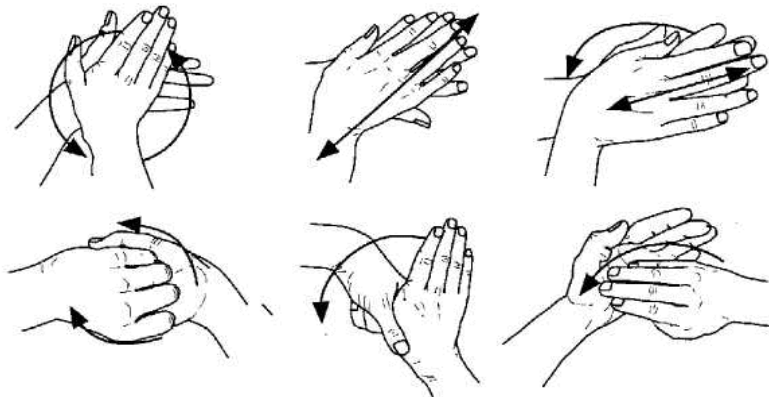
- Use a standard hand washing procedure
- Avoid wearing jewelry while working
- Keep fingernails clean, short and without polish
- Keep hair clean and if long, tied back
- Use clean linens for each client
- Treat any substance that can not be identified as unsafe
- Wear a clean uniform each day
- Use a pump dispenser for massage lubricant
- Wear gloves when appropriate
- Do not perform massage when ill or when experiencing flu like symptoms
- Avoid working under the influence of alcohol or recreational drugs
- Avoid massaging clients who are ill

HAND WASHING

- Wash your hands thoroughly with warm water and soap
 - o (a) immediately, if contaminated with blood or other body fluids to which universal precautions apply, or potentially contaminated articles;
 - o (b) between clients; and
 - o (c) immediately after gloves are removed, even if the gloves appear to be intact.
- When hand washing facilities are not available, use a waterless antiseptic hand cleaner in accordance with the manufacturer's directions.
- If you have an exudative lesion or weeping dermatitis, refrain from all direct client care and from handling client care equipment until the condition resolves.

The recommended procedure is as follows:

HAND WASHING PROCEDURE



PERSONAL PROTECTIVE EQUIPMENT

GLOVES

- Gloves are used in clinics to provide protection from chemicals and body fluids.
- For this work glove choices include latex or vinyl, powdered or unpowdered, sterile or unsterile, sized or one size fits all.
- Choose gloves that adequately protect from the hazard involved and meet comfort, fit, flexibility, abrasion resistance, grip, puncture resistance and tear resistance requirements for the type of manipulations performed.
- For work with chemicals choose glove materials which provide an acceptable degree of resistance to permeation, review the MSDS (material data safety sheet) for the product check with the glove manufacturer, or refer to chemical permeation data tables.

USE OF GLOVES

- Inspect gloves for leakage before wearing- test rubber or synthetic gloves by inflating them
- Remember that gloves do not take the place of proper hand washing, always wash your hands after removing gloves
- Wash chemical protective gloves with water before removing
- Practice glove removal techniques before handling infectious material- proper technique can prevent contact between the skin and the outer surface of the gloves.
- Wear gloves when touching blood and body fluids containing blood, as well as when handling items or surfaces soiled with blood, as well as when handling items or surfaces soiled with blood or body fluids as mentioned above.
- Wear gloves for all invasive procedures (ie. Intra oral massage)
- Change gloves after client contact.
- Wear gloves
 - o if you have cuts, scratches, or other breaks in the skin,
 - o in situations where hand contamination with blood may occur, e.g., with an uncooperative client

REMOVING DISPOSABLE GLOVES

- Remove the first glove by grasping it on its palmar surface just below the cuff, taking care to touch only glove to glove (figure 27-10). This keeps the soiled parts of the used gloves from touching the skin of the wrist or hand.
- Pull the first glove completely off by inverting or rolling the glove inside out.
- Continue to hold the inverted removed glove by the fingers of the remaining gloved hand. Place the first two fingers of the bare hand inside the cuff of the second glove (figure 27-11). Touching the outside of the second soiled glove with the bare hand is avoided.
- Pull the second glove off to the fingers by turning it inside out. This pulls the first glove inside the second glove. The soiled part of the glove is folded to the inside to reduce the chance of transferring any micro organisms by direct contact.
- Using the bare hand, continue to remove the gloves, which are now inside out, and dispose of them in the refuse container (figure 27-12)
- Wash hands

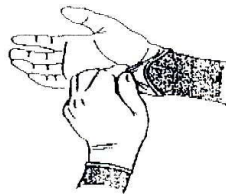


Figure 27-10
Plucking the palmar surface below the cuff of a contaminated glove



Figure 27-11
Inserting fingers to remove the second contaminated glove.

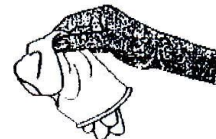


Figure 27-12
Holding contaminated gloves, which are inside out

LAB COATS

- To be worn when cleaning up clinic or after a biological or hazardous spill
- Wear knee-length fully closed lab coats, snap closures are preferred over buttons for quick emergency removal
- Remove lab coats, gowns or aprons when leaving the clinic
- Remove protective clothing in the event of visible or suspected contamination.

UNIVERSAL PRECAUTIONS

- Universal precautions apply to blood and body fluids containing visible blood.
- They also apply to body tissues and to the following specific body fluids: Vaginal secretions, seminal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid and amniotic fluid
- Universal precautions *do not* apply to feces, urine, nasal secretions, sputum, saliva, sweat, tears, or vomit unless they contain visible blood.

Laundry

- Handle soiled linen as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen.
- Place linen soiled with blood or body fluids in leakage resistant bags at the location where it is used.
- Separate from other laundry.

Blood Spills

- Use a chemical germicide that is approved for use as a hospital disinfectant to decontaminate work surfaces after there is a spill of blood or other applicable body fluids.
- In the absence of commercial germicide, a solution of sodium hypochlorite (household bleach) in a 5% dilution poured around the affected area then wiped with disposable towels.

COMMUNICATION / PUBLIC HEALTH STANDARD 5

Risk Identification and Management for an Outbreak of Infectious Diseases

Conditions:

Given an infectious disease has been identified as a public health risk by the Chief Medical Officer of Health in the community.

Task:

Interview the client to determine their risk of exposure to the infectious diseases.

Standard:

Quality / Technical:

- So that you are aware of the symptoms of the infectious disease
- So that you use a screening tool to identify clients at risk of carrying or at risk from exposure, if available
- So that you use protective barriers if the status of the client is unknown
- So that you clean the clinic area with approved antiseptic cleansers
- So that you follow any directive issued by the Province or local public health unit

Quality / Interpersonal:

- So that the client is informed of the reason for screening and precautions
- So that you provide the client with an opportunity to ask questions

Safety:

- So that clients who are at risk of carrying or at risk from exposure are not treated or are treated in isolation with all surface areas of the clinic area cleansed appropriately directly after treatment to reduce spread of the disease.
- So that a client is not discriminated against if they are from an identified at risk population.

Timing:

- Prior to the client entering the clinic space, if possible
- Prior to providing treatment

Reference: Infection Control Guidelines for Community-based practitioners, Ministry of Health and Long Term Care

COMMUNICATION / PUBLIC HEALTH STANDARD 3

Wash Your Hands and Any Skin Surface that Will/Has Come in Contact with the Client

Conditions:

Given that the treatment area and the client are ready for treatment

Task:

Wash your hands and any skin surface that will/has come in contact with the client

Standards:

Quality / Technical:

- Ensure that soap and water or alcohol based hand sanitizer is used to clean skin surfaces by washing for a minimum of 10 seconds, including all surfaces.

Timing:

- Immediately before and immediately after each client treatment.

Reference: Infection Control for Regulated Professionals

COMMUNICATION / PUBLIC HEALTH STANDARD 15

Use of Personal Protective Equipment During a Treatment

Conditions:

- Given a client or a therapist with a recognizable contagious condition that might be spread by contact or inhalation during the massage therapy treatment
- Given a client who requires intra-oral treatment as part of their treatment
- Given a client or therapist with non-intact skin, or open or healing lesions that would be vulnerable in the course of providing massage therapy treatment

Task:

Perform the massage therapy treatment:

- Without spreading infection,
- While using personal protective equipment

Standard:

Quality / Interpersonal:

- So that you explain why the use of gloves, masks or suitable alternative or other barrier is necessary or recommended
- So that the client is given an opportunity to ask questions

Quality / Technical:

- So that all requirements of communicable disease control as defined by the Infection Control for Regulated Professionals document are met.
- So that the affected area on the client is avoided as much as possible
- So that the affected area of the therapist's arm, hand, and/or fingers is totally covered to prevent contact.
- So that in the case of an airborne infectious disease both the therapist and the client wear a mask before, during and after treatment.

Safety:

- So that if these options are not possible or available that the treatment be altered, terminated, or postponed.
- So that the risk of allergies has been discussed and identified

Timing:

- Before the treatment begins or as soon as the situation arises during treatment.

Reference: Infection Control for Regulated Professionals

ROLE OF HEALTH INSPECTORS

Statement of Philosophy

As members of the institute we believe:

1. That we have an obligation to maintain professional competency
2. That we have an obligation to maintain the highest standards of professional conduct.
3. That we should, at all times, attempt to maintain the integrity of the profession.
4. That we should endeavor to keep the public/our employers aware of the importance of maintaining the high quality environment.
5. That all decisions made in the course of professional practice shall be based on the best available scientifically valid data.
6. That effective environmental management can only be achieved through a multi-disciplinary approach to resolving environmental issues.

State of Mission

To advance, promote and uphold the profession of public health inspection and to ensure that the attainment of the highest professional standards of practice for its members – and in so doing – to facilitate the achievement of optimal health for all persons who live, work or visit in Ontario by promoting excellence in environmental management through education, advocacy and research.

Duty to Inspect

1. Every medical officer of health shall inspect or cause the inspection of the health unit served by him or her for the purpose of preventing, eliminating and decreasing the effects of health hazards in the health unit.
2. The duty of every medical officer of health under subsection (1) includes, but is not limited to, the duty to inspect or cause the inspection of the following:
 - a. Food premises and any food and equipment thereon or therein.
 - b. Premises used or intended for use as a boarding house or lodging house.

DEFINING COMMUNITY AND NEIGHBORHOOD COMMUNITY SUPPORT

- Definitions of the term “community” often fall into two categories
 - o Traditional communities
 - They encompass *places* like cities, towns, and villages, identifiable geographical entities
 - These communities are characterized by residences, shared living space, and some array of businesses that serve the needs of those who live here
- Traditional definitions of community usually have several common components.
- The first is that a community occupies a *shared physical space* (it has defined boundaries). We can mark these boundaries on a map and they clearly separate one community from another.

- A second component of the definition is *social interaction* (community members interact with each other differently than they interact with people outside the community). Typically the interactions occur frequently and face-to-face.
- A community's third component is a *shared sense of identity* (community members often form a strong affiliation and identity with their community)
- Of course for some residents, the sense of identity is stronger than for others, newcomers often do not feel the same degree of identification with a community as those who have lived there all their lives.
 - Nontraditional communities
 - An example is the legal community or the social work community.
 - These communities are also known as "identificational communities".
 - Members of these communities share common interests and may carry out some of the same functions as place communities.

FUNCTIONS OF COMMUNITIES

What does a community do for people?

1. **The first is *socialization*, defined as the transmission of values, culture, beliefs, and norms to new community members.** *Values* are those principles a group considers important. *Culture* includes customs and ways of doing things. *Beliefs* are ideas that members assume are true, but may not be verifiable, such as a belief in a supreme being or belief that all police are biased. *Norms* are a community's expectations for how its members should act. Socialization occurs through laws, rules, and procedures adapted by a community's legal bodies and through other community members' comment or reactions.
2. **A second function of communities is the *production, distribution, and consumption of goods and services*.** All communities provide a variety of services and products consumed by residents. This includes housing, food, and perhaps banking and street maintenance.
3. ***Social control* is another community function.** This involves setting limits on behavior by creating and enforcing laws via police and other official bodies.
4. ***Mutual support*, means that community members take care of one another.** Such as, giving directions to strangers, to providing social services for identified groups of citizens.
5. **Each community provides for the *participation* of its residents.** This means that residents have the opportunity to interact with others through recreation, talking, church-going, and other forms of socializing.

COMMUNITY RESOURCE SYSTEMS

- *Informal* resource systems include family members, co-workers, friends, neighbors, and others who provide emotional, social, or more tangible types of support.
- *Formal* resource systems include social or fraternal organizations in which people hold memberships.
- *Societal* resource systems are institutionalized organizations or services, such as private and public social service agencies, family service agencies, and libraries. These resource systems are established to provide specific kinds of assistance to community residents.
- An important lesson in understanding your community is that learning is a continuous process.
- Knowledge of a community's various resource systems is essential if you are to help individual clients or groups of clients with similar problems.
- Learning about a community often requires more than simply reading a community resource directory, however, most communities have local gathering places where certain groups meet.