



Healthcare

ALERTBULLETIN®

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Environmental Safety: Enhancing Hygiene, Minimizing Hazards

Maintaining a clean, safe and healthful environment is one of the major challenges facing all aging services settings. This fact has become even more clear in the wake of the coronavirus crisis, which has had a disproportionate impact upon senior communities and the elderly in general.

While the COVID-19 pandemic dominates headlines, aging services residents have always been vulnerable to many types of contagious diseases, some of them fully as dangerous as the novel coronavirus. Unsanitary conditions contribute to the estimated 1 to 3 million infections contracted annually by residents, which range from recurrent colds and flu to gastroenteritis and chronic diarrhea to potentially lethal antibiotic-resistant illnesses. Substandard environmental hygiene and building maintenance also can lead to other physical ailments and injuries among residents and staff, such as respiratory disease due to poor air quality and slip and fall accidents.

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Understaffing exacerbates environmental safety concerns, as overworked caregivers are less likely to comply with routine hygiene practices, such as frequent hand washing, careful disinfection of surfaces and prompt wiping up of spills. (See "[Maintaining Cleanliness in a Hectic Care Environment](#)" on page 5.) If these lapses lead to illness or injury among residents, potential consequences for aging services facilities include hospital and medical treatment costs, allegations of negligence and, in egregious cases, even criminal charges.

Administrators can improve outcomes and regulatory compliance by maintaining staffing levels commensurate with resident census and acuity levels, as well as by providing ongoing employee training, implementing sound and enforceable policies, and conducting frequent environmental safety rounds. This *AlertBulletin*® offers a range of practical suggestions designed to address such common problems as unclean and unsafe residential spaces, foodborne illnesses, and resident and staff exposure to air pollution and hazardous substances.

Substandard Sanitation Practices

When attention to cleanliness declines, aging services facilities can become breeding grounds for dangerous, hard-to-treat "super bugs," such as methicillin-resistant *staphylococcus aureus*, vancomycin-resistant *enterococcus* and *Clostridium difficile*, which can spread quickly from resident to resident. Other preventable contagious diseases – including bacterial pneumonia, influenza, and herpes zoster and E. coli infections – also can proliferate, threatening the lives and well-being of all residents, especially those with weakened immune systems.

The following interventions can help staff remain a step ahead of infectious disease in communal living environments:

- **Implement an antibiotic stewardship program** to ensure that antibiotics are prescribed only when medically necessary. (See CNA *AlertBulletin*® 2019–Issue Two, “[Antibiotic Overuse: A Stewardship Program Can Help Reduce Risk.](#)”)
- **Draft a written policy regarding use of personal protective equipment (PPE)**, including guidelines for donning and removing PPE, to prevent staff members from unwittingly spreading harmful viruses and bacteria.
- **Educate staff members about commonly contaminated objects and areas in resident care environments**, paying special attention to shared items, such as hoists, hoist slings, clinical monitoring equipment, commodes and shower chairs.
- **Provide ongoing training for all employees on the importance of thorough, frequent hand washing**, utilizing the [CDC hand hygiene guidelines](#), and also instruct them in other [basic preventive measures](#) to curtail the spread of infectious disease.¹
- **Actively screen all newly admitted residents for infectious respiratory illnesses – including coronavirus, influenza and tuberculosis – and other contagious conditions**, and take appropriate actions to protect other residents from exposure, such as segregating affected individuals in designated wings or floors.
- **Document infections and antibiotic use in residents transferring from outside settings**, utilizing a standard [inter-facility infection control transfer form](#).
- **Continuously assess residents with indwelling catheters, pressure injuries and post-procedure dressings** for fever, purulent discharge and complaints of pain.
- **Monitor residents for non-specific signs of infection**, such as loss of appetite, sudden change in mental status and new-onset incontinence.
- **Request a timely medical consultation**, if indicated, and document findings, laboratory results, actions taken and follow-up measures in the resident healthcare information record.
- **Clean and disinfect resident rooms at regular intervals**, ensuring that housekeeping personnel complete the following tasks, at a minimum:
 - **Dust all surfaces**, sweep and mop hard floors, and vacuum carpets.
 - **Pick up loose trash** and empty wastebaskets.
 - **Inspect bedding daily** and change as needed, but not less than once a week.
 - **Scrub sinks, counters, faucets, showers/baths, toilets, safety bars and handles, and other bathroom and kitchen surfaces** with a high-level disinfectant, following the manufacturer’s instructions.
 - **Consider installing antimicrobial copper-coated fixtures** – such as support bars, doorknobs and railings – in resident rooms and elsewhere, as this material has been shown to [mitigate disease transmission](#).²

Provide **ongoing training** for all employees on the importance of **thorough, frequent hand washing**, utilizing the [CDC hand hygiene guidelines](#).

¹ Despite industry educational efforts, [hand washing compliance remains questionable in aging services settings globally](#), according to studies.

² There is new evidence that copper surfaces are especially effective against the novel coronavirus. See Krouse, P. “[Why Copper Could Help Prevent Future Pandemic, and What It Does to Coronavirus.](#)” Cleveland.com, posted March 20, 2020.

Unsafe Residential Spaces

Wet floors, broken furniture, incorrect bed height, poor lighting and blocked walkways are just a few of the physical hazards that can lead to falls in aging services settings. Protecting mobile residents from injuries requires an effective program of building and equipment maintenance, top-down commitment to accident prevention and adherence to the following safety precautions, among others:

- **Install assistive devices – such as weight-bearing bars, high toilet seats and handrails – in bathrooms and hallways** to prevent falls and accommodate frail and disabled residents.
- **Place emergency call systems in all resident care areas,** as well as bedrooms and bathrooms.
- **Select non-slip floor coverings,** prohibiting area and throw rugs.
- **Conspicuously mark all steps,** thresholds and other changes in elevation.
- **Illuminate interior spaces clearly and evenly,** positioning lighting to minimize glare, shadows and abrupt changes in intensity.
- **Ensure that stairways are well-lighted,** indicated with clear signage and equipped with sturdy handrails.
- **Consider installing motion-triggered low-level lighting** between resident beds and bathrooms.
- **Require residents to wear non-skid footwear** and monitor their compliance.
- **Mop up spills and wet areas immediately,** paying special attention to entryways, foyers and bathrooms.
- **Maintain adjustable beds and chairs at the lowest recommended height** to mitigate potential injuries in the event of a fall. If beds or chairs must be raised for any reason, they should be returned to the lower and safer position as soon as possible afterward.
- **Survey resident rooms and living areas on a periodic basis,** clearing walkways and removing any clutter.
- **Check routes from bedrooms and common/living areas to restrooms** and ensure that they are free of obstacles.
- **Frequently inspect all paved areas** – including sidewalks, driveways, walkways and parking lots – and keep them in good repair and free of ice, snow and debris.

Improper Food Handling

Lapses in food procurement, storage, preparation and service are a serious compliance and safety issue at aging services organizations, ranking as the fourth most common category of survey deficiency. Furthermore, aging services residents are 10 times more likely to die of bacterial gastroenteritis than are elderly individuals living in non-group settings. To prevent transmission of norovirus, campylobacter, salmonella and other contagious pathogens, organizations must continually scrutinize sanitary practices in kitchens and other food preparation areas, as these spaces may be surveyed only once a year by external agencies.

With the industry evolving toward more homelike environments and individual meals, a greater number of staff members tend to be involved in preparing and serving food, increasing the likelihood of cross-contamination and consequent exposure to litigation and survey deficiencies. The following safety practices can help protect residents against the risks of foodborne illness:

- **Purchase food from approved vendors** and inspect products upon delivery, checking the temperature of perishable items.
- **Train employees on safe food handling and infection control practices,** in order to avoid the risk of food poisoning and cross-contamination.
- **Consider requiring staff who prepare and serve food to obtain suitable credentials** from a certified food safety program, such as ServSafe or Prometric, among others.
- **Educate staff about proper hand washing techniques** and provide an ample supply of alcohol-based hand sanitizers.
- **Require staff to wear gloves, aprons and hair coverings** when preparing and handling food and beverages.
- **Use closable containers for storing food,** and label and date all refrigerated items.
- **Thaw frozen foods in a refrigerator or microwave oven,** rather than letting them sit for long periods on a counter or table.
- **Check food temperatures both during and after cooking,** and document results.
- **Clean dishes thoroughly after each use,** following guidelines pertaining to detergent and/or sanitizer use and adhering to relevant water temperature requirements (typically 165-180 degrees Fahrenheit).
- **Monitor and document compliance** with these safety measures.

Exposure to Air Pollutants and Hazardous Substances

Airborne particles and harmful gases may pose a significant threat to aging services residents. Mattresses, carpeting, upholstery, varnished wooden furniture, ceiling tiles, cleaning products, deodorizers, maintenance products and other items can release formaldehyde and other volatile organic compounds (VOCs) into the air. When sufficiently concentrated, VOCs can be toxic, triggering negative physical effects in the form of allergies, asthma, skin conditions, central nervous system impairment and even chemical burns.

To improve air quality and circulation, consider opening windows a safe amount (weather permitting) or using circulation fans and/or room air purifiers. The following additional measures can help foster respiratory health and comfort among residents and staff:

- **Select furnishings with washable surfaces** and ensure that decorative items are either disposable or easy to clean.
- **Switch to “green” cleaning agents and solvents** containing natural, nontoxic ingredients deemed safe for both people and the environment.
- **Allow recently cleaned, still-wet surfaces to dry completely** before permitting residents and staff to enter the room.
- **Use high-efficiency particulate air (HEPA) filters**, as well as activated carbon and other gas removal technologies, to address indoor air pollutants.
- **Regularly check the ventilation system to ensure that it is in proper working order**, and clean air vents, grilles and ducts periodically.
- **When changing bed linens, roll sheets away from the resident’s body** to minimize airborne bacteria.
- **Monitor radon levels within the facility** and install an adequate number of widely spaced carbon monoxide detectors.
- **Maintain relative humidity levels below 60 percent**, using dehumidifiers if necessary, to minimize spread of mold and mildew.
- **Repair leaks and drips promptly** and scrub with bleach any surfaces showing mold or mildew growth.
- **Comply with federal OSHA waste management standards** and state and local regulations regarding disposal of potentially hazardous wastes, such as soiled dressings, needles, sharps and bodily fluids.
- **Seal trash bags before disposal** to prevent leakage and possible contamination.

To a significant extent, aging services facilities are judged by prospective residents and family members upon their level of cleanliness and environmental safety. By drafting and enforcing effective policies in such areas as basic sanitation, food preparation, slip and fall prevention, and air quality, leadership can enhance resident and staff health and well-being, minimize care-related costs and liability, heighten compliance and satisfaction levels, and strengthen the facility’s position in a competitive marketplace.

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Quick Links

- CNA *CareFully Speaking*® 2016–Issue 3, [“Resident Falls: A Team Approach to Effective Intervention.”](#)
- [“Nursing Home Food Safety Violations a Threat Nationwide.”](#) Nursing Home Abuse Center.
- [Prevention Tools](#). A resource listing issued by the Centers for Disease Control and Prevention (CDC).
- Rutala, W., Weber, D. and the Healthcare Infection Control Practices Advisory Committee. [“Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.”](#) CDC. Updated May 2019.

Maintaining Cleanliness in a Hectic Care Environment

Below-average staffing levels in aging services settings, coupled with the sometimes hectic pace of care, may produce a situation of serious neglect, with residents left in unclean and unsafe conditions. Such a breakdown in basic care and hygiene expectations can result in costly litigation, regulatory sanctions and severe reputational harm.

Sound staffing policies are an essential element in any risk management program. However, every facility finds itself occasionally stretched thin due to absenteeism, turnover and/or variable occupancy rates. The following tips are intended to promote efficient cleaning practices and help ensure that basic care and hygiene standards are met even in busy aging services settings:

- **Measure how long it takes to correctly perform routine cleaning tasks** – including time needed to assemble equipment, remove trash and replenish supplies – and arrange work schedules of caregivers and maintenance workers accordingly.
- **Evaluate the cleaning needs of all residents**, and factor in specific hygiene requirements and time demands when assigning caregivers to less active or infirm residents who require higher levels of assistance.
- **Create a dedicated cleanup crew**, and use a paging or overhead communication system to promptly alert the crew to spills, accidents and other environmental emergencies, thus minimizing risk to residents.
- **Prioritize the cleaning of heavily frequented areas** over less-trafficked spaces.
- **Implement a policy regarding use of gloves and other protective equipment for cleaning personnel**, in order to reduce the risk of infection and cross-contamination. At a minimum, cleaners should wear disposable gloves and replace them when moving from one area or resident room to another.
- **Teach all personnel how to eradicate germs from floors and surfaces**, with special attention paid to controlling “super bugs,” such as methicillin-resistant *staphylococcus aureus* and vancomycin-resistant *enterococcus*.
- **On a daily basis, sanitize frequently touched surfaces** – such as doorknobs, drawer pulls, appliance handles, telephones, entryway keypads, computer keyboards, remote controls, sink and shower taps, toilet handles and light switches – using a low-level disinfectant.
- **Consult manufacturer guidelines regarding cleaning and maintenance of carpeting and other floor surfaces**, in order to ensure that floors are not slippery and do not contain any build-up of dirt or dust.
- **Consider investing in no-touch cleaning systems** that protect against cross-contamination, in lieu of using conventional mops and rags that tend to spread germs.
- **Hire outside maintenance contractors when necessary**; for example, if staff turnover or downsizing adversely affects hygiene levels and resident safety.

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