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Prevention and Containment of Staphylococcal Infections in Community Settings

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Introduction

Most people have heard terms like “staph infection,” “antibiotic resistant bacteria,” and “MRSA” (pronounced mersa). This information is designed to help people understand those terms and to provide guidance in preventing infection and the associated pain, loss of productivity, and costs. This information is intended to inform those who are not necessarily health care workers but who have responsibilities related to protecting the health of others—people with responsibilities in care giving, administration, human resources, education, environmental sanitation, and finance. The guidance is appropriate for the community at large—e.g., childcare settings, retirement homes, athletic facilities, businesses, and the home. However, this guidance does not represent a one size fits all strategy; prevention and containment measures may vary depending upon specific circumstances. In this guidance, the term “facility” is used to encompass all community entities with the exception of correctional facilities, schools, and health care facilities. Guidance for [schools](#), [correctional facilities](#), and [health care facilities](#) is provided in other publications.

The guidance included in this document specifically addresses the prevention and containment of staph bacteria but also will help prevent transmission of many other common bacteria and viruses.

Background

Staphylococcal bacteria, often referred to as staph, are commonly occurring bacteria found on the skin and in the noses of all people. Most staphylococcal species never cause infection. However, when infection does occur due to staph, *Staphylococcus aureus* (*S. aureus*) — one of these species of staph — is usually the cause in community settings. While all people have some staphylococcal species on their skin or in their noses, only one of every three or four people has *S. aureus*. Even if they have *S. aureus* on their skin or in their noses, most people are not ill. These people who have bacteria but are not ill are called “carriers.”

When staph causes illness, it may cause minor skin or soft tissue infections, such as boils or impetigo, which occur spontaneously without an obvious source of infection. Persons with staph skin infections may complain of an infected pimple, an insect bite, a spider bite, or a sore. Many staph infections cause minor redness and swelling without pain, and infected

persons may not seek medical attention. However, staph infections can cause more serious, sometimes deadly, infections such as abscesses, pneumonia, and soft tissue (wound) and bloodstream infections. Occasionally, food is contaminated with staph bacteria and causes foodborne illness.

MRSA stands for methicillin-resistant *S. aureus*. Initially, MRSA strains were resistant to the antibiotic methicillin, a form of penicillin. Now they are resistant to many antibiotics and are sometimes called “multi-resistant” *S. aureus*. MRSA is not the only antibiotic resistant bacteria, but it is the only one that is discussed in this document. Initially, infection with MRSA was associated with exposure to health care environments, such as hospitals. However, other MRSA strains have evolved that affect previously healthy persons who have not had contact with health-care facilities. MRSA typically causes the same types of infections as *S. aureus* that are not resistant to methicillin; however, MRSA may be more likely to cause severe infections, and may be more difficult to treat.

MRSA can only be diagnosed through laboratory testing ordered by a health care provider. In this document we will use the term staph infection, rather than MRSA infection, because prevention (stopping infection from developing) and containment (keeping the infection from spreading from one person to another) should be instituted for all skin or soft tissue infections, even if the individual has not visited a health care provider. We cannot eliminate staph because it is everywhere. However, because staph is everywhere and has the potential to cause infection, **everyone** — not just health care workers — must be involved in prevention. If infection does occur, everyone must participate in containment. This guidance is designed to help people know what to do to prevent and contain staph infections.

Carriage/colonization

- Carriage, also known as colonization, is the presence of bacteria on or in the body without causing illness. According to a nationwide survey done by the U.S. Centers for Disease Control and Prevention (CDC), 32.4 percent of the non-institutionalized civilian population in the United States carry *Staphylococcus aureus* in their noses and 0.8 percent carry MRSA. Some activities and conditions — intravenous drug use, recent antibiotic use, chronic disease, and hospitalization — increase the risk that a person will become a carrier. Routine treatment of carriers is not recommended by the CDC. Treatment of carriers can lead to additional antibiotic resistance problems and is not proven to be beneficial in most settings. The decision to treat a carrier should be made on an individual basis by a physician.

Transmission

Staph can be transmitted by infected persons and by carriers. Factors that appear to be related to transmitting staph from one person to another or making a person more susceptible to infection include:

- Poor hygiene, especially lack of hand washing
- Close physical contact or crowded conditions
- Sharing personal products
- Contaminated laundry items
- Shaving
- Lancing (puncturing/picking/piercing) boils with fingernails or tweezers
- Activities that result in burns, cuts, or abrasions or require sharing equipment
- Intravenous drug use, unsanitary tattoos, and body piercing
- Inadequate access to proper medical care
- Age: transmission may occur more frequently among children and young adults

Prevention

Persons with care-giving, administrative, environmental sanitation, and budgetary responsibilities should assist in development of measures aimed at reducing the incidence of staph infections. Such measures include adequate supplies and staff to implement, sustain and monitor hand washing, environmental sanitation, and wound care. If wound care is not available onsite, an efficient method for referring infected persons to a health care provider must be established. Information should be provided on the transmission, prevention and containment of staph infections. This information should be appropriate to the educational level and degree of responsibility that an individual has with regard to prevention and containment. Information is available in the appendices at the end of this document, and at

<http://www.idph.state.il.us/health/infect/index.htm#mrsa>.

Regular hand washing is the most important means of preventing staph transmission. Persons should periodically receive education on the importance of hand hygiene and effective hand hygiene techniques. They also should have the necessary running water, soap, and paper towels or hand sanitizer for proper hand hygiene. Persons should routinely wash hands with soap and running water before eating, after using the bathroom, when hands are visibly dirty, before and after physical contact with clients, and when there has been contact with blood or other body fluids, mucous membranes, or broken skin. Persons should wash hands with soap and running water for at least 20 seconds (sing "Happy Birthday to You" two times). Plain liquid soap is effective in killing staph. Antimicrobial (antibacterial) soaps with the active ingredient triclosan or other antibacterial agents are not necessary. Alcohol-based hand sanitizers are an alternative to handwashing, unless hands are visibly soiled.

In facilities where persons have close physical contact (e.g., children at play, martial arts classes, many athletic activities), persons must have access to needed supplies and sufficient

opportunities for good personal hygiene. Hygiene supplies should not be shared. If it is not possible to provide onsite facilities for showering, persons who have had close physical contact should be encouraged to shower immediately upon arriving home.

Effective laundering procedures cannot substitute for personal hygiene; staph can survive on clothing. The dilution and agitation of laundered items for 20 minutes at any water temperature removes some bacteria. When laundry is washed at cool water temperatures (less than 72 degrees F or 22.2 degrees C), a detergent formulated for cold water should be used. The disinfectant capability of chlorine bleach is well established. Its use is the most effective means of reducing the bacterial count in laundered items at any temperature. Oxygenated (color safe) bleach may reduce numbers of bacteria but does not eliminate them, and oxygenated bleach is not approved for disinfecting and sanitizing by the Environmental Protection Agency (EPA). Thorough drying in a dryer reduces the number of bacteria.

Environmental sanitation cannot substitute for personal hygiene. However, MRSA can exist on environmental surfaces, including in bathrooms. All washable (non-porous) surfaces of bathrooms and living areas should be cleaned routinely. Cleaning should be done with a 1:100 bleach solution (1 tablespoon bleach in 1 quart water slightly exceeds this concentration) or an EPA-approved disinfectant according to the manufacturer's instructions.

Shared items (telephones, computer keyboards, remote controls, combs, brushes, scissors, clippers, toys, exercise equipment, furniture) may provide opportunities for staph transmission. The advantages of disposable items should be considered where feasible, Where not feasible, shared items or any other surface exposed to sweat, saliva, or other body fluids should be thoroughly cleaned using a 1:100 bleach solution or an appropriate EPA-approved disinfectant (<http://www.epa.gov/oppad001/chemregindex.htm>) and routinely wiped clean between users with a clean dry towel. Persons using exercise equipment should use barriers to protect bare skin, such as a clean towel or shirt while using exercise equipment.

Identification and Care of Infections

Community facilities will need to prepare their own policies and procedures for identifying possible staph infections, referring infected persons for health care, and restricting activities based on general principles described below.

An employee should be designated to serve as the resource person for staph infections, when appropriate. The guidance provided by the resource person should be determined on a case-by-case basis depending on the maturity and mental capacity of the person with an infection. Persons should self-report any new skin infection to the designated resource person,

even if the infection is not draining. The resource person should consider reports of boils, lumps, sore bumps” or spider bites as potential staph infections. In some cases, visual screening, rather than relying on self-reporting, may be appropriate.

If the infection fails to clear, is draining (oozing pus or bleeding), has red streaks, or is causing a person to have a fever, the person should promptly see a health care provider. Individuals who are immunocompromised or elderly may require medical evaluation even in the absence of these signs. The infection may require a medical procedure called incision and drainage (I&D). The infection may or may not require antibiotics. Infections that fail to clear, draining infections, and infections with fever, as well as physician-confirmed MRSA infections should be reported to the designated resource person so that appropriate precautions can be taken.

The degree of responsibility a person is given for the care of their infection and the activity restriction for persons who have staph infections are dependent on the person’s level of competence in caring for the infection, the location of the infection, and the person’s activity at the facility. The following procedures should be followed for any person with a skin infection, even if the person has not seen a physician.

- Persons who, due to immaturity or impaired mental status, are unable to assure that the infected area remains dry and covered should not be allowed to participate in any activities that would bring the infected area or drainage in contact with other persons or with shared items. This may include restricting their interaction with other people or requiring that a person not attend a function or activity.
- Persons with a staph infection on the hand, wrist, forearm or face should be restricted from food handling, laundry, hair-cutting, and any other situations that might bring the infected area or drainage into contact with other persons or personal items. This restriction in activity should continue until the infection has noticeably improved (substantial reduction in drainage or size of reddened, swollen area) and/or a health-care provider has provided a release to work/activity, or regulatory requirements, if applicable, are met.
- Persons with infections at sites other than the hand, wrist, forearm or face may continue their activities if the infected area is covered and drainage is contained. To promote healing of infections, persons should be removed from any activity in which the infected area could become exposed, wet, or soiled (yard work, scrubbing, swimming or other water play, hot tubs, whirlpools).
- No universal requirement should be made regarding use of antibiotics and return to activity. The initial treatment of choice for minor staph infections does not include antibiotics.
- Antibiotic use is typically indicated in circumstances in which the infected person has

multiple lesions, the infected person has a compromised immune system, the affected area is large, the infected person is very old or very young, the infection has not responded to treatment without antibiotic or other circumstances as determined by the health-care provider. The infected person should only take antibiotics that are prescribed by a physician.

- If an antibiotic is prescribed, the facility should allow the infected individual to keep the antibiotic stored according to directions on the label or as instructed by the pharmacy and to take the antibiotic at the designated times. If, due to immaturity or impaired mental status, the person is unable to take the antibiotic independently, a resource person should assist them, paying special attention to timely dosing. No one should take antibiotics that were prescribed for someone else. Unless otherwise advised by a physician, an infected person should take an antibiotic until it is all gone, even if the infection appears to have cleared before the antibiotic is completed.
- If the infection does not appear to be improving after use of antibiotics, the infected person should return to the health care provider for additional assessment and treatment.
- Appropriate antibiotic therapy rarely includes nasal decolonization, which typically requires that an ointment be applied inside the nose. If a physician prescribes nasal decolonization, the same support provided for oral antibiotics should be provided for nasal decolonization.
- Oral antibiotics should typically not be given to uninfected persons to **prevent** staph infection.

Containment

Containment is the implementation of additional measures aimed at preventing further staph infections after the initial detection of a staph infection within the facility. All measures used in prevention should be continued during containment. In addition, the following should be implemented both at home and in community facilities:

1. Education of the infected person regarding the infection is of fundamental importance. Written educational information using appropriate language and educational level should be given to any infected person and/or the caregiver. The information should be carefully explained. "How to Take Care of Your Skin Infection" is a sample information sheet located in the appendices that may be adapted and/or reproduced for distribution.

2. Persons with infections so severe that drainage cannot be contained within a bandage should be referred to a health care provider. Persons with a draining infection that can be contained by a simple dressing should be instructed in personal hygiene and told to report if the infection becomes worse. Persons with non-draining infection should be instructed in personal hygiene and told to report if the infection becomes worse or if it begins to drain.

3. Monitor personal hygiene practices particularly if the person is a child or is mentally impaired.

The decision to allow persons to change their own bandages onsite should be made on a case-by-case basis. Factors influencing this decision should include maturity, mental status, physical capability, and accessibility of the infected area. Anyone who changes bandages — their own or someone else's — will need gloves, soap and water, bandages, and plastic trash bags. They should receive instruction on the proper procedure for changing a bandage in order to minimize the possibility of cross-contamination. "Taking Care of Wounds That Are Draining or Have Not Healed" is a sample instruction sheet located in the appendices that may be adapted and/or reproduced for distribution.

Bandages that contain all drainage and blood should be placed in a plastic bag but may be disposed of with routine garbage, and garbage should be discarded at least daily. If the infection results in bandages or other items that can release blood or infectious drainage when handled, regulations apply to their disposal at worksites, and a health care professional should be consulted.

If the infection is so extensive as to present the possibility of sprays or splashes, the infected individual should be under the care of a health care provider. If, in rare circumstances, such care is being provided at home or in some other non-health care setting, the caregiver should use disposable masks and gowns as well as gloves. The health care provider should instruct the caregiver on the proper use and disposal of these items.

Hand hygiene should be re-emphasized to both the infected person and to persons with whom the infected person associates. Hands should be routinely washed with soap and running water for at least 20 seconds. Clean, non-sterile gloves should be worn when contact with the infected area or drainage is anticipated. Gloves should be put on just immediately before touching an infected person and taken off immediately after, before touching any other surface or material. Perform hand washing BEFORE and AFTER every contact with an infected person, even when gloves are worn. Hand washing supplies for infected persons and the persons that have contact with them is critical. The availability of these supplies should be regularly assessed.

Persons with staph infections may shower daily unless otherwise advised by a physician. After a person with an uncontained, draining infection has used the toilet, shower, or other bathroom facility, the bathroom surfaces should be cleaned with detergent and disinfected with bleach solution or other EPA-approved disinfectant before another person uses the bathroom. These precautions may be discontinued 24 hours after the infection has resolved (drainage can be contained with a simple bandage or drainage has stopped) even if antibiotic therapy is incomplete.

The person should put on clean clothes anytime clothing has become soiled with drainage.

Persons with draining infections should not share a bed with uninfected persons. Change linens every other day or more often if visibly soiled. Bag the linens at bedside to carry to the laundry. Change towels and washcloths daily. Machine wash and dry as recommended in prevention.

If possible, an infected person should have a designated chair made of material that can be disinfected easily. In situations where this is not possible, vehicle seats and upholstered furniture should be protected with an impermeable, disposable or easy-to-clean cover such as that used on examination tables in doctors' offices before the seat is used by an infected person. After use, disposable covers should be placed in a plastic bag and discarded with the regular garbage. If the cover is not disposable, the cover and any visibly contaminated surrounding areas should be decontaminated with 1:100 bleach solution or EPA-approved disinfectant.

Transmission of staph has been documented between humans and dogs, and MRSA infections have occurred in dogs. Horses, birds, cattle, pigs and cats are also known to carry staphylococcal organisms, including MRSA. Persons with staphylococcal infections should take the same precautions to avoid infecting their companion animals that they would use to avoid transmitting organisms to humans — prevent contact between the animal and the infection or any item contaminated with drainage from the infection. In households with companion animals where individuals are repeatedly infected with MRSA, the physician should be made aware of the companion animal. Simultaneous antibiotic treatment of the companion animal and humans may be necessary to end the transmission cycle.

Reporting and Outbreak Management

MRSA clusters (two or more culture confirmed infections within a 14-day period that occur in the same setting, other than a private household, or that may be otherwise linked) are subject to mandatory disease reporting in Illinois. Verification of laboratory diagnosis of MRSA infection is an important step in confirming that two or more individuals with skin or soft tissue infection are part of a cluster. The presence of a MRSA cluster in a facility may, but does not necessarily, indicate that transmission is occurring in that setting. Containment measures, as appropriate, should be carefully implemented in consultation with the local health department.

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APPENDICES (Resources)

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Web Sites

Illinois Department of Public Health

MRSA Information: http://www.idph.state.il.us/health/infect/MRSA_home.htm

CA-MRSA Guidelines for Primary Care Providers:

http://www.idph.state.il.us/health/infect/MRSA_Provide.htm

U.S. Centers for Disease Control and Prevention

MRSA overview: http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html

MRSA educational materials: http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_posters.html

MRSA and the workplace: <http://www.cdc.gov/niosh/topics/mrsa/>

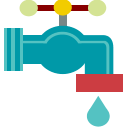





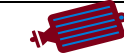



MRSA in schools: http://www.cdc.gov/ncidod/dhqp/ar_mrsa_in_schools.html

United States Environmental Protection Agency

EPA-registered disinfectants: <http://www.epa.gov/oppad001/chemregindex.htm>

National Institutes of Health

MRSA: [Methicillin-Resistant Staphylococcus aureus, Antimicrobial Resistance, NIAID, NIH](#)

How to Take Care of Your Skin Infection			
	Wash your hands	Use soap and warm water or an alcohol-based hand sanitizer For at least 20 seconds each time	Before eating After using the toilet After blowing your nose
	Shower daily using soap	With bandage on <i>Before--</i> wrap a waterproof covering (such as plastic wrap) around the bandage <i>After--</i> change the bandage if there is pus showing. WEAR GLOVES.	With bandage removed <i>Before--</i> set the shower sprayer at a light to moderate pressure Carefully wash around the infected area <i>After--</i> Cover wound with a clean dry bandage. WEAR GLOVES.
	Change into clean clothes	After you shower If pus gets on your clothes	
	Wash clothes after each use	Uniform, practice clothes, towel and washcloth Use warm or hot water, detergent, and bleach as appropriate	
	Do not share personal items	Such as clothing, equipment, razors, nail clippers, towels, washcloths, or bars of soap	
	Do not let others touch your infection	Do not squeeze or pop boils	
	Warm heat	If recommended by your doctor, use warm heat two to three times a day for 20 minutes. If drainage (pus) starts, you need a new bandage	
	Keep it covered	If your bandage comes off, throw it away in a plastic bag, and wash your hands Wear gloves when applying a new bandage Whirlpools should not be used for soaking the infected area unless under physician supervision	
	Medication	Don't share medication with anyone. Take ALL the medication the doctor prescribes. If you don't take all the antibiotics the doctor gives you, the germs may cause a new infection.	
	Seek medical attention IMMEDIATELY	If you have fever or chills If you see red streaks radiating from the infected area If your infection starts to smell bad or drain	

Taking Care of Wounds That Are Draining or Have Not Healed

How to Change Your Bandage:

- **Gather your supplies**
 - **Plastic trash bag**
 - **Plastic gloves**
 - **Soap or alcohol-based hand sanitizer**
 - **Bandage**
 - **Q-tips**

- **Wash your hands with soap and hot water or use an alcohol-based hand sanitizer.**
- **Put on clean gloves before touching the skin around the wound.**
- **Follow the directions from the nurse or doctor for changing the bandage.**
- **Throw away used bandages in the trash bag.**
- **Throw away any dirty supplies, such as Q-tips, in the trash bag.**
- **Take off the plastic gloves and put them in the trash bag.**
- **Close the trash bag and put the bag in the common garbage.**
- **Wash hands again with soap and warm water or use alcohol-based hand sanitizer.**
- **Put on clean gloves.**
- **Apply new dressing.**

While Changing your Bandage:

**DO NOT TOUCH ANY OTHER PARTS OF YOUR BODY
DO NOT TOUCH ANY OF YOUR SURROUNDINGS: BED, SINK, FAUCET OR TOWEL.
DO NOT TOUCH ANY OTHER PERSON.**

Change your bandage:

- **As often as the doctor or nurse tells you – at least twice a day.**
- **Any time that you can see pus or drainage on the bandage.**
- **If the bandage gets wet or loose.**

Sample Infection Log

Page ____ **of** ____

Name of infected person			
Date of onset (1st observation of infection)			
Location of lesion (List all locations if > 1 site)			
Date restricted from activities		Date restrictions discontinued	
Name of person providing this documentation			
Comments			
Name of infected person			
Date of onset (1st observation of infection)			
Location of lesion (List all locations if > 1 site)			
Date restricted from activities		Date restrictions discontinued	
Name of person providing this documentation			
Comments			
Name of infected person			
Date of onset (1st observation of infection)			
Location of lesion (List all locations if > 1 site)			
Date restricted from activities		Date restrictions discontinued	
Name of person providing this documentation			
Comments			

Guidance for Use of Bleach as a Disinfectant

Note: When using or storing disinfectants, including bleach, around children, make sure that containers are out of their reach.

Bleach is a good general disinfectant that is effective against many bacteria and viruses and may be used to clean and disinfect a variety of items and surfaces. It is important, however, to keep in mind the following characteristics of bleach solution when using as a disinfectant:

- **Bleach is inactivated when it comes in contact with organic material such as dirt, blood and other body fluids. These materials must either be removed first before bleach is applied, or a higher concentration of bleach solution (1:10 dilution) should be used to disinfect surfaces contaminated with organic material.**
- Bleach must not be used with ammonia-containing compounds that are found in household cleaners, detergents and disinfectants. The combination of chlorine and ammonia creates chloramine gas, which is hazardous to humans.
- Bleach can potentially damage or discolor fabrics and synthetic materials such as carpet and upholstery, especially at high concentrations (1:10 dilution).
- Bleach can damage metal items. Concentrations of bleach stronger than the 1:100 dilution recommended for nonporous surfaces are corrosive to most metals.

Instructions for use of household bleach (5.25% sodium hypochlorite) as a disinfectant

1. 1:10 dilution:

- Use on wood, cloth, concrete, and other porous surfaces that cannot be effectively pre-cleaned to remove organic material. This high concentration of bleach solution may be corrosive for many surfaces and items and should be used only when organic material cannot be removed prior to disinfection.
- Mix one part bleach and nine parts water (example: 1 cup bleach plus 9 cups water).
- Thoroughly moisten surfaces or items with bleach solution until they are visibly wet, wipe for at least 10 seconds, and allow to air dry.
- Store bleach solution in an opaque plastic container at room temperature in a safe location. Do not store in glass. Solution at 1:10 dilution may be used for up to 30 days after preparation—label clearly with expiration date at the time the solution is mixed. If 1:10 dilution bleach cannot be stored safely or there is concern about possible use beyond expiration date, discard remaining bleach after each use.

2. 1:100 dilution:

- Use on smooth, pre-cleaned surfaces such as glass, plastic and metal.
- Add one-fourth cup of bleach to 1 gallon of water.
- Remove organic material with detergent and water and let dry.
- Thoroughly moisten surfaces or items with bleach solution until they are visibly wet and allow to air dry.

Bleach solutions at 1:100 dilution must be made up daily to maintain effective chlorine levels.

U.S. Centers for Disease Control and Prevention

Environmental Management of Staph and MRSA in Community Settings (July 2008)

What are staph and MRSA?

Staph is *Staphylococcus aureus* or a type of bacteria that can cause infections ranging from skin to severe blood infections. MRSA or Methicillin-resistant *Staphylococcus aureus* is a type of staph that is resistant to certain antibiotics. Staph and MRSA in the community usually cause skin infections that often first look like spider bites or bumps that are red, swollen and painful. They also might be filled with pus. Cuts and scrapes and areas of the body that are covered by hair, like the back of your neck, groin, buttock, armpit, or inner thighs are common places where these skin infections appear. Both staph and MRSA skin infections are able to be treated.

How is staph and MRSA spread?

Staph and MRSA infections are usually spread by having contact with someone's skin infection or personal items they have used, like towels, bandages or razors that touched their infected skin. These infections are most likely to be spread in places where people are in close contact with others — for instance, schools and locker rooms where athletes might share razors or towels.

What is the role of the environment in the spread of staph and MRSA?

The role of environment in the spread of staph and MRSA in community settings is unclear. They are found on people and not naturally found in the environment. Staph and MRSA could get into the environment if your hands can pick up them by touching infected skin or certain areas of the body where these bacteria can live (like the nose). Then, if you touch a surface or item like a towel, your hands can pass the bacteria on to these items you have touched. Another way that items can be contaminated with staph and MRSA is if they have direct contact with a person's skin infection. Keeping infections skin infections covered with bandages is the best way to reduce the chance that surfaces will be contaminated with staph and MRSA.

If staph and MRSA gets onto a surface, will I get an infection?

Even if surfaces have staph and MRSA on them, this does not mean that you will definitely get an infection if you touch these surfaces. Staph and MRSA are most likely to cause problems when you have a cut or scrape that is not covered. That's why it's important to cover your cuts and open wounds with bandages. MRSA also can get into small openings in the skin, like the openings at hair follicles. The best defense is good hygiene. Keep your hands clean, use a barrier like clothing or towels between you and any surfaces you share with others (like gym equipment), and shower immediately after activities that involve direct skin contact with others. These are easy ways to decrease your risk of getting a staph or MRSA infection.

How long does staph and MRSA survive on surfaces?

As with other germs, staph and MRSA can survive on some surfaces for hours, days or even months, but it all depends on factors like temperature, humidity, the amount of germs present, and the type of surface (is it porous like a sponge or nonporous like plastic?). It also depends on whether these surfaces have nutrients to allow it to survive longer. When surfaces aren't cleaned and conditions are good for bacterial growth, staph and MRSA are more likely to survive for longer periods.

What can I do to keep surfaces free from staph and MRSA?

Cover your infections. Covering infections with bandages or dressings is the best way to keep surfaces from becoming contaminated with staph and MRSA.

Clean your hands often. Wash your hands often with soap and water or use an alcohol-based hand rub when a sink is not available. Always clean your hands after changing bandages or touching infected skin.

Keep the environment clean. Regularly clean frequently touched surfaces and other items that come into direct contact with infected skin.

In gyms, locker rooms, and other places where many people come and go, repair or throw out equipment and furniture with damaged surfaces that cannot be thoroughly cleaned.

What surfaces should be the focus of my cleaning efforts?

Focus on surfaces that touch people's bare skin each day and any surfaces that could come into contact with uncovered infections. For example, surfaces such as benches in the weight room or locker room.

Large surfaces such as floors and walls have not been directly involved in the spread of staph and MRSA. There is no evidence that spraying or fogging rooms or surfaces with disinfectants will prevent staph and MRSA infections more effectively than the targeted approach of cleaning frequently touched surfaces and any surfaces that have been exposed to infections.

Cleaning and Disinfecting

What's the difference between cleaners, sanitizers and disinfectants?

Cleaners or detergents are products that are used to remove soil, dirt, dust, organic matter, and germs (like bacteria, viruses and fungi). Cleaners or detergents work by washing the surface to lift dirt and germs off surfaces so they can be rinsed away with water. The same thing happens when you wash your hands with soap and water or when you wash dishes. Rinsing is an important part of the cleaning process. Use these products for routine cleaning of surfaces.

Sanitizers are used to reduce germs from surfaces but not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe.

Disinfectants are chemical products that destroy or inactivate germs and prevent them from growing. Disinfectants have no effect on dirt, soil or dust. Disinfectants are regulated by the U.S. Environmental Protection Agency (EPA). You can use a disinfectant after cleaning for surfaces that have visible blood or drainage from infected skin.

Which disinfectants should I use against staph and MRSA?

Disinfectants effective against *Staphylococcus aureus* or staph are most likely also effective against MRSA. These products are readily available from grocery stores and other retail stores. Check the disinfectant product's label on the back of the container. Most, if not all, disinfectant manufacturers will provide a list of germs on their label that their product can destroy. Use disinfectants that are registered by the EPA (check for an EPA registration number on the product's label to confirm that it is registered).

How should cleaners and disinfectants be used?

Read the label first. Each cleaner and disinfectant has instructions on the label that tell you important facts:

- How to apply the product to a surface.
- How long you need to leave it on the surface to be effective (contact time).
- If the surface needs to be cleaned first and rinsed after using.
- If the disinfectant is safe for the surface.
- Whether the product requires dilution with water before use.
- Precautions you should take when applying the product such wearing gloves or aprons or making sure you have good ventilation during application.

What is "contact time," and why is it important?

Contact time is the time needed for the disinfectant to inactivate or kill germs to the extent as indicated by the manufacturer. For example, if a disinfectant label says that the product will inactivate 99.99 percent of germs, and the contact time of one minute is in the instructions, this means that this disinfectant will inactivate or kill 99.99 percent of germs in one minute **if you follow the instructions**. Most instructions will note that the disinfectant must remain wet on the precleaned surface being treated for the entire contact time in order to be most effective.

Do surfaces need cleaning before using a disinfectant?

It depends on the product, so **read the label first**. Soil, dirt, dust and organic matter all can often interfere with the active ingredients of disinfectants. Removing dirt from a surface by cleaning the surface before using a disinfectant will make sure it is most effective. Follow the product label's instructions. Most products will use the words "precleaned surface" to point out that a surface should be cleaned before using the disinfectant.

What is a detergent/disinfectant, and how does it differ from a disinfectant?

In general, cleaners don't disinfect, and disinfectants don't clean. There are some products that include chemicals for both cleaning and disinfecting. Read the label instructions of these products carefully because there are often different directions for cleaning and disinfecting. For example, before you use the detergent/disinfectant product to disinfect a surface, the surface should be cleaned. When using a detergent/disinfectant as a disinfectant, the product should remain wet on the surface for the indicated contact time.

Are there any health risks or hazards in using disinfectants?

Yes. Some disinfectants can be respiratory, eye and/or skin irritants. Read and follow the product label instructions. The product label is your guide to using disinfectants safely and effectively. It contains information that you should read and understand before you use the product. To [learn about reading product labels visit: http://www.epa.gov/pesticides/label/](http://www.epa.gov/pesticides/label/)

How should difficult surfaces such as keyboards be cleaned?

Many items such as computer keyboards or handheld electronic devices may be difficult to clean or disinfect or they could be damaged if they became wet. If these items are touched by many people during the course of the day, a cleanable cover/skin could be used on the item to allow for cleaning while protecting the item. Always check to see if the manufacturer has instructions for cleaning.

How do I know if the surfaces or equipment are properly cleaned?

Although in most situations you will not know if a surface has been cleaned, it's important to remember that most surfaces do not pose a risk of spreading staph and MRSA. If cleaning procedures are unknown, taking the appropriate precautions such as

- Using barriers like a towel or clothing between your skin and the surface
- Showering immediately after activities where you have direct skin contact with people or shared surfaces such as after exercising at a health club.
- Cleaning your hands regularly
- Keeping cuts and scrapes clean and covered with bandages or dressing until healed

These precautions are especially important in settings such as in locker rooms, gyms and health clubs.

How should shared equipment like sports gear be cleaned?

Shared equipment that comes into direct skin contact should be cleaned after each use and allowed to dry. Equipment, such as helmets and protective gear, should be cleaned according to the equipment manufacturers' instructions to make sure the cleaner will not harm the item.

Is it safe to use household chlorine bleach as a disinfectant?

In general, EPA-registered products are preferred for disinfection but if these aren't available, household chlorine bleach can be used. Chlorine bleach is a broad spectrum disinfectant that can inactivate or kill germs, including staph and MRSA. It should never be used at full strength for disinfecting. If you are using household chlorine bleach, read the label to see if the product has specific instructions for disinfection. Some bleach products are EPA-registered for this purpose. If no disinfection instructions exist, then use one-fourth cup of regular household bleach in 1 gallon of water (a 1:100 dilution equivalent to 500-615 parts per million [ppm] of available chlorine) to disinfect pre-cleaned surfaces. As with other cleaners and disinfectants, household chlorine bleach might damage some surfaces and items — for instance, some metals, plastics, and non-colorfast clothing.

Also be aware that household chlorine bleach, like other disinfectants, can be skin, eye and respiratory irritants. Take appropriate precautions described on the product's label instructions to reduce this risk. You might need to wear protective gear such as gloves.

Never mix chlorine bleach with any other household or cleaning products. Doing so can result in different types of harmful acids and gases.

Can disinfectants be used to treat MRSA skin infections?

No. Disinfectants are registered by the EPA as pesticides and are not to be used on skin or other body parts.

Laundry

Will routine laundry processes, detergents, and laundry additives remove staph and MRSA from towels, clothes, linens, and uniforms?

Yes. Routine laundry procedures, detergents, and laundry additives will all help to make clothes, towels, and linens safe to wear or touch. If items have been contaminated by infectious material, these may be laundered separately, but this is not absolutely necessary.

What's the proper water temperature for laundry?

Read and follow the clothing and soap or detergent label instructions. Water temperatures for household laundry depend on the type of fiber or fabric of the clothing. In general, wash and dry in the warmest temperatures recommended on the clothing label. Also some modern laundry detergents are made to clean best at certain temperatures. Not following instructions could damage the clothing item or decrease the effectiveness of the detergent.

Is hot water washing and drying required for laundry?

No. Read and follow the clothing and soap or detergent label instructions. Wash and dry clothing in the warmest temperature listed on the clothing label. Hot water washing is not necessary for all household laundry.

Do we need to use bleach for each load of laundry?

No. Clean laundry produced by washing with detergent alone will be safe for wear and use. Use of bleach as a disinfectant in laundering is optional, and not all fabrics are suitable for bleach. Read the clothing label instructions.

Staph Infection Containment in Child Care Facilities

Date of Contact: ____/____/____

LHD Contact Person: _____

LHD Contact Phone Number: _____ LHD Contact E-mail: _____

The Illinois Department of Public Health has provided this document as a summary checklist of actions that may be taken by staff in the event that a staphylococcal infection occurs in a child care setting. The document is based on current best practices in infection control. All checklist items may not be appropriate in all settings. Practices that may be legally regulated by the Department or other agencies are shaded. During outbreaks, additional requirements may be mandated by the Department.

REPORTING

- Any MRSA cluster (two or more laboratory confirmed cases of MRSA infection during a 14-day period that have had contact or are in the same location) has been reported to the local health department as required by 77 Ill. Adm. Code 690.658.

EDUCATION and TRAINING

- Prevention and Containment of Staphylococcal Infections in Community Settings* is available.
- Any MRSA cluster (2 or more laboratory confirmed cases of MRSA infection during a 14-day period that have had contact or are in the same location) has been reported to the local health department
- Everyone has received hand hygiene training and can demonstrate procedure.
- Training material is available to everyone. (See *How to Take Care of Your Skin Infection.*)
- Everyone knows applicable policies on work restrictions for an employee with a skin infection.
- Employees know the day care facility's policies on medical evaluation and work restrictions for employee with a skin infection.
- Persons with purulent skin infections do not work as food handlers.
- Persons with skin infections do not swim in pools or at beaches.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Parents of children have been notified as appropriate. (See sample notification letter.)
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds That Are Draining or Have Not Healed.*)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (See sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) is responsible for keeping a daily log of infected persons. (Sample log in appendices.)
- Everyone with draining infections that cannot be contained by simple bandages is being seen by a health care provider.
- Infected persons who have impetigo or fever with symptoms are excluded from child care facility until readmission criteria have been met.
- Infected persons, who are not specifically excluded, are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet (wading pools, water parks, other water play) or soiled.
- Infected persons, who are not specifically excluded, always have infections securely covered with a clean, dry bandage. Clothing should cover the bandage if possible.
- Persons responsible for changing bandages have access to all needed supplies including clean, non-sterile gloves, soap, water, bandage, plastic trash bags, and, if prescribed by a physician, topical medications.

- Physician-prescribed antibiotics are stored safely and as described on the antibiotic label or as instructed by the pharmacy.
- _____ (Designated staff name) is responsible for giving accurate dose of antibiotic at prescribed time.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with state/city/county health codes.
- Soap and paper towels or automatic hand dryers are available and accessible. (Liquid soap is preferred to bar soap.)
- Persons do not share personal items (towels, soap, stuffed animals, blankets, utensils).
- Children's sleeping mats or other linens are used by only one child, stored separately, and are disinfected routinely and when soiled.
- Infected persons use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry (if onsite laundry facilities are provided)

- Infected person's clothing and linens are bagged and washed separately from uninfected person's laundry.
- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning and disinfection.
- Initial thorough cleaning and disinfecting of all environmental surfaces (toys, diaper changing areas, bathroom and kitchen surfaces, door knobs, mats, tables, chairs) in affected rooms has been performed using an EPA-registered hospital grade disinfectant or 1:100 bleach solution.
- Diaper changing tables and straps are disinfected after each use.
- Environmental surfaces (equipment, toys, sleeping equipment, diaper changing areas, bathroom and kitchen surfaces, table tops, furniture, and other similar equipment used by children) are disinfected daily and as needed.
- Cleaners and disinfectants are available but out of reach of children.
- Trash receptacles are accessible for disposal of cleaning materials.
- Items that cannot be disinfected (e.g. cracked seat pad, cracked mats) have been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the facility

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items (chairs, cribs, toys, sleeping equipment, kitchen utensils, common area benches) prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

Additional information about prevention and containment of staphylococcal infections is available at the Illinois Department of Public Health Web site at www.idph.state.il.us.

Staph Infection Containment in Dormitories

Date of Contact: ____/____/____

LHD Contact Person: _____

LHD Contact Phone Number: _____ LHD Contact E-mail: _____

The Illinois Department of Public Health has provided this document as a summary checklist of actions that may be taken by staff and residents in the event that a staphylococcal infection occurs in a dormitory setting. The document is based on current best practices in infection control. All checklist items may not be appropriate in all settings. Practices that may be legally regulated by the Department or other agencies are shaded. During outbreaks, additional requirements may be mandated by the Department.

REPORTING

- Any MRSA cluster (two or more laboratory confirmed cases of MRSA infection during a 14-day period that have had contact or are in the same location) has been reported to the local health department as required by 77 Ill. Adm. Code 690.658.

EDUCATION and TRAINING

- Prevention and Containment of Staphylococcal Infections in Community Settings* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Training material is available to everyone. (See *How to Take Care of Your Skin Infection*.)
- Everyone knows applicable policies on work restrictions for an employee with a skin infection.
- Persons with skin infections do not swim in pools or at beaches.
- Parents of minor children have been notified of the infections.
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds That Are Draining or Have Not Healed*.)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) is responsible for keeping a daily log of infected persons. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a health care provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Persons responsible for changing bandages have access to all needed supplies including clean, non-sterile gloves, soap, water, bandage, and plastic trash bags.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with state/city/county health codes.
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Everyone showers at least daily.

- Uninfected persons do not use the same bed as an infected person.
- Infected persons use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry

- Persons have access to a functioning washer and dryer, laundry detergent and bleach.
- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.
- Infected person's clothing and linens are bagged and washed separately from uninfected person's laundry.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all environmental surfaces (counter tops, appliances, railings, tables, remote controls, electronics) have been done with an EPA-approved disinfectant or 1:100 bleach (see appendix).
- Linens and towels are laundered routinely. Potentially contaminated linens, blankets, and pillows are laundered after an infection is identified.
- Cleaners and disinfectants are available but out of reach of children.
- Trash receptacles are accessible for disposal of cleaning materials.
- Daily, thorough cleaning and disinfecting with an EPA-approved disinfectant or 1:100 bleach (see appendix) is being done on all high touch surfaces (door knobs, counter/desk tops, phones).
- All high-touch surfaces (door knobs, counter/desk tops, phones, toys, remote controls, utensils) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant.
- Items that cannot be disinfected (e.g. cracked seat pad) have been discarded.
- Cleaning log is kept. (Sample log in appendix.)

SIGNS in the appropriate language and educational level are posted prominently around the facility

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items (e.g. exercise equipment) prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

Additional information about prevention and containment of staphylococcal infections is available at the Illinois Department of Public Health Web site at www.idph.state.il.us. Additional guidance may be obtained from your university's environmental health, safety and risk management office and your student health center.

Staph Infection Containment in Group Homes

Date of Contact: ____/____/____

LHD Contact Person: _____

LHD Contact Phone Number: _____ LHD Contact E-mail: _____

The Illinois Department of Public Health has provided this document as a summary checklist of actions that may be taken by staff in the event that a staphylococcal infection occurs at a group home. The document is based on current best practices in infection control. All checklist items may not be appropriate in all settings. Practices that may be legally regulated by the Department or other agencies are shaded. During outbreaks, additional requirements may be mandated by the Department.

REPORTING

- Any MRSA cluster (two or more laboratory confirmed cases of MRSA infection during a 14-day period that have had contact or are in the same location) has been reported to the local health department as required by 77 Ill. Adm. Code 690.658.

EDUCATION and TRAINING

- Prevention and Containment of Staphylococcal Infections in Community Settings* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Everyone knows applicable policies on work restrictions for an employee with a skin infection.
- Persons with skin infections do not swim in pools or at beaches.
- Training material is available. (See *How to Take Care of Your Skin Infection*.)
- Persons responsible for changing bandages know how to do so. (See *Taking Care of Wounds That Are Draining or Have Not Healed*.)
- Verbal training in the appropriate language and educational level has been performed.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES - Treatment

- _____ (person's name) is responsible for keeping a daily log of infected persons and informing all residents of need for infection control. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a health care provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Persons responsible for changing bandages have all needed supplies including clean, non-sterile gloves, soap, water, bandages, and plastic trash bags.
- Physician-prescribed antibiotics are stored safely and as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES - Hygiene

- Everyone performs hand hygiene at appropriate times and places (e.g. when in kitchen, bathroom, or laundry area).
- Hand washing facilities are located in accordance with state/city/county health codes.
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Everyone showers at least daily.

- Uninfected persons do not sleep in a bed where an infected person has slept until cleaning/disinfection has taken place and clean linens have been provided.
- Infected persons use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry

- Home has access to a functioning washer and dryer, laundry detergent and bleach.
- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.
- Infected persons' clothing and linens are bagged and washed separately from uninfected persons' laundry.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning/disinfection.
- Initial thorough cleaning and disinfecting of all environmental surfaces have been done with an EPA-approved disinfectant.
- Initial laundering of potentially contaminated sheets, blankets, pillows, towels, etc. has been done.
- Cleaners and disinfectants are available but out of reach of residents.
- Trash receptacles are accessible for disposal of cleaning materials.
- Toilets, showers, bathtubs, and sinks are disinfected after use by infected person and before any other person use them.
- All high-touch surfaces (door knobs, counter/desk tops, phones, toys, remote controls) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant or 1:100 bleach. (See appendix)
- Items that cannot be disinfected (e.g. cracked seat pad) have been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the home

- Reminding persons to wash hands
- Reminding persons to disinfect shared items (exercise equipment, kitchen utensils, common area benches) prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

Additional information about prevention and containment of staphylococcal infections is available at the Illinois Department of Public Health Web site at www.idph.state.il.us.

Staph Infection Containment in Private Sector Gyms and Spas

Date of Contact: ____/____/____

LHD Contact Person: _____

LHD Contact Phone Number: _____ LHD Contact E-mail: _____

The Illinois Department of Public Health has provided this document as a summary checklist of actions that may be taken by staff in the event that a staphylococcal infection occurs at a private gym or spa. The document is based on current best practices in infection control. All checklist items may not be appropriate in all settings. Practices that may be legally regulated by the Department or other agencies are shaded. During outbreaks, additional requirements may be mandated by the Department.

REPORTING

- Any MRSA cluster (two or more laboratory confirmed cases of MRSA infection during a 14-day period that have had contact or are in the same location) has been reported to the local health department as required by 77 Ill. Adm. Code 690.658.

EDUCATION and TRAINING

- Prevention and Containment of Staphylococcal Infections in Community Settings* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Training material is available to everyone. (*See How to Take Care of Your Skin Infection.*)
- Everyone knows applicable policies on work restrictions for an employee with a skin infection.
- Persons with skin infections do not swim in pools.
- Persons with purulent skin infections do not work as food handlers.
- Everyone knows what action to take if infections are observed in clients.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) is responsible for keeping a daily log of known infected persons. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a health care provider.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet (whirlpools, ice tubs, swimming) or soiled.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with city/county health codes. [Consult local health authority.]
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (e.g. towels, soap, razors, nail clippers, make-up, shampoo).
- Everyone showers at least daily and after participating in athletic activities.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry (if onsite laundry facilities or contract laundry services are provided)

- Infected persons' clothing and linens are bagged and washed separately from other uninfected persons' laundry.
- Uniforms and towels are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all environmental surfaces have been done with an EPA-approved disinfectant or 1:100 bleach.
- Cleaners and disinfectants are available.
- Trash receptacles are accessible for disposal of cleaning materials.
- All high-touch surfaces (exercise equipment, door knobs, counter/desk tops, phones) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant or 1:100 bleach (See appendix.)
- Facility procedures designate what high touch surfaces are to be cleaned daily.
- Items that cannot be disinfected (e.g. cracked seat pad, cracked mats) have been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the workplace

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

Additional information about prevention and containment of staphylococcal infections is available at the Illinois Department of Public Health Web site at www.idph.state.il.us.

Staph Infection Containment in Barber Shops, Barber Schools, Cosmetology Salons, Cosmetology Schools, Nail Salons, and Nail Technology Schools

Date of Contact: ____/____/____

Health Department Contact Person: _____

HD Contact Phone Number: _____ HD Contact E-mail: _____

The Illinois Department of Public Health has provided this document as a summary checklist of actions that may be taken in the event that a staphylococcal infection occurs at a particular site in the community. The document is based on current best practices in infection control. All checklist items may not be appropriate in all settings. Practices that are legally regulated by the Department or other agencies are shaded. During outbreaks, additional requirements may be mandated by the Department.

REPORTING

- Any MRSA cluster (two or more laboratory confirmed cases of MRSA infection during a 14-day period that have had contact or are in the same location) has been reported to the local health department as required by 77 Ill. Adm. Code 690.658.

EDUCATION and TRAINING

- Prevention and Containment of Staphylococcal Infections in Community Settings* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows the policy on work restrictions for an employee with a skin infection.
- Everyone knows what action to take if infections are observed in clients.
- Training material is available to everyone. (*How to Take Care of Your Skin Infection*)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES - Treatment

- _____ (person's name) is responsible for monitoring employees for new infections. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a health care provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone is required to perform hand hygiene at appropriate times and places, especially between clients.
- Hand washing facilities are located in accordance with state/city/county health codes.
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- All personal items (towels, drapes, razors, clippers) are disposable or disinfected.
- All cosmetics are removed from the container and applied with sanitized or disposable applicators

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry (if onsite laundry facilities or contract laundry services are provided)

- Infected person's clothing and linens are bagged and washed separately from other persons'

laundry.¹

- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning/disinfecting.
- Initial thorough cleaning and disinfecting of all equipment and areas have been done with an EPA-approved disinfectant or 1:100 bleach/ (See appendix.)
- Cleaners and disinfectants are available.
- Trash receptacles are accessible for disposal of cleaning materials.
- All high-touch surfaces (door knobs, counter/desk tops, phones, etc.) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant or 1:100 bleach. (See appendix.)
- Equipment that cannot be disinfected (such as a cracked seat pad) has been removed.
- Cleaning log is kept. (Sample log in appendices.) [See Administrative Code regarding pedicure equipment cleaning and disinfection log requirements.]

SIGNS in the appropriate language and educational level are posted prominently around the workplace

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

Additional information about prevention and containment of staphylococcal infections is available at the Illinois Department of Public Health Web site at www.idph.state.il.us.

¹ If all laundry is routinely handled as potentially infectious, consult with local health department regarding exceptions to this recommendation.

Staph Infection Containment in the Workplace

Date of Contact: ____/____/____

LHD Contact Person: _____

LHD Contact Phone Number: _____ LHD Contact E-mail: _____

The Illinois Department of Public Health has provided this document as a summary checklist of actions that may be taken in the event that a staphylococcal infection occurs in the work place. The document is based on current best practices in infection control. All checklist items may not be appropriate in all settings. Practices that may be legally regulated by the Department or other agencies are shaded. During outbreaks, additional requirements may be mandated by the Department.

REPORTING

- Any MRSA cluster (two or more laboratory confirmed cases of MRSA infection during a 14-day period that have had contact or are in the same location) has been reported to the local health department as required by 77 Ill. Adm. Code 690.658.

EDUCATION and TRAINING

- Prevention and Containment of Staphylococcal Infections in Community Settings* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows applicable policies on work restrictions for an employee with a skin infection.
- Persons with purulent skin infections do not work as food handlers.
- Everyone knows what action to take if infections are observed in clients.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Training material is available to everyone. (See *How to Take Care of Your Skin Infection.*)
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds That Are Draining or Have Not Healed.*)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) is responsible for keeping a daily log of infected persons. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a health care provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with city/county health codes.
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Uninfected persons do not use the same bed as an infected person. Vinyl covered mattresses are disinfected before being used by uninfected person.

- Infected persons use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry (if onsite laundry facilities or contract laundry services are provided)

- Infected person's clothing and linens are bagged and washed separately from other persons' laundry.
- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is trained and responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all potentially contaminated items has been performed with an EPA-approved disinfectant.
- Cleaners and disinfectants are available.
- Trash receptacles are accessible for disposal of cleaning materials.
- All high-touch surfaces (door knobs, counter/desk tops, phones, etc.) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant.
- Equipment that cannot be disinfected (e.g. cracked seat pad) has been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the workplace

- Reminding persons to wash hands
- Reminding persons to disinfect shared items prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

Additional information about prevention and containment of staphylococcal infections is available at the Illinois Department of Public Health Web site at www.idph.state.il.us.

Staph Infection Containment in Youth Camps

Date of Contact: ____/____/____

LHD Contact Person: _____

LHD Contact Phone Number: _____ LHD Contact E-mail: _____

The Illinois Department of Public Health has provided this document as a summary checklist of actions that may be taken in the event that a staphylococcal infection occurs at a particular site in the community. The document is based on current best practices in infection control. All checklist items may not be appropriate in all settings. Practices that may be legally regulated by the Department or other agencies are shaded. During outbreaks, additional requirements may be mandated by the Department.

REPORTING

- Any MRSA cluster (two or more laboratory confirmed cases of MRSA infection during a 14-day period that have had contact or are in the same location) has been reported to the local health department as required by 77 Ill. Adm. Code 690.658.

EDUCATION and TRAINING

- Prevention and Containment of Staphylococcal Infections in Community Settings* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Training material is available to everyone. (See *How to Take Care of Your Skin Infection*.)
- Employees know the camp policies on work restrictions for employee with a skin infection.
- Persons with purulent skin infections do not work as food handlers.
- Persons with skin infections do not swim in pools or at beaches.
- Parents of minor children have been notified of the infections.
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds That Are Draining or Have Not Healed*.)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) is responsible for keeping First Aid records (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a health care provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Persons responsible for changing bandages have access to all needed supplies including clean, non-sterile gloves, soap, water, bandage, and plastic trash bags.
- Physician-prescribed antibiotics are safely stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with state/city/county camp and health codes.
- Liquid soap and paper towels are available and accessible in accordance with state/city/county camp and health codes.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).

- Everyone showers at least daily.
- Uninfected persons do not use the same bed as an infected person.
- Infected persons use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry (if onsite laundry facilities or contract laundry services are provided)

- Persons have access to a functioning washer and dryer, laundry detergent and bleach.
- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.
- Infected person's clothing and linens are bagged and washed separately from uninfected person's laundry.¹

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all potentially contaminated environmental surfaces (counter tops, appliances, railings, tables, remote controls, electronics) have been done with an EPA- approved disinfectant or 1:100 bleach. (See appendix.)
- All potentially contaminated sheets, blankets, pillows, towels, etc. are laundered as soon as an infection is identified.
- Cleaners and disinfectants are available but out of reach of children.
- Trash receptacles are accessible for disposal of cleaning materials.
- Daily thorough cleaning and disinfecting with an EPA-approved disinfectant or 1:100 bleach is being done on all high touch surfaces (door knobs, counter/desk tops, phones).
- All high-touch surfaces (door knobs, counter/desk tops, phones, toys, remote controls, utensils) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant or 1:100 bleach.
- Items that cannot be disinfected (such as a cracked seat pad) have been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the facility

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items (exercise equipment, kitchen utensils, common area benches) prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

Additional information about prevention and containment of staphylococcal infections is available at the Illinois Department of Public Health Web site at www.idph.state.il.us.

¹ If all laundry is routinely handled as potentially infectious, consult with local health department regarding exceptions to this recommendation.

Staph Infection Containment in Private Homes

Date of Contact: ____/____/____

LHD Contact Person: _____

LHD Contact Phone Number: _____ LHD Contact E-mail: _____

The Illinois Department of Public Health has provided this document as a summary checklist of actions that may be taken in the event that a staphylococcal infection occurs at a particular site in the community. The document is based on current best practices in infection control. All checklist items may not be appropriate in all settings. Practices that are legally regulated by the Department or other agencies are shaded. During outbreaks, additional requirements may be mandated by the Department.

EDUCATION

- Prevention and Containment of Staphylococcal Infections in Community Settings* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Informational material is available to everyone. (See *How to Take Care of Your Skin Infection.*)
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds That Are Draining or Have Not Healed.*)
- Verbal information in the appropriate language and educational level has been provided.
- Training is documented by the local health department. (Sample log in appendices.)

IMPLEMENTATION of CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) knows who to contact (health care provider, health department representative) in the event that an infection becomes worse or additional household members develop infection.
- Persons with draining infections that cannot be contained by simple bandages are being seen by a health care provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet (yard work, scrubbing, swimming or other water play) or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Persons responsible for changing bandages have access to all needed supplies including clean, non-sterile gloves, soap, water, bandage, and plastic trash bags.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION of CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places (kitchen, bathroom, or laundry area).
- The household has running water, bar soap for individual use or liquid soap, and towels for individual use or paper towels.
- Persons carry hand sanitizer for use when soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Everyone showers at least daily.
- Uninfected persons do not use the same bed as an infected person.
- Infected family householders use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION of CONTAINMENT PROCEDURES - Laundry

- The household has access to a functioning washer and dryer, laundry detergent and bleach.
- Infected family member's clothing and linens are bagged and washed separately from

uninfected family members' laundry.

- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens area dried thoroughly at highest heat fabric can tolerate.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.
- _____ (person's name) is responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all environmental surfaces has been done with an EPA-approved disinfectant or 1:100 bleach. (See Appendix.)
- All potentially contaminated sheets, blankets, pillows, towels, etc. are laundered as soon as an infection is identified.
- Cleaners and disinfectants are available but out of reach of children.
- Trash receptacles are accessible for disposal of cleaning materials.
- Toilets, showers, bathtubs, and sinks are disinfected after use by infected person and before any other person use them.
- All high-touch surfaces (door knobs, counter/desk tops, phones, toys, remote controls) are thoroughly cleaned and disinfected with an EPA-approved disinfectant or 1:100 bleach daily.
- Items that cannot be disinfected (such as a cracked seat pad) have been discarded.

Additional information about prevention and containment of staphylococcal infections is available at the Illinois Department of Public Health Web site at www.idph.state.il.us .

Sample Notification Letter

Dear (e.g., Parent or Guardian; Client) :

(Insert facility name here) has received reports of (_____ e.g. several cases) of methicillin-resistant *Staphylococcus aureus* (MRSA) within (e.g., name of summer camp). *Staphylococcus aureus*, or staph, is a common germ that many people carry in their nasal passages or on their skin with no ill effects. MRSA is a type of staph that has developed antibiotic resistance (certain antibiotics are unable to kill the bacteria). Since staph is spread primarily by direct (skin-to-skin) human contact or with direct contact to infection drainage of someone who is carrying or infected with the bacteria, anyone with a break in his or her skin is at risk. MRSA also may occur less frequently through indirect contact with contaminated surfaces or items.

Staph infections may begin abruptly. Symptoms may include a large area of redness on the skin, swelling and pain, followed by a pustule, abscess, boil or carbuncle (red, lumpy sores filled with pus). If left untreated, staph can infect blood and bones, causing severe illness that requires hospitalization.

The following precautions should be routinely followed to help prevent skin infections:

- Wash hands frequently with soap and warm water.
- Keep fingernails clean and clipped short.
- Avoid contact with other people's infections or anything contaminated by an infection.
- Avoid sharing personal items such as razors, towels, deodorant, make-up, or soap that directly touches the body.
- Clean and disinfect objects (such as gym and sports equipment) before use.
- Wash dirty clothes, linens, and towels with hot water and laundry detergent. Using a hot dryer, rather than air-drying, also helps kill bacteria.
- Practice good personal hygiene. Persons who participate in contact sports should shower immediately after each practice, game or match.
- Keep open or draining sores and lesions clean and covered. Anyone assisting with infection care should wear gloves and wash their hands with soap and water before and after bandage changes.

We encourage you to be vigilant in looking for signs and symptoms of staph infection. If you or any family members exhibit symptoms described above, you are encouraged to contact your family doctor.

Attached you will find information developed by the Illinois Department of Public Health to assist you with the prevention and spread of MRSA. Additional information about staph and MRSA can be found at http://www.idph.state.il.us/health/infect/MRSA_home.htm

Contact Person**Address****Telephone****Fax**