



HOMELESS & EMERGENCY WINTER RESPONSE SHELTER HEALTH HANDBOOK FOR PROVIDERS

VERSION 5 – AUGUST 10, 2019

Product Of Interior Health

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THE PURPOSE OF THIS HANDBOOK

Outbreak prevention and control in Homeless Shelters (year round) and Emergency Winter Reponse Shelters (seasonal, temporary) require clear, accessible information and supports readily available to shelter operators. The purpose of this handbook is provide staff and clients of shelters within the interior region with practical information about diseases that they may encounter in these settings as well as information about prevention, early identification and control of communicable diseases and other health hazards in homeless shelter settings.

Residents of Homeless Shelters and Emergency Winter Reponse Shelters are vulnerable to a number of health conditions as outlined in a recent report [Homelessness and Health Outcomes: What are the associations?](#) For example, crowded shelters can expose individuals to communicable diseases. This document hopes to assist shelter staff with the following:

- Communicable disease prevention and control;
- Outbreak management;
- Infection prevention and control;
- Pest control;
- Early identification and response to outbreaks;
- Prevention and mitigation of environmental health hazards;
- Harm Reduction; and
- Overdose prevention.

The information contained in this handbook aims to assist shelter operators implement strategies for prevention and early detection of communicable diseases, and to promote good health amongst clients and staff.

This handbook is intended to be a living document that is updated as new infection prevention and control information and guidelines are available. Additional resources are available on-line through Interior Health's [Communicable Disease Prevention and Control](#) website. This handbook is accessible on-line at the [Interior Health website](#).

INFECTION PREVENTION AND CONTROL

Simple infection prevention and control measures can help prevent the spread of communicable disease in any setting. While these activities are not specific to any particular disease, they are good, common sense prevention activities that should always be encouraged for staff and clients:

- Avoid unprotected sexual activity.
- Don't share eating utensils, cigarettes or smoking supplies.
- Don't share injection supplies such as needles or cookers. Cover your mouth when you cough or sneeze.
- Perform good hand hygiene. Wash your hands often specially after using the washroom, after blowing your nose, and before eating.
- Maintain good personal hygiene. Don't share personal toiletries such as combs, brushes, razors, towels, etc.
- Cough or sneeze into your sleeve, or if using hands, wash hands immediately afterwards.
- Avoid touching your mouth, eyes or face if you are caring for someone who is ill.
- Handle food safely
- Keep immunizations up to date.
- As much as possible, try to eat a balanced diet and get sufficient exercise and rest.

HANDWASHING

Regular handwashing among staff and clients is critical to the prevention of communicable disease and illness:

- Routinely review proper handwashing technique with staff ensuring all areas of the hands area included: palms, back of hands, wrists, thumbs and areas between fingers.
- Use paper towels to dry hands: do not have reusable cloth towels in washrooms or food areas.
- Routinely review when hands should be washed: after using the washroom, before eating, after coughing/sneezing, blowing nose, after touching animals, before & after touching any wounds or cuts.
- Have handwashing posters in all washrooms and food areas.
- Have hand sanitizer available at appropriate sites in the shelter.
- For more information on handwashing, go to Hand Washing: [Health Stop the Spread of Germs](#) Health Link file.
- Handwashing posters can be found in the [printed materials](#) section of this handbook.

ROUTINE CLEANING AND DISINFECTION

Regular, effective cleaning of the facility is important in maintaining the health of clients and staff:

- Common areas should be cleaned daily: hallways, lounges, bathrooms, kitchens, dining rooms.

- High hand touching areas should be cleaned daily: elevator buttons, handrails, doorknobs, tables, countertops, light switches, etc.
- Cleaning with detergent and water is the first step before disinfection. Disinfectants come in varying chemical active ingredients and concentrations are to be applied according to the different uses (e.g. cleaning up vomitus vs cleaning general surfaces). See Appendix on page 14 for different concentrations of bleach solution required for disinfecting.
- Personal Protective Equipment (ie. gloves, gowns, masks) should be worn by the person doing the cleaning.
- Sleeping mats should be cleaned/disinfected with 500 ppm bleach solution daily and between clients.

Recommended Regular Cleaning Schedule:

| Area | Method ¹ | Frequency ² |
|--|--|--|
| Spills/ fecal/ vomit/ urine/ blood/ accidents | Clean and disinfect (Requires 5,000 ppm bleach solution) | Immediately |
| Diapering areas | Clean and disinfect (Requires 1,000 ppm bleach solution) | After each use |
| Bathrooms | Clean and disinfect (Requires 1,000ppm bleach solution) | Daily and as necessary |
| Bathtubs – Showers | Clean and disinfect (Requires 1,000ppm bleach solution) | After each use |
| Bedrooms, Living rooms, Common areas | Clean and disinfect hard surfaces (Requires 500ppm bleach solution) | Weekly and as necessary |
| Bedding | Wash | Weekly, as necessary and between occupants |
| Walls | Clean | Weekly and as necessary |
| Upholstered furniture³ | Clean (ie. Steam clean) | Yearly and as necessary |
| Carpets | Vacuum | Weekly and as necessary |
| | Steam clean | Yearly and as necessary |
| Mattresses, pillows, bedframes⁴ | Clean | Yearly and between occupants |
| Sleeping mats | Clean and disinfect (Requires 500ppm bleach solution) | Daily and between clients |

¹Always read cleaning product labels and follow proper use instructions. Labels will also indicate the correct dilution and contact time for the product to work properly.

²Frequency of cleaning is under normal circumstances. During times of high illness or outbreak the frequency of cleaning should increase as recommended.

³Household furniture, walls, carpets, etc – follow a rotating schedule (monthly/yearly) and as necessary

⁴Mattresses, pillows, bed frames, bedroom furniture – clean between occupants, check for bed bugs. Mattresses and pillows should be encased in plastic (plastic mattress/pillow covers) to prevent bed bugs.

For more information on cleaning, please refer to [Infection Prevention and Control Guide for Homelessness Service Settings](#), Prepared by Toronto Public Health.

LINEN AND LAUNDRY

If laundry services are offered to clients, this must be done in a safe manner as well:

- Staff should wear protective clothing & gloves when handling soiled laundry.
- Ensure that:
 - If linen is washed at a high temperature (greater or equal to 71°C (160°F)), a hot waterdetergent for a complete wash cycle (longer than 25 minutes) should be used.
 - If low temperature (less than 71°C(160°F)) water is used for laundry cycles: detergents suitable for low temperature washing at the appropriate concentration should be used as well as a complete wash cycle.
- Dirty laundry should be kept separate from clean laundry.
- Staff must wash hands frequently when doing laundry, especially after handling any visibly dirty laundry.

In settings where clients are expected to launder their own items at laundry facilities on-site:

- Provide instructions about the safe use of laundry facilities.
- Launder client bedding and towels on the client's behalf if the client is not willing or able to launder these items.
- Offer laundry soap to clients.

Points to remember when handling soiled linens:

- Bag or contain contaminated laundry immediately and do not sort or pre-rinse contaminated laundry in non-laundry facilities.
- Handle contaminated laundry with minimum agitation to avoid having germs go into the air which can land on surfaces, other clients and workers.
- Contain wet laundry before placing it in a laundry bag (e.g., wrap in a dry sheet or towel).
- Linen bags should be tied securely and not be over-filled.
- If a laundry chute is used in the shelter, do not place loose items into the chute.

Shelter Workers should:

- Follow policies and procedures provided about the collection, transport, handling, washing and drying of soiled linen.
- Use laundry equipment according to the manufacturers' instructions.
- Wear appropriate PPE.
- Do client laundry as a separate cycle from environmental cleaning items such as cleaning cloths and mop heads.
- Be mindful of sharps when collecting soiled linens.

For more information on providing laundry services, please refer to page 27 of the [Infection Prevention and Control Guide for Homelessness Service Settings](#), Prepared by Toronto Public Health, and page 8 of the [Infection Control Guidelines for Community Shelters and Group Homes](#) by the by the Manitoba Advisory Committee on Infectious Disease

PERSONAL SPACE

Providing adequate space for each individual and good airflow is important to decrease the likelihood of transmission of illness between clients.

SPACE ALLOCATION FOR SLEEPING

The minimum sleeping area per person is 3.5 square metres (10 cubic metres) or 40 square feet (5' x 8') when possible.

When reviewing allocation of space for sleeping, a distance of 2.5 feet (0.75 metres) between beds, bunks or sleeping bags should be maintained. Such spacing has been shown to considerably reduce the spread of respiratory infections. When there is pressure on the use of space, recourse may involve head-to-tailing of beds.

VENTILATION STANDARDS

Adequate ventilation is an important factor that should be taken into account when assessing sleeping and living space needs. .

Prior to setting up a Homeless Shelter or an Emergency Winter Reponse Shelter, please consult with the local regulatory agencies including fire department in regards to their requirements and recommendations (e.g. the maximum number of persons per space, an evacuation plan in case of fire, the number of washrooms, etc.).

Further details about appropriate facility layout can be found in the BH Housing's [Shelter Design Guidelines](#).

FOOD SAFETY

Homeless Shelters and Emergency Winter Reponse Shelters may provide meals prepared in-house by workers or volunteers, or have communal kitchens where clients are able to store and prepare food on their own. Some shelter settings may also provide pre-made meals obtained through a distributor. Regardless of how food is prepared or obtained, safe food handling practices should be encouraged to shelter workers and clients to prevent cross-contamination and foodborne illness. At a minimum, shelter providers should:

- Have procedures in place for food preparation, handling, storage and transportation.

- Ensure that all food is prepared, handled, stored and transported in a hygienic manner that follows food preparation requirements prescribed by law and enforced by Interior Health.
- Ensure that donated food is safe, of good quality from an inspected source and is protected from contamination.
- Shelter providers are also encouraged to ensure workers who handle and prepare food, as well as their supervisors, have a valid FoodSafe certificate and clients and/or volunteers involved in food preparation should be supervised by a certified food handler.
- Shelters that prepare food on-site should be regularly inspected by Interior Health. For more information about food safety and food premise inspections, contact Interior Health.
- Any facility that provides food service or provides the use of a kitchen by clients must consider food safety and comply with the *Food Premises Regulations* under the *Public Health Act* as appropriate. Contact the local Environmental Health Officer prior to setting up and/or operating the kitchen for the clients.

For more information please refer to the following resources:

- [Food Safety](#), Health Canada
- [General Food Tips](#), Health Canada
- [Food Premises Regulations](#), BC Public Health Act
- [Food Safety & Inspection](#), Interior Health
- [Food Protection-Vital to Your Business](#), BC Centre for Disease Control

Some general food safety considerations for your facility include:

- [Caring About Food Safety](#) is a free online food safety course provides helpful and understandable information on food safety for the clients and the staff.
- Staff providing food should take a Food Safe Level 1 course.
- Food handlers should have good personal hygiene: wear clean clothes, keep clean, short nails; use hair nets, etc.
- Food handlers need to wash their hands frequently and correctly: after handling raw foods, dirty dishes, clearing & wiping tables, or using the washroom. Dry hands with a paper towel.
- Food handlers should not work when sick. Ill employees must stay home from work for at least 48 hours after symptoms subside.
- Raw food should be prepared with utensils and cutting boards different from those used for ready-to-eat foods.
- All fruits and vegetables should be thoroughly washed.
- Thaw frozen food in a refrigerator – never at room temperature .
- Keep hot foods hot (> 60°C) and cold foods cold (<4°C).
- Use leftover food within 24 hours of preparation.

Some signage you can use in your food preparation areas is included in the [printed material](#) section of this handbook.

IMMUNIZATIONS

Immunization is one of the most effective ways to protect against communicable diseases. Publicly funded vaccines in B.C. that your clients are eligible for include:

- Annual influenza (flu) vaccine
- Measles, mumps & rubella (MMR) vaccine (2 doses if born in 1970 or later)
- Hepatitis B vaccine
- Hepatitis A vaccine (illicit drug user or Aboriginal persons 6 months to 18 years of age);
- Pneumococcal 23 vaccine
- Tetanus/diphtheria vaccine (every 10 yrs)

Shelter staff should also consider getting their annual flu vaccine, MMR and & tetanus/diphtheria vaccines.

For more information regarding these vaccines, go to Interior Health's [Immunizations](#) website or visit BCCDC [Immunization Manual](#)

HARM REDUCTION & OVERDOSE PREVENTION

Harm reduction is a term used to describe programs, policies and practices that aim to reduce negative consequences of behaviours typically considered “high risk” such as substance use and some sexual activities.

Harm reduction programs and services are proven to not only reduce harms such as infections, injuries, and death related to substance use and sexual activity; they have also been proven to increase social and vocational functioning, and to reduce public disorder.

Ideally, shelters should provide harm reduction supply distribution including Take Home Naloxone (THN) kits to individuals. Shelters are encouraged to explore further overdose prevention services such as a Housing Overdose Prevention Site. More harm reduction information can be found through Interior Health as follows:

- All shelters should be registered with the Facility Overdose Response Box Program (FORB) and with Take Home Naloxone (THN) program for distribution of THN kits. Please refer to the following website for information on how to learn how to become a FORB site [Facility Overdose Response Box Program](#), Toward the Heart.
- Shelters can contact their local Harm Reduction Coordinator at harmreduction.coordinator@interiorhealth.ca for support to register with FORB, THN and Harm Reduction Supplies
- To find a location that provides harm reduction supplies (safer sex and safer drug use), go to: <https://towardtheheart.com/safer-use>.

- For more training and education on harm reduction, go to:
<https://www.interiorhealth.ca/sites/Partners/HarmReduction/Documents/HarmReduction101/story.html> (Google Chrome).
- For information about safe needle disposal, go to:
<https://www.interiorhealth.ca/YourEnvironment/HarmReduction/Pages/Safe-Needle-Disposal.aspx>.
- For information about needle stick injuries in community, go to:
https://www.interiorhealth.ca/YourEnvironment/HarmReduction/Documents/BCCDC_HR%20best%20practices_community%20needle%20stick%20injuries.pdf.
- For information about occupational needle stick injuries in community, go to:
http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/CPS_CDManual_BBFFExpManage.pdf
- For information about overdose prevention and response, go to:
<https://www.interiorhealth.ca/YourEnvironment/HarmReduction/Pages/Overdose-Prevention-and-Response.aspx>.
- Find the BC Overdose Prevention Services Guide here: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/Other/BC%20Overdose%20Prevention%20Services%20Guide_Jan2019_Final.pdf.

COMMUNICABLE DISEASE CONTROL

WHAT IS A COMMUNICABLE DISEASE?

A communicable disease is one that can be spread from one person to another through a number of different ways.

How are communicable diseases spread?

1. Contact with an infected individual, through touch (streptococcal disease), sexual intercourse (gonorrhea, HIV), fecal / oral transmission (hepatitis A, typhoid disease) or droplets (influenza, TB)
2. Contact with a contaminated surface or object (norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B), or water (E.coli, campylobacter, salmonella, giardia and cryptosporidium);
3. Bites from insects or animals capable of transmitting the disease (mosquito: West Nile Virus, ticks: lyme disease, tick paralysis); and
4. Through the air, such as tuberculosis or measles

Due to close living quarters, temporary housing or community shelters provide an environment where illness can be easily spread. Even when communicable disease prevention measures are in place, there is still a chance that illness may spread in your client population.

What to do if there is an elevated level of illness in your facility:

1. Enhance cleaning.
2. Separate people experiencing acute illness from the ill from the well, as possible.
3. Reach out to Interior Health if you need assistance.

Communicable Disease Unit at 1-866-778-7736 (Monday to Friday, 8:30 to 4:30)

On-call Medical Health Officer at 1-866-457-5648 (Evenings and Weekends)

GASTROINTESTINAL (GI) ILLNESS

Gastrointestinal (GI) illness may be caused by a variety of sources including bacteria, viruses and protozoa. Transmission of GI infections usually result from contact with infected individuals, consumption of food, water or other beverages, or from exposure to contaminated objects or surfaces.

A case of GI illness is defined as any individual who has:

- 2 or more episodes of diarrhea in a 24 hr period;
- 2 or more episodes of vomiting in a 24 hour period;
- 1 episode of diarrhea and 1 episode of vomiting in a 24 hour period; or
- any episode of bloody diarrhea.

If a location is seeing 3 or more of such cases, in a 4 day period, then an outbreak may be occurring.

What to do?

- Call the Communicable Disease Unit at: **1-866-778-7736**, Monday – Friday, 8:30 – 4:30 pm.
- Ask the case (or anyone who has a GI illness) to remain in their room/keep to self, not prepare foods and avoid others.
- Assist and/or encourage the case to seek medical attention if needed.
- Ideally, have the case use one bathroom and alert others to avoid using this washroom.
- Immediately clean up any vomit or feces while wearing protective clothing, gloves, & masks: remove visible material, clean and then disinfect the area.
- Educate the case about correct handwashing technique.
- Increase the frequency of cleaning and disinfecting by staff in the common areas: shared washrooms, gathering areas, hallways, kitchen areas, door knobs, light switches, etc.
- Clean with an effective cleaning agent: 1000 ppm bleach solution (1 part household bleach to 50 parts water) and 5,000 ppm for cleaning blood and body fluid spill (e.g. vomitus). See Appendix 1 Intermediate-High Level Disinfection.
- Reduce or cancel any large group activities if possible.

For more guidance, please refer to the IH GI Outbreak Guidelines for Healthcare Facilities:

<https://www.interiorhealth.ca/YourEnvironment/CommunicableDiseaseControl/Documents/GI%20Outbreak%20Guidelines%20HC%20Facilities.pdf>

RESPIRATORY ILLNESS (RI)

Respiratory Illness (RI) includes diseases such as influenza and the common cold. RI are often spread when droplets, generated from coughing and sneezing by infected people, come into contact with the mucous membranes of the eyes, mouth, nose, or airway of another person. Because microorganisms in droplets can often survive on surfaces, infections can also be spread indirectly when people touch contaminated hands, surfaces and objects and inoculate themselves by touching their mucous membranes.

Clients may have symptoms of a RI for different reasons. In a communal setting, such as a shelter, the biggest concern is RI that can be spread from person to person, especially influenza and tuberculosis.

A case of RI is defined as any individual who has:

- a new or worsening cough, and
- a fever greater than 38C or a temperature that is abnormal for that person.

Other symptoms may include a sore throat, runny nose, headache, muscle aches, and feeling very tired.

If a shelter is seeing 2 or more cases of RI, in a 7 day period, then an outbreak may be occurring.

What to do?

- Call the Communicable Disease Unit at: **1-866-778-7736**, Monday – Friday, 8:30 – 4:30 pm.
- Ask cases to remain in their room and avoid others: if rooms are shared, place sick residents together, separated from residents who feel well.
- Assist and/or encourage cases to seek medical attention if needed.
- Educate cases about respiratory etiquette and correct handwashing technique.
- Increase the frequency of cleaning by staff in the common areas: shared washrooms, gathering areas, hallways, kitchen areas, door knobs, light switches, etc.
- Clean with an effective cleaning agent: 1000 ppm bleach solution (1 part household bleach to 50 parts water). See Appendix 1 Intermediate-High Level Disinfection.
- Reduce or cancel large group activities at the shelter.
- Encourage staff and residents to get the annual flu vaccine.

For more guidance, please refer to the IH RI Outbreak Guidelines for Healthcare Settings:

<https://www.interiorhealth.ca/YourEnvironment/CommunicableDiseaseControl/Documents/RI%20Outbreaks%20Prevention%20and%20Control%20in%20RC.pdf>.

Flu prevention posters can be accessed here: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/flu-influenza-awareness-resources.html>.

TUBERCULOSIS (TB)

Tuberculosis (TB) is caused by a slow-growing bacteria that likes to live in parts of the body that are rich in blood and oxygen, such as the lungs. But TB can also infect other parts of the body. It is important to identify a person who may have TB as soon as possible, so they can be treated with antibiotics and no longer be able to spread TB to other people.

Individuals who stay at shelters may be at higher risk for TB so it is important for shelter staff to know what TB looks like so they can identify it quickly.

Signs and symptoms of infectious TB include:

- coughing up blood or mucous
- fever, chills or night sweats
- loss of appetite and unexplained weight loss
- often feeling tired
- shortness of breath and chest pain.

If shelter staff suspect that someone may have TB, please encourage the individual to seek medical attention and call the CD Unit at **1-866-778-7736**, Monday – Friday, 8:30 – 4:30 pm.

For more information about tuberculosis, go to: <http://www.bccdc.ca/health-info/diseases-conditions/tuberculosis>.

SEXUALLY TRANSMITTED INFECTIONS (STI'S)

Sexually transmitted infections (STIs) are some of the most widespread infections in the world.

There are at least 20 different infections that are caused by viruses, bacteria and single-celled organisms. Exposure to a sexually transmitted infection (STI) can occur any time you have sexual contact with anyone that involves the genitals, the mouth (oral), or the rectum (anal). Bacterial STIs can be treated and cured, but STIs caused by viruses usually cannot be cured.

Individuals who think they have a sexually transmitted infection should be directed to get tested and/or treated at a walk-in clinic. More information and sexual health resources about can be found at <https://www.interiorhealth.ca/YourHealth/SexualHealth/Pages/default.aspx>.

OTHER INFECTIONS

Residents may present with other common infections that are spread from person to person. These may include, but are not limited to:

- Group A Streptococcus (GAS)
- Chicken pox (Varicella)
- Scabies
- Lice

- Measles
- Whooping Cough
- Pink eye

For more information, “A Quick Guide to Common Childhood Diseases” by the BC Ministry of Health is a good resource. It describes what the infection is, how it is spread, when a person is infectious, and how to stop the spread of the infection:

<https://www.health.gov.bc.ca/library/publications/year/2001/PHN144.pdf>

PEST CONTROL-INTEGRATED PEST MANAGEMENT

Integrated pest management (IPM) is needed to prevent and manage bed bug problems. IPM involves five main steps.

1. Identification – identify the pest.
2. Monitoring – monitor for the presence of the pest .
3. Determining appropriate action – when is pest control to be called?
4. Treatments – apply treatments, including preventative measures.
5. Evaluation – evaluate the effectiveness of treatments.

The goals of IPM are:

- Use pesticides only when absolutely necessary;
- Take measures to prevent, find and track the insect problem early;
- Teach people how to deal with bed bugs;
- Maintain awareness that bed bugs can become a problem in any shelter.

For bedbug control see: [Bedbug Information for Emergency Shelters](#) by BC Housing

USEFUL INTERIOR HEALTH CONTACT INFORMATION

1. Local Harm Reduction Coordinator harmreduction.coordinator@interiorhealth.ca
2. Communicable Disease Unit at 1-866-778-7736 (Monday to Friday, 8:30 to 4:30)
3. On-call Medical Health Officer at 1-866-457-5648 (Evenings and Weekends)



Mixing of Chlorine (Bleach) Solution for Disinfecting

Important

- A bleach and water solution should be mixed daily to preserve its strength
- Leave the solution on the surface for a minimum of one minute
- Cleaning must be done prior to disinfecting

High level disinfection (approximately 5000 ppm)

Preparing a 1: 10 Household Bleach Solution:

- 62 ml (1/4 cup) household bleach + 562 ml (2 1/4 cups) water
- 250 ml (1 cup) household bleach + 2250 ml (9 cups) water

Recommended Uses:

- cleaning up a blood or body fluid spill
- when directed by public health
- for use on semi-critical medical and personal service instruments

Intermediate - High level disinfection (approximately 1000 ppm)

Preparing a 1: 50 Household Bleach Solution:

- 20 ml (4 teaspoons) household bleach + 1000 ml (4 cups) water
- 100ml (7 tablespoons) household bleach + 5000 ml (20 cups) water

Recommended Uses:

- for use in washrooms, change tables in childcare, during outbreaks of respiratory diseases or vomiting and diarrhea

Intermediate level disinfection (approximately 500 ppm)

Preparing a 1: 100 Household Bleach Solution:

- 5 ml (1 teaspoons) household bleach + 500 ml (2 cups) water
- 62 ml (1/4 cup) household bleach + 6138 ml (24 3/4 cups) water

Recommended Uses:

- for use on non-critical medical or personal service instruments

Low level disinfection (approximately 100 ppm)

Preparing a 1: 500 Household Bleach Solution:

- 1ml (1/4 teaspoons) household bleach to 500ml (2 cups) water
- 20 ml (4 teaspoons) household bleach to 10 L (40 cups or approx. 2 gallons)

Recommended Uses:

- safe level for toys, dishes and utensils and food contact surfaces

PRINT MATERIALS

1. Hand Washing Sign- Multi-ligual:
https://www.interiorhealth.ca/YourEnvironment/FoodSafety/Documents/washhands_multilanguage.pdf
2. Hand Washing Sign – Steps:
<http://www.dobugsneeddrugs.org/wp-content/uploads/handwashing-sign.pdf>
3. Recommended Regular Cleaning Schedule-Please see page 19
4. Dish washing in 4 steps
<https://www.interiorhealth.ca/YourEnvironment/FoodSafety/Documents/4stepsPoster.pdf>
5. Food Contact Surfaces
<https://www.interiorhealth.ca/YourEnvironment/FoodSafety/Documents/Food%20Contact%20Surfaces.pdf>
6. Food Temperature Requirements: http://media.openschool.bc.ca/assets/cafs/danger_zone.pdf
7. Adult Immunizations
<https://immunizebc.ca/sites/default/files/docs/WhatvaccinesdoadultsneedNov2013.pdf>
8. Signs of TB poster
<https://www.cdc.gov/tb/publications/posters/images/ThinkTBPoster.pdf>
9. Cover your cough poster
<https://www.immunisationcoalition.org.au/wp-content/uploads/2018/05/CoverYourCoughAndSneeze.pdf>