

INTERNATIONAL

PROconcept

Providing advice for care and nursing homes



IN FOCUS

Hygiene

PRACTICAL TIPS

Hygiene done the right way!

Hygiene in the kitchen and in the laundry room



Why is good hygiene so important?



Viruses and bacteria keep on hitting the headlines – especially when the story is about how they are infecting people. There is a high risk of this happening on a daily basis, particularly in places where lots of people live and work in close proximity. So we guess you will already give frequent thought to just how you can protect your residents and employees against infections caused by micro-organisms. That's why in this edition we are taking a really close look at the issue of hygiene. We have gathered together lots of tips, pieces of advice and helpful examples to make sure your residents and employees stay healthy. We have spoken to experts like Prof. Günter Kampf (page 12) and Prof. Benjamin Eilts (page 14), and visited the Haus am Buchenhain care home in Mönchengladbach-Rheydt, Germany (page 6). At this facility, hygiene is a mission for every single employee – not only when laundering textiles, but also when washing dishes. After all, there are many different aspects to hygiene, and to ensure you never lose sight of them, inside this magazine you will find a poster of the ten most important tips to remember (page 10). Simply tear it out, pin it up and cast your eye over it now and again! Every tip on the poster will help you to achieve excellent levels of hygiene.

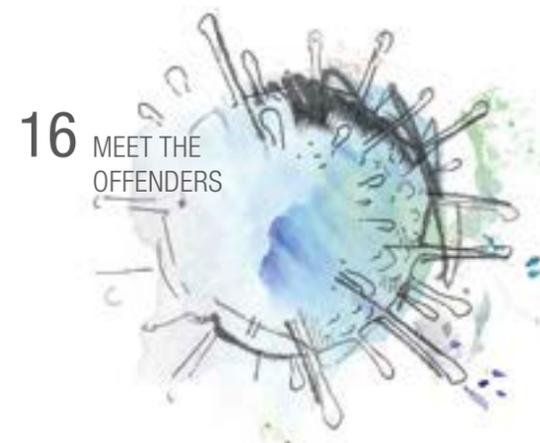
Andreas Barduna

Andreas Barduna
Head of the Professional Sales, Service,
Marketing business unit

IMPRINT

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Lunchtime in the large dining hall: meeting place for those residents who do not wish to eat their meals in the residential areas.

For people spending their twilight years in a care home, there are two things that are really important: good food and clean clothes. Both aspects are equally important when it comes to ensuring the residents have self-confidence and are able to live their lives with dignity and respect. Those in charge of the Haus am Buchenhain care home in Mönchengladbach, Germany, understand this perfectly. Every day, the 230 employees of this Protestant home make it their mission to care for, attend to and protect its 178 residents. Hygiene is crucial in all areas – whether cleaning rooms, dealing with laundry or washing dishes.

Individual and regional

“We pride ourselves on providing tailored, individual care and a varied diet,” says Beate Wittland, who is the director of the home, run by the Inner Mission of Rheydt in its current location near the Mönchengladbach-Rheydt urban woods since 1967. “We cook everything fresh every day, all from scratch. That’s why we buy the majority of our food from regional suppliers.” They even offer two different lunch menus. Meals are served either in the large dining hall located on the ground floor, or in the small, more easily accessible dining rooms found on the various residential floors. And this is done at least 4 times a day, at breakfast, lunch, coffee time and dinner.

A space for meeting up: the new courtyard at the Haus am Buchenhain care home.



MISSION HYGIENE

Cleanliness and hygiene are a sign of respect towards people who are elderly and in need of care.

The Haus am Buchenhain care home in Mönchengladbach-Rheydt shows how to put this into practice every single day.



"The dishwashing results are fantastic," says qualified nurse Miriam Cuypers (1). Even the plastic pill boxes (2) are hygienically cleaned with no residue by the fresh water dishwasher (3).

As a result, there is a plethora of different dishes that need to be hygienically cleaned each and every day. So how do they do it?

Quick, hygienic and variable

The answer is: not all together or all at once. Each of the 7 residential floors has its own kitchen, where the dishes are washed as soon as food and drinks have been consumed. This usually happens at least 8 to 10 times a day, although on some residential floors it can be as many as 15 times. And what makes all this possible? A Miele Professional fresh water dishwasher (PG 8059 Hygiene) in each of the residential floor

kitchens. These machines offer short programme durations that get dishes hygienically clean in no time at all (normally just 10 minutes), thanks to an 85-degree final rinse and the fact that the water inside them is changed after each wash phase. "They're invaluable to us," explains qualified nurse Miriam Cuypers. "The dishes are washed quickly and the results are great: even the plastic pill boxes are really clean, with no residue." And yet another benefit: "Everything fits in the dishwasher, even our big coffee pots," says Cuypers. This is because the upper basket can be adjusted according to the load.

FACTS AND FIGURES



178 residents, the majority of whom live in single rooms. Married couples live in the few double rooms on the premises.



7 fresh water dishwashers, which run at least 8 to 10 times a day in the kitchens on each residential floor.



20 employees work in the cleaning and laundry team alone.



“The new fresh water dishwashers are easy to use and really economical.”

Alex Schulteis, head of building services

Economical, optimum dosage

Head of building services Alex Schulteis is impressed by the Hygiene dishwashers too: "They are easy to use after just a brief introduction. They are also economical to run, since the connected dispensing module dispenses an optimum quantity of liquid detergent and rinsing agent, thus achieving excellent cleaning results." He checks the modules regularly, topping them up as necessary, so nursing staff no longer have to worry about this task. However, it is the machines' reliability that has turned out to be their greatest virtue. "I no longer get complaints from my employees about technical faults since we moved to the new fresh water dishwashers," says Beate Wittland. The director explains it is the residents, around 80 per cent of whom suffer from some kind of dementia, who benefit most from this. "The nursing staff now simply have more time to care for and attend to the residents, since the machines work flawlessly."

Cleanliness and hygiene – very good!

Reliability is one of the reasons why the home relies on Miele in its in-house laundry too. Here, Martina Flörtert leads a team of six who wash, dry, iron and finish residents' private laundry, employees'



TIP

THE DISPENSING MODULE

Dishwashers with a fresh-water system guarantee perfect dishwashing results and an incredibly high standard of hygiene, as they put the load through a final rinse at a suitably adjusted temperature, whilst the connected dispensing module (left) dispenses an optimum quantity of liquid detergent and rinsing agent at exactly the right time.



“ Staff have more time for the residents again.

BEATE WITTLAND

has been director of the Protestant care home Haus am Buchenhain in Mönchengladbach-Rheydt since 1996.

INTERVIEW

You decided 5 years ago to fit your kitchens on each residential floor with fresh water dishwashers. Why did you do that? It's all bound up with the fact that we changed the system we follow in-house. We used to wash all the dishes in the main kitchen. But we have lots of residents who need help to eat or who find it hard to access the large dining hall. Now these people eat their meals in the small dining rooms provided for their particular residential groups, so that's where the dishes have to be washed. It's the only solution to make logistical sense.

And why did you choose Miele? Because the residential groups were smaller, we thought normal domestic dishwashers would be up to the task. But then it turned out we were needing to replace the machines in all the residential areas with new ones every 2 years. Domestic machines just couldn't cut it any longer. So we said we would switch to commercial machines instead. We always want to use only the best products in our home, because they are the best value in the long term.

And how would you describe your experience with the fresh water dishwashers? The most important thing is this: I'm not hearing a single complaint any more. The dishwashing results are just fantastic. There are two things that I do hear from the staff over and over though. One is that the quick programmes are great. They mean dishes can be washed up to 15 times a day. Everything is done in a flash.

The other thing they praise is the dispensing system, which now works automatically. All the employees who use these machines are really happy.

Did your staff have to be trained in how to use the new machines? Miele trained our building services team on the appliances, followed by our nursing and kitchen staff.

Back to the quick programmes. Do they save the nursing staff any time? Absolutely! And that's great, because if good appliances help our nursing staff to carry out their work, the carers then have more time again to actually care for our residents. In the past, employees even had to wash each small pill box by hand.

Were the ever more stringent hygiene requirements also a factor in your decision to switch to fresh water dishwashers? Yes, that was another reason. The programmes offered by the appliances mean they meet even the most demanding hygiene requirements, which is really a top priority for us. Our drinking and tap water is checked every year, and we are pleased to say the results show we are free of Legionella. What's more, our hygiene plan stipulates that we must provide an emergency kit in every residential area, in case we should have an outbreak of norovirus. So we are really well prepared in terms of hygiene – not least thanks to the appliances we have installed in our washing-up rooms and laundry.

laundry and flatwork. They do this using 3 front-loading machines (2 x 32 kg, 1 x 18 kg), which feature Hygiene programmes for thermal and chemo-thermal disinfection, and 2 dryers with a load capacity of up to 13 kg. In its basement rooms, the laundry team even finishes the bed linen on a 2.10-metre-wide flatwork ironer (PM 1421) – all laundry services are taken care of in-house, in line with the home's philosophy of using its own staff in all areas of its work. The same applies to the regular and deep cleaning of the premises. Elke Krall's team cleans the sanitary facilities every weekday and the residents' rooms at least once a week, more often if necessary. The mops and cleaning textiles used in this work are then washed in a machine specifically tailored to the needs of facility management: the PW 418 Mopstar 180. It comes with thermal and chemo-thermal disinfection programmes, which provide reliable hygiene results that meet the standard of the Robert Koch Institute.

Almost 10 per cent of Haus am Buchenhain employees work in the cleaning and laundry team. This just goes to show how seriously the facility takes the issues of cleanliness and hygiene; and it is something the residents really appreciate. During an assessment carried out by MDK (Medizinischer Dienst der Krankenversicherungen, the Health Insurance Medical Service) last year, the residents praised the quality of the food, laundry and hygiene. The home achieved an overall rating of “very good” – in other words: mission hygiene accomplished! //



The cleaning and laundry team at work: Elke Krall fills the Mopstar machine with cleaning textiles.

HAUS AM BUCHENHAIN LAUNDRY CHECKLIST

Types of laundry

- Flatwork (bed linen, table linen, laundry to be ironed, etc.)
- Towelling
- Outerwear (residents' private laundry)
- Workwear

Transfer of washing from residential blocks to laundry

- Yes No

Is residents' private laundry collected in personal laundry sacks?

- Yes No

Separation of laundry by type

- Flatwork and towelling
- Residents' private laundry/workwear

Initial scan of residents' private laundry

- Yes No

Final scan of residents' private laundry

- Yes No

Sorting of residents' private laundry

- Yes No

Washed in

- Front-loading washing machine with protective screen
- Washing machine with separated clean/unclean side

Heating type

- Steam Gas
- Electricity Solar

Specialised wash processes

- E.g. WetCare
- Other: reprocessing of mops and cloths

Are items to be ironed?

- Yes No

HYGIENE – SIMPLE AND STRAIGHTFORWARD

Employees in care and nursing homes work really hard to ensure residents are well looked after. But how do they protect themselves from viruses and bacteria? By following these 10 basic hygiene tips, for example.

1 **Keep clean and unclean strictly separate!**

Clean laundry must never cross paths with unclean laundry, nor must it come into contact with appliances or objects that have been used to treat dirty washing and have not been cleaned and disinfected.

When switching to the clean side, hygienically disinfect hands and dispose of gloves and protective clothing.

**It's always better to disinfect hands one more time**

Over 3/4 of all contagious diseases are transferred via the hands. Microbes enter the body through the mucous membranes or when eating.

Thorough and regular hand washing minimises the risk of infection.

**Secrecy is not a virtue**

Even with all due care, hygiene regulations may not always be upheld if processes are changed or colleagues are inexperienced, for example. Such breaches pose a potential risk of infection.

If you identify a hygiene violation, speak to your colleagues and supervisors about it immediately.

**Bring machines up to temperature regularly**

If dishwashers or washing machines are only operated at temperatures below 60 °C for a long period of time, unwanted pathogens can colonise the inside of the appliance.

Hygiene programmes or washing temperatures over 60 °C prevent the formation of biofilms and the growth of microbes.

**Fresh air, healthy working environment**

What's good in your own home is good in the care home too: micro-organisms can multiply rapidly in rooms where there is poor air circulation. Regular ventilation helps to prevent this problem.

Open windows for 10 minutes, 3 or 4 times a day. This will ensure the air in the room is healthy.

**ProHygiene test checks bacterial count**

Disinfection processes and the products used in them must be perfectly aligned in order to guarantee reliable protection. A hygiene test performed as part of maintenance work will tell you what you need to know.

The ProHygiene test will put you on the safe side when it comes to disinfected laundry.

**Flu jab: a little prick with a huge impact**

Care homes are a prime example of a place where there is an increased risk of becoming infected with the flu virus – even if employees do not have any direct contact with residents.

The annual flu jab provides reliable protection against this dangerous infection.

**Never neglect hygiene regulations**

Employees can take bacteria and viruses home with them or bring them from home to work. So any time a hygiene rule is not followed, this poses a risk for all concerned.

Even if it is sometimes laborious and takes time: hygiene regulations must be observed.

**A pretty risk: painted fingernails**

Fingernails that are long or painted are difficult to clean. Nail varnish makes dirt hard to see, whilst longer nails give pathogens a larger surface area to contaminate.

It is more practical and safer to keep your fingernails short and unpainted.

**Do not wash workwear at home**

Washing workwear at home is a risk. Domestic machines don't guarantee a defined temperature hold time, which is required for disinfection.

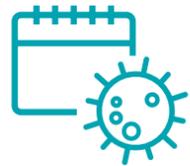
Implementing the right kind of in-house laundry care system using professional washing machines is the basis for achieving reliable disinfection.

Your poster to tear out!

Also available to download from: www.miele.de/proconcept

DID YOU KNOW THAT ...?

most bacteria are completely harmless to humans and viruses are resistant to antibiotics? Professor Günter Kampf, a specialist hygiene doctor, tells you all about micro-organisms and their effects.



Is it normal to catch the flu 2 or 3 times a year?

It can happen, but it's the exception, not the rule. If you have been infected by a particular flu virus, your body develops antibodies against that specific virus. But if you then come into contact with a different flu virus once you have recovered, your body may not have any antibodies against this new virus. So you could actually suffer from flu more than once a year.



What happens in the human body once it has become infected by a virus or bacterium?

The human body will usually recognise the bacterium or virus as a foreign agent. The immune system then starts to develop specific antibodies, which are tailored to that particular bacterium or virus. At the same time, an immune response is triggered by certain immune cells. Both these processes help to fight off the invader, thus protecting the body as much as possible.

What is the difference between viruses and bacteria?



Viruses are infectious agents, some of which are resistant to antibiotics. They are much smaller than bacteria, do not have their own metabolism and always need a host cell to multiply. Bacteria, on the other hand, are single-cell micro-organisms that are not reliant on a host. Most bacteria are not only completely harmless to humans, they are actually critically important. Think, for example, of intestinal bacteria, which break down our food. Lots of these bacteria are susceptible to antibiotics, so they can be used to treat bacterial infections.

How long does it take to become infected?



This can happen very quickly. If the infectious agent has been "successfully" transmitted in a large enough quantity, then the incubation time begins, during which the infection develops. In the case of norovirus, diarrhoea and vomiting can start after just a few hours. With flu, the initial symptoms will usually hit within a matter of days.

How are viruses and bacteria transmitted?



Viruses or bacteria that cause infections are often transmitted through direct contact. If a single member of a 5-person household has a cold or flu, it can be transferred directly to the mucous membranes or hands of the healthy individuals in the home if the sick person coughs, thus releasing droplets that contain the virus, or touches other people. The second most-common type of transmission is indirect contact. Here, an object or a surface becomes contaminated (e.g. a bedside table during night-time coughing or a toilet seat if someone has diarrhoea). The infectious agent can then be transmitted to healthy residents or employees if they touch the contaminated surface.

After a norovirus infection, you only stay immune to the virus for a short while. There is also great variability in the norovirus genome. There are 5 known genogroups at the present time, 2 of which can be broken down into at least 20 genotypes. It can therefore be assumed that a person can contract various different noroviruses multiple times a year.



Can a person also contract norovirus over and over again?

How can we rid ourselves of the pathogens again?



That happens mostly automatically, as the body's own defence system fights the pathogen. The body even has its own scavenger cells, which dispose of foreign particles through a biological process. However in the case of gastrointestinal viruses, such as norovirus, it can take some time until norovirus is no longer excreted in the patient's stools, perhaps as long as 60 days. That's why it is especially important after overcoming a norovirus infection to observe basic hygiene in order to prevent retransmission. In particular, this means washing your hands thoroughly after going to the toilet. This recommendation applies to all employees.



Does antibiotic resistance mean people are becoming infected by micro-organisms more often nowadays?

Let's look at viruses first: antibiotic resistance has no bearing on the frequency of viral infections, since antibiotics have zero effect on viruses anyway. So that just leaves bacteria. If we look at hospital-acquired bacterial infections, we can see that the infection rate in Germany has stayed low for the past 20 years, at approximately 3.5 per cent. Sporadic figures are available for care homes too, where rates are between 1.6 per cent and 3.6 per cent, depending on the state. Although overall infection rates are really low, for some years now we have noted with concern that the number of bacteria demonstrating resistance to multiple antibiotics is on the rise. Infections caused by multidrug-resistant bacteria are not fundamentally easier to transmit. However, once a person has caught such an infection, it is harder to treat. Sometimes we have to fall back on reserve antibiotics, which are not as well tolerated by patients. In the worst-case scenario, there will no longer be any effective antibiotic. So in short, antibiotic resistance does not lead to more frequent infections, but it does make the process of treating an infection with antibiotics much more difficult.

What is the best way to protect yourself against infection in a care home?



That depends on what the infection is, who is spreading it and how it is typically transmitted. Let me give you two examples. An employee has flu symptoms, but keeps coming into work because the home is already short-staffed. The virus can now be transmitted to other employees, residents and surfaces through droplets containing the virus that are released by coughing and sniffing. The best form of protection here is to not come into work with a transmissible infection, so as not to put your colleagues or the residents at risk. Another example is a resident who is infected with norovirus. In this case, it is extremely important to ensure the resident only uses his or her own toilet as far as possible. Only use preparations that have proven to be effective against norovirus to disinfect your hands and contaminated surfaces (i.e. products conforming to the "partially virucidal plus" category). And if contact with contaminated material is to be expected, it is important for employees to use personal protective clothing and equipment to stop themselves becoming contaminated.

“Hand hygiene is the basis for preventing transmission.”



PROFESSOR GÜNTER KAMPF

Specialist hygiene and environmental medicine doctor and adjunct professor for hygiene and environmental medicine in the Faculty of Medicine at the University of Greifswald. He is editor of the "Kompendium Händehygiene" (The Compendium of Hand Hygiene) reference book and has published articles about hygiene in a number of international journals. For more information visit: www.guenter-kampf-hygiene.de



Professor Benjamin Eilts has been teaching in the Life Science department at Albstadt-Sigmaringen University since 2017. Prior to that, he was Senior Product Manager at Dr Schnell Chemie GmbH.

“The new biocide regulation could lead to gaps in hygiene.”

WHERE ELSE DO WE HAVE PROBLEMS WITH HYGIENE?

Today, in-house laundries usually wash according to recommendations from the Robert Koch Institute or the Association for Applied Hygiene. Does this really mean that all hygiene bases are covered? At first glance, sure. But we are increasingly seeing extremely high levels of contamination in the final rinse water used for textiles such as mops and cleaning cloths. Why is that? Well, moisture-loving microbes that are incredibly resistant to heat and cold are introduced through the

water pipes. These microbes colonise the washing machine hoses, where they form a biofilm with bacteria that can contaminate the water and the laundry. If the washed mops and cleaning cloths are then stored whilst still damp, the bacteria can multiply.

What can be done about that? The best thing would be to dry the mops and cleaning cloths straightaway. But such a process creates more work and takes more time, plus it

means there are additional requirements that must be met – from providing the right on-site conditions to ensuring all work is done properly. And lots of homes just cannot do this. That's why a discussion is being had at the moment about whether these textiles can be preserved with antibacterial substances so they can be stored damp. Some say it is just not possible, whilst others say it can certainly be done, if the process is monitored.

And what about standard laundry? In-house laundries have a great handle on hygiene in that respect. Products listed by the Robert Koch Institute or the Association for Applied Hygiene are used for washing in Germany,

whilst other countries are already using products according to the EN 14885 overarching standard. Soon, all laundries will have to use disinfectants approved in line with this standard. But at the moment nobody knows whether these new disinfectants are actually effective against viruses, microbes and bacteria. This is because tried-and-tested active ingredients such as formaldehyde or ethanol, which are used to disinfect rooms, appliances and surfaces, may no longer be approved. And this is a huge problem, as it could lead to gaps in hygiene.

How should those running homes react? For me, it is basically all about good staff training. The better trained the staff, the better the hygiene. Staff must be made aware of critical hygiene issues. By the way, this also applies to new appliances, which are all too rarely examined from a hygiene point of view. An example of this are dishwashers in residential areas. Usually these are standard domestic appliances, which just clean the dishes quickly at 30 degrees, but are not able to reprocess feeding cups or cutlery used by dementia patients to the required standard of hygiene.

Are there any new trends in laundry hygiene? Of course! More and more 40-degree wash processes with a virucidal effect are coming through, which benefit in-house laundries in lots of ways. They save a great deal of energy and also require less effort in terms of sort-

ing the laundry, since contaminated items can be washed together with non-contaminated ones. The cold disinfection method is getting more and more popular; in this process, oxygen-releasing agents (peroxides) disinfect the load during the final rinse. Silk and wool can also be disinfected in this way. Due to European standards, this method will become established in the in-house laundries of Germany too. //

HYGIENE – WHAT'S WHAT?

EN 14885

The effectiveness of biocidal products is already assessed and applied according to a European standard (EN). **EN 14885** applies to products which need to be effective against the following micro-organisms: vegetative bacteria, bacterial spores, yeasts, fungal spores and viruses. The standard is intended to help users to assess the product information that is provided by the manufacturer.

Moisture-loving bacteria in drinking water

Micro-organisms in drinking water are an enormous health risk. Examples of such micro-organisms are **Pseudomonas spp.** and **Acinetobacter spp.** These bacteria, some of which are multidrug-resistant, multiply well in water, are able to colonise cleaning textiles and can cause pneumonia and other respiratory tract infections.

A PORTRAIT OF SIX PATHOGENS

TINY OFFENDERS

They all live among us, but often go undetected: viruses, bacteria and fungi are ubiquitous and some can cause serious diseases. Here we introduce you to 6 common pathogens.



MRSA-positive residents can live communally, as long as appropriate measures are taken to protect other vulnerable residents.

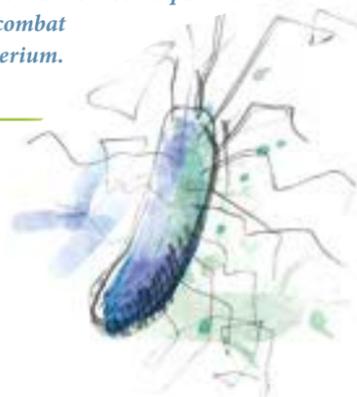
MRSA

Short for: methicillin-resistant Staphylococcus aureus
Also known as: multidrug-resistant pathogen
Characteristics: MRSA is carried in the nasal vestibule, throat and groin, mostly harmlessly. However, if it penetrates the body through large wounds, it can trigger serious infections, abscesses, pneumonia or sepsis
Path of infection: from person to person through contact with droplets and skin, or via contaminated objects
Risk of infection: particularly contagious if the patient has a weak immune system, e.g. due to a chronic illness, old age or a long time spent in a care home. Staff can become infected or colonised too

CLOSTRIDIUM DIFFICILE

Clinical picture: acute inflammation of the bowel
Type: rod-shaped bacterium, spore-forming
Symptoms: diarrhoea, fever, stomach cramps
Path of infection: spores from stools are transferred from person to person and via contaminated objects
Risk of infection: contagious and with very high environmental resistance. Usually caught when intestinal flora has been weakened, e.g. by taking antibiotics

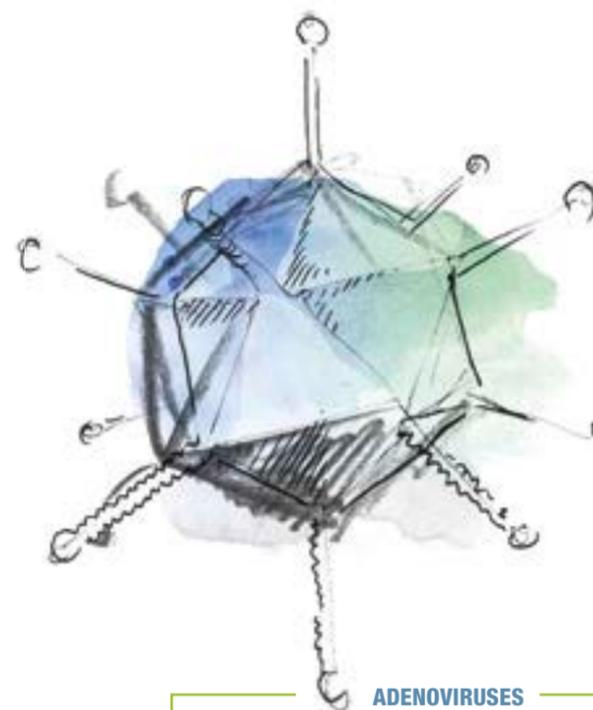
Cleaning and observing hygiene guidelines are the most important ways to combat this bacterium.



Care home residents with flu should be looked after in their own room for 7 days after symptoms first appear. It is recommended to put on protective clothing before entering the room.

INFLUENZA

Clinical picture: flu
Type: Orthomyxoviridae
Symptoms: sudden onset of fever, chills, sore throat, aching muscles, headache, sweating; more rarely, nausea or vomiting and diarrhoea
Path of infection: from person to person, particularly if there is coughing and sneezing (droplet infection), and via contact with contaminated objects
Risk of infection: highly contagious, especially for the elderly, pregnant women and the chronically ill

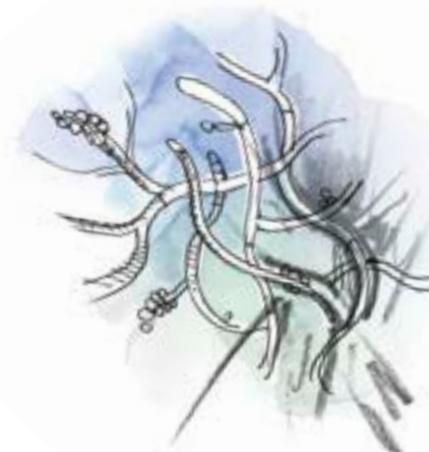


Sick people must only ever use their own separate bath linen such as towels or flannels.

ADENOVIRUSES

Clinical picture: contagious conjunctivitis
Type: viruses containing DNA
Symptoms: eyes that are inflamed, red, itchy and watery
Path of infection: from person to person via a smear (or sometimes a droplet) infection, via contaminated objects
Risk of infection: extremely contagious. This pathogen can survive for several weeks on surfaces

Patients' bath linen should be changed daily; treatment with antifungal drugs is also helpful. What's more, fungi do not do well at high temperatures.



NOROVIRUSES

Clinical picture: gastroenteritis
Type: Caliciviridae
Symptoms: diarrhoea, vomiting, pain and fatigue
Path of infection: from person to person through droplets released during projectile vomiting, via contaminated objects, by touching contaminated surfaces, via contaminated food
Risk of infection: highly contagious, particularly for children under 5 and elderly people over 70

Protective measures must be put in place as soon as there is any suspicion of norovirus, without waiting for results from the lab. Affected residents must be housed in a room with its own WC.

MYCOSES

Also known as: fungal infection
Type: skin and mould fungi, yeasts
Symptoms: itching, coating on mucous membranes, possible discharge
Path of infection: through contact with fungal spores or as the result of treatment with antibiotics
Risk of infection: primarily affects those with a weak immune system, depending on the type



Jennifer Vollmer (right) gets valuable tips from expert M. Christine Klöber on site.

JENNIFER VOLLMER WINS THE JACKPOT

HYGIENE TIPS FOR THE WIN

A full day of top-class hygiene consulting on your own site: Jennifer Vollmer was the lucky recipient of this exclusive further training opportunity, after the housekeeping specialist at the Haus St. Georg care home run by Blank GmbH & Co. KG in Duderstadt, Germany, won first prize in a competition published in the 25th edition of Miele PROconcept. M. Christine Klöber, a self-employed consultant specialising in service and quality management in care homes, paid Vollmer a visit at her place of work.

Housekeeping specialist Vollmer found the day very illuminating: "It was great to discuss and share ideas with a colleague. I often have to take technical decisions on my own." Together with Vollmer, consultant Klöber assessed the laundry area, evaluated health and safety on site, performed a risk analysis and then gave some ideas on how to optimise processes. One idea was to come up with a hygiene plan: "Now I'll create a detailed list of what's what with the current situation," says head of housekeeping Vollmer. Here she will record the cleaning work or training activities of the employees and compare this information with the target situation. The aim is to improve efficiency and quality for more satisfied residents and employees.

THE RIGHT WAY TO REPROCESS MOPS AND CLOTHS

Do mops and cloths have to be washed separately? Do they need their own washing machine? These are questions that come up time and again in care and nursing homes.

Mops and cloths (cleaning textiles) need washing machines with special wash programmes, which thoroughly rinse out the residue of cleaning agents before putting the load through the main wash itself. This is because cleaning agents react with laundry detergents to form precipitates. If hygienic reprocessing is required, this step must be followed by disinfection. Special functions offered by disinfection programmes, such as a disinfection or thermo rinse, provide an extra layer of safety. Reheating the final rinse water is proven to thermally deactivate waterborne bacteria, such as Pseudomonas aeruginosa. Washing these textiles separately using special programmes extends their service life and ensures the requisite hygiene standards are met.

50 days is the average survival time for MRSA on polyethylene. Curtains and blinds may be made from this plastic, so this fact must be borne in mind when cleaning rooms inhabited by people who are elderly and in need of care. These micro-organisms survive on towelling and cotton for 3 to 10 days and on blended fabrics for as long as 20 days.

Source: MRSA und andere Keime – Spannung bis zum Schluss (MRSA and other microbes – tension right to the end), in: rhw praxis, Textilien u. Hygiene (Textiles and hygiene), 1 (2013), pg. 60.

PRACTICAL TIPS

DUVETS AND PILLOWS INTO THE MACHINE

Residents of care homes feel good if they have clean linen and textiles that are well looked after, including pillows and duvets. These can be washed and reprocessed to make them fresh in just a few hours in an in-house laundry, which is an invaluable bonus. After all, pillows and duvets need to be washed regularly in care homes. Bodily residues such as perspiration and dead skin cells offer bacteria and dust mites the ideal conditions in which to propagate. And this leads to unpleasant odours. Furthermore, they can cause residents who suffer from allergies to sneeze and cough. Care homes, therefore, need to have a laundry cycle where these items are washed once or twice a month; if residents are sick or the linen is contaminated, this must be dealt with straightaway.

An explanation of how to wash pillows and duvets can be found on the manufacturers' care labels. Fabric softener should not be used, as it could cause the filling to clump. Machines featuring special programmes for duvets and pillows use a huge amount of water to rinse away all the detergent residue. //



DOWN PILLOWS AND QUILTS

Wash at 60 °C then dry in a dryer to prevent the feather filling from clumping.

Further tips:

- Micro-fibre pillows and pillows with a synthetic filling are particularly easy to reprocess and can even be washed at 90 °C.
- Pillows containing a large proportion of Tencel, a modern fibre, are ideal for managing moisture levels. Bacteria do not stand a chance as moisture is quickly extracted and discharged.
- Store spare duvets and pillows in a well-ventilated, dry place.



Pillows and duvets need to be washed regularly – at least once or twice a month.



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Miele looks after my down jacket – and makes sure it is hygienically clean.

*Maria Westermiltes,
Haus Bredemeier,
Hövelhof, Germany*