

## **Odor Control Guidelines for Special Care Units**

These are best practice recommendations from Dementia Special Care Units that have been very successful in controlling odor related to incontinence and toileting.

**You must have a plan in place that is enforced daily on all shifts and is clearly communicated to all staff who work on the unit.**

### **1. Investigate the causes of existing odors.**

- Get the room you are investigating very dark – close shades, doors, turn off lights, etc.
- Take in a black light and illuminate every wall, floor and surface in the room. Urine will show up as glowing spots. Urine can be sprayed up walls, under beds, on carpet and floors in places it can't be seen, on furniture or even windowsills. (Black lights are reasonably priced – under \$20.00 and available from incontinence product distributors.)
- Check all plants for urine/feces.
- Check all furniture and walls and carpet/floors in all common areas.
- Clean all areas thoroughly with soaps and rinses that neutralize urine odors. (e.g., there are specific products made just for cleaning incontinence, two companies are Delco & Schillings supplies. Another example is putting vinegar in the wash water when washing soiled fabrics and laundry.)

### **2. Implement specific rules and placements for soiled incontinence products and clothing/linens.**

- Remove all containers for incontinence products from resident rooms (exception: if have a resident who manages own then place a bin that is foot pedal operated and well-sealed that gets emptied several times per shift.)
- Establish one central place to put ALL soiled incontinence products, clothing, bedding, etc. (usually a soiled linens room). Have a large metal sealing container that holds the incontinence products. Whenever a product is removed from a resident it must be placed in this room. Same for garments or bedding. Empty metal products bin at least once per shift.
- Do not use commodes, or use them as little as possible. Empty them immediately and wash with soap/cleaning agent that neutralizes odors.

### **3. Appoint a leader who conducts surveillance of odors continuously and directs staff to rectify problems immediately.**

- There should be someone on every shift, and penalties for staff that are not diligent about changing the odor problem. This duty may need to be helped by people who are periodically on and off the unit and who can be more aware of smells in contrast to other areas of the facility.

**4. Establish routine cleaning protocols.**

- Wash down all beds once a week – or more often (per episode) if person is incontinent.
- Wash down all wheelchairs whenever there is an episode of incontinence.
- Wash clothing every day. Make sure that all soiled garments and bedding are washed in products that neutralize odors. (e.g., Tide soap doesn't take out odors. Delco & Schillings Supplies has new soaps they are using to wash soiled garments. Also, vinegar in laundry water cuts odor.)

**5. Utilize special products for residents.**

- For peri-care there is a product called Tena from Cisco (food service). It pulls the moisture away from the skin.
- There is a type of medication that can be given to help cut down bad odors of stool for residents with bad odor problem (green pill, turns stool green).
- Bathe frequently incontinent residents frequently (daily if necessary).
- Establish strong toileting routines for residents that are part of the care plans for residents with especially difficult incontinence. Make sure that surveillance person checks these people routinely and enforces schedules!

**6. Make the solving of this odor problem everyone's responsibility.**

- Be sure that ALL STAFF – even those that even enter the unit periodically understand expectations and responsibility to rectify them. This is an issue that is worthy of citation, and it must be solved.