



Practice Briefs

Should gait belts be assigned per aide/therapist, and used on several residents, or should they dedicated to one resident, and only be used for that resident?

Gait belts are considered non-critical equipment (only come in contact with intact skin). Virtually no risk has been documented for transmission of infectious agents to patients through noncritical items when they are used as noncritical items and do not contact non-intact skin and/or mucous membranes. Low level disinfection is appropriate for cleaning. The problem arises when these gait belts are used over and over again without being cleaned. With that in mind, the school of thought with most patient care equipment is to either use disposable, or dedicate it to a single resident, and clean the equipment when visibly soiled and when transferring its use to another resident.

The Centers for Disease Control and Prevention has recommendations in their 2007 Guidelines for Isolation Precautions which address using either disposable equipment, or dedicating equipment to a single patient. See excerpt below:

V.B.5.b. In acute care hospitals and long-term care and other residential settings, use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment. If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.¹

In Long-term care facilities, gait belts should be assigned to a resident, and not shared. See excerpt below from APIC's Infection Connection publication from winter 2011-2012:

- **gait belts should belong to residents or have a means of decontamination**

Since gait belts are usually made of cotton, washing would be a means of decontamination, but it would be impractical to wash after every use for the purpose of "sharing" gait belts. If the gait belt is made of a vinyl material, then they could be disinfected between uses (be sure the instructions for use support that as well). In order to be reliable, the process should be as easy and fail-proof as possible (relying on staff to take extra steps may not be reliable). Assigning gait belts per resident seems to be the easiest way to ensure that bacteria is not spread from resident to resident via this device.

Resources:

1. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007
2. APIC Infection Connection – Focusing on Long-Term Care Winter 2011-2012

ICAP is a cooperative effort of UNMC/Nebraska Medicine and the Nebraska Department of Health and Human Services. "ICAP Practice Briefs" are intended to provide evidence-based guidance on infection prevention issues; check linked references directly for the most current and more detailed information.