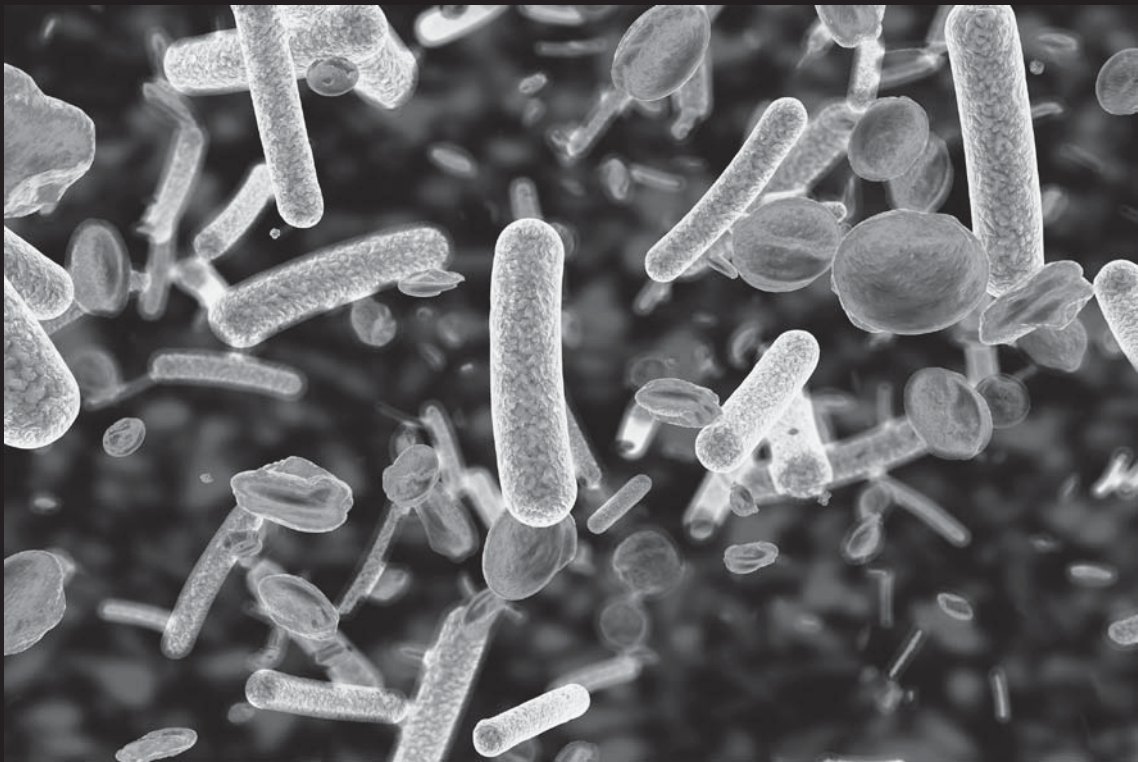


Infection Control

Learner Workbook



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COMMON INFECTIONS

Residents over the age of 65 years living in Assisted Living and Residential Care Communities are at a greater risk for becoming infected with common diseases. According to studies the majority of deaths occur in adults 65 years or older are caused by common infections such as influenza and pneumonia.

Examples of common infections experienced in long term care communities include, but are not limited to:

- Influenza
- Pneumonia
- Urinary Tract Infection
- MRSA (methicillin-resistant staphylococcus aureus)
- VRE (vancomycin-resistant enterococci)
- Norovirus (Norwalk Virus)
- Clostridium Difficile (or C. Difficile)

Signs and Symptoms

The following describes common symptoms you may find with the following infections.

Clostridium	Influenza	Norovirus	Pneumonia	Urinary Tract Infection
<ul style="list-style-type: none"> • Watery diarrhea (May be bloody) • Fever • Loss of appetite • Nausea • Abdominal pain • Abdominal tenderness 	<ul style="list-style-type: none"> • Headache • Fever • Chills • Muscle aches • Cough • Sore throat 	<ul style="list-style-type: none"> • Nausea • Abdominal pain • Abdominal cramps • Watery or loose diarrhea • Weight loss • Malaise • Low grade fever 	<ul style="list-style-type: none"> • Cough • Fever • Chills • Shallow/rapid breaths • Chest pain • Rapid heart beat • Fatigue • Nausea • Vomiting • Diarrhea 	<ul style="list-style-type: none"> • Fever • Dysuria • Urinary Frequency • Suprapubic tenderness • Nausea • Vomiting • Decreased urinary output

STANDARD PRECAUTIONS AND INFECTION CONTROL

According to the CDC, Standard Precautions combine the major features of Universal Precautions (UP) and Body Substance Isolation (BSI) and are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents.

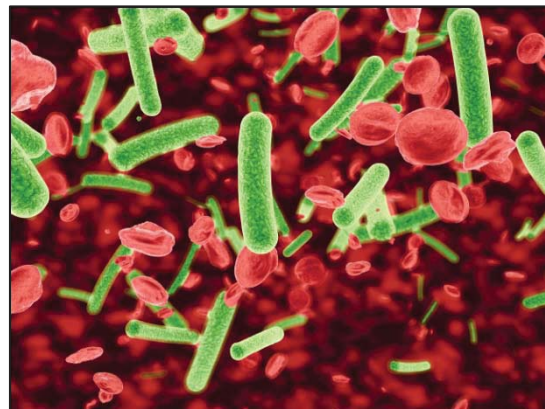
Standard Precautions include a group of infection prevention practices that apply to all residents, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These practices include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the resident environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another resident).

Standard Precautions are also intended to protect residents by ensuring that caregiving personnel do not carry infectious agents to residents on their hands or via equipment used during resident care.

Stopping the Spread of Infection

You play a critical role in ensuring the health and safety of your residents by doing what you can to stop the spread of infection. Key practices you can implement include:

- Following standard precautions
- Handwashing
- Appropriate use of gloves
- Preventing exposure to blood and other body fluids
- Disposing of contaminated waste in an appropriate manner
- Reporting exposure
- Staying away from the Community when you are ill



Handwashing

One of the most important things one can do to prevent food poisoning is proper hand washing. The best way to wash your hands is to follow these simple steps.

1. Start by placing your hands under warm water.
2. Lather your hands and scrub for at least 15 seconds.
3. Rinse your hands allowing a downward flow of water into the sink.
4. Then dry your hands using a paper towel or a hand dryer.



During the delivery of care, avoid unnecessary touching of surfaces in close proximity to the resident to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces.

When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.

If hands are not visibly soiled, or after removing visible material with non-antimicrobial soap and water, decontaminate hands in the clinical situations described in #1 and #2 above. The preferred method of hand decontamination is with an alcohol-based hand rub. Alternatively, hands may be washed with an antimicrobial soap and water. Frequent use of alcohol-based hand rub immediately following hand washing with nonantimicrobial soap may increase the frequency of dermatitis.

Perform hand hygiene:

- a. Before having direct contact with residents.
- b. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings.
- c. After contact with a resident's intact skin (e.g., when taking a pulse or blood pressure or lifting a resident).
- d. If hands will be moving from a contaminated-body site to a clean-body site during resident care.
- e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the resident.
- f. After removing gloves.

Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if contact with spores (e.g., *C. difficile* or *Bacillus anthracis*) is likely to have occurred. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols and other antiseptic agents have poor activity against spores.

Follow organizational policy on the wearing of non-natural nails or extensions by caregiving personnel who have direct contact with residents.

Gloves

Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin (e.g., of a resident incontinent of stool or urine) could occur.

Wear gloves with fit and durability appropriate to the task. Wear disposable medical examination gloves for providing direct resident care. Wear disposable medical examination gloves or reusable utility gloves for cleaning the environment or medical equipment.

Remove gloves after contact with a resident and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one resident. Do not wash gloves for the purpose of reuse since this practice has been associated with transmission of pathogens.

Change gloves during resident care if the hands will move from a contaminated body-site (e.g., perineal area) to a clean body-site (e.g., face).

Disposal of Contaminated Articles

Contaminated (“regulated”) waste must be disposed of properly. The CDC defines regulated waste as:

- Liquid or semi-liquid blood or other potentially infectious materials;
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
- Contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Regulated should be handled and disposed of in a manner that minimizes the risk of occupational exposure to blood or other potentially infectious materials.

Regulated waste should be placed in containers which are:

- Closable

- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping
- Labeled or color-coded as described in the "Labels" section of this exposure control plan.
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If outside contamination of the regulated waste container occurs, it should be placed in a second container.

Regulated waste should be disposed of by an authorized waste management company in accordance with applicable federal, state, and local regulations.

Warning Labels

Warning labels should be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

Labels required by this section shall include the following legend:



In accordance with OSHA guidelines, labels must be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

Labels should be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels.

Reporting Exposure

Immediately following an exposure to blood:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- DO NOT use bleach to clean the area.



Report the exposure to your supervisor

Prompt reporting is essential because, in some cases, postexposure treatment may be recommended and it should be started as soon as possible. Discuss the possible risks of acquiring HBV, HCV, and HIV and the need for postexposure treatment with the provider managing your exposure. You should have already received hepatitis B vaccine, which is extremely safe and effective in preventing HBV infection.