



BASICS OF INFECTION CONTROL FOR CBC ADMINISTRATORS

DHS – Office of Licensing and Regulatory Oversight
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Revised October 2014



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OBJECTIVES

- After today you will be able to:
 - Describe two *critical tools* that must be part of your facility’s culture;
 - Correctly wash your hands;
 - Understand when personal protective equipment (PPE) should be used;
 - Proper removal and disposal of gloves;
 - Understand why the unknown is potentially more dangerous than what you know about a resident;
 - Observe caregivers’ infection control techniques.

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INTRODUCTION

- Infectious organisms, *bacteria and virus*:
 - Do not discriminate;
 - Can be transmitted via:
 - Airborne;
 - Animals;
 - Body fluids;
 - Food;
 - Soil;
 - Surfaces; and



YOU! Be part of the solution!

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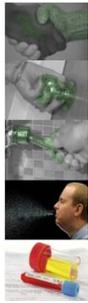
TRANSMISSION OF INFECTIOUS ORGANISMS

The Culprit? Human Hands

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HOW INFECTIOUS DISEASE SPREADS

- Person to Person
- Person to Surface
- Surface to person
- Airborne/Droplet
- Body fluids



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STANDARD PRECAUTIONS

A simple, consistent and effective approach to infection control

INFECTIOUS CONTROL AND STANDARD PRECAUTIONS

Keeps You Safe

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INTRODUCTION

- **EVERYBODY is responsible for infection control!**
 - Daily news reporting on multiple, and scary, infections:

MDROs	Norovirus
Ebola	MRSA
Enterovirus D68	H1N1 Influenza

- Infection control and standard precautions:
 - Must be used regardless of the residents condition; and
 - Whether or not the resident has a known infectious disease;
 - ***Protects you, your family and to those you interact with.***

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INTRODUCTION

- Misconceptions - assuming:
 - We are “safe” if we know an individual is infectious;
 - Only staff performing direct care need to understand and utilize infection control measures and standard precautions;
 - Training is only needed once or occasionally;
 - Infection control is only needed at work.

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INTRODUCTION

“...The US has a strong health care system and dedicated public health professionals ...”



“...the government is not telling us the truth about Ebola...”

“...Every health care worker must meticulously follow every single infection control protection the CDC recommends...”

“...The important thing to remember is that Ebola is only spread through contact with blood and body fluids...”
...it's not airborne...”

“...US nurses feel unprepared...”

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INFECTION CONTROL

- Infection control are actions that prevent or reduce the spread of disease and includes:
 - **Standard precautions;**
 - Food storage and preparation;
 - General cleaning/housekeeping;
 - Kitchen cleanliness;
 - Laundry;
 - Resident care equipment, etc.
- Utilizing standard precautions = protection

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INFECTION CONTROL

- Standard precautions are used **any** time there is the risk of coming into contact with:
 - Blood;
 - Body fluids - secretions, excretions (except sweat) even if no visible blood;
 - Non-intact skin;
 - Mucous membrane.
- The type of personal protection equipment used (PPE) is dependent on the situation and task.
- 411-054-0070 (2)(C) requires staff trained.

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INFECTION CONTROL

- Standard precautions apply to a wide range of diseases and modes of transmission:
 - Hand and respiratory hygiene – routine use;
 - Contact, Airborne, Droplet precautions utilizes:
 - Personal Protective Equipment :
 - Gloves;
 - Gowns – aprons are not effective as a stand alone;
 - Facemasks;
 - Goggles, face shields and respirators.
 - Isolation – rare, however *if necessary it is generally temporary.*

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INFECTION CONTROL

- Decisions on the level of standard precautions to implement is based on:
 - Known infectious agent - *CDC recommendations*;
 - Unknown infectious agent - *based on type of symptoms, i.e., severe vomiting and diarrhea or upper respiratory infection with ongoing coughing/sneezing*;
 - Task - potentially coming into contact with body fluids;
 - Individual - what is unique about this residents situation?:
 - Behaviors;
 - Other mitigating factors.

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HAND HYGIENE

Hand Washing
Hand Sanitizer

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HAND HYGIENE

- Hand hygiene is **key** in preventing the transmission of germs:
 - **First** line of attack.
- Wash hands or use hand sanitizer before & after:
 - Contact with residents;
 - Preparing food;
 - Setting up and administering medications;
 - After sneezing or coughing; or
 - Anytime hands are visibly dirty or greasy.

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SOAP AND WATER

- Wash for *20 seconds* with soap and warm water:
 - The 20 seconds **does not include**:
 - Turning on water;
 - Getting soap;
 - Rinsing;
 - Turning off water; and
 - Drying hands.



Drying hands is a critical step!

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SOAP AND WATER

- For 20 seconds - lather with soap and water:



Lather all surfaces



Between Fingers



Backs of hands



Thumbs



Wrists



Finger Tips

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HAND SANITIZER

- Just as effective as soap and water except:
 - After using the bathroom;
 - When hands visibly soiled or greasy– wash first;
 - Noro virus & C-Diff – wash first then use hand sanitizer.
- Both hands must be covered in sanitizer:
 - Rub hands until hands are dry;
 - Dry in less than 20 seconds? Not enough was used;
 - **DO NOT** dry hands with a towel:
 - Rubbing and air drying is part of its effectiveness.



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HAND SANITIZER

- Use enough sanitizer for both hands to be wet:



Cover all surfaces



Between Fingers



backs of hands



Thumbs



Wrists



Finger Tips

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RESPIRATORY HYGIENE

Covering Cough/Sneeze

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RESPIRATORY HYGIENE

- Cover cough or sneeze with upper sleeve or elbow (vampire style) then:
 - Wash hands - after each sneeze & cough;
 - Clean & disinfect surfaces that may have been contaminated.
- Other considerations:
 - Provide masks - for people who are coughing;
 - Coughing & sneezing people should keep at least three – six feet from others!



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ROUTINE CONTACT PRECAUTIONS

Using Gloves

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GLOVES

- Gloves must be used routinely when potentially coming into contact with **any** body fluids:
 - Blood;
 - Body fluids - secretions, excretions (except sweat) even if no visible blood;
 - Non-intact skin;
 - Mucous membrane.
- ***Hands must be washed with soap and water or hand sanitizers BEFORE putting on the gloves and immediately after removing the gloves.***

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GLOVES

- Gloves must be changed:
 - After each residents; or
 - If visibly dirty or torn.
- Gloves need to be:
 - Removed immediately after use;
 - Disposed of properly, cannot reuse;
 - The right size – too big or small can lead to **failure**.
- Unless gloves are needed for a sterile technique non-sterile gloves are used.

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GLOVES

- The proper technique for removing gloves:

<p>Grasp outside edge near wrist</p> 	<p>Using clean hand slip finger underneath</p> 
<p>Pull away turning glove inside out</p> 	<p>Pull away turning glove inside-out with other glove inside</p> 
<p>Hold removed glove in other hand</p> 	<p>Hold the inside of the glove and discard</p> 

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ENHANCED CONTACT PRECAUTIONS

Gowns and Masks etc.

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GOWNS

- Gowns must be used:
 - When providing care that may contaminate the caregivers arms and/or clothing:
 - Resident incontinent of urine and/or stool;
 - Severe vomiting and/or diarrhea;
 - Wounds with drainage;
 - Behaviors such as smearing;
 - Any known infection including drug resistant and multi-drug resistant organisms.
 - ***If directed by the Health Division, local health department or other healthcare providers.***

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OTHER PPE

- Masks are used when an infection is airborne or there is a concern about droplet or “splash”:
 - Not all masks are created equal read specifications and select the mask that meets the intended need;
 - Must be worn properly i.e. tie masks must be tied at top and on the bottom;
 - Must be changed between residents and disposed of immediately after use;
 - CANNOT BE REUSED.

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OTHER PRECAUTIONS

Adult Vaccinations

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OTHER PRECAUTIONS

- Seasonal Flu Shots;
- Pneumonia vaccination;
- Don’t use communal towels;
- Avoid communal bowls i.e. chips;
- Avoid confined areas especially if poor ventilation;
- Say no to sick visitors; and
- STAY HOME if you are sick!

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OTHER PRECAUTIONS

- You can't make this up!



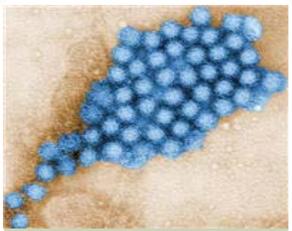
Dr. Dave Stukus
@AllergyKidsDoc

Actual discussion:
Parent "I want #Ebola vaccine for my child"
Doc "There isn't one, but we have #flushot"
Parent "We don't believe in that!"
11/4/14, 9:05 AM

Flu deaths 1976 - 2007:
Least - 961
Most - 14,715
On Average - 6,309/year

Exact numbers difficult to determine due to complications due to the flu that was listed as cause of death.

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NORO VIRUS

Special Handling Required

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NORO VIRUS

- Special instructions:
 - Causes severe nausea, vomiting and/or diarrhea:
 - **Two or more people** (includes staff and residents) with severe vomiting and/or diarrhea must be reported to your **local county health department!**
 - Reporting an individual case is not required.
 - Short incubation period (12-48 hours) after contact.
 - Generally lasts 12-72 hours.
 - Infected person can shed virus up to 3-5 days after the symptoms are gone.

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NORO VIRUS

- Likely you'll be instructed to "isolate" residents:
 - Keep ill residents in their room even during meals;
 - Shared room? Erect a barrier i.e. screen between residents. Beds should be at least 6 feet apart.
- Clean surfaces - door knobs, light switches, railing, etc.:
 - Sanitize: 1 part bleach to 10 parts water solution; or
 - EPA-registered product effective against norovirus.
- Staff need to wear masks when providing direct care **and** probably gowns if potential of coming into contact with vomit or diarrhea.

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ANTIBIOTIC RESISTANT INFECTIONS

MRSA and Others

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ANTIBIOTIC RESISTANCE

- Antibiotic resistant organisms can be common infections such as staph that has become resistant:
 - 1 in very 3 people have staph on their skin (carriers); and
 - Of the 1 – 3: one in 100 have MRSA:
 - You will not know if it is MRSA unless tested;
 - Testing typically occurs when someone has failed at least one round of antibiotic treatment; or
 - A number of people have been identified with MRSA and testing is done to find the "source."

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ANTIBIOTIC RESISTANCE

- Antibiotic resistance occurs when an organism becomes resistant to the current antibiotic treatment.
- Multi-drug resistant organisms (MDRO) occurs when an organism becomes resistant to more than one antibiotic treatment.
- Resistant or multi-drug resistance is a significant issue:
 - There are many antibiotic resistant organisms.

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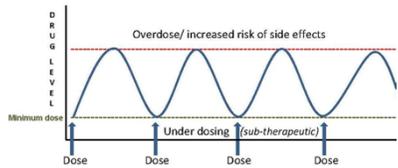
ANTIBIOTIC RESISTANCE

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STANDARD PRECAUTION EXAMPLE

Wound w/MRSA	Wound w/infection	Wound w/o infection
<ul style="list-style-type: none"> • Gloves • Cover wound • <i>Situation Driven:</i> <ul style="list-style-type: none"> ◦ Gown? ◦ Draining - Yes ◦ Behaviors - <i>Maybe</i> ◦ Isolation? RARE ◦ Draining - <i>Maybe</i> ◦ Behaviors - <i>Maybe</i> 	<ul style="list-style-type: none"> • Gloves • Cover wound • <i>Situation Driven:</i> <ul style="list-style-type: none"> ◦ Gown? ◦ Draining - Yes ◦ Behaviors - <i>Maybe</i> ◦ Isolation? RARE ◦ Draining - <i>Maybe</i> ◦ Behaviors - <i>Maybe</i> 	<ul style="list-style-type: none"> • Gloves • Cover wound • <i>Situation Driven:</i> <ul style="list-style-type: none"> ◦ Gown? ◦ Probably not ◦ Isolation? RARE ◦ Probably not

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ANTIBIOTIC RESISTANCE

- Multi-Drug Resistant Organism Transfer form:
 - Use standard precautions at all times;
 - MDRO transfer form kept with the resident's record;
 - Provide a copy to:
 - Any emergency personnel (i.e. paramedics etc.) when treating and/or transporting the resident;
 - The facility when a resident is being transferred to the hospital, emergency room, ambulatory surgical center, nursing facility or another licensed or certified care setting.
 - Notify your local health department within one working day of the date of transfer to or from your facility.

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MRSA



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SAFE DISPOSAL

Contaminated Supplies

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SAFE DISPOSAL

- Properly dispose of contaminated supplies :
 - Kleenex;
 - Dressings, band aids, etc.;
 - Gloves and other protective disposable gear such as masks and gowns;
 - Needles and lancets.
- Containers must be:
 - Leak proof with a lid; and
 - Lined with a plastic bag when the container is reusable.

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SAFE DISPOSAL

- Reusable gowns must be placed in a waterproof container until ready to wash:
 - Still single use only so will need a supply to assure changing each time.
- Needles and other sharp items go into an approved sharps container:
 - Take to an approved disposal site:
 - Call your local garbage company there may be pick-up options.



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MEDICATION SAFETY

Do Not Share!

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LAUNDRY

- **High "risk" laundry** should be washed separately from other laundry and washed in hot water and dried in a hot dryer:
 - Any articles contaminated by body fluids;
 - Towels used after handling raw meat, poultry or fish;
 - Sponges or towels used to clean the kitchen, bathroom or contaminated surfaces;
 - Bathroom towels and washrags – residents should never share towels.

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STRATEGIES

Assuring Compliance

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POLICIES AND PROCEDURES

- **Written policies on when and how to contact:**
 - Nurse and staff responsible for infection control monitoring;
 - Administration;
 - Local Health Department (LHD);
 - Immediate steps to take when residents show symptoms of gastrointestinal infections or influenza.
- **Keep a master log of all staff and residents with symptoms of GI or influenza symptoms.**

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EMPLOYEES

- Administrators/managers must be role models!
- Review with staff:
 - Sick policy and management expectations:
 - Staff should not come to work when sick!
 - Who and when to report infection control concerns regarding staff, residents *and* visitors;
 - Standard precaution expectations.
- Consider sponsoring a vaccine clinic for staff and residents:
 - Flu;
 - Pneumonia.

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TRAINING

- All employees, including maintenance, housekeeping, food service should have training at minimum once a year:
 - **Hand hygiene; AND**
 - **Respiratory hygiene;**
 - Resident room routine, i.e., washing or sanitizer before and after entering room;
 - What to do if there is contact precautions or isolation:
 - How to properly put on PPE and take PPE off.
 - Additional training specific to individual duties.

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TRAINING

- Don't forget residents and visitors!
 - Provide written expectations to all visitors;
 - Work with residents on their hand and respiratory hygiene.
- Use posters and humor to encourage good habits:
 - Change frequently to avoid desensitization to message;
 - Involve everyone - solicit ideas and suggestions from staff and residents.

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TRAINING

- **Verify your nurses training and experience with standard precautions:**
 - Is their training current?
 - Plenty of free training resources available via online or webinar trainings for professionals.
- **Investment in training has a long term benefits especially infection control measures:**
 - Reduced transmission of infectious organisms;
 - Reduced staff illness;
 - Reduced resident illness of seasonal flu and colds.

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COMPLIANCE

- **Administrators need to monitor staff routinely to assure compliance:**
 - All settings: dining room, recreation areas, resident care etc.
- **Identify at least one staff per shift responsible for infection control monitoring and reporting:**
 - Staff responsible for infection control tasks should be clearly identified and communicated with all staff and residents.

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COMPLIANCE

- **Hand sanitizers should be located in areas that encourage routine use:**
 - Have sanitizers available for residents too;
 - Assign multiple staff to monitor to assure dispensers are never empty.
- **Keep adequate supply of gloves in multiple sizes:**
 - Place gloves in each room with contact precautions;
 - In other areas where residents gather.
- **Reward staff for positive changes.**

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BREACHES

- Common breaches:
 - Not washing hands properly and frequently;
 - Touching face or other non-covered skin with gloved hands;
 - Improper sized gloves;
 - Not using gowns when appropriate;
 - Not removing gloves or gowns properly;
 - Removing trash using the same gloves room to room;
 - Non-direct care staff not washing hands before and after entering a residents room.

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RESOURCES

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