

Basic Infection Prevention and Control Procedures

Slide 1 - Basic Infection and Control Procedures

Basic Infection
and
Control Procedures

For the Medicare Home Health Care
Conditions of Participation, 2018

Presented by: Barbara Katz, RN MSN

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Slide 2 - Learning Outcomes

Learning Outcomes

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- Define “infection control”
- Explain standard precautions
- Identify when and how to use personal protective equipment (PPE)
- Explain bloodborne pathogen procedures
- Describe ways to recognize and report infections and exposure to infections



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Slide 3 - Understanding Infection Control

Understanding Infection Control



- **Microorganisms** are tiny living things
- **Pathogens** are microorganisms that cause infections
- Pathogens can be **transmitted** (spread) from one person to another
- **Infection control procedures** stop pathogens from spreading

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Slide 4 - Why Infection Control is Important

Why Infection Control is Important

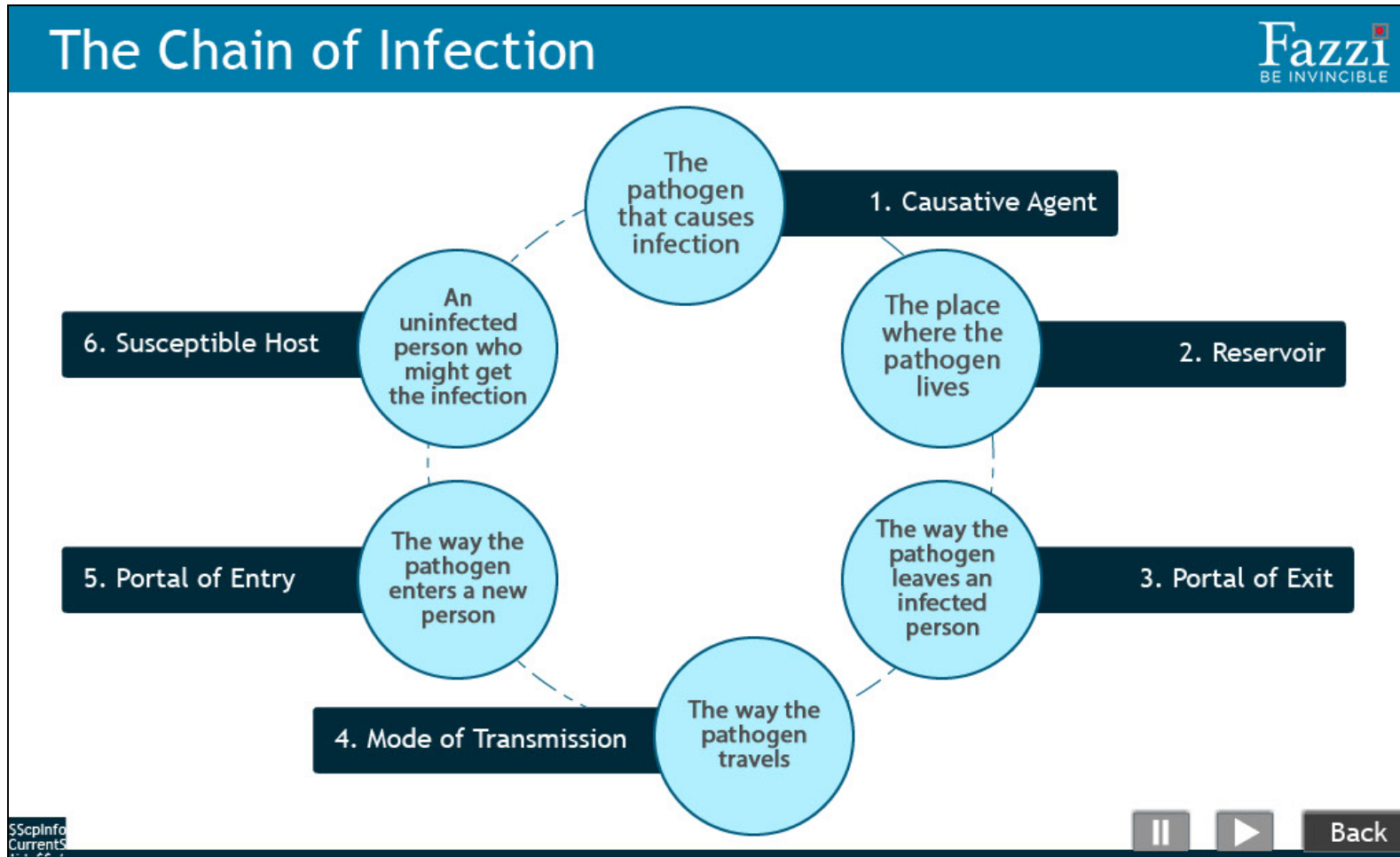


- A new infection can **make your patient sicker**
- **You can get an infection** from one of your patients
- You can spread an infection from **one patient to another**
- You can spread an infection from a patient to your **family and coworkers**

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Slide 5 - The Chain of Infection




Slide 6 - Chain of Infection Example

Chain of Infection Example

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- Mrs. Jones has the flu (*causative agent*)
- The flu germs are in Mrs. Jones's respiratory tract (*reservoir*)
- Mrs. Jones coughs without covering her mouth (*portal of exit*)
- The flu germs travel through the air (*mode of transmission*)
- A home health aide breathes in the flu germs (*portal of entry*)
- The previously healthy home health aide (*susceptible host*) gets the flu




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Slide 7 - Quiz: Breaking the Chain of Infection

Quiz: Breaking the Chain of Infection




- Mrs. Jones has a respiratory infection (*causative agent*)
- The pathogens are in Mrs. Jones's respiratory tract (*reservoir*)
- Mrs. Jones coughs without covering her mouth (*portal of exit*)
- The pathogens travel through the air (*mode of transmission*)
- A home health aide breathes in the pathogens (*portal of entry*)
- The previously healthy home health aide (*susceptible host*) gets the respiratory infection

How could the home health aide break the chain of infection?




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Slide 8 - Quiz: Breaking the Chain of Infection

Answers: Breaking the Chain of Infection 

- Ask Mrs. Jones to cough into her sleeve or a tissue.
- The aide can wear a mask when providing care.
- The aide can wash her hands frequently.
- The aide could choose to wear gloves when picking up tissues and cleaning in areas where the patient has been coughing.


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Slide 9 - Other Important Infection Control Terms

Other Important Infection Control Terms

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- **Contagious** - Likely to spread infection
- **Exposure** - Contact with a pathogen
- **Contaminated** - A surface, food or object that has pathogens on it
- **Mucus membranes** - The lining of the eyes, mouth, nose, urinary and GI tract
- **Body fluids** - Blood, mucus, saliva, urine, loose feces, vaginal fluid, wound drainage
- **Hygiene** - Cleaning
- **Precautions** - Methods used to prevent disease before it spreads




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Slide 10 - Chain of Infection Story



Chain of Infection Story



“Ignaz Semmelweis, a Hungarian doctor who practiced in the mid-1800s, noted how bacteria travel from caregiver to patient. Semmelweis noticed the practice of physicians and medical students examining women who died of puerperal sepsis(then called childbed fever) and then going directly to the wards where they examined women in labor. Semmelweis noted that on wards where midwives delivered babies, few mothers died of puerperal sepsis. He knew that midwives did not witness autopsies. Semmelweis reasoned that something was carried from the autopsy room to the wards on the hands of physicians and students. He introduced a simple handwashing regimen and rates of death due to puerperal sepsis fell.”

Dr. Semmelweis’s ideas, however, were rejected by physicians in his hospital who were offended that he would suggest that they were a source of infections for patients. This rejection led to his eventually having a nervous breakdown and dying in an asylum.

Source: Infection Control Today, *Breaking the Chain of Infection*. 2002



Slide 11 - Pathogens Enter and Leave the Body Through:

Pathogens Enter and Leave the Body Through: 



- Nose
- Mouth
- Eyes
- Broken skin
- GI tract
- Urinary tract
- Genitals

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Slide 12 - How Patients and Aides are Exposed to Infections

How Patients and Aides are Exposed to Infections




- Breathing in pathogens
- Touching a contaminated surface, then touching yourself
- Being stuck with a sharp object that is contaminated
- Eating contaminated food
- Being bitten by an infected animal or insect

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Slide 13 - Personal Infection Prevention

Personal Infection Prevention



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- Get required immunizations (flu and hepatitis B)
- Sneeze or cough into your sleeve; not your hands
- Keep open cuts or scrapes covered
- Stay home from work if you have any type of infection
- See a doctor if you think you have a more serious infection
- Wash your hands frequently

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Slide 14 - Quiz: Where are the Germs?

Quiz: Where are the Germs? Fazzi
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1. Mr. Haverill cannot hold his urine and sometimes urinates on the toilet and floor.
2. Mrs. Alvarez has pneumonia and is coughing constantly.
3. Mr. Washington pricks his finger with a lancet to test his blood sugar and leaves the used lancets on the counter.
4. Ms. Groninger has an infected pressure ulcer on her leg and drainage often leaks through the dressing.


In these situations, where are pathogens (germs) likely to be?

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Slide 15 - Quiz: Where are the Germs?

Answers: Where are the Germs?



1. Pathogens are likely to be on the toilet, on the floor, and possibly on the patient's underwear and his hands if he does not wash them well after he urinates.
2. Pathogens are likely to be around her nose, mouth and face; on any tissues that she uses, on her clothing and on any towels, objects or surfaces that she touches or coughs on. There may also be pathogens on her hands if she is touching her nose, mouth or face.
3. Pathogens are likely to be on the lancet, on the counter and possibly on the patient's hands if he does not wash them thoroughly after testing his blood.
4. Pathogens are likely to be on the dressing itself, on parts of the patient's clothing close to the dressing, on the sheets of the patient's bed and anywhere else that the drainage might touch. Pathogens might also be on the patient's hands if he touches the dressing.

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Slide 16 - Food Safety and Infection Control

Food Safety and Infection Control



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- Get required immunizations (flu and hepatitis B)
- Sneeze or cough into your sleeve; not your hands
- Keep open cuts or scrapes covered
- Stay home from work if you have any type of infection
- See a doctor if you think you have a more serious infection
- Wash your hands frequently

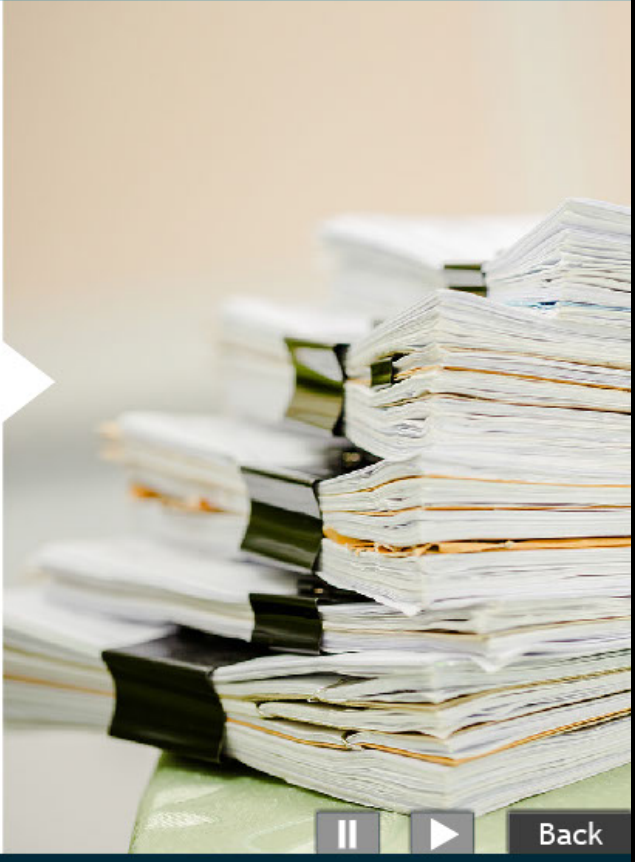
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Slide 17 - Understand Your Agency Infection Control Program

Understand Your Agency Infection Control Program Fazzi BE INVINCIBLE


- Basic infection control written procedures
- Care plan infection control information
- Agency approved PPE, cleaning and handwashing supplies
- Bloodborne pathogen procedures
- Reporting sharps injuries
- Reporting your own exposure to possible infection
- Identifying and reporting signs of a patient infection



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Slide 18 - Remember Infection Control “CPR”



Remember Infection Control “CPR”

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- **CLEAN** - hands, skin and surfaces
- **PROTECT** - clothes, skin, mucus membranes, equipment
- **REPORT** - signs of new patient infections or your own exposure to infection

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Slide 19 - Understanding Standard Precautions

Understanding Standard Precautions

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- Standard precautions are a set of infection control procedures developed by the U.S. Centers for Disease Control.
- Standard precautions assume that anyone could be infectious even if they look healthy.
- This means that you must use basic infection control procedures with all patients; even if you don't think the patient has an infection.



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Slide 20 - Standard Precautions

Standard Precautions

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- Handwashing
- Household hygiene
- Cough/sneeze hygiene
- Use of Personal Protective Equipment(PPE)
- Sharps injury prevention

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Slide 21 - Quiz: Standard Precautions

Quiz: Standard Precautions

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Standard precautions should be used for which of these patients?

- A) Mrs. Zara who is 90 and never leaves home
- B) Mr. Adama who has a previous history of IV drug use
- C) Mrs. Torres who has been in and out of the hospital with urinary tract infections
- D) All of the above

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Slide 22 - Handwashing – The Key to Infection Control

Handwashing - The Key to Infection Control



- Researchers estimate that if everyone routinely washed their hands, a **million deaths a year** could be prevented
- Appropriate hand washing practices can **reduce the risk of foodborne illness** and other infections
- Handwashing can **reduce the risk of respiratory infections by 16%**

Source: Centers for Disease Control




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Slide 23 - Be Prepared for Hand Hygiene in the Home

Be Prepared for Hand Hygiene in the Home



- Bring your own agency-approved hand hygiene supplies with you
- Carry alcohol based hand sanitizer
- Don't use soap or towels that are in the patient's home



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Slide 24 - When to Wash Your Hands

When to Wash Your Hands



- Before giving care
- After using the bathroom
- When preparing food
- After touching a contaminated surface
- After blowing your nose, coughing, or sneezing
- After touching an animal
- If your hands are dirty



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Slide 25 - Handwashing Steps

Handwashing Steps

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1. Wet hands with water and apply soap
2. Point fingers down into the sink
3. Lather the hands and rub all surfaces together for 20 seconds
4. Rinse hands with clean water
5. Dry hands with paper towels and turn off the tap





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Slide 26 - Handwashing with Hand Sanitizer

Handwashing with Hand Sanitizer




- Can use if your hands are not soiled
- Use an agency approved, alcohol based product
- Put product on and rub hands together
- Rub all surfaces until hands feel dry
- This should take around 20 seconds

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Slide 27 - Quiz: Handwashing


Quiz: Handwashing - Fact or Fiction



You can use hand sanitizer in any situations where you would normally wash your hands.

A) True
 B) False

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Slide 28 - Quiz: Handwashing

Quiz: Handwashing - Fact or Fiction

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Washing your hands for 5-10 seconds is enough to clean off pathogens.

A) True
 B) False

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Slide 29 - Quiz: Handwashing

Quiz: Handwashing - Fact or Fiction

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Washing your hands with hot water and no soap will get rid of pathogens.

A) True
 B) False

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Slide 30 - Home Health Aide Bag Technique

Home Health Aide Bag Technique



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- Put the bag on a clean, hard surface
- If there are no clean areas put the bag on a piece of paper or hang it up
- **Never put the bag on the floor**
- Put soiled items in a sealed bag
- Keep clean or sterile supplies separate

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Slide 31 - Cleaning to Prevent Infections

Cleaning to Prevent Infections



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- Wear an apron to protect your clothes
- Use gloves to protect your hands
- Focus cleaning efforts on the kitchen and bathroom or where there are signs of bugs or mice
- Remove body fluids by washing the patient's skin and your skin with soap and running water

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Slide 32 - Household Hygiene for Infection Control

Household Hygiene for Infection Control



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- Use regular household cleaning products
- Start with the cleanest surface and move to the dirtiest
- Always use gloves in the bathroom
- Use separate sponges for the kitchen, the bathroom and the toilet
- Never mix cleaning products

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Slide 33 - Sources of Germs in the Home

Sources of Germs in the Home

If you dropped a piece of fruit in your kitchen sink while rinsing it, would you think twice about popping it in your mouth? What if you dropped it in the toilet?

Although the mere thought of retrieving anything from your toilet bowl may be enough to make you sick, your toilet may be cleaner than your kitchen sink, says Eileen Abruzzo, director of infection control at Long Island College Hospital of Brooklyn, New York. Food particles from plates left to soak or rinsed from dishes on their way to the dishwasher can serve as a breeding ground for illness-causing bacteria, including E. coli and salmonella. They can get on your hands or spread to foods.

Other surprising sources of germs in homes: toothbrushes, toothbrush holders, kitchen sponges, kitchen and bath towels, remote controls and cell phones.


Source: WebMD

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Slide 34 - Cleaning Contaminated Laundry

Cleaning Contaminated Laundry



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- Use gloves for handling contaminated laundry
- Bag contaminated linens separately
- Hold away from your body; don't shake
- Use bleach and the hottest water allowed for the fabric

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Slide 35 - Quiz: Household Hygiene

Quiz: Household Hygiene

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You must disinfect all household surfaces as part of standard precautions.

A) True
 B) False

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Slide 36 - Quiz: Household Hygiene

Quiz: Household Hygiene

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When washing contaminated laundry, use hot water and bleach.

A) True
 B) False

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Slide 37 - Quiz: Household Hygiene

Quiz: Household Hygiene

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When cleaning, start with the cleanest and move to the dirtiest surfaces.

A) True
 B) False

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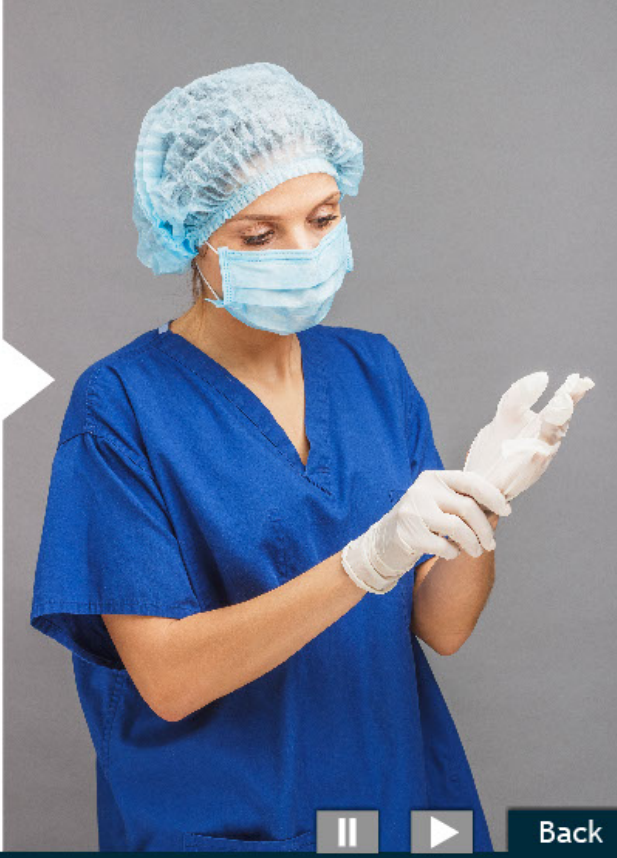
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Slide 38 - Standard Precautions – Personal Protective Equipment

Standard Precautions - Personal Protective Equipment

Personal Protective equipment (PPE)

- Gloves
- Disposable gowns
- Masks
- Eye protection




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Slide 39 - When to Use Personal Protective Equipment


When to Use Personal Protective Equipment



If there is a chance you will come in contact with:

- Blood or body fluids
- Open wounds
- Contaminated objects or surfaces


Check the care plan for PPE instructions



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Slide 40 - Important Personal Protective Equipment Points





Important Personal Protective Equipment Points 

When using PPE: Remember to touch **clean surfaces to clean surfaces** and **dirty surfaces to dirty surfaces**.

Put PPE on in the right order:

- Gown
- Mask
- Goggles or face shield
- Gloves

Remove PPE in the opposite order from the way you used to put it on.

Slide 41 - Use of PPE Study

Use of PPE Study

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A simulation study conducted at the University of Pittsburgh (Pa.) Medical Center found contamination occurred in more than 90 percent of cases of health professionals putting on and taking off PPE. Researchers cited human error during putting on PPE as a major issue, especially for isolation gowns.


Sixty-nine percent of surveyed nurses estimated gown neck closures were left unfastened at least a quarter of the time. Thus, it is clear there is significant room for improvement in education and practice when it comes to proper use of PPE in the clinical setting.

Source: Becker's Hospital Review

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Slide 42 - Quiz: PPE

Quiz: Using Personal Protective Equipment 

An aide would put personal protective equipment on in this order:

1. Gloves
2. Mask
3. Gown
4. Goggles or face shield

A) True
 B) False

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Slide 43 - Pointers for Using Gloves

Pointers for Using Gloves



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- Wash hands before using
- Don't touch your face or clean surfaces with gloved hands
- Change if heavily soiled or torn
- Change between patients
- Discard; don't reuse
- Wash hands after removing gloves

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Slide 44 - Removing Gloves

Removing Gloves

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After use, gloves are contaminated.


- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of the ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

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
Slide 45 - PPE Study- CNAs and Gloves

PPE Study- CNAs and Gloves




- Certified nursing assistants frequently exhibit inappropriate glove use in long-term care facilities, which can put patients at risk of infection, according to a study published in the [American Journal of Infection Control](#).
- For the study, researchers examined CNA glove use through a random sampling of 74 patient care events in which CNAs aided patients with toileting and perineal care at a long-term care facility. Researchers defined inappropriate glove use as not swapping out contaminated gloves for fresh ones or touching a surface with contaminated gloves.
- CNAs wore gloves for 80.2 percent of touch points, but failed to change gloves at 66.4 percent of glove change points. More than 44 percent of the gloved touch points were defined as contaminated, and all contaminated touches occurred with gloved hands. Notably, replacement gloves were available on all units during the patient care events.

Source: American Journal of Infection Control



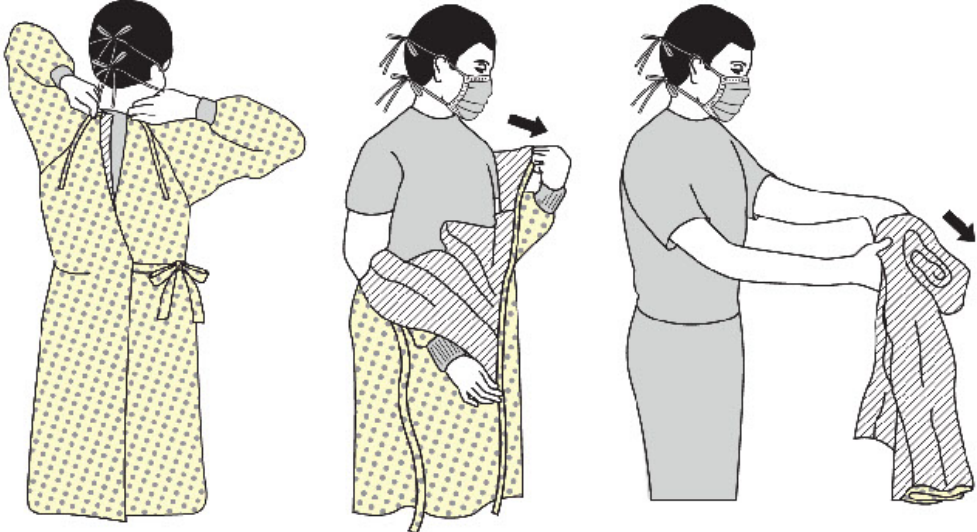
Slide 46 - Taking Off a Disposable Gown

Taking Off a Disposable Gown



Gown front and sleeves are contaminated!

- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container




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Slide 47 - Using a Mask

Using a Mask



Put the mask on



- Pick up with strings or strap
- Secure ties or strap at the back of your head
- Adjust over your nose and mouth

Take the mask off

- Grasp the bottom ties and then the top ties
- Remove the mask from the back
- Discard the used mask

Remember

- Don't let the mask dangle on your clothing
- Change masks between patients



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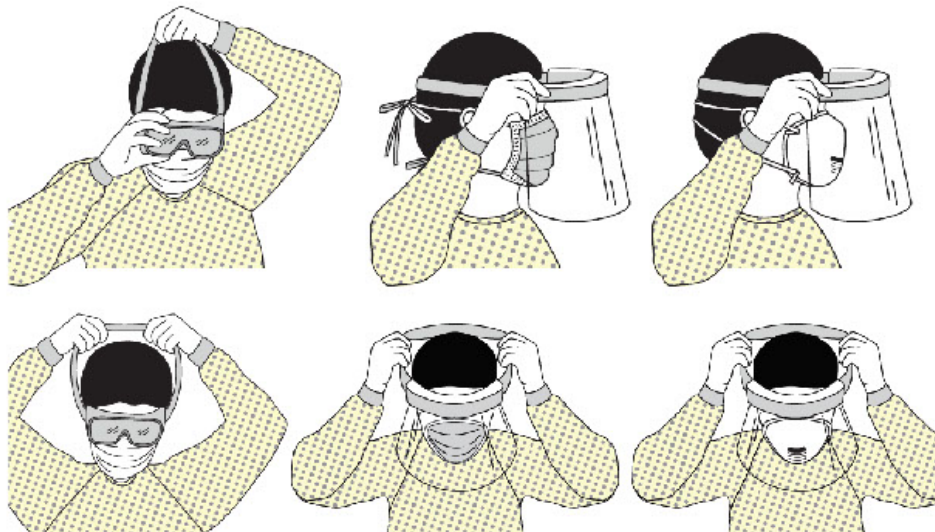
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Slide 48 - Using Eye Protection

Using Eye Protection



- Use goggles when patient body fluids might splash or spray (Glasses do not provide enough protection)
- Put goggles on over your eyes or eyeglasses
- Secure goggles around your eyes
- When finished, lift away from face using headband or ear piece
- If disposable, throw in waste container; if reusable, put in a bag for cleaning




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Slide 49 - Transmission Precautions

Transmission Precautions



- Higher level precautions that are used when a patient has a known or likely infectious disease
- Your care plan and orientation will give you specific instructions
- Use **transmission precautions in addition to standard precautions**





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Slide 50 - Taking Off a Disposable Gown

Types of Transmission Precautions



Airborne for diseases transmitted through the air for long distances

Droplet for diseases spread by spraying droplets short distances


Contact for diseases spread by touching

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Slide 51 - Airborne Transmission Precautions


Airborne Transmission Precautions



For illness like TB, chicken pox, measles; care may be postponed until client is not contagious

- Requires the use of a special “fit tested respirator”
- Patient is asked to wear a mask

Your supervisor will provide special instructions if airborne precautions are necessary



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Slide 52 - Droplet Transmission Precautions

Droplet Transmission Precautions

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For pathogens spread by coughing, sneezing or even talking (cold, flu, whooping cough, strep)

- Get specific instructions from the care plan and orientation
- Wear a mask and eye protection
- You and the patient should both cover the nose and mouth when sneezing or coughing
- Discard used tissues immediately
- When not providing care stay 3 feet away from the patient
- After care, wash your hands
- Discard surgical mask in trash bag and close it

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Slide 53 - Contact Transmission Precautions

Contact Transmission Precautions

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For infections that can be spread by touching or contact with pathogens (GI infections, flu, skin/wounds, parasites such as lice, drug resistant organisms like MRSA)

- Get specific instructions from the care plan and orientation
- Use gown and gloves
- Wash hands with antibacterial soap
- Limit items brought into the home and leave them if possible
- Clean and disinfect surfaces touched by the patient
- Use contaminated laundry procedures
- Disinfect care equipment when taking it out of the home

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Slide 54 - Bloodborne Pathogens – High Risk Germs

Bloodborne Pathogens - High Risk Germs

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Viruses in the blood that cause hepatitis and HIV(AIDS).

Transmitted through contact with blood, body fluids, draining wounds or sexual contact.

Standard precautions and PPE protect against spread.

Bloodborne pathogens are not spread by touch or breathing germs.



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Slide 55 - OSHA Bloodborne Pathogen Standard

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OSHA Bloodborne Pathogen Standard

Employer

- Provide training on bloodborne pathogen safety
- Have a written plan for employees who are exposed to bloodborne pathogens to follow
- Provide proper PPE
- Provide free hepatitis B immunizations to employee

Employee


- Understand bloodborne pathogen infection prevention
- Use PPE and cleaning procedures as directed by the care plan
- Follow sharps and blood and body fluid safety procedures
- Report sharps injuries immediately
- Get Immunized against hepatitis B

Source: OSHA Bloodborne Pathogen Factsheet


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Slide 56 - Cleaning Blood or Body Fluid Spills

Cleaning Blood or Body Fluid Spills



- Put on gloves
- Mix a disinfectant solution (1 part bleach to 10 parts water)
- Wipe area with paper towel
- Clean area with disinfectant solution
- Discard paper towels in a plastic bag, tie, throw away



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Slide 57 - Understanding “Sharps”

Understanding “Sharps”

Sharps are needles, lancets, razor blades or other sharp objects

You can get a bloodborne infection if you are stuck with a contaminated sharp

Lancets (for testing blood sugar) are a very common source of sharps injury



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Slide 58 - Preventing Sharps Injuries

Preventing Sharps Injuries

Never recap a used needle

Wear gloves when working around sharps

Never leave a used sharp on a table or counter or just thrown in the trash

Pick up sharps with a brush and dustpan, tongs or long tweezers

Put used sharps in agency approved “biohazard containers”




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
Slide 59 - Sharps Injuries in Home Health Care

Sharps Injuries in Home Health Care



- A study by researchers at the University of Massachusetts investigated sharps injuries in 9 home health care agencies during the period 2006 to 2007.
- Approximately 35% of nurses and 6.4% of aides had experienced at least 1 sharps injury during their home health care career; corresponding figures for other blood and body fluid exposures were 15.1% and 6.7%, respectively. Annual sharps injuries incidence rates were 5.1 per 100 full-time equivalent (FTE) nurses and 1.0 per 100 FTE aides. Medical procedures contributing to sharps injuries were injecting medications, administering fingersticks and heelsticks, and drawing blood. Other contributing factors were sharps disposal, contact with waste, and patient handling. Sharps with safety features frequently were not used. Underreporting of sharps injuries to the workplace-based surveillance system was estimated to be about 50%.

Source: American Journal of Public Health, Nov. 2009



Slide 60 - Preventing Sharps Injuries

Handling Exposure to Blood or Body Fluids



Immediately wash cuts from sharps with soap and water.

Flush splashes to the nose, mouth, or skin with water.

Rinse eyes with clean water

Report the incident to your supervisor right away

Get medical treatment for sharps injuries, following your supervisor's instructions

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Slide 61 - Quiz: Bloodborne Pathogens

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Quiz: Bloodborne Pathogen Protection

Mr. Garabedian shaves in the bathroom and leaves used razor blades on the counter. Jane, the home health aide, picks them up with gloved hands.

What did Jane do wrong?

What should she do differently?

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Slide 62 - Quiz: Bloodborne Pathogens

Quiz: Bloodborne Pathogen Protection **Fazzi**
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Mr. Garabedian shaves in the bathroom and leaves used razor blades on the counter. Jane, the home health aide, picks them up with gloved hands.

What did Jane do wrong?

What should she do differently?

Jane should not pick up used sharps (the razor blades) with her hands, even if she is wearing gloves. Gloves do not protect against cuts.


Jane should use tongs, long handled tweezers or a dustpan and brush to clean up used sharps.

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Slide 63 - Preventing Sharps Injuries

Identifying and Reporting Possible Patient Infections



Observe your patient for signs of infection:

- Redness, swelling or drainage from cuts or wound dressings
- Coughing, sneezing
- Fever, chills (check the patients temperature)
- Diarrhea or vomiting
- Frequent urination
- Change in behavior


Report new symptoms to the case manager or your supervisor

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
Slide 64 - Sharps Injuries in Home Health Care

Urinary Tract Infections in Patients with Dementia



- When younger people get a urinary tract infection, they will experience distinct physical symptoms. Most commonly, painful urination, an increased need to urinate, lower abdominal pain, back pain on one side, fever and chills.
- But those same symptoms may not be present for an older adult. Because our immune system changes as we get older, it responds differently to the infection. Instead of pain symptoms, seniors with a UTI may show increased signs of confusion, agitation or withdrawal.
- For older adults who have dementia, these behavioral changes may come across as part of that condition or signs of advanced aging. If the underlying UTI goes unrecognized and untreated for too long, it can spread to the bloodstream and become life-threatening.

Source: Alzheimer's.net



Slide 65 - Quiz: Change in Condition

Quiz: Managing a Change in Condition **Fazzi**
BE INVINCIBLE

Mrs. Ahmed suddenly starts vomiting and having diarrhea.

How should you apply the CPR (Clean, Protect, Report) principles in this case?

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Slide 66 - Quiz: Change in Condition

Quiz: Managing a Change in Condition **Fazzi**
BE INVINCIBLE

Mrs. Ahmed suddenly starts vomiting and having diarrhea.

How should you apply the CPR (Clean, Protect, Report) principles in this case?

1. Report the change in Mrs. Ahmed’s condition to your supervisor or the patient’s nurse right away. (Report)
2. Protect yourself with gloves and an apron or gown if there is a danger of body fluids splashing on you. (Protect)
3. If necessary, you should clean any place where body fluids spray or spill. (Clean)

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Slide 67 - References

References

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Slide 68 - Thank You!

Thank You!

QUESTIONS OR COMMENTS?
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