

Infection Control

F441

The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

Facts:

1. Infections are significant source of morbidity and mortality for nursing home residents and account for up to half of all nursing home resident transfers to hospitals.
2. Infections result in an estimated 150,000 to 200,000 hospital admissions per year at an estimated cost of \$673 million to \$2billion annually.
3. When a nursing home resident is hospitalized with a primary diagnosis of infection, the death rate can reach as high as 40%.
4. Urinary tract, respiratory, and skin and soft tissue infections represent the most common endemic infections in residents of nursing homes.

Infection Control is EVERYONE's responsibility! From managing food safely to employee health and hygiene, to pest control, to investigating food-borne illness, to waste disposal. Infection control relies on the TEAM!!

Infections can arise from Individual or Institutional Factors:

1. Individual factors include the following:
 - *Medications affecting resistance to infection such as corticosteroids and chemotherapy.
 - *Limited physiologic reserve (decreased function of the heart, lungs, and kidneys)
 - *Compromised host defenses (decreased or absent cough reflex predisposing to aspiration pneumonia, thinning skin associated with pressure ulcers, decreased tear production predisposing to

conjunctivitis, vascular insufficiency, and impaired immune function.)

*Coexisting chronic diseases (diabetes, arthritis, cancer, COPD, anemia).

*Complications from invasive diagnostic procedures such as skin or bloodstream infections

*Impaired responses to infection

*Increased frequency of therapeutic toxicity (declining kidney function and liver function).

Institutional Factors:

- Pathogen exposure in shared communal living space (handrails and equipment)
- Common air circulation
- Direct/Indirect contact with health care personnel/visitors/other residents
- Direct/Indirect contact with equipment used to provide care
- Transfer of resident to and from hospitals or other settings
- Improper hand washing
- Improper glove use
- Improper food handling

Definitions

Infection: Refers the establishment of an infective agent in or on a suitable host. producing clinical signs and symptoms (e.g., fever, redness, heat, purulent exudates, etc.).

Blood borne Pathogens: Tiny organisms living in blood and other body fluids that can cause disease in humans. Some of these are harmless and easily handled by the body's immune system, but others such as hepatitis or AIDS can cause severe illness.

Standard Precautions: Are designed to prevent transmission of HIV, HBV, and HCV. Standard precautions must be observed in all situations where there is potential for contact with blood or other potentially infectious body fluids. Remember, all body openings or orifices are potential contamination sites.

- | | |
|------------------------|-------------------|
| -Blood | -Amniotic fluid |
| -Semen | -Feces |
| -Vaginal secretions | -Nasal Secretions |
| -Saliva | -Sputum |
| -Cerebral Spinal fluid | -Sweat |
| -Synovial fluid | -Tears |
| -Pleural fluid | -Urine |
| -Peritoneal fluid | -Vomitus |
| -Pericardial fluid | -Wound secretions |

-Treat all human blood and body fluids as if they are infectious.
Remember who you are protecting-YOURSELF!!!

Standard Precaution #1: Hand washing

Hand washing is the single MOST important thing you can do to prevent the spread of infection. Thorough hand washing removes pathogens from the skin.

Wash hands before and after all client or body fluid contact. Immediately wash hands and other skin surfaces that are contaminated with blood or body fluids. When wearing gloves, wash hands as soon as the gloves are removed.

Germicidal hand rubs are recommended ONLY when you can't wash.

Standard Precaution #2: Gloves

- Use gloves in all situations where you may come in contact with blood or body fluids.
- Use gloves for resident care involving contact with mucous membranes, such as brushing teeth.
- Change gloves and wash hands between resident contacts.
- Change gloves and wash hands if they become contaminated when providing incontinence care.
- Use gloves when you have scrapes, scratches, or chapped skin.
- Do not wash or disinfect disposable gloves for reuse
- Do not wear gloves into the hallways. Discard in room.

Standard Precaution #3: Protective Barriers

-Personal Protective Equipment (PPE) includes the following:

- *Gloves
- *Gowns
- *Masks
- *Eye Protection
- *Face Shields
- *Mouthpieces/Resuscitation devices.

-The equipment you need depends on your work. When splashing of blood or body fluids is likely, wear the following PPE in addition to gloves:

- *Mask if your face could be splashed with blood or body fluids
- *Eye protection if your eyes could be splashed with blood or body fluids.
- *Gown if your clothing or skin could be splashed.

Standard Precaution #4: Proper disposal of sharp items

A “sharp” is any object that can penetrate the skin, such as needles, scalpels, broken glass, broken capillary tubes, razors, and exposed ends of wires. A sharp is contaminated if it has been in contact with blood, body fluids, or body tissue.

Contaminated sharps must be disposed of properly. Puncture proof biohazardous containers are provided throughout the facility.

Be careful to prevent injuries from needle sticks and other sharp instruments after procedures, when cleaning used instruments, and when disposing of used needles. Do NOT recap or manipulate needles.

Added Tips:

-Use thick rubber household gloves to protect your hands during housekeeping chores or instrument cleaning involving potential blood contact.

-Treat all linen soiled with blood or body secretions as potentially infectious

-Surfaces that have been contaminated with blood or body fluids should be cleaned with a disinfectant according to your organization's policies.

4 Ways Diseases are passed around:

1. Airborne Transmission: Airborne germs can travel long distances through the air and are breathed in by people.
Examples: TB, Chickenpox.
2. Blood borne Transmission: the blood of an infected person somehow comes in contact with the bloodstream of another person, allowing germs from the infected person into the other person's bloodstream. Blood and blood borne germs are sometimes present on other body fluids, such as urine, feces, saliva, and vomit.
Examples: AIDS, Hepatitis
3. Contact Transmission: Touching certain germs can cause the spread of disease. Sometimes you touch an infected person, having

direct contact with the germ. Sometimes you touch an object that has been handled by an infected person, having indirect contact with the infection.

Examples: Pink Eye, Scabies, wound infections, MRSA

4. Droplet Transmission: Some germs can only travel short distances through the air, usually not more than three feet. Sneezing, coughing, and talking can spread these germs.

Examples: Flu, Pneumonia

Annual TB test for employees. New hires need 2-step. Your responsibility to get these done.