

Infection Control & Prevention in Basic Care

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Objectives

- Discuss and clarify contents of the requirements and the Interpretive Guidelines related to B924: Infection Control Practices.
- Review reference material pertinent to B924.
- Describe the importance of prevention of infections in Basic Care facilities.
- Explore the survey process in relationship to B924.
- Recognize survey compliance issues related to B924 including provision of a sanitary environment and an active Infection Control Program.

Governing Body

33-03-24.1-09

B924

d. Infection control practices, including provision of a sanitary environment and an active program for the prevention, investigation, management, and control of infections and communicable diseases in residents and staff members.

Interpretive Guidelines

The facility must have an ongoing infection control program. The facility policies and procedures must include prevention, investigation, management, and control of infections.



Policies and Procedures

Policies and procedures need to be realistic and up to date with the current standards of practice.

Policies & Procedures

33-03-24.1-09 –Governing Body
B920

Policies and procedures must be in writing, signed, dated, reviewed annually and revised as necessary.

Infection Control Program

The Basic Care setting has unique circumstances and population risks to consider when designing and implementing an infection control program.

Infection Control Program

Psychosocial needs are recommended to be balanced with infection control needs in the Basic Care setting.



Infection Control Program

The Basic Care Settings must be equipped to observe Standard Precautions.



Infection Control Program

- Standard Precautions – (Formerly “Universal Precautions”) Refers to infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. It is a combination and expansion of Universal Precautions and Body Substance Isolation.

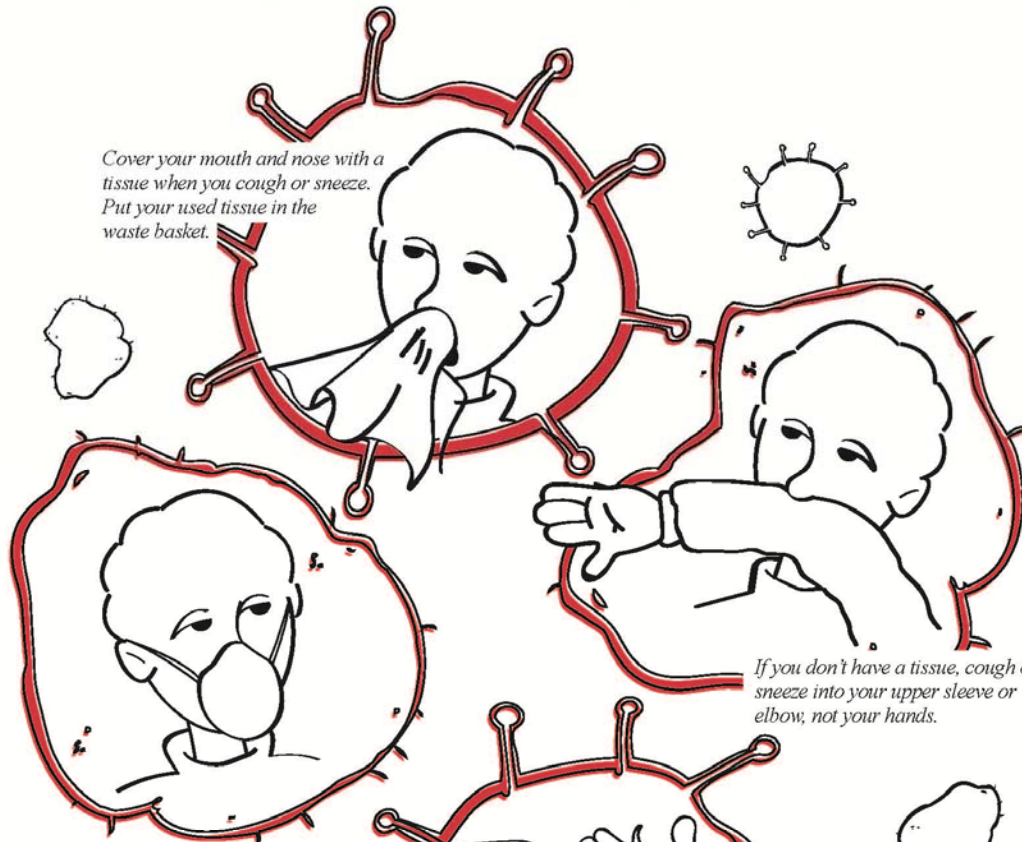
Infection Control Program

- Transmission- Base Precautions – Refers to the actions (precautions) implemented, in addition to standard precautions, that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections.

Cover Cough

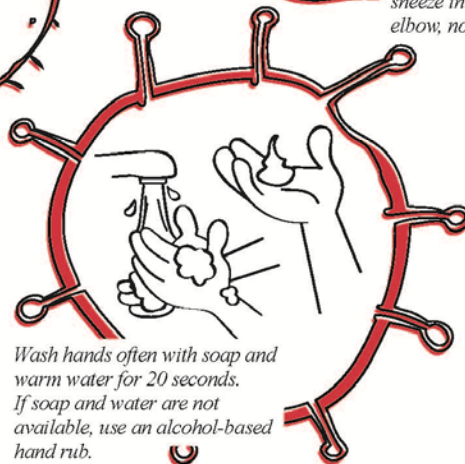
— Stop the spread of germs that can make you and others sick! —

Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.



If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

You may be asked to put on a facemask to protect others.



Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.

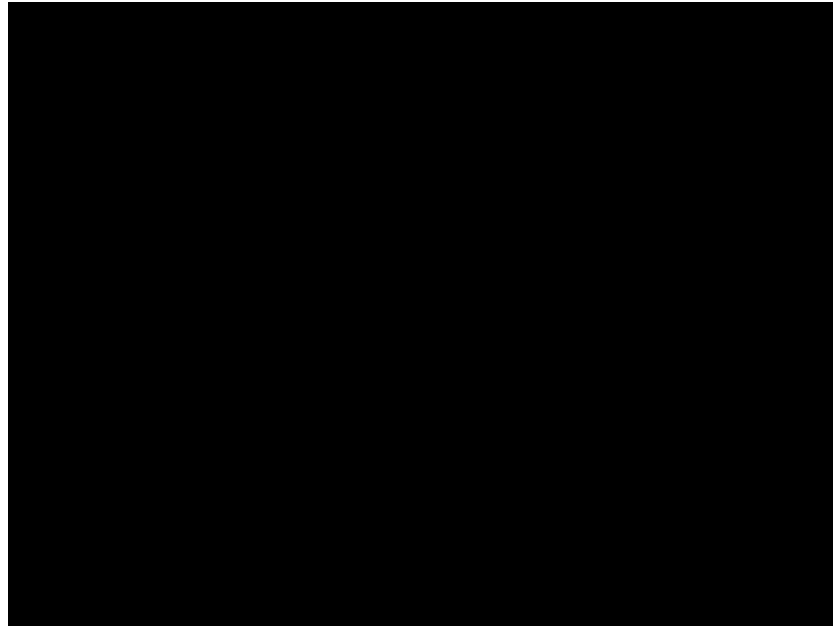


Infection Control Program

The Centers for Disease Control and Prevention (CDC) identifies hand washing as the single most effective way to prevent the transmission of disease.



Infection Control Program (handwashing video)



Infection Prevention and Control

- Hand Washing refers to washing hands with plain soap and water.
- Hand Hygiene is a general term that applies to washing hands with water and either plain soap or soap/detergent containing an anti-septic agent; or thoroughly applying an alcohol-based hand rub (ABHR).



Infection Control and Prevention

Soap/Water Hand Hygiene Technique

- Wet hands with clean, running warm water;
- Apply the amount of product recommended by the manufacturer to the hands;
- Rub hands together vigorously for at least 15-20 seconds, covering all surfaces of the hands and fingers;
- Rinse hands with water and dry thoroughly with a disposable towel or heat/air dryer; and
- Turn off the faucet on the sink with a disposable paper towel if available.



Infection Control and Prevention

Glove Usage

- Gloves should be used as an addition to not as a substitute for hand hygiene.
- Provide a safety barrier that protects residents or food from skin-borne microorganisms.
- Contamination is still possible.
- Essential that gloves be used in combination with hand hygiene.

Infection Control and Prevention

Glove Usage

- Wear gloves when contact with blood or other potential infectious materials are possible.
- Do not wear the same pair of gloves for the care of more than one resident.
- Do not wash gloves.
- Remove gloves after caring for a resident.
- Wash hands or perform hand hygiene after gloves are removed.

Infection Control and Prevention

- Single use items are not to be used for more than one resident.

Infection Prevention and Control

- Please review the manufacturer's instructions for cleaning and/or disinfecting any device. If the manufacturer recommends a disinfecting product or method, our department will accept the product and method as well.

Infection Control Program

- The most common bacterial infection in the elderly is a urinary tract infection (UTI).
- A UTI can cause incontinence.
- Mental changes or confusion can be the only signs of a urinary tract infection.



Infection Control Program

To avoid a UTI:

- Encourage adequate fluid intake.
- Remind the resident to void regularly.
- Stress the importance of wiping from front to back after toileting.



Infection Prevention and Control

During the Basic Care survey, the surveyors will be observing direct care staff as they provide personal cares for residents.

Improper perineal cleansing/glove usage may contribute to the resident's development of a UTI.



Education Programs

33-03.24.1-11

B1100

1. The facility shall design, implement, and document educational programs to orient new employees and develop and improve employees' skills to carry out their job responsibilities.



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Education Programs

33-03.24.1-11

Interpretive Guidelines

A staff orientation program must exist. Each department should have an orientation program for job responsibilities in that department and facility wide policies and procedures. The facility is responsible to maintain a record of staff orientation. If the facility provides special care services (tube feeding, pressure sore care, oxygen, etc. . .) staff need to be trained to meet resident's needs.



Education Programs

33-03-24.1-11

B1120

2. On an annual basis, all employees shall receive in-service training in at least the following:
 - a.) Fire and accident prevention and safety.
 - b.) Mental and physical health needs of the residents, including behavior problems.
 - c.) Prevention and control of infections, including universal precautions.**
 - d.) Resident Rights.

Education Programs

33-03.24.1-11

Interpretive Guidelines

- Annual is defined as 12 months from the previous in-service of the same topic.
- Records of training should be kept for all staff members.
- The record should include: a.) date of training and b.) agenda or synopsis of training and name of the presenter.



Education Programs

33-03.24.1-11

- Educate staff (verbal and written) regarding specific tasks being delegated to them – such as dressing changes, wound care etc.

Policies and Procedures

- Need to have policies and procedures related to the delegation of tasks.



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ND Administrative Code

Chapter 54-01-03-01.16

“Delegation” is defined as “the authorization for the performance of selected nursing interventions from a licensed to an unlicensed assistive person.”



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Medication Administration

- Bare hand contact with medications is not allowed.



Resident Assessments and Care Plans

33-03-24.1-12

- Care plans need to be individualized with specific interventions/precautions related to the resident's active infection.
- Any caregiver, regardless of familiarity with the resident, should have all the information needed to care for the resident in the resident's plan of care.



Infection Control

33-03-24.1-14

Personal Care Services

B1400 – The facility shall provide personal care services to assist the resident to attain and maintain their highest level of functioning consistent with the resident assessments and care plans. These services must include assistance with:



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Infection Control

3303-24. 1-14

Personal Care Services

- B1420
2. Arrangements to seek health care when the resident shows signs or describes symptoms of an illness or abnormality for which treatment may be indicated.



Infection Control

- Develop policies and procedures related to staff illness. Avoid having staff with communicable diseases in direct contact with residents or resident's food.

Infection Control

North Dakota Department of Health Mandatory Reportable Conditions

- Report within 7 days unless otherwise specified to the Division of Disease Control.
- 1-800-472-2180 or 701-328-2378

Environment/Equipment

Urinals and Commodes:

- Should not use hand sink to rinse urinals or commodes.
- Should be cleaned after use and disinfected after use if used for any other resident.

Housekeeping and Laundry Services

33-03-24.1-20

B2000

The facility shall maintain the interior and exterior of the facility in a safe, clean, and orderly manner and provide sanitary laundry services, including personal laundry services, for residents.



Infection Control

Examples of Citations in Basic Care facilities during the past three years related to infection control.

Citations in Infection Control

- B1120 – Basic care facilities failed to provide annual in-service training in prevention and control of infections, including universal precautions (now referred to as standard precautions) in eight surveys during the past three years.

Citations in Infection Control

Medication Pass:

- Staff split med in half using fingers.
- Staff punching meds out of cartridge, meds fell out of cup, staff put back in cup w/hands.
- Staff punching med into ungloved hand and touching med to transfer into med cup.

Citations in Infection Control

Hand Washing – Staff:

- Failing to perform hand hygiene after removing gloves before leaving resident room.
- After peri care, gloves removed, assisted res to dining room, returned to res room for garbage. Hand hygiene not completed until garbage disposed of in laundry room.

Citations in Infection Control

Perineal Care (cont):

- Staff toileted resident, provided pericare, removed gloves and assisted resident to dining room table touching dining room table, chair, resident's walker. Staff proceeded to wash their hands at the dining room sink.

Citations in Infection Control

Perineal Care (cont):

- Resident's rectal area cleansed first then the frontal area cleansed with the same cloth. When the facility was asked for a policy for staff to follow regarding perineal care, the facility did not have a policy.

Citations in Infection Control

Glove usage:

- Staff's gloves became soiled with BM after rectal cleansing and staff rinsed off gloves in the sink and completed peri care.
- Staff failed to change gloves after providing peri care before applying a treatment such as a cream or spray.

Citations in Infection Control

Glove usage (cont):

- Staff provided pericare with BM visible on wipes. Staff continued to wear gloves utilized in pericare while arranging res clothing, assisting res to w/c, pushed res up to sink, applied soap to gloved hands and assisted res to wash, handed res towel. With same contaminated gloves on opened denture cup, handed them to res who wanted them cleaned , attempted to clean dentures under running water in sink.



Citations in Infection Control

Miscellaneous:

- Facility failed to develop and implement specific infection control procedures for prevention, management and control of methicillin resistant staphylococcus aureus (MRSA).