

# INFECTION CONTROL IN QUARAN-TEAMS

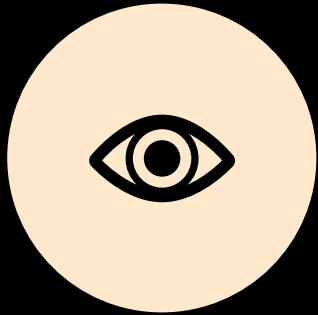
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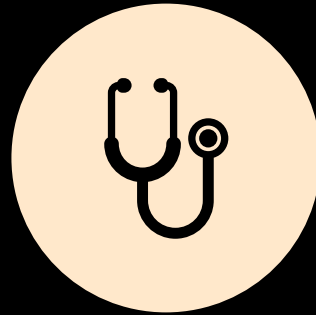
# Disclaimer

I am not a specialist in infectious diseases.

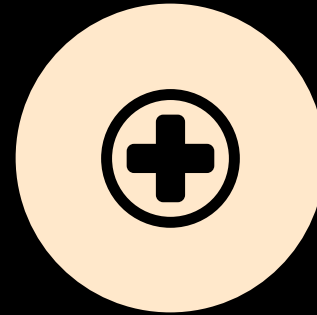
# OBJECTIVES



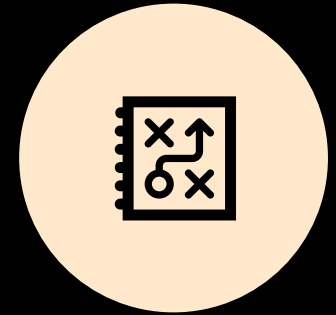
**\* IDENTIFY THE MOST  
COMMON INFECTIONS SEEN IN  
OLDER ADULTS**



**RECOGNIZE SIGNS AND  
SYMPTOMS OF INFECTION IN  
OLDER ADULTS**



**KNOW WHEN TO CALL THE  
DOCTOR AND WHEN TO GO TO  
THE EMERGENCY ROOM**



**UNDERSTAND HOW TO  
IMPLEMENT PREVENTION  
STRATEGIES**

# POLL QUESTION

What is the **number one** way to prevent infection in a congregate setting?

- A. Single rooms
- B. Handwashing
- C. Preventative antibiotics
- D. Vaccines

# Answer

B. Handwashing

# Signs & Symptoms of Infection (general)

How many can you name?

*(Please enter these in the Questions tab of your webinar's control panel.)*

# Presenting S&S of Infection in Older Adults

Fever

Lethargy

**Confusion  
(aggression)**

Urinary issues  
(incontinence,  
retention, dysuria,  
hematuria)

Tachycardia

Rigors and chills

Falls (Equilibrium  
off balance,  
Hypotension)

GI Upset (N/V,  
diarrhea, pain)

# OTHER SIGNS TO LOOK OUT FOR

Pain or discomfort

Restlessness

Lethargy

Decreased mobility

Decreased appetite



# CONFUSION *(affects 50% older adult w/infection)*

**Terms  
often  
used**

Acute  
Confusional  
State

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Delirium *(used to  
describe severe  
confusion)*

confusion w/hyper/hypoactivity

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fluctuating

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inattention or altered consciousness

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*\* ER Visit is indicated*

# CAUSES OF DELIRIUM

Table 4. Common and Life-Threatening Causes of Delirium

<b>Cardiac</b>	<b>Acute Coronary Syndrome including myocardial infarction, congestive heart failure, dsyrrhythmias [23]</b>
<b>Endocrine</b>	Addison's disease, Cushing's syndrome, Diabetic ketoacidosis, Hyperosmolar hyperglycemic syndrome, Myxedema coma, Thyroid Storm
<b>Environmental</b>	Heat stroke/exhaustion, hypothermia, High altitude cerebral edema
<b>Infectious</b>	Encephalitis/meningitis, Pneumonia, Sepsis/Septic Shock, Urinary Tract Infection
<b>Metabolic</b>	Hypercalcemia, hypo/hyperglycemia, hypo/hyponatremia, Metabolic acidosis
<b>Neurologic</b>	Acute stroke, concussion, Epidural hematoma, Non-convulsive status epilepticus, Post-ictal state, Subarachnoid Hemorrhage, Subdural Hematoma
<b>Respiratory</b>	Hypercarbia, Hypoxia
<b>Toxicological</b>	Alcohol intoxication/withdrawal, Illicit drug intoxication/overdose/withdrawal, Medication overdose, Polypharmacy

# ACRONYM TO REMEMBER CAUSES DELIRIUM

- D** Drugs
- E** Electrolyte imbalance
- L** Lack of drugs (withdrawal)
- I** Infections (especially urinary and respiratory)
- R** Reduced sensory input (environmental changes, visual or hearing)
- I** Intracranial problems (bleed, stroke, postictal state)
- U** Urinary retention and fecal impaction
- M** Myocardia problems (heart attack, heart failure, arrhythmia)

# RISK FACTORS FOR INFECTION

Decreased immunity

Poor nutrition & hydration

Limited mobility

Skin loses elasticity

Incontinence of bowel or urine

Poor hygiene

Chronic illnesses

# COMMON INFECTIONS IN THIS POPULATION

## Respiratory

- Flu
- Tuberculosis
- Pneumonia
- COVID

## Gastrointestinal

- Norovirus (*aka* “stomach flu”)
- C. Diff

## Genitourinary

- Urinary Tract Infection

## Skin

- Scabies
- Shingles

## Bloodborne

- Hepatitis B&C
- HIV

# URINARY TRACT INFECTIONS (UTI)

## Signs & Symptoms

dysuria

frequency

unable to  
urinate

incontinence  
(new onset)

flank pain

fever

# **RETENTION vs. INCONTINENCE**

**Are they complete opposite or one and the same?**

# INCONTINENCE

## Definition

Inability to hold urine

## Types

- urge
- stress
- overflow
- functional or mixed

## Treatment

- Medication
- timed voided
- cause
- surgical
- nothing



# RETENTION

## Definition

Inability to empty bladder

## Causes

NGB

Infection

Obstruction (prostate, stones, stricture)

## Treatment

catheter (indwelling or straight),

treat cause (medication or surgery)

**\*CATHETER IS NOT TREATMENT FOR INCONTINENCE**

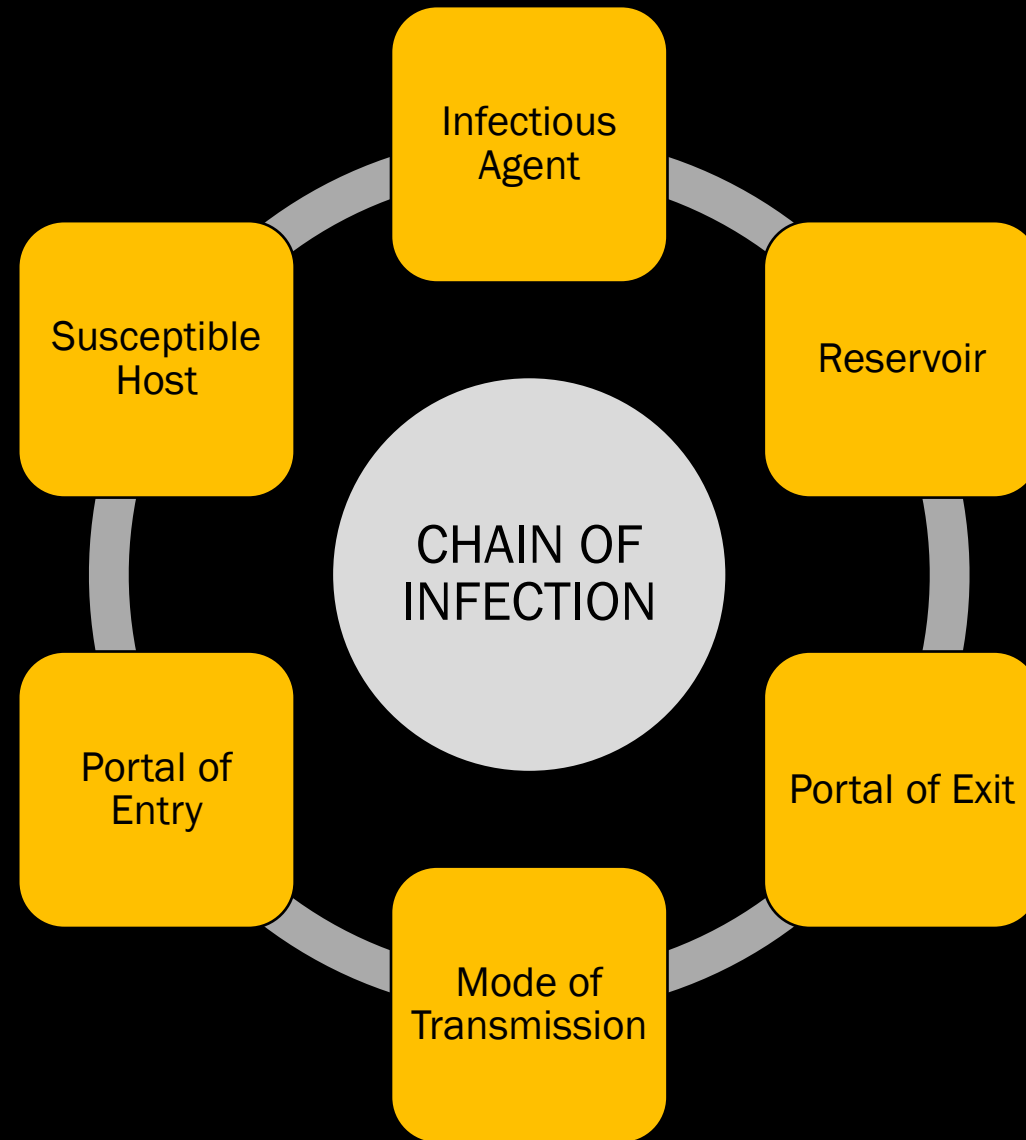
*-There are exceptions to this rule*

# GOING BACK TO THE BASICS

## Standard Precautions

Assume that all blood, bodily secretions, broken skin and mucous membranes are infectious.

# TRANSMISSION OF INFECTION



# STRATEGIES TO FOLLOW THESE PRECAUTIONS

Proper Hand  
Hygiene

Personal  
Protective  
Equipment (PPE)

Environmental  
Sanitation

Respiratory  
Precautions

Placement of  
Residents

# HAND HYGIENE

Keep nails short and clean

Avoid jewelry (rings, watches, bracelets)

Wash hands often with soap and water

When using sanitizer (>60%) make sure it's dry prior to performing tasks

Before and After Contact with Residents

Between Residents

Before and After Handling Food

Handling linens or waste (trash or anything with bodily fluids)

Using the bathroom

Blowing nose, rubbing eyes, sneezing or coughing

# Proper Hand Washing Video

<https://youtu.be/BaHTZdJWYVw>

# PERSONAL PROTECTIVE EQUIPMENT

**Masks**

**Gloves**

**Gowns**

**Eye Protection**

- - Goggles
- - Face Shield

**Resuscitation Devices**

- - Mouthpiece
- - Resuscitation bag
- - Ventilation devices

**Hand Sanitizer**

# PROPER REMOVAL OF PPE

<https://youtu.be/PQx0c13DxvQ>



# SAFE INJECTION PRACTICES

## Prevent transmission of infection & needle stick injuries

- Clean the site
- Clean the vial
- **Always** use new syringes
- Multi-dose vials or glucometers shouldn't be shared
  - Follow manufacturer's recommendation for storage
- Proper disposal of sharps
  - Anything with a potential to cause a break in the skin
- Change sharps containers when  $\frac{1}{2}$  -  $\frac{3}{4}$  full
- **Never** recap, break or bend needles

# ENVIRONMENTAL SANITATION

- Follow state guidelines
- Proper & prompt handling of linens and medical waste\*
- Disinfecting high-touch surfaces in public areas i.e. countertops, doorknobs, entrances and lobbies, tables, elevator buttons, light switches, hand sanitizer dispensers, faucets, handrails, and sinks.
- Single use equipment preferred
- Multi-use equipment i.e. stethoscopes and blood pressure cuffs **must** be disinfected between each use
- Hire additional environmental service staff (Cleaning schedule)

\* Separated from regular trash and handled per Virginia Regulated Medical Waste regulation.

# CORONAVIRUS DISEASE 2019

(COVID-19)

Your cloth face covering protects them.  
Their cloth face covering protects you.



## RESPIRATORY PRECAUTIONS



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

# DO'S & DONT'S TO WEARING A MASK

## Facemask Do's and Don'ts For Healthcare Personnel

### When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

### When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

### When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away\*, and clean your hands again.

\*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.



# RESPIRATORY PRECAUTIONS CONTINUED

**Face masks: prevent spread of respiratory secretions when**

- Talking, sneezing, or coughing.
- Should not be used by:
  1. Anyone with trouble breathing
  2. Anyone who is unconscious or incapacitated
  3. Anyone unable to remove the mask without assistance

**Respirator: reduce the wearer's risk of inhaling hazardous airborne particles**

# PREVENTATIVE MEASURES

- Hand washing
- Healthy balanced diet
- Exercise
- Limit exposure to known offenders (infections, dust, smoke)
- Vaccines
  - Flu
  - Pneumonia
  - Tetanus
  - Shingles

# PLACEMENT OF RESIDENTS

Private rooms (when possible)

- If not, put like-symptoms together.

Meal times

- Consider meals in rooms or staggered meal times

Group activities

- Consider staggering to allow for distancing

Social distancing in common areas

# CONSIDERATION FOR MEMORY CARE

- Challenges

Changes to routine (i.e. disruption in schedule, unfamiliar equipment/caregivers) can cause fear, anxiety, depression or confusion

- Recognize changes in behavior
- Maintain consistent routines/staff (only essential)
- Continue structured activities, allowing for social distancing
- Provide ways to remain active



# QUARAN-TEAMS

- Have Grace (self & others)
- Grief Response Teams (staff & residents)

# RESOURCES

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

<https://www.cdc.gov/longtermcare/prevention/index.html>

<https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

<https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html>

[http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/Jamerson\\_LTC-Infection-Prevention-Updates-and-Best-Practices.pptx](http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/Jamerson_LTC-Infection-Prevention-Updates-and-Best-Practices.pptx)

[https://www.dss.virginia.gov/files/division/licensing/alf/intro\\_page/current\\_providers/guidance\\_procedures/bg\\_monitoring/site\\_visit\\_resources\\_handout.pdf](https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/guidance_procedures/bg_monitoring/site_visit_resources_handout.pdf)

<https://paltc.org/topic/infection-preventioncontrol>

[https://www.assistedlivingconsult.com/issues/02-01/ALC2-1\\_AMDA.pdf](https://www.assistedlivingconsult.com/issues/02-01/ALC2-1_AMDA.pdf)

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