

INFECTION CONTROL BACK TO THE BASICS

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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

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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

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Answer

B. Handwashing

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Signs & Symptoms of Infection (general)

How many can you name?

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

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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)

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CONFUSION (affects 50% older adult w/infection)

Terms
often
used

Acute
Confusional
State

Delirium (used to
describe severe
confusion)

confusion w/hyper/hypoactivity

fluctuating

inattention or altered consciousness

* ER Visit is indicated

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CAUSES OF DELIRIUM

Table 4. Common and Life-Threatening Causes of Delirium

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

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RISK FACTORS FOR INFECTION

Decreased immunity
Poor nutrition & hydration
Limited mobility
Skin loses elasticity
Incontinence of bowel or urine
Poor hygiene
Chronic illnesses

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COMMON INFECTIONS IN THIS POPULATION

Respiratory	Gastrointestinal	Genitourinary	Skin	Bloodborne
<ul style="list-style-type: none"> • Flu • Tuberculosis • Pneumonia • COVID 	<ul style="list-style-type: none"> • Norovirus (aka "stomach flu") • C. Diff 	<ul style="list-style-type: none"> • Urinary Tract Infection 	<ul style="list-style-type: none"> • Scabies • Shingles 	<ul style="list-style-type: none"> • Hepatitis B&C • HIV

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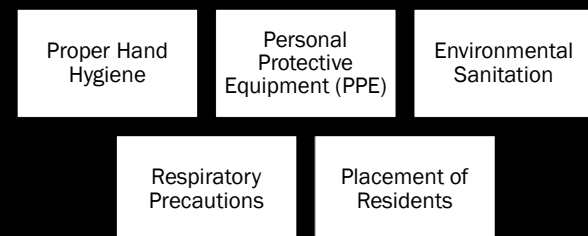
GOING BACK TO THE BASICS

Standard Precautions

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

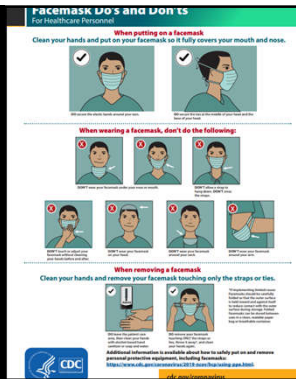
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STRATEGIES TO FOLLOW THESE PRECAUTIONS



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DO'S & DONT'S TO WEARING A MASK



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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

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PREVENTATIVE MEASURES

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

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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

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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

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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

https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/guidance_procedures/bg_monitoring/site_visit_resources_handout.pdf

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

https://www.assistedlivingconsult.com/issues/02-01/ALC2-1_AMDA.pdf

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Beers, M.H. & Berkow, R. (Ed.). (2000). *The Merck Manual of Geriatrics*. (3rd ed.). Merck Research Laboratories.

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Center for Disease Control and Prevention. (2020, April 21). Demonstration of doffing (taking off) Personal Protective Equipment (PPE). [Video]. YouTube. <https://youtu.be/PQxOc13DxvQ>

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