Five Top Tips to Prevent Infections in Long-term Care Settings

Tip No. 1 Vigilance

- ***Open Your Eyes***
- ***Staff Education***
- ***Reduce Risks***
- ***Be Proactive***
- ***Know the* Signs and Symptoms of Infection**

Tip No. 2 Hand Hygiene

- ***Do you know the 5 moments for Hand Hygiene?***
- ***Do you know when you CAN'T use alcohol hand rub?***

Tip No.3 Cleaning Schedules

- *Ask Yourself some Questions about Cleaning*
- *Develop Cleaning Schedules & Routines*

Tip No. 4 Waste Management

Tip No. 5 Client Placement and Transfer

- *Every facility should have a written guideline in relation to transferring and accepting clients.*

Top Tips to Prevent Infections in Long-term Care Settings

Tip no. 1 - Vigilance

Open Your Eyes

- Look around your institution – could it be cleaner? Look at the curtains, under the beds, the lockers, the kitchens and bathrooms.
- Look at your staff – are their uniforms clean, their appearance neat, do they wash their hands?
- Look at your environment with new eyes, see the problems and do something about them!

Education

- Education for all staff, not just one grade. Try to send at least one member of staff to any available training sessions, there are several free sessions organised during the year. Get these staff members to present what they've learned back to all staff.
- Ensure catering staff are HACCP trained
- Provide some food hygiene training for all staff
- For information on specific conditions – stay informed (http://www.hse.ie, http://www.hpsc.ie)

Reduce Risks

- Reduce numbers of invasive devices if possible, e.g. urinary catheters. If possible have one member of staff trained to be an 'expert' on urinary catheters, peg tubes etc. who can then advise all staff.
- Ensure adequate spacing between client beds (at least 1 metre)
- Ensure a clean, safe environment is provided – follow up audits with achievable goals to improve the environment.

Be Proactive

- Observe clients for signs & symptoms of infection (see below)
- If possible have infection control link nurse on each unit, or a link nurse for your institution who can liaise with HSE Community Infection Control Nurses / Public Health for advice
- Does your organisation have a Quality & Risk Committee, or Drugs & Therapeutics committee? Infection Control should be an agenda item on management meetings – the culture for preventing infections must come from the top of the organisation.

Everyone must know the Signs and Symptoms – Act Quickly!

High Temperature / Pyrexia
Vomiting and / or diarrhoea
Acute confusion
Unexplained rash
Change in urine – odour, colour, consistency, amount
Pain
Wound infections – increased exudates, odour, redness, swelling, heat etc.

Top Tips to Prevent Infections in Long-term Care Settings

Tip No. 2 Hand Hygiene

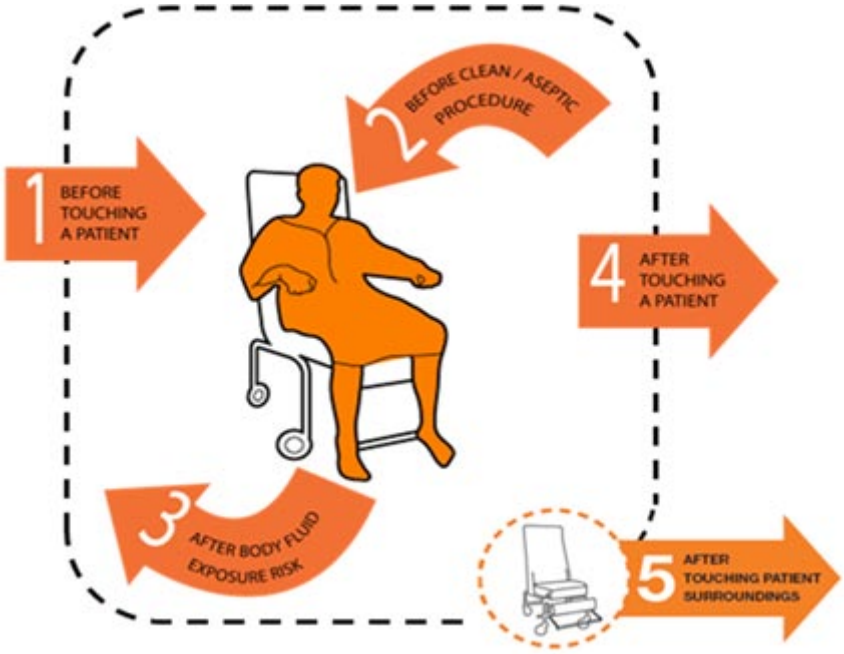
Hand hygiene is one of the most effective means of preventing infection.

Alcohol based hand rubs are the preferred method for hand hygiene when hands are not soiled and are physically clean.

There are 2 situations where alcohol hand rub alone is not sufficient:-

1. Where hands are visibly soiled.
2. After contact with a patient with known or suspected diarrhoea (e.g. *Clostridium difficile* infection)

In these instances hands should be <u>washed</u> with either an antiseptic soap or plain soap followed by use of an alcohol rub.



The figure above summarises the 5 moments for hand hygiene. Hands hygiene should be performed:

- ✓ **Before touching a resident / client**
- ✓ **After touching a resident / client**
- ✓ **Before clean / aseptic procedures**
- ✓ **After body fluid exposure risk**
- ✓ **After contact with the resident / client environment**

Top Tips to Prevent Infections in Long-term Care Settings

Tip No. 3 Cleaning Schedules

Ask Yourself?

Who does the cleaning in your organisation?
Where are the cleaners' stores?
Are the cleaners trained? – Who has trained them?
What products do you use?

Developing Cleaning Schedules & Routines

Regular routines mean that everyone knows what to expect on a particular day within the organisation.
For advice on how to develop a cleaning schedule refer to the National Hospitals Office Cleaning Manual 2006 (click on link below)
http://www.hse.ie/eng/services/Publications/HealthProtection/Health_Care_Associated_Infection/Quality,_Risk_and_Customer_Care,_National_Hospitals_Office_Cleaning_Manual_September_2006.pdf

The Main Points….Cleaning Schedule tasks

- Define tasks as daily, weekly, monthly etc.
- Must be achievable – pilot all schedules prior to rolling them out
- Documented process – cleaning schedules should be signed off when performed, and co-signed by a manager, e.g. CNM2
- Cleaners must be provided with suitable equipment
- Cleaning must be audited and reviewed

Healthcare Equipment

Patient equipment should be decontaminated when:

- Visibly dirty & dusty
- As per cleaning schedule on a routine basis
- Immediately when spillages or contamination occurs
- On patient discharge / transfer

Equipment Classification	Examples
Single Use	Needles, syringes, oxygen equipment etc. *Cannot be cleaned or reprocessed under any circumstance*
Single patient use	Blood glucose monitors, nebuliser ports, hoist slings
Reusable	Blood pressure cuffs, shared equipment e.g. wheelchairs, commodes, hoists, must be cleaned between clients

NB – Always ensure manufacturers' instructions are followed
If equipment is damaged, torn, rusted etc. report and replace!

Top Tips to Prevent Infections in Long-term Care Settings

Tip No. 4 Waste Management

Healthcare waste may contain high risk materials and must be disposed of properly

Categories of Clinical Waste and Recommended Containers

Container	Recommended Contents	Image
Yellow Clinical Waste Bag	▪ All blood stained or contaminated items (including dressings, bandages etc.) ▪ Suction Catheters, tubing and wound drains ▪ Incontinence waste from known or suspected enteric infections	
Yellow Rigid Bin	▪ Blood and blood administration sets ▪ Body Fluids ▪ Disposable suction liners ▪ Redivac drains ▪ Histology waste ▪ Sputum containers from known or suspected TB cases ▪ Some laboratory waste	
Yellow Rigid Bin with Purple Lid	▪ Non-sharps cytotoxic waste ▪ Pharmaceutical waste ▪ Discarded chemicals and medicines	
Yellow Sharps bin	Needles, Syringes Scalpels Sharps tips of IV sets Contaminated slides Stitch cutters Guide wires Razors Blood stained/contaminated glass	
Yellow Sharps Bins with Purple Lids	Needles, syringes, sharp instruments etc. that have been used for the administration of cytotoxic waste	

Clinical Waste must be stored in locked containers out of the reach of clients, visitors and children.

All waste must be tagged and a C1 form completed prior to disposal.

Top Tips to Prevent Infections in Long-term Care Settings

Tip No. 5 Client Placement and Transfer

When deciding where to place a client consider the potential for spread of infection

1. In community settings consider the effect of isolation on a client compared to the risk of infection, it may not always be prudent to isolate in long term care settings.
2. Consider the potential risk of infection spreading - could be suspected or confirmed respiratory or gastrointestinal infection, uncontained excretions or wound drainage, undiagnosed rash etc.
3. Is the client likely to contaminate the environment or are they unable to maintain appropriate hygiene?
4. How is the microorganism spread (droplet, airborne, contact)?
5. Availability of single rooms / en-suite rooms?
6. Options for room sharing, e.g. co-horting
7. *Does the client know they have an infection?*

Every facility should have a written guideline in relation to transferring and accepting clients.

If you are transferring a client with a known or suspected infection to another facility *always:*

1. Notify the accepting unit or facility of the clients' infection status. Depending on the unit the person to notify could be the infection control nurse / Assistant Director of Nursing / CNM2 on unit etc. (Telephone and written transfer letter)
2. Notify the ambulance service if extra precautions are needed.
3. If client is being discharged home inform the Public Health Nurse and GP
4. Maintain patients dignity and privacy at all times

When a patient is being transferred from another area:

- Perform a risk assessment
- Consider the need for screening, if it is not necessary do not screen
- Consider the place you are putting the new patient, will they be beside a vulnerable client, e.g. in the case of a client with MRSA are you putting them in a room with clients who have wounds/urinary catheters etc.
- If you are unsure how to manage the infection contact your infection control team / Department of Public Health for advice

A client should not be discriminated against or refused admission because they have an infection.