

# Infection Prevention and Control

Mandatory Training





## **Genesis Administrative Services LLC Confidential Information**

This Education Program, in its entirety (slides, workbooks, instructor guides, participant guides, CDs, evaluation forms, competency checklists, etc.), is proprietary to Genesis Administrative Services LLC and is protected by the copyright laws of the United States of America.

Under no circumstances may any part of these materials be copied, transmitted, reproduced, or disclosed to third parties in any form, either electronically or otherwise, without the prior written consent of Genesis Administrative Services LLC.

References made in this presentation to “Genesis”, “the Company”, “we” “us” and “our” refer to each of Genesis Healthcare’s wholly-owned subsidiaries, acting as employer.

© Copyright 2019 by Genesis Administrative Services LLC. All Rights Reserved.

# Participant Outcomes

- Following this training, participants will be able to:
  - Discuss surveillance designed to identify possible communicable disease or infections before they can spread to other persons in the center;
  - Explain when & to whom possible incidents of communicable disease or infection should be reported;
  - Describe standard & transmission based precautions to be followed to prevent the spread of infections;



# Participant Outcomes

- Discuss when & how isolation should be used for a resident, including the type & duration of the isolation depending on the infectious agent & a requirement of the least restrictive precaution possible for the resident;
- Discuss the circumstances under which the center must prohibit employees with a communicable disease or infected skin lesion from direct contact with residents or their food; and
- Describe hand hygiene procedures to be followed by staff with direct resident contact.





# Role of the Infection Preventionist





IP Authority

**INFECTION  
CONTROL NURSE**

Property of  
Genesis HealthCare, Inc.



# Infection Control and Safety & Health Manuals

Your online Resources



- Located On Central in P&P section
- Revised as new guidelines are released

Property of Genesis HealthCare, Inc.

# Infection Prevention & Control Page on Central

- Answers to Frequently Asked Questions (FAQs)
- Information for adult immunizations
- Forms, tools, and resources
- IPC mailbox for questions regarding infection prevention and control needs
- Support and contact information

Another online resource



Property of  
Genesis HealthCare, Inc.



# Surveillance

A system

Property of  
Genesis HealthCare, Inc.



Surveillance for  
Infections  
in LTC Centers



---

Based on signs &  
symptoms

---

Are symptoms new  
or getting worse

---

Tell someone;  
Speak up!

# Surveillance

- Recognition
- Communication
- Precautions
- Education
- Collect Information
- Make changes







Property of  
Genesis HealthCare, Inc.

**We isolate the germ – NOT the patient!**

# Standard Precautions

- For ALL patients, regardless of infection status
- All blood and body fluids are considered potentially infectious
- Wear Personal Protective Equipment (PPE)
- When exposure is expected or anticipated

# Standard Precautions

---

Hand Hygiene

---

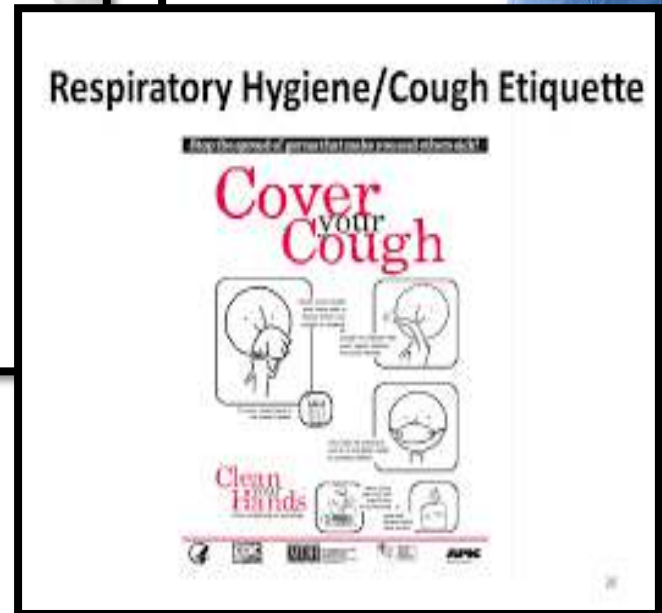
Gloves, Gowns, Masks,  
Eye Protection

---

Sharps Containers

---

Respiratory Hygiene





Transmission-Based Precautions – Based upon the germ, NOT the location of infection. *Initiation and discontinuation is based on clinical judgement*

- Contact
- Droplet
- Airborne Infection Isolation (All)



# Contact Precautions



Used most often

Germs that are transmitted by direct or indirect contact with the patient or patient's environment

Requires gown & gloves **before** entering patient's room

Typically used for drug resistant organisms when secretions, excretions, or drainage **CANNOT** be contained and for *C. difficile* diarrhea

# Droplet Precautions



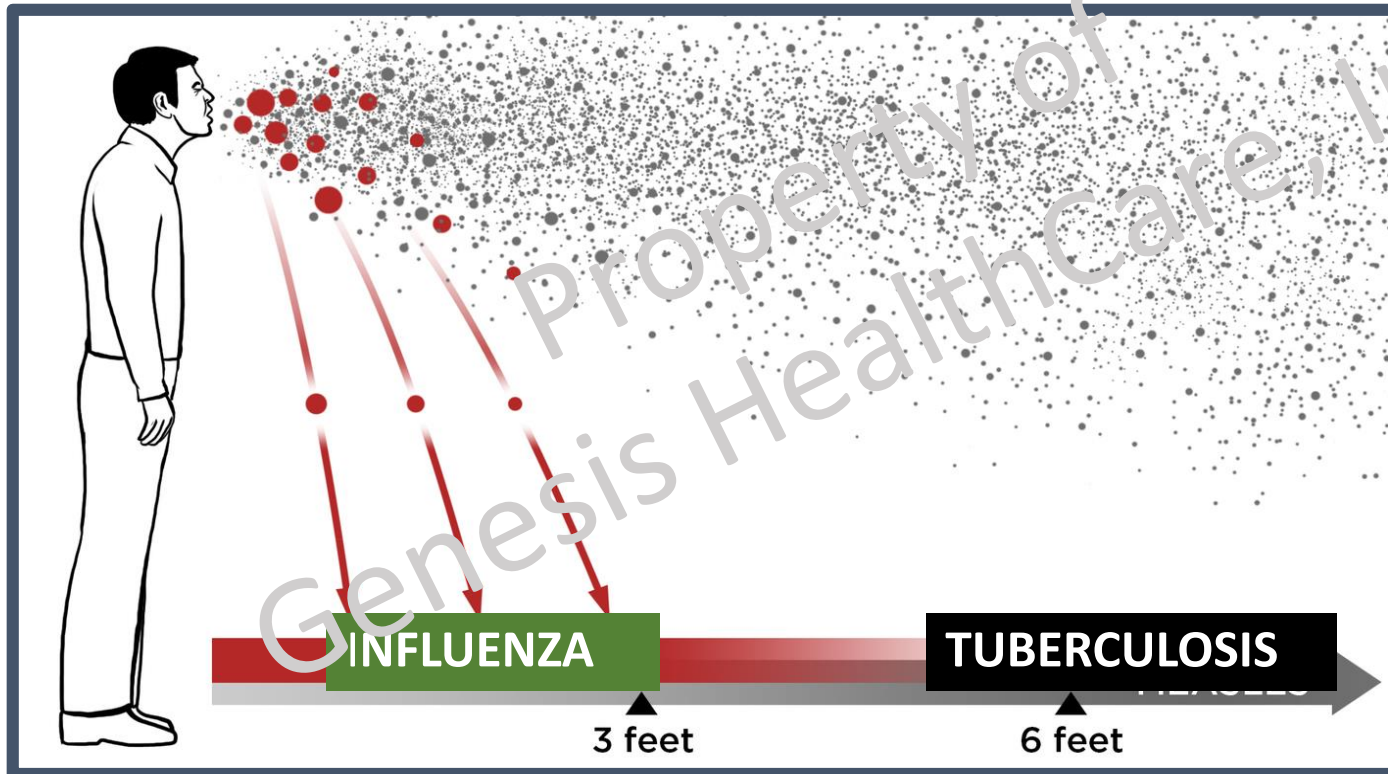
To prevent transmission of illnesses spread by close contact with mucous membranes or respiratory secretions

Requires separation of 3 feet & curtains pulled between beds; mask for contact with patient

Commonly used for influenza (flu)



# Airborne Infection Isolation (AII)



Not in LTC – requires transfer to acute care

Requires negative air pressure rooms, respirators & HEPA filtration

Used primarily for Measles & Tuberculosis disease

How do we determine what precautions are necessary for illnesses and conditions?



**2007 Guideline for Isolation  
Precautions: Preventing  
Transmission of Infectious Agents in  
Healthcare Settings**

Last update: July 2019

---

**Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee**

Acknowledgement: The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh for his many contributions and valued guidance in the preparation of this guideline.

*Suggested citation: Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings  
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>*

**We follow  
guidance from  
the Centers of  
Disease Control**

The image features four hands, two at the top and two at the bottom, all covered in a variety of colorful, 3D models of bacteria and viruses. The germs are in various shapes and colors, including red, blue, green, yellow, and purple. The hands are set against a solid black background. The text 'Property of GeneSis HealthCare, Inc.' is written diagonally across the center of the image, and 'Infection Prevention Measures' is written horizontally below it.

Property of  
GeneSis HealthCare, Inc.

# Infection Prevention Measures



# Hand Hygiene

- The **single** most **effective** action in preventing the spread of infection – even glove use!!

- Per CDC: when hands are not visibly dirty, ABHR is the preferred method for hand hygiene.





**1.** Turns on water at sink and wets hands and wrists thoroughly

**2.** Applies soap to hands. Lathers all surfaces of fingers and hands including wrists, which...

**3.** Produces friction while lathering for at least 20 seconds

**4.** Cleanses fingernails by rubbing fingertips against palms of opposite hand

**5.** Rinses all surfaces of hands, wrists and fingers keeping hands lower than the elbow and fingertips down

**6.** Uses clean, dry paper towels to dry all surfaces of hands, wrists and fingers

**7.** Uses clean, dry paper towel to turn off the faucet, without re-contaminating hands

**8.** Disposes of used paper towel(s) in waste container immediately after turning off faucet

# Hand Washing

Property of  
Genesis HealthCare, Inc.

**1.** Applies ABHR product to the palm of one hand. Amount of ABHR is specified by the manufacturer of the product.

**2.** Rubs hands together covering all surfaces of the fingers and hands including wrists

**3.** Rubs hands, fingers, and wrists until the product is dry

# Hand Rub

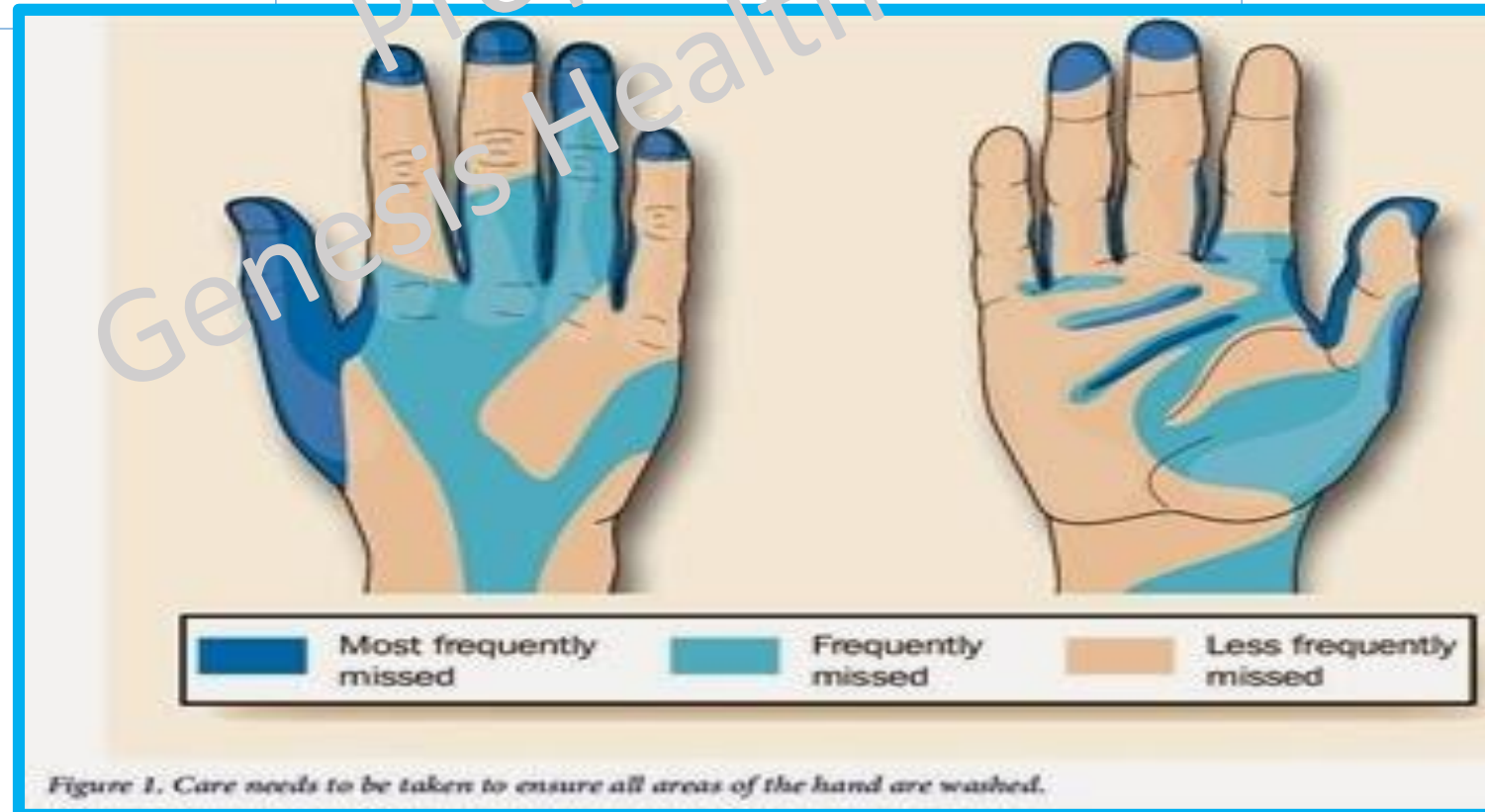


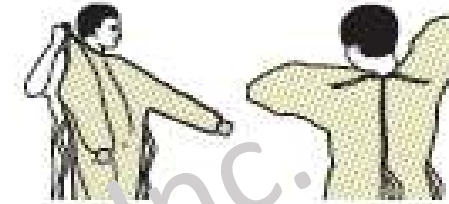
Figure 1. Care needs to be taken to ensure all areas of the hand are washed.

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

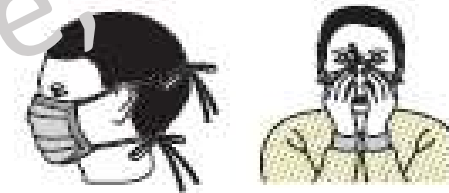
### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



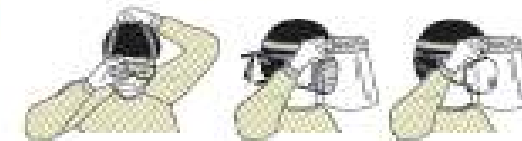
### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



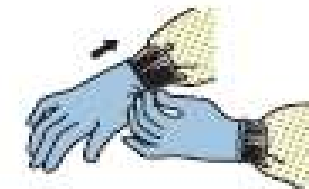
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



# DON And DOFF PPE



# DON And DOFF PPE

## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, turning inside of gown out
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching inside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the wrist, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE





# Patient & Employee Immunizations

- ***PATIENT***

- Influenza
- Pneumococcal
  - Prevnar 13 and Pneumovax
- Other vaccines

- ***EMPLOYEE***

- Influenza
- Hepatitis B
- Other vaccines

# TB Exposure Control Plan

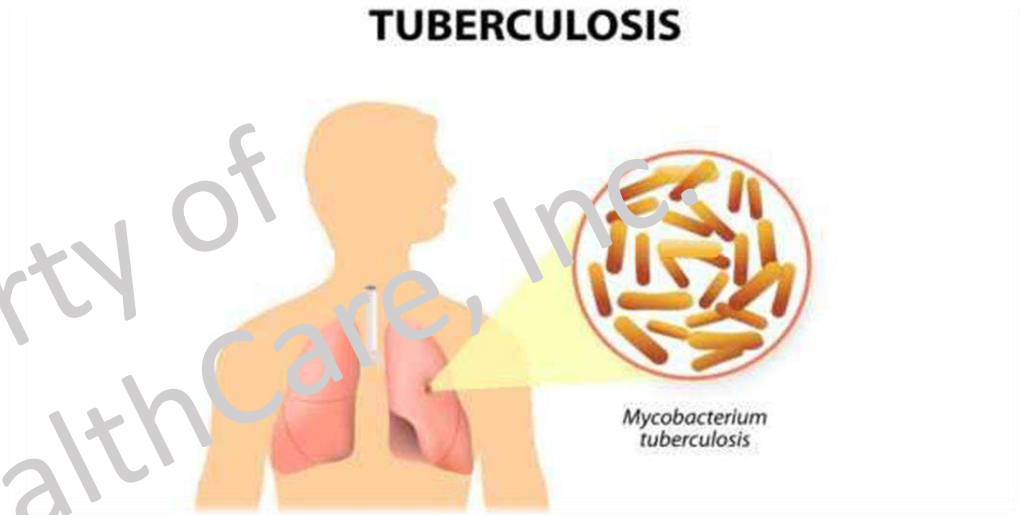
Accessible on  
Nursing Units

OSHA Requirement

Staff Education

Centers  
cannot  
isolate for  
**active TB**

- Requires airborne transmission precautions



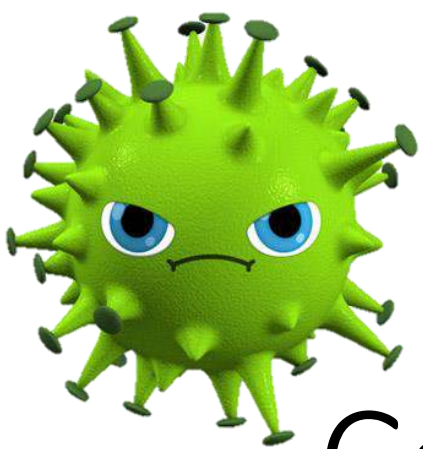


# Take Care of Yourself & Your Co-workers!

Property of  
Genesis HealthCare, Inc.



Be Aware of Potential  
Hazards of Blood-  
borne Pathogens,  
and Make Full Use of  
Center-Provided PPE

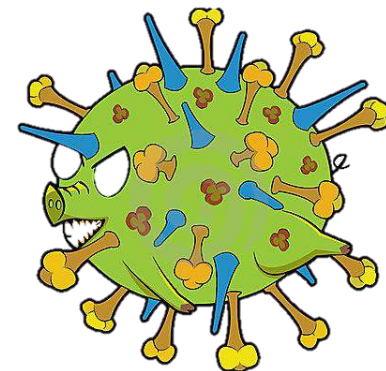
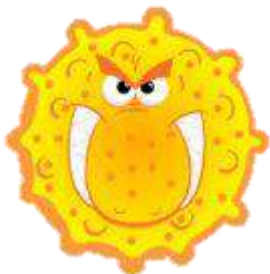


GERMS



# Communicable Diseases and Infections

What to do...



Property of Genesis HealthCare, Inc.



Property of  
Genesis HealthCare, Inc.



MRSA

VRE

ESBL

# Multi-Drug Resistant Organisms Colonization vs. Infection

## *Colonization*

- Germs present, no signs or symptoms (not sick)

## *Infection*

- Germs present, as well as signs or symptoms (sick)

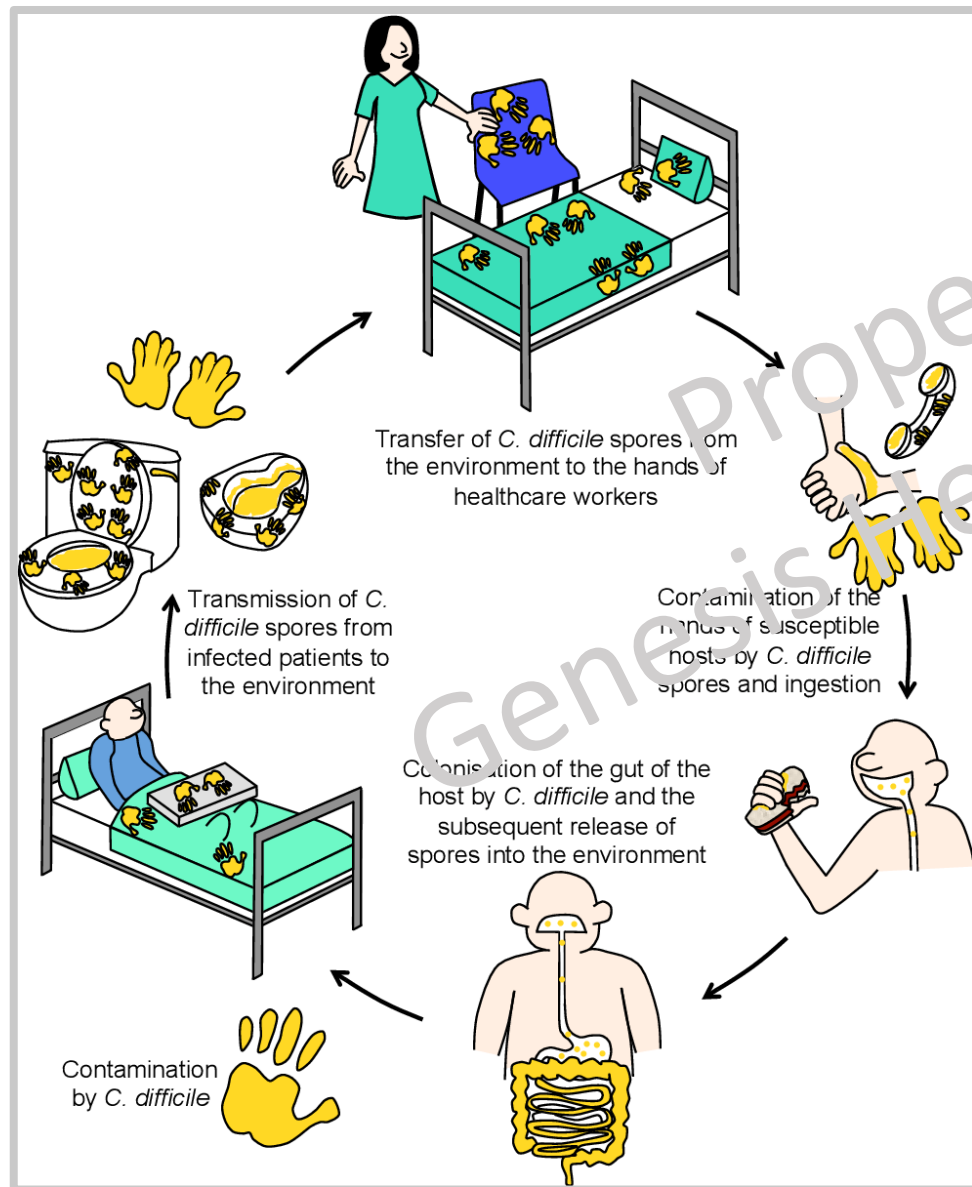


# MDRO Management = Teamwork

Alone we can  
do so little;  
together we can  
do so much.

- To successfully manage MDROs and prevent infections requires teamwork across all departments:
  - Environmental Services
  - Dietary
  - Therapy
  - Nursing
  - Administration
  - Social Services and Recreation
  - Para-professionals

# Clostridioides difficile (C. diff) Guidelines



- Contact Precautions for 48 hours after diarrhea stops or stool returns to baseline
- Dedicated bedside commode for duration of diarrhea
- Commode bags with absorbent liners must be used in bedside commode or bedpans for all active *C. diff* patients



# CLOSTRIDIUM DIFFICILE INFECTION

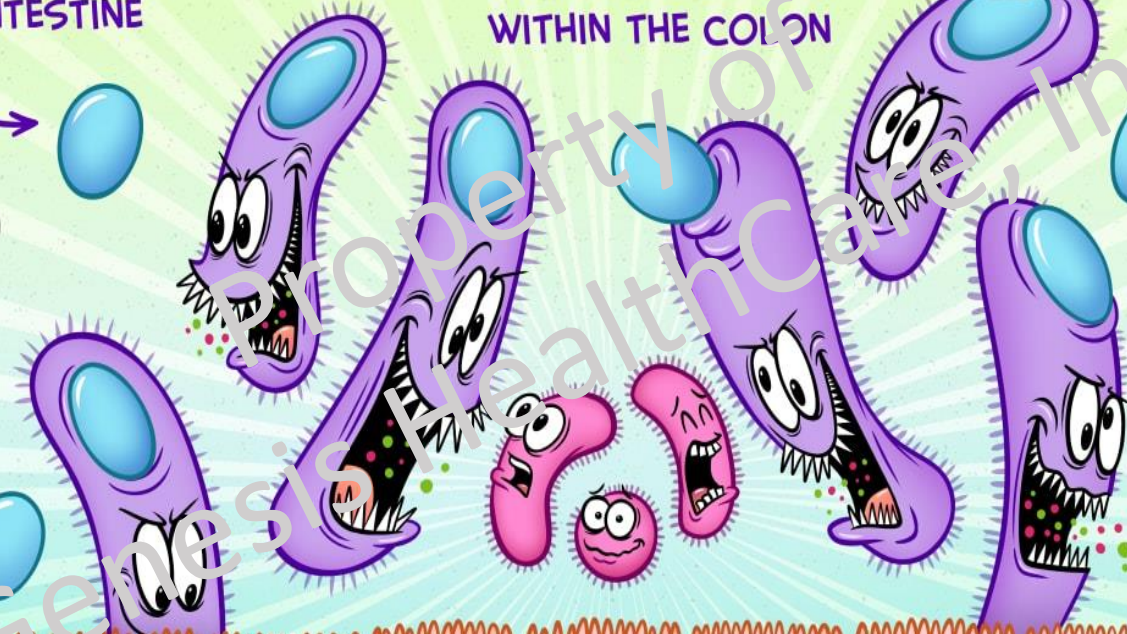
FEVER, CRAMPY ABDOMINAL PAIN, DIARRHEA

MOST COMMON INFECTIOUS CAUSE OF NOSOCOMIAL DIARRHEA

C. DIFFICILE CONTAINS ENDOSPORES THAT CAN SURVIVE THE ACIDITY OF THE STOMACH AND REACH THE LARGE INTESTINE



C. DIFFICILE FLOURISHES WITHIN THE COLON



TOXINS A & B CAUSE MUCOSAL DAMAGE

PSEUDOMEMBRANOUS COLITIS: YELLOWISH PLAQUES FORM OVER DAMAGED EPITHELIUM

THE NORMAL GUT FLORA IS ALTERED BY BROAD-SPECTRUM ANTIBIOTICS, MOST NOTABLY CLINDAMYCIN, CEPHALOSPORINS, AMPICILLIN, AMOXICILLIN, AND FLUOROQUINOLONES





# C. difficile

---

Hand washing – soap,  
water, and friction

---

Clean environment  
daily using pre-mixed  
bleach product



# Influenza and Influenza Like Illnesses (ILI)



- Standard plus Droplet Precautions
- Three feet separation with privacy curtain drawn
- Signage – “Stop, see the nurse before entering-Droplet Precautions”
- PPE and Hand Hygiene
- Cleaning and disinfecting high touch surfaces
- Respiratory hygiene/cough etiquette
- Duration – 7 days after onset of flu or until 24 hours after symptoms and fever stop, whichever is longer, without use of medication

# Environmental and Equipment Cleaning

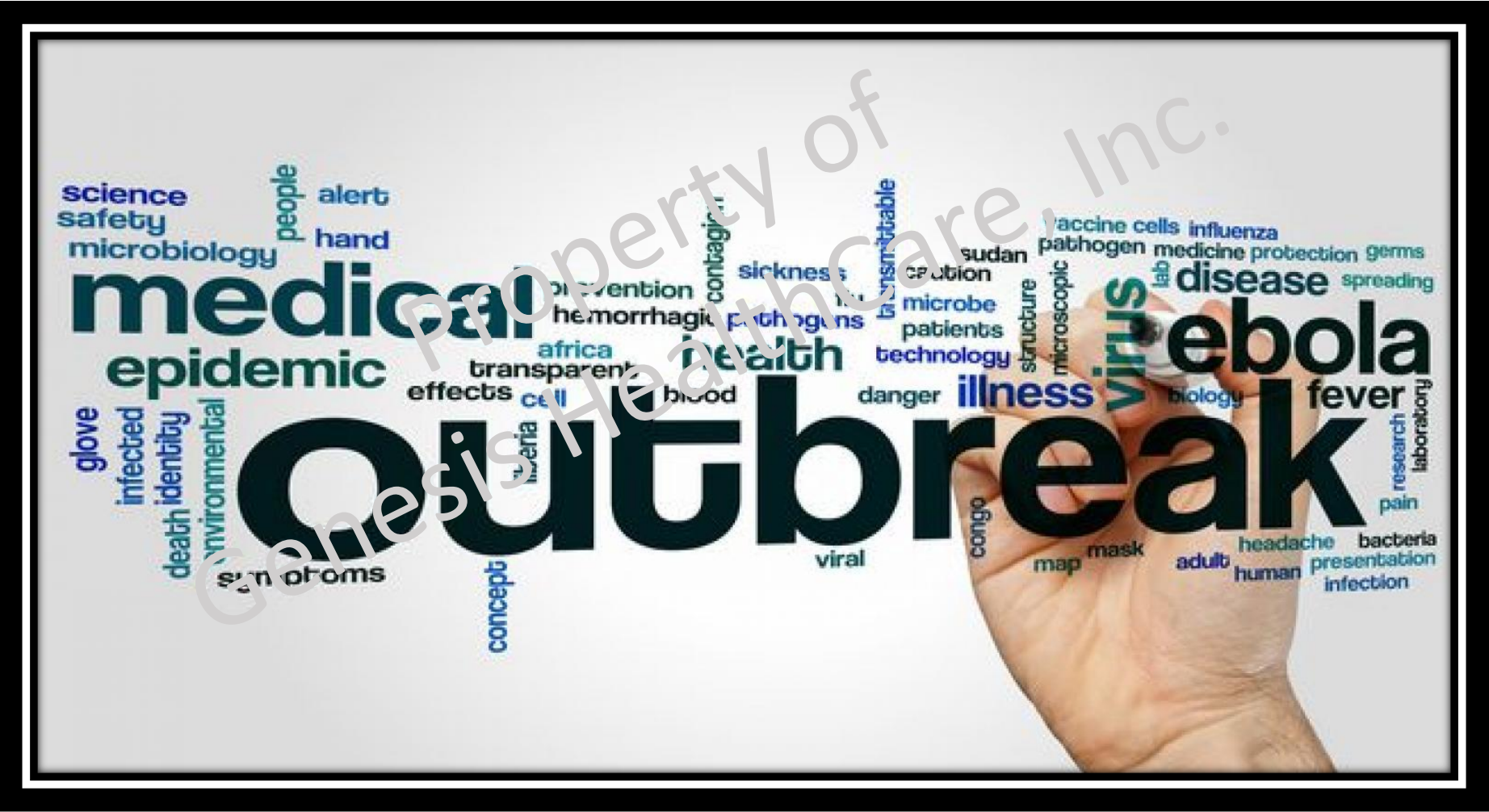
- Clean first, then disinfect
- Use correct product for the job
- Clean and disinfect shared equipment between each use
- Clean and disinfect high-touch surfaces



**Kills**  
**99.9999%**  
of germs



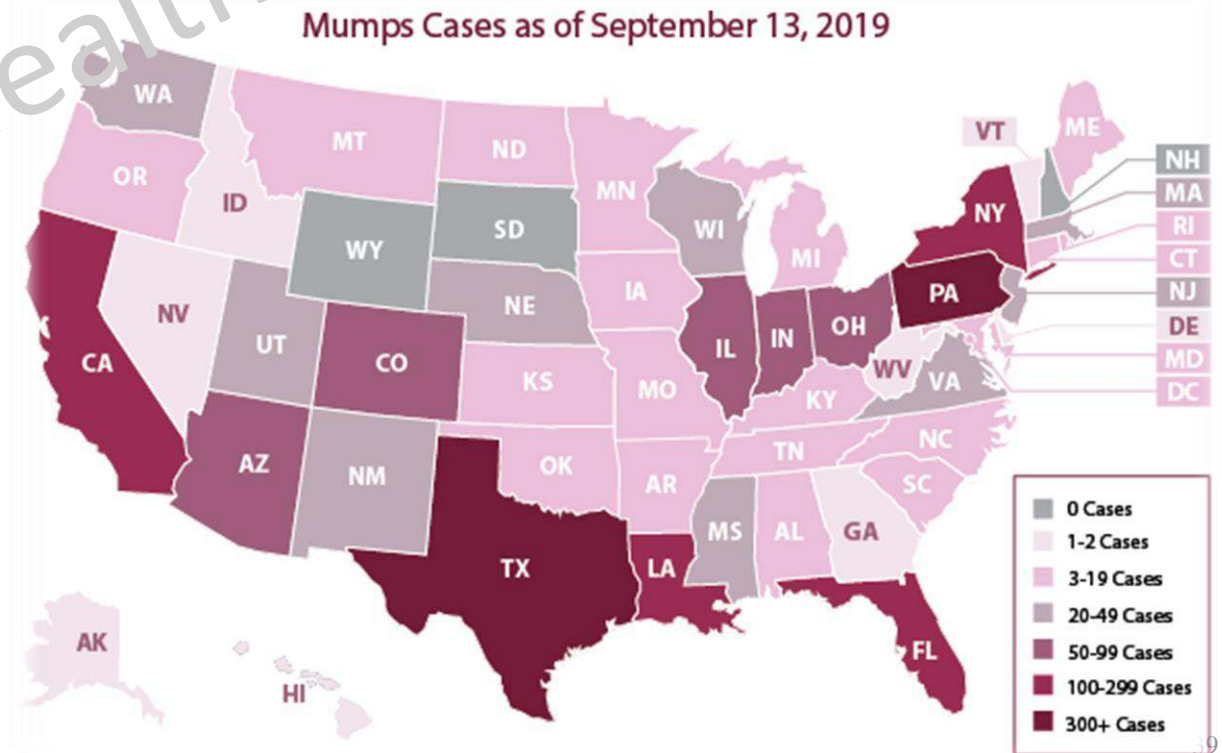




An outbreak is more than expected cases of an illness within a center



Property of Genesis HealthCare, Inc.







# Employee Health

Infection Prevention and Control Considerations

# Reportable Conditions for Employees



## REPORTABLE CONDITIONS FOR EMPLOYEES

Employee/Volunteer Name (print): \_\_\_\_\_  
Job Title: \_\_\_\_\_

In compliance with our established policies governing employee health and safety, your supervisor, employee health service, or to the Infection Preventionist (IPI).

1. Any disease which may be transmitted person to person;
2. Acute diarrheal illness (severe) with other symptoms (e.g., fever, diarrhea lasting longer than 24 hours);
3. Orofacial herpes simplex virus (e.g., cold sore) or herpetic whitlow;
4. Diagnosed Streptococcal (Group A) sore throat (e.g., strep throat);
5. Skin lesions, open weeping sores, which are infected, especially on hands;
6. Acute Upper Respiratory Infection (URI) or influenza (severe);
7. Influenza or influenza-like symptoms;
8. Exposure to or development of an active infection with:
  - a. Hepatitis A, Hepatitis B, Hepatitis C, or other infectious Hepatitis,
  - b. Measles (if employee/volunteer is not immune),
  - c. Mumps (if employee/volunteer is not immune),
  - d. Rubella (if employee/volunteer is not immune),
  - e. Varicella zoster (chicken pox/shingles) virus (if employee/volunteer is not immune),
  - f. Herpes simplex virus (if employee/volunteer is not immune),
  - g. Tuberculosis,
  - h. Norovirus,
  - i. Shigella spp.,
  - j. Enterohemorrhagic or Shiga Toxin-Producing Escherichia coli (E. coli),
  - k. Salmonella Typhimurium and Non-typhoidal;

9. Needlestick/Sharp accident, parenteral/mucous membrane or non-intact skin exposure to patient's/resident's blood or body fluids containing visible blood;
10. Dermatitis/Latex allergy;
11. Fever;
12. Scabies or lice.

Exposures and/or condition symptoms described above must be reported during the shift in which the exposure and/or symptoms occurred, or as soon as possible after the incident.

I understand that for the duration of my employment it is my responsibility to notify my supervisor and/or the Infection Preventionist if I am exposed to, potentially exposed to, or become infected with one of the conditions listed above, whether the exposure or infection occurred at work or at home. I understand that this notification is to protect myself, patients/residents, and other staff members. I further understand that I may be temporarily reassigned and/or may not be able to return to my job duties until proper evaluation by a health care provider to avoid patient/resident/coworker contact.

\_\_\_\_\_  
Employee/Volunteer\* Signature

\_\_\_\_\_  
Date

\* Volunteer must work at least eight hours per week in Center/Community



# Employees with a Communicable Disease or Condition

- Per CMS, employees with a communicable disease, condition, or infected skin lesions are prohibited from direct patient contact or their food, if direct contact will transmit the disease/condition



# What To Do...

- Concerns about how to care for a patient from an Infection Prevention and Control perspective?
- Concerns or needs for additional training?



Reach Out – to your designated IP or National Infection Prevention and Control Team

# References

- Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006 Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee
- Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee
- Genesis HealthCare Infection Control Policy and Procedure Manual 11-28-16
- Genesis HealthCare Safety and Health Policy and Procedure Manual 11-28-16
- CMS Federal Register. Vol 81, No. 192/Tuesday, Oct. 4, 2016/Rules and Regulations
- State Operations Manual Appendix PP. Guidance to Surveyor for Long Term Care Facilities. Rev. 173, 11-22-17.
- [www.cdc.gov](http://www.cdc.gov)
- [www.apic.org](http://www.apic.org)