

INFECTION CONTROL

"A Killer On The Loose!"

Continuing Education For:
CNA's
Dietary
Housekeeping
Activity Staff
Social Service Staff
Facility Office Staff

Objectives

The participant will be able to:

- Identify signs and symptoms of "infection" in the nursing facility resident.
- Identify measures towards the prevention of infection.
- Verbalize the importance of early detection of infection.
- Verbalize why nursing facility residents are vulnerable to infection.

INFECTION CAN BE A KILLER



STOP and ARREST a "Killer" on the loose!

Instructor Information

Materials:

- Flip chart or eraser board
- Copies of Objectives
- Copies of Pre -Test
- Copies of Post - Test
- Pencils

Preparation:

- Assemble copies and collate for participants
- Read and become familiar with:
 - Pre and post - tests
 - Flow Chart Exercise
 - Preparatory Information
- Arrange in-service area chairs/tables comfortably
- Be prepared to discuss the exercise as it relates to the participant's ability to identify signs and symptoms of infection in the resident.

Duration:

- The in-service should range from 50 to 60 minutes, depending upon the amount of discussion and length of time in performing the exercises and tests. The in-service should not exceed 60 minutes.
- Remember to begin the in-service promptly and end on time. Coming to the in-service late and leaving early should be discouraged, as this is distracting to participants.

Preparatory Information

This in-service is directed to observe, identify and report signs and symptoms of an infection (a killer on the loose) in the nursing facility residents. Every facility employee should participate in this in-service, even though the certified nursing assistant is the caregiver who is the most exposed to the residents in the facility. In all likelihood, the C.N.A. will be the first to observe these signs and symptoms of infection that are listed in the exercise.

Step 1: Administer Pre-Test to in-service participants

Step 2: Present each symptom outlined herein.

Step 3: The instructor will then ask the participants to complete the "flagging the body" post-test exercise for this in-service. Participants should be encouraged to ADD any signs and symptoms and flag that part of the body where such symptoms occur. The areas contained in the exercise are not exclusive of course, as there are more signs and symptoms of infection than are listed on the exercise.

Step 4: After the participants have completed their exercise, the instructor will lead the group in a discussion of what they have listed and discuss new symptoms (ex: rash → scabies), which they have noted and maybe have not noted. As the instructor, you can also ask the participants what they could do to prevent an infection from occurring while doing their job at the facility. When the in-service participants, especially the CNA's, becomes adept at identifying signs and symptoms in their residents, then they may be able to stop a killer on the loose!

Confusion/Dizziness/Sudden Onset of Falls

In the nursing facility perhaps the first sign of infection that a resident experiences is confusion or dizziness. All facility staff should be reminded that when these signs is observed in one of the residents, it should be reported to licensed nursing immediately. Confusion and dizziness are not normal in any individual, including the nursing facility resident. Weakness, fatigue, and irritability can also be an indication of infection.

Puffy/Red Runny Eyes

All facility direct and in-direct care staff should be aware that swollen, reddened or draining/watery eyes should be reported and could be an indication of a pending or existing infection. In addition, touching the drainage from the eyes should not be done without wearing protection, such as gloves. Even though the resident may be negative for HIV/AIDS, other infectious microorganisms can be contained in the drainage.

Draining or "Stuffy" Nose

Caution the in-service participants that any and all drainage should not be touched with their bare hands. Drainage from the nose could be an indication that an infection is present. "Colds" are usually caused by an infection, the invading organism could be present, and causing the nose to drain. A "Stuffy" nose could indicate internal swelling

of the nasal passages caused by infection. Advise the in-service participants that what might seem unimportant (such as a cold) could be serious for the resident.

Cracked Lips, Red Swollen Gums

When areas within the oral (mouth) cavity are red or swollen, this can indicate an infection is present. The infection may be caused by a diseased/infected tooth, but things such as mouth sores, boils, gum infection, etc., could be the source of the infection. Appetite can be affected by an infection in the mouth or of the teeth. If a resident refuses to wear their dentures or appears to have mouth pain with the dentures in, remove the dentures and investigate their mouth. The in-service participants should be advised to report such problems or complaints by the resident to licensed nursing, and to provide complete and scrupulous mouth care, especially to those residents who are not fed by mouth. Mouth care will keep the mouth/oral cavity moist. Moisture will prevent cracking. Cracking of the lips and areas in the oral cavity could allow entry of organisms, which could cause an infection.

Hoarseness, Sore, Scratchy Throat

This is fairly easy a symptom for facility staff to identify. Complaints of hoarseness or sore, scratchy throat should be reported as this could be a sign of infection or could lead to a serious infection of the respiratory system.

Generalized Pain

Many times complaints from the nursing facility resident go unheeded. Especially those residents that have complained of "generalized pain". Staff may tend to label certain residents as "chronic complainers". This makes assessing the complaint of pain difficult. Advise the in-service participants to give attention to all complaints of generalized pain, whether or not the resident is a chronic complainer or not. In addition, the nurses to whom the report of pain is given to should assess the resident, even if it is a chronic complainer.

Note: During this in-service, staff, especially CNA's may verbalize that when they report problems the nurse doesn't listen. Be prepared to address this issue and follow up on specific reports.

Cloudy and/or Foul/Thick Urine - Painful/Difficulty Urinating

More than likely it will be the CNA who will identify a problem with the resident's urine and/or with urinating. Reporting any of the above symptoms is important for all staff to understand. Ignoring these symptoms can be life threatening for a resident in a nursing facility. Make sure the in-service participants understand the importance of reporting. Remind the participants they should not touch these body fluids with their bare hands. When discussing the cloudy, thick, and/or foul urine, make sure to mention the importance of hydration in the prevention of urinary tract infections. Participants need to realize the correlation between offering fluids regularly, could prevent an infection. They are more likely to accept responsibility of offering fluids knowing this information.

Open, Draining Areas

Appropriate protection should be utilized when caring for a resident with open draining areas. In-service participants should report immediately any new open and/or new draining areas and if a current draining area changes in its appearance, the quantity of drainage, the smell or color. The CNA is in the position to detect problems long before the next dressing change occurs.

Foot Blisters, Cuts, Corns, and Calluses

In the nursing facility a resident's feet are often overlooked. Explained to the in-service participants the importance to carefully check the resident's feet during personal care. Look for any swelling, which was not noticed before, look for a difference in skin color, any cracking that has developed anywhere on the foot. Also, look for ingrown toenails, blisters, and cuts, abrasions that could cause a serious infection, especially in a diabetic resident.

Fever

A resident may or may not experience a fever. If they do, many times it is low grade and the resident may experience the fever well after they have shown some of the other symptoms you have discussed in this in-service. If the resident does feel warm, or the face/skin looks flush and may be sweaty, it is important the CNA report this to the nurse and the temperature checked.

Step 3: It is time for the "flagging your body" exercise. Encourage the in-service participants to think of as many indications of infection as possible, beside the ones you have just discussed with the group. Ask them to note them on the exercise sheet for group discussion after the exercise. Explain to them that they could very well **stop a killer on the loose** if and when they report such symptoms in their nursing facility residents.



Killer On The Loose
Pre-Test

Name: _____ Date: _____

Match the phrases to the terms

- | | | |
|--------------------|-------|--------------------------------|
| 1. The Eyes | _____ | Cuts, Corns, Calluses |
| 2. The Urine | _____ | Hoarseness, Soreness, Scratchy |
| 3. The Mouth | _____ | Puffy, Red, Watery |
| 4. The Feet | _____ | Cloudy, Foul, Thick |
| 5. The Skin | _____ | Generalized pain |
| 6. The Body | _____ | Confusion |
| 7. The Brain | _____ | Warm, Hot, Flushed, Sweaty |
| 8. The Throat | _____ | Cracked lips, Red swollen gums |
| 9. The Temperature | _____ | Complains of not feeling well |
| 10. The Patient | _____ | May not be elevated |



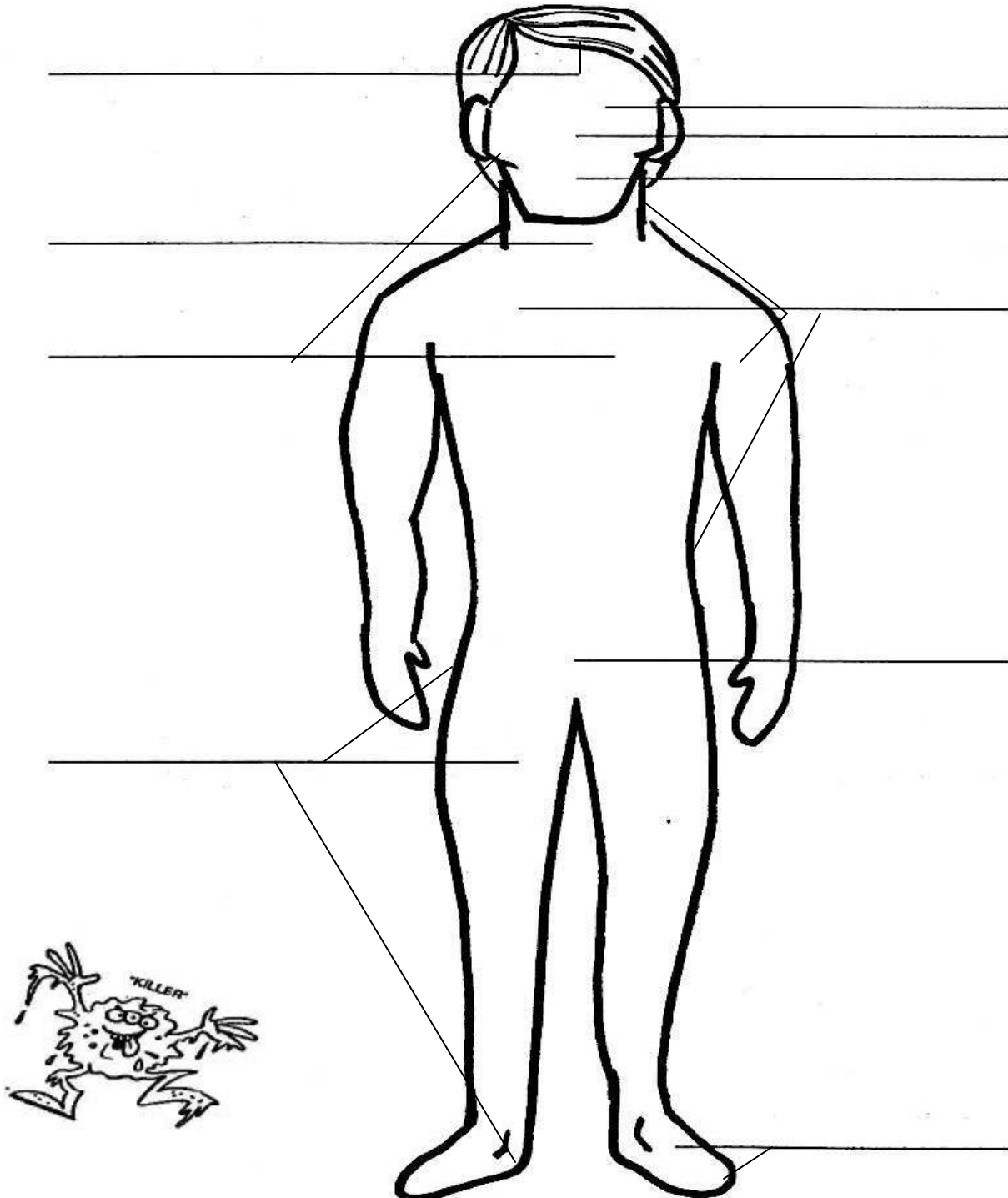
Number of Incorrect Answers: _____

Compare pre and post test.

Killer On The Loose Post Test

1. Cuts, Corns, Calluses
2. Hoarseness, Soreness, Scratchy
3. Puffy, Red, Watery
4. Cloudy, Foul, Thick
5. Generalized pain

6. Confusion
7. Warm, Hot, Flushed, Sweaty
8. Cracked lips, Red swollen gums
9. Open draining areas
10. Draining or stuffy nose



Answers To Pre and Post Test

1. 4
2. 8
3. 1
4. 2
5. 6
6. 7
7. 5
8. 3
9. 10
10. 9

