

Infection Control Essentials

BY ANDREA SALZMAN, MS, PT

Infection control is all the buzz in health care today, and nowhere is it more important than when caring for long-term care residents with open wounds or compromised immunities.

Let's take a look at three practical, immediately applicable ways you can stop practicing infection control and start controlling infections in the long-term care setting.

STOPPING SKIN INFECTIONS

- Keep skin intact. Intact skin is the first line of defense against infection, so prevent skin breakdown before it happens. Keep your residents' skin dry, clean and elastic by applying a good moisturizer on a regular basis. Encourage residents with diabetes to wear socks and shoes at all times while out of bed, and teach them and your staff to inspect danger zones, such as the skin between toes.
- Implement pressure relief. If a resident is bed-bound or wheelchair-bound, implement a pressure-relief program and follow it without deviation. It only takes a few hours to start a pressure ulcer so have your physical therapist teach residents some simple pressure-relief techniques they can follow throughout the day.
- Prevent skin irritation. Encourage residents to take frequent trips to the bathroom and perform good perineal care afterwards.
- Inspect skin often. Perform skin inspections on a regular basis, taking special note of the most common breakdown areas (heels, sacrum and other bony prominences).
- Improve nutrition. Have your nutritionist ensure at-risk residents are consuming adequate calories and getting enough protein in their meals for cellular regeneration.

PREVENTING URINARY TRACT INFECTIONS

- Push fluids. Make fluids available at all times to your residents, unless medically contradicted. Encourage drinking. Be aware that many residents won't drink fluids, especially in the evening, as they know they will not be able to make it to the bathroom in time. Require your staff to answer call buttons rapidly so residents aren't forced to make this choice.
- Encourage independent toileting. When appropriate, allow residents to walk or wheel to their own bathrooms independently. When residents are told they are not allowed to make the short trip to the bathroom without waiting

for assistance—or worse, are wheeled to the bathroom by time-crunched staff—they lose muscle strength and bladder control. This starts a cycle of incontinence which is hard to break and feeds into further risk of additional UTIs and skin breakdown.

- Downgrade catheterization. Eliminate catheters as soon as possible after hospitalization or other medical events. When possible, consider intermittent catheterization as an alternative to an indwelling catheter. If you plan to use leg bags, be aware that these are often abused by residents and staff. Leg bags must be connected, cleaned and stored with great care.

AVOIDING RESPIRATORY INFECTIONS

- Provide immunizations. Test all new residents for tuberculosis and immunize residents for influenza each fall, unless medically contraindicated. Require staff to have a baseline health assessment performed before they start work. Gather information on their immunization status and the history of any relevant infectious diseases, such as TB. Perform TB testing on staff yearly.
- Restrict transmission. Promote handwashing among staff and visitors by placing a hand-foam station in the entrance corridor and outside every resident's room. Don't let staff come to work sick and ask family and friends not to visit when they are contagious.
- Control outbreaks. Even a single verified case of certain diseases (TB, influenza, etc.) should activate your outbreak control plan. When appropriate, isolate the infected person; otherwise initiate respiratory precautions. Search for additional cases immediately.
- Sanitize equipment. Keep your respiratory equipment immaculate; if it goes in the nose or throat, take the time to make sure it is clean. Use disposable covers for thermometers and ensure that other non-disposable equipment is properly cleaned, disinfected or sterilized.
- Promote exercise. Encourage out-of-bed and out-of-chair time to help your residents clear secretions and maintain respiratory health. Have your staff implement a walking or exercise program for all residents who are able. For those who are unable to walk, chair aerobics are an option.
- Limit aspiration. At meal time, be on the lookout for risky eating or drinking behaviors. Ask your speech and language pathologist to provide staff with tips for spotting aspiration or choking behaviors. Generate a referral to the SLP for residents who exhibit such behaviors. [n](#)

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