

Hospice Aide
On-the-Go™ In-service



**Infection
Control**

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Because of their weakened physical status, hospice patients are susceptible to infection. An infection can add further complications to the quality of the hospice patient's life, increasing discomfort and, possibly, adding caregiving responsibilities to an already burdened family. Patients and caregivers of hospice patients may not have the knowledge about infection and communicable disease control that is needed as part of their role in patient care.

Infectious diseases can be transmitted in the following ways:

- **AIRBORNE TRANSMISSION:** Airborne germs such as tuberculosis and chicken pox can travel long distances through the air and be inhaled by healthy people.
- **BLOODBORNE TRANSMISSION:** Germs can be transmitted when the blood of an infected person comes in contact with the bloodstream of another person. Blood and bloodborne germs are sometimes present in other body fluids such as urine, feces, saliva, and vomit. Some diseases transmitted by bloodborne germs are hepatitis B, hepatitis C, and HIV.
- **CONTACT TRANSMISSION:** Some germs are transmitted when a healthy person touches an infected surface. Diseases caused by contact transmission include methicillin-resistant *Staphylococcus aureus* (MRSA) and scabies.
- **DROPLET TRANSMISSION:** Sneezing, coughing, and talking spread germs in droplets that can travel up to three ft. Diseases transmitted by droplets include influenza and pneumonia.

Key Terms

Communicable

Capable of being transmitted from one person to another

Contaminated

A condition of being soiled, touched, or otherwise exposed to harmful agents, such as through the introduction of infectious or toxic materials to a previously clean or sterile environment

Disinfectant

A product that, when applied, kills harmful microorganisms or renders them incapable of harming someone

Infection

A disease or illness caused by an organism that invades the body

Microorganisms

Any tiny, usually microscopic entity capable of carrying on living processes. These include bacteria, fungi, and viruses.

Pathogens

Bacteria or viruses that cause disease

THE PROCESS OF TRANSMISSION

A series of events happen when a communicable infection goes from one person to another:

- An infection exists in a reservoir, or storage place, within a sick person.
- The pathogen leaves the storage place by one of the methods of transmission.
- The pathogen is taken in by another person.

The receiver of the pathogen must be susceptible to the infection, possibly because of a weakened immune system. If an infection

RISK FACTORS FOR INFECTION:

- Being very young or very old
- Poor health
- Not enough rest
- Emotional stress
- Indwelling medical devices



occurs, the newly infected person may spread the pathogen further by sneezing or coughing or by touching public surfaces with unclean hands.

Hospice patients are at high risk for infection. They can be both a reservoir for pathogens and a susceptible host for acquiring pathogens. Family members and caregivers are also at risk.

STANDARD PRECAUTIONS

Hospice aides in all care settings must use standard precautions when caring for patients, regardless of their diagnosis or presumed infection status. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. This is true even when there is no visible blood.

The standard precautions reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Hospice agencies should conduct a risk assessment to determine necessary protective equipment and work practices and customize standard precautions for a specific setting. Standard precautions include:

- The use of gloves and facial protection (for nose, mouth, and eyes) by hospice aides when providing care to patients who are coughing or sneezing.
- Hand hygiene before and after patient contact and after removing gloves or other protective equipment. Routine hand hygiene is performed either by using an alcohol-based hand rub or by washing hands with soap and water and using a single-use towel for drying hands. If hands are visibly dirty or soiled with blood or other body fluids, or if broken skin might have been exposed to infectious material, hospice aides should wash their hands thoroughly with soap and water.
- The use of standard operating procedures to handle and disinfect patient care equipment, patient rooms, and soiled linen; to prevent needlestick and sharps injuries; and to address environmental cleaning, spills management, and handling of waste.

Killing germs outside the body is much easier than killing those inside the body, so controlling infections involves a regular cleaning routine. Also, remember that germs thrive on moist surfaces.

Gloves

Use gloves in all situations when you may come in contact with blood or body fluids. You should also wear gloves when you have scrapes, scratches, or chapped skin. Be sure to change gloves and wash your hands between client contacts. Do not wash or disinfect disposable gloves for reuse.

Protective barriers

Protective barriers reduce the risk that your skin or mucous membranes will be exposed to potentially infective blood and body fluids. You should wear the appropriate barriers for the work you are doing.



PROTECTIVE EQUIPMENT

- Gloves
- Gowns
- Masks
- Eye protection
- Face shields
- Mouthpieces
- Resuscitation devices

The equipment you need depends on your work. When splashing of blood or body fluids is likely, wear masks, eye protection, and a gown, in addition to gloves. If you are allergic to latex, your agency must provide hypoallergenic gloves, glove liners, powderless gloves, or other alternatives.



Hand washing and sanitation principles

Hand washing is the single most important thing a hospice aide can do to prevent the spread of infection. Thorough hand washing removes germs from the skin. Wash your hands before and after any contact with patients' body fluids. Immediately wash your hands and other skin surfaces that are contaminated with blood or body fluids. When wearing gloves, wash your hands as soon as the gloves are removed.

Good hand washing technique requires soap, water, and friction. The soap lather suspends the dirt and germs, which are then washed away with water.

Because bar soap can hold germs if not rinsed properly, using liquid soap is recommended. To prevent chapping, use a mild soap with warm water, pat hands dry, and apply lotion liberally and frequently. Although antibacterial soaps are popular, they are no more effective at killing germs than regular soap and water.

Rubs, gels, and rinses are excellent hand disinfectants if they contain at least 60 percent alcohol to significantly reduce the number of microorganisms on skin. The alcohol content completely evaporates in about 15 seconds. Because alcohol-based hand disinfectants work best on clean skin, wash your hands with soap and warm water to remove dirt before using a hand sanitizer.

Regardless of the method, hospice aides should wash their hands:

- When they are visibly dirty
- After using the restroom
- Before leaving a patient's home



- Before and after touching a patient or any wounds
- In other common unsanitary situations

HAND WASHING STEPS

- **STEP 1:** Rinse hands under warm running water, which is less damaging to skin and creates a better lather.
- **STEP 2:** Add soap. Then rub hands together, making a soapy lather for at least ten to twenty seconds. Do this away from the running water, being careful not to wash the lather away.
- **STEP 3:** Wash the front and back of your hands, your wrist, between your fingers, and under your nails. Use friction to help remove germs.
- **STEP 4:** Point your fingers downward to let the water run into the sink, not toward your elbows. This prevents water from re-contaminating clean hands.
- **STEP 5:** Dry hands thoroughly with a clean or disposable towel.
- **STEP 6:** Turn off the water with a towel, which prevents re-contaminating hands.
- **STEP 7:** Apply hand lotion to prevent chapping.

HAND SANITATION STEPS

- **STEP 1:** First wash hands with soap and water, if possible.
- **STEP 2:** Apply a dime-size amount of sanitizer and rub hands together, covering both hands entirely, including under the nails.
- **STEP 3:** Evenly distribute the disinfectant by using a rubbing motion for about 15 seconds or until your hands feel dry, whichever is longest.
- **STEP 4:** Apply hand lotion to counter the drying effects of alcohol.
- **STEP 5:** If you weren't able to wash your hands first with soap and water, do so at the next opportunity.

Tips to prevent the spread of infection

- Use disposable equipment only once.
- Use thick rubber household gloves to protect your hands during housekeeping chores or instrument cleaning.
- Treat all linen soiled with blood or body secretions as potentially infectious.

Signs of possible infection

The hospice aide should be alert and report to the RN these common indications of infection or communicable disease:

- Increase in body temperature
- Cough, rapid breathing, pain, and/or difficulty breathing
- Rapid pulse and/or change in blood pressure
- An area that is reddened, swollen, and/or painful
- Urine that is cloudy and/or foul-smelling
- Pain with urinating; increased urgency or frequency of urination
- Diarrhea and/or foul-smelling feces
- Nausea and/or vomiting
- Lack of appetite



- Dirty linens should be rolled, not shaken, and should be held away from your body.
- Surfaces that have been contaminated with blood or body fluids should be cleaned with a disinfectant.
- Trash that is contaminated with germs, such as wound dressings, should be disposed of according to your agency's procedures.
- Check your gloves and other protective clothing frequently. If you see tears or holes, remove the gloves, wash your hands, and apply clean gloves.

THE HOSPICE AIDE'S ROLE

The hospice aide assignment sheet will give you specific instructions. Because the condition of a hospice patient can change rapidly, check the assignment sheet at every visit and follow the instructions carefully.

Determine whether there are any special precautions to take during the care process and whether additional equipment or supplies are needed. Always wash your hands with soap and running water upon entering any patient's home, after taking off gloves, and before leaving the home. Use the sink closest to where you provide care. Encourage the family or significant others to wash their hands carefully after contact with the patient and before they leave home. If the home does not have running water, use hand-cleaning supplies. Be sure that hand-cleaning supplies are stored according to the recommendations. Heat and cold may decrease the effectiveness of these products.

Wear protective equipment as required, based on the care situation. This generally includes gloves and gowns, but may also include safety glasses or face masks. If you have cuts or scrapes, clean them and apply bandages before going into the home.

Put the patient's linen in a designated laundry hamper or wash items immediately if they are soiled with secretions, urine, or stool. Do not wash highly soiled items using the family laundry facilities.

Observe and report

As you provide care, you are part of the infection control identification team. Look for signs of infection and be sure to report them to the RN as soon as possible.

Reinforce education

Patients, family members, and other caregivers will learn infection control techniques as they watch you provide care. Reinforcing infection control education is an important part of the hospice aide's role. Consistent attention to standard precautions and agency policies support the patient's and the caregiver's understanding of these important practices.



Document

When you observe a possible infection or communicable disease, document the date, the time of onset, and other signs and symptoms. Document the care you provide during each visit and record how the patient tolerates this care. Note whether the patient, family members, or other caregivers had any questions or concerns related to infection control. If you are concerned about a possible infection or communicable disease, call the hospice RN to report your concern. Be sure to document the call and any instructions you receive from the hospice RN, your implementation of the instructions, and how the patient responds. Also notify your supervisor when a patient, family member, or other caregiver is not following standard precautions or other parts of the infection control plan.

OUTCOMES AND THE HOSPICE AIDE

Each patient is provided care using standard precautions, no matter where the care is being provided or the patient's unique illness and other conditions. The hospice aide provides personal care that requires touch and close contact with the patients. Application of infection control principles can make a difference in the spread of infection and/or communicable diseases for the patient, their family members and caregivers, other patients the aide works with, other hospice staff, and the community. The hospice aide is a central figure in the control of infections.

CMS Expectations

Hospice Medicare Conditions of Participation (CoP)

Hospice aide services are one of the required noncore services that a hospice must provide. The hospice aide is part of the interdisciplinary group and must meet current standards of practice.

A hospice must maintain a QAPI program that involves all services, including hospice aides. This program, among other things, will take action to demonstrate improvement in hospice care and palliative outcomes.



CASE STUDY

David is a 71-year-old man with terminal brain cancer. He is staying with his daughter Sue, her husband, and their two children. Your assignment includes doing a full bed bath, obtaining his vital signs, and tidying up his immediate living space. When you arrive at the home, you find David in his hospital bed in the family's living room, surrounded by his baseball trophies and memorabilia that make him feel at home. David greets you with his usual smile and tells you he is feeling a bit under the weather but looking forward to his bath.

While preparing your supplies, Sue tells you she is concerned because the flu is going around her children's school. She regrets that her dad decided against having the flu shot when your hospice offered it.

David seems more tired than usual. He says he just "sorta hurts" everywhere. He refuses apple juice, which is unusual for him. Using David's thermometer, you secure his oral temperature, cleaning off the thermometer using your hospice's procedure before putting it in David's bedside table. You also get David's pulse, respiration, and blood pressure. You notice that his temperature is 100 degrees and his pulse is 90, which is high for David. He says he'd like to rest a bit, so after washing your hands, you use your cell phone to call the RN who is planning to visit in the afternoon. You discuss your assignment and decide that you are to offer a full bath or partial bath, David's choice.

David is awake now and he decides to have a partial bath. After washing your hands, you put on gloves and a gown, explaining that you are using it "just in case." Sue follows your lead and washes her hands before putting on gloves.

As you and Sue are assisting David, he throws up on the side of the bed and the floor. Sue gets a bit rattled and asks you, "Now, what do we do?" As you clean up the vomit and change the sheets, you review the standard precautions for Sue. For example, you ask her to take off her gloves and wash her hands before opening the washing machine lid.

After finishing David's bath, you and Sue review the infection control reference materials supplied by your hospice. You tell her that the nurse will answer any questions during the afternoon visit. While you talk, you put on new gloves and gather up the disposable supplies you used and put everything into a lined wastebasket. Sue ties it shut and puts it into the family's garbage. You both wash your hands again before you leave.

THINK ABOUT IT

1. Why would the flu be dangerous for a terminally ill patient?
2. Why would an agency ask employees to have a flu shot each year?
3. Why is it important to educate family members and caregivers about infection control?
4. How would you manage the situation if you were by yourself with the patient?

