

Infection Prevention & Control

Prevention Strategies

Objectives

- Review standard and transmission-based precautions
 - Discuss hand hygiene strategies and how to measure compliance
 - Review respiratory etiquette and safe injection practices
- Review the OSHA Bloodborne Pathogens Standard and best practices for blood glucose monitoring
- Discuss the role of environmental cleaning in infection prevention and how to measure compliance
- Describe the importance of vaccination

Isolation Precautions

- Used to reduce transmission of microorganisms
- Designed to protect **both** staff and residents from contact with infectious agents
- Includes:
 - Standard precautions
 - Transmission-based precautions



Std and Transmission-based
Precautions Poster



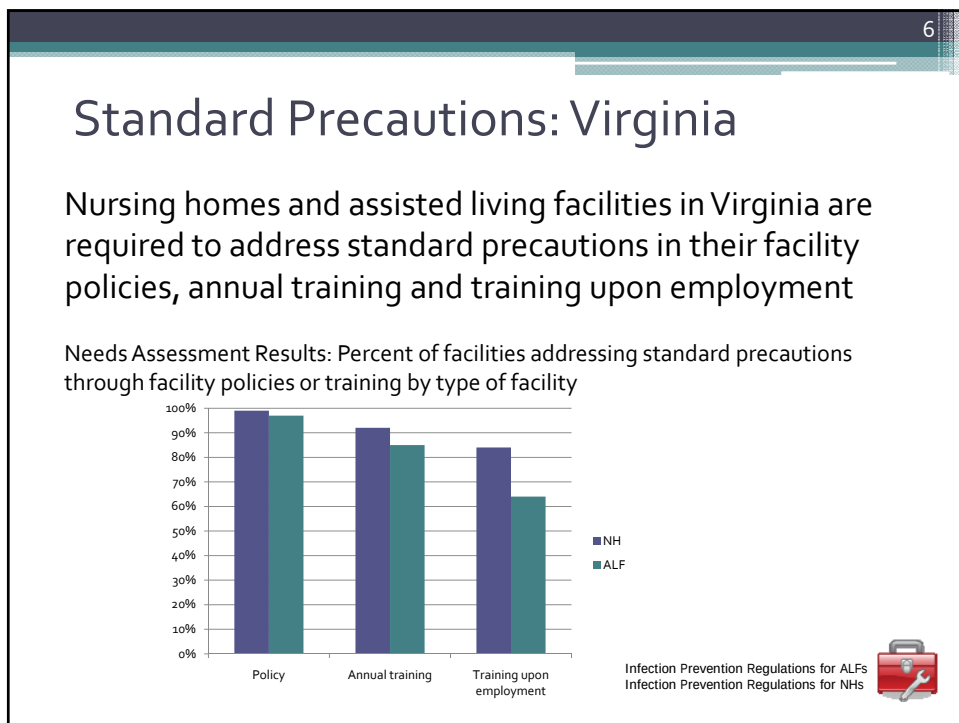
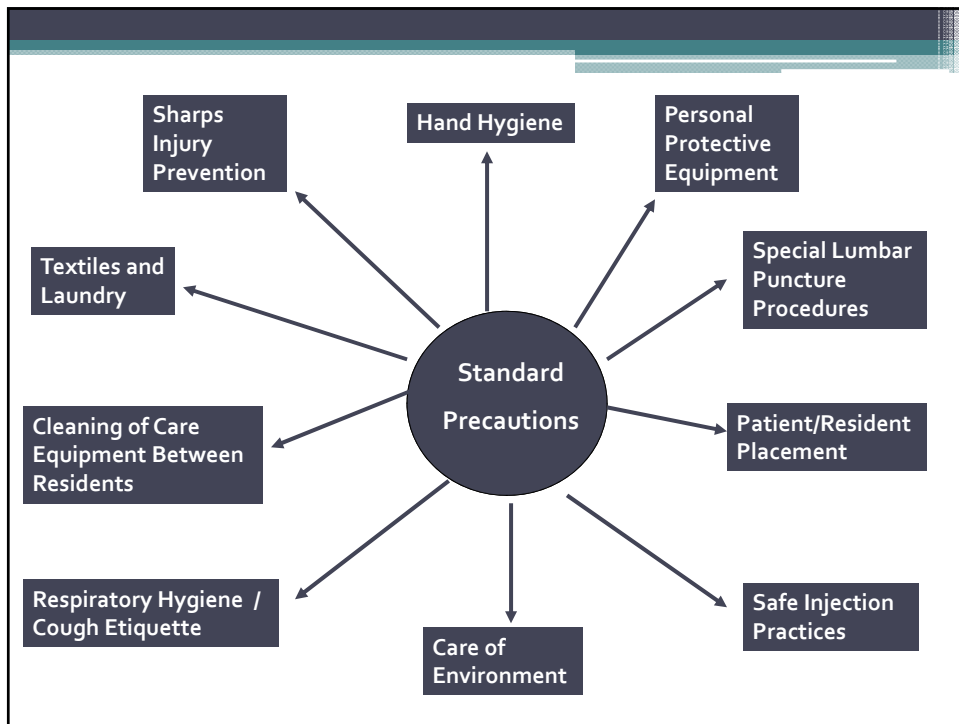
Standard Precautions

Because it is not always possible to tell who is infected, these practices should be the approach for the care of **all** residents **all** the time

Formerly known as “universal precautions”

Std Precautions FAQ (Care Providers)
Std Precautions FAQ (Residents/Visitors)





Hand Hygiene: How and When



	Soap and water	Alcohol-based hand rub
When to use	Use when hands are visibly dirty, contaminated, or soiled	Use for routinely decontaminating hands if hands are not visibly soiled
How to use (properly)	1. Wet hands with water, apply soap, rub hands together for at least 15 seconds 2. Rinse and dry with disposable towel 3. Use towel to turn off faucet	1. Apply to palm of one hand, rub hands together covering all surfaces until dry 2. Manufacturer will instruct how much to use

Guideline for Hand Hygiene in Health-care Settings. *MMWR* 2002; vol. 51, no. RR-16.

HH Poster



Hand Hygiene: Why and When

- Clean hands are the most important factor in preventing the spread of disease and antibiotic resistance in settings across the continuum of health care.
- Before and after:
 - Contact with a resident
 - Treating a cut or wound (Ex: changing dressings or bandages)



Guideline for Hand Hygiene in Health-care Settings. *MMWR* 2002; vol. 51, no. RR-16.

HH Fact Sheet
CDC HH Brochure
HH In-Service



Hand Hygiene: When

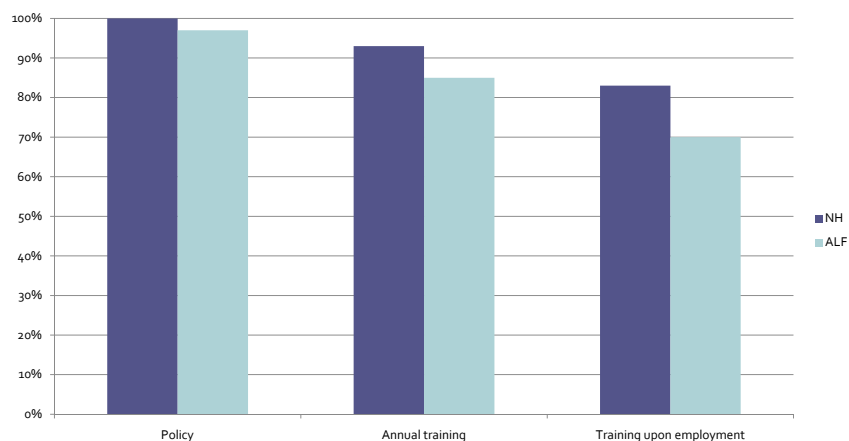
- Before:
 - Putting on gloves
 - Preparing or eating food*
 - Touching your eyes, nose, or mouth
 - Handling/administering medication
 - Insertion of invasive devices
- After:
 - Contact with blood, body fluids, mucous membranes, secretions, excretions, or non-intact skin
 - Removing gloves
 - Touching surfaces or objects in the resident's environment that may be contaminated (bed rails, bedside tables, light switches, etc.)
 - Handling garbage
 - Using the restroom*
 - Blowing your nose, coughing, or sneezing



* Wash hands with soap and water

Needs Assessment Results:

Percent of facilities addressing hand hygiene through facility policies or training by type of facility



Date (MM/DD/YY): _____ Day of the Week: _____ Time: _____ to _____ Observer's initials: _____

[illegible]

**** **PPE before** - put on appropriate PPE before entering area of patient/resident. **PPE after** - discard PPE before leaving the area of patient/resident: PPE=Personal protective equipment, GL=Gloves, GN=Gown, M=Mask, N=None.
Precaution type determines applicable PPE.



Face mask / eye protection:
If contact with blood or body fluids
may occur

Gloves:
If contact with blood or body fluids may occur



Gown:
If contact with blood or body fluids may occur

CDC PPE Poster



Sequence of Putting on PPE (“Donning”)



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

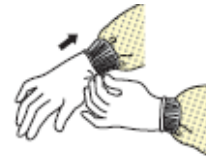


3. GOGGLES OR FACE SHIELD

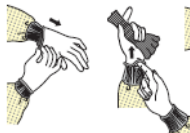
- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown



Sequence of Taking off PPE (“Doffing”)



1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



Safe Injection Practices: Why

Safe injection practices are intended to prevent transmission of infectious diseases between individuals AND to prevent injuries such as needlesticks



Safe Injection Practices
Fact Sheet



Safe Injection Practices Include:



- Aseptic technique
- Using a single syringe and fluid infusion sets ONLY once (changing the needle is not sufficient)
- Using single-dose vials when possible
- If multi-dose vials must be used, then use & store them according to manufacturer's recommendation

Safe Injection Practices: Fingerstick Devices

Single-use devices

- Disposable
- Prevent reuse through an auto-disabling feature
- Appropriate for settings where assisted monitoring of blood glucose is performed



Single-Use Fingerstick Device
Source: CDC

Reusable devices

- Often resemble a pen ("penlet")
- Use not recommended due to problems that have been observed, including:
 - Failure to change disposable pieces
 - Failure to clean and disinfect properly
 - Links to multiple outbreaks of hepatitis B
 - Risk for occupational needlestick
- Only appropriate for people who do not require assistance with blood glucose monitoring (BGM)



Reusable Fingerstick Device
Source: CDC

Blood Glucose Monitoring Best Practices



- Fingerstick devices should **never** be used for more than **one person**
 - Select single-use devices that permanently retract upon puncture
- Dedicate blood glucose meters to a single resident, **one person**, if possible
 - If shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions
- Insulin pens and other medication cartridges and syringes are for single-use only and should **never** be used for more than **one person**

BGM In-Service



Practice Safe Blood Glucose Monitoring

Exposure to bloodborne pathogens can occur during blood glucose monitoring (BGM) if unsafe practices are used. Make sure you protect yourself and your residents every time you perform blood glucose monitoring.



Always wash hands and use new gloves when conducting BGM and between each person tested.

When assisting residents with BGM, use a single-use lancet to prick the skin. Restrict use of penlet devices to individuals who do not require assistance with BGM. **NEVER** share fingerstick devices between persons.



When possible, assign blood glucose monitors to an individual person. Do not share. If sharing is necessary, clean and disinfect the monitor after every use.

Dispose of used lancets in an approved sharps container.



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Safe Blood Glucose Monitoring: Single-Use Devices vs. Penlets

Single-use fingerstick devices should be used for residents who **require** assistance with blood glucose monitoring (BGM). Penlet devices may be used only by those who **do not** require BGM assistance.



Single-use fingerstick devices

- Use when performing BGM on someone else
- Auto-disabling feature prevents reuse of lancet
- Place used lancet in approved sharps container after use



Reusable devices (penlets)

- Used only by individuals who can perform their own BGM
- Can be used multiple times by **SAME PERSON**
- Label with owner's name and store in a secure area
- **NEVER** share between residents

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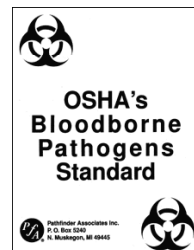
Safe BGM Poster
Single-Use vs. Reusable Devices Poster



OSHA Bloodborne Pathogens Standard

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BBP) Standard describes important strategies that can reduce the risk of infection on the job.

- Exposure Control Plan
- Engineering Controls
- Work Practice Controls
- Standard Precautions / Personal Protective Equipment
- Housekeeping
- Hepatitis B Vaccine
- Occupational Exposure Follow-up
- Training and Recordkeeping



Exposure Control Plan Template
OSHA BBP Standard In-Service
OSHA BBP Standard Summary



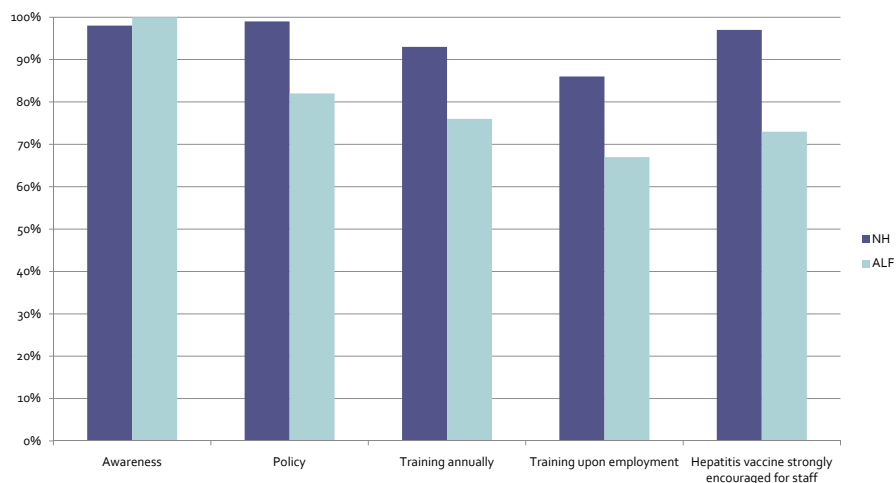
Engineering Controls: Handling Sharps

- Use needles with safety devices
- Never recap, break, or bend needles
- Never leave needles unattended
- Never reuse disposable sharps
- Dispose of all needles in a regulated, color-coded, labeled sharps container
- Sharps containers should be changed when 1/2-3/4 full.



Needs Assessment Results:

Percent of responding facilities aware of and addressing OSHA BBP Standard by facility type



Respiratory Hygiene/ Cough Etiquette



Is used to decrease the transmission of respiratory illness such as influenza & colds by:

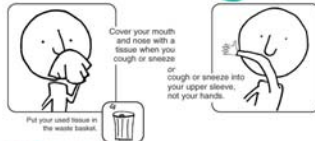
1. Education regarding how respiratory illnesses spread and prevention practices including how to "cover your cough" and proper hand hygiene methods
2. Availability and use of tissues and hand hygiene products
3. Use of mask for person who is coughing
4. Spatial separation of the person with a respiratory illness

Respiratory Hygiene Fact Sheet

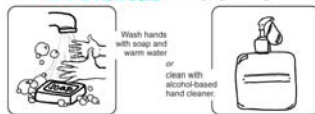


Stop the spread of germs that make you and others sick!

Cover your Cough



Clean your Hands



VDH CDC MDH APIC

Be a germ-buster . . . WASH YOUR HANDS



Anthem VAFC VDH

Cover Your Cough Poster
Hand Hygiene Poster
Protect Our Residents Poster



Transmission-Based Precautions Include:

- Contact
- Droplet
- Airborne



- Needs Assessment Results: Percent of facilities addressing transmission-based precautions through facility policies or training by type of facility

Contact Precautions

- Are used in addition to standard precautions
- Designed to reduce the risk of transmission of microorganisms by direct or indirect contact
 - Examples: *Clostridium difficile*, scabies, multidrug-resistant organisms
- Utilize wearing of **gown and gloves** for all activities that may involve contact with the resident or potentially contaminated areas/objects in the resident's environment
- Dedicate use of noncritical care equipment (e.g., blood pressure cuffs) to a single resident or use single-use disposable noncritical care equipment
- Recommend private room or cohorting of residents with same bacteria or virus

Contact Precautions Fact Sheet (for Providers)
Contact Precautions Fact Sheet (for Residents)





Contact Precautions Sign
Special Contact Precautions Sign



Contact Precautions Comments

1. Socialization is important for residents.
2. If a resident is "colonized" with an organism (such as MRSA), then usually no special precautions are necessary, as long as good hand hygiene is maintained.*



3. If a resident has a sore or wound that can be contained, then the resident can usually move around freely, as long as good hand hygiene is maintained.*
- * Each resident is unique and decision-making regarding placement and precautions should be made on a case-by-case basis by a trained professional.

Droplet Precautions

- Are used in addition to standard precautions.
- Used for illnesses that can be spread to others by speaking, sneezing, or coughing.
 - Examples: influenza, the common cold
- These germs may travel through the air for approximately 3-6 feet and can be breathed into the nose or mouth of another person.
- A **mask** is used by staff or visitors upon entering the room of a resident on droplet precautions.
- Hand hygiene is essential to avoid the spreading of germs.

Droplet Precautions Fact Sheet (for Providers)
Droplet Precautions Fact Sheet (for Residents)



HELP PREVENT THE SPREAD OF INFECTION

BEFORE ENTERING THIS ROOM:

Visitors: Please see staff to find out how you can help protect yourself and others.

Staff: Every time, wear a mask upon room entry, and perform appropriate hand hygiene before & after resident contact, after contact with objects and surfaces in the resident's immediate vicinity, and after removing gloves (if worn).



Droplet Precautions

Questions? Please call your local health department



DROPLET PRECAUTIONS: INFECTIONS & CONDITIONS

Diphtheria, pharyngeal
Epiglottitis, caused by *Haemophilus influenzae* type b (*H. influenzae*)
Influenza
Meningitis
caused by *H. influenzae*, known or suspected
caused by *Neisseria meningitidis* (meningococcal), known or suspected
Meningococcal meningitis (meningococcal sepsis)
Mumps (infectious parotitis)
Parvovirus B19 (fifth disease)
Pertussis (whooping cough)
Plague, pneumonic
Pneumonia
caused by Adenovirus
Meningococcal pneumonia
Mycoplasma pneumoniae (primary atypical pneumonia)
caused by group A *Streptococcus*
Rhinovirus
Rubella (German measles)
Streptococcal disease, group A *Streptococcus*
major skin, wound, or burn
serious invasive disease

Questions? Please call your local health department



Droplet Precautions Sign

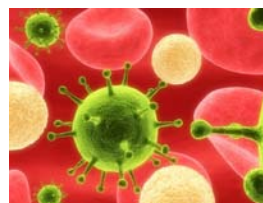


Airborne Precautions

- Are used in addition to standard precautions.
- Used for illnesses that can be transmitted by small particles in the air.
 - Example: tuberculosis
- An airborne infection isolation (AII) room with negative pressure is preferred.
 - If AII room not available, place in private room with door closed.
- Use N95 respirator (or higher) when entering room.

Cleaning of the Environment

Our environment contains microorganisms that can cause infection.



Cleaning and disinfecting surfaces and objects such as medical equipment can decrease the spread of these organisms to people.



Common Terms

- **Clean** = remove all visible dust, soil, and any other foreign material
- **Decontaminate** = remove disease-producing microbes to make safe for handling
- **Disinfect** = kill or destroy nearly all disease-producing organisms, except spores using a chemical or physical agent
- **Sterilize** = destroy microorganisms and spores

Adapted from the APIC, 2009 Infection Prevention Manual for Long-Term Care Facilities

Breakdown of Cleaning

- Cleaning is the physical removal of all visible soil and other foreign material (such as dirt, dust bunnies, and body fluids) so you can get to the microbes underneath. You can't kill microbes if you don't clean first.
- One can clean without disinfecting, but one can not disinfect without cleaning, therefore, one must clean first to remove the materials.
- Transmission of infection may not be a failure of the cleaning and disinfecting agents but rather a failure to completely follow the cleaning and disinfecting process.



Cleaning Process



- Environmental Services should approach cleaning in a orderly, regularly scheduled method.
- Clockwise or counter-clockwise
- Working from top to bottom
- Cleanest to the dirtiest

Sample Cleaning Schedule

Equipment	Who is Responsible	Frequency	Cleaning Process
Blood pressure cuff	Nursing	Between residents	EPA-registered disinfectant
Call button	Environmental Services	Between residents	EPA-registered disinfectant
Bed rails	Environmental Services	Daily	EPA-registered disinfectant

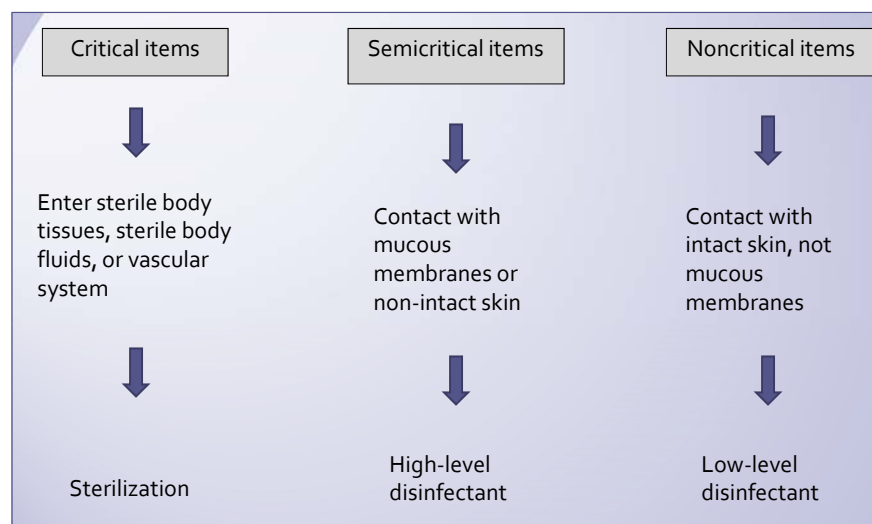
*Adapted from New York City Department of Mental Health and Hygiene, 2010, available at:
http://www.nyc.gov/html/doh/downloads/pdf/bhbp/ped_ltcf_conf/peds_conf_clones.pdf

Disinfecting Agents

- Only use disinfectants registered with the U.S. Environmental Protection Agency (EPA)
- Cleaners and disinfectants should be reviewed for use, dilution, contact time, and shelf life
 - Contact time: amount of time needed for the chemical to come in contact with the microorganism so that a significant number of organisms are killed.
- Use appropriate disinfectant for situation
 - For example: *C. difficile* and norovirus contaminated areas may need different cleaners and disinfectants



Classification Chart



Preparing a Bleach Solution

- **1:10 Dilution**
 - 1 part bleach to 9 parts water
 - 1 ½ cups bleach in 1 gallon water
- **1:100 Dilution**
 - 1 part bleach to 99 parts water
 - ¼ cup bleach in 1 gallon water



Environmental Cleaning: Measuring Compliance

Environmental Checklist Cleaning and Disinfection of Blood Spills or Other Potentially Infectious Body Fluids

Location/Unit: _____ Date: _____ Person Monitoring: _____
Room Number: _____ (Optional) Person Monitored: _____

Task	Performed	Not Performed	Not Applicable
Use gloves appropriately			
Use other PPE as necessary (may include gown, mask, and/or eye protection)			
Collect any sharp materials with disinfectant, forceps, or other tool. DO NOT use hands, even when wearing gloves			
Discard any sharps in appropriate puncture-resistant container			
Apply appropriate disinfectant to all reusable equipment (including used drape/forceps) and environmental surfaces			
Option 1: Use an EPA-registered tuberculocidal agent (EPA lists D and E)*			
Option 2: Use freshly diluted bleach (sodium hypochlorite) solution**			
If the spill involves large amounts of blood or body fluids, clean with disposable absorbent material			
Discard any appropriate waste into red biohazard waste bag			

* Environmental Protection Agency (EPA) Office of Pesticide Programs
List D: EPA's Registered Antimicrobial Products Effective Against Human HIV-1 and Hepatitis B Virus
List E: EPA's Registered Antimicrobial Products Effective Against Mycobacterium tuberculosis, Human HIV-1 and Hepatitis B Virus
**Use a 1:10-1:100 dilution of 5.25% to 12% sodium hypochlorite (bleach) for decontaminating blood spills.
1:100 dilution used for small spills of blood (e.g., drops of blood on noncritical surface).
1:10 dilution used for large spills of blood because hypochlorites and other germicides are substantially inactivated in the presence of blood.
1:10 dilution used if a sharp injury is possible.

Additional information available in the Healthcare Infection Control Practices Advisory Committee (HICPAC) Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.

IMPORTANT:
If you believe you have been exposed to any blood or other potentially infectious body fluids (e.g., skin puncture or splash to eyes/mucous membranes), wash the area properly and seek follow-up medical attention by contacting your supervisor.

Environmental Checklist

Location/Unit: _____ Date: _____ Person Monitoring: _____

Cleaning Tasks (i.e., high-touch areas frequently contaminated)	Inspected	Tested	Cleaned	Not Applicable
Isolation Rooms and Shared Rooms - use appropriate disinfectant				
Bed - thoroughly during terminal cleaning and allow to dry completely				
Bedside commode and its cleaning brush*				
Call box / button and controls**				
Door handles and bed rails**				
Floor - sweep, use wet mop starting farthest from door				
Toilet - grab bars**				
Light switches**				
Medical equipment - per facility policy and manufacturer instructions				
Phone**				
Remote control**				
Room furniture - bed, chair, sofa, table, etc.*				
Refrigerator - all surfaces with appropriate disinfectant				
Door handles, bathroom handrails, and light switches**				
Floor - sweep, use wet mop starting farthest from door				
Mirrors				
Shower stall / bathtub				
Sink and faucet handles**				
Toilet including surface, seat, lever / flush**				
Medication Room				
Insure secure and clean without items stored on the floor				
Medications clearly identified, dated, discarded after expiration date				
Refrigerator - no food, clean, temperature between 36-46°F				
Laundry				
Appropriate personal protective equipment worn by laundry personnel				
Clean and soiled linen separated appropriately				
Clean and soiled linen covered while stored and transported				
Wash temperature appropriate				
Replace As Needed				
Curtains - if soiled				
Bed linen				
Sharps containers - replace if 3/4 full and properly dispose				
Other personal protective equipment (gloves, gowns, face masks, etc.)				
Paper towels				
Bed bag waste - close, transport, and dispose appropriately				
Soap				
Waste basket - close bag before removing; clean and disinfect if soiled				

* Use proper personal protective equipment depending on chemicals used and isolation precautions.

** Use Environmental Protection Agency (EPA) standards and published guidelines to choose chemicals specific to the organism and situation. For example, a 20% sodium hypochlorite disinfectant is recommended for norovirus.

No food should be eaten/drunk in designated laundry, medication, or chemical areas.

* Pay attention to isolation precaution signs and do not remove until terminal cleaning is completed.

Environmental Checklist
Environmental Checklist: Blood Spills



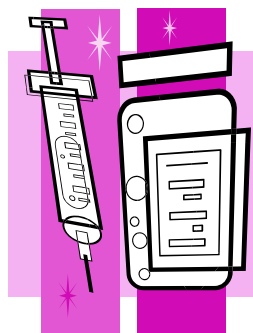
Vaccinations

- A **vaccine** is a preparation that improves immunity to a particular disease.
 - Examples: influenza, tetanus, or pneumonia
- The vaccine typically contains an agent that resembles a disease-causing microorganism.
- The vaccine stimulates the body's immune response to recognize the foreign invader, destroy it, and "remember" it, so that the immune system can more easily recognize and destroy any of these microorganisms that may be encountered later.

Vaccination FAQ



Why Vaccinate?



- Vaccines can help prevent some diseases
 - Save costs (resource reallocation)
 - Lost time from work
 - Treatment expenses
 - Save lives
- Long-term protection in the individual
- Help prevent outbreaks from occurring

Vaccinations and the Elderly

- In the elderly population, pneumonia and influenza are the fifth leading cause of death in the United States.
- Residents who live in an assisted living facility or nursing home may be at greater risk for serious infections due to age, decreased immunity, and/or underlying health conditions.
- Living in close quarters and having frequent contact with other residents may increase transmission risk.

Recommended Adult Immunization Schedule

UNITED STATES - 2011

Note: These recommendations must be read with the footnotes that follow concerning number of doses, intervals between doses, and other important information.

Recommended adult immunization schedule, by vaccine and age group

Vaccine	19-24 years	25-49 years	50-59 years	60-64 years	≥65 years
Influenza ^a	1 dose annually				
Tetanus, diphtheria, pertussis (TdT) ^b	Subsequent 1 dose every 10 years for Td booster, then boost with Td every 10 years	1 dose every 10 years			
Varicella ^c	2 doses				
Human papillomavirus (HPV) ^d	3 doses (over 6 mo)				
Zoster ^e				1 dose	
Measles, mumps, rubella (MMR) ^f	1 or 2 doses			1 dose	
Pneumococcal polysaccharide (PPSV) ^g	1 or 2 doses			1 dose	
Meningococcal ^h	1 or 2 doses				
Hepatitis A ⁱ	2 doses				
Hepatitis B ^j	3 doses				

^a Covered by the Medicare home health benefit. ^b Covered by the Medicare home health benefit. ^c Covered by the Medicare home health benefit. ^d Covered by the Medicare home health benefit. ^e Covered by the Medicare home health benefit. ^f Covered by the Medicare home health benefit. ^g Covered by the Medicare home health benefit. ^h Covered by the Medicare home health benefit. ⁱ Covered by the Medicare home health benefit. ^j Covered by the Medicare home health benefit.

Report all vaccine-related adverse events to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions are available at www.fda.gov/oc/ohrt/vaers/. Information on how to file a vaccine injury compensation claim is available at www.hhs.gov/vaccine-injury/. For more information on the Vaccine Injury Compensation Program, visit www.hhs.gov/vaccine-injury/. For more information on the Vaccine Injury Compensation Program, visit www.hhs.gov/vaccine-injury/. For more information on the Vaccine Injury Compensation Program, visit www.hhs.gov/vaccine-injury/.

Vaccines that might be indicated for adults based on medical and other indications

Vaccine	Indication	Frequency	Interval	Notes
Influenza ^a	1 dose annually			
Tetanus, diphtheria, pertussis (TdT) ^b	Subsequent 1 dose every 10 years for Td booster, then boost with Td every 10 years			
Varicella ^c	2 doses			
Human papillomavirus (HPV) ^d	3 doses (over 6 mo)			
Zoster ^e	1 dose			
Measles, mumps, rubella (MMR) ^f	1 or 2 doses			
Pneumococcal polysaccharide (PPSV) ^g	1 or 2 doses			
Meningococcal ^h	1 or 2 doses			
Hepatitis A ⁱ	2 doses			
Hepatitis B ^j	3 doses			

^a Covered by the Medicare home health benefit. ^b Covered by the Medicare home health benefit. ^c Covered by the Medicare home health benefit. ^d Covered by the Medicare home health benefit. ^e Covered by the Medicare home health benefit. ^f Covered by the Medicare home health benefit. ^g Covered by the Medicare home health benefit. ^h Covered by the Medicare home health benefit. ⁱ Covered by the Medicare home health benefit. ^j Covered by the Medicare home health benefit.

These schedules indicate the recommended age group and medical indication for which administration of a vaccine is recommended. They do not indicate the frequency of administration. For more information on the Vaccine Injury Compensation Program, visit www.hhs.gov/vaccine-injury/. For more information on the Vaccine Injury Compensation Program, visit www.hhs.gov/vaccine-injury/. For more information on the Vaccine Injury Compensation Program, visit www.hhs.gov/vaccine-injury/.



2011 CDC/ACIP
Recommended Adult
Immunization Schedule



Which Vaccinations?

Vaccine	Age 50-65	Age 65+
Influenza	You need a dose every fall (or winter) for your protection and for the protection of others around you.	
Pneumococcal	You need 1–2 doses if you smoke cigarettes or if you have certain chronic medical conditions	You need 1 dose at age 65 (or older) if you've never been vaccinated
Tetanus, diphtheria, pertussis (whooping cough) (Td, Tdap)	1-time dose of "Tdap" vaccine (includes whooping cough vaccine) if you are younger than age 65 years	You need a Td booster dose every 10 years
Zoster (shingles)	If you are age 60 years or older, you should get this vaccine now.	

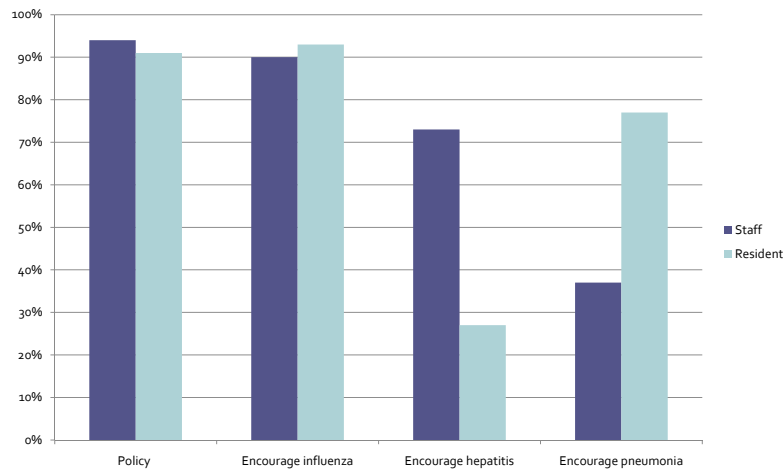
Adapted from: Immunization Action Coalition <http://www.immunize.org/catg.d/p4030.pdf>

Successful Vaccination Strategies

- Stress benefits of vaccination.
- Allay fears and misconceptions.
 - Vaccines are safe!
 - Can't "catch" the disease from the vaccine
 - Minimal side effects
 - Benefits outweigh the risks
- Find creative ways to increase staff influenza vaccination rates.

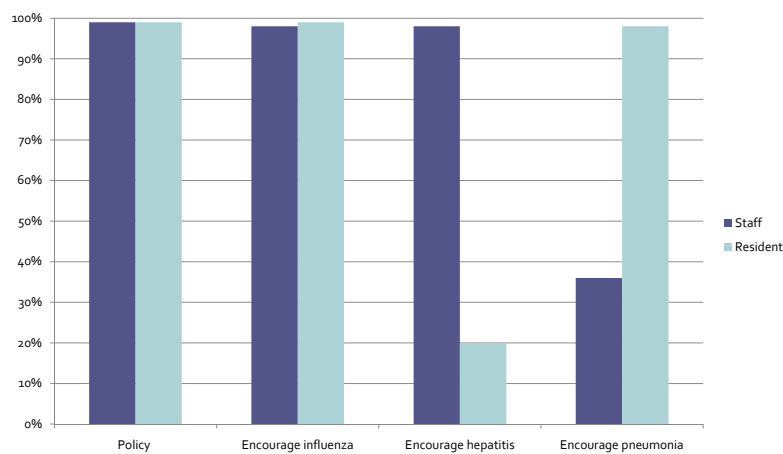
Needs Assessment Results:

Percent of **assisted living facilities** addressing vaccinations through facility policy and vaccination



Needs Assessment Results:

Percent of **nursing homes** addressing vaccinations through facility policy and vaccination



Resident Immunization Record
Resident Flu Vaccination Log

* Vaccination type (examples): Influenza, Pneumococcal, Hepatitis, Tetanus, Tuberculosis (although PPD is not a vaccination, a similar log can be used)
 ** If a resident, indicate room number.
 *** If a staff member, indicate duties: A=Administrative/Clerical, F=Food Service, H=Housekeeping, M=Maintenance, R=Resident Care
 *** Reason vaccine not given: A = Medically Contraindicated B = Refused C = Already Immunized D = Vaccine Not Available



Staff Members and Illness

- Staff sick leave policies should allow and encourage those who are ill to stay home
 - Consistent with public health guidance
 - Non-punitive and as flexible as possible
- Keep track of illness in staff via surveillance logs
- After returning to work, remind staff to practice good hand hygiene and respiratory etiquette

Sick Staff Guidance for Administrators
Sick Staff Guidance for Staff



STOP **Help Protect Your Co-Workers From Influenza!**

Do not come to work if you have a fever, cough, or sore throat.

All healthy employees must:

- Clean your hands often during the day.
- Always cover your cough/sneeze with a tissue or your sleeve. Discard used tissue in wastebasket.
- Clean your hands after coughing or sneezing.

VDH VIRGINIA DEPARTMENT OF HEALTH
Influenza (Flu) Vaccination, Prevention and Control
801-281-5414 • TDD/TTY 801-281-5787 • www.health.state.va.us

Staff and Influenza Poster



Staff Members and Illness

- If sick with a communicable disease or skin lesion, do not report to work.
 - Remain home for at least 24 hours after symptoms resolve, without the use of medicines that treat the symptoms.
 - If you have a skin lesion or weeping dermatitis above the elbow or below the collarbone, you are able to continue to work provided the affected area is bandaged and the drainage is contained.
 - Other communicable diseases may have different work restrictions or recommended lengths of exclusion from work. Your facility should consult with the local health department as necessary to prevent the spread of infection.
- If at work, stop resident care and/or food service activities, promptly notify your supervisor, and leave work as soon as possible.

Education is Prevention!

- Share information and strategies with staff
 - Upon hire
 - Annually
 - As needed
- Use effective teaching tools
 - Address the adult learning principles
 - Engage, involve, interact
 - Case studies
 - Group exercises
 - Role playing
 - Use assessments before and after training to see if training was successful



Group discussion
Applied practice
Interviews





Thank you!

Questions??