



Training Your Caregiver: Basic Infection Control

Infection can pose a significant threat to veterans who are disabled or elderly because they are often more susceptible to contracting new diseases due to the symptoms of their existing conditions and the natural effects of aging.

An effective home infection control program can protect these vulnerable individuals and benefit those who live and work in the home as well by improving employee education, care delivery, and veteran outcomes while at the same time diminishing exposure to pathogens for workers, family members, and visitors.

Home healthcare providers play a critical role in ensuring the success of the home's infection control. As a frontline caregiver in the home, you interact with the veteran more regularly than anyone else on the care team. You are, therefore, at a high risk for exposure to infections and for passing these diseases to others in the home, in the community, and even into your own home and family.

This article opens by discussing the far-reaching effects of a successful home infection control program. It provides an overview of primary methods of disease transmission and offers an array of general and specific strategies homecare workers can use to prevent infection, control its spread, and care for veterans who are already exhibiting its symptoms.

Successful infection control can boost the home's clinical and operational performance by facilitating:

- Better control over the transmission of infection by paid caregivers, the veteran, and family members.
- Timely responses and appropriate actions in the cases of veteran's infection and exposure incidents (e.g. a visitor who comes in ill with a cold or symptoms of the flu).
- The creation of home-based responses and procedures being discussed and put into place BEFORE an infection appears in the home.
- Thorough documentation in your notes that shows the provision of appropriate services and actions taken by the paid caregiver.

However, these benefits can only be achieved when the entire home, family members, and treatment team are educated about – and dedicated to – stopping the spread of disease. Read on to learn the common avenues of infection transmission and how you, as a home caregiver, can aid the veteran’s home infection control efforts.

The ABCs of disease transmission

The four primary methods of disease transmission are easy to remember because they match the letters ABCD:

- **Airborne Transmission.** Airborne germs can travel great distances through the air and infect people who breathe the germs in. Examples of diseases that are airborne are tuberculosis, chickenpox, influenza, and certain types of pneumonia.
- **Bloodborne Transmission.** This occurs when the blood of an infected person comes in contact with the bloodstream of another person, allowing germs to enter the second individual’s bloodstream. Blood and bloodborne germs are sometimes present in other body fluids, such as urine, feces, saliva, and vomit. Examples of diseases caused by bloodborne germs are HIV/Aids and viral hepatitis.
- **Contact Transmission.** Certain germs can be transmitted by direct contact (e.g. touching an infected individual) or indirect contact (e.g. touching an object previously handled by an infected individual). Examples of diseases caused by contact germs are pink eye, scabies, wound infections, methicillin-resistant *Staphylococcus aureus*.
- **Droplet Transmissions.** Some germs can only travel short distances (usually no more than three feet) through the air and rely upon respiratory droplets (i.e. those distributed through actions like sneezing, coughing, and talking) to spread. Examples of diseases caused by droplet germs are Flu and Pneumonia.

The Homecare worker's role in prevention

Because homecare and personal care workers provide regular, direct care to residents, there are inherent infection risks in many of your day-to-day duties, including:

- Assisting with elimination.
- Bathing an individual with open lesions.
- Changing linens.
- Feeding.
- Providing Catheter and perianal care.
- Providing oral care.

Because homecare and personal care provider's jobs can put you into the crosshairs of exposure and transmission, you should use standard precautions during all care interactions. You should help maintain a clean environment throughout the entire home by cleaning spills as soon as they occur and wiping down surfaces as necessary. In addition, homecare and personal care workers should use the following strategies whenever possible.

Wash hands

Hand washing with soap and warm water is the single most effective way to prevent the spread of infection. Since hands are constantly touching contaminated surfaces, they are the principal vehicle for transmitting infection.

You should wash your hands:

- Before and after each work shift.
- Before and after consuming or serving food or drink.
- Upon returning from public places.
- After caring for personal needs (e.g. using the toilet, blowing your nose, or covering a sneeze).
- After touching blood, body fluids, waste, or objects contaminated by these materials – ***even if you were wearing gloves during the contact.***
- Before and after performing wound care.
- Before and after wearing gloves.
- Before and after each significant contact with an individual and between resident visits.

To properly wash your hands:

- Rinse your hands and lather well with soap and warm water, keeping hands lower than your elbows. Use liquid soap whenever possible, as bar soap creates a breeding ground for bacteria. If bar soap is the only available option, rinse lather from soap after use.
- Scrub fingers, palms, back of hands, wrists, and between fingers for at least 10 seconds.
- Clean under your fingernails with a nail brush or orange stick if necessary.
- Rinse hands thoroughly.
- Use paper towels to dry hands.
- Use a clean paper towel to turn off the faucet and open the door.

Wear gloves

Gloves are not necessary for casual contact with your veteran, such as during transfers or while cleaning intact skin. However, gloves should be worn whenever you:

- Touch blood, body fluids, waste, or objects contaminated by these materials (e.g. utensils, linens, or a surface harboring body fluid).
- Touch a patient's broken skin or mucous membranes (e.g. mouth, nose).
- Perform mouth care, nasal suctioning, ostomy care, a bowel routine, wound care, or dressing changes.
- Empty drainage receptacles (e.g. urinary catheter bags or wound drainage bags).

Change gloves between tasks and after each veteran's visit.

***Just like dirty hands, dirty gloves spread germs –
so, wearing gloves is not a substitute for hand washing!***

To apply sterile gloves:

- Remove any jewelry that could puncture your gloves.
- Wash and dry your hands thoroughly.
- Set the package containing the sterile gloves on a clean surface (e.g. on fresh paper towels).

- Open the packaging very carefully, peeling outward the unsterile outer covering away from the sterile internal portion of the package.
- Use your non-dominant hand, grasp the sterile glove by the upper edge of the inside cuff. Do not touch the outside of the glove.
- Slide dominant hand into the sterile glove.
- Pick up the other sterile glove by sliding the gloved fingers under the inside cuff without touching the exposed hand.
- Adjust the fit, using fingers as necessary.

Avoid touching anything outside the sterile field while wearing the gloves.

To remove both sterile and non-sterile gloves:

- Grasp the cuff of one glove with the opposite hand.
- Pull the glove downward carefully, turning it inside out as it is removed and crunch it into a ball in the gloved hand. Continuing holding the balled glove.
- Grasp the inside cuff of the still intact glove with the ungloved hand as this is considered the cleanest part of the glove.
- Peel the glove downward carefully, turning it inside out over the balled glove.
- Discard both gloves in a plastic trash bag, and wash hands immediately.

Never wash or decontaminate disposable gloves!

Handle equipment safely

In addition to exercising caution when interacting with your veteran, it is essential to take the appropriate steps when handling objects to prevent the spread of infection. Standard precautions include:

- Follow the veteran's procedures for use, care, cleaning, and storage of equipment not in use, as well as for the disposal of contaminated trash (e.g. wound dressings, diapers, etc.).

- Use disposable equipment and supplies whenever possible (these should be provided to the Veteran from VA). Clean permanent items (e.g. stethoscopes, blood pressure cuffs, and thermometers) and any other reusable equipment following each use. ***Use disposable equipment only once!***
- Handle soiled clothes and linens carefully. Hold them away from your clothing and avoid shaking them. Never throw soiled items on the floor; instead, roll them up and place in a soiled-linen container until you can wash them.
- Dispose of dangerous waste very carefully. Needles and other sharp devices should be deposited in clearly marked hard plastic containers - NOT the standard trash containers. DO NOT recap used needles ---put them into the puncture proof containers without the cap.
- Never take anything out of a container marked “bio-hazard.”
- Check your gloves and other protective gear frequently. If you see tears or holes, remove the item and wash your hands, then put on a new piece of protective gear.
- Avoid touching your face when providing care, unless you remove your gloves and wash your hands first.

Transmission-specific measures

In addition to employing the universal precautions, homecare and personal care workers who are caring for a veteran with an existing infection may need more stringent measures tailored to the specific method of disease transmission.

In the case of **airborne infection**:

- Ensure the veteran is in a private room, possibly with a special air filter and keep the door closed.
- You will need to wear a mask as you provide personal care, especially if the veteran has a diagnosis of Tuberculosis. If this is the case, request a special respiratory mask through the VA.
- Remind the veteran to cover his or her nose and mouth when coughing or sneezing.
- Ask the resident to wear a mask if he or she wants or needs to be around others (e.g. going into public or to a clinic medical appointment).

In the case of **contact infection**:

- Ensure the veteran is in a private room, but allow the door to stay open.
- Put on gloves before entering the room, and remove them right before leaving. After removing them, don't touch anything else until you wash your hands.
- Wear a disposable nursing gown in the room if the veteran has drainage or diarrhea, or if the resident is incontinent. Remove the gown right before leaving the room and throw away in covered trash can or place in garbage bag.

In the case of **droplet infection**:

- Ensure the veteran is in a private room, but allow the door to stay open if so desired by the veteran.
- Wear a mask when working in close proximity with the veteran (i.e. within three feet).

Ask the resident to wear a mask if he or she wants or needs to be around others (e.g. going into public or to a clinic medical appointment).

Exam Follows on Next Page



Training Your Caregiver: Basic Infection Control

Employee Name: _____

Date: _____

Please mark the correct response.

1. A successful infection control program can facilitate timely responses to veteran's infections.
 - a. TRUE.
 - b. FALSE.

2. Which of the following types of germs can be spread through direct or indirect touch?
 - a. Airborne.
 - b. Bloodborne.
 - c. Contact.
 - d. Droplet.

3. Which of the following common homecare and personal care worker duties does NOT pose a high risk for infection transmission?
 - a. Feeding.
 - b. Transferring.
 - c. Assisting with elimination.
 - d. Providing Catheter Care.

4. When washing their hands, home health and personal care providers should scrub fingers, palms, back of hands, wrists, and between fingers for at least _____.
 - a. 5 seconds.
 - b. 10 seconds.
 - c. 1 minute.
 - d. 5 minutes.

5. Which of the following tasks does NOT require the use of gloves?
 - a. Touching blood, body fluids, or contaminated objects.
 - b. Cleaning intact skin.
 - c. Performing mouth care.
 - d. Emptying drainage receptacles.

6. To save the veteran money, the homecare worker or personal care worker can reuse disposable care equipment as long as he or she disinfects it first.
 - a. TRUE.
 - b. FALSE.

7. When handling soiled linens, you should _____.
 - a. Shake the linens out to remove any dirt or crumbs.
 - b. Stow the dirty linen on the floor while you stock the room with a fresh set of linen.
 - c. Hold the linen close to your body to inspect them.
 - d. Roll the dirty linens up, place them in a covered linen container, and wash them as soon as possible.

8. When disposing of a needle or other sharp object you should NOT _____.
 - a. Place in a puncture-proof container.
 - b. Avoid touching the sharp end.
 - c. Recap it carefully before disposing of it.
 - d. None of the above.

9. Residents with _____ infections should be placed in a private room, though they may keep the door open if desired.
 - a. Airborne.
 - b. Contact.
 - c. Droplet.
 - d. Both b and c.

10. Which of the following transmission-specific measures should you take when providing care for a veteran who has the flu?
- a. Wear a mask when working within three feet of the veteran.
 - b. Wear a mask, gown, gloves, and goggles whenever you are in or near the veteran's room.
 - c. Quarantine the veteran.
 - d. No additional precautions are needed.

In order to receive your state-required home caregiver CEUs, you must mail this test along with your signed FORM 1732 Management and Training of Service Provider (on the next page) to:

**CTADVRC – VDHCBS
PO Box 729
Belton TX 76513**

Score: _____ of 10

Pass – Fail

