



Visiting Nurses
Hospice
Private Services

Annual Clinical Competency 2021

~Infection Control~

Hand Washing

- **Practicing hand hygiene, which includes the use of alcohol-based hand rub (ABHR) and handwashing, is the simple yet most effective way to prevent the spread of pathogens and infections in healthcare settings.**
- **Cleaning your hands reduces the spread of potentially deadly germs to patients and the risk of healthcare provider colonization or infection caused by germs acquired from the patient**



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Hand Washing

Hand washing technique with soap and water



1
Wet hands with water



2
Apply enough soap to cover all hand surfaces



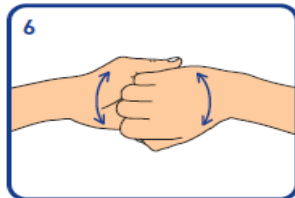
3
Rub hands palm to palm



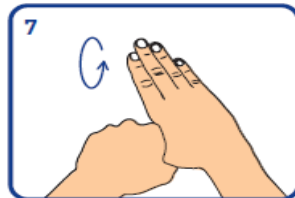
4
Rub back of each hand with palm of other hand with fingers interlaced



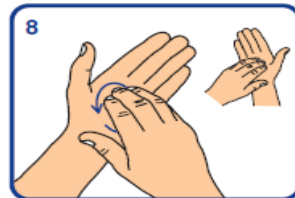
5
Rub palm to palm with fingers interlaced



6
Rub with back of fingers to opposing palms with fingers interlocked



7
Rub each thumb clasped in opposite hand using a rotational movement



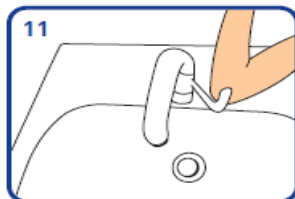
8
Rub tips of fingers in opposite palm in a circular motion



9
Rub each wrist with opposite hand



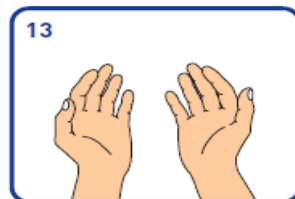
10
Rinse hands with water



11
Use elbow to turn off tap (if no elbow tap available use paper towel to turn off tap)



12
Dry thoroughly with a single-use towel



13
Hand washing should take 40-60 seconds

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World Health Organization

Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care 2009

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Alcohol-Based Hand Sanitizer

- Alcohol-based hand rubs (ABHRs) are an effective means of decreasing the transmission of bacterial pathogens
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Technique matters when cleaning your hands. It only counts if you use the right amount the right way.

How do you use Alcohol-Based Hand Sanitizers?

- **Apply the product to the palm of your hand. Use enough sanitizer to cover all the surfaces of your hands**
- **Rub the product over all surfaces of your hands and fingers for a full 20-30 seconds until your hands are dry. (Your hands should stay wet for 20 seconds if you used the right amount)**

❖ **NOTE:** Alcohol is not effective against *Clostridium difficile* spores

Source: CDC



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Hand Hygiene

Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene:

Use of ABHS	Hand Washing with Soap and Water
<ul style="list-style-type: none">• Immediately before touching a patient• Prior to removing any equipment from your All Care bag• Before performing an aseptic task or handling invasive medical devices• Before moving from work on a soiled body site to a clean body site on the same patient• After touching a patient or the patient's immediate environment• Immediately after glove removal	<ul style="list-style-type: none">• When hands are visibly soiled• Before and after patient care (Upon entering a patient's home and prior to exiting the home)• After caring for a patient with known or suspected infectious diarrhea

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Bag Technique

- Your All Care bag is transported from home to home and may serve as a vehicle for transmitting microorganisms, including multidrug-resistant organisms (MDROs). To prevent the transmission of microorganisms, a practice called, “**Bag Technique**” is deployed by home care and hospice staff to minimize the spread of microorganisms.
- What’s in your All Care Bag?
 - ✓ **Single Use Items** = Items that will be removed from the bag and not placed back into your bag after use (Thermometer covers, disinfectant wipes, gloves, alcohol prep pads, wound care dressing supplies, paper towel to use after washing your hands, barrier for your bag if needed, and any personal protective equipment (PPE)).
 - ✓ **Reusable Items** = Items that will be re-used and put back into your bag (Vital Sign Equipment, etc).



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Bag Technique

- Your All Care bag should be separated into 2 sections: A Clean and Dirty Section

CLEAN SECTION	DIRTY SECTION
<ul style="list-style-type: none">• Clean area includes an inside closeable area to keep the patient care items:<ul style="list-style-type: none">✓ Vital Sign Equipment✓ Single/Reusable items✓ PPE• All equipment must be cleaned/disinfected before putting it back in your bag• Remember to only enter the clean part of your bag with clean hands (perform hand hygiene immediately prior to entering/re-entering your bag). DO NOT REENTER YOUR BAG WITH GLOVES ON. Remove the gloves, perform hand hygiene, and then reenter your bag.	<ul style="list-style-type: none">• Dirty area of your bag should include:<ul style="list-style-type: none">✓ Hand hygiene items – usually a separate pocket or an outer compartment of your bag for easy access.✓ Sharps Container – Should be stored in an exterior compartment of your bag. Not stored on the inside of the bag. Sharps container should max out at 2/3 full.

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Bag Technique

Your All Care Bag shouldn't be brought into the patient's home in the following circumstances:

- Patient is known to be colonized or infected with a MDRO (e.g., MRSA), C.Difficile, and COVID-19.

In this case, patient will be provided single-patient use supplies will be provided by the agency and left in the home for staff's use during patient care.

- The home environment is infested with bed bugs, other pests, or is grossly contaminated



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Bag Placement

➤ In the home:

- ✓ Your bag should be placed on a visibly clean, dry surface. If there are no clean dry surfaces, use a barrier underneath the bag.
- ✓ Hang it on a doorknob or the back of a chair

➤ In your vehicle:

- ✓ Your bag should be kept in a plastic container and stored in a “clean” area of the car, free of food, dirt, and other items that could promote bacterial growth

YOUR BAG SHOULD BE CLEANED ON A WEEKLY BASIS AND WHEN VISIBLY SOILED

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Re-Use of PPE

➤ **What does “Re-Use” of PPE mean?**

- ✓ Removal and later re-use of certain types of PPE (surgical mask, N95, eye protection) by the same person.
- ✓ Re-Use requires additional steps in the donning and doffing process plus disinfection or isolated storage of the used PPE in order to protect the user, the subsequent patient visited by the re-user, and others
- ✓ Removed PPE that has NOT been soiled or damaged may be re-used by a single wearer
- ✓ Enhanced hand hygiene is needed during re-use as people do not recognize how often they touch their face.

➤ **You are required to wear the following PPE at every visit:**

- ✓ Surgical Masks or KN95
- ✓ Goggles or Face Shield
- ✓ Gloves

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Re-Use of PPE

➤ Surgical Masks/KN95

- ✓ Removing a mask for reuse: Perform hand hygiene prior to removing mask. Handling it by the loops, place removed surgical masks into a designated paper bag, exposed side down, then use hand hygiene.
- ✓ Donning a reused mask: Wear gloves to pick up a used mask using a scooping motion, apply it to the face, then remove gloves and use hand hygiene. Store mask in a paper bag.
- ✓ Surgical masks can ONLY be worn on the face due to contamination on the inside with the user's germs, and on the outside with the patient's germs.

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Re-Use of PPE

➤ Goggles and Face Shields

- ✓ Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely or if visibility is obscured and reprocessing does not restore visibility).
- ✓ If you touch or adjust your eye protection, you must immediately perform hand hygiene.
- ✓ If you need to remove your eye protection, you should leave patient care area.
- ✓ Carefully remove goggles or face shield by grabbing the strap and pulling upwards and away from your head. **DO NOT TOUCH THE FRONT OF THE GOGGLES OR FACE SHIELD**

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Re-Use of PPE

➤ How to clean and disinfect your goggles or face shield:

How to clean and disinfect your goggles or face shield:

Adhere to recommended manufacturer instructions for cleaning and disinfection. When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields/goggles, consider:

1. **While wearing gloves, carefully wipe the *inside*, followed by the *outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.**
2. **Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered disinfectant solution (Lysol Cleaner, Clorox Cleaner/Wipes). The list of approved disinfectant can be found here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>**
3. **Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.**
4. **Fully dry (air dry or use clean absorbent towels).**
5. **Remove gloves and perform hand hygiene.**

**~ REMEMBER TO DISCARD ANY PPE THAT HAS
BEEN SOILED OR DAMAGED ~**

~Infection Control~

COVID-19

- Healthcare workers should adhere to Standard and Transmission-based precautions when caring for patients with SARS-CoV-2 infection.
- Following the CDC's guidelines below, Don PPE prior to entering the patient's home home:

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

- 1. Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
- 2. Perform hand hygiene using hand sanitizer.**
- 3. Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
- 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
 - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
- 5. Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
- 6. Put on gloves.** Gloves should cover the cuff (wrist) of gown.
- 7. HCP may now enter patient room.**

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COVID-19

- After your visit, remove your PPE outside of the home and place into a garbage receptacle outside of the home following the CDC's guidelines for Doffing PPE.
- If there is no ability to remove PPE outside of the home, stay 6ft away from the patient to remove gown and gloves while placing in a trash receptacle near the front door. It is recommended to keep your facemask and eye shield in place until exiting the home, if possible.

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

- 1. Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
- 2. Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
- 3. HCP may now exit patient room.**
- 4. Perform hand hygiene.**
- 5. Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
- 6. Remove and discard respirator (or facemask if used instead of respirator).*** Do not touch the front of the respirator or facemask.
 - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
- 7. Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

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COVID-19

- Patients who have re-covered from COVID-19 can continue to have detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset in concentrations considerably lower than during illness; however, replication-competent virus has not been reliably recovered, and infectiousness is unlikely. Studies have not found evidence that clinically recovered adults with persistence of viral RNA have transmitted SARS-CoV-2 to others. These findings strengthen the justification for relying on a symptom-based rather than test-based strategy for ending isolation of most patients.

Ending Isolation and Precautions for people with Symptomatic COVID-19:

1. Discontinue 10 days after symptom onset
2. Resolution of fever for at least 24 hours, without the use of fever-reducing medications AND
3. Improvement of respiratory and other symptoms

Ending Isolation and Precautions for people with Asymptomatic COVID-19:

1. Discontinued 10 days after the first positive viral test

Clinical Competency

You have completed the annual Clinical Competency for 2021. Please use the following link to start the QUIZ