Module 7 – Infection Control and Prevention in the Home

Introduction

Infection and infection prevention are a major concern. Home care aides play a key role in protecting their patients and themselves from infection. This module will review principles of infection control and prevention including the chain of infection, spread of germs, hand washing, and several types of infection control precautions.

Objectives

At the end of the module, the nurse aide will be able to:

1. Define vocabulary words related to infection control
2. Describe the history of infection control
3. Discuss the importance of infection control and prevention measures, such as hand washing and good personal hygiene
4. Demonstrate good hand washing technique
5. Demonstrate proper use of alcohol-based hand rub
6. Explain how germs spread
7. Describe each link in the chain of infection
8. Relate the chain of infection to the work of home care aides
9. Describe the signs and symptoms of infection to report to the nurse
10. Compare standard precautions and transmission-based precautions

Instructional Resource Materials

- PowerPoint for Module 7 – Infection Control
- Handout/Activities
- Instructor information (if included)
- Optional: Glitter Bug or Glo Germ materials/kits (you may order these on-line). The handout gives instructions for this activity on how to make it yourself; this may need adjusting based on the products you use. Make the material ahead of time to ensure it works properly.
- Simulated home care bag – this bag should have an outside pocket and a zipper for access to the inside of the bag. The outside component should contain hand rub, hand soap, and paper towels. Optional – The inside of the bag may normally contain a BP cuff, stethoscope, CPR mask, disposable gown, mask, and goggles. This would vary from agency to agency.
- Instructor should visit the CDC website (www.cdc.gov) prior to teaching the class for updates to information being presented (e.g. hand washing and influenza).

Module 7 – Infection Control and Prevention in the Home

Slides	Instructor's Script	Notes
Slide 1: Title slide	**Script:** Infection Control	
Slide 2: Objectives	**Script:** • **Objectives** - At the end of this module, the nurse aide will be able to: 1. Define vocabulary words related to infection control 2. Describe the history of infection control 3. Discuss the importance of infection control and prevention measures, such as hand washing and good personal hygiene 4. Demonstrate good hand washing technique	
Slide 3: Objectives, continued	**Script:** 5. Demonstrate proper use of alcohol-based hand rub 6. Explain how germs spread 7. Describe each link in the chain of infection 8. Relate the chain of infection to the work of home care aides 9. Describe the signs and symptoms of infection to report to the nurse 10. Compare standard precautions and transmission-based precautions	
Slide 4: Infections… interesting facts **Handout 1:** Infection control vocabulary list **Handout 1A:** Fictional obituary	**Script:** • According to the Center for Disease Control: o Infectious diseases are the third leading cause of death in the United States, causing over 170,000 deaths annually, a figure that has nearly doubled since the early 1980's. o It is estimated that 1 to 3 million serious infections occur every year in: ➢ nursing homes ➢ skilled nursing facilities ➢ assisted living facilities o By the year 2030, 20% of the United States population is estimated to be age 65 years or older, and 30 million of these people are anticipated to have functional limitations that will increase the need for long-term care. o Currently, there are more than 16,000 nursing homes/facilities for long-term care in the United States in which 1.5 million older adults reside. o 1.7 million Americans develop hospital-acquired infections (HAI) each year. o 99,000 die of HAIs annually. o Three-fourths of the infections start in places like nursing homes and doctors' offices. o The US spends more than $45 billion every year for the extra care and treatment that is needed	

	when infections start in a hospital, nursing home, or other healthcare setting. o The leading cause of death among residents in a nursing home is infection. Infection is also the most frequent reason for a person to be moved from the nursing home to a hospital for care. Therefore, the home care aide is so important. You can make a difference in someone's life by assisting them to stay home for as long as possible, thus preventing infections often acquired in nursing homes or hospitals. o Infections reduce the person's quality of life and can cause pain and suffering to the person and their family members. o Although difficult to track as if someone were in the hospital, infections are much more unlikely to happen in the home if one practices good infection control. o Examples of infections that home care agencies track include catheter-related urinary tract infections, wound infections, pneumonia in patients who have recently had surgery. o Infection control and the prevention of infections must be a regular part of everything the home care aide does.	
Slide 5: Infections… interesting facts	**Script:** • Until the invention of the microscope in 1595, diseases were believed to be caused by many things, including the night air, bathing, and spells and curses. Garbage and human waste were thrown into the streets and the act of hand washing was unknown. • In the 1800's, approximately one out of every four women who had a child died of what was called childbed fever. This was a streptococcal infection caused by the practice doctors had of doing vaginal examinations on woman after woman without ever washing their hands. By not washing their hands, they directly carried the streptococcal bacteria from one patient to the next. In 1847, Dr. Iganz Semmelweis, a European obstetrician, discovered the connection between not washing hands and the spread of the disease. One would assume that other doctors would immediately start washing their hands. Instead, they rejected and ridiculed Dr. Semmelweis' theory and he ended up dying in an insane asylum. • In 1999, over 150 years after Dr. Semmelweis made his discovery, newborn babies in a large hospital in the Midwest started dying of infections. The source of the infections could not be found until the infection control team cultured the fingernails of the nurses and found the source. The nurses had long fingernails and/or acrylic nails. Keeping nails short and not having acrylic	

	nails is standard infection control because bacteria grow under long nails and under nail polish, and that it is almost impossible to wash the bacteria away. The nurses ignored what they had been taught, and as a result, innocent babies died. • There are five known types of Hepatitis: A through E. At first, Hep C was thought to be a new species. It is now known that Hep C, a virus only identified in 1989, has existed in blood samples from Air Force servicemen that had been stored since 1948. Four million Americans are believed to have Hep C. The government, however, has estimated that as many as half of those thought to have the infection do not know they have it, since patients can go for twenty or thirty years before observable symptoms emerge.	
Slide 6: Handout 1 – Infection Control Vocabulary List	**Script: Review Infection Control Vocabulary List with students**	
Slide 7: Personal Hygiene Habits	**Script: Personal Hygiene Habits** • (Introduce topic of person hygiene.) • Some of these tips may seem like common sense; however, they are important infection control habits.	
Slide 8: Personal Hygiene Habits *** The CDC website has flyers &/or posters to download and print related to coughing and sneezing etiquette**	**Script: Personal Hygiene Habits** • If you are sick, do not provide care for your patient • Practice good grooming practices – bathe, brush, and floss teeth, keep hair groomed, wear clean clothes • Hold equipment and linens away from your body/uniform • Do not wear a uniform that you have worked in around your home • Do not take personal belongings into a patient's home • Cover your mouth and nose with a tissue when coughing, sneezing, and blowing. If no tissues are available, use your sleeve, upper arm, or elbow bend ***** • Wash hands frequently • Do not eat or drink after other people • Wash raw fruits and vegetables • Store food properly	
Slide 9: Optional Class Discussion	**Script: Optional class discussion on personal hygiene** • Discuss what the class thinks is considered good personal hygiene	
Slide 10: Hand washing	**Script: Hand washing** • When hands are visibly dirty or soiled, wash hands with soap and water.	

	• If hands are not visibly dirty or soiled, you may use an alcohol-based hand rub for routinely cleaning hands in other situations. Best practice is always hand washing.
	• Hand washing with soap and water should be performed at the following times:
	  ○ When hands are visibly soiled
	  ○ After caring for a person with known or suspected infectious diarrhea
	  ○ After known or suspected exposure to spores such as B. anthracis or C difficile outbreaks
	  ○ Before shift begins
	  ○ Before eating and after using a restroom
	  ○ Before leaving the facility or person's house at the end of the shift
	• In place of hand washing, an alcohol-based hand rub/sanitizer may be used at the following times:
	  ○ Immediately before touching a person's skin when performing a task such as taking a pulse or blood pressure and lifting or assisting a person with ambulation
	  ○ After contact with body fluids or excretions, mucous membranes, broken skin, or wound dressings
	  ○ If moving from a contaminated body site to a clean body site
	  ○ After touching a patient or the patient's immediate environment
	  ○ After contact with blood, body fluids or contaminated surfaces
	  ○ Immediately after removing gloves
	  ○ After coughing, sneezing, or blowing one's nose
	  ○ After contact with soiled linen
	• If hand rub/sanitizer is unavailable, wash hands with soap and water.	

Slide 11: Hand Hygiene Guidelines Fact Sheet	**Script: Handout 2** • Hand Hygiene Guidelines Fact Sheet	
Slide 12: Proper Techniques	**Script: Handout 3** • Instructor demo on proper techniques • Students critique each other on technique	

Slide 13: How Germs Spread	**Script: How do germs spread so quickly and easily?** • Let's use colds and the flu as an example. Viruses cause colds and the flu, and these viruses can be all around us: in the air we breathe, on objects we touch, etc. These viruses can be easily transferred as we share the air and touch many of the same objects: doorknobs, pencils, light switches, faucets, etc. In fact, germs can even be transferred by people who do not seem to be sick themselves! Germs can be expelled into the air by sneezing and coughing. Covering one's nose and mouth when sneezing or coughing can prevent germs from being expelled into the air.	
Slide 14: Confidential Self-Assessment	**Script: Handout 4** • Confidential Self-Assessment	
Slide 15: Glitter Bug or Glo Germ Activity	**Script: Handout 5 (Optional)** • Glitter bug or Glo Germ activity	
Slide 16: Chain of Infection	**Script: Chain of Infection – Infectious Agent** • How does infection spread? The chain of infection is the foundation for spreading and preventing an infection. For an infection to occur and spread, each of the six links of the chain must be present. By breaking any link in the chain, a new infection can be prevented. Infection control practices such as hand washing, cleaning equipment, and using masks, when performed properly, will break a link in the chain. Let's look at each link and the actions that can be taken to break it. This is one time when breaking something is a good thing! • To have an infection, there must be a germ that can cause an infection. This germ is called the infectious agent.	
Slide 17: Chain of Infection	**Script: Chain of Infection - Reservoir** • The infectious agent (germ) must have a place to live or hide. This hideout is called a reservoir. Reservoirs are animals, insects, humans, objects, surfaces, equipment, or anything in the environment including food, water, and even the air.	
Slide 18:	**Script: Chain of Infection – Portal of Exit**	

Chain of Infection	• The germ needs a way to leave its home or hideout. This is called a portal of exit, or way to escape from the reservoir. Examples of how germs exit the human body are through blood from a wound, semen and vaginal secretions from the reproductive tract and genitalia, tears from tear ducts, urine from the urinary tract, feces from the gastrointestinal tract, mucous discharge from the respiratory tract, drainage from open wounds and across the mother's placenta to the fetus.	
Slide 19: Chain of Infection	**Script: Chain of Infection – Mode of Transmission** • Once the germ exits its hideout (reservoir), it must find a way to move to its next victim. This is called the mode of transmission. There are many routes for germs to be transmitted to another. The most common and frequent modes of transmission are direct contact, indirect contact, and droplet contact. o Direct or physical contact occurs when the infected person transfers the germ causing the infection in another. o Indirect contact includes the spread of infection through eating or drinking contaminated foods, water, or beverages, touching contaminated care products and personal care equipment, utensils, pets, equipment or feces, or any other inanimate object. o Droplet contact can happen when an infected person coughs, sneezes, or talks within three feet of another. o Germs can also be spread through contaminated blood as well as through the air. Infections can spread through the air by a person breathing air where germs have been suspended. o Insects such as ticks, fleas, or mosquitoes carry germs and pass them on when they bite someone.	
Slide 20: Chain of Infection	**Script: Chain of Infection – Portal of Entry** • Once a germ leaves its hideout and finds a way to travel, a portal of entry is necessary. Germs can enter the body through breaks in the skin, through eyes, nose, or mouth, through the digestive tract, through the urinary and reproductive tracts, the respiratory system, and the circulatory system. Points of exit and entry are the same.	
Slide 21:	**Script: Chain of Infection – Susceptible Host**	

Chain of Infection	• If the host's defenses are strong, it may stop the germ's invasion. If not, the host becomes susceptible to the infection, unable to fight off the germs, and the germs enter the body. • The chain of infection now has the potential to continue to spread since the germ has found a new reservoir.	
Slide 22: Chain of Infection Activity	**Script: Handout 6 Chain of Infection – Activity** • Give students the handout. • Depending on how many students are present let them divide into pairs or larger groups to complete the activity.	
Slide 23: Chain of Infection Answers	**Script: Chain of Infection Answers** • Read aloud/compare answers.	
Slide 24: Chain of Infection Answers	**Script: Chain of Infection Answers** • Read aloud/compare answers.	
Slide 25: Chain of Infection Answers	**Script: Chain of Infection Answers** • Read aloud/compare answers.	
Slide 26: Chain of Infection Answers	**Script: Chain of Infection Answers** • Read aloud/compare answers.	
Slide 27: Chain of Infection Answers	**Script: Chain of Infection Answers** • Read aloud/compare answers.	

Slide 28: Chain of Infection Answers	**Script: Chain of Infection Answers** • Read aloud/compare answers.	
Slide 29: Breaking the Chain of Infection	**Script: How does the chain of infection relate to the work of home care aides?** • As health care workers, you have always had a huge responsibility to protect yourself, your family, and your residents from danger because you work in an environment that encourages infection. Many of the people you care for are older, sickly, and/or susceptible to diseases. What is merely a cold to most people can be deadly to the older adult. • If you can break any link in the chain of infection, you can prevent the occurrence of new infection. Home care aides have many chances in their work to break the chain of infection. • Keeping our patients' homes neat and clean helps to reduce the risk of infection. It is the role of the home care aide to care for the person and their environment. These tasks are essential to good health. **Handout 7: Breaking the Chain of Infection Activity** • This activity shows how to break each link in the chain of infection.	
Slide 30: Breaking the Chain of Infection Answers	**Script: Breaking the Chain of Infection Answers** • Read aloud/compare answers.	
Slide 31: Breaking the Chain of Infection Answers	**Script: Breaking the Chain of Infection Answers** • Read aloud/compare answers.	
Slide 32: Breaking the Chain of Infection Answers	**Script: Breaking the Chain of Infection Answers** • Read aloud/compare answers.	
Slide 33: Breaking the Chain of	**Script: Breaking the Chain of Infection Answers** • Read aloud/compare answers.	

Infection Answers		
Slide 34: Breaking the Chain of Infection Answers	**Script: Breaking the Chain of Infection Answers** • Read aloud/compare answers.	
Slide 35: Breaking the Chain of Infection Answers	**Script: Breaking the Chain of Infection Answers** • Read aloud/compare answers.	
Slide 36: When Infection Occurs	**Script: When infection occurs** • If an infection occurs, the body takes steps to fight it off. When the body fights an infection, certain signs and symptoms occur. • Signs and symptoms of infection can include: o Fever o Nausea, vomiting, and diarrhea o Rash o Loss of appetite o Local redness, swelling o Foul smelling drainage or urine o Urinary frequency o Pain or tenderness at the site of a wound or pimple-like area o Fatigue o Flu-like symptoms • Individuals have different responses to infection and not every symptom will be experienced by all people. Learn the usual health status of each person you are caring for so you will know when there is a change in his/her typical health status. • Report any signs or symptoms immediately to the nurse. The earlier an infection is found, the easier it may be to treat. • There are also certain factors that contribute to increased illness susceptibility in patients, including poor nutrition, advanced age, mental status, inactivity, and other factors such as catheters and feeding tubes.	
Slide 37: When infection occurs	**Script: Class Discussion** • Name signs and symptoms of infections that you have known, seen, or experienced.	
Slide 38:	**Script: Bloodborne Pathogens**	

Bloodborne Pathogens	• Bloodborne pathogens, such as HIV and Hepatitis B, C, and D, are a classification of microorganisms that cause disease.
	• Bloodborne pathogens are found in:
	  ○ Blood
	  ○ Blood products that are given in the hospital
	  ○ Semen
	  ○ Cerebrospinal fluid (fluid in the spine)
	  ○ Synovial fluid (fluid in the joints)
	  ○ Pericardial fluid (fluid around the heart)
	  ○ Amniotic fluid (fluid around the baby during pregnancy)
	  ○ Vaginal discharge
	• Bloodborne pathogens may be found in other fluids if contaminated by infected blood.
	• These pathogens may be transmitted by:
	  ○ Contact with blood
	  ○ Sexual contact
	  ○ Sharing needles/needle sticks
	  ○ Mother to fetus during pregnancy or delivery
	• Employers should have an occupational exposure plan in place for all employees.
	• An occupational exposure includes:
	  ○ Needle sticks
	  ○ Skin exposure
	  ○ Mucous membrane exposure
	• The occupational exposure plan may consist of a Hepatitis B vaccine program, policies for reporting, evaluating, and handling exposures, and documentation procedures, including employee review of the plan.
	• Know your agency's occupational exposure plan!
	• IT IS IMPORTANT TO REPORT ANY OCCUPATIONAL EXPOSURE IMMEDIATELY!	

Slide 39: HIV/AIDS	**Script: HIV/AIDS** • HIV is the Human Immunodeficiency Virus. This is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). • HIV targets the immune system. • It can be in the body for many years before it shows signs or does any damage to one's immune system. • To understand HIV, it is important to first understand the immune system. • The immune system is made up of many types of blood cells. These cells work together to defend the	

	body against infections and diseases. When an infection enters the body, the immune system starts to work. • Without a strong immune system, a person can die if they are unable to fight off infections. • When someone has HIV, once their immune system is damaged, the person may get what are called opportunistic infections. These are certain infections, diseases, and cancers that use the opportunity of a weak immune system to get into the body. • These infections are often life threatening to those who are living with HIV/AIDS.	
Slide 40: HIV/AIDS	**Script: HIV/AIDS** • So how is HIV spread? HIV is found in blood, semen, vaginal fluid, and breast milk. It can be spread through unprotected anal, oral, and/or vaginal sex with someone who is infected with HIV. • Sharing needles or syringes with someone who has HIV can also cause infection. • Mothers can also pass the virus to their babies before birth, during birth, or through breast-feeding. • There are many misconceptions about how HIV is or is not spread. HIV is NOT spread though feces, urine, nasal fluid, saliva, sweat, tears, or vomit, unless there is blood mixed in. • You CANNOT get HIV from food, insects, animals, toilet seats, utensils, kissing, or hugging. • You CANNOT get HIV from providing personal care or home management assistance. • Never judge your patient or their life choices and behaviors. This includes how they contracted HIV. Never stereotype HIV patients and be sure to always respect their privacy and confidentiality. It is best to provide a positive and nurturing environment, as is provided for any other patient. • When it comes to HIV and health care professionals, the discovery of the HIV virus in the 1980's forever changed the way that health care workers would view their patients. Before HIV/AIDS, infection control focused on individuals who showed signs of an infectious illness. Care of those individuals centered on preventing the spread of their illness to the staff and other patients. • There were several types of isolation techniques used. Care of well patients was based on common sense –	

	good hand washing, not sharing equipment or supplies, etc. • Once it was learned that diseases can live in various bodily secretions and cause infections, a guideline called Universal Precautions was developed by the Centers for Disease Control and Prevention (CDC). Then, in 1996, still newer guidelines were released which have two levels of precautions: Standard Precautions (which replaced Universal Precautions) and Transmission Based Precautions. • Precautions taken with an HIV patient need not be different than for other patients. Hand washing is the best way to prevent infections, and always wear gloves if you may come into contact with any bodily fluids. • When thinking about food safety and your immune compromised patient, it is important that you learn of any food allergies. • Patients should never eat raw fish or shellfish. • All meat should be cooked well with no pink in the middle. • Patients should not eat raw eggs, nor should they drink or use unpasteurized milk. • Patients should also take care against toxoplasmosis – an infection caused by a parasite that can be found in undercooked food, cats, dogs, birds, and soil, particularly where there might be dog or cat feces. For someone with a healthy immune system, toxoplasmosis is not a threat, however when someone is severely immune compromised, it can lead to an infection of the brain and lead to coma and death. Patients should wear gloves when gardening and never handle animal feces (e.g. kitty litter). • There is no reason that your HIV positive patient should have a different plate and utensils than the rest of the household. They should not be treated any differently than someone without HIV. • Of importance to add, is that there is NO NEED TO DOUBLE GLOVE…EVER…WITH ANY TYPE OF PATIENT. This increases the risk of a breakage in the glove and is not only unnecessary, but it is unsafe for the home care aide.	
Slide 41: Precautions	**Script: Precautions** • Mumps – spread by mucus from the nose or throat of an infected person, usually when a person coughs or sneezes – **droplet precautions**	

	• Pink Eye – forms of pink eye are highly contagious and are spread by touching the infected person or something they have touched after rubbing their eye(s) – **contact precautions** • TB – germs are put into the air when a person with TB of the lungs or throat coughs, sneezes, speaks, or sings. These germs can float in the air for several hours, depending on the environment. A person who breathes in the air containing these TB germs can become infected – **airborne precautions**. Note – remember that facemasks are to be worn once and then disposed of. They should be changed frequently and should not become wet or they will be ineffective.	
Slide 42: Precautions	**Script: Handout 8** • Standard Precautions and Transmission Based Precautions Chart – review • It is also important not to take supplies from one patient's home with you into another patient's home.	
Slide 43: Precautions	**Script: Handout 9** • Which precautions would you use?	
Slide 44: Precautions	**Script: Optional Class Discussion** • Ask class for work experiences where they took care of patients with an infectious disease and how they protected themselves.	
Slide 45: Precautions	**Script: Optional Activity** • An activity could be practicing the putting on and taking off/disposing of gloves, masks, and gowns.	
Slide 46 **Instructor: Visit the CDC website for the most up-to-date information about COVID-19.**	**Script: Coronavirus and COVID-19** • Coronaviruses are a family of hundreds of viruses that usually cause mild to moderate upper-respiratory tract illnesses, like the common cold. • A novel (new) coronavirus emerged in this century, causing more serious, even fatal, disease. It causes coronavirus disease 2019, also known as COVID-19. COVID-19 emerged from China in December 2019 and was declared a global pandemic by the World Health Organization on March 11, 2020. • As of February 2021, COVID-19 deaths per CDC are 476,255 out of 27.4 million cases in the US. • Worldwide there are 2.36 million deaths out of 107 million cases with 60.1 million people recovered as of February 2021. • Symptoms may appear 2-14 days after exposure to the virus:	

	○ Fever or chills ○ Cough ○ Shortness of breath or difficulty breathing ○ Fatigue ○ Muscle or body aches ○ Headache ○ New loss of taste or smell ○ Sore throat ○ Congestion or runny nose ○ Nausea or vomiting ○ Diarrhea • Severity: Although for most people COVID-19 causes only mild illness, it can make some people extremely ill. More rarely, the disease can be fatal. Older people, and those with pre- existing medical conditions (such as high blood pressure, heart problems or diabetes) appear to be more vulnerable. • The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected by touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, mouth). • Control and prevention: Mask wearing, social distance up to 6 feet away from others, wash hands often, cover cough and sneezes, avoid crowds, avoid poorly ventilated spaces, clean and disinfect, monitor your health daily, and vaccination.	
Slide 47: Influenza **Instructor: Visit the CDC website for the most up-to-date flu information of the season.**	**Script: Influenza** • Symptoms include fever, cough, sore throat, body aches, headache, chills, and weakness. • Severity varies depending on age and health status. • The flu is spread through respiratory droplets from coughs and sneezes, or if one touches the droplets of someone infected and then touches their own nose or mouth. • Wear a surgical mask when providing care for someone with the flu and practice good hand washing to prevent the spread, also use alcohol-based rubs frequently. • The person with the flu should be encouraged to stay home for 7 days or for 24 hours of being symptom free – whichever is longest. • Encourage the person with the flu to get plenty of rest and drink plenty of fluids. • Bacterial infections may follow such as pneumonia, ear infections, or sinus infections. • The patient should get medical care immediately if they have any of the following: ○ Difficulty breathing or chest pain ○ Purple or blue discoloration of the lips ○ Vomiting and unable to keep down liquids	

	○ Signs of dehydration, such as dizziness when standing, absence of urination, or in infants, a lack of tears when crying ○ Seizures ○ Less responsive than normal or becomes confused	
Slide 48: MRSA	**Script: MRSA** • MRSA stands for Methicillin Resistant Staphylococcus Aureus. • MRSA is bacteria that has changed or evolved to the point where there is no medicine that will kill it. • MRSA can be caused by overuse of antibiotics in humans, antibiotics in food and water, or germ mutation. • In the community, risk factors are: ○ Contact sports ○ Sharing athletic equipment ○ Young children ○ Elderly ○ Having a compromised immune system ○ Crowded or unsanitary conditions ○ Close contact with health care workers • MRSA is often carried by well-meaning health care workers who do not take the time to wash their hands or put on gloves. Long fingernails and acrylic nails can also be blamed for helping the spread of MRSA. • It is spread by direct skin-to-skin contact. • It becomes a problem when it enters the body through a cut or wound. • Look for red bumps that look like boils or pimples that may develop into abscesses. • The infection can spread into the bone, blood, joints, urinary tract, heart valves, and/or lungs. • GOOD HAND WASHING CAN STOP THE SPREAD OF MRSA.	
Slide 49: Scabies	**Script: Scabies** • Scabies are microscopic mites that burrow into skin, where they live and lay eggs. A doctor will have to confirm a scabies diagnosis. • The most common symptoms are intense itching (especially at night) and a pimple-like skin rash. Usual areas where the rash appears are between the fingers, wrist, elbow, armpit, penis, nipple, waist, buttocks, and shoulder blades. Young children additionally experience rashes on their head, face, neck, palms, and soles; however most often adults are not affected in these areas. • Scabies is a common, worldwide condition. It affects people of all races and social classes. Scabies can take up to 2 months for symptoms to appear, and during that time a person can still spread it to others.	

	• Scabies are spread by direct skin-to-skin contact with a person who has scabies. A person can spread scabies even if there are no symptoms present. • When a patient has scabies, the infected person as well as anyone else who lives in the home must be treated. • There are no over-the-counter approved medications to treat scabies, therefore a prescription will be needed. Doctors prescribe creams or lotions to kill the scabies and their eggs. *It is important to remember that the home care aide cannot apply medicated lotions or creams, only family members and the patient if they are able. • As well as using medicated lotions, the bedding, clothing, and towels in the infected household should be washed in hot water and dried in a hot dryer, or by sealing items in a plastic bag for at least 3 days (scabies mites generally do not survive for more than 2 or 3 days without a human host). • Itching is common for 2 to 4 weeks after treatment as well, however if new burrows or pimples appear, retreatment may be necessary. • It is the role of the home care aide to report any questionable rashes on their patients that may or may not be scabies. Likewise, if there is a report of scabies, the home care aide should report that information as well. The home care aide should work closely with their supervisor to ensure that the aide does not contract scabies or spread it further.	

Slide 50: How to Kill Germs	**Script: Ways to kill germs, microorganism, and pathogens**
	• Disinfection
	  ○ This is the use of chemical products to kill pathogens. Products include mouthwash, commercial disinfectants, alcohols, bleach, and chlorine
	  ○ It is used on household items, clothes, hands, wounds, thermometers
	• Sterilization
	  ○ Items may be sterilized by boiling them for 20 minutes. You should always consult with your supervisor before sterilizing anything! This was a practice commonly used with in and out catheters, but now they are disposable, and it is preferred to use a new catheter each time the person is catheterized.
	  ○ It is used on baby bottles, dishes, utensils, needles, clothing, bed linens
	• Incineration
	  ○ Burning contaminated items, such as tissues, soiled dressings, disposable paper products	

Slide 51: Bag Technique	**Script: Bag Technique** • When providing care for a person at their home, the home care aide will bring necessary items with him or her in a bag. • There are important safety precautions regarding these bags. • Proper hand hygiene is paramount before entering the bag. Always go into the bag with clean hands. • Place hand washing supplies and hand gels in an outside compartment if possible. Perform hand hygiene after touching the patient's skin and items in the patient's vicinity, as well as after removing gloves. • Carry a supply of barriers, wax paper, disposable pads, or plastic bags. Avoid newspaper and paper towels as they may wick water up and may transmit germs to the bag. • Select the cleanest area to put the bag and place a barrier between the bag and the surface of the patient's home. Never put the bag on the floor. An option is to hang the bag on a door or hanger. • Keep the bag closed unless the nurse aide is going in or out of the bag. • Go in and out of the bag as little as possible. • Never place contaminated items in one's bag. • There are times when the bag should not be taken into the patient's home, such as when a patient is on transmission-based precautions or has a multi-drug resistant organism. • If you decide to carry those items needed during the visit, double bag the items using disposable plastic bags and leave the outer bag in the patient's home. After appropriate disinfection, you can bring items out of the home using the inner bag. Follow your organization's policy for disinfecting items before they are return into the clinician's bag. • In your car and home, ensure that your bag is on a clean surface just as you would in a patient home. • Clean the outside of the bag regularly and especially when it is visibly soiled. • It is important to learn your agency's bag technique as each agency may have specific guidelines. • Using an effective bag technique ensures that you are doing your part to reduce the risk to patients and families.	
Slide 52: Bag Technique	**Script: Activity** • Demo of proper bag technique by instructor	
Slide 53: Rodents and Other Pests	**Script: Rodents and other pests** • Rodents and other pests can occur in anyone's home, regardless of age, race, or social background.	

	• Rodents include rats, mice, bats, squirrels, etc., and other pests include snakes, cockroaches, ants, fleas, ticks and other unwelcomed animals or insects. • Older homes, homes in rural areas, or homes near construction sites are more susceptible to having rodents and other pests inside their homes. • Homes with animals can also attract fleas and ticks. • Some rodents, ticks, and pests can carry diseases that could be harmful to the patient's health, especially if that patient is immune compromised, elderly, or paralyzed. • Signs of rodents (holes, droppings, noise in walls and in ceilings) and other pests (flea or tick bites, seeing insects, ant trails, snake skins, etc.) should be reported to the home care aide's supervisor. • Do not attempt home remedies or recommend to your patient to try home remedies. **Your supervisor will have resources to help the patient deal with the pests.**	

Slide 54: The Employer's Role in Infection Control	**Script: The Employers Role in Infection Control**
	• It is the role of the employer to inform the home care aide of the precautions needed to provide safe care and to provide appropriate education.
	• The employer has the following responsibility for PPE, or Personal Protective Equipment, at the employer's expense:
	  ○ Providing, maintaining, and replacing
	  ○ Ensuring accessibility in appropriate sizes
	  ○ Providing hypoallergenic gloves or alternatives if an allergy exists
	  ○ Ensuring appropriate use
	• The employer should also have an occupational exposure plan in place and should teach each employee about it.
	• For more information on the employer's role to a safe workplace, visit www.osha.gov.	