# Safe at Home:

## **Practising Proper Infection Prevention and Control**

By Risa Cashmore, RN, BSc, CIC, CCHN(c); Anne Bialachowski, RN, MS(c), CIC

hould all home health-care professionals be educated in infection prevention and control (IPAC)? Yes! Every person who provides health care, particularly in home care, must use effective IPAC strategies.

In the last decade, home health care has become the fastest growing segment of the health-care system. However, IPAC efforts have not kept pace with these changes and have lagged behind.

For the past 40 years, acute-care facilities were the centre of the infection control universe; as such, IPAC efforts were based largely on acute-care practices. Now, infection control in a home health setting is a challenge because (a) few home health agencies have dedicated infection-control staff, (b) there are no uniform definitions for infection surveillance for home care, and (c) home health care is delivered in an uncontrolled environment where family members often assist with care.

#### **Prevent Infections**

So why does having an effective IPAC program in home health care matter? Most importantly, practising proper IPAC will help prevent or reduce the risk of infection to our clients, family members, and others. Following are some other good reasons:

- 1. Our clients are susceptible to infections. The majority of home-care clients are 65 years of age or older, and older age increases one's risk of infection. Chronic illnesses (such as diabetes, cancer, kidney disease, etc.) or acute conditions (such as malnutrition) increase the elderly client's susceptibility for acquiring an infection.
- 2. The complexity of care is increasing. Clients can receive infusion therapy, tracheostomy care, ventilator support, dialysis and other invasive procedures in their own home. While very little surveillance data are available, outbreaks have been reported from home infusion-therapy programs. When building a surveillance program in home health care, we should focus our efforts on high-risk infections such as urinary tract, bloodstream, pneumonia, and skin and soft-tissue infections.
- 3. Visiting nurses, personal support workers, homemakers and therapists can become "travelling germs." The home health-care worker visits a number of clients each day and if proper IPAC practices are not followed, germs can be inadvertently transported from one home to another.

#### Risa Cashmore, RN, BSc, CIC, CCHN(c),

is the Infection Control Consultant for the Mississauga Halton Infection Control Network.

#### Anne Bialachowski, RN, MS(c), CIC, is

the Infection Control Network Coordinator for the Central South Region of Ontario.

### **Educate your Clients**

It is important to teach your clients about hand hygiene so they can protect themselves, their families and friends. A fact sheet developed by the Provincial Infectious Diseases Advisory Committee (PIDAC) of the Ontario Ministry of Health and Long-Term Care describes the proper way to perform hand hygiene. The sheet is available at www.health. gov.on.ca/english/ providers/program/infectious/pidac/pidac\_fs.html.



Therefore, we must wash our hands at the beginning and end of each visit as well as after any activities where our hands may become soiled. Cleaning our hands thoroughly and frequently is the most important strategy to prevent germs from "travelling" from home to home.

Clients need to know we are washing our hands to protect them from infections. When you book your first visit, ask your client if he or she can provide you with pump soap and paper towels. If these items are not available, use a clean tea towel and liquid dish soap. Avoid using a client's used towels or bar soap as these have been shown to carry infection-causing germs. Another alternative—and the preferred method of hand hygiene for health care—is to use an alcoholbased hand rub containing 60 to 90 per cent alcohol. This product kills germs on hands and is usually available in a small container that can easily be carried in a pocket for portability and accessibility.

Be sure to clean and disinfect any multi-use equipment after use. This includes thermometers, blood pressure cuffs, stethoscopes and glucometers.

- 4. We can be exposed to infection as part of our role. In order to protect ourselves from acquiring an occupational infection, we should have proper IPAC education. Also, we should
- a. always use routine practices. In addition to hand hygiene, these practices include the use of personal protective equipment (PPE) such as gowns, gloves, masks and face protection at appropriate times. A fact sheet on routine practices is available at www.health.gov.on.ca/english/providers/program/ infectious/pidac/pidac fs.html.
- b. know our immune status. Receiving annual influenza immunization helps to protect our clients, ourselves and our families. Provider agencies should have documented evidence of staff immunizations such as measles, mumps, rubella (MMR); tetanus, diphtheria and polio (TDP); hepatitis B, and a history of childhood communicable diseases such as chickenpox.
- c. handle sharps safely. Sharps should never be used unless a puncture-resistant sharps container is available close by. It's a good idea to always carry

If proper IPAC practices are not followed, germs can be inadvertently transported from one home to another.

- a small sharps container. If clients have their own container, ensure they know that many local drug stores offer a container exchange program. Also, know your local or regional policy and the location of hazardous waste disposal centres.
- d. screen clients for febrile respiratory illnesses. PPE should always be carried in a bag or vehicle. A large plastic zip bag can be used to store a gown, gloves, surgical mask and eye protection. Clients should always be asked if they have a fever and new cough or shortness of breath when a professional books the visit or arrives at the door. If the client answers "yes" to the above questions, then PPE will need to be used. (Refer to the PIDAC Febrile Respiratory Illness Best Practice Document for more information at www.health.gov.on.ca/english/providers/program/infectious/diseases/best\_prac/bp\_fri\_092805.pdf.)

#### **Find Resources**

Numerous IPAC resources are available in each province. For example, in Ontario, local Regional Infection Control Networks are a good source of information (www.ricn.on.ca). In addition, many national and international resources can be accessed from the Community and Hospital Infection Control Association-Canada's Web site (www.chica.org).

The Canadian Council on Health Services Accreditation is keenly aware of the importance of home health-care agencies' IPAC practices. In 2008, new stringent expectations will be developed for all home-care agencies. Expect to hear more about these in the near future.

#### **Protect Yourself**

In the meantime, remember to protect yourself, your clients and others in your community. Don't become a germ carrier! Wash your hands, and keep things clean.

Reprinted from *Rehab & Community Care Medicine*, Volume 16, Issue 3. BCS Communications Ltd.

Volume 6, Number 1, 2008 Wound Care Canada (**71**