

CNA TODAY

CDPH-HAI PROGRAM PROJECT FIRSTLINE



Print this newsletter and display it in your break room!

Positioning and Transferring

Helping residents into positions that promote comfort and health is referred to as positioning. Transferring a resident is when you move them from one device to another, such as when moving a resident from their bed to a wheelchair

Why is resident positioning and repositioning so important? And *how is repositioning related to infection prevention and control?*

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Positioning and Repositioning Can Prevent Infections in Skilled Nursing Facility Residents

- 1 Prevents aspiration and other types of pneumonia
- 2 Prevents catheter-associated urinary tract infections (CAUTI)
- 3 Prevents pressure injuries that can become infected



All the above infections can result from failure to routinely reposition your residents and may lead to sepsis (blood infection) or death!

Direct contact with a resident is an opportunity for infection to spread from you to a resident or vice versa. Appropriate personal protective equipment (PPE) should be worn during all positioning and transferring moments. Hand hygiene must also be performed before and after each positioning and transferring moment.

Infection Prevention Practices

Positioning to Prevent: Pneumonia

Pneumonia is the second most frequently occurring healthcare-associated infection in long term care facilities!* Pneumonia kills and kills often. We want to give you the tools to recognize and prevent pneumonia from happening to any of your residents. One of the easiest ways to do this is by ensuring your resident is repositioned often to encourage fluid to move out of the lungs.

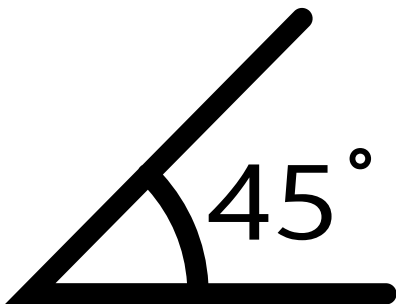
★ **Bedbound or bedridden residents should be repositioned at least every 2 hours.** ★
Wheelchair residents should be repositioned at least every hour.

Recognizing Signs of Pneumonia:

- Increased blood pressure, heart rate, and respiratory rate
- New onset of abnormal breathing: gurgling or choking sounds
- Presence of reflux food or fluid
- Cough
- Fever, sweating, and shaking chills
- Shortness of breath
- Chest pain that gets worse when breathing deeply
- Loss of appetite, low energy, and fatigue

How Can a CNA Help Prevent Pneumonia?

One of the ways pneumonia can occur is when residents aspirate (inhale) food or fluid into their lungs. This can cause germs to enter the respiratory tract and cause an infection. Residents can aspirate due to improper positioning while eating or due to eating too much too quickly, which prevents the stomach from emptying at an appropriate rate.



It is recommended that residents *are elevated at or above 45 degrees* when eating or receiving a tube feeding, and remain in this position for *at least 30 minutes* after feeding. Always follow your facility's policy regarding the positioning of a resident and the duration they remain in that position after feeding.

*(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_PreventingCommonHAI.aspx)

Infection Prevention Practices

Positioning to Prevent: Pressure Injuries

You may know pressure injuries by their more common name: bed sores. Residents can get them when they lie or sit in one position for too long and their circulation is cut off by their body weight pressing against the surface of the bed or chair.

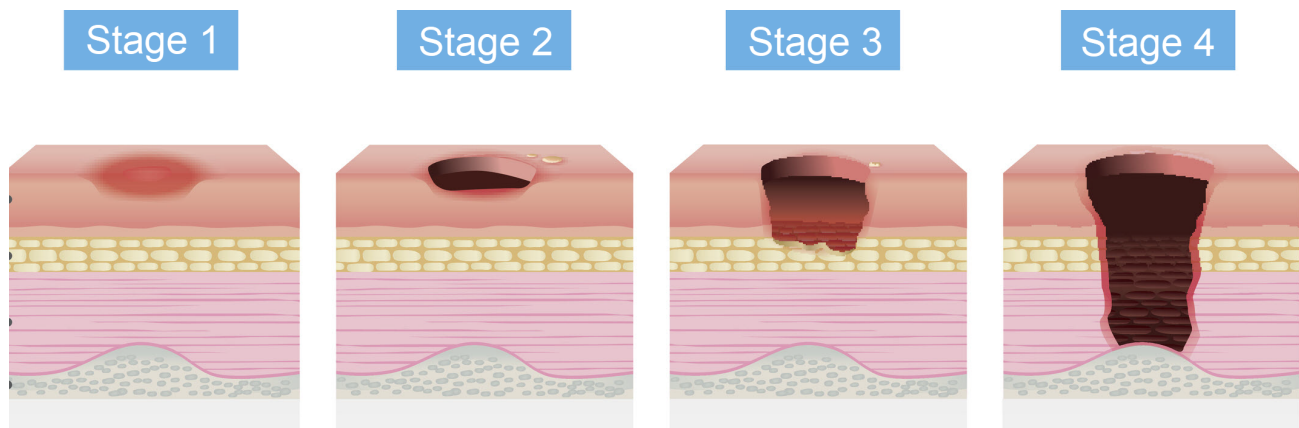
Residents on bed rest or in a wheelchair are especially at risk for developing pressure injuries.

- Any break in the skin caused by pressure, regardless of the cause, can become infected. Common infections related to pressure ulcers include localized infections (infection in the immediate area), cellulitis, and osteomyelitis (bone infection).

These and other infections can lead to sepsis, which is an infection in the blood.

- The risk for infection is higher when the sore is located around the coccyx (tailbone) or the buttocks, particularly if the patient is incontinent. Urine and stool are harsh on the skin and can contribute to the skin breaking down. Once there is a break in the skin, the constant moisture or irritation increases the risk of infection.

Pressure Injury Stages



- The first stage of a pressure injury is red or discolored skin that does not fade within 30 minutes of removal of pressure.
- Any redness, open skin, oozing skin, or sloughing of skin is not normal and should be **reported** per your facility's policy.
- Non-intact skin is more likely to become colonized with germs and more likely to become infected.

Infection Prevention Practices

Positioning to Prevent: Catheter-associated Urinary Tract Infections (CAUTI)

Visually assess that the resident's urinary catheter is not pulled out or kinked. Kinked catheter lines may cause damage to the urethra or prevent the bladder from fully draining. A kinked catheter can block the flow of urine into the collection bag which may lead to urinary tract infections. This might happen when moving the resident to their wheelchair. This is an opportunity for the CNA to check the catheter tube for kinks.

Be sure to keep the urinary collection bag below the level of the bladder. Repositioning also encourages more thorough emptying of the bladder.



Friction & Shearing

Friction is the rubbing of one surface against another.

Shearing is the friction that results when skin moves in the opposite direction of the bone or muscle, such as when repositioning a resident higher up in the bed.

Tips to Prevent Friction & Shearing

- Use a draw sheet to help with turning, lifting, or moving in bed
- Get a coworker to assist
- Check for and report any changes in the condition of the resident's skin
- Always perform hand hygiene before and after transferring a resident



Infection Prevention Practices

Transferring



Perform hand hygiene before and after you transfer residents to decrease the spread of infection. Also, pay attention to the type of PPE you might need.



Transferring can help to avoid pressure injuries, which can result in an infection. Additionally, many people do not want to sit or lie in their bed all day, and that's why transferring from a bed to a chair is an important step to know how to do properly.

Remember to **always** clean and disinfect reusable medical equipment, like bedside commodes, gait belts, transfer belts and boards, wheelchairs, and other assisting devices. With mechanical lifts: use a clean sling each time, slings should be specific to residents. Your facility should have a policy to clean slings when they are soiled.

Transfer Moments

- Independent transfer with device
- Sitting up on the side of the bed
- Bed to chair
- Lift transfer
- Wheelchair to toilet, vehicle, tub
- Floor to chair after a fall



Transfer Devices

- Lifting cushion
- Security pole, cane, walker
- Transfer boards and benches
- Gait belts
- Transfer wheelchair
- Bed assist bar
- Transfer sling

Mechanical lifts can often be overlooked in cleaning and disinfection. Cleaning Mechanical lifts can be likened to vital sign machines; you and your residents touch it or could even cough on it, so it's important to clean it. Refer to the manufacturers' guidelines for cleaning lifts.

Multi-drug resistant organisms (MDROs) have been found on reusable medical devices, demonstrating how the equipment can become contaminated, increase transmission, and lead to additional new cases of MDROs in a facility. We don't always know who is colonized with a MDRO, so reusable devices should be cleaned and disinfected consistently to ensure they are safe to use on the next resident.

Infection Prevention Practices

While Performing Environmental Cleaning & Disinfection

Environmental contamination plays a role in the spread of germs to staff, residents, and visitors in healthcare facilities and has been associated with the spread of germs in major outbreaks. That is why environmental cleaning and disinfection is a critical step for infection prevention in our healthcare facilities. What is cleaning and disinfection?

Cleaning: removal of visible and invisible dirt and other foreign material from objects and surfaces. Cleaning removes large numbers of microorganisms from a surface that would otherwise interfere with the disinfection process.

Disinfection: destruction of nearly all germs on surfaces that can cause infections or diseases. Disinfectants are not effective on organic material (like blood).

When cleaning and disinfecting we want to follow a few key steps:

- **Read disinfectant labels.** Follow manufacturer instructions for how to use the product, especially for contact/wet time to kill germs, type of PPE to wear, and what surfaces the product can be used on.
- **Follow a standard process that ensures consistency and prevents contamination.** Work around the room in the same direction every time. Start from the highest surfaces and work your way down. Always move from clean areas to dirty areas.
- **Ensure high-touch surfaces in a resident's room are cleaned regularly.** This includes light switches, bedside tables, bedside rails, bathroom surfaces, and door handles.
- **Make sure to follow the contact/wet time as directed by the manufacturer and your facility.** Cleaning supplies and disinfectants usually have a contact/wet time needed to work properly.



Environmental cleaning is everyone's responsibility, including you, a CNA!

Infection Prevention During Grooming

Grooming affects the way people feel about themselves and how they look to others. Residents usually feel better when they are well groomed as it promotes cleanliness and self-esteem. For men or women, regular grooming including fingernail care, foot care, and shaving, is an important part in preventing the spread of infections between our residents. When helping a resident with grooming, allow them to participate and make choices in their grooming and appearance.

Equipment for Fingernail & Foot Care

Equipment for providing nail care to residents:



- Emery board*
- Nail stick or soft nail brush*
- Lotion
- Basin for water

- 2 Washcloths
- 2 Towels
- Soap
- Gloves



*Fingernail care only

Possible Signs of Infections for Fingernail & Foot Care

When providing foot and nail care look for signs of possible infection and report them to the nurse immediately.

- Dry, flaking skin
- Broken skin
- Drainage
- Discoloration



- Blisters
- Bruises
- Swelling
- Difference in temperature

Infection prevention practices that should be followed when performing grooming practices:

- Perform hand hygiene
- Use appropriate PPE
- Clean and disinfect environmental surfaces
- Clean and disinfect grooming equipment (If applicable)



FAQ Expressway

Frequently Asked Questions

Q: Can a CNA continue to use a rubbing technique to promote circulation around reddened areas of skin?

A: Yes. Give frequent, thorough skin care as often as needed for residents. Massage their skin gently using light, circular strokes to increase circulation. Do not massage bony areas. Do not massage a white, red, or purple area or put any pressure on it. Massage the healthy skin and tissue around the area.

Q: What should a CNA do if a skin tear occurs when transferring a resident?

A: Tell the nurse. If it is bleeding, put gentle pressure on it until the nurse gets there.

Q: How often should I clean high-touch surfaces?

A: At least daily. If there is an outbreak situation then it should be done more frequently throughout the day. Our goal is to keep the germs and bioburden down.

Q: As a CNA, how do I know what I am supposed to clean? Where can we get a copy of manufacturer guidelines if I don't know how to clean something?

A: Cleaning and disinfecting the whole room is the responsibility of the EVS staff, but CNAs can help by cleaning high-touch surfaces in the resident's room and nurses' stations at least one a day. Always check with your facility policy to identify CNA cleaning responsibilities. You can find manufacturer guidelines on the back label of each product the facility uses.

Q: Can you share nail clippers?

A: No, we do not share equipment between residents. Using separate equipment helps prevent the spread of infection in our facilities and from resident to resident.

Certificate Of Attendance

Q: Will I receive a certificate of attendance after your sessions?

A: YES! After you attend a session, we will email you within 7-10 days with a link to a course evaluation. You will receive your Certificate of Attendance upon completion of the evaluation.

For groups (registered under one email):

Participants will need to register with a unique email address to receive a post-session evaluation and Certificate of Attendance.

The person who registered the group for the training sessions should send a list of participants, their email addresses, and training dates/topics to projectfirstline@cdph.ca.gov from the registered email.

Once received, we will confirm attendance and reach out to each participant with next steps.

CNA Spotlight

Wow, what a year! We want to thank each and every CNA in the state of California for a tremendous 2022! Our SNFs could not run without you and your dedication to proper infection prevention and control.

The CDPH HAI Program and Project Firstline spotlighted a few exceptional CNAs throughout this past year in our newsletters.

As a final thanks, we are sending each person below a **\$25 Visa gift card**. 2023 is almost here, and with it brings new opportunities for CDPH and Project Firstline to thank our wonderful CNAs for all their hard work! If you would like to be in our CNA Spotlight in a future edition of *CNA Today*, or if you would like to nominate a CNA, please contact us at ProjectFirstline@cdph.ca.gov



Jenelyn Samai



Jihoon "Tim" Lee



Sharell Love



Olga Lopez



Magaly Fonseca



Gwendolyn Lindsey



Angelica Rose Pena



Fatima Chavez

Mindfulness Moment:

Word Search

N D X L D H A N D H Y G I E N E X V X Q Y G
 W
 M X N O I T N E V E R P N O I T C E F N I P G
 G U X
 N S D K S F H R O Z A R C I R T C E L E Z J Z
 K K I U L M
 H D T P J C O N T A M I N A T I O N N H P L
 C C L W P P A B
 F P X Q S H Q E G E R F Y T B Z G L I B V
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 X C K A G R O O M I N G J B Y P J L D T Y
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 A Q A I V C L X V P N C B P V E O G L G
 L L I S Y N J E Q E E W F A M F
 T Q L O U C U M D M S B I O Q H V G N V I
 H V P P B I I U A P Z I A Z
 C M U V K T C G K Y R P E X H Y L G S F L
 A G I N P K L F R M V F
 R P D F P M E E T S E F L E S M G R B X V
 E T A D B C K H C B
 H X P E E N V I R O N M E N T A L F G A K
 E Y M U Q T U Z
 S E Q Q R Q M F P N E U M O N I A G Q T A
 S J S C I Q
 A L Y O C C L E A N I N G U J R F E U H V
 W W N X
 S H G U K K K F R I C T I O N O A U C B B
 F C
 N S H E A R I N G V B A T P C E A J D N Z

****Words are forwards and backwards!****

CAUTI
 Cleaning
 Contamination
 Disinfect
 Electric Razor

Environmental
 Fingernail
 Foot Care
 Friction
 Grooming

Hand Hygiene
 Healthcare
 Infection Prevention
 Microorganism
 Pneumonia

Positioning
 PPE
 Self Esteem
 Shearing
 Transferring

Meet the Team!

Join the California Project Firstline Team at our next Training Session!



Ashya Cabral
IPC Trainer



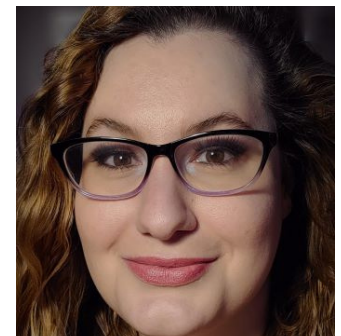
Ayda Alemayehu
IPC Trainer



Geraldo Garcia
IPC Trainer

***IPC:** Infection Prevention & Control Trainer

***PM:** Project Manager



Kirsten Keller
IPC Trainer



Brie Martin
PM



Neha Sardana
PM



Lisa Franqui
PM

Mindfulness Moment:

Word Search Answers

NDXLD **HANDHYGIENE** XVXQYG
W
M X **NOITNEVERPNOITCEFN** P
G G
N S DKSFH **ROZARCTRTCELE** U X
K K I U L M
H D T P J **CONTAMINATION** N H P L
C C L W P P A B
F P X QSHQEGERFYTBZG L I B V
B B P D W R G N F
X C K A **GROOMING** J B Y P J L D
D Z G Q C U K Z Y **T** F Y M
D Q R N HQT XWYWF L K E Q F D A N E H
S Q C U P Y V A W J O H S B M
I N F X Q L B N G N W R Y Q U P Q N E Y H S F M
F O X R O Y F G S D M C F O G B K E R A C R O R R I N G
E R O I I W R N M K G M O K B K E R A C T O O R G A N I S M
H P O S G M V C B U R S J H B K E R A C T O O R G A N I S M
A F Q L L Y N J E Q B P K M E W F G Z I S M
T V P O U C U M D M S B I O Q H V G Z I S M
C M U V K T C G K Y R P E X H Y L P G
A G I N P K **MEETSEFLES** M G R B X
H X P E B **ENVIRONMENTAL** C K H A C
E Y M U Q R Q M F **PNEUMONTIA** G Q T U A Z
S J S Y O C C **CLEANING** U J R F E U H V Q A
W W S H G U K K K **FRICTION** O A U C B N X
F N **SHEARING** V B A T P C E A J D N Z C

Announcements

IPC Training Toolkit and Implementation Guide

We are providing an IPC toolkit to provide on-demand training!

Who: SNFs and local health departments (LHD)

What: The toolkit is a complete guide to implementing an IPC training program for CNA. It will include promotional material, curriculum slides, poll and chat questions - everything you need to lead IPC trainings for your staff. Toolkit topics will include a review of Standard Precautions and hand hygiene, plus task-specific topics to include bathing and dressing of residents, oral care, and catheter care. In addition, the toolkit will include guidance on how to use and disseminate the content.

Where: Access the toolkit via our distribution list or Project Firstline website!

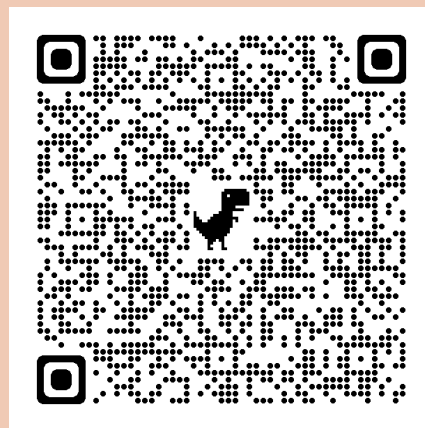
Why: We encourage SNFs and LHDs to use our IPC Training Toolkit to provide on-demand training to their facility/regional CNA. The Toolkit and Implementation Guide was developed to expand our reach and offer trainings more widely to CNA across California. Facilitators may use the included materials as is or adapt materials to meet specific training needs.

Coming Early 2023!

Facility Specific Trainings

Facility DSD/DON - We encourage you to fill out our CNA Training Request Form to offer IPC training webinars for your facility. We can accommodate any group size and work with you to develop a schedule that works for your team (we can schedule one session at a time, a half-day workshop, or other format)

Scan the QR code (forms.office.com/g/P7ERUK0fTc) on this page or visit the following link to access the CNA Training Request Form.



For More Information

E-Mail:

ProjectFirstline@cdph.ca.gov

Voicemail Service:

(510) 231-7855

CDPH Project Firstline Website:

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline)

CDC Project Firstline Website:

(www.cdc.gov/infectioncontrol/projectfirstline/about.html)

CDPH HAI Program Newsletters

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Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. The California Department of Public Health Healthcare-Associated Infections (HAI) Program is proud to partner with Project Firstline, as supported through Strengthening HAI/AR Program Capacity (SHARP) funding. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.