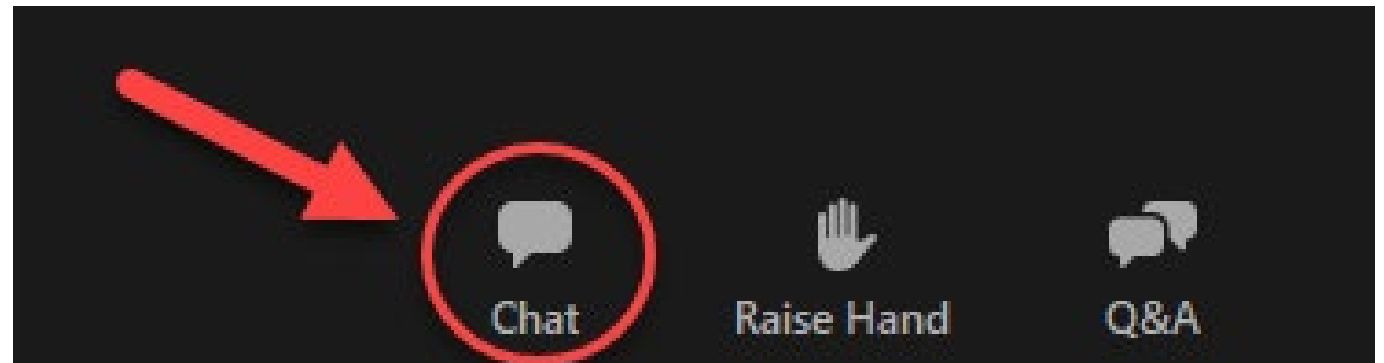
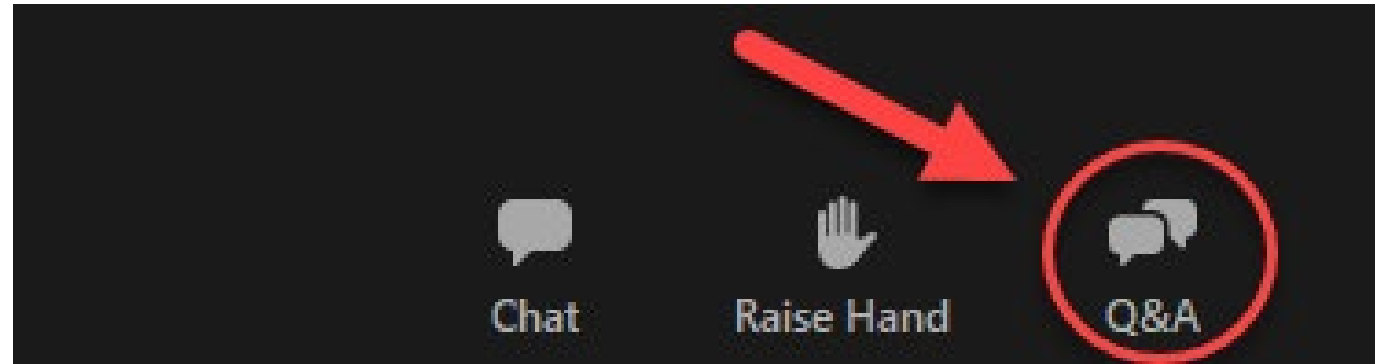


Turning Point: Infection Prevention Practices While Positioning and Transferring Residents

Project Firstline
Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health



- ✓ Submit questions via Q&A
- ✓ Use the chat feature to participate in the discussion



Implicit Bias

- Describes how our unconscious attitudes or judgements can influence our thoughts, decisions, or actions
- Includes involuntary, unintentional perceptions made without awareness
- Occurs as our brains sort information and perceive data to understand our world
- Affects our decisions, contributing to societal disparities
 - Self awareness about implicit bias can promote healthcare diversity and equality
- Learn more about your own implicit bias at [Project Implicit](https://implicit.harvard.edu/implicit/) (implicit.harvard.edu/implicit/)



INFECTION PREVENTION STARTS WITH YOU!



INFECTION PREVENTION STARTS WITH YOU!



Objectives

- Review proper hand hygiene, personal protective equipment (PPE) use, and cleaning and disinfection practices during positioning or transferring residents
- Describe why proper positioning is essential to prevent infection
- Identify ways to prevent infection from pressure injuries
- Describe strategies to avoid skin deterioration and infection by avoiding friction and shearing

Hand Hygiene

- Clean your hands with soap and water or alcohol-based hand rub (ABHR)
- Hands are the most common way for germs to spread
- Hand hygiene should be performed before and after transferring or repositioning a resident
- ABHR is appropriate in most situations
- Use PPE



Chat Question

Please share an example of when performing hand hygiene with soap and water is required.

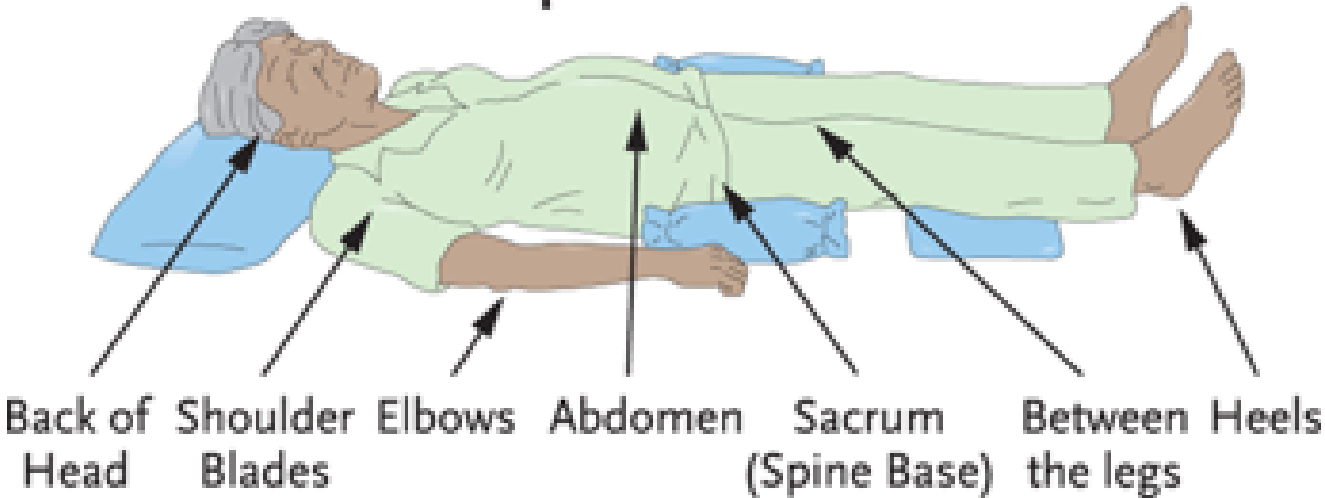


POSITIONING

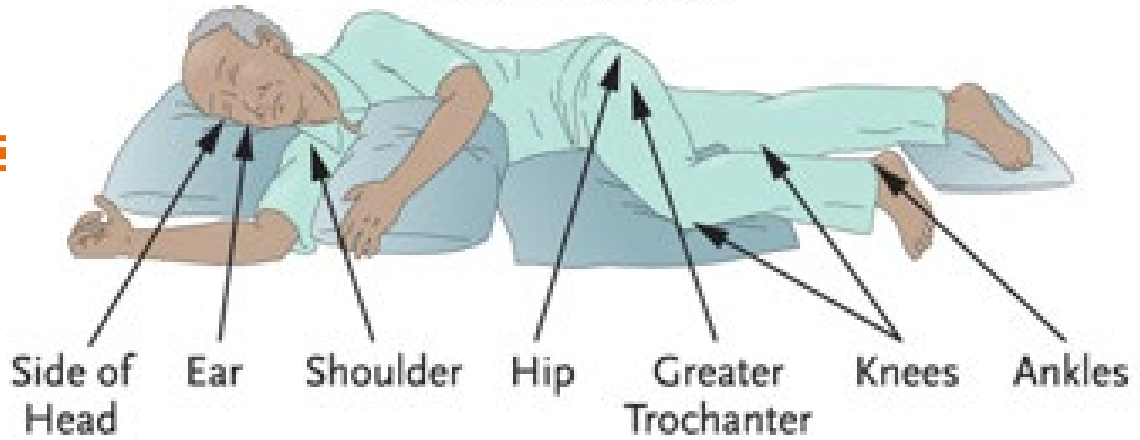


Positions

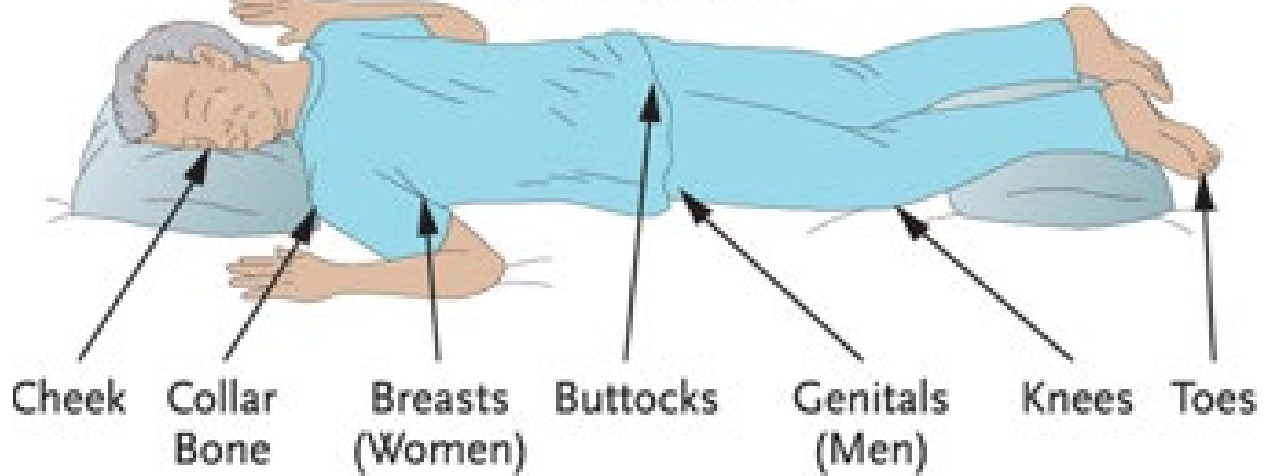
Supine Position



Lateral Position



Prone Position



Why is Positioning or Repositioning Necessary?

And how is repositioning related to infection prevention and control?

- A. Prevents aspiration pneumonia
- B. Prevents other types of pneumonia
- C. Prevents catheter-associated urinary tract infections (CAUTI)
- D. Prevents infected pressure injuries
- E. All of the above



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- Prevents aspiration pneumonia
- Prevents other types of pneumonia
- Prevents catheter-associated urinary tract infections (CAUTI)
- Prevents infected pressure injuries

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



Positioning to Prevent Pneumonia

Pneumonia is the second most frequent healthcare-associated infection (HAI) in long-term care facilities!*



[Preventing the Most Common HAI, California Department of Public Health \(CDPH\)](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_PreventingCommonHAI.aspx)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_PreventingCommonHAI.aspx)



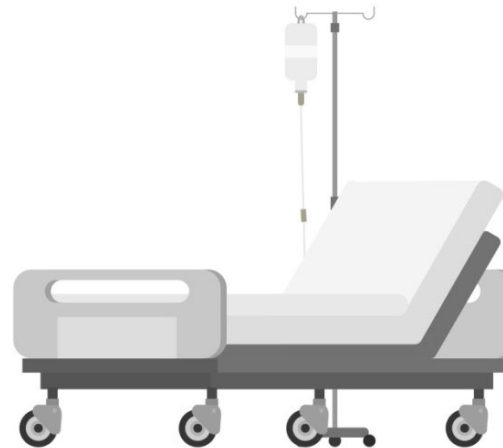
Recognizing Signs of Pneumonia



- Increased blood pressure, heart rate, and respiratory rate
- New onset of abnormal breathing such as 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

Pneumonia Prevention Practices

- Keep head of the bed elevated to at least 45°
 - Remain in this position for at least 30 minutes after feeding
- Encourage deep breathing and repositioning
- Pneumococcal vaccines



Positioning to Prevent Urinary Tract Infections (UTI)

- Visually assess to make sure catheter is not pulled or kinked
- Remember to keep urine bag below the level of the bladder
- Repositioning encourages thorough emptying of the bladder



Positioning to Prevent Pressure Injuries

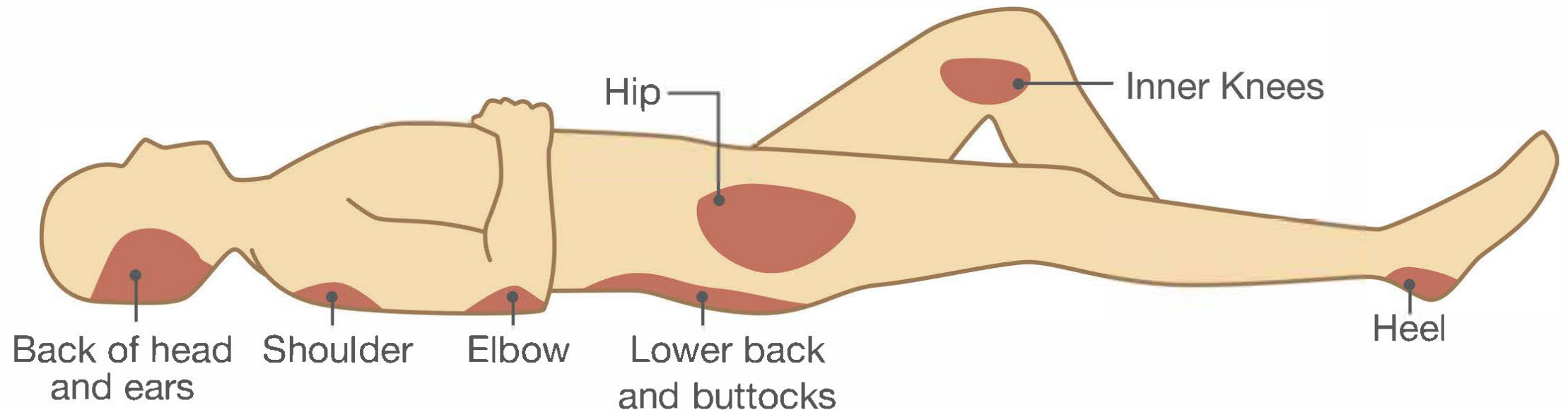
- Pressure injuries result from skin deterioration, often at pressure points
- Proper positioning promotes circulation and maintains skin integrity

What areas on a resident's body have you seen, or would expect to see, pressure injuries develop?



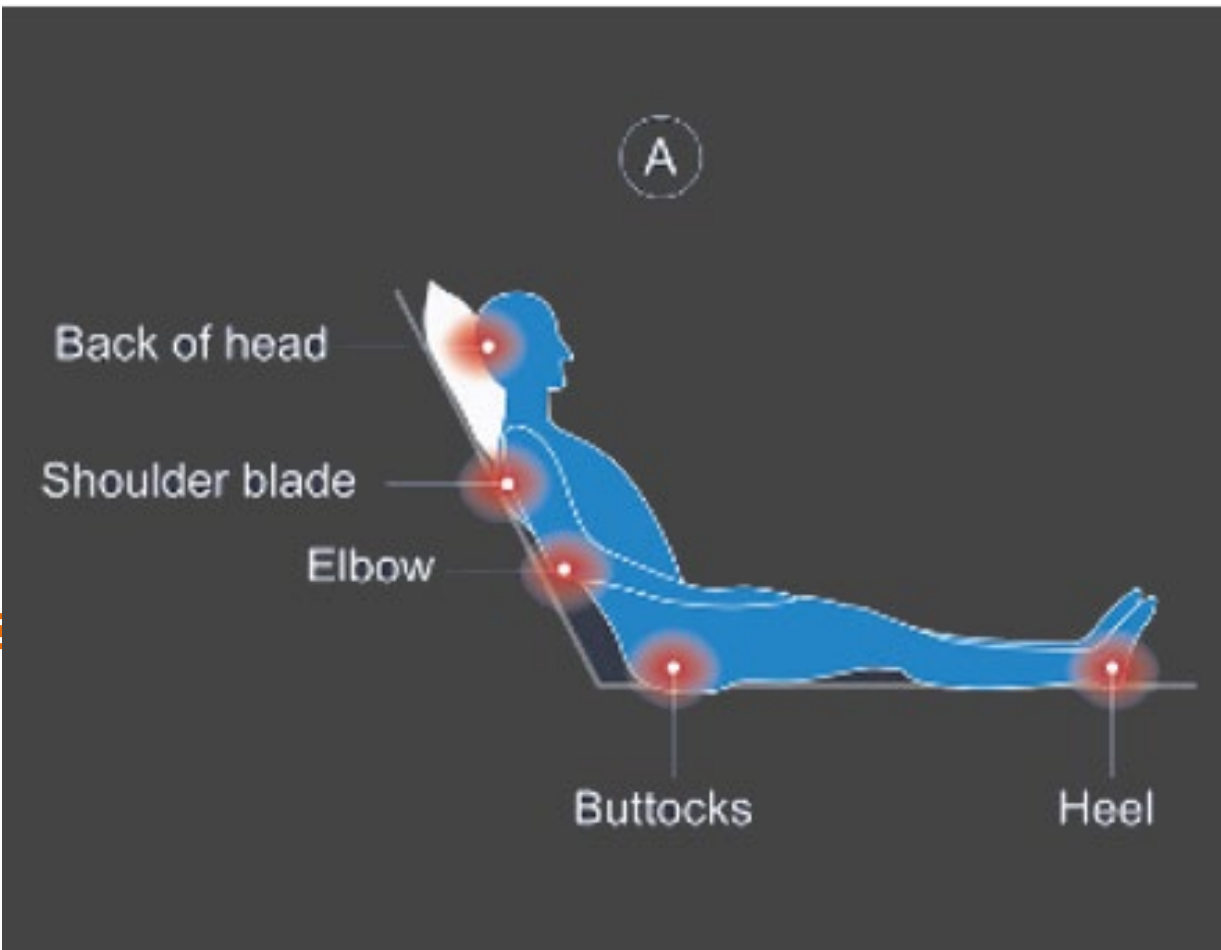
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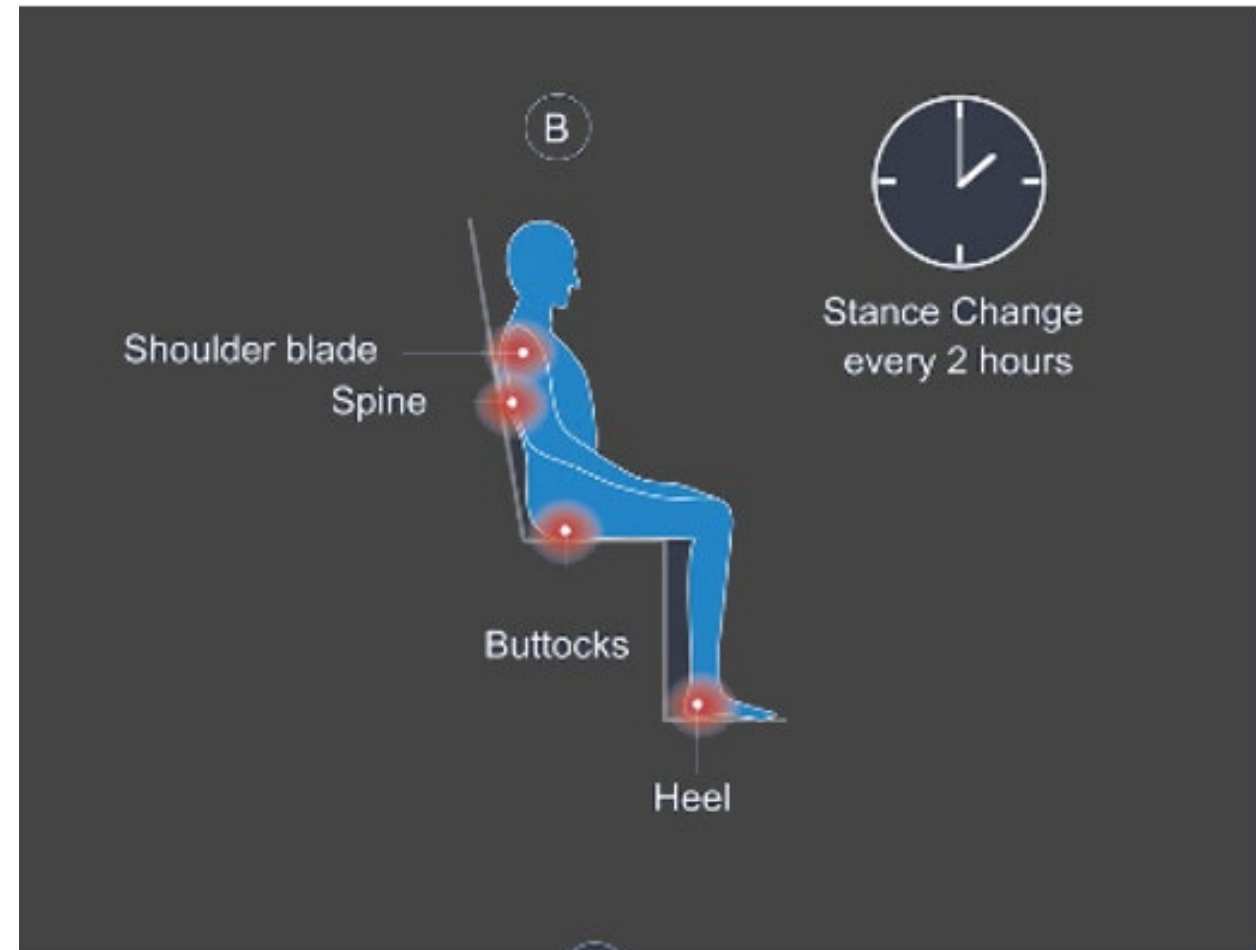


Examples of Pressure Areas

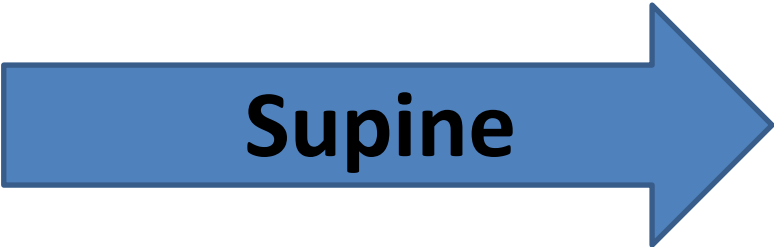
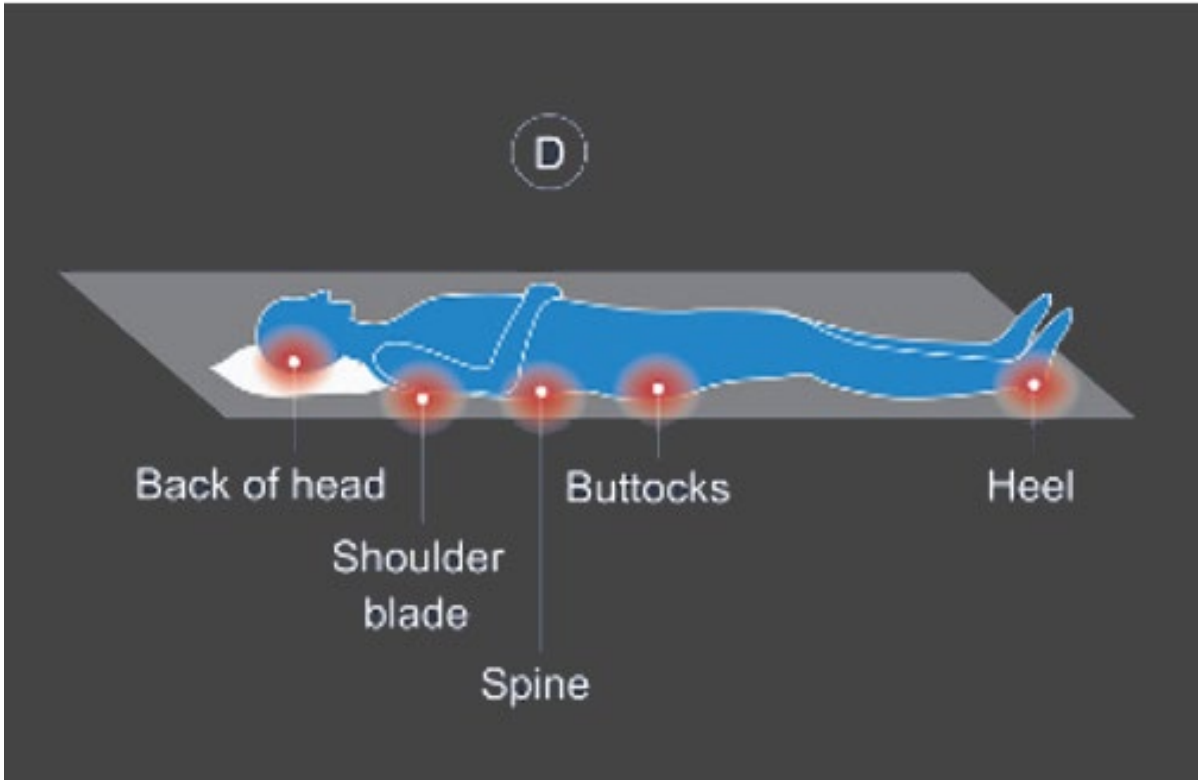
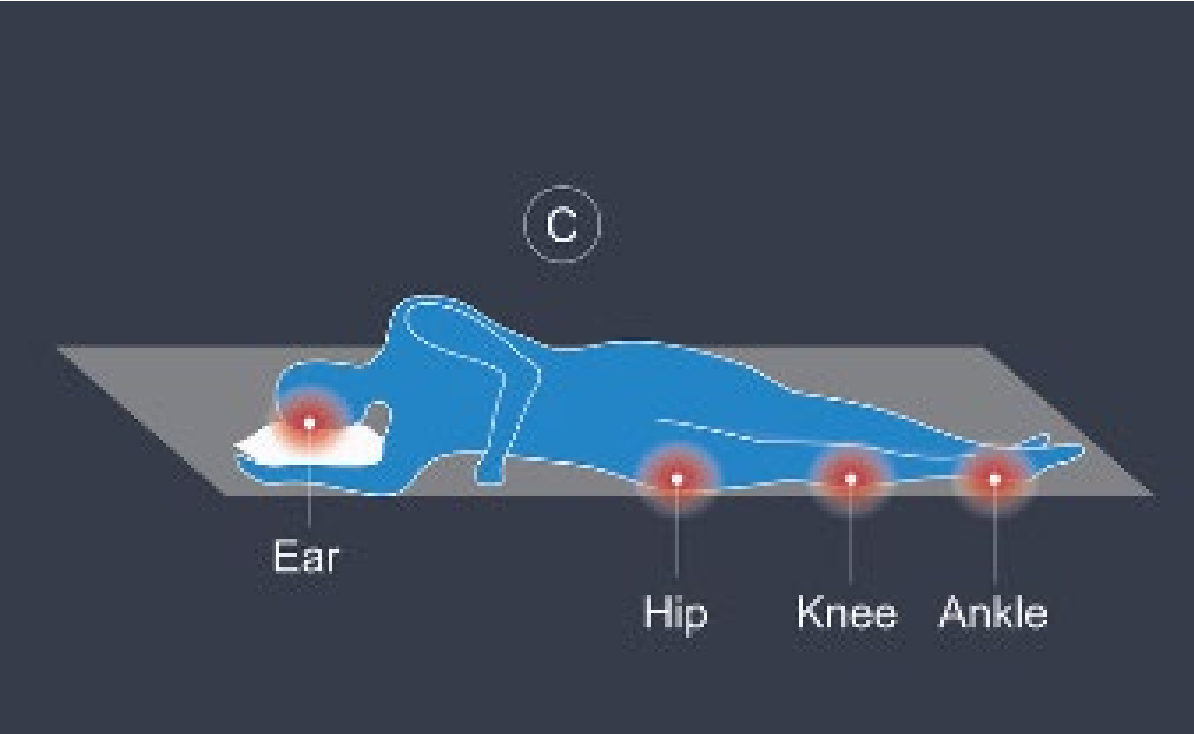
Sitting semi-reclined



Sitting upright



Examples of Pressure Areas: Laying Down



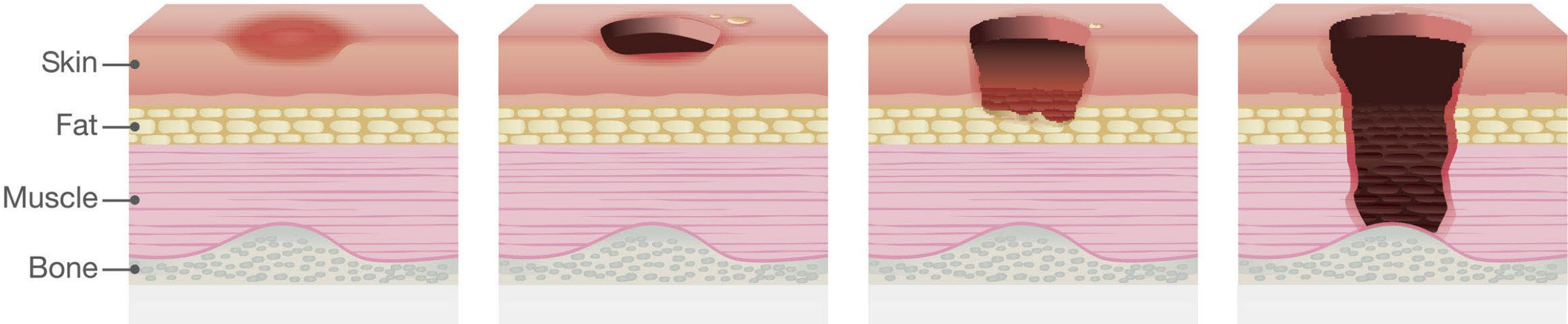
Stages of Pressure Injuries

Stage 1

Stage 2

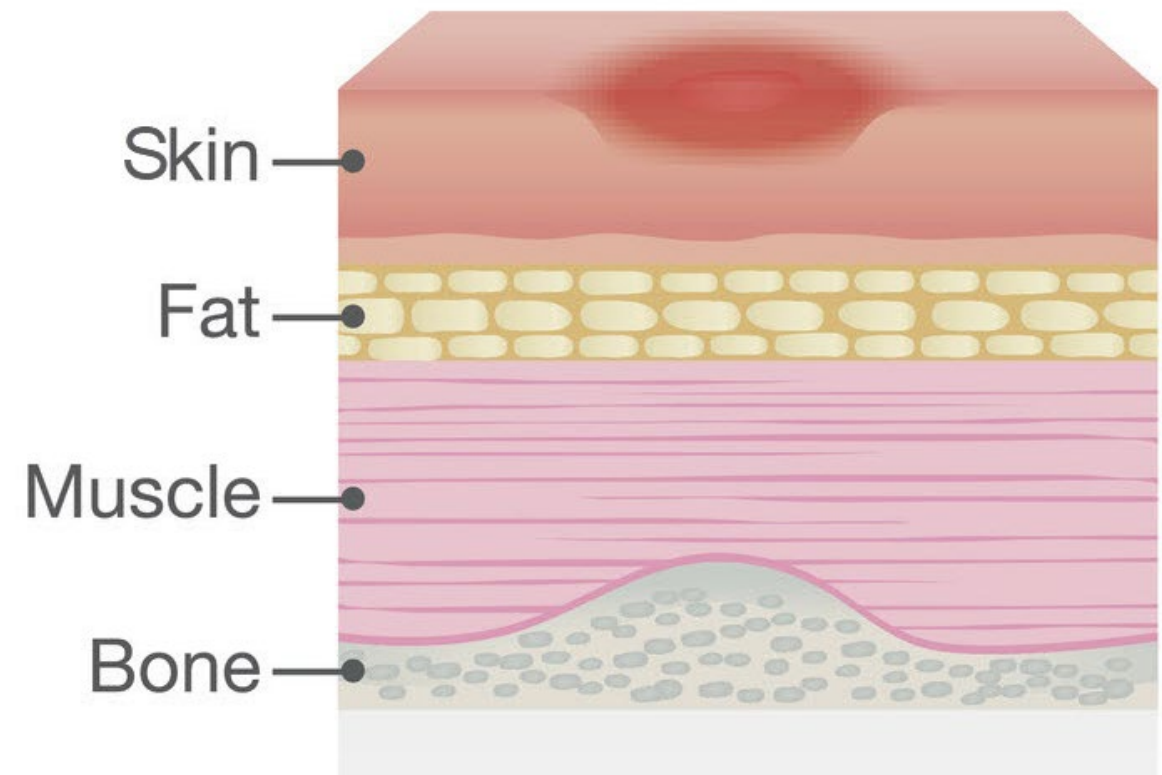
Stage 3

Stage 4



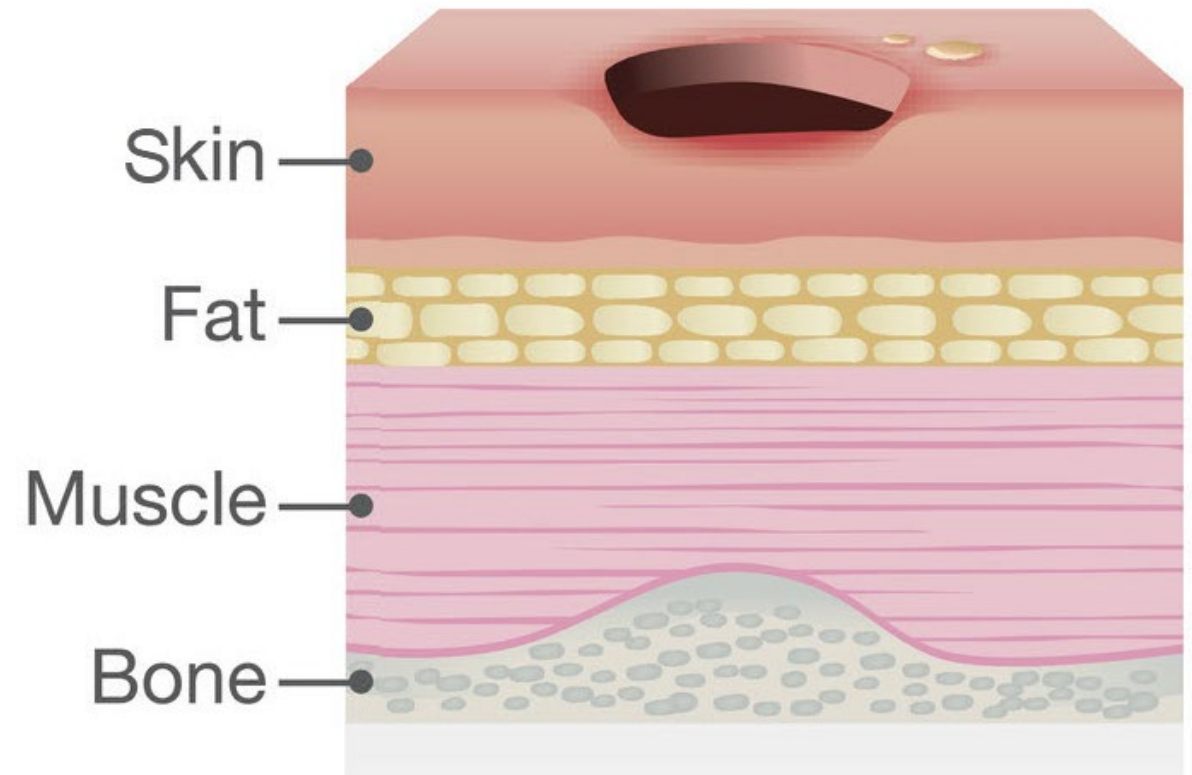
Stage 1 Pressure Sore

- Skin is red or discolored
- Skin is not broken
- Redness or change in color does not fade within 30 minutes of pressure removal



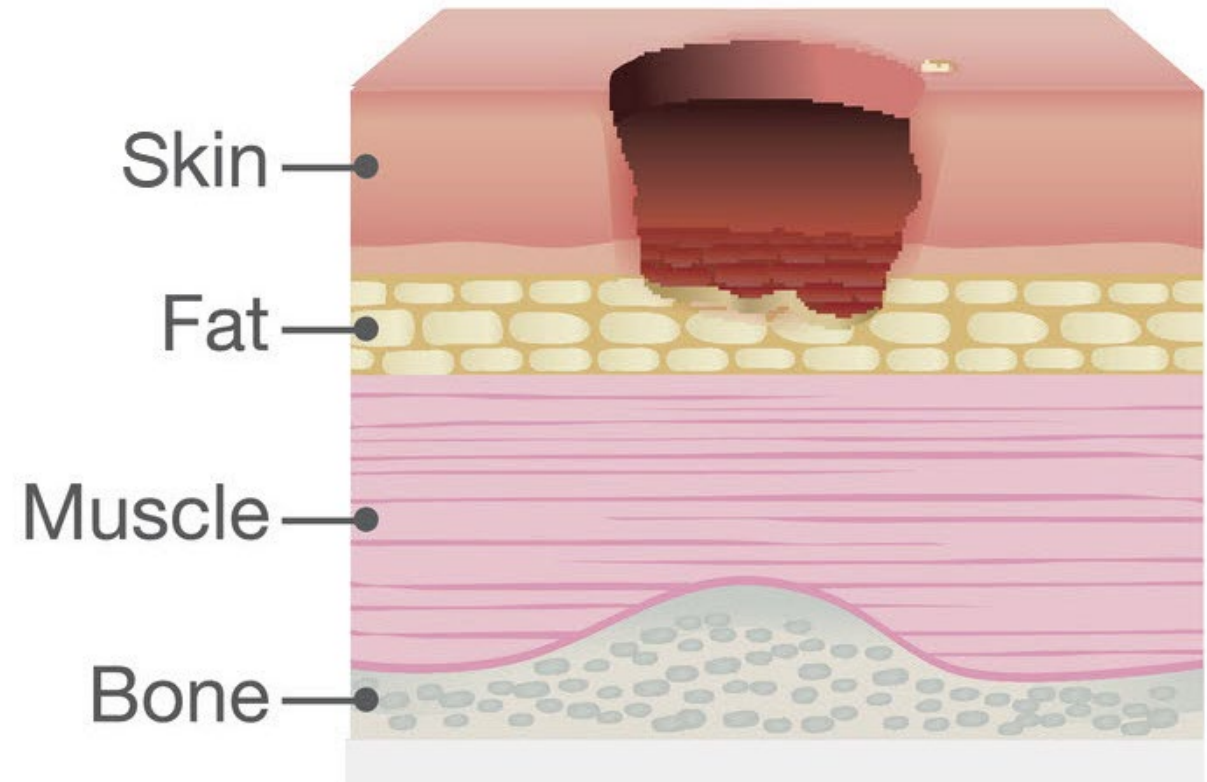
Stage 2 Pressure Injury

- Topmost layer of skin is broken
- May appear as a blister or abrasion
- Drainage may or may not be present



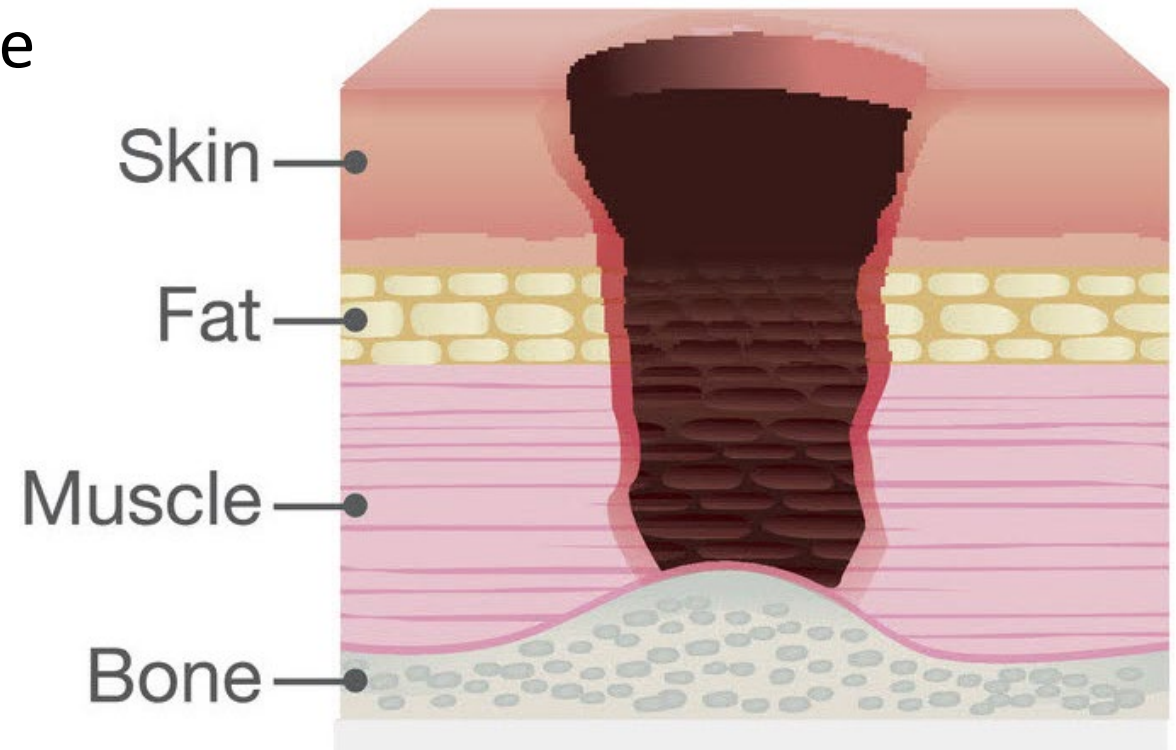
Stage 3 Pressure Injury

- Sore through the second layer of skin to the fat tissue
- Red edges
- Pus, odor, heat, drainage
- Black tissue around sore
- Little to no pain



Stage 4 Pressure Injury

- Sore reaches into muscle and bone
- Damage to deeper tissues, tendons, and joints
- Little to no pain
- Osteomyelitis (bone infection)
- Sepsis (blood infection) can occur



Strategies to Avoid Friction and 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

- 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 resident's skin
- Always perform hand hygiene before and after transferring a resident

How Can the CNA Assist in Pressure Injury Prevention?

As a CNA, what is something you can do everyday to help prevent pressure injuries in your residents? (Select all that apply)

- A. Be careful to avoid damaging the skin when moving a resident
- B. Reposition residents at least every two hours in bed and every hour in a wheelchair
- C. Look for and report any new skin abnormalities

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How Can the CNA Assist in Pressure Injury Prevention?

- Repositioning
 - Every 2 hours if in bed
 - Every hour if in a wheelchair
- Observe and report to nurse any new skin abnormalities (redness, blisters, sloughing of skin)



TRANSFERRING

PPE Reminder



Transferring Moments and Devices

Transferring Moments

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

Transferring Devices

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

Transferring from Bed to Wheelchair

- Perform hand hygiene before and after transfer
- Use appropriate PPE
- Considerations:
 - How long will the resident be in chair?
 - Check tubes for any obstruction or kinking
 - Be aware of need to reposition (e.g., perform chair “push-ups”)



Cleaning and Disinfection After Transfer



- High-touch surfaces
- Reusable medical devices:
 - Portable commode
 - Walker, cane
 - Gait belts, transfer belts, and boards
 - Mechanical lift
 - Other assist devices
- Soiled linens
- Practice good hand hygiene



Highlights

- Proper positioning and routine repositioning are critical to preventing infections in residents
- Always check for any changes in a resident's skin and know how to recognize signs of pressure injuries
- Be careful to avoid friction and shearing of the skin
- Perform hand hygiene, don and doff appropriate PPE, and clean and disinfect equipment and surfaces

Resources

- [About Project Firstline | Centers for Disease Control and Prevention \(CDC\)](http://www.cdc.gov/infectioncontrol/projectfirstline/about.html)
(www.cdc.gov/infectioncontrol/projectfirstline/about.html)
- [Infection Control Basics | CDC](http://www.cdc.gov/infectioncontrol/basics/index.html)
(www.cdc.gov/infectioncontrol/basics/index.html)
- [Pressure Ulcers Among Nursing Home Residents | CDC](http://www.cdc.gov/nchs/products/databriefs/db14.htm)
(www.cdc.gov/nchs/products/databriefs/db14.htm)
- [Preventing the Most Common HAI | California Department of Public Health \(CDPH\)](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_PreventingCommonHAI.aspx)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_PreventingCommonHAI.aspx)

Next Steps

- Fill out the post-training evaluation
- Visit the [Project Firstline Website](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx)

Group Registration Checklist

- ☐ Have training coordinator send a list of participants and email addresses to CDPH Project Firstline
 - If you do not have an email, free email accounts are available
- ☐ Once the training coordinator sends the list, we will email instructions to each participant on how to complete registration and receive their Certificate of Attendance
- ☐ Email: ProjectFirstline@cdph.ca.gov

Questions?

For more information, contact

ProjectFirstline@cdph.ca.gov

24/7 Voicemail Box: (510) 231-7855

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.