

# Resident Care and Communicable Disease Part 1

Cyndy Minnery RN, BSN

# Understanding Communicable Disease

- Transmission
- Prevention
- Signs and Symptoms of Disease
- Identify the disease
- Treatment
- Containment
- Mitigation

# Transmission Based Guidelines

Type of Precaution		Description/ Rules	Examples
<b>Standard Precautions</b>		PPE selected based on risk of exposure to blood and/or body fluids; gloves if contacting with hands; gown/face shield if risk of splash	Use with <b>ANY/ALL</b> patients including those with known blood borne pathogen infection.
<b>Transmission Based Precautions</b>	<b>Airborne</b>	Wear <b>N95 mask</b> when entering room; must have <b>private room</b> with <b>monitored air pressure</b>	Tuberculosis (TB) Varicella (Chicken pox) Rubeola (measles)
	<b>Droplet</b>	Wear <b>regular/surgical mask</b> if within 3 ft of pt; pt wears mask when transported from room; <b>private room</b> (or sharing with pt with same microorganism)	Influenza (Flu) Meningitis Mumps Pneumonia
	<b>Contact</b>	Use <b>gloves</b> when entering room (regardless of whether you think you'll be touching anything contaminated). Wear <b>gown</b> if you'll be in close proximity to patient; <b>Private room</b> (or sharing room with patient who has same microorganism)	Methicillin-resistant Staphylococcus aureus ( <b>MRSA</b> ) Vancomycin-resistant enterococcus ( <b>VRE</b> ) Clostridium difficile ( <b>C-diff</b> )

# Communicable Diseases

- COVID 19
- Flu
- Pneumonia
- Common Cold
- C-diff
- MRSA

# High Risk Population

- Many residents have multiple comorbidities that can make them more susceptible to poor outcomes with Covid, Flu, or Pneumonia
- Prevention
  - Prevent the disease from entering the building

# Prevention

- Start with a Good Assessment for new residents
  - Physicians Report 602
  - History & Physical
  - Resident Pre-Appraisal
  - Interview current caregivers if in a hospital or SNF – ask about symptoms of illness
  - Interview family



# Prevention

## New Residents

- Negative Covid test
- Flu Vaccine
- Pneumonia Vaccination

# Flu Vaccine

While the flu vaccine doesn't prevent all flu it can reduce the seriousness of an infection.

- When the viruses in the vaccine are a good match with what's circulating, the vaccine can reduce your risk of having the flu by 40%-60%.



# Flu Vaccine

According to the CDC's estimates for the 2018-19 season, vaccinating only half of all Americans prevented 4.4 million cases of the flu, 58,000 hospitalizations, and 3,500 deaths. That was in a year that the vaccine was only 29% effective.

# Pneumonia Vaccine

Resident's 65 years and older or who have other high-risk conditions should be encouraged to get the pneumococcal vaccine. It could reduce the risk of a bacterial pneumonia complicating a viral respiratory infection such as the Flu.

# Prevention for Residents/Staff

## Covid Testing

- Testing of Residents coming back from a hospitalization or SNF stay
- Surveillance testing 25% of staff every 7 days
- Caregivers who live in crowded environments at home may be at higher risk of infection
- All new staff prior to working in facility

# Covid Testing

## Three types of testing:

- **Molecular or PCR** (Gold Standard)
- **Antigen** (Faster results but not as sensitive)
  - Viral test tells you if you have a current infection (diagnostic test)
  - Test captures the presence or absence of the virus at the time the specimen was collected
- **Antibody Test** – Tells you if you had a previous infection

# Ongoing Assessments

## Change of Condition (General Symptoms)

These symptoms may or may not last

- Change in Eating or Drinking
- Change in Behavior such as increased confusion or agitation
- Change in Energy Level or increased Lethargy
- Changes in Bowel/Bladder

# Covid 19 Symptoms

- Fever or Chills
- Chest discomfort
- Dry Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Extreme fatigue, weakness
- Loss of sense of taste

40% of infected people are Asymptomatic

# Flu

- Influenza is an infectious disease caused by an influenza virus.
- Can be a mild or severe short-term illness that resolves itself as the immune system fights it off. Symptoms usually appear from one to four days after exposure to the virus, and they last five to seven days.
- Transmission is Droplet

# Flu Symptoms

- Fever or Chills
- Chest discomfort
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Extreme fatigue, weakness



# Pneumonia

- Pneumonia is a lung infection caused by bacteria, viruses or fungi. Lung sacs can fill with pus
  - Can develop as a result of Covid or the Flu
  - Can be mild or serious
  - Bacterial are Viral are common types
  - May need chest X-ray
  - Transmission is droplet

# Symptoms of Bacterial Pneumonia

- Productive Cough (mucous)
- Fever  $> 100.4$
- Chills
- Chest pain
- Rapid Breathing
- Difficulty Breathing/SOB

# Symptoms of Viral Pneumonia

- Fever
- Chills
- Dry cough, which may get worse and make mucus
- Stuffy nose
- Muscle pain
- Headache
- Tiredness
- Weakness

# Common Cold

- More than 200 different viruses are known to cause the symptoms of the common cold.
- An estimated 30-35% of all adult colds are caused by rhinoviruses and contribute to about half of asthma flare-ups.
- Most are not serious
- Transmission is Droplet

# Symptoms of Common Cold

- Cough, wet or dry
- Sneezing
- Body aches
- Sore throat
- Stuffy or runny nose

# Clostridium difficile

- C. diff, is a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon.
- Illness from C. difficile most commonly affects older adults in hospitals or in long-term care facilities and typically occurs after use of antibiotic medications.
- The antibiotics that most often lead to C. difficile infections include:
  - Fluoroquinolones (Cipro, Levaquin)
  - Cephalosporins (Ancef, Keflex)
  - Penicillins

# Clostridium difficile

- Symptoms of C-Diff
  - Fever.
  - Stomach tenderness or pain.
  - Loss of appetite.
  - Nausea
  - Diarrhea
  - Transmission is Contact

# MRSA

- MRSA stands for methicillin-resistant *Staphylococcus aureus*, a type of bacteria that is resistant to several antibiotics.
- MRSA most often causes skin infections.
  - If untreated can causes sepsis
- Studies show that about one in three (33%) people carry *S. aureus* bacteria in their nose, usually without any illness.
- About 20% of people carry MRSA although most do not develop serious MRSA infections
- Transmission is Contact



# Symptoms of MRSA

- Bump on skin that may appear
  - Red
  - Swollen
  - Painful
  - Warm to the Touch
  - Full of pus or drainage
  - Accompanied by Fever

# Resident Care and Communicable Disease Part 2

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# Part 2

- Reporting Symptoms
- Identification of Disease
- Treatments
- Infection Control
- Mitigation
- Visitation
- Service Plans

# Identification of Disease

- Report Signs and Symptoms to PCP
  - Be specific with what changes the resident is experiencing – symptoms
  - Report Vital Signs
    - Temp, Pulse, Resp. Rate, O<sub>2</sub> Sat
  - Describe new or different behaviors
  - The physician may want to set up a Telehealth visit

# Telehealth Visit    PIN 20-31-ASC

- Videoconference
- Telephone
- Zoom
- Assist the resident in setting up the visit
- Family or facility representative may need to be part of the visit for technical assistance
  - “Representative” means a person who has authority to act on behalf of the resident
  - Provide privacy for the resident

# Identification of Disease

- The PCP will likely order testing
  - Covid 19
  - Flu
  - Check with the local Health Department about testing for exposure
  - Notify your LPA for assistance

# Quarantine

- Exposure to the Covid 19 but asymptomatic
  - Separate resident from others for 14 days
  - Incubation time is usually 5 days but can be 2 – 14 days
  - Private bedroom
  - Private bathroom or bedside commode
  - Resident eats meals in bedroom
  - Watch for fever, cough, shortness of breath
- Transmission is via respiratory droplets and airborne via aerosols
  - Contact with objects is less common way of spread
- If a resident becomes symptomatic contact their healthcare provider immediately

# Isolation

- Confirmed Covid 19
  - Private Bedroom/Private Bathroom
  - Resident eats meals in their bedroom
  - Monitor for changes every 4 hrs
  - Wear N95 mask , gown, goggles, gloves
  - Provide good air flow, open window, fan, air purifier
- Removal from isolation can occur when:
  - 24 hrs since last fever **and**
  - At least 14 days since symptoms first appeared





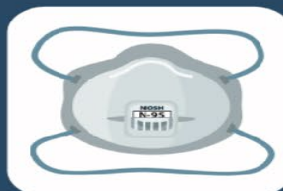
# AIRBORNE PRECAUTIONS



## EVERYONE MUST:



**Clean their hands, including before entering and when leaving the room.**



**Put on a fit-tested N-95 or higher level respirator before room entry.**



**Remove respirator after exiting the room and closing the door.**

**Door to room must remain closed.**

CS19-30619-A



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Control and Prevention



# **CONTACT PRECAUTIONS EVERYONE MUST:**



**Clean their hands, including before entering and when leaving the room.**

## **PROVIDERS AND STAFF MUST ALSO:**



**Put on gloves before room entry.  
Discard gloves before room exit.**



**Put on gown before room entry.  
Discard gown before room exit.**

**Do not wear the same gown and gloves  
for the care of more than one person.**



**Use dedicated or disposable equipment.  
Clean and disinfect reusable equipment  
before use on another person.**

C59-30816-4



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# Treatment

- If the resident needs to be seen in a medical office or urgent care
  - Call ahead to alert medical facility that the resident may have Covid 19
  - Arrange for transportation

## **Seek Emergency Medical Treatment for:**

- Trouble Breathing
- Bluish lips or face
- Persistent pain or pressure in the chest
- Low O<sub>2</sub> sat

# Covid 19 Symptom Treatment

- Fluids
- Tylenol
- Rest
- PCP may try Vitamin C or Zinc to boost the immune system



# Flu Symptom Treatment

- Isolation
  - Transmission is respiratory droplet
  - Wear surgical mask
  - Incubation time 1 -4 days
  - Resident eats in their room
  - Monitor for changes every 4 hours
  - Isolation continues for 7 days or 24 hours after fever and respiratory symptoms end



# DROPLET PRECAUTIONS



**EVERYONE MUST:**  
Clean their hands, including before  
entering and when leaving the room.



**Make sure their eyes, nose and mouth are  
fully covered before room entry.**



or



**Remove face protection before room exit.**

CS9-30649A



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# Flu Symptom Treatment

- Antiviral Drug like Tamiflu
- Rest
- Fluids
- Tylenol





# DROPLET PRECAUTIONS



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# Encourage Cough Etiquette

They were added to Standard Precautions in 2007

- Cover your mouth and nose when coughing or sneezing with tissue or elbow.
- Throw tissue away after use
- Provide tissues and no-touch receptacles for their disposal.
- Wash your hands or use a hand sanitizer every time you touch your mouth or nose.
- Provide resources for performing hand hygiene
- Offer masks to symptomatic residents
- Encourage Social Distancing

# Pneumonia Treatment

- Fluids
- Rest
- Tylenol
- Antibiotic (If Bacterial)
- OTC Decongestant
- Cough Suppressant



# DROPLET PRECAUTIONS



**EVERYONE MUST:**  
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# Common Cold Treatments

- Fluids
- Rest
- Tylenol
- OTC Decongestant
- Cough Suppressant

# C-Diff Treatment

- Testing of the stool to confirm diagnosis
- Antibiotics such as Flagyl and Vancomycin
- Brat Diet
- Probiotic



# **CONTACT PRECAUTIONS EVERYONE MUST:**



**Clean their hands, including before entering and when leaving the room.**

## **PROVIDERS AND STAFF MUST ALSO:**



**Put on gloves before room entry.  
Discard gloves before room exit.**



**Put on gown before room entry.  
Discard gown before room exit.**

**Do not wear the same gown and gloves  
for the care of more than one person.**



**Use dedicated or disposable equipment.  
Clean and disinfect reusable equipment  
before use on another person.**

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# MRSA Treatments

- Diagnosed via culture
- Antibiotics such as Clindamycin and Tetracyclines
- Wounds must be covered





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# Containment

Discuss with PCP, CCLD, others

- Can the resident be safely treated in the facility
- Private Room
- Private Bath
- Appropriate supply of PPE
- Staff is proficient with Infection Control

# Masks Are Important



**"I told him as an expert in the field I strongly recommend wearing it, but he just kept bringing up his 'rights.'"**

# PPE Needed

- Facemasks – N 95 if caring for resident with Covid 19, Surgical Mask, face covering
- Gowns – In accordance with contact and Droplet precautions
- Gloves – Use in Standard Precautions
- Eye Protection – face shield or goggles for use in contact or Droplet Precautions

# Isolation Room Setup

- Keep clean supplies/PPE outside of Room
- Provide Airflow in room – Air Purifier, Window
- Private Bathroom or Bedside Commode
- Feed Resident in Bedroom with disposable plates, cups, forks. Dispose inside room
- Place Waste Basket at door for Contaminated PPE
- Place Laundry receptacle inside room so contaminated laundry and clothing can be removed from room safely

# Mitigation Measures

- Daily Symptom Screenings and Temperature Checks
  - Residents
  - Staff
- All staff wear face masks
- Practice Good Hand Hygiene
- Encourage Residents and Staff to get Flu Shot
- Enhanced Cleaning and Disinfecting protocols

# Visitation

- Allow visitation for medically necessary visits
  - Home Health/ Hospice
  - End of Life
  - POA, Advanced Health Care Directives
- Allow visitation from department officials
  - CDSS, CDPH
  - Ombudsman
  - Essential Govt. Employees doing Investigations

# Visitation Protocols

- Visitation by non-essential individuals is limited until:
  - There are no new Covid 19 cases for 14 days
  - Facility is not experiencing staff shortages
  - Adequate supplies of PPE are available
  - Adequate access to Covid 19 is available



# Visitation Protocols

- Require visitors to wear face coverings
- Screen all visitors
  - Temperature checks
  - Ask about Covid 19, Flu or Cold symptoms or in contact with anyone who had symptoms within 24 hrs
- Allow visits on the premises where there is:
  - 6 feet physical distancing, preferably outside
  - Through a window or screen door - 6 ft distancing
  - Infection control

# Screening Tool



## COVID-19 Screening

Community	Name	Date	Shift

For the safety and wellbeing of our residents, if the answer to any of the following are yes, please speak with the Executive Director or supervisor. Thank you.

	YES	NO
Do you have a fever? Current body temperature as measured by community personnel: _____		
Do you have symptoms of COVID-19?  Fever or chills      Cough      Shortness of breath Fatigue      Sore throat      Muscle or body aches Congestion      Runny nose      New loss of taste or smell Headache      Diarrhea      Nausea or vomiting		
Have you traveled to an area with travel restrictions in the last 14 days?		
Have you been exposed to anyone with COVID-19 within the last 14 days? Exposed is defined as being within 6 feet for 15 minutes or more without wearing appropriate personal protective equipment).		
Staff and healthcare personnel: Have you had prolonged close contact with active cases of COVID-19 in another community/facility in the last 14 days without wearing proper PPE (gloves, gown, mask, eye protection)?		
Are you under investigation for COVID-19?		

# Service Plan

- Identify Problems/Needs as they occur over time
- Plan Interventions that are agreeable to the Resident
- Educate Staff on New or Changed Interventions

# Service Plan Updates

- Infections have Side Effects
  - Decrease in Eating - Weight Loss
  - Decrease in Drinking – Dehydration
  - Fatigue – Unsteady gait/falls
  - Extreme Fatigue – Dyphagia/  
Swallowing Difficulties

# Decrease in Eating/Drinking

- Encourage Resident to Eat/Drink
  - Provide assistance
- Offer Food Fluids Resident Prefers
- Increase Frequency of Meals
- Monitor for Weight Loss
- Monitor for Dehydration
- Update PCP of Changes
- Update Family

# Dehydration

- Offer Liquids that are easy to swallow
  - Ice Chips
  - Jello
  - Ice Cream
- Monitor for fever
- Monitor for Urinary Tract Infection
  - Frequent Urination
  - Dark Color of Urine
  - Pain upon Urination
  - Change in vital signs – increase in pulse, decrease in O<sub>2</sub>sat

# Weakness/Unsteady Gait

- Encourage Resident to Call for Help
  - Provide a device the resident can use to alert staff
- Keep Assistive Device close to bed – Walker /WC
- Bedside Rails (1/2 rails) for postural support
- Talk about a bed or floor alarm if appropriate
- Use a low bed and keep it in low position
- Use fall mats – if appropriate
- Check on resident frequently
- Discuss with family the need for a private sitter

# Dysphagia/Swallowing Difficulty

- Encourage Resident to Sit in W/C at Bedside table or sit up at 90 degree angle if in bed
- Cut food so its easy to chew
- Notify PCP if a change to puree diet is necessary
- Provide Cueing
  - Chin Tuck
  - Sips of liquid between bites
  - Encourage Small Bites/ Small Sips



# Loneliness/Depression

- Small Group Activities with Social Distancing
  - Bean Bag toss
  - Music
- Gardening
- Outdoor walks
- Puzzles
- Word Search
- I-Pad Activities
  - Pictures of resident's family

# Manage Expectations

- Update Family on Residents Condition
  - Discuss symptoms
  - Discuss New Physician's Orders
  - Explain new interventions put in place
  - Ask for family input/ agreement with the plan
  - Explain possible outcomes
    - Possible transfer to higher level of care