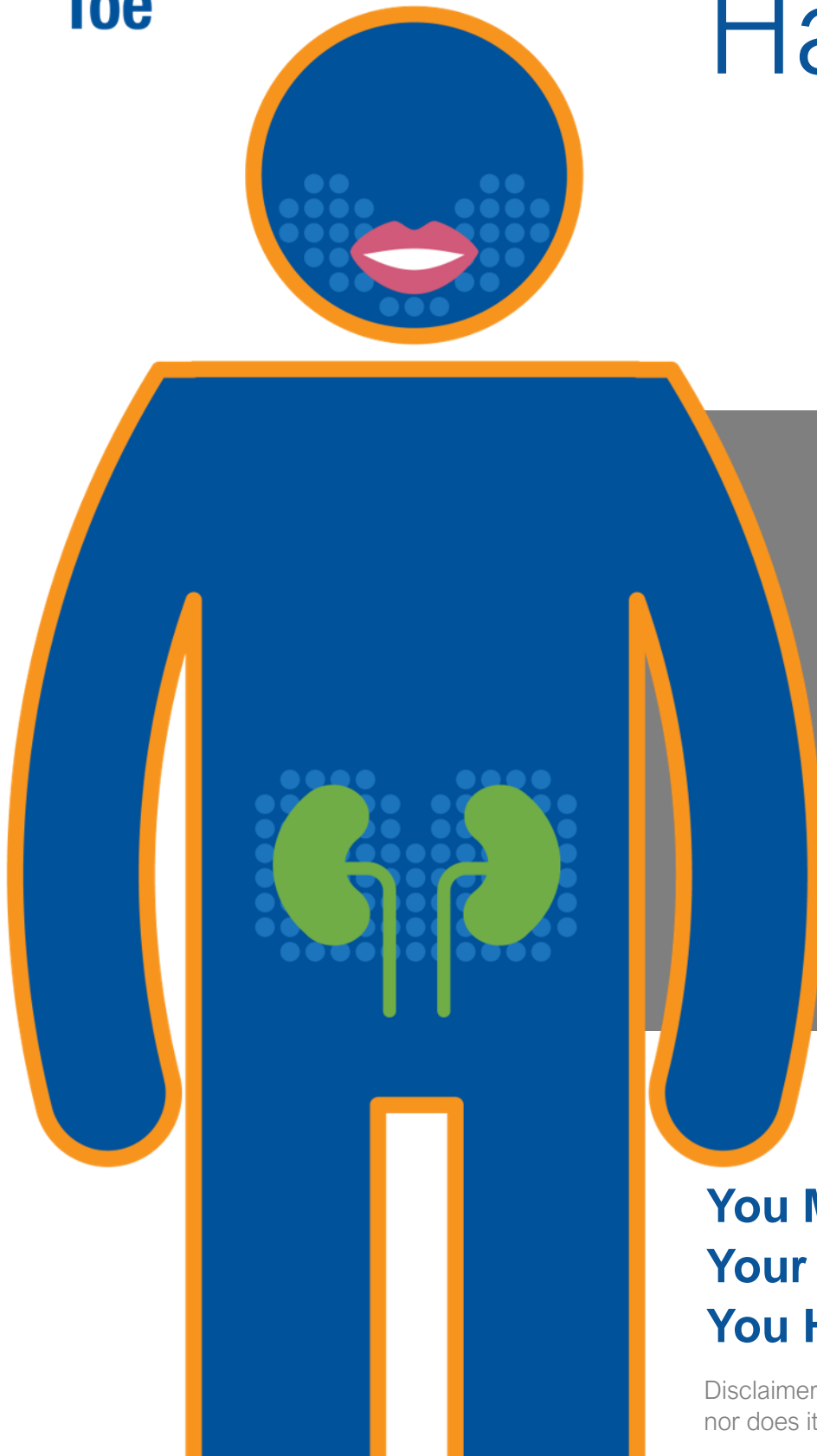


Head
to
Toe

Infection Prevention Handbook



**Preventing
infection by
maintaining
mouth, skin,
and urinary
health.**

**You Matter.
Your Role is Important.
You Have an Impact.**

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.

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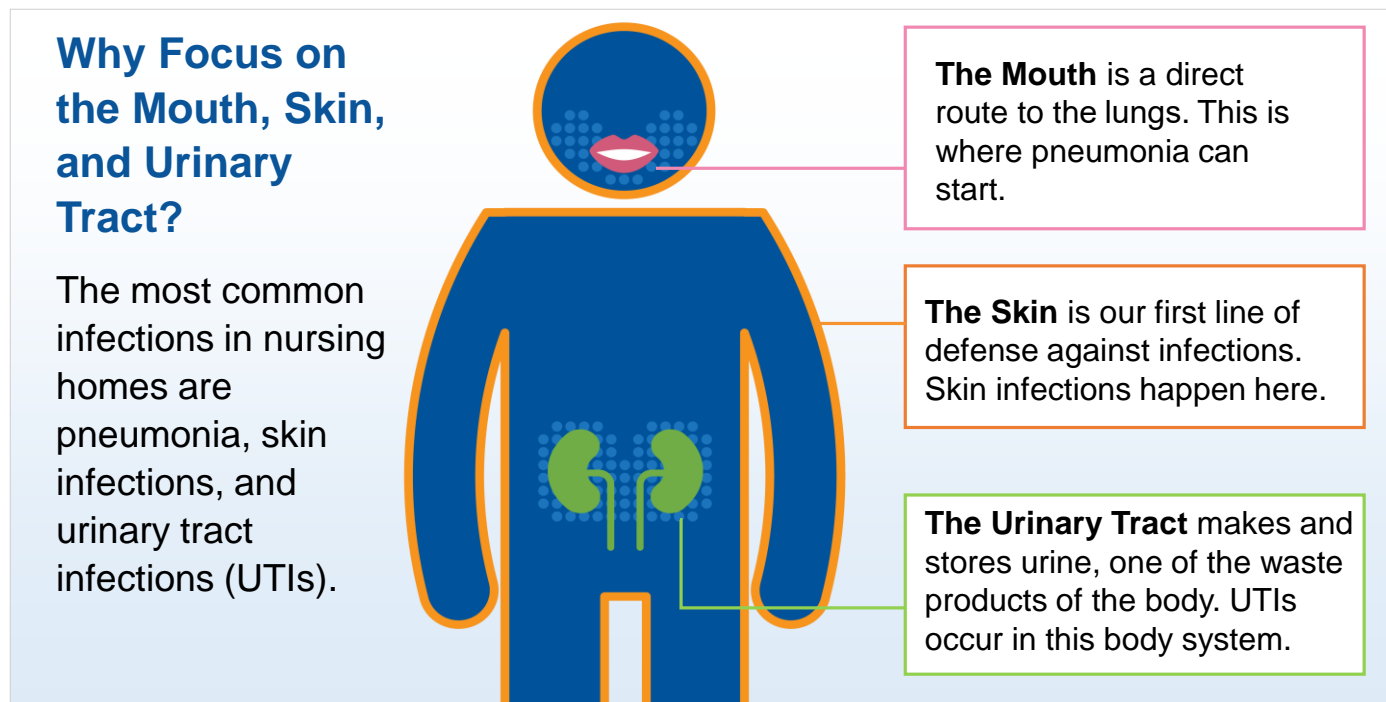
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Introduction

How Does Your Daily Work Relate to Infection Prevention?

Our bodies have natural barriers against germs including the skin, saliva in the mouth, and membranes in the urinary tract. **Infections happen when germs get past these barriers.** For many residents in nursing homes, age or illness may weaken these important barriers. However, by providing excellent activities of daily living (ADL) care for the mouth, skin, and urinary tract, you can protect these barriers and stop many common infections. When you strengthen barriers with ADL care, and avoid the spread of germs by washing your hands and staying home when you are sick, **you play a crucial role in keeping residents infection-free.**



This Handbook Can Help You Prevent Infections.

In this handbook, you'll learn the basics of infection prevention for the mouth, skin, and urinary tract. **You'll learn how the ADL care you provide every day is critical to the prevention of infections.** Most importantly, you'll learn helpful tips to provide the best care possible.



When providing care, always remember to:

- Wash your hands or use an alcohol-based hand rub. Protect the resident and yourself with appropriate use of personal protective equipment (PPE) like gloves, masks, and isolation gowns.
- Provide care with a person-centered approach and understand resident preferences.
- If applicable, maintain resident independence by cueing the resident to provide their own care and providing support when needed.
- Always honor the resident's choices.
- If you suspect the resident is a victim of abuse, follow your policies and procedures; report your findings to the appropriate authorities.
- Follow your home's policies and procedures.

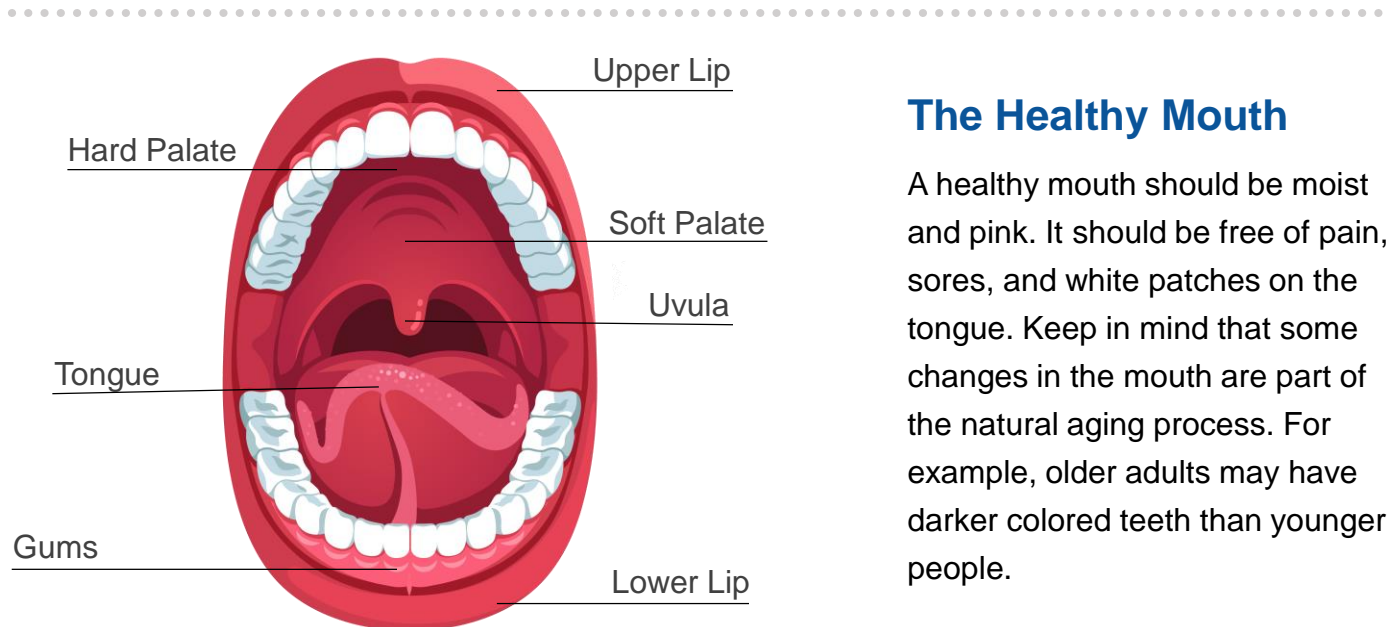
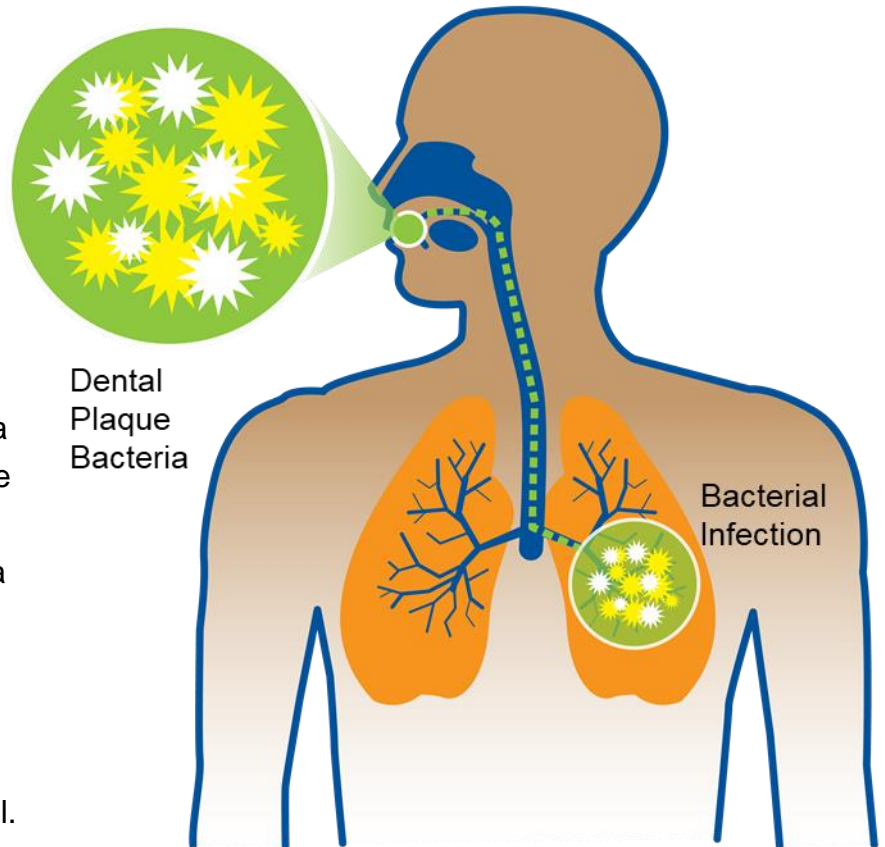


Mouth Care: Making the Connection to Infection Prevention

When you provide excellent mouth care, you keep the mouth healthy. This plays an important role in preventing infections.

Why Mouth Care Matters for Infection Prevention

Mouth health has a large impact on overall health. **Dental plaque contains bacteria that can travel into the lungs and cause pneumonia.** While we all have some plaque, poor dental care can lead to a buildup of plaque. Routine mouth care can reduce bacteria in the mouth and protect against pneumonia, which is a common cause of hospitalization and a leading cause of death from infection in nursing homes. If you suspect an infection, use the Suspected Infection Investigation Tool.



The Healthy Mouth

A healthy mouth should be moist and pink. It should be free of pain, sores, and white patches on the tongue. Keep in mind that some changes in the mouth are part of the natural aging process. For example, older adults may have darker colored teeth than younger people.



Mouth Care: What You Can Do

Your role in providing mouth care matters for preventing infections.

OBSERVE

Before you begin, look for any signs that could indicate pain, infection, or choking hazards and report any concerns to the nurse.

- **Pain:** Is there any pain? Any difficulty chewing, refusal to eat, or only chewing on one side of the mouth?
- **Coloring:** Do the gums, lips, cheeks, or tongue seem very dry or cracked? Any redness or bleeding in the mouth or gums?
- **Mouth cleanliness:** Are there food particles in the mouth after eating that cannot be easily removed? Any bad breath?



Before providing care, wash hands or use alcohol-based handrub and use appropriate PPE, such as gloves.

MOUTHWASH

Mouthwash helps kill bacteria and remove plaque buildup.



- **Rinse** mouth with an alcohol-free mouthwash to avoid drying out the mouth. Make sure mouthwash is designed to reduce cavities or gum disease rather than just bad breath.
- Follow the resident's care plan. Some residents may need a medicated mouthwash for oral thrush, or may be unable to rinse, swish or swallow.

Additional Care Tip:

It is important to keep personal care items and equipment clean to reduce bacterial growth.

- Make sure to regularly clean toothbrush cups, denture cases, and other equipment used near the mouth such as BiPAP, CPAP, oxygen, or nebulizers.

BRUSHING TEETH

Brushing helps remove plaque and bacteria from the surface of the teeth and the gum line.



- **Brush** teeth twice a day with a soft toothbrush and a pea-sized amount of toothpaste. Move the toothbrush back and forth in a sweeping motion **around the teeth, tongue, and gum line**.
- If appropriate, **floss** gently between teeth. Flossing can be challenging, but helps to remove bacteria in the areas that a toothbrush cannot reach.
- Apply **lubricant** to lips, as appropriate.
- If the resident has **dentures**:
 - Remove dentures.
 - **Brush the dentures** and soak in solution.
 - When dentures are removed, gently brush the gums and tongue.
 - Additional tips on denture care are available on the next page.





Mouth Care: Common Challenges to Providing Care

Residents often have unique needs that make mouth care harder to accomplish. This page offers practical tips for how you can provide person-centered mouth care.



Difficulty Swallowing (Dysphagia)

Residents with dysphagia have difficulty swallowing or an inability to swallow. These residents are at increased risk of choking during mouth care.

- When providing mouth care, **help the resident to sit up and tilt their chin down towards the chest** to ensure they don't choke on fluids.
- This resident should not be given mouthwash to gargle. Instead, **use an oral care sponge moistened with mouthwash to wash the cheeks, tongue, and gums.**
- If available, use a suction toothbrush with swab attachment.
- Use a small light to check for food in the mouth after eating.

Dentures

Dentures are used to replace missing teeth, assist with eating, or give the face a more natural appearance. Dentures must be specially cleaned to prevent the buildup of bacteria that leads to infection.

- **Remove dentures, brush and soak in solution.**
- When removed, observe the dentures for any cracks or sharp edges.
- Notify the nurse of any concerns related to cracks, sharp edges, or fit of the dentures.
- While the dentures are out, **gently brush** gums and tongue with a toothbrush.
- Ensure that dentures fit well and that the resident can speak and eat comfortably.
- Make sure to **remove dentures for at least 4 hours every day**; effective times to do so are after eating/between meals, as well as at bedtime or before taking naps.
- Ensure residents are **informed of the importance of removing dentures** for proper care. **Follow resident choices for preferred times to remove and clean dentures.**
- Store clean dentures in a case when they are not in use to help keep them clean.



Is the resident on blood thinners?

Blood thinners are medications used to prevent blood clots. Residents on blood thinners bleed and bruise easily. Brush teeth gently with a soft bristle toothbrush and avoid flossing the teeth. If there is any bleeding, report it immediately to the nurse.

Mouth Sores

Mouth sores are painful ulcers that can occur on the cheeks, tongue, lips, or roof of the mouth.

- Be careful when brushing teeth and using mouthwash; resident may have pain and discomfort.
- Use a small light to check the sore(s) and if it is bleeding. **Speak with the nurse immediately if there is any bleeding in the mouth or new white patches on the tongue.**





Mouth Care: Preventing Infection when Working with Missing Teeth, Cavities, and Gingivitis

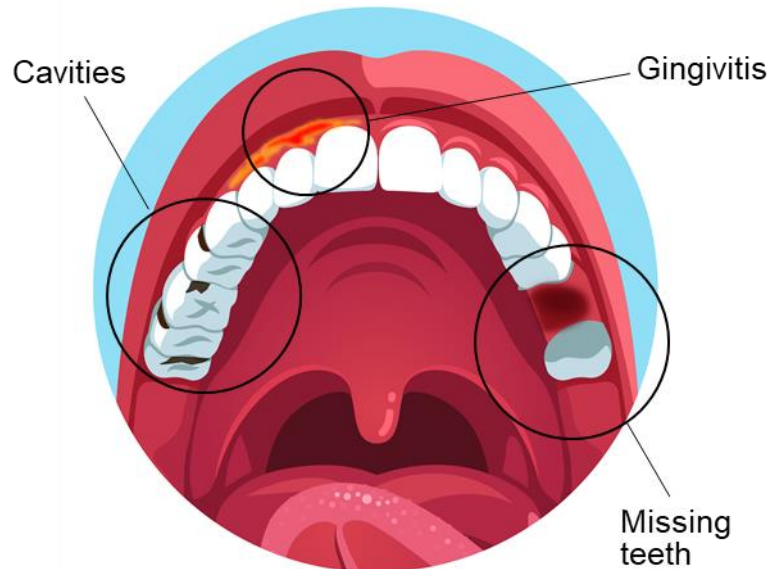
Residents may have missing teeth, cavities, or gingivitis. These can all occur from lack of proper mouth care. These common concerns can progress into more severe infections if not properly cared for or prevented.

Missing Teeth, Cavities, and Gingivitis

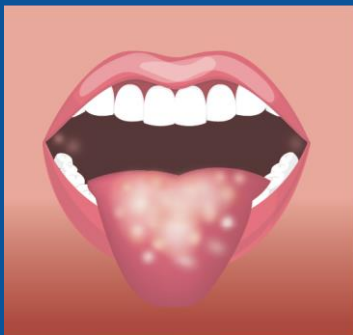
Missing teeth leave behind holes in the gums. Food can get stuck in these holes, leading to bad breath or infections.

Cavities are tooth decay from bacteria breaking down the enamel of the tooth. Teeth with cavities may appear discolored and cause discomfort.

Gingivitis is swollen gums from a buildup of plaque over time. It can be very painful.



- When brushing, clean out any food that is stuck in the gums. Try using different angles to get into the holes in the gums, but **do not use a toothpick or any sharp object to remove debris**.
- If it is difficult to see inside the mouth, use a small light to get a better look.
- **Use mouthwash or an oral care sponge moistened with mouthwash** to wash the cheeks, tongue, and gums, especially when the resident experiences pain during brushing.
- If a resident who normally has good oral hygiene suddenly develops bad breath, report it to the nurse. Bad breath is often caused by food particles or bacteria coating the teeth and tongue. However, **bad breath can also be a sign of an infection in the mouth**.



What is Oral Thrush?

Oral thrush is a fungal infection of the mouth. It usually looks like white patches on the tongue. Many conditions and medications may put a resident at risk for oral thrush. Residents with weakened immune systems (e.g., HIV, cancer, diabetes, history of organ transplant), on dialysis, and on certain medications such as steroid inhalers are some of the more common populations that develop thrush. Residents who wear dentures are also at risk.

- Discuss with the nurse if you think you see oral thrush.
- If the resident has oral thrush, they may need a medicated mouthwash or other medications.



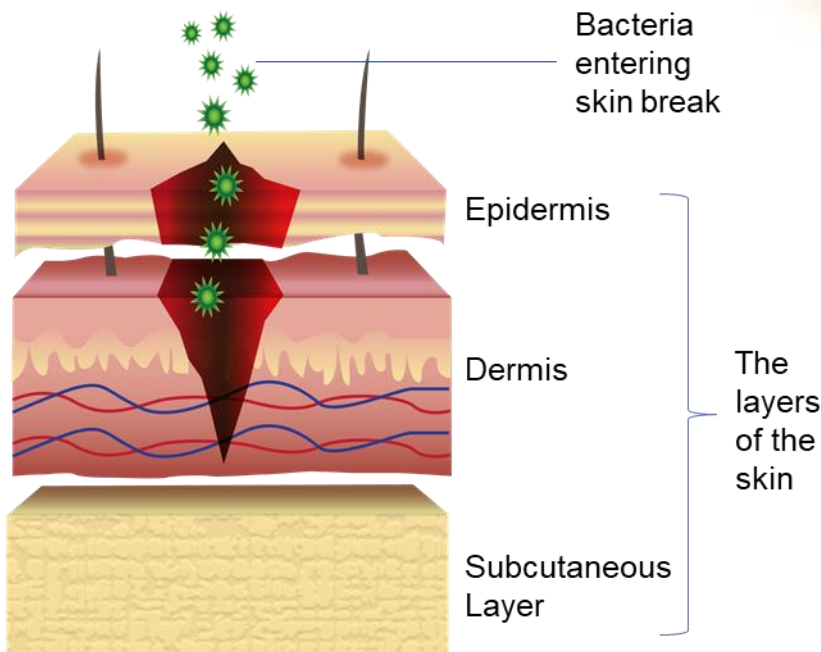
Skin Care: Making the Connection to Infection Prevention

When you provide excellent skin care, you keep the skin healthy. This plays an important role in preventing infections.

Why Skin Care Matters for Infection Prevention

The skin is the largest organ in the body and our first line of defense against infection. Skin infections can be caused by bacteria, fungi, viruses, or parasites. Skin infections occur when there is a change in skin integrity or when a break in the skin allows these organisms to enter the body. **Skin infections can occur anywhere on the body** including on the scalp, perineal area, abdominal folds, feet, and bony areas. Alterations in skin integrity take many forms: pressure injuries, lacerations, skin tears, lower extremity ulcers, and rashes. Be mindful that **dry skin (that could lead to scratching) and incontinence-related skin damage can also lead to infection.**

Some skin infections can be treated in the nursing home, but others may require a visit to the hospital. **Proper skin care can help avoid these harmful infections.** If you suspect an infection, use the Suspected Infection Investigation Tool.



Healthy Skin

Healthy skin protects the body from harmful germs in the environment. Healthy skin should be intact, warm, well-hydrated, sore-free, and uniformly colored given the resident's natural skin color and other normal skin changes such as age spots. Many changes in the skin are considered normal with aging.

The skin of older residents is usually thinner, drier, and less firm. Their skin also needs more time to heal due to reduced blood supply to the skin.



Skin Care: What You Can Do

Your role in providing skin care matters for preventing infections.

OBSERVE

Before you begin, look for any changes that could indicate skin breakdown or infection and report any concerns to the nurse.

- **Pain:** Any pain or sensitive areas?
- **Appearance:** Any redness, bruising, or bleeding? Are toenails or fingernails discolored? Any new cuts, wounds, or scrapes? Any drainage?
- **Temperature:** Are there any areas that are warm or hot to touch?
- **Cleanliness:** Is there any odor? Is the skin flaky or crusted? Is there any dirt stuck underneath toenails or fingernails?



Before providing care, wash hands or use alcohol-based handrub and use appropriate PPE, such as gloves.

REPOSITIONING

Repositioning helps to prevent pressure injuries and skin breakdown.

- Frequently reposition residents who require assistance moving. Be cautious of any painful areas when repositioning.
- When turning in bed, use a draw sheet to avoid damaging skin. **If the resident is overweight, ask your teammates for help.**
- If the resident uses a wheelchair, reposition weight in chair frequently.
- To prevent pressure injuries, pad bony parts of the body from hard surfaces with **appropriate support surfaces** (e.g., foam wedge, pillow, cushion).
- If applicable, **encourage mobility** and avoid long periods of sitting.



NUTRITION AND HYDRATION

Nutrition and hydration play an important role in maintaining healthy skin.

- Encourage adequate **hydration** to ensure the skin remains elastic and resistant to tears.
- Protein is important for optimal skin integrity because it helps to build and repair skin.
- Encourage eating **fruits and vegetables** for vitamins to promote skin health and prevent skin breakdown.
- Always follow the resident's care plan and diet order. If ordered and applicable, supplement meals with nutritional shakes.



BATHING

Bathing helps to keep skin clean.

- Wash all areas of the body, including hands, perineal area, scalp, underarms, and abdominal folds. **If the resident is overweight or has significant mobility limitations, ask your teammates for help.**
- Provide privacy and be gentle.
- Use a **soft washcloth** and gentle soaps that do not dry skin or cause itching.
- **Pat skin dry** with a towel instead of rubbing.
- Apply moisturizers immediately after bathing. Apply lightly to areas that retain moisture, such as skin folds, to avoid skin breakdown and buildup of bacteria.
- **Apply barrier cream** to the perineal area, as needed. Barrier cream protects the skin from stool and urine which can irritate the skin and cause skin breakdown.
- Between baths, assist residents as needed to **wash hands including under nails.**



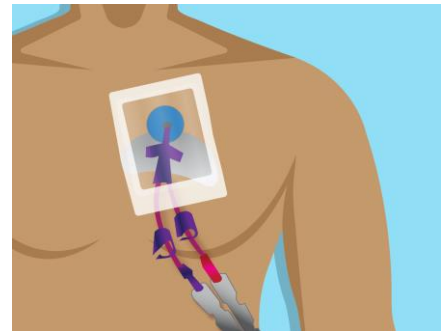
Skin Care: Common Challenges to Providing Care

Residents often have unique needs that make skin care harder to accomplish. This page offers practical tips for how you can provide person-centered skin care.

Central Lines

Central lines are **direct routes to the blood stream**. Therefore, they must be kept clean to prevent infection.

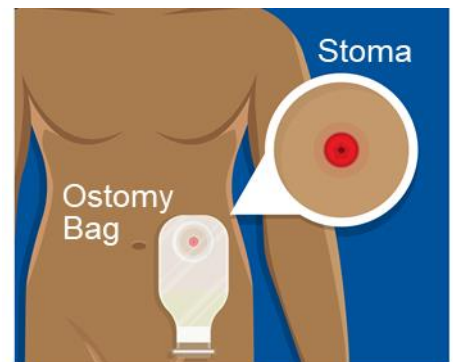
- Look for any signs of infection such as redness, swelling, pus, drainage, or odor at the site of insertion and inform the nurse immediately.
- **Notify the nurse if the central line dressing becomes dirty, unsecured, or uncovered, including if it becomes wet or begins to peel away.** Avoid getting the dressing wet during bathing. Make sure to cover the dressing with an appropriate waterproof dressing if the resident is able to take showers.



Ostomies

Ostomies are a pouch system (ostomy bag) to collect stool or urine. This surgically-made opening requires care to prevent infection.

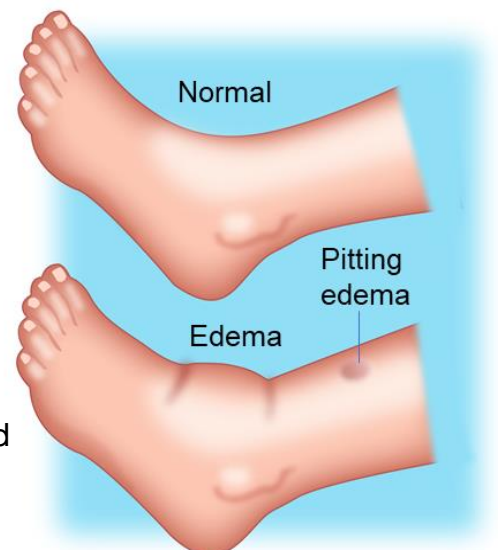
- Pay attention to the opening to the body (stoma) site. Look for any skin breakdown or redness and inform the nurse.
- Make sure the ostomy bag is **intact and not leaking**, as **stool and urine irritate the skin**. Be sure to empty the ostomy bag in a timely manner.



Edema and Weeping Skin

Some residents may normally have red or swollen skin at the feet, but changes to their baseline are important to address. Edema is a swelling of the skin caused by excess liquid trapped beneath the surface. Weeping occurs when moisture comes out of swollen skin. **Edema can weaken the skin, making it less effective at keeping out germs.**

- Be gentle with sensitive skin when bathing and helping the resident to move.
- If skin is weeping, work with the nurse and/or a wound care specialist to follow the plan to maintain skin health in this area.
- Check with the nurse to see if **compression socks** are ordered or in the care plan; compression socks help to reduce edema so skin stays intact.
- Encourage the resident to be mobile, if appropriate, or to **elevate the swollen extremities** on a pillow to reduce swelling.





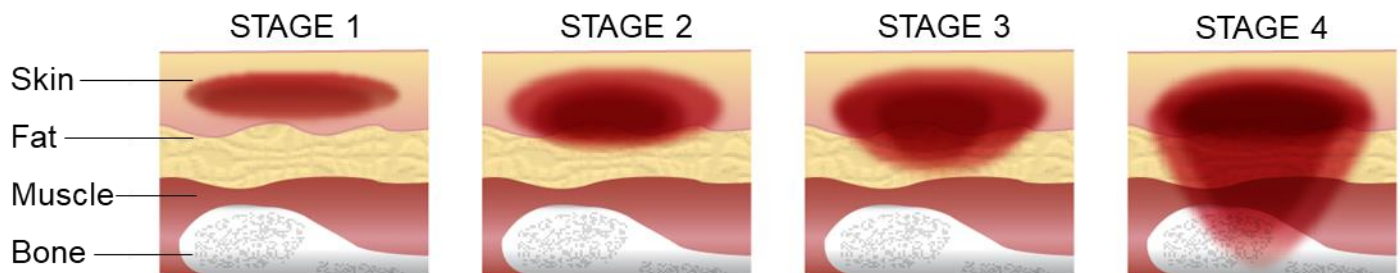
Skin Care: Preventing Infection When Working with Pressure Injuries and Skin Tears

Residents with pressure injuries or skin tears require extra care to prevent skin infection. The care you provide for pressure injuries and skin tears helps to prevent infection.

Pressure Injuries

A pressure injury is a local injury to the skin, or underlying tissue, as a result of constant pressure on a bony area. Residents with limited mobility are at high risk for pressure injuries.

- **Reposition** the resident to avoid pressure on open wounds.
- Be careful with wounds when bathing; **keep the area around the wound clean and dry.**
- Discuss any wound care or dressing changes with the nurse and/or a wound care specialist.
- **Observe the resident's skin** daily to look for any additional pressure injuries or skin breakdown if the resident is at risk.



Pressure injuries are categorized into different stages depending on the depth of the wound. This image shows the different stages of pressure injuries and the depth of the wound in each stage.

Skin Tears

A skin tear is **a wound sustained from friction, shear, or blunt force**. Skin tears result in the top layer of skin separating from the second layer. They can occur anywhere on the body due to trauma such as a fall, bumping into an object, or unsafe handling techniques.

This break in the skin provides an opportunity for germs to enter the body.

- Handle the skin gently when repositioning a resident to avoid further damage.
- **Avoid adhesives** as they may cause skin breakdown when removed.
- Keep the skin well moisturized.
- In addition to cleaning fingernails and toenails, offer to **file fingernails and toenails**, as appropriate, to reduce risk of scratching.



Is the wound healing or infected?

Even when they are healthy and healing, wounds can appear pink, red, or yellow. They may even have some drainage. It is important to discuss with the nurse what the wound looks like at baseline and observe for any changes. If the skin surrounding an open wound is red, swollen, or painful; if the wound has discolored drainage; or if it has an odor; notify the nurse. These may be signs of infection.



Urinary Health: Making the Connection to Infection Prevention

When you provide excellent urinary care, you maintain urinary health. This plays an important role in preventing infections.

Why Urinary Health Matters for Infection Prevention

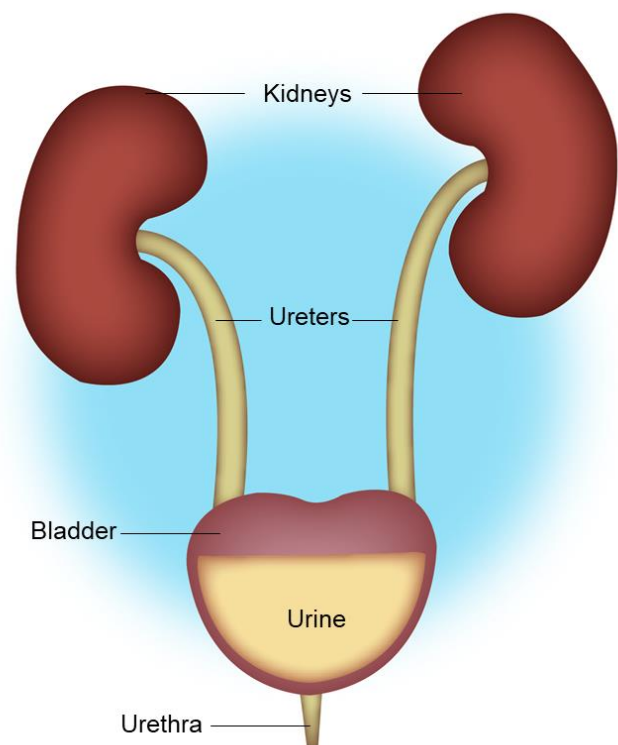
The urinary tract makes and stores urine, one of the waste products of the body. UTIs can lead to other infections and even death. **It is important to work together to decide if an antibiotic is necessary for a resident or not.** Residents who are misdiagnosed with a UTI may receive antibiotics they do not need, putting them at risk for other infections such as infectious diarrhea (*Clostridioides difficile*, commonly known as *C. diff*). In contrast, residents with a UTI that is not treated with antibiotics are at risk of the infection progressing into sepsis.

Residents may be at an increased risk for UTIs for many reasons. Common risk factors include **catheter use, loss of bladder control (urinary incontinence), and conditions which affect the ability to completely empty the bladder (urinary retention).** Older adults are also at increased risk for UTIs. Urinary incontinence is associated with frequent moisture in the perineal area, which poses an increased risk for infection. Urinary retention allows bacteria to remain in the bladder, leading to a greater risk for infection. Catheters increase the risk for infection because they provide a route for external germs to enter the urinary tract. Proper maintenance of urinary health can help prevent infections of the urinary tract. If you suspect an infection, use the Suspected Infection Investigation Tool.

The Healthy Urinary Tract

The urinary tract includes the urethra, bladder, ureters, and kidneys. Together, the organs of the healthy urinary tract eliminate waste (toxins and extra fluid) from the body as urine. The **kidneys** filter the blood and regulate the amount of water in the body. The **ureters** carry urine to the bladder. The **bladder** holds and stores urine prior to elimination through the **urethra**.

Bacteria in the urine is common in nursing home residents, and it is not always a cause for concern. Residents who show symptoms from having bacteria in the bladder should be evaluated by the clinical team. Residents should not have pain during urination or blood in the urine. Healthy perineal skin is intact and free of any pain or bleeding.





Urinary Health: What You Can Do

Your role in urinary care matters for preventing urinary tract infections.

OBSERVE

Before you begin, look for any signs or symptoms that could indicate a change in condition or infection and report any concerns to the nurse.

- **Pain:** Is there any pain or burning when urinating? Any pain above the pubic area or in the lower back?
- **Urination:** Any change in amount of urine (e.g., new incontinence, frequent urination, or not producing urine)? Any change in urine color, odor, or clarity? Can you see any blood in the urine?



Before providing care, wash hands or use alcohol-based handrub and use appropriate PPE, such as gloves.

BATHING

Proper hygiene helps keep skin and the perineal area clean.

- **Wash** the perineal area with gentle soap and water. **Use gentle soaps** that do not dry skin or cause itching. Provide privacy and be extra gentle around any painful areas. Report any concerns to the nurse.
- Gently **pat skin dry** with a towel. Do not rub or wipe the area dry.
- Apply **barrier cream** as appropriate.
- If a catheter is present, **provide catheter care** (per your nursing home's policies and procedures).



HYDRATION

Older adults are at higher risk for dehydration.

- Provide **drinking aids** (such as straws or a special-sized pitcher) to meet resident's preferences and needs.
- Depending on **resident preferences and restrictions**, provide water at the bedside within the resident's reach. Assist residents who may need help accessing the water. If appropriate, **consider beverage alternatives** when a resident does not care for plain water.



VOIDING

A regular voiding schedule promotes emptying of the bladder to avoid urine retention.

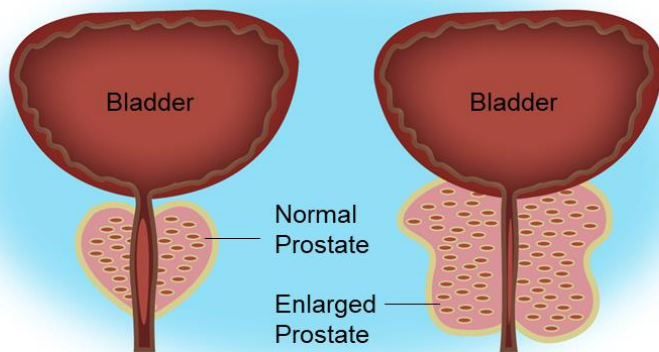
- Understand resident preferences and provide privacy when possible.
- **Be patient** with residents when toileting. Residents may have difficulty urinating or painful urination, requiring longer toileting times.
- After the resident voids, provide or assist with **perineal hygiene** support as appropriate.
- For females, clean from front to back. For males, pull back the foreskin if present and clean from tip to base.
- Reapply **barrier cream** as appropriate.





Urinary Health: Common Challenges to Providing Care

Residents often have unique needs that make maintaining urinary health harder to accomplish. This page offers practical tips for how you can maintain person-centered urinary health.



Benign Prostatic Hyperplasia (BPH)

BPH is a common condition as men get older. BPH is an enlarged prostate gland that can cause difficulty urinating. Complications of BPH can lead to UTIs.

- **Be patient** with this resident. The resident may frequently ask to use the bathroom and may need a more frequently scheduled toileting plan.
- The resident may benefit from **relaxation techniques**, such as, listening to music and the sound of running water.
- Encourage the resident to **reposition genitalia** to start the flow of urine.
- Encourage the resident to **empty their bladder when the urge to void is first felt**, if appropriate.

Urinary Retention

Urinary retention is defined as an inability to completely empty the bladder. Urinary retention is a risk factor for UTIs.

- **Be patient** with this resident. The resident may have difficulty urinating and may need a more frequently scheduled toileting plan.
- The resident may benefit from **relaxation techniques**, such as, listening to music and the sound of running water.
- **Remove any tight clothing** that may be pushing on the bladder.
- Encourage the resident to empty their bladder **when the urge to void is first felt**, if appropriate.

Incontinence

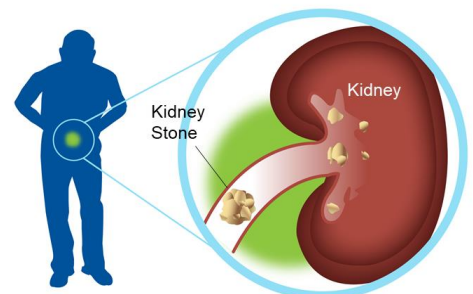
Incontinence is defined as a loss of bladder and/or bowel control. Urinary incontinence is common in older adults and is a risk factor for UTIs.

- Encourage **frequent toileting**, even if the resident does not feel the urgency to urinate. Be patient, the resident may be unaware of their incontinence.
- If the resident requires **incontinence products**, such as briefs, ensure they are the correct fit.
- Observe for skin breakdown, as stool and urine irritate the skin. **Apply barrier cream** to the skin as needed.
- Always **honor resident preferences** and ensure privacy when providing care.

Kidney and Bladder Stones

Stones are deposits in the kidney or bladder that can be painful. When stones cause an obstruction, the resident may need treatment or must wait to pass the stone(s) in their urine.

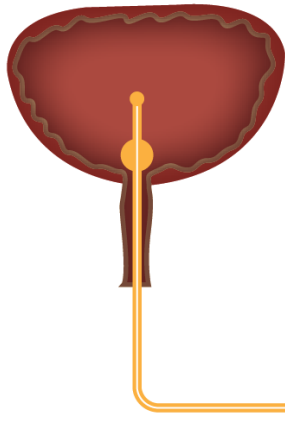
- The resident may have constant **pain** or pain during urination.
- Be patient during toileting and provide extra time.
- If the pain continues for a prolonged time, notify the nurse.





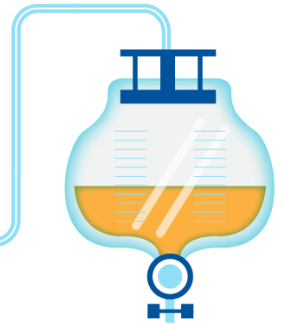
Urinary Health: Preventing Infection When Working with Urinary Catheters

Residents may have a urinary catheter for a variety of reasons, including urinary retention, recovery after surgery, accurate measurement of urinary output, or to help heal incontinence-related perineal wounds.



Urinary Catheters

A urinary catheter provides a direct route to the urinary tract. **If the catheter is not kept clean, bacteria can travel up into the urinary tract, causing infection.** Catheter-associated urinary tract infections (CAUTIs) are the most common healthcare-associated infections.



- Always **honor resident preferences**. Ensure privacy when providing catheter care.
- Make sure to **clean the perineal area well** and pat it completely dry (do not wipe).
- Perform care to the area where the catheter is inserted with soap and water during daily bathing. Provide catheter care per policies and procedures.
- Make sure **skin around the catheter is intact** and there is no breakdown from the catheter leaning against the skin.
- Use a **catheter securement device** to prevent the tube from shifting. Check the urinary leg bag straps for tightness/looseness at regular intervals.
- Keep the **drainage bag lower than the level of the resident's bladder** to prevent any urine from going backwards. Make sure to keep the drainage bag off of the floor.
- Keep the **tube free from kinks** to make sure urine can flow freely into the bag.
- Make sure to **consistently monitor the resident's urinary output**. If the urine bag is full, empty it in a timely manner. If the drainage bag is not collecting any urine, notify the nurse.
- When emptying the catheter bag, **do not allow the catheter bag's drainage spout to touch other surfaces** such as the measuring container, bathroom surfaces, etc.

Is a urinary catheter necessary for the resident?

Urinary catheters are not appropriate in all scenarios. Avoid the use of catheters when they are unnecessary, as they are an infection risk. If a resident is incontinent or has urinary retention, they may not necessarily need a catheter, but may need other interventions. Work with your nursing team to provide appropriate care for each resident's unique needs.



Customizing Infection Prevention: How You Can Individualize Care

Person-Centered Care

Each resident has their own unique story, so understanding resident preferences and including residents in their care is important. **Residents are experts on their own preferences and needs.** If you have trouble providing care to a resident, look for and ask about ways to improve care for them.

When providing care always:

- Get to know the resident and their preferred routine and preferences.
- Politely ask the resident for permission before starting.
- Be patient, explain each step before you begin, and provide encouragement and positive feedback.
- Be aware that injuries of unknown origin or complaints of pubic pain could be signs of abuse.



How do you support residents who provide their own care?

Infection prevention is also important for residents who provide all or some of their own mouth, skin, or urinary care. **You can support these residents to maintain their health and stay independent.** Ensure residents are informed of important steps to take in their care to be infection-free (e.g., washing hands before and after meals and care) and work with them to watch for signs of infection. Consider asking questions such as:



MOUTH:

- Do you have any pain in your mouth, teeth, tongue, or gums?
- Do you see blood when you brush or floss your teeth?
- Do you have any sores or discolored areas in your mouth?



SKIN:

- Do you have any pain or sensitive areas on your skin?
- Have you seen any red areas, new bruises, or open areas of skin?



URINARY TRACT:

- When you urinate, do you feel any pain or burning?
- Do you ever see blood in the urine?
- Have you been needing to urinate more or less than usual?

What if the resident has a condition that makes infections more common?

Some conditions may make it easier for a resident to get an infection or make it harder to maintain mouth, skin, and urinary health. Read the next pages for examples on how to tailor care to meet a resident's unique needs.



Customizing Infection Prevention: Cognitive Impairments

Cognitive impairment is when a person has **difficulty remembering, concentrating, or understanding their environment**. It includes conditions like dementia, Parkinson's Disease, and Alzheimer's Disease. It can also result from a traumatic brain injury (TBI). Residents with cognitive impairments may be easily confused or disoriented.



Mouth Care Tips:

- Be patient when providing mouth care. Remember that **a resident may refuse care because they are confused or frightened**.
- Explain who you are and what you are doing.
- Do not give up on providing mouth care. If necessary, try again at a different time of day. If unsuccessful, report to the nurse.
- Consider trying **hand-over-hand assistance** (the caregiver placing their hand on top of the resident's hand to guide in care). This may trigger muscle memory and a pattern of self-care for the resident.
- If the resident bites down on the toothbrush during care, **use a second toothbrush** to cleanse the surface of the mouth cavity.



Skin Care Tips:

- Explain who you are and what you are doing.
- **Be sensitive and provide privacy** to exposed areas while bathing or observing skin.
- The resident may be unable to communicate temperature preference and needs. In order to avoid injury while bathing, **ensure the water temperature is appropriate** and not too hot.



Urinary Care Tips:

- **Explain who you are and what you are doing.**
- Be sensitive to exposed areas. Provide privacy when able to do so safely.

If a resident is combative or refuses care:

1. Try to determine why the resident is refusing care or combative.
 - Is the resident in pain? Is the resident fearful?
 - What is the resident's normal routine and does care align with it? If the resident is able to communicate, ask the resident if they would prefer a different approach.
2. Calmly explain who you are and why you are providing care.
3. If the resident continues to refuse, try these options:
 - Stop care and pick another time of day when the resident is more cooperative and calm.
 - Try another caregiver with whom the resident is more comfortable.
4. Report to the nurse any task you have not been able to accomplish.



Customizing Infection Prevention: Diabetes

Diabetes is a condition in which the body has a hard time regulating blood sugar levels. Diabetes puts residents at **an increased risk for periodontal disease (gum infection)**. One common side-effect of diabetes is a loss of feeling in the legs and feet (neuropathy). Residents with neuropathy **may develop cuts and tears without even noticing**. These cuts and tears often become infected.



Mouth Care Tips:

- Make sure to carefully observe this resident's mouth when providing mouth care, as they are more **prone to gum disease and buildup of bacteria**.



Skin Care Tips:

- Make sure to **check the resident's feet and in between their toes** for cuts and bruises. Keep these areas clean. Report any concerns to the nurse.
- **Make sure footwear is appropriate** and not too tight. Tight footwear can lead to open areas/blisters.
- Minimize walking barefoot to reduce the chance of injury to the feet/toes.
- If a resident **has any loss of feeling, be watchful** to ensure it doesn't spread over time. Be aware that residents may experience an injury and may not be able to feel it.
- This resident **may have decreased sensation**. In order to avoid injury while bathing, ensure the water temperature is appropriate and not too hot.



Urinary Care Tips:

- Refer to the resident's care plan and resident's identified preferences for beverages.
- Do not promote the intake of sugary fluids (e.g., juice) while trying to keep the resident hydrated, unless the resident has a low blood sugar reading. Instead, **offer different types of water and other unsweetened drinks**.



Customizing Infection Prevention: Post-Surgery/Short-Term Resident

Following surgery and other procedures, residents may be at increased risk for infection. In particular, **the skin around any wounds may be especially vulnerable**. Some residents in your care may be unable to leave their beds for a variety of reasons. It's important to modify your mouth, skin, and urinary care to accommodate their unique needs in order to prevent infection.



Mouth Care Tips:

- When brushing teeth, **reposition the resident appropriately**.
- If the resident is bed-bound and unable to maintain an upright position, place the resident on their side during mouth care so they don't choke on any fluids.
- If the resident is able to maintain an upright position, ask the resident to sit upright, lean forward, and tuck their chin down. Assist as necessary.



Skin Care Tips:

- If the resident has a wound and/or surgical site, **keep the skin surrounding the site clean and dry**. Report any additional skin breakdown and any changes in appearance and/or drainage to the nurse.
- To prevent skin breakdown, **encourage the resident to move as much as their orders and ability will allow**. If the resident has to stay in bed, be sure to assist them to reposition frequently to prevent pressure injuries.
- Consult the nurse and/or a wound care specialist for guidance on dressing changes.
- **Minimize the number of cloth layers** (e.g., draw sheets, extra sheets) under the resident to avoid excess pressure and skin breakdown.
- If the resident is overweight, **use members from your nursing team to aid with bathing and repositioning**. Ensure areas under abdominal folds that are prone to moisture are kept clean and dry to avoid infection. Do not rub dry, instead pat areas dry to prevent skin breakdown.



Urinary Care Tips:

- If the resident has a catheter, **ensure that the drainage bag is below the level of the bladder**. Ensure the bag does not touch the floor and the tubing does not allow urine to flow upwards.
- Provide **catheter care** per your nursing home's policies and procedures.
- If the resident is incontinent, make sure to change incontinence products per policies and procedures to avoid skin breakdown, as well as clean the perineal area and apply barrier cream.

Note for the licensed nurse:

If the resident is receiving an anticoagulant (i.e., a blood thinning medication), they have a high risk of bleeding. Work with your nursing team to determine special interventions to minimize bleeding risks. More information is available on the next page.



Customizing Infection Prevention: Receiving Blood Thinners

Blood thinners are a common medication used to prevent blood clots. Residents on blood thinners **may bleed and bruise easily**. It is important to modify your mouth, skin, and urinary infection prevention care to accommodate these residents' unique needs.



Mouth Care Tips:

- Brush teeth gently with a **soft bristle toothbrush** to reduce risk of bleeding.
- Discuss with the nurse before flossing the resident's teeth. **Flossing may not be indicated** for residents on blood thinners due to their increased risk for bleeding.
- Look for bleeding at the back out the mouth and along the **gum line**.
- **Report any bleeding** to the nurse immediately.



Skin Care Tips:

- Be gentle with repositioning this resident. Even a slight injury to the body can cause bruising or bleeding.
- **Observe all areas of the resident's skin** for any new or worsening skin tears, wounds, bruises, or any open area at risk for bleeding. Be sure to check the resident's backside which can be done at bath times or during toileting. Notify the nurse immediately if you observe anything that would indicate bleeding such as:
 - New bruises or darkened areas of skin
 - Increase in size of old bruises
 - Any active bleeding
 - Guarding of the abdominal area
- If a resident has a **new onset of redness, swelling, and/or warmth to any extremity**, notify the nurse immediately. These symptoms could indicate the resident has developed a blood clot, which is a medical emergency.



Urinary Care Tips:

- **Notify the nurse immediately if you see any blood in the urine or stool.** Urine with blood may have a pink, red, or brown tinged coloring. Stool with blood may have streaks of blood or may be very dark brown or black in color.

Note for the licensed nurse:

There are many different types of blood thinners. Certain blood thinners increase the resident's risk of bleeding when taken with other medications or certain foods. Speak with the medical provider and/or pharmacist if you have any questions about drug interactions or residents who may be at risk.

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