

## References

NHMRC (2010) Australian Guidelines for the Prevention and Control of Infection in healthcare. Commonwealth of Australia  
<http://www.nhmrc.gov.au/guidelines/publications/cd33>

Victoria: Disease Information and Advice (online)  
<https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice>

## Resources

For other booklets and resources visit the Grampians Region Health Collaborative Website—Infection Control at:  
<http://infectioncontrol.grampianshealth.org.au>

Cartoons in this booklet by  
<http://www.davegibb.com.au/index.htm>

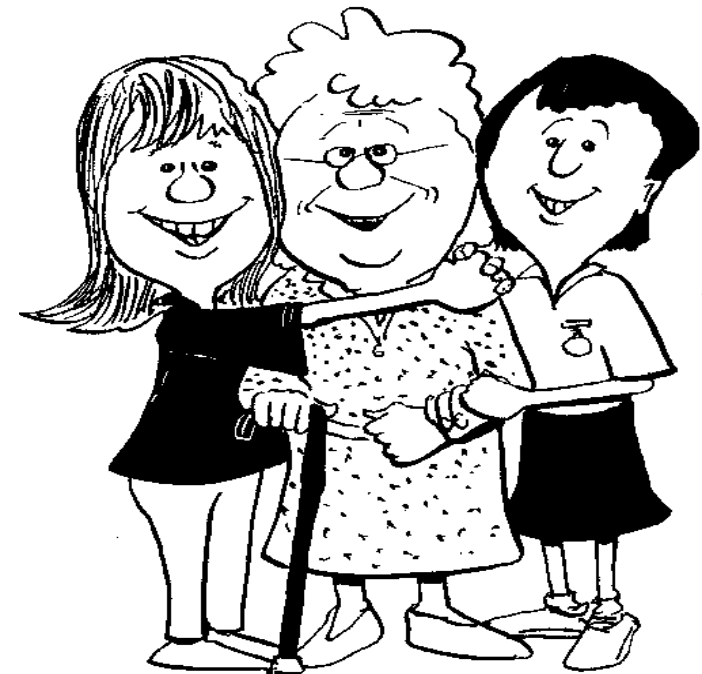


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## A LITTLE YELLOW INFECTION CONTROL BOOK

# INFECTION PREVENTION FOR RESIDENTIAL AGED CARE VOLUNTEERS



**Grampians Region Infection Control Group  
2018**

**It is expected that education in all areas outlined in this booklet will be provided by your facility prior to caring for any client/resident. This booklet is to support that education.**

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This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Table of Contents

### Declining Body Defences - Infection Risk

- Clients vulnerability to infections 4
- How microbes are transmitted 8
- Common infection transmission risks 9

### Important Infection Control Precautions:

- Hand hygiene 10
- Respiratory etiquette 11
- Don't visit if you are ill 12
- "Musical chairs" visiting 13
- Understanding isolation 14
- Outbreaks 16
- Prevention of gastroenteritis 18
- Prevention of pneumonia 20
  - Dentures and oral hygiene 20
  - Swallowing difficulties 21
  - Texture-modified diet 22
  - Protective immunisation 22
- Linen management 23
- Early signs of infection 24
- My questions to ask staff 27
- References and resources 28



**Older clients are vulnerable to infection.**

**Age-associated decline in body defences  
is often worsened by the presence of  
chronic diseases like diabetes,  
respiratory, and circulatory diseases**



## Helping us observe your clients for early signs of infection

All of our staff have been educated to look for the early signs of change in clients' conditions.

The early signs of infection which you expect in younger people are not always as clear in an older person. For example, an increased temperature is usually the first sign of infection in a young person, but may not appear; or be as marked, in an older person.

When caring for clients or taking them outside the facility we request your assistance in advising us of the following alterations in condition, which you may be the first to observe; and which may indicate the onset of infection:-

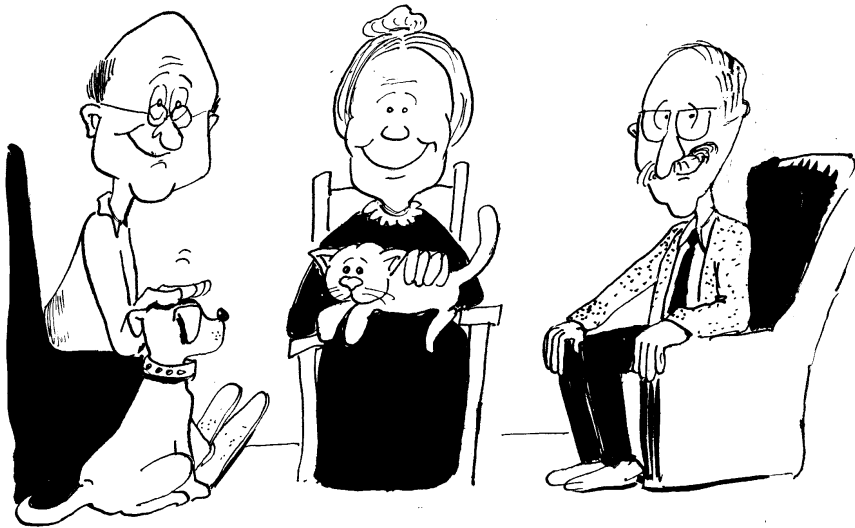
- Breathing rate increased above normal
- Any new breathing difficulty / shortness of breath
- New or increased confusion
- New unsteadiness in walking / maintaining upright posture
- Flushing / chills
- Generally feeling unwell.

Please advise us if your client has come into contact with someone with a respiratory illness or gastroenteritis during an outing as we will need to carefully watch to make sure the client does not become ill following that contact—this can help us prevent an outbreak in our facility.

## Decline in body defences also makes older clients vulnerable to infections

|   |  |
|---|--|
| Decreased tear production   | • Eye infections   |
| Decreased oral hygiene<br>Ill fitting dentures                                      | • Mouth and gum infections                                   |
| Decreased gastric acid<br>production in stomach                                     | • Susceptibility to gastro-<br>intestinal infections         |
| Decreasing cough ability<br>Decreased respiratory tract<br>protection               | • Respiratory tract infections                               |
| Decreased vaginal secretions<br>Double incontinence                                 | • Vaginal infections   |
| Urinary and/or faecal incontinent   | • Urinary tract infections                                   |
| Effects of urine/faeces on skin<br>Loss of skin resilience and repair<br>capability | • Susceptibility to skin break-<br>down and infection        |
| Decreased efficiency of white<br>blood cells  | • Decreased killing of micro-<br>organisms                   |
| Decreased efficiency of white<br>blood cells which produce<br>protective antibodies | • Diminished protective<br>immunity                          |
| Decreased efficiency of a number<br>of body defence mechanisms                      | • Re-activation of previous<br>infections, e.g. TB, Shingles |

**Residential aged care and day care facilities bring numbers of clients into close proximity during activities**



**Clients on chemotherapy or palliative care also have lowered resistance to infection**



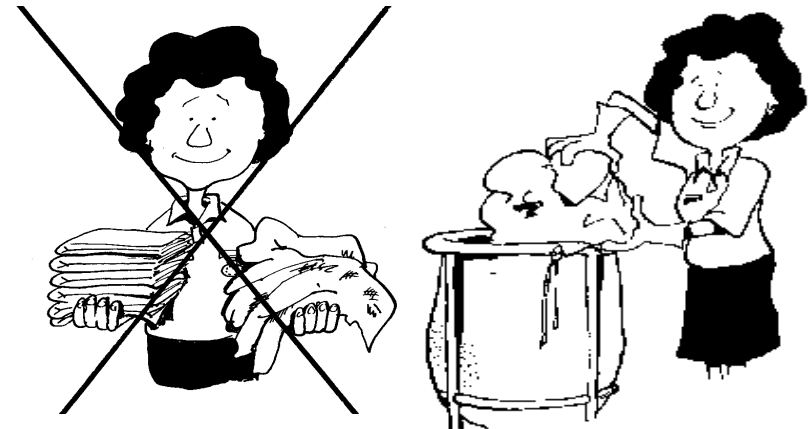
## **Linen Management**

In some facilities volunteers may assist with bed making. As contaminated linen can spread infection the following precautions are necessary:

- ◆ Clean linen must be protected from contact with soiled linen, and not stored in contaminated conditions
- ◆ Soiled linen must be handled with disposable gloves if wet, and hands must be washed after handling/glove removal
- ◆ Soiled linen must be placed directly into an appropriate soiled linen bag—not placed on the floor or bed-side table.

Soiled linen can be an occupational health and safety risk if:

- ◆ Sharp objects are inadvertently present in soiled linen bags
- ◆ Soiled linen bags are filled more than 3/4 full.



## Prevention of pneumonia continued

### Texture-Modified Diet

Older persons with swallowing difficulties may be prescribed a **modified texture diet** to assist with safe swallowing.

This diet includes smooth pureed, soft foods and thickened fluids to ensure easier swallowing.

Clients on modified texture diets should not drink ordinary thin fluids, or eat unmodified foods.

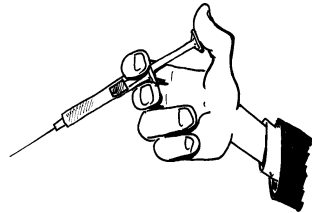
(Information provided by Ballarat Health Services Dietetics and Speech Pathology Departments July 2007. (MA, AT))

### Protective immunisations

Influenza can be a “killer” of older people, as can be the secondary bacteria pneumonia which may develop follow an influenza infection.

An annual influenza vaccine is recommended for residents in aged care, and can be administered by their GPs.

Volunteers and staff are also offered the protection provided by the annual influenza vaccine - for their safety, and so that they do not bring the infection in from the community.

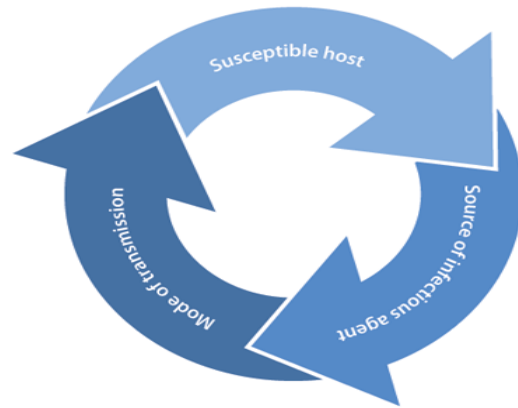


## Health care facilities are a part of the wider community reservoir of infection

Community infections may be brought in by staff and visitors, particularly during community epidemics of respiratory and gastroenteritis infections.



## Three Requirements for Infection Transmission



### 1. Susceptible host

- Older person
- Babies
- Someone with a chronic medical condition
- Smoker

### 2. Source of infectious agent

- Food
- Water
- Objects
- Environment

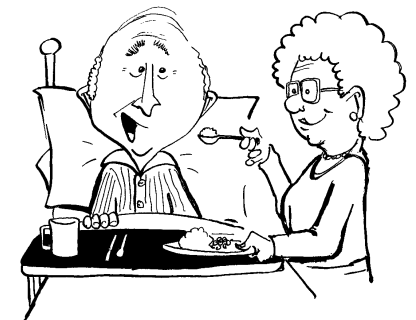
### 3. Mode of transmission

- **Contact**  
Directly or indirectly from person or object
- **Droplet**  
Large droplets from respiratory secretions that float in the air for a short time and then drop to the ground
- **Airborne**  
Small droplets from respiratory secretions that float in the air for some time before settling

## Safe swallowing strategies when feeding clients

**Volunteers must NOT feed clients/ residents until they have completed education provided by the facility.**

1. Ensure client is always sitting upright for any meals or drinks, and that their head is slightly forward. You may need to ask for a pillow to support their head.
2. Do not give food or drinks if the client is drowsy.
3. If dentures are very loose, remove them at meal times.
4. Do not rush when feeding client, and watch that they swallow each mouthful before giving the next spoonful of food.
5. If suggested, give small mouthfuls of food at a time or small sips of drink.
6. If client sounds gurgly during a meal, encourage them to try to clear their throat, and have an extra swallow.
7. If appropriate, remind client to chew and swallow food.
8. Try to ensure a quiet, calm environment and a relaxed and unhurried meal time.
9. When feeding client, sit facing them and make eye contact. Use a gentle tone of voice. Encouragement with eating and drinking is beneficial. However, if they are not swallowing effectively, do not push them to continue.
10. Alternating food and drink is recommended, as the fluid may help to clear residual food from the mouth.
11. Client should remain sitting upright for 30 minutes after meal.
12. If you are concerned about client's swallowing status notify a senior member of nursing staff.



Information provided by Ballarat Health Services Speech Pathology February 2008. (AT, JA, BD)



## Prevention of pneumonia

Older persons are particularly vulnerable to the development of pneumonia due to reduced respiratory capacity and failure of mechanisms designed to protect respiration, such as an effective cough. Immobility further decreases respiratory function.

Staff will try hard to maintain residents' mobility by assisting with moving/walking, and providing activities which will attempt to preserve lung capacity.

If residents are confined to bed the following practices should assist in the prevention of pneumonia:

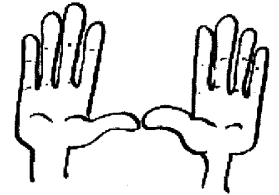
- Sitting upright for periods where possible
- Turning from side to side
- Encouraging deep breathing and coughing
- Ensuring asthma and other respiratory medications are administered when prescribed.

Two routine activities can lead to the development of pneumonia. These are:

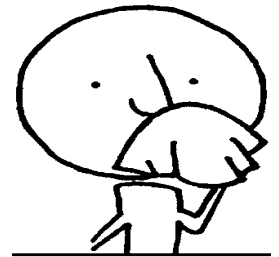
- Swallowing difficulties — which allow food to inadvertently enter the respiratory passages.
- Inadequate mouth and teeth/denture hygiene, which allows the build-up of plaque on teeth/dentures causing gum infection; and the resulting passage of microbes from these areas into the respiratory passages. Gum ulcers caused by ill-fitting dentures are also involved in these infections.

## Common infection transmission risks in client care

**Gastroenteritis viruses** originating in the community, can be spread by contaminated staff or visitor hands.



**Bacteria** which cause hospital infections spread by the contaminated hands of staff, wandering residents, or visitors.



**Respiratory viruses** originating in the community, and which contaminate staff or visitor hands during coughing or nose-blowing.



**Respiratory viruses** originating in the community, spread by respiratory droplets shed by persons suffering from influenza or other respiratory infections.

*The next pages summarise the infection control precautions that are used to combat the spread of infection in this facility*

# Decontaminate your hands —

Upon arrival and departure from the care facility, and after **every** client contact.

**Rub** alcohol hand rub briskly and completely over all surfaces of your hands for 15 seconds

OR

**Wash** your hands with soap and water if they become physically soiled during contact with the client you are assisting

AND

- ♦ after using the toilet
- ♦ before eating



Any uncooked foods which are made using raw eggs are particularly susceptible to contamination.

Foods which contain vitamised meat or eggs (cooked or uncooked) are also more prone to contamination.

## ***Food preparation and cooking requirements:-***

Cleanliness in food preparation is particularly important.

Hand washing, washing of raw vegetables, and cleanliness of work surfaces and utensils.

When cooking, the food needs to be cooked right through. Microwave ovens tend to cook unevenly, therefore food should be stirred during cooking.

Salads and made-up sandwiches must be kept at or below 5° C. When transporting from refrigerator a cooler with ice blocks is required.

Hot food must be rapidly cooled, then refrigerated, and reheated to 75° C at the facility.

Older people who have swallowing difficulties require a specially-textured diet which must be provided by the residential aged care facility.

Relatives are requested to check with staff prior to bringing in food for residents with special dietary needs, e.g. diabetics.

***For further food safety information see Food Safety website: [www.foodsafety.asn.au](http://www.foodsafety.asn.au)***



## Prevention of gastroenteritis —

### Safety of food brought in for clients or prepared in day centres

Older people are particularly vulnerable to gastroenteritis from contaminated food, and its effects can be quite serious.

Food contamination may be:

- In food when purchased
- Introduced during food preparation
- Facilitated by lack of adequate cooking temperatures to destroy microbes in food
- Facilitated by lack of refrigeration during storage or transport

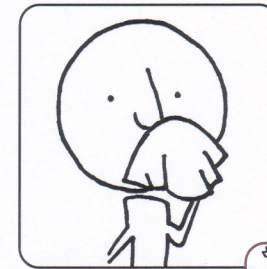
#### What are the higher risk foods?

|                      |  |
|----------------------|--|
| Cold meats           | Cooked or uncooked, packaged or unpackaged eg roast beef, ham etc.   |
| Cold cooked chicken  | Purchased whole, portions, sliced or diced   |
| Pate                 | Refrigerated pate, liverwurst or meat spreads  |
| Salads               | Pre-prepared or pre-packaged fruit, vegetables or salads eg from salad bars, retail outlets etc.   |
| Chilled seafood      | Raw or smoked ready-to-eat eg oysters, sashimi or sushi, smoked salmon or trout, sandwich fillings, pre-cooked peeled prawns such as in prawn cocktails and salads |
| Cheese               | Pre-packaged and delicatessen soft, semi soft and surface ripened cheeses eg brie, camembert, ricotta, feta and blue   |
| Ice cream            | Soft serve   |
| Other dairy products | Unpasteurised dairy products eg raw goats milk, cheese or yoghurt made from raw milk   |

## Use Cough Etiquette

Stop the spread of germs that make you and others sick!

# Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or

cough or sneeze into your upper sleeve, not your hands.

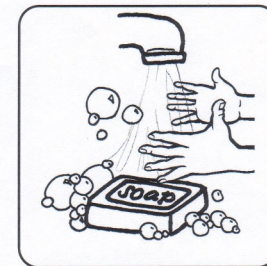


Put your used tissue in the waste basket.



# Clean your Hands

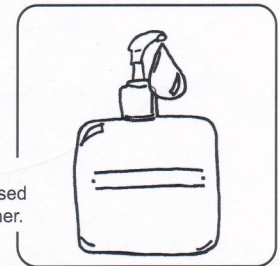
after coughing or sneezing.



Wash hands with soap and warm water

or

clean with alcohol-based hand cleaner.



**Please don't come if you are ill!**



It is no favour to your clients if you come in while you are ill, as close contact with clients can spread your infection to them.

If you are unwell please phone your contact person at the facility, who will advise you if you need to stay away and of the period you need to remain away if this is deemed necessary.

## **SAMPLE OUTBREAK INSTRUCTIONS**

### **ATTENTION ALL VISITORS**

There have been a number of cases of respiratory illness/influenza at this facility recently. These measures are in operation to prevent this illness from spreading.

Visitors are advised that there is a risk of acquiring this respiratory illness/influenza by visiting the facility at this time. There is also a risk of you bringing other respiratory infections into the facility.

If you have been ill, have symptoms of any respiratory illness now (fever, sore throat, cough, muscle/joint pain, tiredness/exhaustion), or have been in contact with someone who is ill we **strongly advise you not to enter** this facility. This caution also applies for small children and immunocompromised persons.

If you choose to visit at this time, please visit only the resident you have come to see, and follow staff instructions regarding protective equipment.

**Wash your hands with soap and water, or apply alcohol hand rub (where appropriate), upon entering and leaving the facility.**

**Please see staff if you require more information.**

## Outbreaks

An outbreak occurs when several clients contract the same infection over a short period of time.

Most outbreaks start in the community, but spread easily in residential care and day centres, due to the weakened body defences of the clients.

Staff will be working hard to prevent spread within the facility/centre. In the event of an outbreak programs such as day centre activities will probably be cancelled due to the transmission risk.

You can assist by observing the **OUTBREAK INSTRUCTIONS** which will be posted at the facility entrance, and ensuring you receive a briefing from staff on the measures to be followed.



## “Musical chairs” visiting has risks for clients!

Friendly visitors may visit a number of residents to “cheer them up”, particularly if some of them have few visitors.

Carers, visitors, and mobile residents who move from one resident to another, touching clients and their equipment, can spread microbes as they move between them.

To avoid this transmission risk please use alcohol hand rub on your hands after any contact with clients.





## Understanding “Isolation”

Aged care residents who have been transferred to an acute hospital for intensive treatment may pick up organisms which are resistant to multiple antibiotics. These antibiotic-resistant organisms can then be transmitted to other residents.

One measure to protect uninfected residents is to segregate affected residents in “isolation”.

Care of residents in isolation will usually be provided by staff who have received additional training in this area.

Usually, relatives may still visit, but may be required to don protective clothing as requested by staff. Staff will provide training on the use of protective equipment and the hand hygiene required.

Small children and immunocompromised persons should not visit while isolation precautions are in place.

**An example of one level of isolation precautions is illustrated on the opposite page.**

**CONTACT PRECAUTIONS**

## CONTACT PRECAUTIONS

IN ADDITION TO STANDARD PRECAUTIONS



### - VISITORS -

PLEASE SEE NURSE IN CHARGE PRIOR TO ENTERING

#### Before entering room:



**Put on apron or gown**



**Perform hand hygiene and put on gloves**

#### On leaving room:



**Discard gloves and apron**



**Clean patient-related equipment**



**Perform hand hygiene**



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