Indicator 3.01 - Understand infection control, within the nurse aide range of function.

Introduction
Nurse aides have a responsibility to understand and follow the long term care facility’s infection control policies and procedures. Many facilities use the term “infection prevention” rather than “infection control.” The reason for the using the term “infection prevention” is that practices which allow infection to develop and spread in the first place need prevented from ever doing so. There are (5) nurse aide skills embedded in this indicator. To promote flow and sequence in teaching and learning, introduce skills where indicated within the PowerPoint and the Teacher’s Unpacked Content (Script).

Instructional Activities and Resource Materials
- 3.01 Teacher’s Script
- 3.01 PowerPoint (160 slides) - Slides can be divided to meet local lesson plan and pacing guide needs.
- Nurse aide training laboratory as required by NC DHSR - Center for Aide Regulation and Education.
- Equipment and supplies necessary for skills acquisition as required by NC DHSR-Center for Aide Regulation and Education.
- Nurse Aide I Curriculum Skill Performance Checklist for skills 4.02A through 4.02H.
  - 3.01A
  - 3.01B
  - 3.01C
  - 3.01D
  - 3.01D
- 3.01 Terminology - Student Worksheet
- 3.01 Terminology - KEY
- Website(s):
**Indicator 3.01 - Understand infection control within nurse aide range of function.**

<table>
<thead>
<tr>
<th>PowerPoint Slide</th>
<th>Instructor’s Unpacked Content (Script)</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Slide 1</td>
<td>Understand nurse aide role in infection control</td>
<td></td>
</tr>
<tr>
<td>Slide 2</td>
<td><strong>For Your Information</strong>&lt;br&gt;There is <em>intentional repeat</em> of some HSII course content in <em>Nursing Fundamentals</em>. Academic and skill competence must be <em>maintained</em> at a <em>very high level</em> for direct resident care.</td>
<td></td>
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<tr>
<td>Slide 3</td>
<td>• Research has shown that after reaching a high level of performance during an initial training period, <em>additional training can lead to substantial improvements in long-term retention</em>.&lt;br&gt;• This additional <em>repetitive training</em> is called <em>overlearning</em>.&lt;br&gt; <em>J Neurophysiol.</em> 2008 November; 100(5): 2948–2955. Published online 2008 September 10.</td>
<td></td>
</tr>
<tr>
<td>Slide 4</td>
<td>Nurse aides have a responsibility to <em>understand</em> and <em>follow</em> the facility’s infection control policies and procedures</td>
<td></td>
</tr>
<tr>
<td>Slide 5</td>
<td>BAD GERMS make people sick!</td>
<td></td>
</tr>
<tr>
<td>Slide 6</td>
<td>Soooo..... <strong>Stop GERM SPREAD!</strong></td>
<td></td>
</tr>
<tr>
<td>Slide 7</td>
<td>GERMS are called <strong>MICROORGANISMS</strong>&lt;br&gt;Can only be seen by using a microscope</td>
<td></td>
</tr>
<tr>
<td>Slide 8</td>
<td><strong>MICROORGANISMS</strong>&lt;br&gt;Can be GOOD or BAD</td>
<td></td>
</tr>
<tr>
<td>Slide 9</td>
<td>BAD Microorganisms may cause illness, infection, or disease</td>
<td></td>
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<tr>
<td>Slide 10</td>
<td><strong>Bad Microorganisms</strong>&lt;br&gt;Germs that start <em>infection, illness, or disease</em> in the body and make you sick are called <strong>PATHOGENS</strong></td>
<td></td>
</tr>
<tr>
<td>Slide 11</td>
<td>Infection</td>
<td></td>
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<td></td>
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<tr>
<td>• invasion of the body by microorganisms</td>
<td></td>
<td></td>
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<tr>
<td>• invading microorganisms:</td>
<td></td>
<td></td>
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<tr>
<td>– use the host’s resources to multiply</td>
<td></td>
<td></td>
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<tr>
<td>– interfere with normal function</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– 3rd leading cause of death in the U. S.</td>
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<thead>
<tr>
<th>Slide 12</th>
<th>Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Local</td>
<td></td>
</tr>
<tr>
<td>• Systemic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 13</th>
<th>Local infection</th>
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<tbody>
<tr>
<td>• only a specific portion of the body is infected</td>
<td></td>
</tr>
<tr>
<td>– pain</td>
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<tr>
<td>– redness</td>
<td></td>
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<tr>
<td>– heat at the site</td>
<td></td>
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<tr>
<td>– swelling</td>
<td></td>
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<tr>
<td>– pus</td>
<td></td>
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<tr>
<td>foul smelling drainage</td>
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<thead>
<tr>
<th>Slide 14</th>
<th>Systemic infection</th>
</tr>
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<tbody>
<tr>
<td>• affects the entire body</td>
<td></td>
</tr>
<tr>
<td>– fever</td>
<td></td>
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<tr>
<td>– aches</td>
<td></td>
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<tr>
<td>– chills</td>
<td></td>
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<tr>
<td>– nausea</td>
<td></td>
</tr>
<tr>
<td>– vomiting</td>
<td></td>
</tr>
<tr>
<td>– weakness</td>
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<thead>
<tr>
<th>Slide 15</th>
<th>Another way to classify INFECTION...</th>
</tr>
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<tbody>
<tr>
<td>• Endogenous (endo- inside; genous- type or kind)</td>
<td></td>
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<tr>
<td>• type or kind of infection or disease that originates from within the body</td>
<td></td>
</tr>
<tr>
<td>• Exogenous (exo- outside; genous- type or kind)</td>
<td></td>
</tr>
<tr>
<td>• type or kind of infection or disease that originates outside the body</td>
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<tr>
<th>Slide 16</th>
<th>Report/Record</th>
</tr>
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<tbody>
<tr>
<td>REPORT ANY SIGNS OR SYMPTOMS OF INFECTION THAT YOUR RESIDENT MAY HAVE!</td>
<td></td>
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</table>

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<thead>
<tr>
<th>Slide 17</th>
<th>Care Point</th>
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<tbody>
<tr>
<td>Residents with systemic infection may become confused or exhibit behavioral changes.</td>
<td></td>
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</tbody>
</table>
| Slide 18 | GOOD Microorganisms  
Benefit us by maintaining a **balance** in our environment and in our body |
| Slide 19 | MICROORGANISMS  
Require certain elements to survive:  
- oxygen – aerobic  
- no oxygen – anaerobic  
- warm temperatures  
- moisture  
- dark area to grow |
| Slide 20 | MICROORGANISMS  
Require certain elements to survive:  
- food  
  - dead tissue – saprophytes  
  - living tissue – parasites |
| Slide 21 | **Human Body Defenses against MICROORGANISMS**  
**External natural defenses**  
- skin as mechanical barrier  
- mucous membrane  
- cilia – fine microscopic hairs in nose  
- coughing and sneezing  
- hydrochloric acid in stomach  
- tears |
| Slide 22 | **Human Body Defenses against MICROORGANISMS**  
**Internal defenses:**  
- Phagocytes –  
- Inflammation –  
- Fever –  
- Immune response - |
| Slide 23 | Human Body Defenses can only do so much! |
| Slide 24 | Stop the GERM SPREAD!  
break the CHAIN OF INFECTION |
| Slide 25 | **Chain of Infection** |
| Slide 26 | **Causative Agent**  
| | • Bacteria  
| | • Viruses  
| | • Fungi  
| | • Protozoa |
| Slide 27 | **Reservoir of the Causative Agent**  
| | • Human with active cases of disease or those that carry disease without having symptoms  
| | • Animals/insects  
| | • Fomites  
| | • Environment |
| Slide 28 | **Causative Agent Portals of EXIT**  
| | • Tears (slight risk)  
| | • Saliva/respiratory tract secretions  
| | • Urine  
| | • Feces  
| | • Wound drainage  
| | • Reproductive tract secretions |
| Slide 29 | **Causative Agent Portals of ENTRY**  
| | • Cuts/break in skin  
| | • Openings in the mucous membranes  
| | • Respiratory system  
| | • Gastrointestinal system  
| | • Urinary system  
| | • Reproductive system  
| | • Mother to fetus |
| Slide 30 | **Mode of Transmission**  
| | **Contact**  
| | • direct – person to person  
| | • indirect – fomite to person  
| | • droplet – common cold |
| Slide 31 | **Mode of Transmission**  
| (continued) |  
| **Airborne** | tuberculosis  
| **Vectorborne** | mosquito harbors malaria parasite  
| Slide 32 | **Host**  
| Individual who harbors the infectious organisms  
| Slide 33 | **Host**  
| **Susceptibility** may be caused by poor diet, fatigue, inadequate rest, stress, or poor health  
| Slide 34 | Elderly are at a higher risk for infection!  
| The elderly have a higher risk for infection because of:  
| | • weakened immune systems  
| | • decreased circulation  
| | • slow wound healing  
| | • malnutrition  
| | • dehydration  
| | • limited mobility  
| Slide 35 | • **Aseptic Control**  
| **Antisepsis - Disinfection - Sterilization**  
| CHAIN OF INFECTION BUSTER!  
| Slide 36 | **Aseptic Control**  
| **Antisepsis**  
| effective in preventing or inhibiting the growth of pathogenic organisms, but not spores or viruses  
| safe to be used on skin  
| Slide 37 | • **Aseptic Control**  
| **Disinfection**  
| destroys pathogenic organisms that are already present  
| not effective against spores or viruses  
| chemicals are used  
| NOT used on skin  
| Used on THINGS |
| Slide 38 | • Aseptic Control  
**Sterilization**  
– kills all microorganisms, including spores and viruses  
– methods  
• steam under pressure  
• gas  
• radiation  
• chemicals  
– not used on skin |
| --- | --- |
| Slide 39 | STOPPING THE SPREAD OF INFECTION IS CALLED MEDICAL ASEPSIS  
*The practice used to remove or destroy pathogens and to prevent their spread from one person or place to another person or place; clean technique* |
| Slide 40 | Care Point  
ALWAYS CLEAN FROM THE LEAST SOILED TO THE MOST SOILED AREA WHEN CARING FOR RESIDENTS |
| Slide 41 | MEDICAL ASEPSIS  
Is accomplished by using ASEPTIC TECHNIQUE |
| Slide 42 | ASEPTIC TECHNIQUE Includes:  
1. Proper handwashing (hand hygiene)  
2. Employee being clean and neat  
3. Proper handling of all equipment  
4. Using sterile procedure when necessary  
5. Using proper cleaning solutions  
6. Following Standard Precautions |
| Slide 43 | Aseptic Technique #1  
Hand Hygiene |
| Slide 44 | Hand hygiene  
the single-most effective way  
prevent the spread of infection |
| Slide 45 | Nurse Aide Nails  
• Short; ¼ inch  
• Clean  
• Smooth  
• No artificial nails, No extenders, No overlays. These harbor bacteria |
### Slide 46

**Hand Hygiene**

- **HandWASH**
- **HandRUB**

### Slide 47

**When to Wash Hands**

Anytime when the hands are visibly soiled!

### Slide 48

**When to Wash Hands**

- Before and after contact with a resident and/or resident’s belongings
- Before and after eating
- After using the bathroom
- After handling any contaminated fluid or object
- After touching body fluids, even if wearing gloves
- Before and after wearing gloves
- Between tasks and procedures on the same resident to prevent cross-contamination of different body sites

### Slide 49

**Care Point**

Wash the resident’s hands before meals

### Slide 50

**Training Lab Assignment**

Engage in the Skill Acquisition Process for:

**SKILL 3.01A**

- **Wash Hands**

### Slide 51

**HandRUB**

The following slides outline the steps (learning targets) for hand hygiene using handrub products.

### Slide 52

**RUB HANDS FOR HAND HYGIENE!**

1. Apply a palmful of the product in a cupped hand
2. Rub hands palm to palm

### Slide 53

**RUB HANDS FOR HAND HYGIENE!**

3. Right palm over left dorsum (back of hand) with interlaced fingers and vice versa
4. Palm to palm with fingers interlaced
| Slide 54 | RUB HANDS FOR HAND HYGIENE!  
5. Backs of fingers to opposing palms with fingers interlocked  
6. Rotational rubbing of left thumb clasped in right palm and vice versa |
|-------------|---------------------------------------------------------------|
| Slide 55 | RUB HANDS FOR HAND HYGIENE!  
7. Rotational rubbing, backwards and forwards with clasped finger of right hand if left palm and vice versa  
8. Once dry, your hands are safe |
| Slide 56 | Training Lab Assignment  
Engage in the Skill Acquisition Process for:  
**SKILL 3.01B**  
Handrub |
| Slide 57 | Aseptic Technique #2  
Come to work clean, neat, and well.  
- Bathe, wash hair and brush your teeth on a regular basis  
- Wear clean uniform  
- Stay well! |
| Slide 58 | **Care Point**  
Adhere to facility policy regarding staying home when sick. If you are contagious, stay home. |
| Slide 59 | Aseptic Technique #3  
Proper handling of all equipment and supplies |
| Slide 60 | **MULTIPLE-USE RESIDENT CARE EQUIPMENT**  
- Commonly used equipment or supplies (stethoscope, etc.) must be cleaned and disinfected after use or when soiled  
- Single-use equipment is preferred and must be discarded properly |
| Slide 61 | **Care of supplies and equipment**  
Cleaning **non-disposable equipment**  
1. Rinse in cold water to remove organic material  
2. Wash with soap and hot water  
3. Scrub with a brush if necessary  
4. Rinse and dry equipment  
5. Sterilize or disinfect equipment |
| Slide 62 | **Care of supplies and equipment**  
Direct cleaning away from your body and uniform |
### Slide 63
**Care of supplies and equipment**
Wash cooking and eating utensils with soap and water after each use.

### Slide 64
**Care of supplies and equipment**
Do not transport equipment from one resident’s room to another without cleaning.

### Slide 65
**Care of supplies and equipment**
- Avoid shaking linen
- Damp dust furniture

### Slide 66
**Care of supplies and equipment**
DO NOT REUSE DISPOSABLE ITEMS!

### Slide 67
**Aseptic Technique #4**
Use proper cleaning solutions
When cleaning resident’s unit or cleaning reusable equipment after use

### Slide 68
**Aseptic Technique #5**
Sterile Procedure
The Nurse Aide I does not perform sterile procedures but should be able to avoid contamination of a sterile field or procedure.

### Slide 69
**Aseptic Technique #6**
Follow Standard and Transmission based Precautions

### Slide 70
**Standard Precautions PLUS**
CDC procedures to control and prevent infections.
Contains two tiers of precautions:
Transmission Based & Standard

### Slide 71
Transmission based precautions are built on the foundation of standard precautions

### Slide 72
**Standard Precautions**
Includes:
- Hand washing
- Personal Protective Equipment (PPE)
  - Gloves
  - Gowns
  - Masks and eye protection
- Needle stick safety
- Sharps
- Spills and splashes
- Resuscitation devices
Slide 73

✅ Waste and linen disposal
✅ Injuries

Slide 74

**Standard Precaution**
*a newer component*

**Tuberculosis Standard**

OSHA Standard to reduce occupationally transmitted/acquired TB
Requires FIT tested and training in the use of specific respiratory PPE
PPD aka TST skin test annually

Slide 75

**Two-step Tuberculin Skin Testing (TST)** is useful for the initial skin testing of adults who are going to be retested periodically, such as health care workers or nursing home residents. This two-step method can reduce the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection. *CDC / TB / Fact Sheets*

Slide 76

**Standard Precautions**

![Hand Hygiene flowchart]

HandWASH  HandRUB

Slide 77

**Standard Precautions**

Personal Protective Equipment (PPE)
1. **Gloves**
2. **Gown**
3. **Masks and eye protection**

Slide 78

**Standard Precautions**

**GLOVES**

*Wear gloves (clean, non-sterile gloves) when:*
- touching blood, body fluids, secretions, excretions, and contaminated items
- before touching mucous membranes and non-intact skin
<table>
<thead>
<tr>
<th>Slide 79</th>
<th>Sterile gloves are more expensive and NOT needed for routine resident care.</th>
</tr>
</thead>
</table>
| Slide 80 | **Standard Precautions**  
**GOWN**  
- Wear a gown:  
  - during procedures and resident care activities that are likely to generate splashes of blood, body fluids, secretions or excretions  
- remove soiled gown as soon as possible and wash hands |
| Slide 81 | **Standard Precautions**  
**MASK, EYE PROTECTION,**  
**FACE SHIELD**  
- Wear a mask and eye protection or a face shield:  
  - to protect mucous membranes of the eyes, nose, and mouth |
| Slide 82 | **Standard Precautions**  
**MASK, EYE PROTECTION,**  
**FACE SHIELD** (continued)  
- Wear a mask and eye protection or a face shield (continued):  
  - during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. |
| Slide 83 | **~PPE Summary~**  
**Personal Protection Equipment (PPE)**  
1. Gloves  
2. Gown  
3. Masks and eye protection |
| Slide 84 | **Standard Precautions**  
Needlestick safety  
Sharps |
| Slide 85 | **Care Point**  
Be very vigilant in watching for needles and other sharps in residents’ beds.  
Discard these items a puncture-resistant biohazard container. |
| Slide 86 | **Report/Record**  
Report to your supervisor if sharps are found in the resident's bed. |
| Slide 87 | **Standard Precautions**  
|          | Spills and splashes |
| Slide 88 | **When pouring contaminated liquids into sinks or toilets; do not splash.** |
| Slide 89 | **Cleaning Spills**  
|          | Many facilities use special clean-up kits for spills. Follow manufacture directions when using these kits. |
| Slide 90 | **Guidelines: Cleaning Spills involving Blood, Body Fluids, or Glass**  
|          | • Apply gloves before starting. In some cases, industrial-strength gloves are best. |
| Slide 91 | **Guidelines: Cleaning Spills involving Blood, Body Fluids, or Glass**  
|          | • First, absorb the spill with whatever product is used by the facility. It may be an absorbing powder.  
|          | • Scoop up the absorbed spill, and dispose of in a designated container. |
| Slide 92 | **Guidelines: Cleaning Spills involving Blood, Body Fluids, or Glass**  
|          | Apply the proper disinfectant to the spill area and allow it to stand for a minimum of 10 minutes. |
| Slide 93 | **Guidelines: Cleaning Spills involving Blood, Body Fluids, or Glass**  
|          | • Clean up spills immediately with the proper cleaning solution.  
|          | • Do not pick up any pieces of broken glass no matter how large, with your hands. Use a dustpan and broom or other tools. |
| Slide 94 | **Guidelines: Cleaning Spills involving Blood, Body Fluids, or Glass**  
|          | • Waste containing broken glass, blood, or body fluids should be properly bagged. Waste containing blood or body fluids may need to be placed in a special biohazard container.  
|          | • Follow facility policy. |
| Slide 95 | **Standard Precautions**  
|          | Resuscitation device  
|          | MUST BE SINGLE USE |
| Slide 96 | **Standard Precautions**  
|          | Waste and linen disposal  
|          | DETERMINE IF CONTAMINATEDWITH BLOOD OR BODY FLUIDS THAT CONTAIN BLOOD. IF SO, HANDLE AS BIOHAZARDOUS MATERIAL. |
| Slide 97 | **Standard Precautions** |
| Slide 98 | **Care Point**  
| -- | **Hold linens away from uniform.** |
| Slide 99 | **Standard Precautions**  
| **LINEN**  
(continued) | • Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretion (continued):  
– in a manner that prevents transfer of microorganisms to other residents and environments |
| Slide 100 | **Standard Precautions**  
**RESIDENT PLACEMENT**  
(continued) | • Place resident who contaminates environment or who does not, or cannot be expected to assist in maintaining appropriate hygiene or environmental control, in private room |
| Slide 101 | **Standard Precautions**  
**RESIDENT PLACEMENT**  
(continued) | • If a private room is not available, consult with infection control professionals regarding resident placement or other alternatives |
| Slide 102 | **Standard Precautions**  
**TRANSPORT OF INFECTED RESIDENTS**  
(continued) | • Appropriate barriers (masks, impervious dressings) are worn  
• Personnel in area to which resident is taken are notified of arrival and precautions to take |
| Slide 103 | **Standard Precautions**  
**TRANSPORT OF INFECTED RESIDENTS**  
(continued) | • Inform residents in ways they can assist in prevention of transmission |
| Slide 104 | **Standard Precautions**  
**Injuries**  
1. Wash the area immediately  
2. Complete a facility incident report  
3. Follow procedures for testing and treatment |
### Bloodborne Pathogen Standard

**PATHOGENS found in the BLOOD**

- Applies to all occupational exposure of blood or other potentially infectious material.
- Blood = human blood, blood components, blood products

### Slide 107

**Bloodborne Pathogen Standard**

In an emergency when you cannot identify body fluids or tell whether they contain blood, treat all body fluids as potentially infectious.

### Slide 108

**BLOODBORNE PATHOGENS:**

- Human Immunodeficiency Virus (HIV)
- Hepatitis B Virus (HBV)

### Slide 109

**Human Immunodeficiency Virus (HIV)**

- Persons infected with HIV may carry virus without developing symptoms for several years
- HIV infected persons will eventually develop AIDS (Acquired Immune Deficiency Syndrome)

### Slide 110

**Human Immunodeficiency Virus (HIV)**

(continued)

- Persons infected with HIV may develop AIDS-related illnesses including neurological problems, cancer, and other opportunistic infections
- Persons infected with HIV may suffer flu-like symptoms, fever, diarrhea, weight loss and fatigue

### Slide 111

**Human Immunodeficiency Virus (HIV)**

(continued)

- Brain of persons infected with HIV may be affected, causing confusion, memory loss, depression or motor dysfunction
- Although drugs may delay symptoms, there is no known cure for AIDS

### Slide 112

**Hepatitis B Virus (HBV)**

- About one third of persons infected do not show symptoms
- Another one third have mild flu-like symptoms which go away
- The last one third experience abdominal pain, nausea and fatigue; skin and eyes jaundiced and urine dark
### Slide 113
**Hepatitis B Virus (HBV)**
(continued)
- HBV preventable with use of HBV vaccine
- Six to ten percent of HBV infected persons become chronic carriers (may or may not have active infection, few or no symptoms, but can transmit disease)

### Slide 114
**Bloodborne Pathogens**
**Modes of Transmission**
- Sexual contact
- Sharing contaminated needles
- Receiving blood transfusions
- Pregnant mother to unborn baby
- Nursing mother to baby through breast milk (for HIV, not HBV)

### Slide 115
**Bloodborne Pathogens**
**Modes of Transmission**
(continued)
- Puncture wounds from sharps
- Mucous membrane contact
- Contact of infectious substances (urine, feces, saliva) with non-intact skin
- Contaminated surfaces (for HBV, not HIV)

### Slide 116
Nurse Aide has possible exposure to blood or fluids containing BLOOD

### Slide 117
**Bloodborne Pathogens**
**Exposure Control Plan**
- Post-exposure evaluation and follow-up
  - Wash the area immediately
  - Complete a facility incident report
  - Follow procedures for testing and treatment

### Slide 118
**Bloodborne Pathogens**
**Exposure Control Plan**
- Copy must be available at workplace
- Mandated by OSHA
- Identifies employees at risk of exposure by tasks performed

### Slide 119
**Bloodborne Pathogens**
**Exposure Control Plan**
- Specific measures to decrease risk to exposure
  - Administrative controls
  - Work practice controls
  - Engineering controls
  - Housekeeping
### Slide 120
**Standard Precautions**

**Summary**
- Includes:
  - Hand washing
  - Personal Protective Equipment (PPE)
    - Gloves
    - Gowns
    - Masks and eye protection
  - Needle stick safety
  - Sharps
  - Spills and splashes
  - Resuscitation devices
  - Waste and linen disposal
  - Injuries

### Slide 121
**Training Lab Assignment:**
Engage in the Skill Acquisition Process for Skills related to Standard Precautions...

### Slide 122
**Training Lab Assignment**
Engage in the Skill Acquisition Process for:

**SKILL 3.01C**
Don & Remove Complete PPE

### Slide 123
Transmission based precautions are built on the foundation of standard precautions

### Slide 124
**Standard Precautions PLUS**
- **Airborne** Precautions
- **Contact** Precautions
- **Droplet** Precautions

### Slide 125
**Standard Precautions PLUS**
aka
**Transmission based precautions**

### Slide 126
Airborne Precautions

### Slide 127
Transmission Based Precautions
**AIRBORNE PRECAUTIONS**
In addition to Standard Precautions, use Airborne Precautions, or the
equivalent, for resident known or suspected to be infected with microorganisms transmitted by airborne droplets that remain suspended in the air and can be widely dispersed by air currents.

Slide 128  
**Transmission Based Precautions**  
**AIRBORNE PRECAUTIONS**  
(continued)  
- RESIDENT PLACEMENT: Private room. Negative air pressure in relation to the surrounding areas. Keep doors closed at all times and resident in room.

Slide 129  
**Transmission Based Precautions**  
**AIRBORNE PRECAUTIONS**  
(continued)  
- GLOVES: Same as Standard Precautions  
- GOWN OR APRON: Same as Standard Precautions

Slide 130  
**Transmission Based Precautions**  
**AIRBORNE PRECAUTIONS**  
**Mask and Eyewear**  
- For known or suspected pulmonary tuberculosis:  
  - Mask N-95 (respirator) must be worn by all individuals prior to entering room

Slide 131  
**Transmission Based Precautions**  
**AIRBORNE PRECAUTIONS**  
**Mask and Eyewear**  
(continued)  
- For known or suspected airborne viral disease (e.g., chickenpox, or measles)  
  - Standard mask should be worn by any person entering the room unless the person is not susceptible to the disease  
  - When possible, persons who are susceptible should not enter room

Slide 132  
**Transmission Based Precautions**  
**AIRBORNE PRECAUTIONS**  
**Handwashing**  
- Hands must be washed before gloving and after gloves are removed  
- Skin surfaces must be washed immediately and thoroughly when contaminated with body fluids or blood

Slide 133  
**Transmission Based Precautions**  
**AIRBORNE PRECAUTIONS**  
**Resident Transport**  
- Limit transport of the resident for essential purposes only  
- Place a mask on the resident, if possible

Slide 134  
**Transmission Based Precautions**  
**AIRBORNE PRECAUTIONS**  
**Resident Care Equipment**  
- When using equipment or items (stethoscope, thermometer), the
<table>
<thead>
<tr>
<th>Slide 135</th>
<th>Droplet Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Equipment and items must be adequately cleaned and disinfected before use with another resident.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 136</th>
<th>Droplet precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>– Used when large-particle droplets are expelled during coughing, sneezing, talking or laughing.</td>
</tr>
<tr>
<td></td>
<td>– Specific PPEs - mask if working within 3 feet of patient.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 137</th>
<th>Transmission Based Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>DROPLET PRECAUTIONS</strong></td>
</tr>
<tr>
<td></td>
<td>In addition to Standard Precautions, use Droplet Precautions, or the equivalent, for a resident known or suspected to be infected with microorganisms transmitted by droplets that can be generated by the resident during coughing, sneezing, talking, or the performance of procedures that induce coughing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 138</th>
<th>Transmission Based Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>DROPLET PRECAUTIONS</strong> (continued)</td>
</tr>
<tr>
<td></td>
<td>• RESIDENT PLACEMENT: Private room or with resident with same disease.</td>
</tr>
<tr>
<td></td>
<td>• GLOVES: Must be worn when in contact with blood and body fluids.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 139</th>
<th>Transmission Based Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>DROPLET PRECAUTIONS</strong> (continued)</td>
</tr>
<tr>
<td></td>
<td>• GOWNS: Must be worn during procedures or situations where there will be exposure to body fluids, blood, draining wounds, or mucous membranes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 140</th>
<th>Transmission Based Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>DROPLET PRECAUTIONS</strong> (continued)</td>
</tr>
<tr>
<td></td>
<td>• MASKS AND EYEWEAR: In addition to Standard Precautions, wear mask when working within three feet of resident (or when entering resident’s room).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 141</th>
<th>Transmission Based Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>DROPLET PRECAUTIONS</strong> (continued)</td>
</tr>
<tr>
<td></td>
<td>• HANDWASHING: Hands must be washed before gloving and after gloves are removed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 142</th>
<th>Transmission Based Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>DROPLET PRECAUTIONS</strong> (continued)</td>
</tr>
<tr>
<td></td>
<td>• TRANSPORTING: Limit the movement and transporting of the resident from the room for essential purposes only. If necessary to move the resident, minimize resident dispersal of droplets by masking the resident, if possible.</td>
</tr>
</tbody>
</table>
| Slide 143 | Transmission Based Precautions  
**DROPLET PRECAUTIONS**  
(continued)  
- RESIDENT-CARE EQUIPMENT: When using common equipment or items, they must be adequately cleaned and disinfected. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide 144</td>
<td>Contact Precautions</td>
</tr>
</tbody>
</table>
| Slide 145 | Transmission Based Precautions  
**CONTACT PRECAUTIONS**  
In addition to Standard Precautions, use Contact Precautions, or the equivalent, for specified residents known or suspected to be infected or colonized with important microorganisms. |
| Slide 146 | Transmission Based Precautions  
**CONTACT PRECAUTIONS**  
(continued)  
These microorganisms can be transmitted by direct contact with the resident (hand or skin-to-skin contact that occurs when performing resident-care activities that require touching the resident’s dry skin) or indirect contact (touching) with environmental surfaces or resident-care items in the resident’s environment. |
| Slide 147 | Transmission Based Precautions  
**CONTACT PRECAUTIONS**  
(continued)  
- RESIDENT PLACEMENT: Private room (if not available, with resident with same disease).  
- GLOVES: Wear gloves when entering the room and for all contact of resident and resident items, equipment, and body fluids. |
| Slide 148 | Transmission Based Precautions  
**CONTACT PRECAUTIONS**  
(continued)  
- GOWN: Wear a gown when entering the room if it is anticipated that your clothing will have substantial contact with the resident, environmental surfaces, or items in the resident’s room. |
| Slide 149 | Transmission Based Precautions  
**CONTACT PRECAUTIONS**  
(continued)  
- MASKS AND EYEWEAR: Indicated if potential for exposure to infectious body material exists. |
| Slide 150 | Transmission Based Precautions  
**CONTACT PRECAUTIONS**  
(continued)  
- HANDWASHING: After glove removal while ensuring that hands do not touch potentially contaminated environmental surfaces or items in the resident’s room.  
- TRANSPORTING: Limit the movement and transporting of the resident. |
| Slide 151 | Transmission Based Precautions  
**CONTACT PRECAUTIONS** |
(continued)
  • RESIDENT-CARE EQUIPMENT: When possible, dedicate the use of non-critical resident care equipment to a single resident.

### Slide 152

**Care Point**

NEVER ISOLATE A RESIDENT EMOTIONALLY!

### Slide 153

**Training Lab Assignment**

Engage in the Skill Acquisition Process for:

**SKILL 3.01D**

Disposition of equipment from resident unit using Transmission based precautions.

### Slide 154

**Training Lab Assignment**

Engage in the Skill Acquisition Process for:

**SKILL 3.01E**

Collect specimen from resident using Transmission based precautions.

### Slide 155

How do nursing facilities control infection

### Slide 156

**Quality Assurance and Infection Control**

- Purpose of Infection Control Programs
  - Prevent cross infection
  - Prevent re-infection
  - Environmental control

### Slide 157

**Quality Assurance and Infection Control**

(continued)

- Role of the Quality Assurance Committee
  - Reviews infections
  - Recommends policies and procedures to prevent infections
  - Made up of members from all disciplines

### Slide 158

**Quality Assurance and Infection Control**

(continued)

- Role of the Quality Assurance Committee
  - Monitors infection control program
  - All facilities required to have Infection Control Program as part of Quality Assurance Committee

### Slide 159

Understand nurse aide role in infection control.

END

3.01
WASHING HANDS - 3.01A  
(This skill must be performed during NNAAP testing)

1. Address resident by name and introduce yourself to resident by name
2. Push sleeves up 4-5 inches on arms, push watch up 4-5 inches on wrist or remove watch.
3. Turn on water at sink and adjust water to a warm temperature
4. Wet hands, fingers, and wrists thoroughly without splashing and with fingertips pointed downward
5. Apply soap to hands after wetting hands
6. Form LATHER on all surfaces of hands, wrist, and fingers. Create friction by rubbing in a circular motion for at least 15 seconds.
   - Rub palms together
   - Rub palm of one hand to the back of the other
   - Interlace fingers and rub back and forth, be sure to include thumbs
   - Clean fingernails by rubbing fingertips against palms of the opposite hand
   - Wash two inches above the wrist
   - If grossly contaminated, wash hands the length of time stated in facility policy
7. After lathering for at least 15 seconds, rinse all surfaces of wrists, hands, and fingers keeping hands lower than elbows and the fingertips down
8. Uses clean, dry paper towel to dry all surfaces from tips of fingers to wrist then dispose of paper towel into waste container
9. Use clean, dry paper towel to turn off faucet then disposse of paper towel into waste container or use knee/foot control to turn off water.
10. Do not touch inside of sink at any time

Instructor’s Initials: __________________________ Date: __________________________

School Year 2011-2012 (Reviewed)
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;

1. Apply enough soap to cover all hand surfaces;

2. Rub hands palm to palm;

3. Right palm over left dorsum with interlaced fingers and vice versa;

4. Palm to palm with fingers interlaced;

5. Backs of fingers to opposing palms with fingers interlocked;

6. Rotational rubbing of left thumb clasped in right palm and vice versa;

7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8. Rinse hands with water;

9. Dry hands thoroughly with a single use towel;

10. Use towel to turn off faucet;

11. Your hands are now safe.

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009
Handrub - 3.01B

This performance checklist must be used by the teacher and student during skill acquisition, guided practice, and independent practice.

During skill check-off, the student must perform the skill unassisted with 100% mastery.

While the course is being taught, a skill performance summary document/chart may be used to verify skills that have been completed. However, verification that the student has demonstrated competency on this skill MUST be recorded on the MSSS Part I by the conclusion of the course.

Equipment: Handrub product

1. Duration of the entire procedure: 20-30 seconds
2. Apply a palmful of the product in a cupped hand
3. Rub hands palm to palm in a circular motion
4. Rub right palm over left dorsum with interlaced fingers and vice versa
5. Rub palm to palm with finger interlaced
6. Rub backs of fingers to opposing palms with fingers interlocked
7. Perform rotational rubbing of left thumb clasped in right palm and vice versa
8. Perform rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
9. Once dry, your hands are safe
10. When the hands are visibly soiled, hands must be washed. Handrub is not effective for visibly soiled hands.

Instructor’s Initials: ___________________________ Date: _______________
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a. Apply a palmful of the product in a cupped hand, covering all surfaces;

1b. Rub hands palm to palm;

2. Right palm over left dorsum with interlaced fingers and vice versa;

3. Palm to palm with fingers interlaced;

4. Backs of fingers to opposing palms with fingers interlocked;

5. Rotational rubbing of left thumb clasped in right palm and vice versa;

6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

7. Once dry, your hands are safe.

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.
NURSE AIDE CURRICULUM SKILL PERFORMANCE CHECKLIST

Name: ____________________________

Donning and Removing Complete PPE - 3.01C
*(A modification of this skill may be required during NNAAP testing. NNAAP skill is to don and doff gown and gloves only.)*

- This performance checklist must be used by the teacher and student during skill acquisition, guided practice, and independent practice.
- During skill check-off, the student must perform the skill unassisted with 100% mastery.
- While the course is being taught, a skill performance summary document/chart may be used to verify skills that have been completed. However, verification that the student has demonstrated competency on this skill MUST be recorded on the MSSS Part I by the conclusion of the course.

**Equipment:** Non-Sterile Gown, Non-Sterile Gloves, Mask, Goggles, and Face shields
- Gloves protect the hands
- Gowns protect the skin and/or clothing
- Masks protect the mouth and nose
- Goggles protect the eyes
- Face shields protect the entire face - mouth, nose, and eyes

### Donning (putting on) Gown

1. Wash your hands
2. Pick up and unfold gown with opening at the back
3. Facing the back opening of the gown slip arms into sleeves and adjusting the gown over your shoulders
4. Tie neck tie, or fasten strips at back of neck
5. Reach behind and overlap the edges of the gown
6. Bring waist ties to the back and tie. If they are long enough to come around to the front, they may be tied in the front. Make sure the back of clothing is covered as much as possible by the gown.

### Donning (putting on) Mask and Goggles

7. Pick up the mask by the top strings or elastic strap. Be careful not to touch the mask where it touches your face.
8. Adjust the mask over your nose and mouth. Tie the top strings, and then tie the bottom strings.
9. Masks must always be dry. Replace mask if it becomes wet.
10. Never wear a mask hanging from only the bottom ties.
11. Put on the goggles.
12. **FACE SHIELDS:** Can be a substitute for mask and goggles. Face shields should cover your forehead and go below the chin. It wraps around the sides of your face.

### Donning (putting on) Gloves

13. Wash your hands (if you have already washed hands for donning down; omit washing hands now)
14. Remove gloves from box one at a time
15. Place one hand through the opening of the first glove, and pull the glove up and over the wrist
16. Place other hand through the opening of the second glove, and pull the glove up and over the wrist
17. Adjust gloves to **cover the wrist or cuffs of the gown if wearing a gown.** Do not touch any part of your body with your gloved hand(s)

**Donning Order:** Gown ➔ Mask ➔ Goggles or Face Shield ➔ Gloves

School Year 2011-2012 (Revised)
## NURSE AIDE CURRICULUM SKILL PERFORMANCE CHECKLIST

### Removing Gloves

1. Grasp one glove at the inside of the wrist, palm side, \( \frac{1}{2} \) inch below the band of the dirty side of the glove without touching your skin,
2. Pull glove down, turning it inside out, and pull it off your hand. Hold the glove in the still-gloved hand
3. Insert fingers of ungloved hand inside the cuff of the glove on the other hand
4. Pull glove down until it is inside out, drawing it over the first glove
5. Place both gloves in the waste container according to your facility policy
6. Wash your hands

### Removing Goggles or Face Shield

7. Remove goggles in such a way as to avoid contaminating your face or hair in the process. Handle only the strings or straps
8. Discard
9. Wash your hands

### Removing Gown

10. Grasp one glove at the inside of the wrist, palm side, \( \frac{1}{2} \) inch below the band of the dirty side of the glove without touching your skin,
11. Pull glove down, turning it inside out, and pull it off your hand. Hold the glove in the still-gloved hand
12. Insert fingers of ungloved hand inside the cuff of the glove on the other hand
13. Pull glove down until it is inside out, drawing it over the first glove
14. Place both gloves in the waste container according to your facility policy
15. Wash your hands
16. With gown-covered hand, pull gown down over the other hand
17. Fold gown away from your body with the contaminated side inward
18. Roll the gown into a ball and dispose of according to your facility policy without contaminating self
19. Wash your hands

### Remove Mask

20. Remove mask in such a way as to avoid contaminating your face or hair in the process. Handle only the strings or straps
21. Discard
22. Wash your hands

Hand Hygiene is always the final step after removing and disposing of PPE. OSHA states that it is the employer’s responsibility to instruct the staff on how to properly wear (don) and how to remove (doff) the PPE.

Instructor’s Initials: _________________________________________ Date:________________
**NURSE AIDE CURRICULUM SKILL PERFORMANCE CHECKLIST**

Name: ____________________________

**Disposing of Equipment with Transmission Based Precautions - 3.01D**

This performance checklist must be used by the teacher and student during skill acquisition, guided practice, and independent practice. During skill check-off, the student must perform the skill unassisted with 100% mastery. While the course is being taught, a skill performance summary document/chart *may* be used to verify skills that have been completed. However, verification that the student has demonstrated competency on this skill *MUST* be recorded on the MSSS Part I by the conclusion of the course.

**Equipment:** PPE plastic bags in the isolation cart, ties, labels

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive directions from supervisor.</td>
<td></td>
</tr>
<tr>
<td>Wash hands.</td>
<td></td>
</tr>
<tr>
<td>Assemble equipment. Fill out label on container.</td>
<td></td>
</tr>
<tr>
<td>Put on appropriate personal protective equipment</td>
<td></td>
</tr>
<tr>
<td><strong>Put on gown:</strong> (combination of PPE will affect sequence - be practical)</td>
<td></td>
</tr>
<tr>
<td>□ Slip arms into sleeves of gown.</td>
<td></td>
</tr>
<tr>
<td>□ Slip fingers under inside neckband and grasp ties in back.</td>
<td></td>
</tr>
<tr>
<td>□ Tie in bow or fasten Velcro strip.</td>
<td></td>
</tr>
<tr>
<td>□ Grasp edges of gown and pull to back.</td>
<td></td>
</tr>
<tr>
<td>□ Overlap edges, closing opening so that uniform is completely covered.</td>
<td></td>
</tr>
<tr>
<td>□ Tie waist strings in bow or fasten Velcro strip.</td>
<td></td>
</tr>
<tr>
<td><strong>Put on mask or respirator:</strong></td>
<td></td>
</tr>
<tr>
<td>□ Pick up mask by upper ties.</td>
<td></td>
</tr>
<tr>
<td>□ Place mask over nose and mouth.</td>
<td></td>
</tr>
<tr>
<td>□ Place upper strings over ears and tie in bow at back of head.</td>
<td></td>
</tr>
<tr>
<td>□ Tie lower strings in bow at back of neck.</td>
<td></td>
</tr>
<tr>
<td>□ Put protective eye wear over eyes.</td>
<td></td>
</tr>
<tr>
<td><strong>Put on gloves:</strong></td>
<td></td>
</tr>
<tr>
<td>□ Remove two gloves from clean container.</td>
<td></td>
</tr>
<tr>
<td>□ Pull on gloves over hands and wrists, using medical asepsis. <em>Medical asepsis includes not letting gloves touch contaminated surfaces or objects while being put on and replacing gloves with obvious holes or tears.</em></td>
<td></td>
</tr>
<tr>
<td>Knock before entering room.</td>
<td></td>
</tr>
<tr>
<td>Address resident by name. State your name and title.</td>
<td></td>
</tr>
<tr>
<td>Identify resident. Explain procedure and obtain permission.</td>
<td></td>
</tr>
<tr>
<td><strong>Prepare Articles for Removal from isolation room:</strong></td>
<td></td>
</tr>
<tr>
<td>□ Clean/disinfect all articles in the unit</td>
<td></td>
</tr>
<tr>
<td>□ Place in plastic bag and label &quot;ISOLATION&quot;</td>
<td></td>
</tr>
<tr>
<td>□ Fold the plastic bag down twice and tape shut</td>
<td></td>
</tr>
<tr>
<td>□ A second person outside holds a second plastic bag...bag should be &quot;cuffed&quot; to prevent self contamination</td>
<td></td>
</tr>
<tr>
<td>□ The person in the unit places the already sealed and labeled bag into the second bag without touching the outside of the clean/outside/second bag. The person in isolation should have no contact with the &quot;clean&quot; outside (second) bag.</td>
<td></td>
</tr>
<tr>
<td>□ Outside person turns the bags down twice and tapes. Labels &quot;Isolation&quot; AND the CONTENTS of the bag</td>
<td></td>
</tr>
<tr>
<td>□ Bag is then sent to proper destination for processing</td>
<td></td>
</tr>
</tbody>
</table>

School Year 2011-2012 (Reviewed)
### Provide patient safety:
- Bed locked in low position
- Call bell in reach
- Check patient comfort

### Where to Remove PPE:
- In a two-room isolation unit, go to the outer room.
- In a room one-room unit, remove garments while you are standing close to the inside of the door.
- Take care not to touch the inside patient's door.
- Take care not to touch the room's contaminated articles.

### Remove Gloves:
- With dominant hand, remove other glove by grasping it just below wrist.
- Pull glove down over non-dominant hand so that it is inside out.
- Hold removed glove in gloved hand.
- With first two fingers of ungloved hand, reach inside glove without touching outside of glove.
- Pull glove down (inside out) over hand and remaining glove.
- Discard gloves into waste receptacle.
- Wash hands.

### Remove Eyewear: (Face shield or goggles)

### Remove Gown:
- Untie waist strings and loosen gown.
- Wash hands.
- Untie neck strings.
- Slip fingers of right hand inside left cuff without touching outside of gown.
- Pull gown down over left hand.
- Pull gown down over right hand with gown-covered left hand.
- Remove gown by rolling it in ball, contaminated side inward.
- Dispose of gown in appropriate container.

### Remove and Discard Mask or Respirator:

**Wash Hands:** Open the door using a paper towel and discard it as you leave.

Record actions and report any abnormal observations to supervisor.

---

Instructor’s Initials: ____________________________ Date: ________________
Collect Specimen under Transmission Based Precautions - 3.01E

**This performance checklist must be used by the teacher and student during skill acquisition, guided practice, and independent practice.**

During skill check-off, the student must perform the skill unassisted with 100% mastery.

While the course is being taught, a skill performance summary document/chart **may** be used to verify skills that have been completed. However, verification that the student has demonstrated competency on this skill **MUST** be recorded on the MSSS Part I by the conclusion of the course.

**Equipment:** Specimen container, paper towels, personal protective equipment, leak-proof transport bag, gloves

<table>
<thead>
<tr>
<th>Step</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Receive directions from supervisor.</td>
</tr>
<tr>
<td>2.</td>
<td>Wash hands.</td>
</tr>
<tr>
<td>3.</td>
<td>Assemble equipment. Fill out label on container.</td>
</tr>
<tr>
<td>4.</td>
<td>Put on appropriate personal protective equipment</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Put on gown:</strong> (combination of PPE will affect sequence - be practical / CDC 2004)</td>
</tr>
<tr>
<td>7.</td>
<td>□ Slip fingers under inside neckband and grasp ties in back.</td>
</tr>
<tr>
<td>8.</td>
<td>□ Tie in bow or fasten Velcro strip.</td>
</tr>
<tr>
<td>9.</td>
<td>□ Grasp edges of gown and pull to back.</td>
</tr>
<tr>
<td>10.</td>
<td>□ Overlap edges, closing opening so that uniform is completely covered.</td>
</tr>
<tr>
<td>11.</td>
<td>□ Tie waist strings in bow or fasten Velcro strip.</td>
</tr>
<tr>
<td>12.</td>
<td><strong>Put on mask:</strong></td>
</tr>
<tr>
<td>13.</td>
<td>□ Pick up mask by upper ties.</td>
</tr>
<tr>
<td>14.</td>
<td>□ Place mask over nose and mouth.</td>
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<tr>
<td>15.</td>
<td>□ Place upper strings over ears and tie in bow at back of head.</td>
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<tr>
<td>16.</td>
<td>□ Tie lower strings in bow at back of neck.</td>
</tr>
<tr>
<td>17.</td>
<td>□ Put protective <strong>eyewear</strong> over eyes.</td>
</tr>
<tr>
<td>18.</td>
<td><strong>Put on gloves:</strong></td>
</tr>
<tr>
<td>19.</td>
<td>□ Remove two gloves from clean container.</td>
</tr>
<tr>
<td>20.</td>
<td>□ Pull on gloves over hands and wrists, using medical asepsis. Medical asepsis includes not letting gloves touch contaminated surfaces or objects while being put on and replacing gloves with obvious holes or tears.</td>
</tr>
<tr>
<td>21.</td>
<td><strong>Prepare specimen container:</strong></td>
</tr>
<tr>
<td>22.</td>
<td>□ If possible write resident's name, date, and other required information on the specimen container label prior to going into the resident's room.</td>
</tr>
<tr>
<td>23.</td>
<td>□ Affix label to container.</td>
</tr>
<tr>
<td>24.</td>
<td>Knock before entering room.</td>
</tr>
<tr>
<td>25.</td>
<td>Address resident by name. State your name and title.</td>
</tr>
<tr>
<td>26.</td>
<td>Identify resident. Explain procedure and obtain permission.</td>
</tr>
<tr>
<td>27.</td>
<td><strong>Collect Specimen:</strong></td>
</tr>
<tr>
<td>28.</td>
<td>□ Place specimen container and leak-proof transport bag on clean paper towel on appropriate surface with container lid off. Inside of lid should be facing up.</td>
</tr>
<tr>
<td>29.</td>
<td>□ Collect specimen following procedures in appropriate skills.</td>
</tr>
<tr>
<td>30.</td>
<td>□ Apply lid without touching the inside of the lid</td>
</tr>
<tr>
<td>31.</td>
<td>□ Place specimen in container without touching outside of container</td>
</tr>
<tr>
<td>32.</td>
<td>□ Remove gross contamination of the outside of the specimen container if needed</td>
</tr>
<tr>
<td>33.</td>
<td>□ Assure specimen container is labeled</td>
</tr>
</tbody>
</table>
# NURSE AIDE CURRICULUM SKILL PERFORMANCE CHECKLIST

- **Place specimen container in a biohazard bag for transport**

**Provide patient safety:**
- Bed locked in low position
- Call bell in reach
- Check patient comfort

**Where to Remove PPE:**
- In a two-room isolation unit, go to the outer room.
- In a room one-room unit, remove garments while you are standing close to the inside of the door.
- Take care not to touch the inside patient’s door.
- Take care not to touch the room’s contaminated articles.

**Remove Gloves:**
- With dominant hand, remove other glove by grasping it just below wrist.
- Pull glove down over non-dominant hand so that it is inside out.
- Hold removed glove in gloved hand.
- With first two fingers of ungloved hand, reach inside glove without touching outside of glove.
- Pull glove down (inside out) over hand and remaining glove.
- Discard gloves into waste receptacle.
- Wash hands.

**Remove Eyewear: (face shield or goggles)**

**Remove Gown:**
- Untie waist strings and loosen gown.
- Wash hands.
- Untie neck strings.
- Slip fingers of right hand inside left cuff without touching outside of gown.
- Pull gown down over left hand.
- Pull gown down over right hand with gown-covered left hand.
- Remove gown by rolling it in ball, contaminated side inward.
- Dispose of gown in appropriate container.

**Remove and Discard Mask or Respirator:**

**Wash Hands:** Open the door using a paper towel and discard it as you leave.

Have another person outside the resident’s room assist in double bagging the specimen.

Take specimen to appropriate area.

Record actions and report any abnormal observations to supervisor.

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Instructor’s Initials: ___________________________ Date: ________________
### 3.01 Key Terms - Student
**Directions:** Record key terms and definitions on this chart as they are encountered throughout this objective.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloodborne Pathogens</td>
<td></td>
</tr>
<tr>
<td>C-diff</td>
<td></td>
</tr>
<tr>
<td>Contaminated</td>
<td></td>
</tr>
<tr>
<td>Disinfection</td>
<td></td>
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<tr>
<td>Exposure incident</td>
<td></td>
</tr>
<tr>
<td>Fomite</td>
<td></td>
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<tr>
<td>Germ</td>
<td></td>
</tr>
<tr>
<td>HAI</td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
<td></td>
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<tr>
<td>Medical Aseps</td>
<td></td>
</tr>
<tr>
<td>Microorganism</td>
<td></td>
</tr>
<tr>
<td>MDROs</td>
<td></td>
</tr>
<tr>
<td>MRSA</td>
<td></td>
</tr>
<tr>
<td>Parasite</td>
<td></td>
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<tr>
<td>Pathogen</td>
<td></td>
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<tr>
<td>PPE</td>
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<td>PIM</td>
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<tr>
<td>Sterilize</td>
<td></td>
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<tr>
<td>Standard Precautions</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Virus</td>
<td></td>
</tr>
<tr>
<td>VRE</td>
<td></td>
</tr>
</tbody>
</table>
### 3.01 Key Terms - Teacher

**Directions:** Record key terms and definitions on this chart as they are encountered throughout this objective.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloodborne Pathogens</td>
<td>Disease causing microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)</td>
</tr>
<tr>
<td>C-diff</td>
<td>Clostridium difficile is a spore forming bacteria found naturally in the intestines - if seen in abnormally large amount will cause foul smelling watery stools - another MDRO.</td>
</tr>
<tr>
<td>Contaminated</td>
<td>Dirty, unclean, soiled with germs</td>
</tr>
<tr>
<td>Disinfection</td>
<td>The process of destroying most, but not all pathogenic organisms</td>
</tr>
<tr>
<td>Exposure incident</td>
<td>A mucous membrane, non-intact skin, or sharps-injury contact with blood or potentially infectious materials that results from the performance of an employee’s duties</td>
</tr>
<tr>
<td>Fomite</td>
<td>Any object contaminated with germs and able to transmit disease</td>
</tr>
<tr>
<td>Germ</td>
<td>A microorganism, especially one that causes disease</td>
</tr>
<tr>
<td>HAI</td>
<td>Healthcare Associated Infection</td>
</tr>
<tr>
<td>Isolation</td>
<td>An area where the resident with easily transmitted diseases is separated from others</td>
</tr>
<tr>
<td>Medical Asepsis</td>
<td>The practice used to remove or destroy pathogens and to prevent their spread from one place to another place, clean technique</td>
</tr>
<tr>
<td>Microorganism</td>
<td>A living body so small that it can only be seen with the aid of a microscope</td>
</tr>
<tr>
<td>MDROs</td>
<td>Multi-Drug Resistant microOrganisms - MDROs are very serious because drugs do not kill them.</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin-Resistant Staphylococcus Aureus - one of several multi-drug resistant microorganisms</td>
</tr>
<tr>
<td>Parasite</td>
<td>An organism that lives within, upon, or at the expense of another live organism or host</td>
</tr>
<tr>
<td>Pathogen</td>
<td>A microorganism that is harmful and capable of causing infection</td>
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<td></td>
<td>PPE</td>
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<td>15</td>
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<td>18</td>
<td>Virus</td>
</tr>
<tr>
<td>19</td>
<td>VRE</td>
</tr>
</tbody>
</table>
Multi-Drug Resistant Organisms (MDROs) are resistant to one or more classes of antimicrobial agents. Some of particular concern includes MRSA, VRE, Escherichia coli, Klebsiella pneumoniae, Acinetobacter baumannii, Stenotrophomonas maltophilia, Burkholderia cepacia, Ralstonia pickettii and certain gram-negative bacteria.

Clinical importance of MDRO: Once a MDRO is introduced into a healthcare setting, transmission and endurance of the strain is determined by susceptibility of vulnerable patients, injudicious use of antimicrobials, and increased potential for transmission from other colonized or infected patients due to inadequate adherence to infection control and environmental cleaning practices. Patients at greatest risk for colonization and infection include those with severe disease, recent surgery, and indwelling medical devices. Treatment options for patients with drug resistant infections are extremely limited.

Role of Health Care Personnel: To implement evidenced-based interventions to prevent transmission of MDROs and all other infectious organisms. These include:

Hand hygiene - MDROs can be carried from one patient to another via the hands of healthcare personnel. Hands become contaminated during care-giving or from contact with surfaces in close proximity to the patient.

Isolation techniques – Strict adherence to Contact Precautions has been shown to reduce rates of MDRO transmission.

Environmental cleaning & disinfection – Adherence to recommended environmental cleaning practices is very important for success in controlling transmission of MDROs and other pathogens. This also includes equipment cleaning.

New! To eliminate contaminants from the patient care environment, Infection Control policy D50 recommends transferring patients who have been hospitalized in the same room for more than 21 days to a different room to allow for terminal cleaning.

Antimicrobial Stewardship practices- Prudent use of antimicrobials.

Management of Multidrug Resistant Organisms in Healthcare Settings (2006) HICPAC