Successful infection control initiatives can boost a nursing home’s clinical and operational performance by facilitating:

- Better control over the transmission of infection among staff, residents, and visitors
- Timely responses and appropriate actions in cases of resident infection and exposure incidents
- The creation of sound internal policies and procedures that comply with key regulations
- The incorporation of infection control issues into the facility’s quality improvement processes
- Thorough documentation that reflects the provision of appropriate services and actions

However, these benefits can only be achieved when the whole SNF community is educated about—and dedicated to—stopping the spread of disease. Read on to learn the common avenues of infection transmission and how CNAs can aid their facility’s infection control efforts.

The ABCDs of disease transmission

The four primary methods of disease transmission are easy to remember because of their alphabetic acronym, ABCD:

- **Airborne transmission.** Airborne germs can travel great distances through the air and infect people who breathe the germs in. Examples of diseases caused by airborne germs are tuberculosis, chickenpox, influenza, and certain types of pneumonia.
- **Bloodborne transmission.** This occurs when the blood of an infected person comes into contact with the bloodstream of another person, allowing germs to enter the second individual’s bloodstream. Blood and bloodborne germs are sometimes present in other body fluids, such as urine, feces, saliva, and vomit. Examples of diseases caused by bloodborne germs are HIV/AIDS and viral hepatitis.
- **Contact transmission.** Certain germs can be transmitted through direct contact (e.g., touching an infected individual) or indirect contact (e.g., touching an object previously handled by the infected individual). Examples of diseases caused by contact germs are pink eye, scabies, wound infections, and methicillin-resistant *Staphylococcus aureus*.
- **Droplet transmission.** Some germs can only travel short distances (usually no more than three feet) through the air and rely on respiratory droplets (i.e., those dispersed through actions like sneezing, coughing, and talking) to spread. Examples of diseases caused by droplet germs are flu and pneumonia.
The CNA’s role in prevention

Because CNAs provide regular, direct care to residents, there are inherent infection risks in many of their day-to-day duties, including:

• Assisting with elimination
• Bathing an individual with open lesions
• Changing linens
• Feeding
• Providing catheter and perianal care
• Providing oral care

Because CNAs’ job can put them in the crosshairs of exposure and transmission, they should use standard precautions during all care interactions. They should help maintain a clean environment throughout the entire facility by cleaning spills as soon as they occur and wiping down surfaces as necessary. In addition, CNAs should use the following strategies whenever applicable.

Wash hands

Hand washing with soap and water is the single most effective way to prevent the spread of infection. Since hands are constantly touching contaminated surfaces, they are the principal vehicle for transmitting infection.

You should wash your hands:

• Before and after each work shift
• Before and after consuming or serving food or drink
• Upon return from public places
• After caring for personal needs (e.g., using the toilet, blowing your nose, or covering a sneeze)
• After touching blood, body fluids, waste, or objects contaminated by these materials—eventually if you were wearing gloves during the contact
• Before and after performing wound care
• Before and after wearing gloves
• Before and after each significant contact with an individual and between resident visits

To properly wash your hands:

• Rinse hands and lather well with soap and warm water, keeping hands lower than elbows. Use liquid soap whenever possible, as bar soap creates a breeding ground for bacteria. If bar soap is the only available option, rinse lather from soap after use.
• Scrub fingers, palms, backs of hands, wrists, and between fingers for at least 10 seconds.
• Clean under fingernails with nail brush or orange stick if necessary.
• Rinse hands thoroughly.
• Use paper towels to dry hands.
• Use a clean paper towel to turn off faucet.

Wear gloves

Gloves are not necessary for casual contact with residents, such as during transfers or while cleaning intact skin. However, they should be worn whenever you:

• Touch blood, body fluids, waste, or objects contaminated by these materials (e.g., utensils, linens, or a surface harboring body fluid)
• Touch a patient’s broken skin or mucous membranes (e.g., mouth, nose)
• Perform mouth care, nasal suctioning, ostomy care, a bowel routine, wound care, or dressing changes
• Empty drainage receptacles

Change gloves between tasks and each resident visit. Just like dirty hands, dirty gloves spread germs, so wearing gloves is not a substitute for hand washing.

To apply sterile gloves:

• Remove any jewelry that could puncture the gloves.
• Wash and dry hands thoroughly.
• Set the package containing the sterile gloves on a clean surface (e.g., on fresh paper towels).
• Open the package carefully, peeling the outward, non-sterile covering away from the interior, sterile portion of the package.
• Using your nondominant hand, grasp the sterile glove by the upper edge of the inside cuff. Do not touch the outside of the glove.
• Slide dominant hand into the sterile glove.
• Pick up the other glove by sliding the gloved fingers under the inside cuff without touching the exposed hand.
• Adjust the fit, using fingers as necessary.
Avoid touching anything outside of the sterile field while wearing the gloves.

To remove both sterile and non-sterile gloves:

- Grasp the cuff of one glove with the opposite hand.
- Pull the glove downward carefully, turning it inside out as it is removed, and crunch it into a ball in the gloved hand. Continue holding the balled glove.
- Grasp the inside top of the cuff of the still-intact glove with the ungloved hand. (This is considered to be the cleanest part of the glove.)
- Peel the glove downward carefully, turning it inside out over the other glove.
- Discard both gloves in a plastic trash bag, and wash hands immediately.

Never wash or decontaminate disposable gloves.

**Handle equipment safely**

In addition to exercising caution when interacting with residents, it’s also essential to take the appropriate steps when handling objects to prevent the spread of infection. Standard precautions include:

- Following facility procedure for use, care, cleaning, and storage of equipment, as well as for the disposal of contaminated trash (e.g., wound dressings).
- Using disposable equipment and supplies whenever possible, as equipment has great potential to carry and spread infection. Clean permanent items (e.g., stethoscopes, blood pressure cuffs, and thermometers) and reusable equipment following each use. Use disposable equipment only once.
- Handling soiled linens carefully. Hold them away from clothing, and avoid shaking them. Never throw soiled materials on the floor. Instead, roll them up and wash according to facility policy.
- Disposing of dangerous waste very carefully. Needles and other sharp devices should be deposited in clearly marked, puncture-proof containers, not the regular trash receptacle! Do not recap used needles—put them in the puncture-proof container without the cap.
- Avoiding removing anything from containers marked “biohazard.” If you must handle anything in one of these containers, wear gloves.
- Checking your gloves and other personal protective equipment frequently. If you see tears or holes, remove the material, wash your hands, and put on a clean piece of equipment.
- Avoiding touching your face when providing care, unless you remove gloves and wash hands first.

**Transmission-specific measures**

In addition to employing universal precautions, CNAs and other staff who are caring for residents with existing infections may need to use more stringent measures tailored to the specific method of disease transmission.

In the case of airborne infection:

- Ensure the resident is in a private room, possibly one with a special air filter. Keep the door closed.
- Wear a mask. If the patient has (or might have) tuberculosis, ask your supervisor for a special respiratory mask.
- Remind the resident to cover his or her nose and mouth when coughing or sneezing.
- Ask the resident to wear a mask if he or she wants or needs to be around others.

In the case of contact infection:

- Ensure the resident is in a private room, but allow the door to stay open if desired.
- Put gloves on before entering the room, and remove them right before leaving. After removing them, don’t touch anything else until you wash your hands.
- Wear a gown in the room if the resident has drainage or diarrhea, or if the resident is incontinent. Remove the gown right before leaving the room.

In the case of droplet infection:

- Ensure the resident is in a private room, but allow the door to stay open if desired.
- Wear a mask when working in close proximity to the resident (i.e., within three feet).
- Ask the resident to wear a mask if he or she wants or needs to be around others.
1. A successful infection control program can facilitate timely responses to resident infections.
   a. True
   b. False

2. Which of the following types of germs can be spread through direct or indirect touch?
   a. Airborne
   b. Bloodborne
   c. Contact
   d. Droplet

3. Which of the following common CNA duties does NOT pose a high risk for infection transmission?
   a. Feeding
   b. Transferring
   c. Assisting with elimination
   d. Providing catheter care

4. When washing their hands, healthcare workers should scrub fingers, palms, backs of hands, wrists, and between fingers for at least ______.
   a. 5 seconds
   b. 10 seconds
   c. 1 minute
   d. 5 minutes

5. Which of the following tasks does NOT require the use of gloves?
   a. Touching blood, body fluids, or contaminated objects
   b. Cleaning intact skin
   c. Performing mouth care
   d. Emptying drainage receptacles

6. To save the facility money, a CNA can reuse disposable care equipment as long as he or she disinfects it first.
   a. True
   b. False

7. When handling soiled linens, you should ________.
   a. shake the linens out to remove any dirt or crumbs
   b. stow the dirty linens on the floor while you stock the room with a fresh set
   c. hold the linens close to your body to inspect them
   d. roll the dirty linens up and wash them according to facility policy

8. When disposing of a needle or other sharp object, you should NOT ________.
   a. place it in a puncture-proof container
   b. avoid touching the sharp end
   c. recap it carefully before disposing of it
   d. None of the above

9. Residents with ______ infections should be placed in a private room, though they may keep the door open if desired.
   a. airborne
   b. contact
   c. droplet
   d. Both b and c

10. Which of the following transmission-specific measures should you take when providing care for a resident who has the flu?
    a. Wear a mask when working within three feet of the resident
    b. Wear a mask, gown, gloves, and goggles whenever you are in or near the resident’s room
    c. Quarantine the resident
    d. No additional precautions are needed