Skin, Perineal, and Urinary Catheter Care: Maintaining the Body’s First Lines of Defense Against Infections
✓ Submit questions via Q&A
✓ Use the chat feature to participate in the discussion
INFECTION PREVENTION STARTS WITH YOU!

- Standard Precautions
  - Bathing & Dressing
  - Proper Positioning & Transferring
  - Skin Care, Nail Care, & Shaving
  - Oral Care & Feeding
  - Changing Linens & Bed Making
  - Skin, Perineal, & Urinary Catheter Care

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

CDPH
INFECTION PREVENTION STARTS WITH YOU!
Objectives

• Describe three ways to prevent infection during skin, perineal, and urinary catheter care
• Discuss how healthy skin can prevent infection
• Describe correct procedures used for urinary catheter, perineal, and skin care
PPE Selection for Skin, Perineal, or Urinary Catheter Care

PPE depends on the activity performed.

• Clean your hands before and after
• Use gloves if touching non-intact skin or body fluids
• Use additional PPE if there is a risk of a splash or contamination by blood or body fluids
  • Gown
  • Face shield
Five Moments of Hand Hygiene

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings
Skin Care

- Skin care is the practice that supports skin integrity
- Healthy skin is a natural barrier to germs that may infect a resident
How Germs Enter the Body Through the Skin

• Colonized staff can share their germs during skin care
  – Hand washing and proper PPE prevents the spread of germs
• Intact skin protects the body against germs
• Skin wounds act as portal of entry for germs
Question for the Audience

Can you name types of wounds or ulcers that are commonly seen when performing skin care with residents?

Please write your answers in the chat box.
Skin Care: Common skin wounds

• Common breaks in skin integrity in SNFs are:
  • Pressure ulcers
  • Surgical wounds
  • Diabetic ulcers
  • Vascular ulcers
Pressure Ulcer

- Pressure ulcers are caused by intense or prolonged pressure

Why should CNA look for pressure ulcers?
Answer: 

*All of the Above*

- Reposition residents at least every two hours to prevent skin breakdown, which can lead to infection
- Report any change in color, drainage, odor, or any discomfort in the area
Diabetes and Peripheral Vascular Disease

Skin Injury

- Diabetes and peripheral vascular disease (PVD) can lead to lower extremity ulcers
- Residents often do not feel these ulcers or wounds

What is your role as a CNA when a resident develops diabetic or PVD-related skin injuries?
Answer:

• Your role during resident care is to report any observed skin redness or breaks in the skin to the nurse
Surgical Wounds

Cuts made through the skin or mucous membrane during a medical procedure

- Keep wound **clean and dry** during resident care
- Ensure resident is **not touching** the wound
- **Report changes** in the dressing or wound
  - Dressing present: is it clean, dry, and intact?
  - No dressing: is the surgical area red, swollen, smelly, or draining?
## IPC Practices and Lapses During Skin Care

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Perineal Care

• Perineal care is the cleansing of perineal area (genital/anal area)
• Perineal care is needed for:
  – Bedridden, incontinent residents, and for those with an indwelling catheter
  – Preventing skin breakdown and avoiding itching, odor, burning, and infections
• Perform at least once daily
Perineal Care: Infection Prevention

- **Females**: Wash peri area- “front to back” to avoid UTI
- **Males**: Clean under the foreskin if uncircumcised, or it may become infected
  - Gently replace foreskin after cleaning
- Ensure all soap is removed from area
- Dry the peri area to prevent lingering moisture
- After peri care, discard towels and water
Perineal Care: Infection Prevention

• Inspect the skin during perineal care
  – **Report any abnormalities** such as redness, rash, skin breakdown, unusual bumps, bad odors, or vaginal/urethral discharge to the nurse
Urinary Catheter Care

- A urinary catheter is a tube placed in the bladder to collect urine.
- A catheter-associated urinary tract infection (CAUTI) is a UTI infection of the urinary tract caused by an indwelling urinary catheter.
Urinary Catheter Care: PPE

- Use gloves and gowns to prevent contamination during catheter care
- Wear a face shield to prevent splashing when emptying catheter bag
  
  **Perform hand hygiene before and after catheter care**

What type of PPE is needed for Urinary Catheter care?
CAUTI Prevention

• Daily catheter observation:
  – Ensure the tamper evident seal is intact
  – Secure the catheter to the resident
  – Use a clean container when emptying the drainage bag
  – Ensure there are no kinks in tubing
  – Keep catheter bag below the level of the bladder
• Perform hand hygiene before and after handling the catheter
Urinary Catheter: Daily Care

• Observe for:
  – Blood or discoloration of urine
  – Sudden decrease in urine (check for kink)
  – Catheter leaks
  – New odor
  – Resident reports of pressure, burning, or pain
• Report any issues immediately
Urinary Catheter: Emptying Drainage Bag

- Perform hand hygiene and put on PPE (gloves and face shield)
- Ensure sure spout/clamp doesn’t touch drainage container or floor
- Each resident should have their own clean drainage container
- Perform hand hygiene before and after procedure
Highlights

- CNA observation during residents' skin, perineal, and urinary catheter care is critical to infection prevention
- Provide skin care and maintain skin integrity to protect the body against germs
- Daily perineal cleaning can prevent infections
- Proper care of indwelling catheter can prevent CAUTI
Resources

- **Catheter-Associated Urinary Tract Infections (CAUTI)**
  (www.cdc.gov/infectioncontrol/guidelines/cauti/index.html)
- **Infection Prevention Tools**
  (www.cdc.gov/longtermcare/prevention/index.html)
- **Nursing Home and Assisted Living**
  (www.cdc.gov/longtermcare)
- **World Health Organization**
  (www.who.int/campaigns/world-hand-hygiene-day)
- **CDC About Project Firstline**
  (www.cdc.gov/infectioncontrol/projectfirstline/about.html)
Next Steps

- Fill out the post-training evaluation
- Join us for Review Hours Thursday, October 21st, 5pm-6pm
  (See confirmation email for meeting link)
- Save the dates for November training sessions reviewing Standard Precautions, PPE Use and Bathing and Dressing (Nov. 6-19)
- Visit the Project Firstline website
  (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx)
- Nominate yourself or a fellow CNA to be featured in our CNA Spotlight
Group Registration

- Have training coordinator send a list of participants and email addresses to CDPH Project Firstline
- If you do not have an email, free email accounts are available
- Once the training coordinator sends the list, instructions will be emailed to each participant to register and be able to receive their Certificate of Attendance
Questions?

For more information, contact
ProjectFirstline@cdph.ca.gov