Turning Point: Infection Prevention Practices while Positioning and Transferring Residents
INFECTION PREVENTION STARTS WITH YOU!

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

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

CDPH
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Objectives

• Review proper hand hygiene, personal protective equipment (PPE) use, and cleaning and disinfection practices during positioning or transferring residents

• Describe why proper positioning is essential to prevent infection

• Identify ways to prevent infection from pressure injuries

• Describe strategies to avoid skin deterioration and infection by avoiding friction and shearing
Hand Hygiene

- Clean your hands with soap and water or alcohol-based hand rub (ABHR)
- Hands are the most common way for germs to spread
- Hand hygiene should be performed before and after transferring or repositioning a resident
- ABHR is appropriate in most situations
- Use personal protective equipment (PPE)
POSITIONING
Positions

Supine Position

- Back of Head
- Shoulder Blades
- Elbows
- Abdomen (Spine Base)
- Sacrum
- Between Heels the legs

Lateral Position

- Side of Head
- Ear
- Shoulder
- Hip
- Greater Trochanter
- Knees
- Ankles

Prone Position

- Cheek
- Collar Bone
- Breasts (Women)
- Buttocks
- Genitals (Men)
- Knees
- toes
Why is Positioning or Repositioning Necessary?

**AND** how is repositioning related to infection prevention and control?

- Prevents aspiration pneumonia
- Prevents other types of pneumonia
- Prevents catheter-associated urinary tract infections (CAUTI)
- Prevents infected pressure injuries

All the above infections can result from failure to routinely reposition your residents and may lead to sepsis (blood infection) or death!
Positioning to Prevent Pneumonia

Pneumonia is the second most frequent healthcare-associated infection in long term care facilities! *

*“Preventing the Most Common HAI – Pneumonia”
-California Department of Public Health
Recognizing Signs of Pneumonia

- Increased blood pressure, heart rate, and respiratory rate
- New onset of abnormal breathing such as gurgling or choking sounds
- Presence of reflux food or fluid
- Cough
- Fever, sweating and shaking chills.
- Shortness of breath
- Chest pain that gets worse when breathing deeply
- Loss of appetite, low energy, and fatigue
Pneumonia Prevention Practices

• Keep head of the bed elevated to at least 45°
  • Remain in this position for at least 30 minutes after feeding

• Encourage deep breathing and repositioning
  • Pneumococcal vaccines
Positioning to Prevent UTI

- Visually assess to make sure catheter is not pulled or kinked
- Remember to keep urine bag below the level of the bladder
- Repositioning encourages thorough emptying of the bladder
Positioning to Prevent Pressure Injuries

- Pressure injuries result from skin deterioration, often at pressure points.
- Proper positioning promotes circulation and maintains skin integrity.
Examples of Pressure Areas

Sitting semi-reclined

Sitting upright

Back of head
Shoulder blade
Elbow
Buttocks
Heel

Shoulder blade
Spine
Buttocks
Heel

Stance Change every 2 hours
Examples of Pressure Areas: Laying Down

Supine

Lateral
Stages of Pressure Injuries

1. Stage 1: Skin
2. Stage 2: Skin and Fat
3. Stage 3: Skin, Fat, and Muscle
4. Stage 4: Skin, Fat, Muscle, and Bone
Stage 1 Pressure Sore

- Skin is red or discolored
- Skin is not broken
- Redness or change in color does not fade within 30 minutes of pressure removal
Stage 2 Pressure Injury

• Topmost layer of skin is broken
• May appear as a blister or abrasion
• Drainage may or may not be present
Stage 3 Pressure Injury

- Sore through the second layer of skin to the fat tissue
- Red edges
- Pus, odor, heat, drainage
- Black tissue around sore
- Little to no pain
Stage 4 Pressure Injury

- Sore reaches into muscle and bone
- Damage to deeper tissues, tendons, and joints
- Little to no pain
- Osteomyelitis (bone infection) or sepsis (blood infection) can occur
Strategies to Avoid Friction and Shearing

**Friction** is the rubbing of one surface against another.

**Shearing** is the friction that results when skin moves in the opposite direction of the bone or muscle, such as when repositioning a resident higher up in the bed:

- Use a draw sheet to help with turning, lifting, or moving in bed
- Get a coworker to assist
- Check for and report any changes in resident’s skin
- Always perform hand hygiene before and after transferring a resident
How Can the CNA Assist in Pressure Injury Prevention?

• Repositioning
  – Every 2 hours if in bed
  – Every hour if in a wheelchair

• Observe and report to nurse any new skin abnormalities (redness, blisters, sloughing of skin)
TRANSFERRING
PPE Reminder
Transferring Moments

Transfer Moments

- Independent transfer with device
- Sitting up on the side of the bed
- Bed to chair
- Lift transfer
- Wheelchair to toilet, vehicle, tub
- Floor to chair after a fall

Transfer Devices

- Lifting cushion
- Security pole, cane, walker
- Transfer boards and benches
- Gait belts
- Transfer wheelchair
- Bed assist bar
- Transfer sling
Transferring from Bed to Wheelchair

- Perform hand hygiene before and after transfer
- Use appropriate PPE
- Considerations:
  - How long will the resident be in chair?
  - Check tubes for any obstruction/kinking
  - Be aware of need to reposition (for example: chair “push ups”)
Cleaning and Disinfection After Transfer

- High-touch surfaces
- Reusable medical devices:
  - Portable commode
  - Gait belts, transfer belts and boards
  - Wheelchair
  - Walker, cane
  - Mechanical lift
  - Other assist devices
- Soiled linens
- Practice good hand hygiene
Highlights

Proper positioning and routine repositioning is critical to preventing infections in residents

Always check for any changes in a resident’s skin and know how to recognize signs of pressure injuries

Be careful to avoid friction and shearing of the skin

Perform hand hygiene, don and doff appropriate PPE, and clean and disinfect equipment and surfaces
Resources

1. Infection Control Basics | CDC
   (www.cdc.gov/infectioncontrol/basics/index.html)

2. Pressure Ulcers Among Nursing Home Residents | CDC
   (www.cdc.gov/nchs/products/databriefs/db14.htm)

3. Preventing the Most Common HAI | CDPH
   (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_PreventingCommonHAI.aspx)

4. Project Firstline, CDC
   (www.cdc.gov/infectioncontrol/projectfirstline/about.html)
Questions?
For more information, contact
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