

# Turning Point: Infection Prevention Practices While Positioning and Transferring Residents

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**Project Firstline**  
Healthcare-Associated Infections Program  
Center for Health Care Quality  
California Department of Public Health



# Implicit Bias

- Describes how our unconscious attitudes or judgements can influence our thoughts, decisions, or actions
- Includes involuntary, unintentional perceptions made without awareness
- Occurs as our brains sort information and perceive data to understand our world
- Affects our decisions, contributing to societal disparities
  - Self awareness about implicit bias can promote healthcare diversity and equality
- Learn more about your own implicit bias at [Project Implicit](https://implicit.harvard.edu/implicit/) (implicit.harvard.edu/implicit/)



# INFECTION PREVENTION STARTS WITH YOU!



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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

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



# Reflection

**When would performing hand hygiene with soap and water be required? When would alcohol-based hand rub be okay to use?**





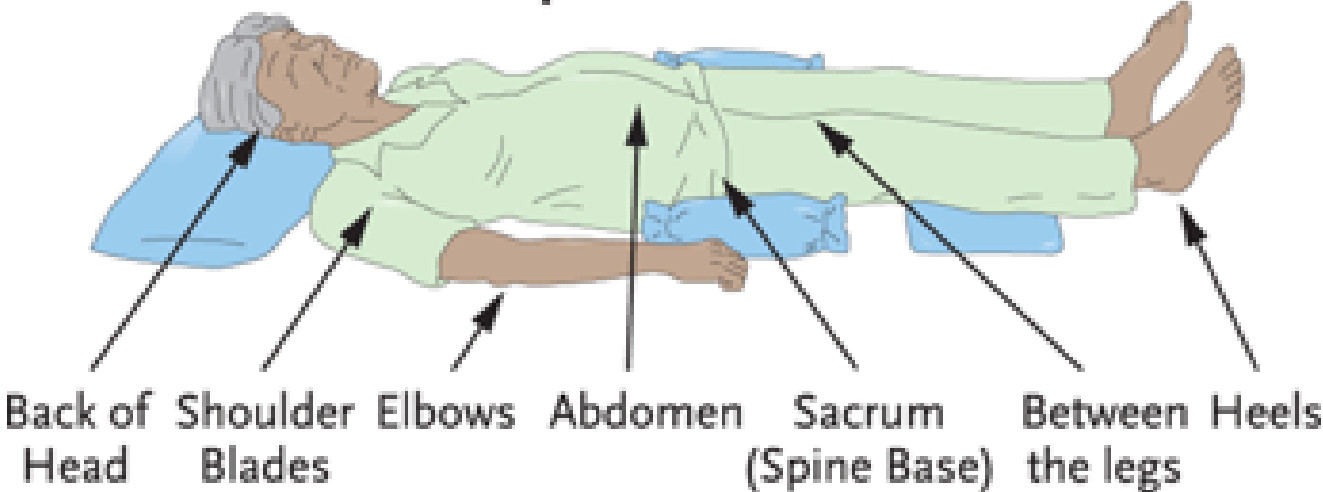
# POSITIONING



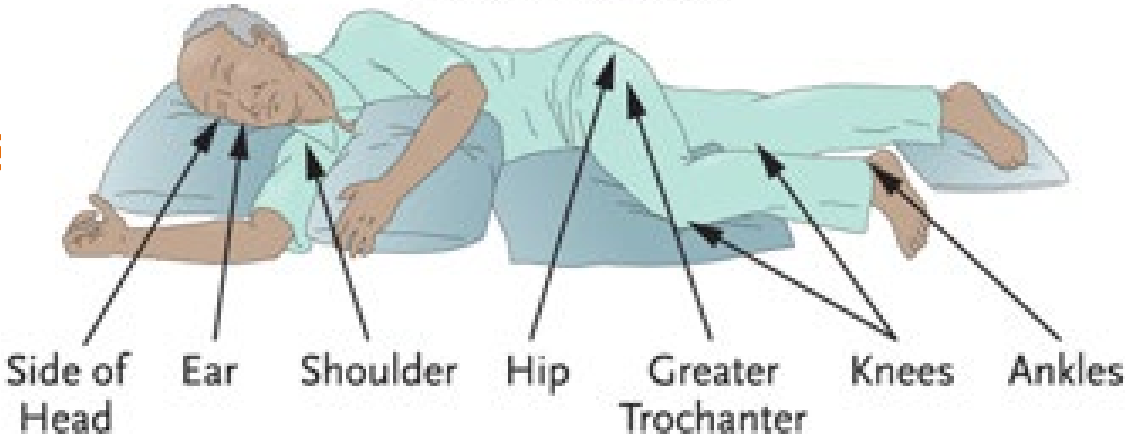


# Positions

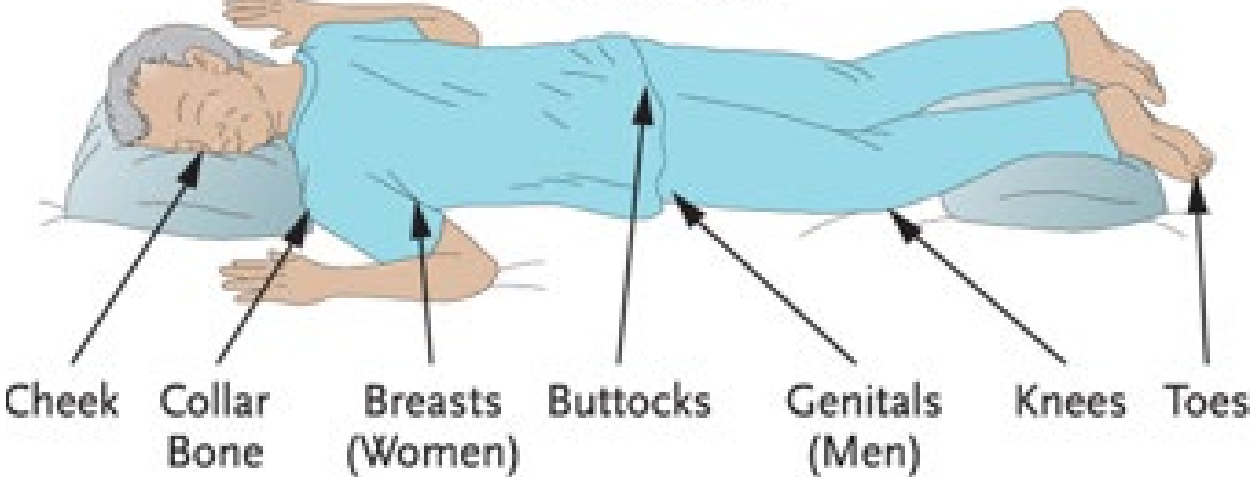
### Supine Position



### Lateral Position



### Prone Position



# Knowledge Check

***Why are positioning and repositioning necessary, and how are they related to infection prevention and control? (Select all that apply)***

- A. Prevent aspiration pneumonia
- B. Prevent other types of pneumonia
- C. Prevent catheter-associated urinary tract infections (CAUTI)
- D. Prevent infected pressure injuries
- E. All of the above



# Knowledge Check

*Why are positioning and repositioning necessary, and how are they related to infection prevention and control? (Select all that apply)*

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- B. Prevent other types of pneumonia
- C. Prevent catheter-associated urinary tract infections (CAUTI)
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# Positioning to Prevent Pneumonia

**Pneumonia is the second most frequent healthcare-associated infection (HAI) in long-term care facilities.**



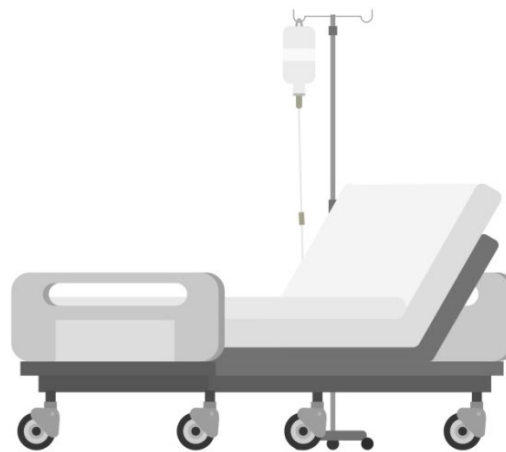
# Recognizing Signs of Pneumonia



- Increased blood pressure, heart rate, or respiratory rate
- New onset of abnormal breathing such as gurgling or choking sounds
- Presence of reflux food or fluid
- Cough
- Fever
- Sweating or shaking chills
- Shortness of breath
- Chest pain that gets worse when breathing deeply
- Loss of appetite
- Low energy or 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 Urinary Tract Infections (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



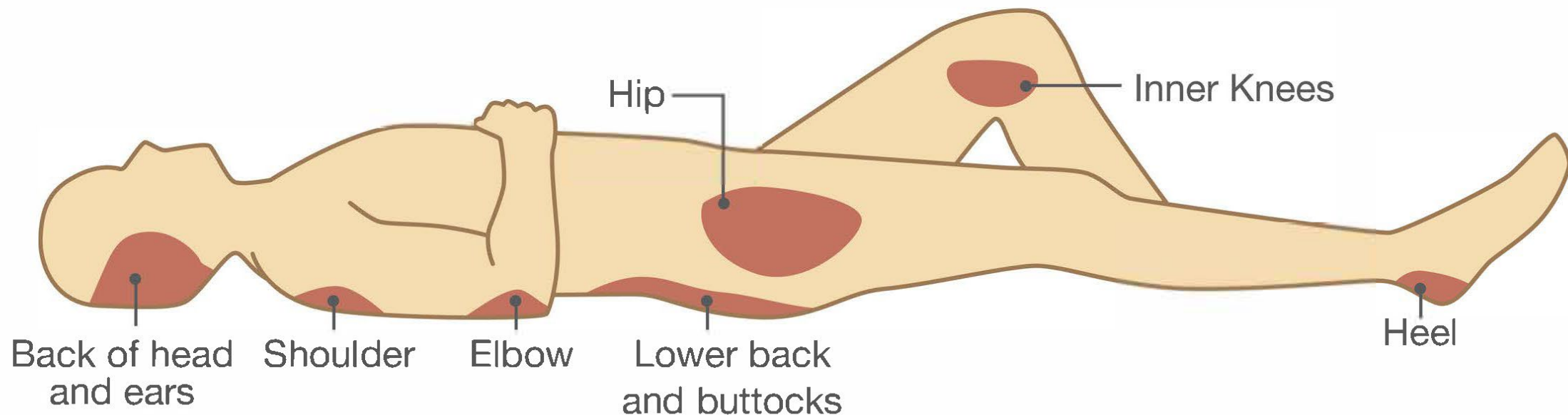
# Positioning to Prevent Pressure Injuries

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**What areas on a resident's body have you seen, or would expect to see, pressure injuries develop?**

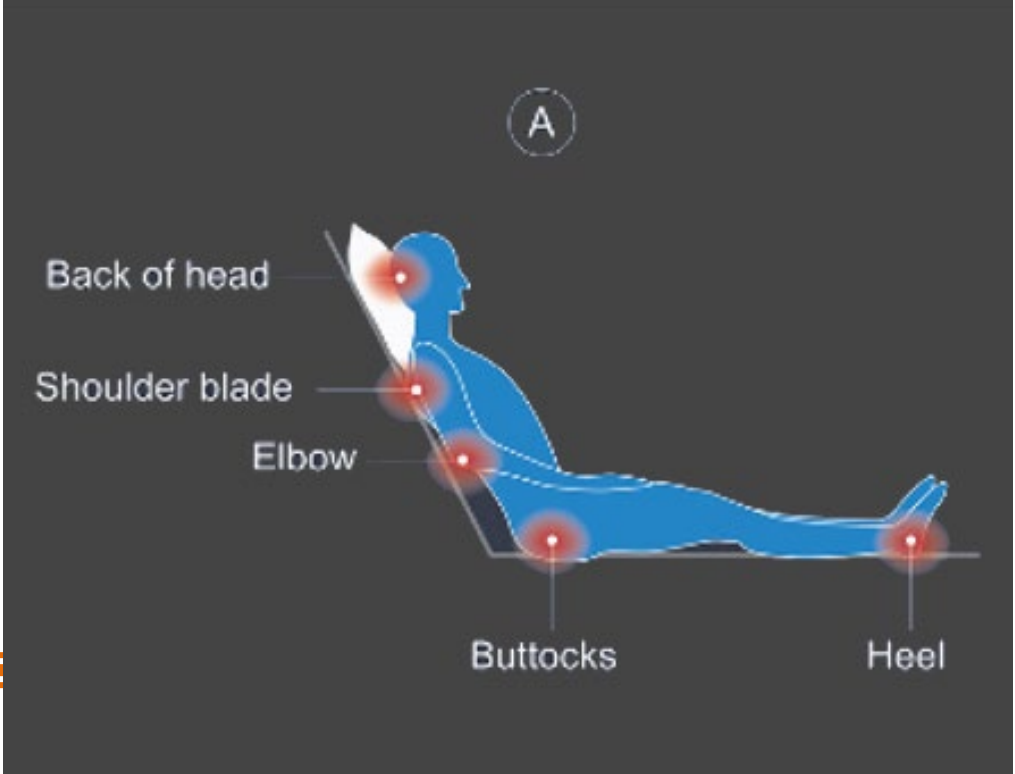
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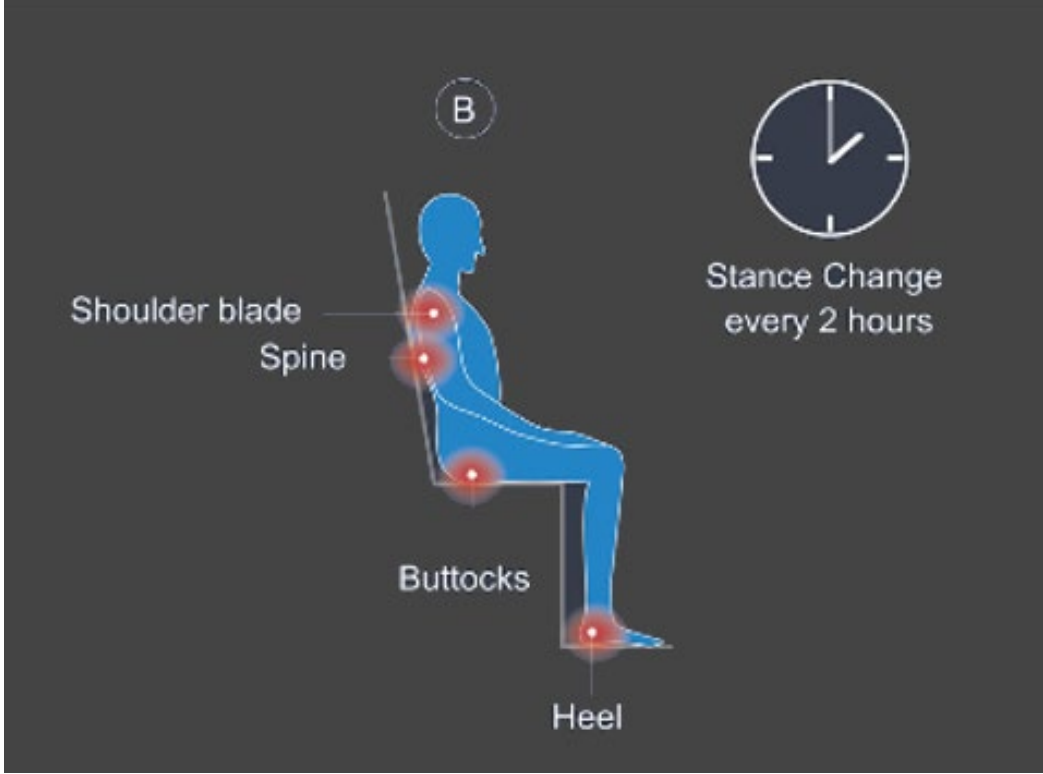


# Examples of Pressure Areas: Sitting Up

## Sitting semi-reclined



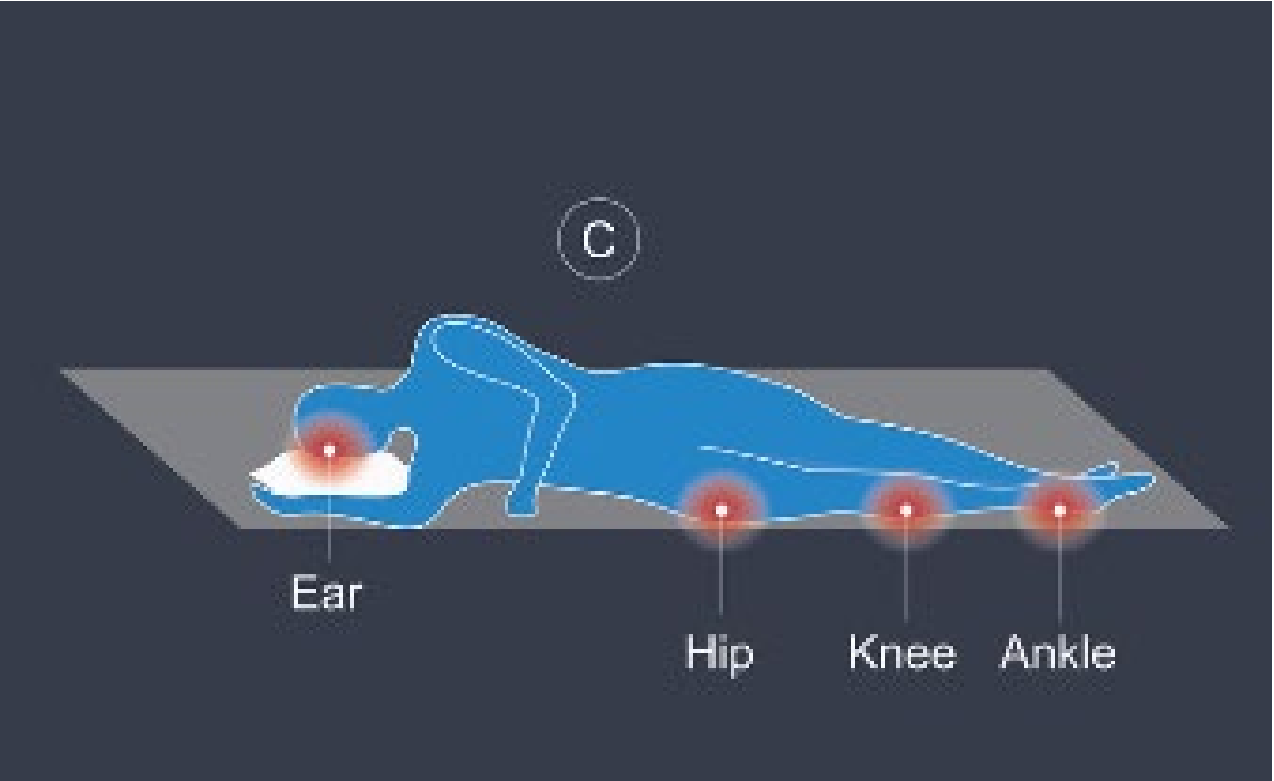
## Sitting upright



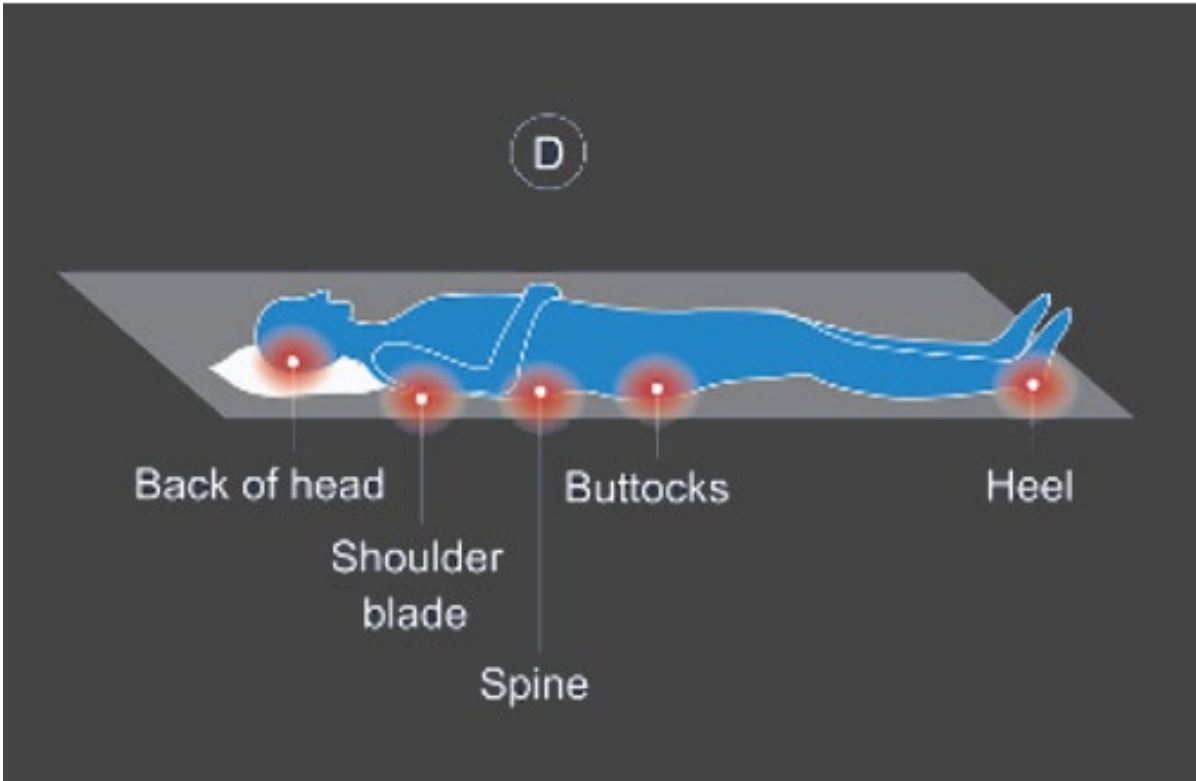
**What areas would be most prone to sores when sitting up semi-reclined? Sitting upright?**

# Examples of Pressure Areas: Laying Down

## Lateral



## Supine



# Stages of Pressure Injuries

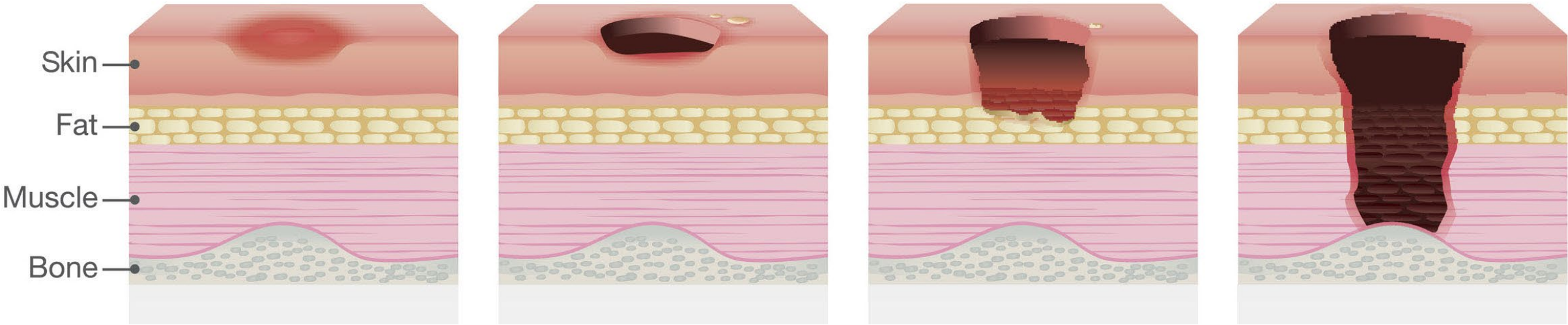


Stage 1

Stage 2

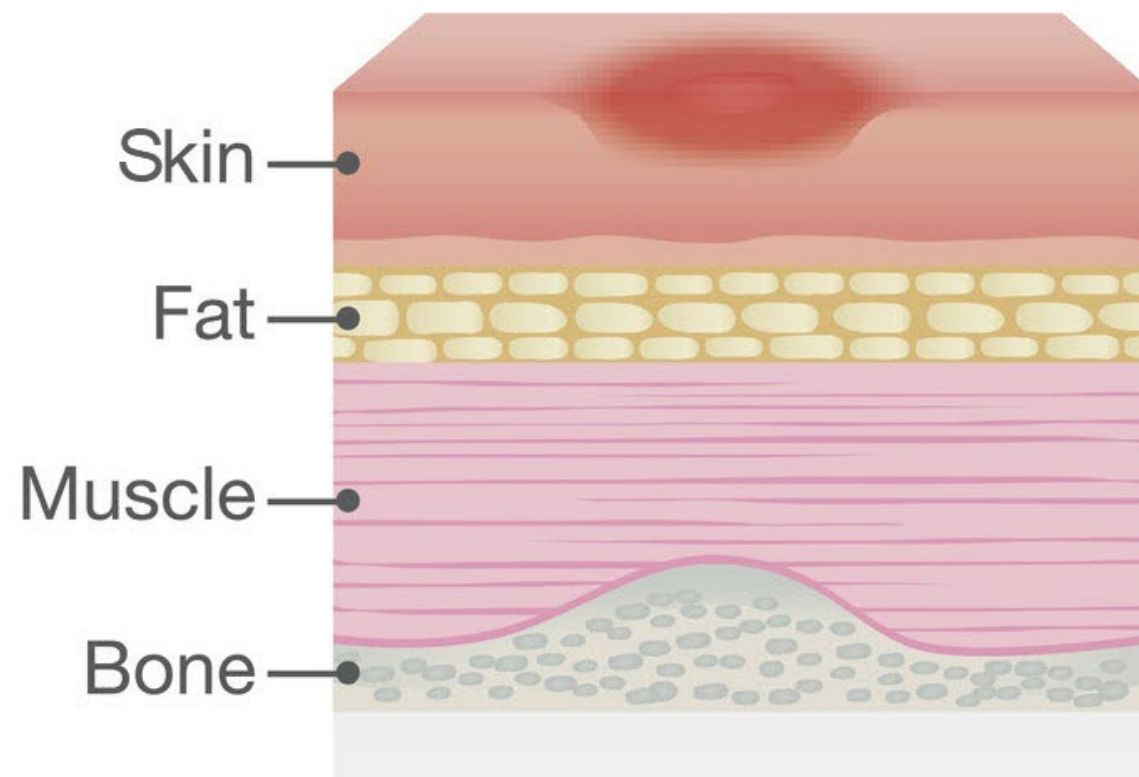
Stage 3

Stage 4



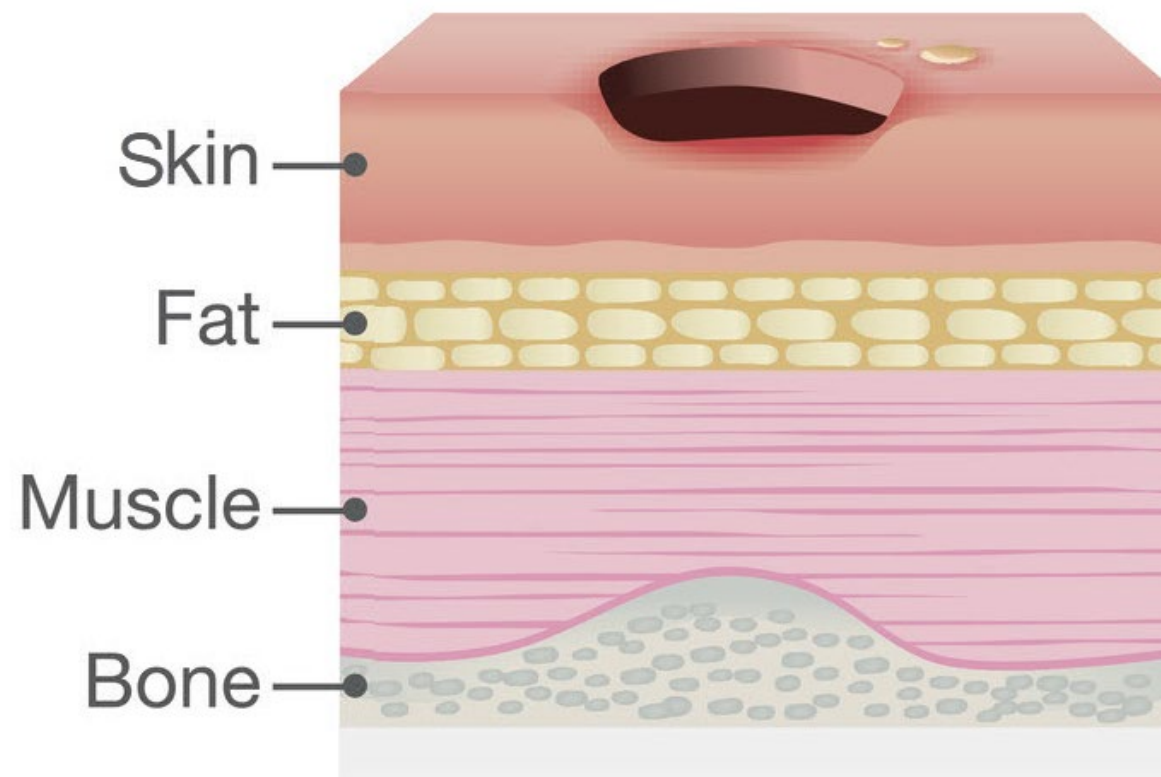
## Stage 1 Pressure Injury

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



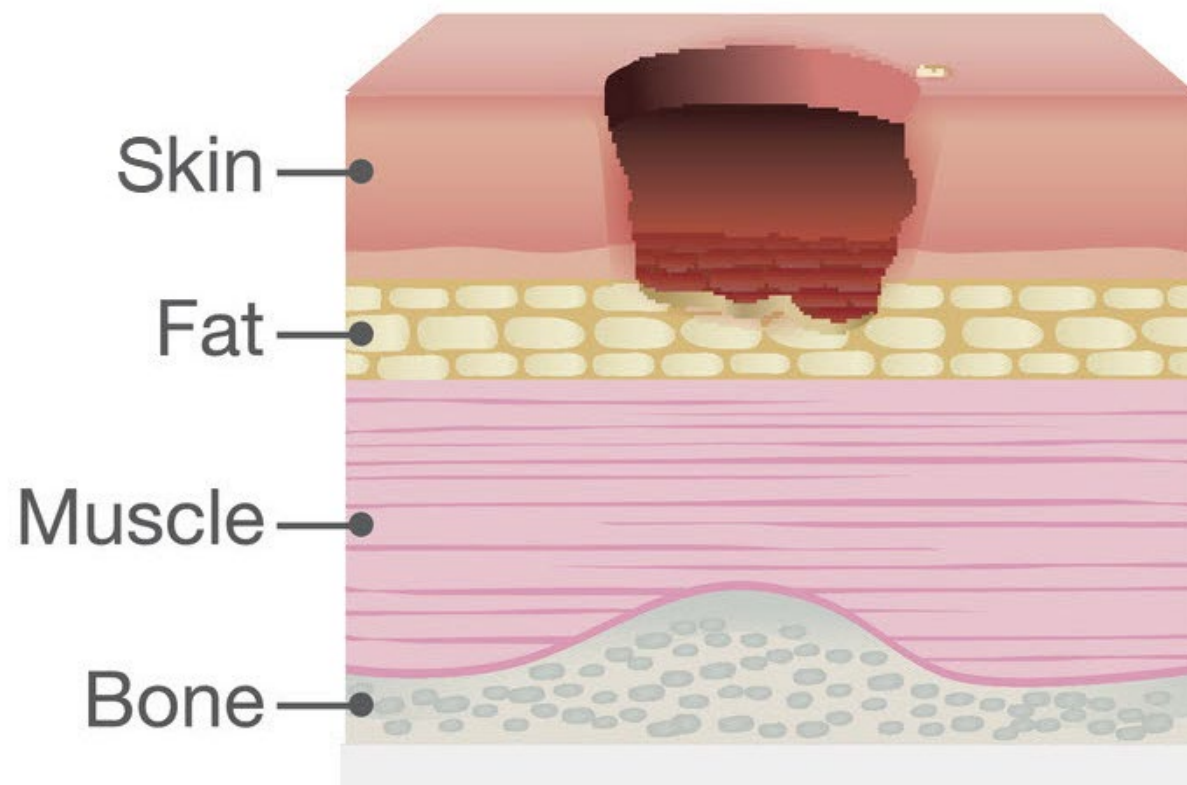
## Stage 2 Pressure Injury

- Topmost layer of skin is broken
- May appear as a blister or abrasion
- Drainage may or may not be present



## Stage 3 Pressure Injury

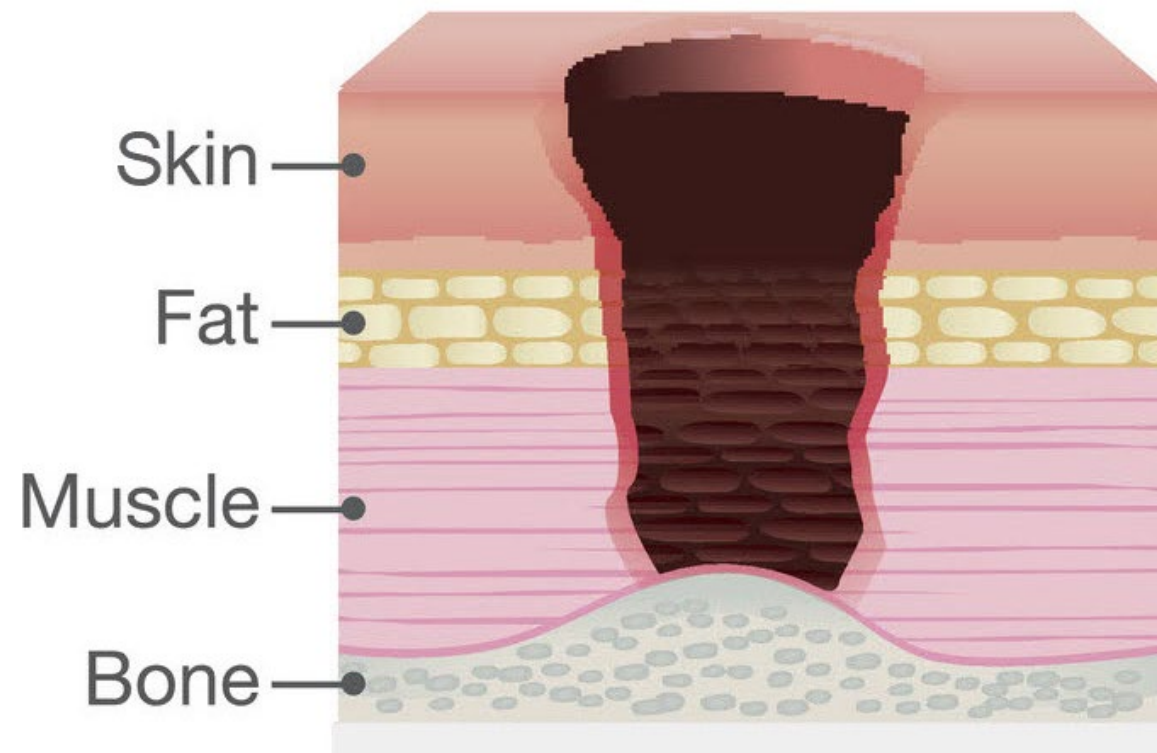
- Injury through the second layer of skin to the fat tissue
- Red edges
- Pus, odor, heat, drainage
- Black tissue around sore
- Little to no pain





## Stage 4 Pressure Injury

- Injury reaches into muscle and bone
- Damage to deeper tissues, tendons, and joints
- Little to no pain
- Osteomyelitis (bone infection)
- 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

# Knowledge Check

***As a CNA, what is something you can do every day to help prevent pressure injuries in your residents? (Select all that apply)***

- A. Be careful to avoid damaging the skin when moving a resident
- B. Reposition residents at least every two hours in bed and every hour in a wheelchair
- C. Look for and report any new skin abnormalities

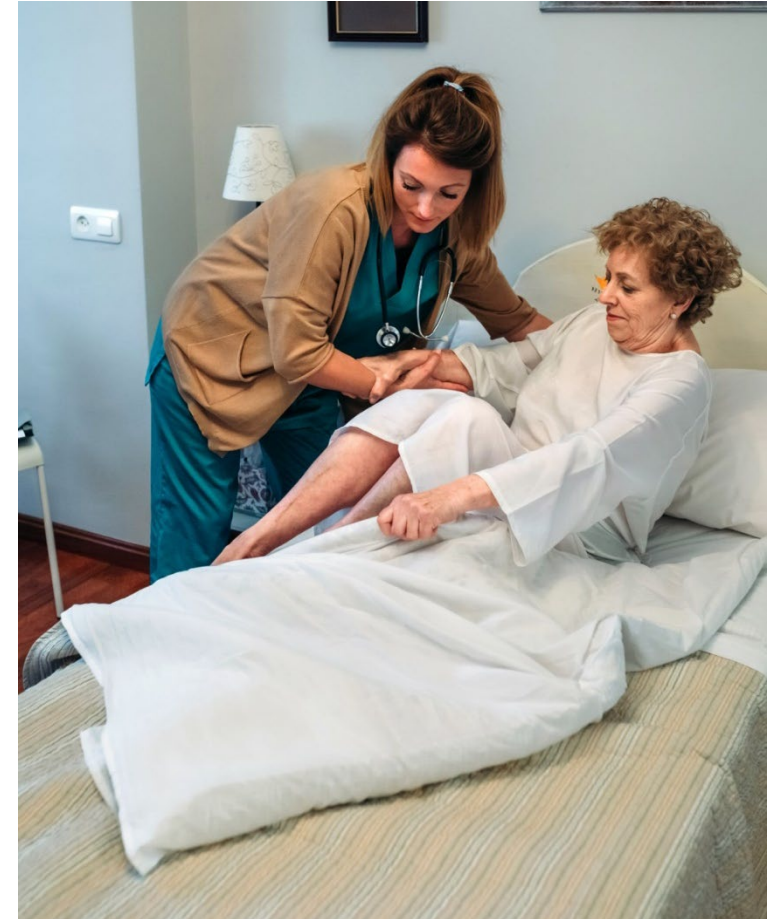
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# How Can CNAs Assist in Pressure Injury Prevention?

- 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 and Devices

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## Transferring Moments

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

## Transferring 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 or kinking
  - Be aware of need to reposition (e.g., perform chair “push-ups”)



# Cleaning and Disinfection After Transfer



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



# Highlights

- Proper positioning and routine repositioning are 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

# References

- About Project Firstline | Centers for Disease Control and Prevention (CDC)  
([www.cdc.gov/infectioncontrol/projectfirstline/about.html](http://www.cdc.gov/infectioncontrol/projectfirstline/about.html))
- Infection Control Basics | CDC  
([www.cdc.gov/infectioncontrol/basics/index.html](http://www.cdc.gov/infectioncontrol/basics/index.html))
- Pressure Ulcers Among Nursing Home Residents | CDC  
([www.cdc.gov/nchs/products/databriefs/db14.htm](http://www.cdc.gov/nchs/products/databriefs/db14.htm))
- Preventing the Most Common HAI | California Department of Public Health (CDPH)  
([www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF\\_PreventingCommonHAI.aspx](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_PreventingCommonHAI.aspx))



# QUESTIONS AND DISCUSSION



# Project Firstline Resources

Visit the [Project Firstline Website](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx)

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