

### References

NHMRC (2010) Australian Guidelines for the Prevention and Control of Infection in healthcare. Commonwealth of Australia  
<http://www.nhmrc.gov.au/guidelines/publications/cd33>

Victoria: Disease Information and Advice (online)  
<https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice>

### Resources

For other booklets and resources visit the Grampians Region Health Collaborative Website—Infection Control at:  
<http://infectioncontrol.grampianshealth.org.au>

### Cartoons in this booklet by

<http://www.davegibb.com.au/index.htm>



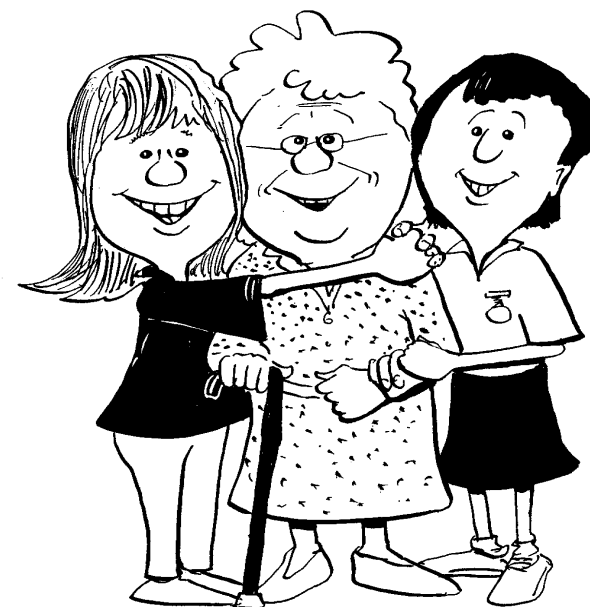
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## A LITTLE YELLOW INFECTION CONTROL BOOK

# RESIDENTIAL AGED CARE VISITORS

## HOW CAN YOU HELP PREVENT INFECTION



**Grampians Region Infection Control Group  
2018**

### What this booklet hopes to achieve.

Managers and staff of Residential Aged Care Facilities are very conscious of the need to prevent infections in aged residents.

All staff are trained in infection control precautions.

However, people who visit the facility can also play an important role in preventing many infections by using infection control precautions.

**We need your help in a combined approach to preventing infections in your loved ones!**

This booklet provides basic information to assist you in keeping your relative free of infections.

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Original: 2006

Consumers were consulted during the development of this booklet

Revisions: 2008, 2010, 2013, 2014, 2018

## My questions to ask staff:

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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**Age-associated decline in body defences  
is often worsened by the presence of  
chronic diseases like diabetes,  
respiratory, and circulatory diseases**



## Helping us observe your relative for early signs of infection

All of our staff have been educated to look for the early signs of change in residents' conditions.

The early signs of infection which you expect in younger people are not always as clear in an older person. For example, an increased temperature is usually the first sign of infection in a young person, but may not appear; or be as marked, in an older person.

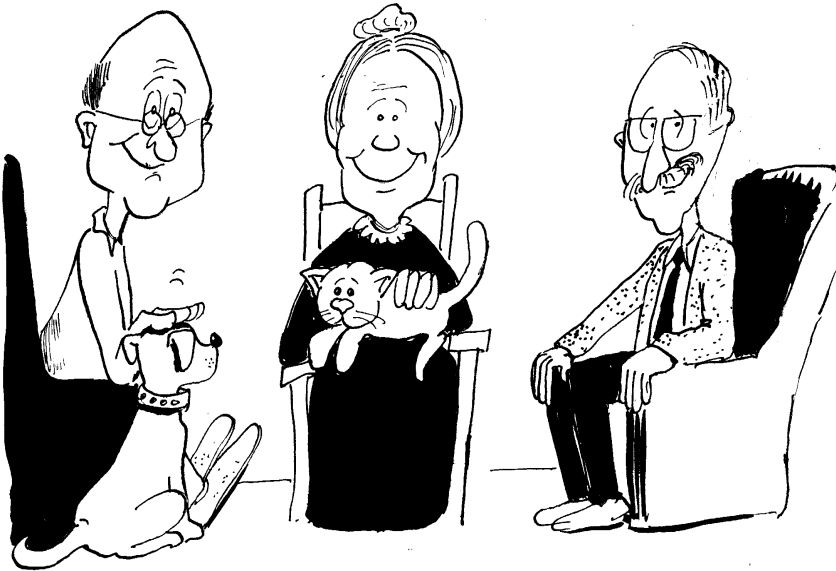
When visiting your relative or taking them outside the facility we request your assistance in advising us of the following alterations in condition, which you may be the first to observe; and which may indicate the onset of infection:-

- Respirations increased above normal
- Any new breathing difficulty / shortness of breath
- New or increased confusion
- New unsteadiness in walking / maintaining upright posture
- Flushing/chills
- Feeling unwell

## Decline in body defences makes aged residents vulnerable to infections

Decreased tear production	• Eye infections
Decreased oral hygiene Ill fitting dentures	• Mouth and gum infections and ulceration
Decreased gastric acid production in stomach	• Susceptibility to gastro-intestinal infections
Decreasing cough ability Decreased respiratory tract protection	• Respiratory tract infections
Decreased vaginal secretions Double incontinence	• Vaginal infections
Urinary and/or faecal incontinent	• Urinary tract infections
Effects of urine/faeces on skin Loss of skin resilience and repair capability	• Susceptibility to skin break-down and infection
Decreased efficiency of white blood cells	• Decreased killing of micro-organisms
Decreased efficiency of white blood cells which produce protective antibodies	• Diminished protective immunity
Decreased efficiency of a number of body defence mechanisms	• Re-activation of previous infections, e.g. TB, Shingles

**Residential aged care facilities bring  
numbers of aged clients into close  
proximity during socialisation  
increasing infection  
transmission  
potential**



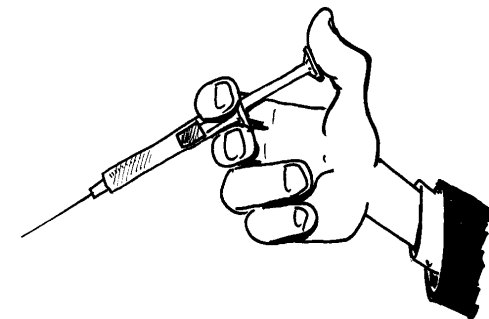
## **Prevention of pneumonia Protective immunisations**

Influenza can be a “killer” of older people, as can be the secondary bacteria pneumonia which may develop.

Annual influenza immunisation of residents is recommended, and can be administered by their GPs.

Staff of the Residential Aged Care Facility are also provided with influenza immunisation so that they do not bring the virus in from the community.

Residents are also recommended to avail themselves of the protection provided by Pneumococcal immunisation, which protects against a serious bacterial infection.



## Prevention of pneumonia Texture-Modified Diet

Residents with swallowing difficulties may be prescribed a **Modified Texture Diet** to assist with safe swallowing. This diet includes smooth pureed, soft foods and thickened fluids to ensure easier swallowing. Residents on Modified Texture Diets should not drink ordinary thin fluids, or eat unmodified foods.

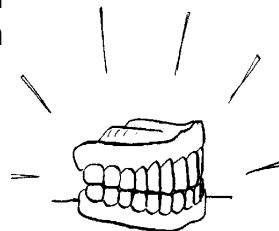
(Information provided by Ballarat Health Services Dietetics and Speech Pathology Departments July 2007. (MA, AT))

## Prevention of pneumonia Ill-fitting dentures and poor oral hygiene

Ageing often results in diminished saliva levels in the mouth. Saliva has some ability to diminish microbial proliferation in the mouth, and dental decay. Saliva also assists with swallowing. Dental decay and gum infections result in proliferation of mouth microbes, which may be inhaled into the respiratory passages, particularly in the resident with swallowing difficulties.

Microbes can also proliferate in plaque on dentures which are not meticulously cleaned.

Ill-fitting dentures can cause abrasion of gums that are already heavily contaminated with microbes, and result in oral, or even

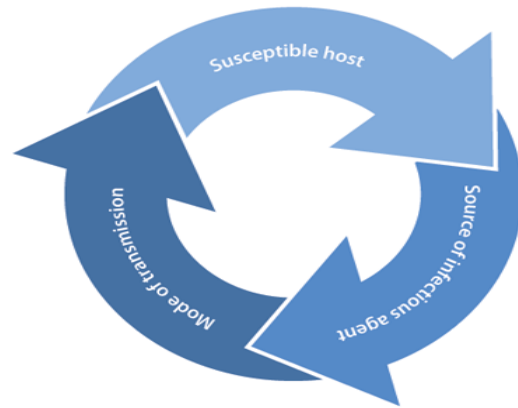


## Residential aged care facilities are a part of the community reservoir of infections

Community infections may be brought in by staff and visitors, particularly during community outbreaks of respiratory and gastroenteritis infections.



## Three Requirements for Infection Transmission



### 1. Susceptible host

- Older person
- Babies
- Someone with a chronic medical condition
- Smoker

### 2. Source of infectious agent

- Food
- Water
- Objects
- Environment

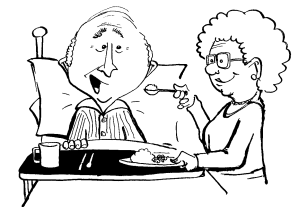
### 3. Mode of transmission

- **Contact**  
Directly or indirectly from person or object
- **Droplet**  
Large droplets from respiratory secretions that float in the air for a short time and then drop to the ground
- **Airborne**  
Small droplets from respiratory secretions that float in the air for some time before settling

## Prevention of pneumonia Safe Swallowing Strategies when feeding your relative

1. Ensure your relative is always sitting upright for any meals or drinks, and that their head is slightly forward. You may need to ask for a pillow to support their head.
2. Do not give food or drinks if your relative is drowsy.
3. If dentures are very loose, remove them at meal times.
4. Do not rush when feeding your relative and watch that they swallow each mouthful before giving the next spoonful of food.
5. If suggested, give small mouthfuls of food at a time or small sips of drink.
6. If your relative sounds gurgly during a meal, encourage them to try to clear their throat, and have an extra swallow
7. If appropriate, remind your relative to chew and swallow food
8. Try to ensure a quiet, calm environment and a relaxed and unhurried meal time.
9. When feeding your relative, sit facing them and make eye contact. Use a gentle tone of voice.. Encouragement with eating and drinking is beneficial. However, if they are not swallowing effectively, do not push them to continue.
10. Alternating food and drink is recommended, as the fluid may help to clear residual food from the mouth.
11. Resident should remain sitting upright for 30 minutes after meal
12. If you are concerned about your relative's swallowing status, request a Speech Pathology review

Information provided by Ballarat Health Services  
Speech Pathology February 2008  
(AT, JA, BD)





## Prevention of pneumonia

Older persons are particularly vulnerable to the development of pneumonia due to diminished respiratory capacity and failure of mechanisms designed to protect respiration, such as an effective cough. Immobility further decreases respiratory function.

Staff will try hard to maintain residents' mobility by assisting to ambulate, and providing activities which will attempt to preserve lung capacity.

If residents are confined to bed the following practices are followed which assist in the prevention of Pneumonia:

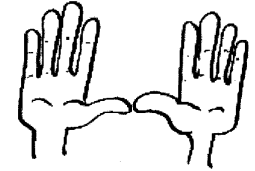
- Sitting upright for periods where possible
- Turning from side to side
- Encouraging deep breathing and coughing
- Ensuring asthma and other respiratory medications are administered when prescribed

Two routine activities can lead to the development of pneumonia. These are:

- Swallowing difficulties — which allow food to inadvertently enter the respiratory passages.
- Inadequate mouth and teeth/denture hygiene, which allows the build-up of plaque on teeth/dentures/gum infection; and resulting passage of microbes from these areas into the respiratory passages. Gum ulcers caused by ill-fitting dentures are also involved in these infections.

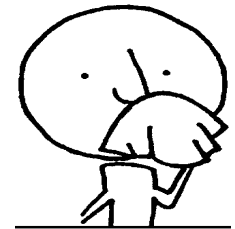
## Common infection transmission risks in residential aged care

**Gastroenteritis viruses** originating in the community, spread by contaminated staff or visitor hands



**Bacteria** which cause hospital infections spread by the contaminated hands of staff, wandering residents, or visitors

**Respiratory viruses** originating in the community, and which contaminate staff or visitor hands during coughing or nose-blowing



**Respiratory viruses** originating in the community, spread by respiratory droplets shed by persons suffering from influenza or other respiratory infections



***The next pages summarise the infection control precautions that are used to combat the spread of infection in this facility***

# Wash your hands:

- Upon arrival and departure from aged care facility
- **Rub** alcohol hand rub briskly and completely over each hand for 15 seconds

OR

- **Wash** your hands with soap and water if they become physically soiled during contact with the relative whom you are visiting



Any uncooked foods which are made using raw eggs are particularly susceptible to contamination.

Foods which contain vitamised meat or eggs (cooked or uncooked) are also more prone to contamination.

## ***Food preparation and cooking requirements***

Cleanliness in food preparation is particularly important.

Hand washing, washing of raw vegetables, and cleanliness of work surfaces and utensils .

When cooking the food needs to be cooked right through. Microwave ovens tend to cook unevenly, therefore food should be stirred during cooking.



Salads and made-up sandwiches must be kept at or below 5° C. When transporting from refrigerator a cooler with ice blocks is required.

Hot food must be rapidly cooled, then refrigerated, and reheated to 75° C at the facility.

Older people who have swallowing difficulties require a specially-textured diet which must be provided by the Residential Aged Care Facility.

Relatives are requested to check with staff prior to bringing in food for residents with special dietary needs, e.g. diabetics.

***For further food safety information see Food Safety website: [www.foodsafety.asn.au](http://www.foodsafety.asn.au)***

## Prevention of gastroenteritis—

### Safety of food brought in by relatives

Older people are particularly vulnerable to Gastroenteritis from contaminated food, and its effects can be quite serious.

Food contamination may be:

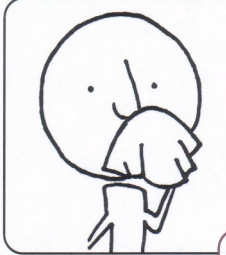
- In food when purchased
- Introduced during food preparation
- Facilitated by lack of adequate cooking temperatures to destroy microbes in food
- Facilitated by lack of refrigeration in storage or transport

### What are the higher risk foods?

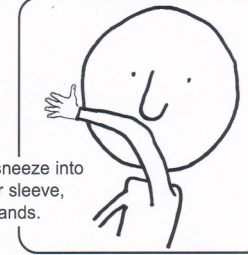
Cold meats	Cooked or uncooked, packaged or unpackaged eg roast beef, ham etc.
Cold cooked chicken	Purchased whole, portions, sliced or diced
Pate	Refrigerated pate, liverwurst or meat spreads
Salads	Pre-prepared or pre-packaged fruit, vegetables or salads eg from salad bars, retail outlets etc.
Chilled seafood	Raw or smoked ready-to-eat eg oysters, sashimi or sushi, smoked salmon or trout, sandwich fillings, pre-cooked peeled prawns such as in prawn cocktails and salads
Cheese	Pre-packaged and delicatessen soft, semi soft and surface ripened cheeses eg brie, camembert, ricotta, feta and blue
Ice cream	Soft serve
Other dairy products	Unpasteurised dairy products eg raw goats milk, cheese or yoghurt made from raw milk

**Stop the spread of germs that make you and others sick!**


# Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze



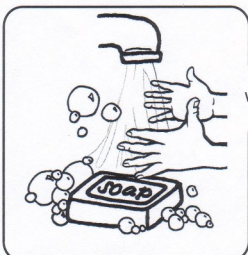
or cough or sneeze into your upper sleeve, not your hands.



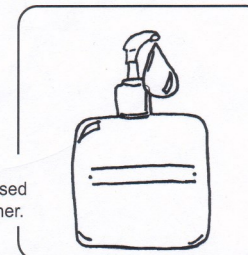
Put your used tissue in the waste basket.

# Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water



or clean with alcohol-based hand cleaner.

**MINNESOTA**  
**MDH**  
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08141-1428

Please don't visit if you are ill!



It is no favour to your relative if you visit while you are ill, or bring a child who is ill to visit.

It is much better to send your relative a message than bring microbes which may make them very ill!

## ATTENTION ALL VISITORS

There have been a number of cases of respiratory illness/influenza at this facility recently. These measures are in operation to prevent this illness from spreading.

Visitors are advised that there is a risk of acquiring this respiratory illness/influenza by visiting the facility at this time. There is also a risk of you bringing other respiratory infections into the facility.

If you have been ill, have symptoms of any respiratory illness now (fever, sore throat, cough, muscle/joint pain, tiredness/exhaustion), or have been in contact with someone who is ill we **strongly advise you not to enter** this facility. This caution also applies for small children and immunocompromised persons.

If you choose to visit at this time, please visit only the resident you have come to see, and follow staff instructions regarding protective equipment.

**Wash your hands with soap and water, or apply alcohol hand rub (where appropriate), upon entering and leaving the facility.**

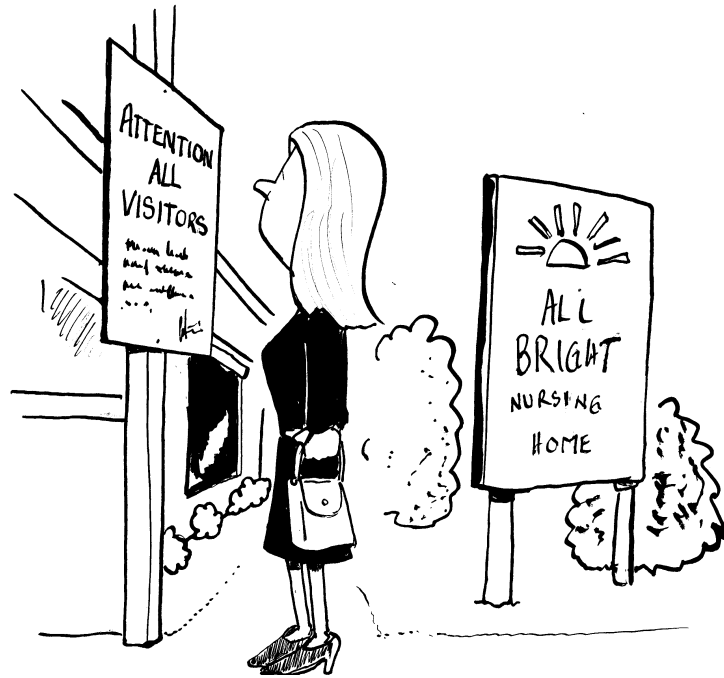
**Please see staff if you require more information.**

## Outbreaks

An outbreak occurs when several residents contract the same infection over a short period of time.

Most outbreaks start in the community, but spread easily in residential care due to the diminished body defences of residents.

Staff will be working hard to prevent spread within the residential facility.



## “Musical chairs” visiting is not a good thing!

Many kind visitors visit a number of residents to “cheer them up”, particularly if some of them have few visitors.

Visitors and mobile residents who move from one resident to another, touching residents and their equipment, can spread microbes to residents as they move between them.

Please feel free to “cheer up” other residents, but if you could avoid touching their environment, and if you have a cough or sneezing remain a metre away, it will be helpful in reducing potential infections.

Please wash or alcohol rub your hands after any contact with other residents.



## Understanding “Isolation”

Residents who have been transferred to an acute hospital for intensive treatment may pick up organisms which are resistant to multiple antibiotics. These antibiotic-resistant organisms can then be transmitted to other residents.

One measure to protect uninfected residents is to segregate affected residents in “isolation”.

Isolation is designed to provide a “barrier” of expanded infection control precautions around affected residents.

If your relative’s room displays a **Visitors Please Report to the Nurses Station** sign please report there for a briefing.

Usually, relatives may still visit, but may be required to don protective clothing as requested by staff. Staff will provide training on the use of protective equipment and the hand hygiene required when visiting is completed.

Small children and immunocompromised persons should not visit while isolation precautions are in place.

An example of one level of Isolation Precautions is illustrated on the opposite page

## CONTACT PRECAUTIONS

IN ADDITION TO STANDARD PRECAUTIONS



### - VISITORS -

PLEASE SEE NURSE IN CHARGE PRIOR TO ENTERING

#### Before entering room:



**Put on apron or gown**



**Perform hand hygiene and put on gloves**

#### On leaving room:



**Discard gloves and apron**



**Clean patient-related equipment**



**Perform hand hygiene**



AUSTRALIAN COMMISSION ON  
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