



Implementation of Infection Control and Prevention Practices in Health Care Centres

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ABOUT THE STUDY

Infection control and prevention (ICP) is a vital aspect of quality care and patient safety in nursing homes and other Long-Term Care Facilities (LTCFs). Nursing home residents are often vulnerable to infections due to their advanced age, chronic conditions, impaired immunity, and exposure to multiple healthcare personnel and devices. Infections can cause serious complications, morbidity, mortality, and increased healthcare costs for nursing homes and their residents. Therefore, it is essential for nursing homes to implement evidence-based ICP practices and policies to prevent the transmission of infectious agents among residents, staff, visitors, and the environment.

According to the Centres for Disease Control and Prevention (CDC), some of the common infections that affect nursing home residents include Urinary Tract Infections (UTIs), Respiratory Tract Infections (RTIs), Skin and Soft Tissue Infections (SSTIs), Gastrointestinal Infections (GIIs), and bloodstream infections (BSIs). These infections can be caused by various microorganisms, such as bacteria, viruses, fungi, or parasites. Some of these microorganisms can be multidrug-resistant organisms, such as methicillin-resistant *Staphylococcus Aureus* (MRSA), Vancomycin-Resistant Enterococci (VRE), carbapenem-resistant Enterobacteriaceae (CRE), or *Clostridioides difficile* (*C. diff*). MDROs pose a significant challenge for ICP in nursing homes because they are difficult to treat and can spread easily among residents and staff.

The CDC recommends following these basic ICP guidelines in nursing homes and other LTCFs:

Staff should perform hand hygiene before and after contact with residents, their body fluids, or their environment; before putting on and after removing Personal Protective Equipment (PPE); after using the restroom; before eating; and whenever hands are visibly soiled. Hand hygiene can be done by washing hands with soap and water or using alcohol-based hand rubs. Residents should also be encouraged and assisted to perform hand hygiene as appropriate.

Staff should use appropriate PPE, such as gloves, gowns, masks, eye protection, or face shields, when there is a risk of exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or contaminated items or surfaces. PPE should be put on before entering the resident's room or care area and removed before leaving. PPE should be changed between residents and disposed of properly.

Staff should clean and disinfect frequently touched surfaces and equipment in resident rooms and common areas at least daily or more often as needed. Staff should use EPA-registered disinfectants that are effective against the microorganisms of concern and follow the manufacturer's instructions for use. Staff should also ensure adequate ventilation and air circulation in resident rooms and common areas.

Staff should use disposable or dedicated equipment for each resident whenever possible. If reusable equipment is used, it should be cleaned and disinfected between residents according to the manufacturer's instructions. Staff should avoid sharing equipment among residents unless it is necessary and properly disinfected.

Staff should handle soiled linen with care to avoid contamination of themselves or the environment. Staff should wear gloves and gowns when handling soiled linen and place it in leak-proof bags or containers. Staff should wash linen with detergent and hot water at the highest temperature tolerated by the fabric and dries it thoroughly.

Staff should dispose of solid waste according to local regulations. Staff should wear gloves when handling waste containers and bags. Staff should place infectious waste in red bags or containers labelled with biohazard symbols. Staff should dispose of sharps in puncture-resistant containers.

Staff should receive on-going education on ICP principles, policies, procedures, practices, updates, and feedback. Staff should also educate residents and visitors on ICP measures, such as hand hygiene, respiratory etiquette, coughing into a tissue or

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elbow, staying home when sick, avoiding contact with sick people, wearing masks when indicated, etc.

Nursing homes should conduct regular surveillance of infection rates among residents and staff using standardized definitions

and criteria. Nursing homes should report infections to local health authorities as required by law. Nursing homes should also monitor antibiotic use among residents and implement antibiotic stewardship programs to prevent antibiotic resistance.