

**Infection Control-Is There a Nurse in the House?**  
**(Outline of Content)**

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- I. The Title has Meaning
- II. Historical Perspectives
  - A. Microbiology “101”
  - B. 1800s in this country
  - C. History of our wars parallels our journey in Infection Control (IC)
  - D. AIDS/OSHA 1992 Guidelines
  - E. Today’s challenges
- III. Explore ways to lead the Infection Control Team
  - A. Who is the Infection Control Team
    - 1. Nurse is a core member no matter what the setting
    - 2. Others can include MD, Pharmacy Consultant, Lab Consultant, Dietary Manager, Maintenance Manager, Administrator, Residential Service Director
  - B. Primary Duties
    - 1. Development of Policy & Procedure
    - 2. Education
    - 3. Surveillance & Early Identification for early intervention
    - 4. Monitor & Audit
    - 5. Advise & Liaison
  - C. Nurses Role as Leaders
- IV. Examine methods to effectively deal with individuals with DD diagnosed with a communicable disease
  - A. Plan ahead-Be prepared to act quickly
    - 1. Daily practice for bloodborne IC
    - 2. Know your capability for other isolation precautions
    - 3. Know your in house supplies available
    - 4. Know your resources for quick information
    - 5. Plan how to educate your staff

- B. In house
    1. Educate DSPs to observe & report
    2. Isolate anything suspicious/consider mode of transmission
    3. Seek Dx as soon as possible/implement treatment
    4. Remember your resources for information on the disease
    5. Educate your staff
    6. How do you confirm it is no longer contagious/resources
  - C. Transfer from acute or long term care setting
    1. Talk to discharge planner
    2. Demand info in writing-Dx, Current Medications, Labs
    3. Consider if you can safely provide care
    4. Know when to say no
  - D. In all situations consider the individual
    1. Isolation can be challenging when they do not understand
    2. Isolation vs. rights
- V. Identify and establish preventative measures
- A. Be proactive/prevention saves lives
  - B. Teach & preach immune supports to your individuals & staff
  - C. Educate visitors-newsletters/postings
  - D. Do your initial & annual infection control training
    - Incorporate IC training above & beyond the 1992 Guidelines
  - E. Update your policies and have them accessible to staff
  - F. Look at your environmental cleaning/safe handling of chemicals
    - Universal precautions with laundry/safe disposal of contaminated
    - Trash-remember community means community
  - G. Proper use of antibiotics
    1. Identify the organism/sensitivity
    2. Do not use for viral infections
    3. Complete drug regime
    4. Question prophylactic treatment
  - H. Vaccines-Handouts
- VI. Closing Statements-Preparing for the Future/Learning from the Past
- A. Origins of the IC Specialty
  - B. From Hospital to Community IC
  - C. World IC

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