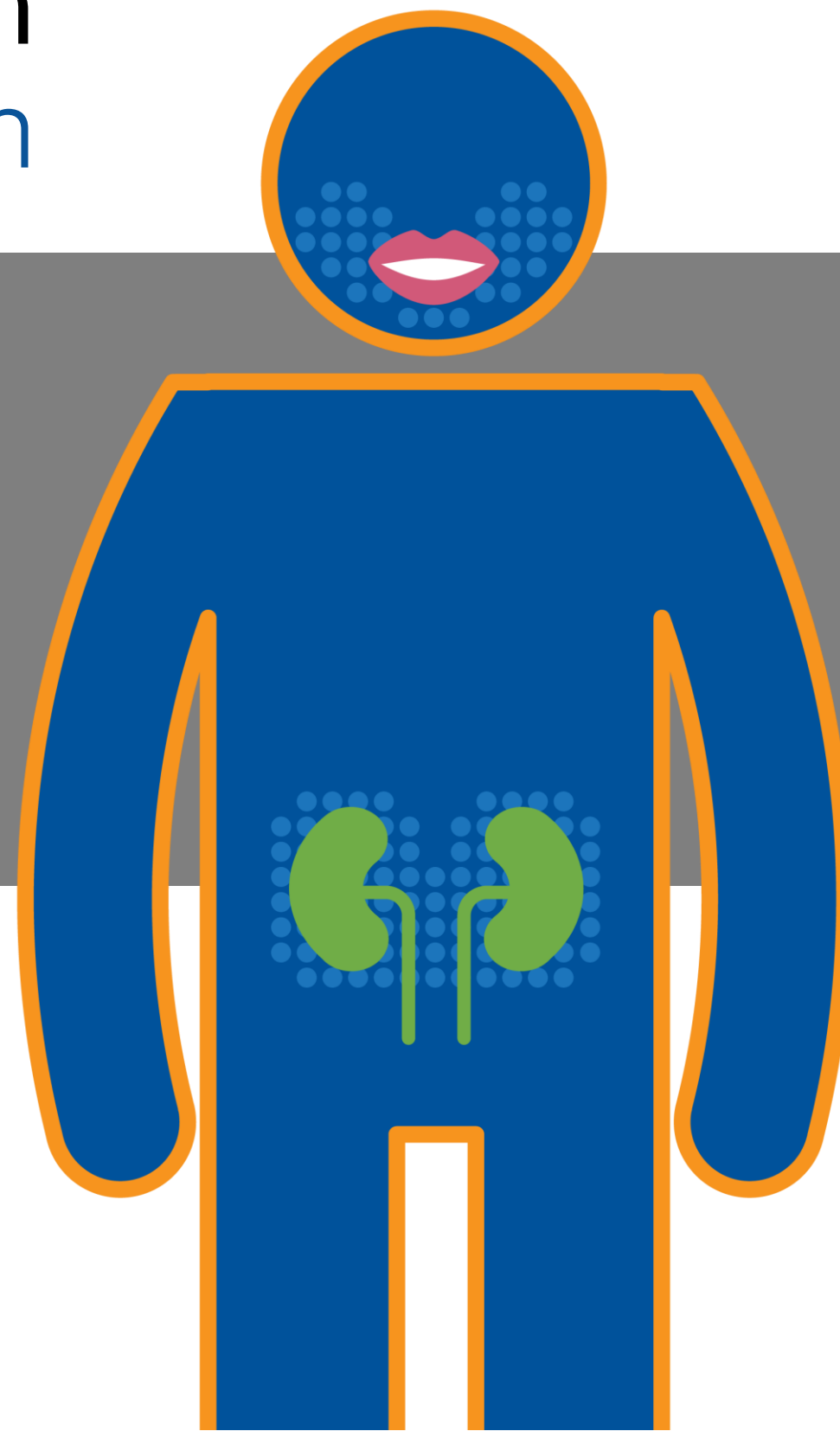


Infection Prevention Staff Presentation

Preventing infection by
maintaining mouth,
skin, and urinary
health.

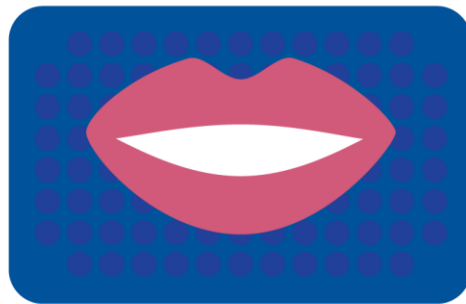
You Matter.
Your Role is Important.
You Have an Impact.

Disclaimer: Use of this tool is not mandated by CMS,
nor does its completion ensure regulatory compliance.



Welcome

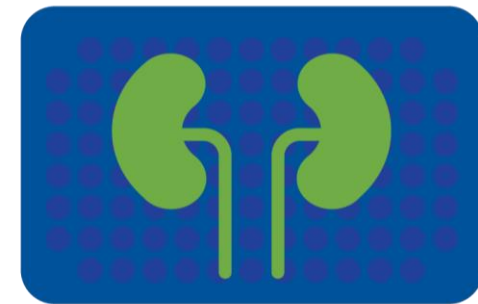
Did you know that the work you do every day can prevent infections?



Mouth Care



Skin Care



Urinary Care

Activities of daily living (ADL) care is an effective way to prevent infections like pneumonia, skin infections, and urinary tract infections (UTIs). **You play an important role in protecting residents from infection because of the work you do every day.**

What are we doing at today's meeting?

In this meeting, we will:

- Learn the connections between ADL care and infection prevention.
- Review tips for how to provide high-quality ADL care for infection prevention.
- Talk as a team about how we can customize ADL care for infection prevention.
- Learn about the *Head to Toe* Toolkit and the resources it contains.

How does your daily care impact infection prevention?

You play an important role in keeping residents infection-free.

- The skin, saliva in the mouth, and membranes in the urinary tract serve as barriers against harmful germs and infections.
- By providing excellent activities of daily living (ADL) care for the mouth, skin, and urinary tract, **you can protect these barriers.**
- You can prevent common infections from ever happening and **even stop them from progressing to more severe infections such as sepsis.**

Before providing care, always remember to perform hand hygiene!

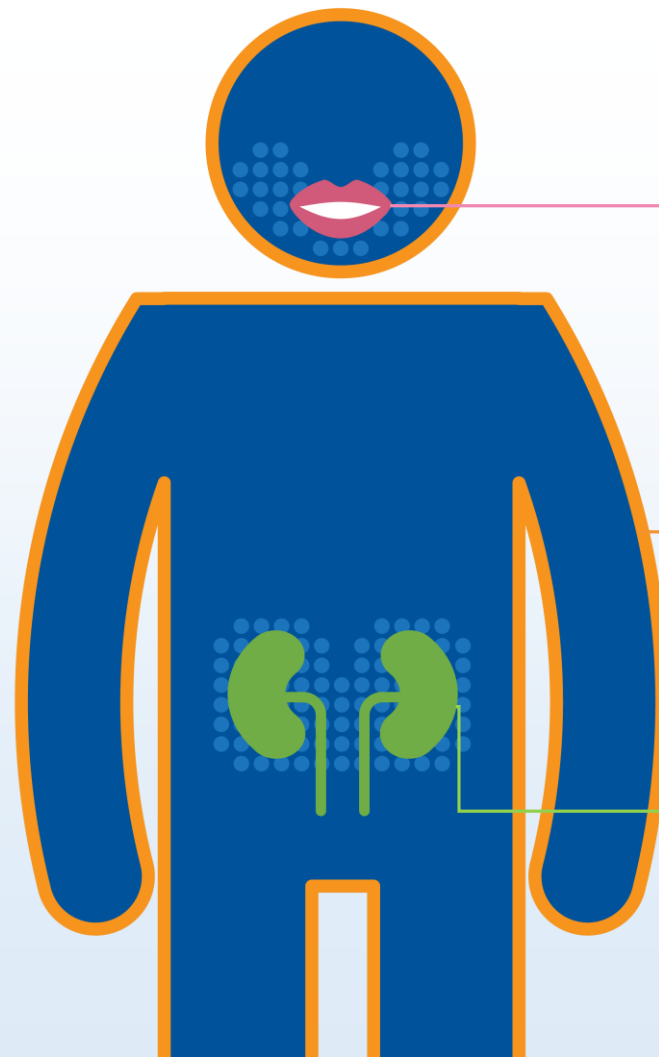
- Perform hand hygiene by washing hands or using an alcohol-based hand rub. Always wash your hands with soap and water when you come in contact with bodily fluids or when caring for a resident with a known or suspected infectious diarrhea called *Clostridioides difficile* (*C. diff*) or stomach virus (norovirus).
- Use appropriate personal protective equipment such as gloves, masks, and isolation gowns.



You Matter. Your Role is Important. You Have an Impact.

Why focus on the mouth, skin, and urinary tract?

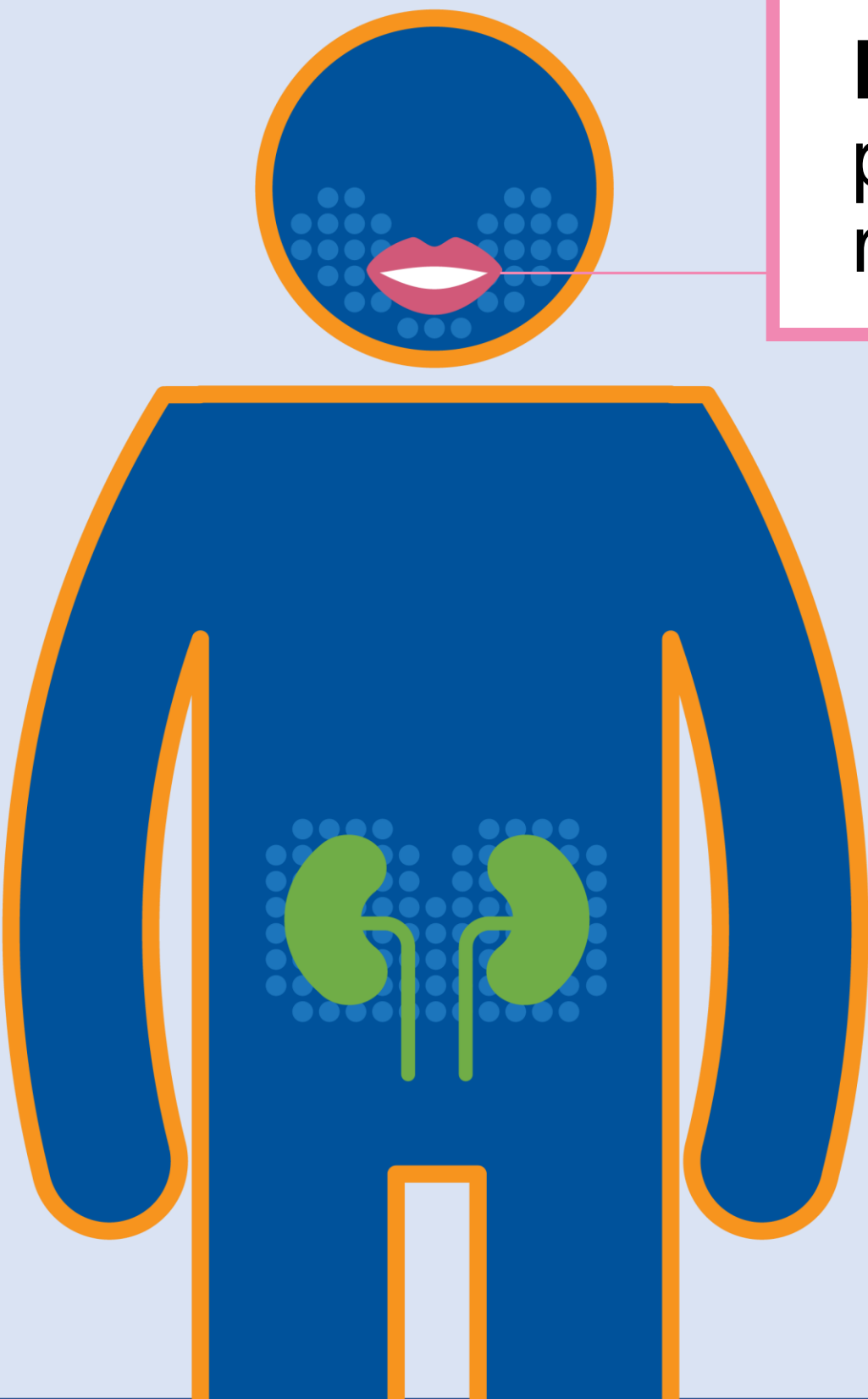
The most common infections in nursing homes are pneumonia, skin infections, and urinary tract infections.



The Mouth is a direct route to the lungs. This is where pneumonia can start.

The Skin is our first line of defense against infections. Skin infections happen here.

The Urinary Tract makes and stores urine, one of the waste products of the body. UTIs occur in this body system.

A stylized human figure in blue with an orange outline. The head is a circle containing a mouth with pink lips and a blue dotted area above it. The torso contains two green kidneys with blue dotted areas around them. A pink line connects the mouth area to the title box.

Part 1: How can you prevent infection through mouth care?

Section Objectives:

- The clinical team will learn the connections between infection prevention and ADL care for the mouth.
- The clinical team will learn helpful tips for preventing infection through ADL care for the mouth.

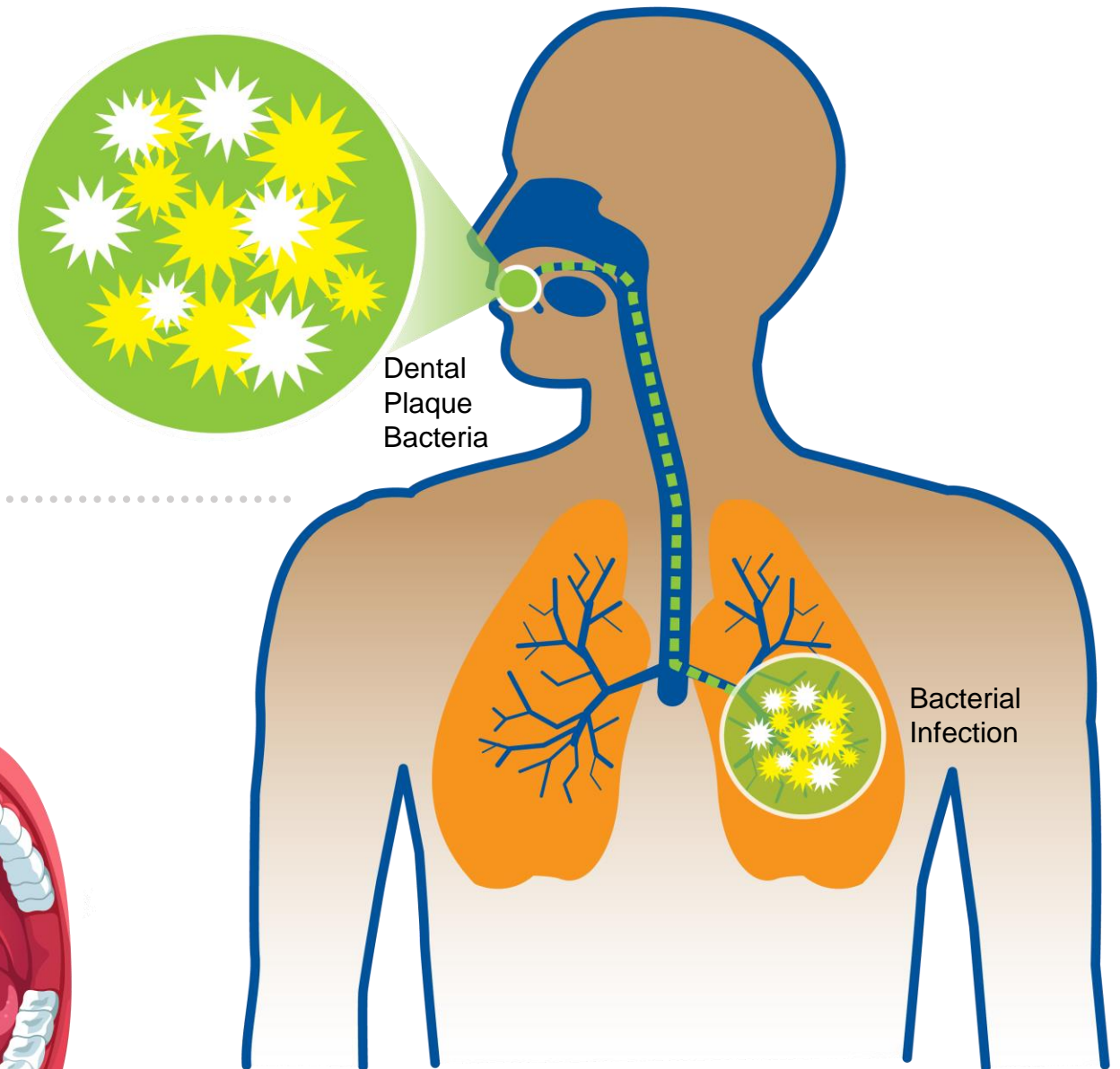


The Mouth

Visit Page 4 of the *Head to Toe Infection Prevention Handbook* for more information.

1. Why Mouth Care Matters for Infection Prevention

- Pneumonia is a common cause of hospitalization.
- Dental plaque contains bacteria that can travel to the lungs and cause pneumonia.
- Mouth care can reduce the number of germs in the mouth and reduce risk of pneumonia.



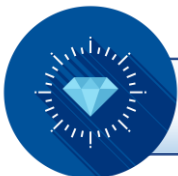
2. The Healthy Mouth

A healthy mouth should be:

- Pink and moist
- Free of pain and sores
- Free of white patches on the tongue



The mouth includes the cheeks, gums, lips, palate, salivary glands, soft tissues, teeth, and tongue.



Keep in Mind: Changes due to the natural aging process can make the mouth more vulnerable to infection.



Best Practices in Providing Mouth Care

Visit Page 5 of the *Head to Toe Infection Prevention Handbook* for more information.

When you provide mouth care for a resident, you can help prevent infection.



Observe

- Look for any changes that indicate pain, infection, or choking hazards.
- Observe for pain, discoloration, and mouth cleanliness.



Brushing Teeth

- Brush twice a day with a soft toothbrush and a pea-sized amount of toothpaste. Move toothbrush back and forth around all surfaces of the teeth, tongue, and gum line.
- If appropriate, floss gently between teeth. Flossing can be challenging but helps to remove bacteria in the areas that a toothbrush cannot reach.
- Apply lubricant to lips, as appropriate.
- If the resident has dentures:
 - Remove dentures.
 - Brush the dentures and soak in solution.
 - When dentures are removed, gently brush the gums and tongue.



Mouthwash

- Rinse mouth with an alcohol-free mouthwash so the mouth does not dry out.
- Make sure mouthwash is designed for reducing cavities or gum disease (not just bad breath).
- Follow the resident's care plan: some residents may need a medicated mouthwash for conditions such as oral thrush, or may be unable to rinse, swish, or swallow.



Customizing Infection Prevention for Every Resident

Visit Pages 17-20 of the *Head to Toe Infection Prevention Handbook* for more information.

Some conditions may make it easier for a resident to get an infection or make it harder to provide mouth care.



For residents with diabetes:

- Make sure to carefully observe this resident's mouth when providing mouth care as they are more prone to gum disease and buildup of bacteria.



For residents with cognitive impairments:

- Be patient when providing mouth care. Remember that a resident may refuse care because they are confused or frightened.
- Be gentle, explain who you are and what you are doing.
- Do not give up on providing mouth care. If necessary, try again at a different time of day. If unsuccessful, report to the nurse.
- Consider trying hand-over-hand assistance (the caregiver placing their hand on top of the resident's hand to guide in care). This may trigger muscle memory and a pattern of self-care for the resident.
- If the resident bites down on the toothbrush during care, use a second toothbrush to cleanse the surface of the mouth cavity.



For residents who recently had surgery or are short-stay:

- When brushing teeth, reposition the resident appropriately.
- If the resident is bed-bound and unable to maintain an upright position, place the resident on their side so they don't choke on any fluids.
- If the resident is able to maintain an upright position, ask the resident to sit upright, lean forward, and tuck their chin down. Assist as necessary.



For residents receiving blood thinners:

- Brush teeth gently with a soft bristle toothbrush to reduce risk of bleeding.
- Discuss with the nurse before flossing the resident's teeth. Flossing may not be indicated for residents on blood thinners due to their increased risk for bleeding.
- Look for bleeding at the back out the mouth and along the gum line.
- Report any bleeding to the nurse immediately.



Knowledge Check



1. **True or False: Dental plaque contains bacteria that can cause pneumonia.**
 - a) True
 - b) False

2. **When observing the mouth while providing care, what should you look for (select all that apply)?**
 - a) Temperature
 - b) Pain
 - c) Cleanliness
 - d) Coloring



Knowledge Check



1. **True or False: Dental plaque contains bacteria that can cause pneumonia.**

a) True

b) False

2. **When observing the mouth while providing care, what should you look for (select all that apply)?**

a) Temperature

b) Pain

c) Cleanliness

d) Coloring



Practice Activities for Mouth Care

Some residents' circumstances can pose challenges to providing excellent mouth care.

Individual Activity: Think about a resident in your care who you have a hard time providing mouth care for.

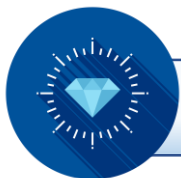
- What makes it hard to provide mouth care?
- Do you think it is important for this resident to receive this care?
- What have you tried?
- What is something new you might try now?

Group Activity: In teams of two, take turns trying to brush each other's teeth for 30 seconds.

- Is it uncomfortable?
- What would make it feel better?
- What is something new you might try with residents who you have a hard time providing mouth care for?

Materials You Will Need:

Toothbrushes for each participant, toothpaste, and basins.



Keep in Mind: Helping residents to feel comfortable and safe can make it easier to provide care.



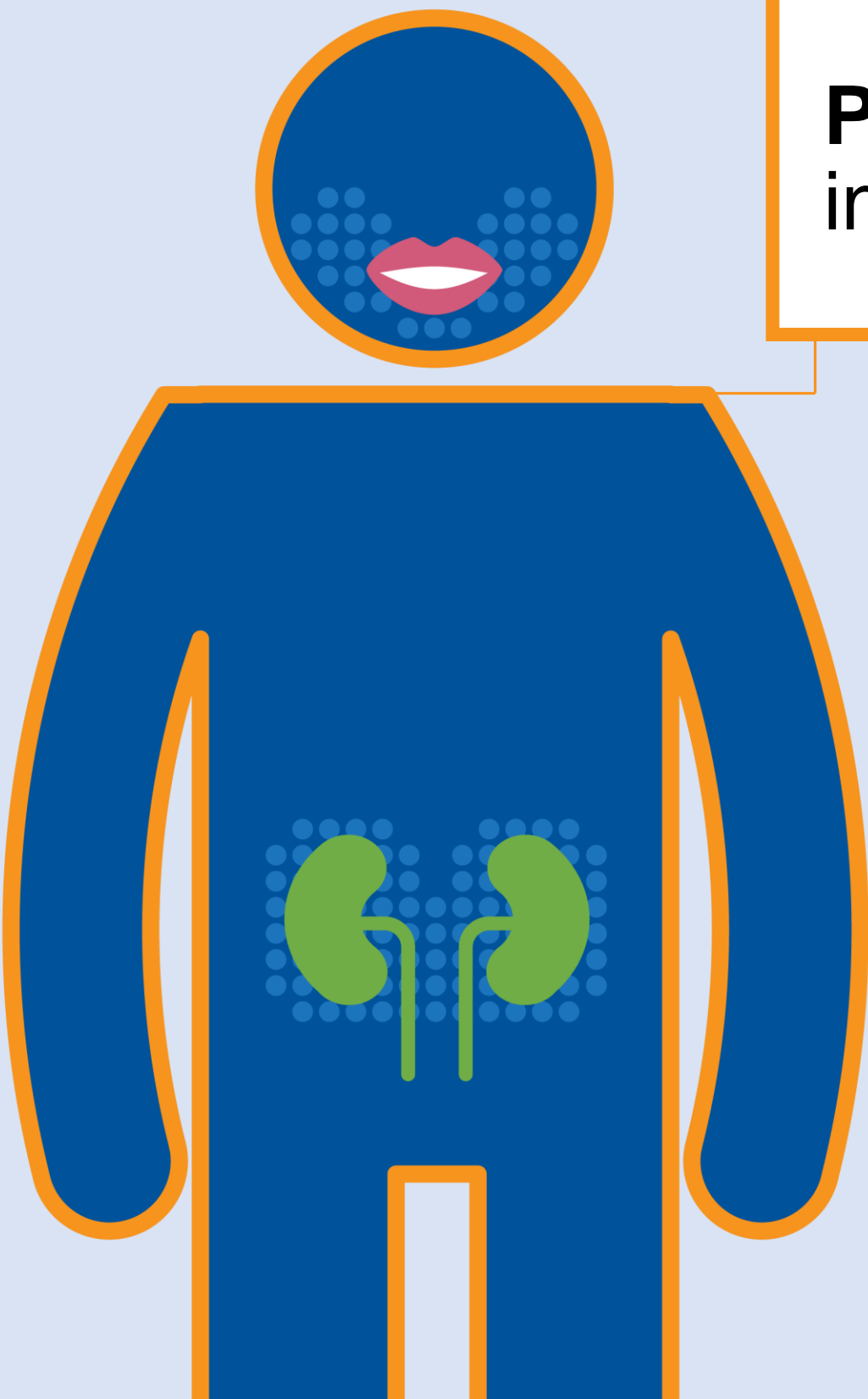
Things to Remember



Bacteria in the mouth is the same bacteria that can travel into the lungs and cause pneumonia, so providing mouth care is important.

If the resident has dentures, be sure to brush them and soak in solution. While dentures are soaking, gently brush the resident's gums and tongue.

Some conditions may make it easier for a resident to get an infection or make it harder to provide mouth care. Customize care to meet each resident's unique needs.

A stylized human figure in blue with orange outlines. The head is a circle containing a pink mouth and blue dotted skin. The torso contains two green kidneys and blue dotted skin. A line connects the head area to a text box on the right.

Part 2: How can you prevent infection through skin care?

Section Objectives:

- The clinical team will learn the connections between infection prevention and ADL care for the skin.
- The clinical team will learn helpful tips for preventing infection through ADL care for the skin.



The Skin

Visit Page 8 of the *Head to Toe Infection Prevention Handbook* for more information.

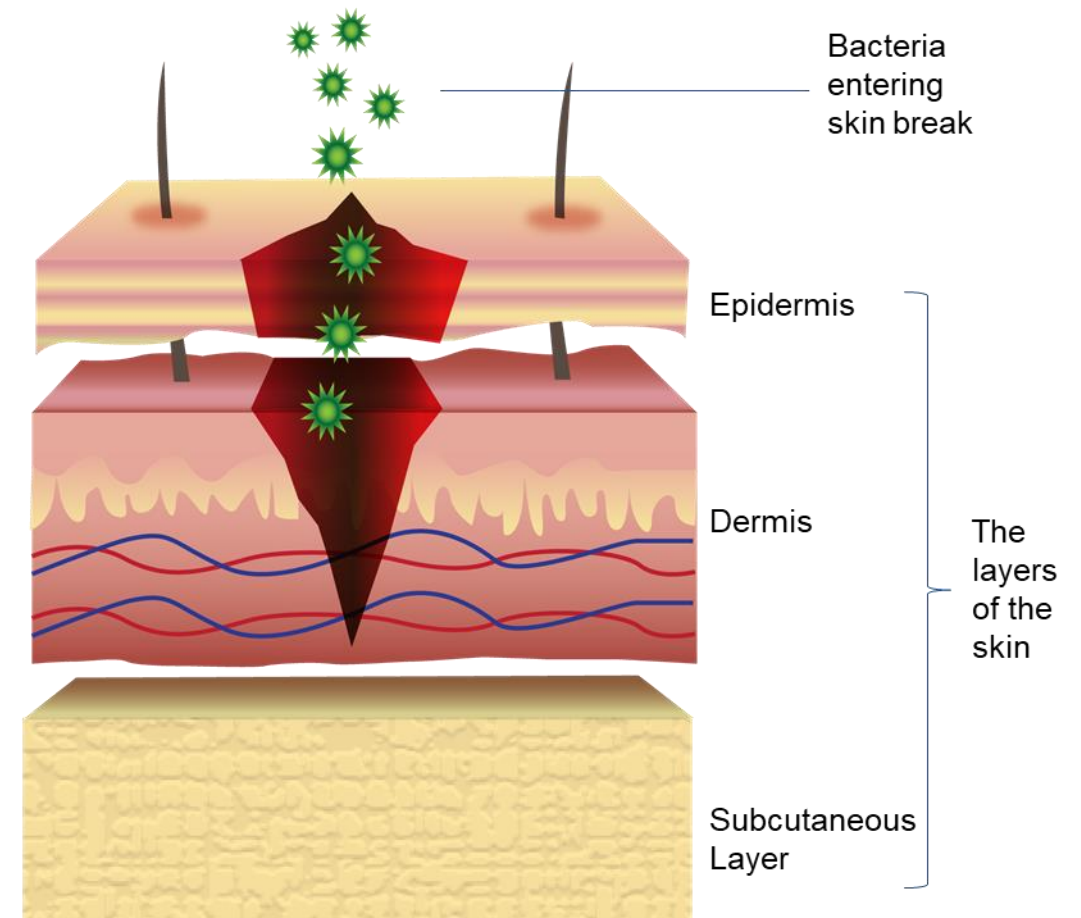
1. Why Skin Care Matters for Infection Prevention

- The skin is the body's first line of defense against infection.
- When the skin breaks, harmful organisms in the environment can enter the body and cause skin infections.
- Proper skin care can prevent harmful infections.

2. The Healthy Skin

Healthy skin should be:

- Intact
- Warm
- Well-hydrated
- Free of sores
- Uniformly colored given the resident's natural skin color and other normal skin changes such as age spots



Skin infections can be caused by bacteria, fungi, viruses, or parasites. Infections occur when a break in the skin barrier allows these organisms to enter the body.



Keep in Mind: The skin of older residents is at higher risk for infection. It is thinner, drier, less firm, and requires more time to heal after an injury.



Best Practices in Providing Skin Care

Visit Page 9 of the *Head to Toe Infection Prevention Handbook* for more information.

When you provide skin care for a resident, you can help prevent infection.



Observe

- Look for any changes that could indicate skin breakdown or infection.
- Observe for pain, appearance, temperature, and cleanliness.



Reposition/Mobility

- If resident needs help moving: reposition frequently and use appropriate support surfaces (e.g., foam wedge, cushion, pillow) to pad bony parts of the body from hard surfaces.
- If resident is mobile: encourage mobility and avoid long periods of sitting.



Bathing

- Encourage use of soft washcloths and gentle soaps that do not dry skin.
- Wash and dry all areas by patting instead of rubbing with a towel.
- Apply moisturizer immediately after bathing. Apply lightly to areas that retain moisture, such as skin folds to avoid skin breakdown and buildup of bacteria.
- Apply barrier creams to the perineal area as needed.
- Between baths, assist residents as needed to wash hands including under nails.



Hydration and Nutrition

- Encourage proper hydration and nutrition to keep skin healthy.
- Always follow the resident's care plan and diet order.



Customizing Infection Prevention for Every Resident

Visit Pages 17-20 of the *Head to Toe* Infection Prevention Handbook for more information.

Some conditions may make it easier for a resident to get an infection or make it harder to provide skin care.



For residents with diabetes:

- Check the resident's feet and in between their toes for cuts and bruises. Keep these areas clean.
- Make sure footwear is appropriate and not too tight. Tight footwear can lead to open areas/blisters.
- Minimize walking barefoot to reduce the chance of injury to the feet/toes.
- This resident may have decreased sensation.
 - Be aware that residents may experience an injury and may not be able to feel it.
 - In order to avoid injury while bathing, ensure the water temperature is appropriate and not too hot.



For residents with cognitive impairments:

- Explain who you are and what you are doing.
- Be sensitive and provide privacy to exposed areas while bathing or observing skin.
- The resident may be unable to communicate temperature preference and needs. In order to avoid injury while bathing, ensure the water temperature is appropriate and not too hot.



For residents who recently had surgery or are short-stay:

- Keep the wound or surgical site clean and dry. Report any concerns to the nurse. Consult the nurse and/or a wound care specialist for guidance on dressing changes.
- Encourage the resident to move as much as their orders/ability will allow. If the resident has to stay in bed, be sure to assist them to reposition frequently.
- Minimize the number of cloth layers (e.g., draw sheets, extra sheets) under the resident to avoid excess pressure.
- If the resident is overweight, use members from your nursing team to aid with bathing and repositioning.



For residents receiving blood thinners:

- Be gentle with repositioning this resident. Any injury can cause bruising or bleeding.
- Observe all areas of the resident's skin for any new or worsening skin tears, wounds, bruises or any open area at risk for bleeding.
- Notify the nurse immediately if you observe bleeding or new onset of redness, swelling, and/or warmth to any extremity. These symptoms could indicate a blood clot, which is a medical emergency.



Knowledge Check



- 1. What is the largest organ in the body and first line of defense against infections?**
 - a) The skin
 - b) The mouth
 - c) The urinary tract

- 2. What is a way to avoid skin tears?**
 - a) Use adhesives for small cuts and irritations
 - b) When repositioning a resident, avoid draw sheets
 - c) Be gentle when repositioning a resident
 - d) Avoid the use of moisturizer when bathing



Knowledge Check



1. What is the largest organ in the body and first line of defense against infections?

- a) The skin
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2. What is a way to avoid skin tears?

- a) Use adhesives for small cuts and irritations
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- c) Be gentle when repositioning a resident
- d) Avoid the use of moisturizer when bathing



Practice Activities for Skin Care

Some residents' circumstances can pose challenges to providing excellent skin care.

Individual Activity: Think about how you bathe.

- Do you bathe in the morning or at night?
- Do you use a specific shampoo or soap?
- Do you like the water hot, warm, or cool?
- How would you feel if you did not get to decide these things?
- If you needed someone's help to bathe, who would you ask?
How would you feel?



Group Activity (choose one or more):

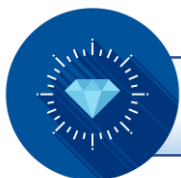
Option 1: Think about a time when it was hard to provide skin care for a resident.

- What did you do to help the resident feel more comfortable and in control?
- What is something new you might try with residents who you have a hard time providing skin care for?
- Discuss as a group.

Option 2: Take 5 minutes to complete the Customizing Care Tool with your own preferences for skin care.

- Once everyone in the group has completed the form, pass it to the person on your right.
- Now read the form you have in your hand. Discuss what it would be like to receive the skin care on the form in your hand instead of the form you filled out for yourself.
- Discuss as a group.

Materials You Will Need: Pens, Copies of the Customizing Care Tool



Keep in Mind: Bathing is very personal. Always protect the resident's privacy and dignity.



Things to Remember



The skin is the body's first line of defense against harmful organisms, so keeping the skin clean and intact is important.

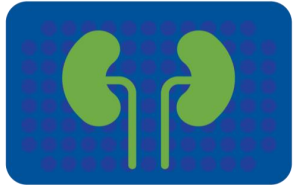
Provide good skin care which includes repositioning, bathing, using moisturizers, and helping residents maintain hydration and proper nutrition.

Some conditions may make it easier for a resident to get an infection or make it harder to provide skin care. Customize care to meet each resident's unique needs.

Part 3: How can you prevent infection through maintaining urinary health?

Section Objectives:

- The clinical team will learn the connections between infection prevention and ADL care for the urinary tract.
- The clinical team will learn helpful tips for preventing infection through ADL care for the urinary tract.



Urinary Health

Visit Page 12 of the *Head to Toe Infection Prevention Handbook* for more information.

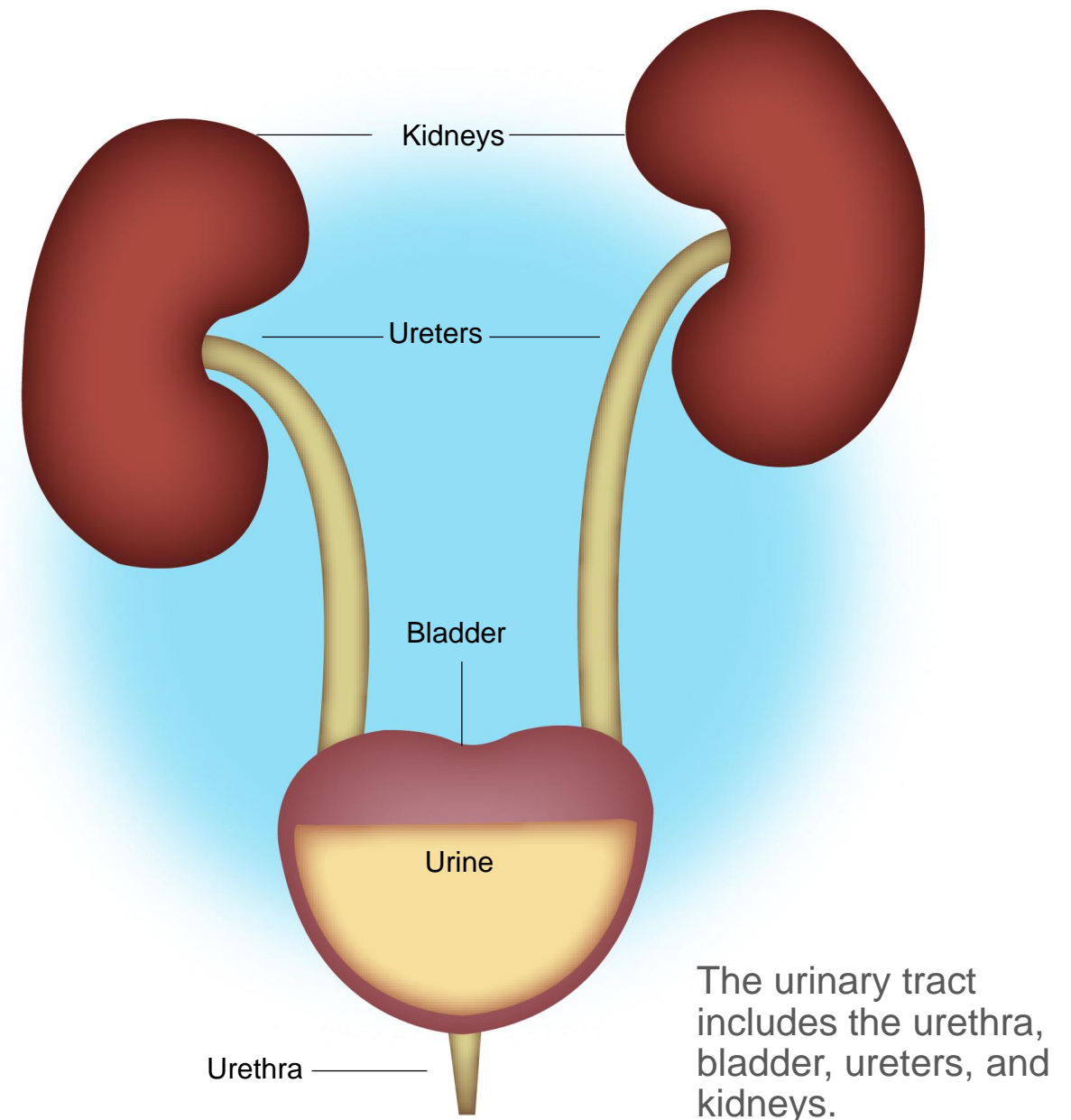
1. Why Urinary Health Matters for Infection Prevention

- The urinary tract makes and stores urine, one of the waste products of the body.
- Urinary tract infections represent 25% of all infections in older adults.
- Misdiagnosed UTIs may lead to unnecessary use of antibiotics and places residents at risk for adverse drug events and infectious diarrhea (*C. diff*).

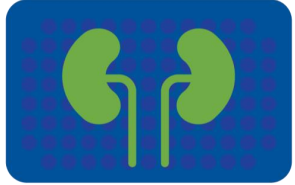
2. The Healthy Urinary Tract

Together, the organs of the healthy urinary tract eliminate waste from the body via urine. A healthy urinary tract means:

- Urine is free of blood
- Urination is free of pain
- Perineal skin is intact
- Normal flora is present



Keep in Mind: Urinary retention, urinary incontinence, and urinary catheters are common in nursing homes. All of these increase the risk for UTIs.



Best Practices in Providing Urinary Care

Visit Page 13 of the *Head to Toe Infection Prevention Handbook* for more information.

When you maintain urinary health for a resident, you can help prevent infection.



Observe

- Look for any signs and symptoms of a potential UTI.
- Observe for pain and any changes in urination.



Bathing and Hygiene

- Encourage use of gentle soaps that do not dry skin.
- Wash the perineal area with soap and water. Dry gently by patting (not wiping).
- If a catheter is present, provide catheter care per policies and procedures.



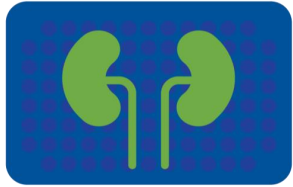
Hydration

- Understand the resident's preferences and provide drinking aids as needed.
- Depending on the resident's preferences and restrictions, provide water at the bedside within the resident's reach. Assist residents who may need help drinking.
- If appropriate, consider beverage alternatives when a resident does not care for plain water.



Voiding Practices

- Provide privacy and be patient regarding the resident's unique needs.
- After the resident voids, provide or assist with perineal hygiene as appropriate.
- For females, clean from front to back. For males, pull back the foreskin if present and then clean from tip to base.



Customizing Infection Prevention for Every Resident

Visit Pages 17-20 of the *Head to Toe Infection Prevention Handbook* for more information.

Some conditions may make it easier for a resident to get an infection or make it harder to provide urinary care.



For residents with diabetes:

- Refer to the resident's care plan and resident's identified preferences for beverages.
- Do not promote the intake of sugary fluids (e.g., juice) while trying to keep the resident hydrated, unless the resident has a low blood sugar reading. Instead, offer different types of water and other unsweetened drinks.



For residents with cognitive impairments:

- Explain who you are and what you are doing.
- Be sensitive to exposed areas. Provide privacy, when able to do so safely.



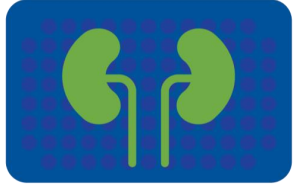
For residents who recently had surgery or are short-stay:

- If the resident has a catheter, ensure that the drainage bag is below the level of the bladder. Ensure the bag does not touch the floor and the tubing does not allow urine to flow upwards.
- Provide catheter care per your nursing home's policies and procedures.
- If the resident is incontinent, make sure to change incontinence products per policies and procedures to avoid skin breakdown, as well as clean the perineal area and apply barrier cream.



For residents receiving blood thinners:

- Notify the nurse immediately if you see any blood in the urine or stool. Urine with blood may have a pink, red, or brown tinged coloring. Stool with blood may have streaks of blood or may be very dark brown in color.



Knowledge Check



1. Receiving antibiotics increases your risk for which issue?

- a) Pyelonephritis
- b) Sepsis
- c) *C. diff*
- d) Kidney Stones

2. True or False: Hydration is important for maintaining urinary health.

- a) True
- b) False



Knowledge Check

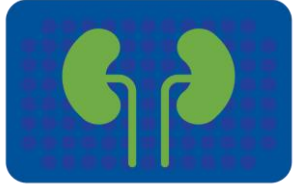


1. **Receiving antibiotics increases your risk for which issue?**

- a) Pyelonephritis
- b) Sepsis
- ☒ c) *C. diff*
- d) Kidney Stones

2. **True or False: Hydration is important for maintaining urinary health.**

- ☒ a) True
- b) False



Customizing Infection Prevention for Every Resident

Some residents' circumstances can pose challenges to providing excellent urinary care.

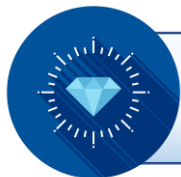
Individual Activity: Think about residents in your care who often have UTIs.

- What have you tried to help prevent UTIs?
- What is something new you might now try to do?
- Do some things work well for some residents but not others?
- What tips and pointers would you give a new CNA on how to provide perineal care?
- What can you say to a resident to help them understand the importance of hydration or proper perineal care for urinary health?

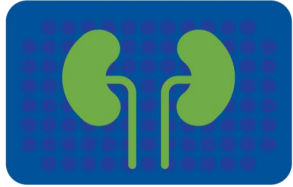
Group Activity: In teams of two, take turns trying to help each other drink 10 sips of water.

- Is it uncomfortable?
- What would make it feel better?
- What is something new you might try with residents when assisting with hydration?

Materials You Will Need: Cups of water for each participant



Keep in Mind: A resident may need long or frequent trips to the toilet. Be patient with residents when assisting with toileting.



Things to Remember



Urinary retention, urinary incontinence, and urinary catheters are common in nursing homes. All of these increase the risk for UTIs.

It is important to provide perineal hygiene daily and as appropriate. For females, clean from front to back. For males, pull back the foreskin if present and then clean from tip to base.

Some conditions may make it easier for a resident to get an infection or make it harder to provide skin care. Customize care to meet each resident's unique needs.

Part 4: Practice Activities

Section Objective:

Put your new knowledge to use with practical application case studies and discussion questions about delivering person-centered ADL care.

Case Study Activities

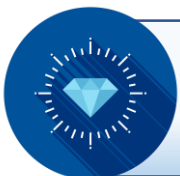


How do you customize care to residents' unique needs?

In the following case studies, each resident presents their own unique story. As a group, practice understanding resident preferences and customizing care to each individual. Consider the tips below.

When providing care, always:

- Get to know the resident and their preferred routine and preferences.
- Politely ask the resident for permission before starting.
- Be patient, explain each step before you begin, and provide encouragement and positive feedback.
- Be aware that injuries of unknown origin or complaints of pubic pain could be signs of abuse.
- If you have trouble providing care to a resident, look for and ask about ways to improve care for them.



Keep in Mind: Some conditions may make it harder to maintain mouth, skin, and urinary health. Work with your nursing team to customize care to meet residents' unique needs.



Mouth Care Case Study

Interactive Discussion Activity:

Mrs. Smith is an 87-year-old female resident living with dementia. She frequently resists care. Staff members find it difficult to provide her mouth ADL care. She tends to push staff away and bites down on the toothbrush when staff attempt to brush her teeth. Her family tells the staff that she responds well to reassuring touch and a calm approach. Staff members try to implement these techniques with Mrs. Smith, but it still takes a lot of time to provide mouth care and sometimes she chokes during mouth care. Staff admit honestly that they frequently skip the step of offering to help Mrs. Smith with brushing her teeth.

One week later, Mrs. Smith has difficulty breathing and a harsh cough. The nurse evaluates her and recommends transferring Mrs. Smith to the hospital due to her change in condition. A doctor at the hospital diagnoses her with pneumonia and admits her to the intensive care unit. In order to maintain her oxygen levels, she is placed on a ventilator.

How could this aspiration pneumonia have been prevented?



Mouth Care Key Points

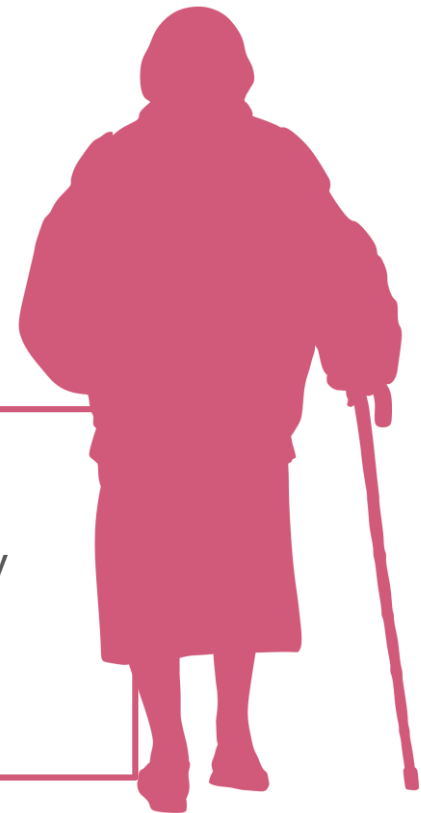
What Could Have Helped Prevent Mrs. Smith's Infection?

As a group, discuss what interventions could have been used to prevent infection in this situation. Some strategies might include:

- Determine why the resident is refusing care. Are they in pain, are they fearful, does the care not align with their daily routine?
- Calmly explain who you are and why you are providing care.
- Try approaching care at another time of day when the resident is more cooperative and calm, or try another caregiver with whom the resident is more comfortable.
- If the resident has difficulty with thin liquids like mouthwash or plain water, notify the nurse who will determine if a speech therapy consult is appropriate.

Mouth Care Tips to Try:

- Consider trying hand-over-hand assistance (the caregiver placing their hand on top of the resident's hand to guide care). This may trigger muscle memory and a pattern of self-care for the resident.
- If the resident bites down on the toothbrush during care, use a second toothbrush to clean the mouth.





Skin Care Case Study



Interactive Discussion Activity:

Mr. Wang is a 58-year-old male who currently lives in a post-acute care rehab unit following a hip replacement. He has been unable to leave his bed for several days. Bathing and repositioning is a challenge, resulting in Mr. Wang's refused participation. Mr. Wang gets very upset when the staff try to support him to reposition. Sometimes, he yells or throws objects across the room. When this occurs, staff often do not reapproach Mr. Wang.

This week during skin checks, the nurse identifies that Mr. Wang has developed an open wound with drainage. A nurse practitioner diagnoses him with an infected stage 2 pressure injury that requires antibiotics and wound care.

How could this skin infection have been prevented?



Skin Care Key Points

What Could Have Helped Prevent Mr. Wang's Infection?

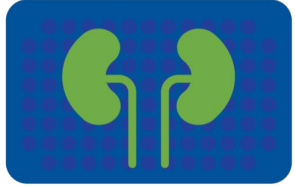
As a group, discuss what interventions could have been used to prevent infection in this situation. Some strategies might include:

- Determine why the resident is refusing care. Are they in pain, are they fearful, does the care not align with their daily routine? Is depression a concern for this resident?
- Talk with the resident about the importance of bathing and repositioning to prevent skin breakdown and infection.
- Involve the family in care and understand the resident's preferences and needs.

Skin Care Tips to Try:

- Provide privacy to exposed areas while bathing or observing skin.
- Ensure water temperature is appropriate and comfortable for the resident.
- Be cautious of any painful areas when repositioning.
- Minimize the number of cloth layers (e.g., draw sheets, extra sheets) under the resident to avoid excess pressure and skin breakdown.
- Pad bony parts of the body from hard surfaces with appropriate support surfaces (e.g., foam wedge, pillow, cushion).





Example: Urinary Tract Health

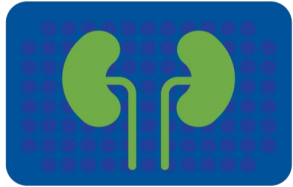
Interactive Discussion Activity:



Ms. Rodriguez is a 72-year-old long-term care resident with diabetes. She enjoys walking independently around the home and always looks forward to her Wednesday afternoon hair appointment. Recently, Ms. Rodriguez has had trouble with voiding completely. Sometimes, she is not able to make it to the toilet in time. Ms. Rodriguez's care team has initiated a bladder training program for her due to these recent issues with voiding and incontinence. Per her new care plan, the nursing team is expected to cue to toilet every two hours. Often, when the staff gets busy, this does not always happen on time.

A few days later, the nurse aide finds that Ms. Rodriguez has a temperature of 100.8 °F. The nurse aide also notices that Ms. Rodriguez seems more tired than usual and complains of pain with urination. The next day, Ms. Rodriguez is diagnosed with a urinary tract infection.

How could this UTI have been prevented?



Urinary Tract Key Points

What Could Have Helped Prevent Ms. Rodriguez's Infection?

As a group, discuss what interventions could have been used to prevent infection in this situation. Some strategies might include:

- Know and identify symptoms of UTI that do not always present in the urine such as changes in mental status.
- Understand your residents and say something when you observe a concern.
- Allow extra time for toileting when a resident has trouble with frequency or incontinence.
- Follow the resident's care plan and cue to the toilet every 2 hours.

Urinary Care Tips to Try:

- Find a schedule that works for the resident; cue to the toilet per the care plan.
- Encourage frequent toileting, even if the resident does not feel the urgency to urinate. Remember the resident may be unaware of their incontinence.
- If the resident requires incontinence products, such as briefs, ensure they are the correct fit.
- Observe for skin breakdown as stool and urine irritate the skin. Apply barrier cream to the skin as needed.
- After the resident voids, provide or assist with perineal hygiene support as appropriate. For females, clean from front to back. For males, pull back the foreskin if present and clean from tip to base.
- Always honor resident preferences and ensure privacy when providing incontinence care.





What About Residents Who Provide Their Own Care?

Infection prevention is also important for residents who provide all or some of their own mouth, skin, or urinary care.

- Support these residents to maintain their health and stay independent.
- Ensure residents are informed of steps to take to remain infection-free.
- Work with residents to watch for signs of infection.

Consider asking questions such as:



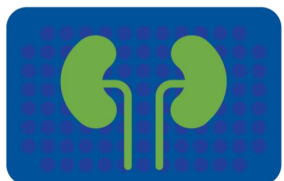
MOUTH:

- Do you have any pain in your mouth, teeth, or gums?
- Do you see blood when you brush or floss your teeth?
- Do you have any sores or discolored areas in your mouth?



SKIN:

- Any pain or sensitive areas on your skin?
- Have you seen any red areas, new bruises, or open areas of skin?



URINARY TRACT:

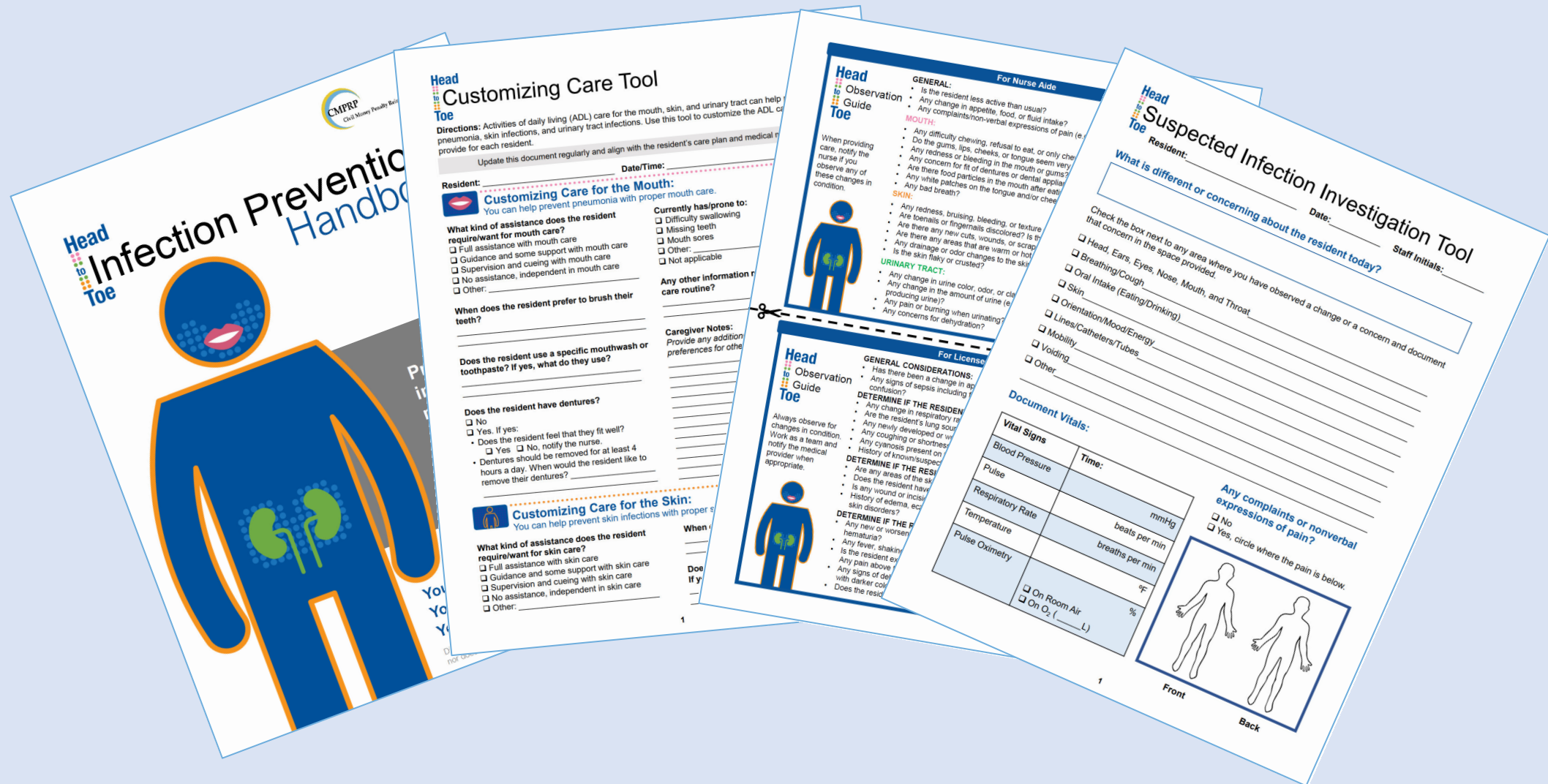
- When you urinate do you feel any pain or burning?
- Do you ever see blood in the urine?
- Have you been needing to urinate more or less than usual?

What other person-centered strategies might you use for residents who provide their own care?

Part 5: How can you use the *Head to Toe* Toolkit to prevent infections?

Section Objective:

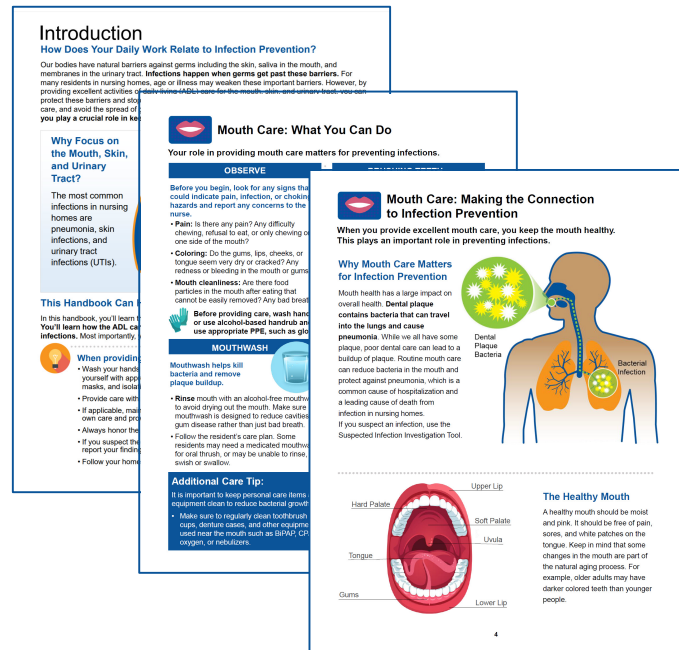
The clinical team will learn about the pieces of the *Head to Toe* Toolkit and how to use them.



Talk as a team about how you can use one or more of these tools on a regular basis.

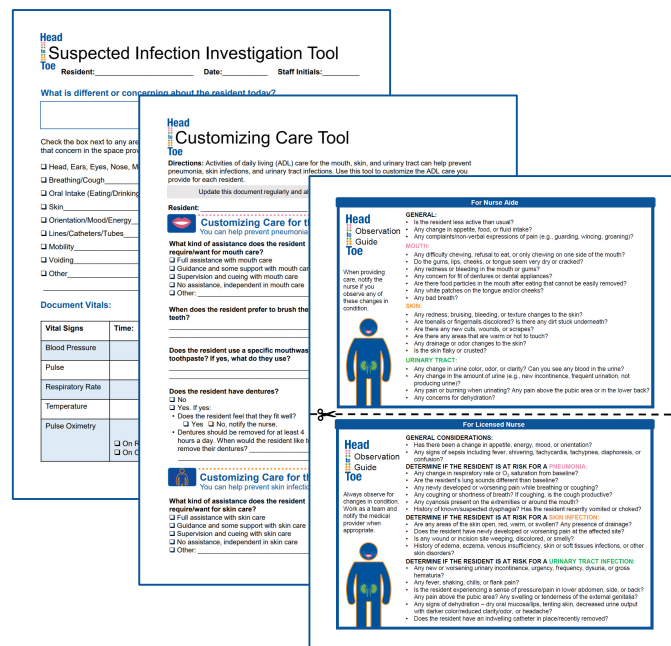
Toolkit Components

The *Head to Toe* Toolkit provides you with tools for the clinical team to help keep residents infection-free.



Head to Toe Handbook:

Provides education on how protecting the mouth, skin, and urinary tract helps to prevent infection. The handbook also includes tips to provide care and education on how to tailor care to the needs and preferences of each resident.



Tools for the Clinical Team:

- Observation Guide
- Customizing Care Tool
- Suspected Infection Investigation Tool

Observation Guide

What is the purpose of the Observation Guide?

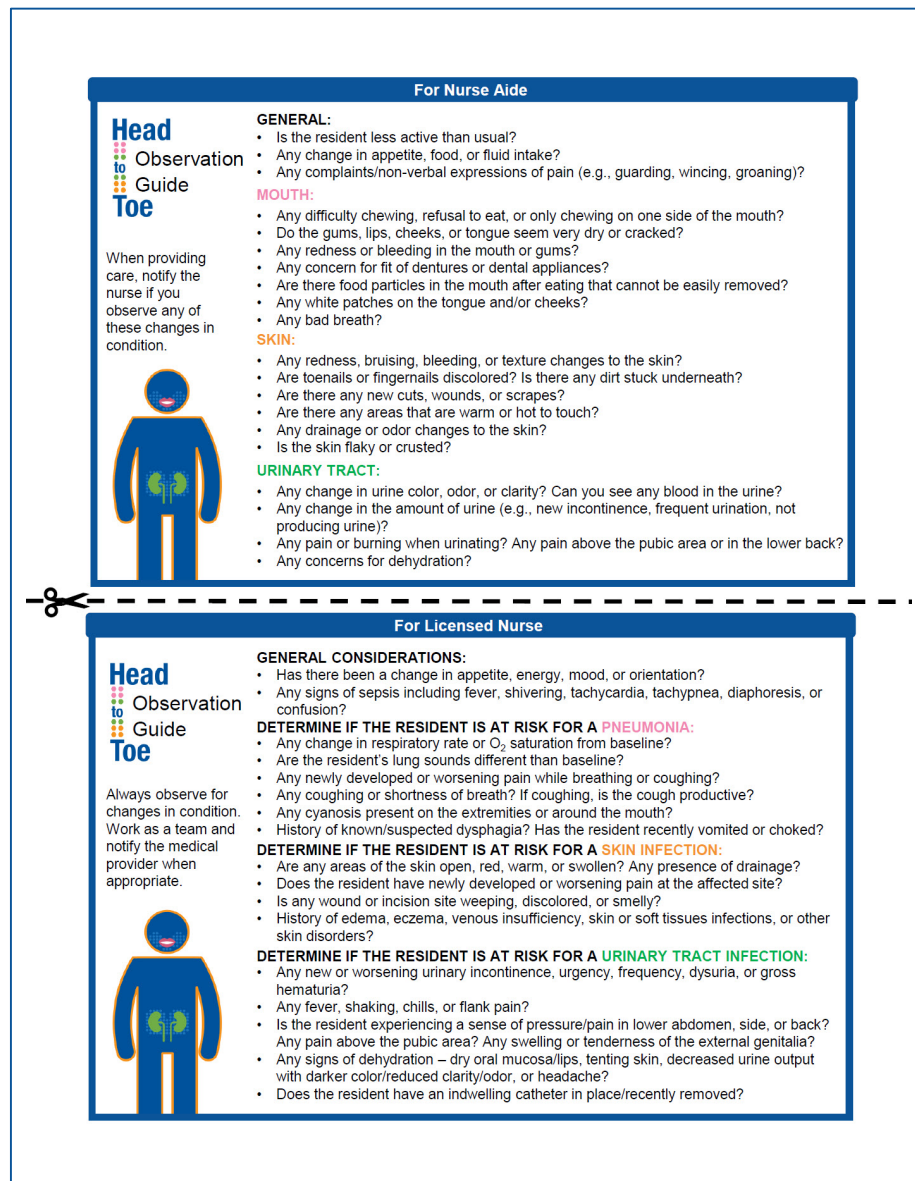
- The Observation Guide has two sections: one for nurse aides and one for licensed nurses.
- The nurse aide Observation Guide has information on what to observe when providing daily care related to the mouth, skin, and urinary tract.
- The licensed nurse Observation Guide has guiding questions related to clinical changes in condition specific to pneumonia, skin infections, and urinary tract infections.

Who will use the Observation Guide?

- This tool is for nurse aides and licensed nurses.

How often will the Observation Guide be used?

- Use this tool every day as a reference to provide excellent infection prevention care. Use the portion of the tool most relevant to your role and review the questions when providing daily care or when a concern arises.



Customizing Care Tool

Head
to
Toe

Customizing Care Tool

Directions: Activities of daily living (ADL) care for the mouth, skin, and urinary tract can help prevent pneumonia, skin infections, and urinary tract infections. Use this tool to customize the ADL care you provide for each resident.

Update this document regularly and align with the resident's care plan and medical needs.

Resident: _____ Date/Time: _____

Customizing Care for the Mouth:

You can help prevent pneumonia with proper mouth care.

What kind of assistance does the resident require/want for mouth care?

- ☐ Full assistance with mouth care
- ☐ Guidance and some support with mouth care
- ☐ Supervision and cueing with mouth care
- ☐ No assistance, independent in mouth care
- ☐ Other: _____

Currently has/prone to:

- ☐ Difficulty swallowing
- ☐ Missing teeth
- ☐ Mouth sores
- ☐ Other: _____
- ☐ Not applicable

When does the resident prefer to brush their teeth?

Does the resident use a specific mouthwash or toothpaste? If yes, what do they use?

Does the resident have dentures?

- ☐ No
- ☐ Yes. If yes:
 - Does the resident feel that they fit well?
 - ☐ Yes ☐ No, notify the nurse.
 - Dentures should be removed for at least 4 hours a day. When would the resident like to remove their dentures? _____

Any other information related to daily mouth care routine?

Caregiver Notes:

Provide any additional information regarding care preferences for other caregivers to reference.

Customizing Care for the Skin:

You can help prevent skin infections with proper skin care.

What kind of assistance does the resident require/want for skin care?

- ☐ Full assistance with skin care
- ☐ Guidance and some support with skin care
- ☐ Supervision and cueing with skin care
- ☐ No assistance, independent in skin care
- ☐ Other: _____

When does the resident prefer to bathe?

Does the resident use a specific soap or lotion? If yes, what do they use?

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What is the purpose of the Customizing Care Tool?

- This tool is used to document resident preferences and create a plan for providing individualized mouth care, skin care, and maintenance of urinary health.
- This tool is focused on customizing infection prevention care tailored to each resident's unique needs.

Who will use the Customizing Care Tool?

- This tool is for the clinical team.

How often will the Customizing Care Tool be used?

- Use this tool every day as a reference when providing care. This document should be updated regularly and should be aligned with the resident's care plan and medical needs.

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Suspected Infection Investigation Tool

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to
Toe

Suspected Infection Investigation Tool

Resident: _____ Date: _____ Staff Initials: _____

What is different or concerning about the resident today?

Check the box next to any area where you have observed a change or a concern and document that concern in the space provided.

☐ Head, Ears, Eyes, Nose, Mouth, and Throat

☐ Breathing/Cough

☐ Oral Intake (Eating/Drinking)

☐ Skin

☐ Orientation/Mood/Energy

☐ Lines/Catheters/Tubes

☐ Mobility

☐ Voiding

☐ Other

Document Vitals:

Vital Signs	Time:
Blood Pressure	mmHg
Pulse	beats per min
Respiratory Rate	breaths per min
Temperature	°F
Pulse Oximetry	% <input type="checkbox"/> On Room Air <input type="checkbox"/> On O ₂ (____ L)

Any complaints or nonverbal expressions of pain?

☐ No
☐ Yes, circle where the pain is below.

FrontBack

What is the purpose of the Suspected Infection Investigation Tool?

- This tool can be used by nurse aides when a concern or difference in resident’s baseline status is observed.
- This tool aids in the collection of information regarding a concern for a potential infection.

Who will use the Suspected Infection Investigation Tool?

- This tool is for the nurse aide.

How often will the Suspected Infection Investigation Tool be used?

- Use this tool whenever there is concern for a suspected infection.

