Oregon's Community Based Care Nursing Newsletter

Pandemic influenza — a hot topic

A message from Susan Allan, M.D., J.D., M.P.H, Oregon State Public Health Director

Pandemic influenza is a hot topic, often linked with bird flu. A reality check: currently H5N1 influenza only affects birds. Scientists say it is unlikely that it will become a human disease.

Oregon has a pandemic flu plan. We also have systems to detect and respond to a wide range of diseases. See *www.oregon.gov/DHS/ph/*

Pandemic and emergency preparedness starts with you. That means making a family plan and storing at least three days worth of water, food and extra medications.

Seasonal influenza kills 36,000 people annually and is one disease we can predict. When next fall rolls around, I urge healthcare workers to get immunized to protect themselves, their patients and their families.

Make a family plan and store at least three days worth of water, food and extra medications.

What is pandemic influenza?

An influenza pandemic is a widespread outbreak of disease that occurs when a new flu virus appears that people have not been exposed to before. Pandemics are different from seasonal outbreaks of influenza. Seasonal flu outbreaks are caused by viruses that people have already been exposed to; flu shots are available to help prevent widespread illness, and impacts on society are less severe. Pandemic flu spreads easily from person to person and can cause serious illness because people do not have immunity to the new virus.

A pandemic may come and go in waves, each of which can last for months at a time. Everyday life could be disrupted due to people in communities across the country becoming ill at the same time. These disruptions could include everything from school and business closings to interruption of basic services such as public transportation and health care. An especially severe influenza pandemic could lead to high levels of illness, death, social disruption and economic loss.

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It's difficult to predict when the next influenza pandemic will occur or how severe it will be. It's important that people prepare ahead of time to lessen the negative effects. This is especially true for community-based nurses. As you begin planning for your family and your work setting, you will want to review your state's planning efforts and those of your local public health and emergency preparedness officials. Many of the state plans and other planning information can be found at *www.pandemicflu.gov.*

Here are some things to consider when planning for the clients that you serve:

- Have adequate emergency supplies. This includes medications, disposable medical equipment, nonperishable food and water. Ask the person's doctor and insurance company if they can get an extra supply of their regular prescription medications.
- Be aware that many caregivers will not be making it to work due to illness of themselves or family members or because of childcare needs. Schools may close and transportation may not be available. How will your clients manage? If you work for an employer, consider participating in the development of an emergency preparedness policy.
- Access to hospitals and acute care centers may be limited to persons experiencing life-threatening needs. As a nurse, you may be expected to care for or oversee the care of more impaired clients.
- Practice infection control procedures at worksites and be aggressive with requiring good hand washing techniques, as this will become more important than ever. Encourage clients and coworkers to eat a balanced diet, hydrate well and exercise on a regular basis, getting plenty of rest.
- Encourage people to keep their immunizations up to date and encourage the use of flu and pneumonia immunizations.

As a nurse, you will be approached as an educator and leader on these issues. Stay informed. For reliable, accurate and timely information, check out *www.pandemicflu.gov;* this also includes links to state departments of public health.

Another source for information is the Center for Disease Control and Prevention (CDC) Hotline at: 1-800-CDC-INFO (1-800-232-4636). This line is available in English and Spanish, 24 hours a day, 7 days a week. For TTY services, call 1-888-232-6348.

17th Annual OCGEC conference

The Oregon Geriatric Education Center (OGEC) will be presenting its 17th Annual Summer Institute on June 14th, 15th, and 16th at the School of Nursing at OHSU. Topics have been selected which will meet the needs of health care professionals who work with older adults and offer an in-depth, high-level educational experience. This year the Institute will focus on Culture & Aging (June 14th) and provide two days devoted exclusively to Mental Health & Aging (June 15th and 16th).

A buffet lunch and a parking pass are included in the registration fee ($75.00/per day or $200.00 for all three days), which makes coming to OHSU for the day easy. Continuing education credits are also available. For more information or to request a brochure, please visit the OGEC website at *www.ohsu.edu/ogec* or call (503) 418-2174.

Infection control and hand hygiene

Pat Preston has been synonymous with infection control for many years in the health care field in Oregon and across the nation. He recently shared some of his knowledge with us: "Hand hygiene is often touted as the primary intervention to cross contamination to ourselves and to our clients. We were raised to wash our hands. We were instructed as nurses to wash our hands before and after client contact. Now, there's an alternative to soap and water.

In October of 2002, the Centers for Disease Control and Prevention (CDC) published the guidelines for hand hygiene *(www.cdc.gov/hand-hygiene)*. The guidelines endorse the usage of alcohol-based hand rubs (gels, foams, sprays) when the hands "are not visibly soiled." CDC stated that plain soap and water should be used when there is visible soilage on the hands. Although this was suggested more than three years ago by the CDC, there is still some distrust and misunderstanding in the field. Scientific studies have shown that, if there is no visible soilage, using alcohol-based rubs is preferred over soap and water. Alcohol evaporates immediately, and, therefore, does not remain as a residue, allowing skin bacteria to mutate to become resistant to alcohol. It is well documented that hand hygiene compliance improves significantly when the rubs are promoted and used.

Other than our hands, our medical equipment gets cross contaminated. The chemical that we use to kill pathogens on surfaces is called a disinfectant. If you soak equipment for 10 minutes (follow the product instructions) the process is called disinfecting. However, when you wipe the surface and allow immediate air-drying, that process is called sanitizing. Generally, we sanitize items more often than we disinfect them.

Any disinfectant will work well. The goal is to effectively minimize cross contamination to ourselves, colleagues, and other clients by sanitizing. Sanitizing surfaces immediately kills multiple-resistant Staphylococcus aureus (MRSA).

Virus-caused diarrhea has always plagued humans. The majority of virus pathogens begin in animals. Once they make the leap to humans, the virus becomes a known pathogen. In Norwalk, Ohio, in 1972, during an outbreak of nausea, vomiting and diarrhea, the suspected causative virus was termed Norwalk virus. Since then the group of viruses causing similar illness has been re-named *norovirus*. Every winter and spring, there are community and health-care facility outbreaks of both clients and employees. The gastroenteritis is acute and outbreaks spread rapidly by fecal-oral and person-to-person routes. The major problem is the one-by-one attack of employees. This not only takes a large number of health care workers out of the work site(s), but there is also the problem of them taking it home to their families and even re-infecting themselves.

Use alcohol-based hand rubs (gels, foams, sprays) when the hands "are not visibly soiled." Plain soap and water should be used when there is visible soilage on the hands.

The virus has a short incubation period. Once you ingest the viruses within 12-48 hours, you begin experiencing the symptoms, which can consist of any combination of nausea, vomiting and multiple episodes of diarrhea. It generally lasts 12-72 hours in a single person. It may last much longer in the entire household. The person may be able to continue spreading the virus for up to three days after

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the symptoms are gone. It is important to continue infection control precautions for this time period after symptoms subside.

The *norovirus* is **not** effectively killed by alcohol. This virus is a rare exception to the remarkable killing effect of alcohol. During an outbreak, it is recommended to switch back to the primary usage of soap and water. Continue using alcohol-based rubs also to kill all other pathogens involved in your daily work. Simply wash hands first and subsequently use a rub. It's the best of both worlds.

Norovirus is not killed by most common household disinfectants. After you have thoroughly cleaned the soiled contaminated surfaces, you should sanitize the soiled surfaces with bleach (one part bleach to 10 parts of water). Another effective disinfectant for *norovirus* contains the active ingredient *phenol*. This is an effective substance to use on surfaces that are not bleach safe. For a complete discussion on this disease and infection control, go to:

www.cdc.gov/ncidod/dvrd/revb/gastro/faq.htm

MRSA (Methicillin-Resistant Staphylococcus Aureus)

Methicillin-resistant staphylococcus aureus (MRSA) is a bacterial pathogen afflicting human and animals of all ages. A 2003 limited review of laboratory antibiotic resistance reports in Oregon revealed that 38.6 percent of all S. Aureus isolates tested were MRSA. The data also showed that victims were more apt to be young, smokers or injection drug users.

Health care associated MRSA

Most nurses have taken care of an individual with a health care associated (HA-MRSA) infection after a hospitalization or nursing facility stay. Infection acquired in this manner is considered *health care associated*. Known established risk factors of HA-MRSA are:

- Having been hospitalized
- Having been a resident in a long term care facility
- Having had surgery
- Being on dialysis
- Having had an invasive procedure (e.g. catheterization, biopsy, intubation)

Community associated MRSA

It is estimated that about a third of humans have the pathogen colonized on their skin and mucosal surfaces, but may never become infected. If an infection does occur, it usually remains localized to the infection site but can spread rapidly, leading to an invasive infection of any organ or space. In the late 1990s, studies from several major U.S. cities discovered that MRSA was frequently seen in healthy individuals and that the strain was limited to B-lactams in sharp contrast to typical hospital isolates. The infections were mainly limited to skin and soft-tissue in adults and were dubbed *community associated* MRSA (CA-MRSA) to distinguish it from HA-MRSA. The course and outcome of CA-MRSA is not always benign and deaths have occurred. Nationally, many groups, including competitive athletes, have been recent victims of CA-MRSA skin and soft tissue infection outbreaks. The risk factors associated with outbreaks among athletes were poor hand hygiene and shared towels and equipment. Further analysis of CA-MRSA risks were:

- Living in close quarters
- Poor or absent general hygiene
- Skin trauma or disease

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* Attention first time readers*

Nurse to Nurse: Oregon's Community Based Care Nursing Newsletter

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Thank you for your interest in *Nurse to Nurse: Oregon's Community Based Care Nursing Newsletter*.

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500 Summer St. N.E., E-13
Salem, OR 97310-1074

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Community associated MRSA infection control

Basic infection control of CA-MRSA in home settings includes:

- Good hygiene and hand washing.
- Keeping wounds clean and covered.
- Avoiding contact or using gloves when in contact with wounds and bandages.
- Avoid sharing personal items, such as towels and razors.
- Contacting a health care professional if a wound fails to heal or becomes infected.

Infection control of CA-MRSA in congregate settings:

- Standard precautions when encountering body fluids (e.g. gown and gloves while caring for any open wound.
- Hand hygiene by all caregivers before and after client contact.
- Cover mouth when coughing.
- Disinfect examination area surfaces and any common use equipment between uses.
- Dedicate frequently used equipment to infected person only.
- Flag client record to allow for rapid, appropriate treatment for suspected reoccurrence.
- Appropriate disposal of contaminated materials.

Treatment recommendations for CA-MRSA skin infections

Because skin wounds that become infected with MRSA are usually purulent, they need to be drained and may require topical antibiotics. If it is determined that a course of an oral antibiotic is needed the usual choices are trimethoprim-sulfamthoxazole, clindamycin, Doxycycline and rifampin (only in combination with one of the above). Healthcare professionals should be informed if a person presenting with a wound has had CA-MRSA previously.

If you have questions on this material, call the Center for Disease Control and Prevention (CDC) Hotline at 1-800-CDC-INFO (1-800-232-4636).

Proper disposal of medications

Expired medications are not only unsafe to ingest, they can also be dangerous when not disposed of properly. When medications are flushed down the toilet, they often end up in a municiple water treatment plant. These plants do not have the capacity to remove the chemicals and medications. These chemicals are subsequently released into the local water stream, (e.g. rivers, oceans. evaporation systems). You can help!

Crush all pills, place them in a plastic bag and close tightly. For liquid medications, fill a plastic bag with an absorbent material such as cat litter or sawdust. Pour the liquid into the bag and tie it shut. Then wrap the plastic bag in another bag. Put these items into your garbage can on the day of your trash collection.

DD nurses — training opportunity

Oregon Conference on Direct Supports
July 19-21, 2006

The Oregon Conference on Direct Supports is offering a full day of continuing education for developmental disabilities nurses, which will happen on day three of the conference. Please join us on Friday, July 21, 2006 for Leadership & Empowerment for Developmental Disabilities Nurses. The Oregon Conference on Direct Supports will be held at the CHM2M Hill/Alumni Center and La Sells Stewart Center on the OSU Campus in Corvallis, Oregon.

For registration information on the Oregon Conference on Direct Supports, visit *www.directsupports.com* or call Barrie Brewer at the Oregon Council on Developmental Disabilities at 503-945-9944. Questions concerning continuing education credits for nurses may be directed to Gretchen Thompson at 503-945-6484.

Nurse to Nurse – Oregon's Community Based
Care Nursing Newsletter
Oregon Department of Human Services
Seniors and People With Disabilities
500 Summer Street NE
Salem, OR 97301

Pain management training for nurses

The Oregon State Board of Nursing is requiring all nurses to have six hours of continuing education courseworkin pain management as a requirement for relicensure. SPD offers trainings to help CBC nurses meet this requirement. The dates for the upcoming trainings are:

2006

April 25, Medford, Smullen Health Education Center

May 2, Bend, Red Lion Inn

June 20, La Grande, Blue Mountain Conference Center

August 29, Portland, University Place

The cost for this training is $30.00 and includes a box lunch. Please watch your mail for your registration form. Remember to sign up early, as class size is limited. Based on the response for these classes, SPD is considering holding additional pain management classes from the end of 2006 through 2007. Check upcoming issues of *Nurse-To-Nurse* for further developments.

If you have any questions, please contact Bernadette Murphy at 503-945-5839 or *Bernadette.J.Murphy@state.or.us*