



Nurse to Nurse

Oregon's Community Based Care Nursing Newsletter

It's flu season in Oregon

The state's first confirmed influenza case of the season has been reported to the Oregon Department of Human Services Public Health Division.

"Flu has arrived in Oregon and we expect more cases in the coming weeks," said Susan Allan, M.D., J.D., M.P.H., state public health director in DHS. "This is a good time to seek vaccination, which is the best protection against influenza. Take advantage of any opportunity you have to get the vaccine.

Vaccination is recommended for anyone who wants to avoid being sick from flu, especially those who are at high risk of complications from influenza or are in close contact with those at high risk. Priority groups for vaccination are:

- » Children aged six months to five years;
- » Pregnant women;
- » People 50 years of age and older;
- » People of any age with a chronic medical conditions;
- » People who live in nursing homes and other long term care facilities;
- » People who live with or care for people at high risk for complication, such



as household contacts, out-of-home caregivers of children six months and younger;

- » Health care workers;
- » School-aged children.

For many people, the nasal spray vaccine FluMist is a good alternative to the injectable vaccine if they are healthy and between the ages of five and 49.

Continue d on page 2

In this issue

It's flu season in Oregon	1
Infection control and hand hygiene	2
MRSA review.....	5
Professional continuing education opportunity — Coming soon!.....	6
Oregon Geriatrics Society wants you!!	7



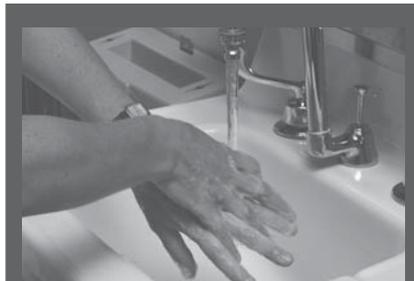
Influenza is characterized by abrupt onset of high fever, headache, sore throat, cough and muscle aches. Unlike other common respiratory illnesses, it is associated with extreme fatigue and loss of appetite lasting several days. It is estimated that almost 450

Oregonians die of influenza every year; nationally flu kills an estimated 36,000 people every year.

Information on clinic locations and date can be obtained by calling 1-800-SAFENET or at the Lung Association's flu clinic locator Web site.

Infection control and hand hygiene

In October of 2002, the Centers for Disease Control and Prevention (CDC) published the guidelines for hand hygiene (www.cdc.gov/handhygiene). 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.



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.

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

Continued on page 7

*** Attention first time readers***

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

To subscribe to this newsletter, please complete and return the following subscription survey.

Please indicate all settings where you practice.

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Nursing facility | <input type="checkbox"/> Private home | <input type="checkbox"/> Assisted living | <input type="checkbox"/> Public health |
| <input type="checkbox"/> Clinic setting | <input type="checkbox"/> Foster care | <input type="checkbox"/> School health | <input type="checkbox"/> Residential care |
| <input type="checkbox"/> Nursing education program | <input type="checkbox"/> Government | <input type="checkbox"/> DD 24-hour residential | |
| <input type="checkbox"/> Other _____ | | | |

Nursing issues of interest? Check all that apply.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Illness profiles | <input type="checkbox"/> Syndrome profiles | <input type="checkbox"/> Palliative care |
| <input type="checkbox"/> Abuse & neglect | <input type="checkbox"/> Transitions in care | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Evidence-based practice | | <input type="checkbox"/> Nursing resources | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Role of the CBC nurse | | <input type="checkbox"/> Legal issues | <input type="checkbox"/> Infection control |
| <input type="checkbox"/> Continuing education | | <input type="checkbox"/> Leadership skills | <input type="checkbox"/> Care coordination |
| <input type="checkbox"/> Developmental disabilities | | <input type="checkbox"/> Other: _____ | |

Topics and issues you would like to see discussed in this newsletter:

What is your preferred method of newsletter delivery?

- Internet (saves taxpayer dollars) Mail

Name _____

Address _____

City/State/Zip code _____

Email _____

Please fold, affix first class postage, and place this pre-addressed survey in the mail.

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

Affix

1st class
postage
here

Nurse to Nurse: Oregon's CBC Nursing Newsletter
500 Summer St. N.E., E-13
Salem, OR 97310-1074

MRSA review

Recent news headlines talked about a high school student with an antibiotic-resistant staph infection who had died and how 21 schools in Virginia, and surrounding states, had closed for cleaning to help keep the infection from spreading.

The villain in these cases turned out to be Methicillin-resistant *Staphylococcus aureus* (MRSA). MRSA is a type of bacteria that is resistant to certain antibiotics. MRSA caused more than 94,000 life-threatening infections and nearly 19,000 deaths in the United States in 2005, most of them connected with health care settings. These numbers appear in the October 17, 2007 edition of the *Journal of the American Medical Association* (JAMA) as part of the most thorough study to date of trends in invasive MRSA infections.

What is MRSA?

MRSA stands for methicillin-resistant *Staphylococcus aureus*. This type of bacteria causes “staph” infections that are resistant to treatment with usual antibiotics.

MRSA occurs most frequently among patients who undergo invasive medical procedures or who have weakened immune systems and are being treated in hospitals and health care facilities such as nursing homes and dialysis centers. MRSA in health care settings commonly causes serious and potentially life-threatening infection, such as bloodstream infections or pneumonia.

In addition to health care associated infections, MRSA can also infect people in the community at large. Such infections are generally mild and affect the skin with pimples or boils that can be swollen, painful and drain pus. These skin infections often occur in otherwise healthy people.



How MRSA spreads in health care settings

When we talk about the spread of an infection, we talk about sources of infection (where it starts) and the way or ways it spreads (the mode or modes of transmission). In the case of MRSA, patients who already have a MRSA infection or who carry the bacteria on their bodies but do not have symptoms (“colonized” with MRSA bacteria) are the most common sources of transmission.

The main mode of transmission to other people is through human hands, especially health care workers’ hands. Hands may become contaminated with MRSA bacteria by contact with infected or colonized patients. If a health care worker doesn’t wash with soap and water, or use an alcohol-based hand sanitizer after contact with a patient, the bacteria can be spread when the health care worker touches other patients.

Continued on page 6

MRSA infections are becoming more prevalent in health care settings. According to Centers for Disease Control and Prevention (CDC) data, the proportion of infections that are antimicrobial-resistant has been growing. In 1974, MRSA infections accounted for two percent of the total number of staph infections; in 1995 it was 22 percent; and in 2004 it was 63 percent.

It is estimated that in 2005 about 94,360 people developed a serious MRSA infection. About 18,650 persons died during a hospital stay of causes related to serious MRSA infections. People 65 years old or older were most likely to get an invasive infection.

The good news is that MRSA is preventable. The first step is to prevent health care infections in general. This can be accomplished by practicing good hand washing! Infection control guidelines produced by CDC and the Health care Infection Control and Prevention Advisory Committee (HICPAC) are central to the prevention and control of health care infections and, ultimately, MRSA in health care settings.

References

Journal of the American Medical Association 2007; 298 (15): 1763-1771

Centers for Disease Control and Prevention (CDC): MRSA: Methicillin-resistant Staphylococcus aureus in Health care Settings; October 17, 2007.

Professional continuing education opportunity — Coming soon!

Seniors and People with Disabilities (SPD) Office of Licensing and Quality of Care is pleased to announce the release of the first in a series of self study courses for nurses practicing in Oregon's community based long term care system. The course, titled *Seniors and People with Disabilities Self-Directed Learning Series: Registered Nurse Delegation in Oregon*, will be available in January 2008. A PDF download of the self-study course will be available at no cost on the SPD Nursing Web site.

This course is approved for 2.0 continuing education contact hours as granted by Seniors and People with Disabilities, a provider approved by the California Board of Registered Nursing. Directions for obtaining continuing education contact hours are included in the self-study course.

All subscribers to this newsletter will be notified when the course is available online.

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.

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 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

Oregon Geriatrics Society wants you!!

The Oregon Geriatrics Society (OGS) is a medical society that focuses on seniors and long term care. It is the official state affiliate of the national organization, the American Geriatric Society. This year OGS is opening up their membership to nurses, mainly those involved with elder care.

Membership in this organization entitles you to attend their annual education conference, held at Sunriver in October each year at a reduced rate, opportunities to collaborate with others who work in older adults and network through personal and email interactions with other members.



For additional information please visit the OGS Web site at www.omda-ogs.org.

Nurse to Nurse – Oregon’s Community
Based Care Nursing Newsletter
Oregon Department of Human Services
Seniors and People With Disabilities
500 Summer Street NE, E-13
Salem, OR 97301

Seniors and People with Disabilities Mission Statement:

Assisting seniors and people with disabilities of all ages to achieve individual well-being through opportunities for community living, employment and services that promote choice, independence and dignity.

Nurse-to-Nurse is published by Seniors and People with Disabilities, Office of Licensing and Quality of Care, Oregon Department of Human Services, 500 Summer Street NE, E-13, Salem, OR 97301-1074

Editorial Team: Deborah Cateora, Health Service Unit Manager and Bernadette Murphy, Health Service Unit. Design and layout by Becki-Trachsel-Hesedahl, Web and Publication Design Team, DHS Office of Communications
