



## Assisted Living Column



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## Bigger than Ebola

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EBOLA!! ... Now that we have your undivided attention let's put it to some very good use, even better than what you may have considered our sole focus in this article. For all the time and attention being paid to Ebola in the United States it is turning out to be significantly out of proportion to the real risks. So to borrow from a recent political quote "we should not let this serious crisis go to waste." Instead we should grab this as a teachable moment to inform on not just Ebola but much greater and much more realistic viral and treatment concerns for our older adult patients, in other words, something bigger than Ebola.

With this in mind imagine as we will do here, an educational program for staff and ALC residents that starts with the draw of Ebola but quickly moves to the greater risks (and far greater likelihood of occurrence) of other viruses such as influenza. Attention should be paid to universal precautions that prevent the spread of all viruses from Ebola to the common cold. Lastly, to get the most out of this 'serious (or at least perceived) crisis' time should be spent on education about the appropriate treatment of viral infections to prevent the common over use of antibiotics. At the end of the day using the focus on Ebola can aid in reducing much more real and potentially deadly illness coming from common viruses and antibiotic resistant infections.

To accomplish this objective, nursing staff has three focus areas where your leadership can assure appropriate prevention and treatment of viral illness. These three include: (1) Appreciating the

true risk and appropriate measures to take with regard to Ebola; (2) Education of residents about the prevention of all viruses; and (3) Promoting the appropriate use of antibiotics which includes avoidance in viral infections. Nursing staffs that focus on these three areas will experience dramatic improvements in the health and well-being of residents and staff in the communities they serve.

**Ebola: what you really need to know**

*Ebola Virus Disease (EVD)* is a rare viral infection resulting in a high level of mortality through hemorrhage leading to organ failure. Although Ebola sounds pretty scary let's start by putting all the press reports aside and most facility's over done educational time into perspective. Statistically, most of us and our residents have a much greater likelihood of dying of influenza this winter than Ebola. Looking at your Ebola risk in a different way, understand that getting struck by lightning is likelier than catching Ebola. While two dozen people died from lightning strikes in the United States, only one died from Ebola in 2014.

While Ebola remains extremely rare in the United States all health care providers should be aware of the warning signs and the process that the CDC has outlined.<sup>1</sup> Specifically, the CDC is directing emergency medical services (EMS) to identify patients who have a fever of greater than 38.6 °C or 101.5 °F, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage AND have traveled to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone or other countries where EVD transmission has been reported by WHO) within 21 days (3 weeks) of symptom onset. Once these criteria

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have been met that patient should be isolated and standard, contact, and droplet precautions followed during further assessment, treatment, and transport. In addition, and most importantly there should be immediate reporting of the suspected Ebola case to responsible health care facility.

Again, the education and preparation around Ebola has application that should be applied to the typical viral infections and management issues that are common in ALCs. This starts with a focus on preventing the spread of all viral infections including Ebola through processes that should be applied each and every day.

### Preventing the spread of Ebola and other viruses

Ebola shares common characteristics with other viral infections. Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might also contract a viral infection by touching a surface or object that has the virus on it and then touching their own mouth, eyes or nose.

To prevent the spread of most viruses, hand washing is critical. In fact the CDC says that keeping hands clean is one of the best ways to prevent the spread of infection and illness. Clean hands can stop germs from spreading from one person to another and throughout an entire community.

The right way to wash your hands includes the following steps:

- 1) Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- 2) Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- 3) Scrub your hands for at least 20 s. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- 4) Rinse your hands well under clean, running water.
- 5) Dry your hands using a clean towel or air dry them.
- 6) Exit from the sink and bathroom by using your towel to turn off the faucet and exit the room

Washing one’s hands with soap and water is the best way to reduce the number of microbes on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of microbes on hands in some situations, but sanitizers do not eliminate all types of germs. Both hand washing and use of alcohol-based hand rubs are effective hand hygiene methods, but hand washing is the preferred method if hands are visibly soiled.

The proper way to use hand sanitizers includes:

- 1) Apply the product to the palm of one hand (read the label to learn the correct amount).
- 2) Rub your hands together.
- 3) Rub the product over all surfaces of your hands and fingers until your hands are dry.

Besides proper hand washing isolating infected individuals especially in a community setting can have a significant impact on preventing the spread of a viral infection. In the same way that quarantining of infectious individuals with Ebola is being utilized – this same approach can be applied to many other more common viral infections.

For Ebola the C.D.C. guidelines impose a 21-day quarantine only on doctors, nurses and other health care workers deemed at “high

risk” of Ebola. That narrow group includes people who got an Ebola patient’s body fluids directly on the skin or splashed in the eyes or injected through a needle stick, or who touched a dead body without wearing appropriate protective equipment.

People with slightly lesser degrees of contact with an Ebola patient would not be quarantined but would have their temperatures and symptoms monitored twice a day, once through observation by a public health official, and once through a phone call. They could be excluded from visiting public places or workplaces, as well as from travel on planes, ships, trains, buses or subways.

Now again while we are unlikely to need the Ebola quarantine guidelines the same principle applies to influenza, a much more common ALC infection. Here the CDC recommends that people with influenza-like illness remain at home or in their living unit for 7 days from symptom onset or until the resolution of symptoms, whichever is longer. This guideline applies to health care settings where the majority of people are at increased risk for influenza complications. In other settings the CDC recently changed these guidelines to at least 24 h after an affected person is free of fever (100 °F [37.8 °C]), or signs of a fever without the use of fever-reducing medications for settings where the majority of people are not at increased risk for influenza complications. This revision for the community setting is based on epidemiologic data about the overall risk of severe illness and death and attempts to balance the risks of severe illness from influenza and the potential benefits of decreasing transmission through the exclusion of ill persons with the goal of minimizing social disruption.

Of course the very best treatment is prevention. Fortunately in the case of several viral infections such as influenza and herpes zoster there is that opportunity through available vaccines. So please take advantage here to stress the importance of vaccination for your entire ALC especially with regard to flu shots.

### Antibiotics don’t treat Ebola or any viral infections

Another issue much bigger than Ebola for health care providers is the inappropriate use of antibiotics. The CDC and others believe that overprescribing and misprescribing of antibiotics is contributing to the growing challenges posed by antibiotic-resistant bacteria.<sup>2</sup> Studies demonstrate that improving prescribing practices in health care settings can not only help reduce rates of antibiotic resistance and *Clostridium difficile* infection, but can also improve individual patient outcomes, all the while reducing health care costs.

This is so significant that LTC facilities are being cited for inappropriate antibiotic use. In fact in skilled nursing facilities the inappropriate use of antibiotics has a specific guideline – F-Tag 329 Unnecessary Drugs. To help curb this problem the CDC has recommended a much more facility based approach. At the Health care Facility level facilities can adopt an antibiotic stewardship program that includes, at a minimum, this checklist:

1. Leadership commitment: Dedicate necessary human, financial, and IT resources.
2. Accountability: Appoint a single leader responsible for program outcomes. Physicians have proven successful in this role.
3. Drug expertise: Appoint a single pharmacist leader to support improved prescribing.
4. Action: Take at least one prescribing improvement action, such as requiring reassessment within 48 h to check drug choice, dose, and duration.
5. Tracking: Monitor prescribing and antibiotic resistance patterns.
6. Reporting: Regularly report to staff prescribing and resistance patterns, and steps to improve.

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