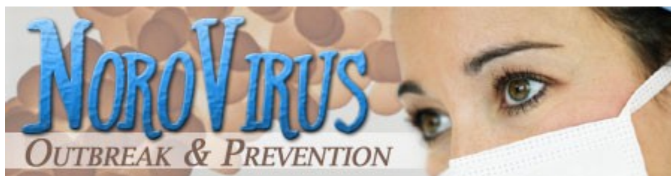
Long Term Care Highlights

North Dakota Department of Health
Division of Health Facilities

FALL/WINTER 2010

Tis the Season

By Kristin Hoyt



Tis the active "season"- for Norovirus outbreak that is. In the Northern hemisphere between October and April, anyone can become infected. Noroviruses are a group of viruses which cause gastroenteritis, an inflammation of the lining of the stomach and intestines. The symptoms experienced include nausea, vomiting, diarrhea and some stomach cramping. Those affected also may experience low grade fever, headache, muscle aches and general fatigue.

The original strain of Norovirus, Norwalk Virus caused an outbreak in a school in Norwalk, Ohio, in 1968. Since then, outbreaks have taken place where people have consumed water and/or food prepared or handled by others including in nursing homes.

Nursing home residents who are immuno-compromised may become dehydrated, unlike healthy individuals who recover within one to two days with no long-term health effects.

Residents develop dehydration because they are unable to consume enough liquids to replace fluids lost by vomiting and diarrhea.

When prepared for others, such as in a nursing home, food and drink can easily become contaminated because the virus is so small and may take fewer than 100 Norovirus particles to make a person sick. Food handlers are at particular risk for passing on the virus by:

- Contaminating food and beverages being consumed by others (outbreaks are frequently associated with cold foods like salads, sandwiches, bakery products, salad dressings, icing, etc).
- Contaminating surfaces that may be touched by others, who then have hand-to-mouth contact.
- Having direct contact with others.

A food handler is contagious from the moment they begin feeling ill, usually 24 to 48 hours after ingesting the virus, to at least three days after recovering. Food handlers may even continue shedding of the potentially infectious virus from the body in vomit or stool for two or more additional weeks.

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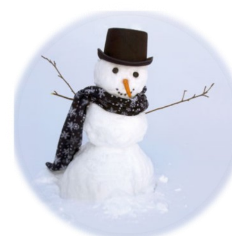

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The "Employee Health and Personal Hygiene Handbook" by the Food and Drug Administration recommends excluding food service employees who are ill from serving a highly susceptible population. A highly susceptible population is defined as including "Immunocompromised . . . older adults, and individuals who obtain food at a facility that provides services such as . . . nursing homes."

The handbook explains exclusion of an employee means an employee is not permitted to work in or enter a food establishment as a food employee. This requirement applies to areas where food is received, prepared, stored, packaged, served, vended, transported or purchased.

An employee diagnosed with Norovirus remains excluded until meeting the following requirements:

- Approval is obtained from a regulatory authority.
- Employee is medically cleared or written medical documentation is received from a health practitioner that states the food employee is free of Norovirus infection.
- More than 48 hours have passed since the food employee became symptom free.

An employee reporting possible symptoms (potentially Norovirus, etc.) of vomiting, diarrhea or sore throat with fever should be excluded from highly susceptible populations. When symptoms of vomiting and diarrhea are present, employees may not return to work until the food employee has been free of symptoms for at least 24 hours or provides medical documentation. When symptoms of sore throat with fever are present, the exclusion may be removed when a food employee provides written medical documentation.

Because food employees may be free of symptoms before and after infection, the most important means of preventing Norovirus transmission and infection is exercising frequent and appropriate hand washing. Hand sanitizers with 62 percent or more alcohol may be use following hand hygiene, but should not replace soap and water.

Simple measures such as correct handling of cold foods to prevent contamination, frequent proper hand washing, and appropriate use of sick leave, may substantially reduce foodborne transmission of Norovirus in health facilities this "season."

REFERENCES:
www.cdc.gov
www.sixwise.com
Employee Health and Personal Hygiene Handbook by the Food and Drug Administration

Hydration Protocol: What Surveyors Look For

By Carolyn Desper, RN BSN and Denette Lothspeich, RN BSN

The Centers for Medicare and Medicaid Services (CMS) identify the following objectives for the hydration protocol:

- To determine if the facility identified risk factors which lead to dehydration and developed an appropriate preventative care plan.
- To determine if the facility provided the resident with sufficient fluid intake to maintain proper hydration and health.

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The CMS hydration protocol identifies the following residents at risk for developing, or having dehydration: a resident who has the sentinel event of dehydration, and those with fecal impaction; urinary tract infection; weight loss; tube feeding; a resident whose need for help with daily activities has increased; and a resident with pressure ulcers.

The hydration protocol further identifies residents at risk who exhibit the following: vomiting/ diarrhea resulting in fluid loss; elevated temperatures and/or infectious processes; dependence on staff for the provision of fluid intake; use of medications including diuretics, laxatives, and cardiovascular agents; renal disease; dysphagia; a history of refusing fluids; limited fluid intake; or lacking the sensation of thirst.

Considering the comprehensiveness of the risk factors identified by CMS, does your facility have a resident who would not be at risk for dehydration?

So, why the concern for hydration?

According to a publication from the American Medical Directors Association, "Whatever their primary cause, dehydration and other fluid/ electrolyte imbalances can lead to serious consequences, including death. Treatment may, however, reverse much of the morbidity associated with these conditions. Thus, adverse consequences can often be prevented. In addition, because fluid consumption is in most cases an enjoyable activity that is symbolic of a caring society, the preservation of fluid consumption enhances quality of life for patients who are successfully treated."

The American Medical Directors Association identified the following signs and symptoms that may be associated with dehydration: Physiological **Signs and Symptoms** – Recent rapid weight loss; dry eyes and/or mouth; change in mental status; fever; vomiting; postural hypotension; small amount of concentrated urine; urinary tract infections; pulse greater than 100 beats/minute and/or systolic blood pressure less than 100 mmHg [millimeters of mercury]; [and] dizziness. **Functional Signs and Symptoms** – lethargy and weakness; change in mental status; falling; change in ability to carry out activities of daily living; increased combativeness and confusion.

The surveyor is directed to determine the following: (1) Has the facility, though a comprehensive assessment, identified the fluid needs for each resident? Surveyors are to identify if the assessment considered the resident's medications, physical abilities, skin integrity, cognitive function and medical condition(s). (2) Does the facility incorporate the information from the assessment into the care plan? (3) Do direct care staff know what the care plan identifies as interventions and do they provide care to the resident based on those interventions? (4) Does the facility update the care plan as the resident's needs change? (5) Does the care plan team communicate changes to direct care staff to enable them to provide the necessary care?

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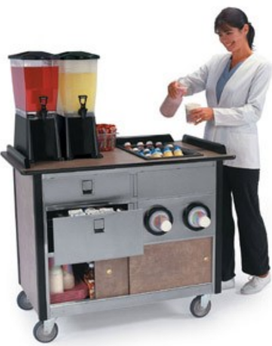
Surveyors observe how staff implement the care plan. Care plans make general statements such as encourage fluids, or offer fluids between meals, etc. Therefore, this is what the surveyor looks for: (1) Are staff offering, encouraging and providing fluids anytime they interact with a resident? (2) For a resident who can assess fluids independently after set up, do staff assure water is available to the resident and not out of reach? (3) For a resident who needs assistance, do staff encourage the resident to drink available fluids.



(4) Are the fluids available at the consistency required by the resident? (5) Do staff provide fluids in a safe manner, for example, offering fluids before laying a resident down to rest.

A resident's hydration is not the task of a single person, or department. Through the assessment, care planning, implementation and revising of the care plan, everyone needs to work together to maintain the hydration needs of residents.

References:

(1) State Operation Manual Appendix P – Survey Protocol for Long Term Care Facilities – Part I; Centers for Medicare & Medicaid Services, pages 51 – 54.

(2) Dehydration and Fluid Maintenance, Clinical Practice Guideline, American Medical Directors Association (AMDA), 2002, pages 2 and 9.

CERTIFIED NURSE AIDE (CNA) QUESTIONS AND ANSWERS

By Cindy Kupfer and Rocksanne Peterson

Q. Is retesting required for renewal / recertification?

A. The requirement for renewal is: to perform eight (8) hours of nursing or nursing related services for pay during their certification period (from the initial date, or from the last time the certification was renewed to expiration date). If the CNA has completed this requirement, there is no reason for them to retest.

PLEASE NOTE:

Some changes have occurred to the CNA renewal process.

- On the North Dakota Department of Health's website, the Department is now requiring a registrant's e-mail address. This can be either the CNA's e-mail address or the employer's address.
- On the paper renewal form, we are now asking for the CNA's e-mail address if they have one. Employers, please make sure this is filled in before mailing it to the North Dakota Department of Health.

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