PATHWAY HEALTH
Insight | Expertise | Knowledge

ComForCare HOME CARE

Advanced Infection Control for High-Risk Older Adult Populations

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Our Panelists

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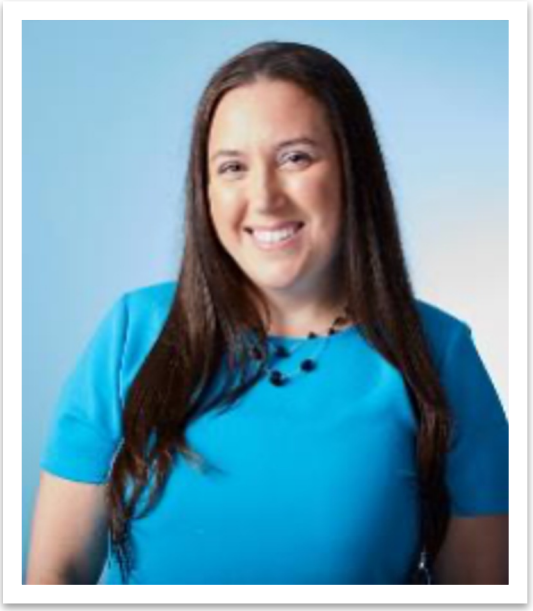

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Course Objectives

Upon completion of each session, participants should be able to:

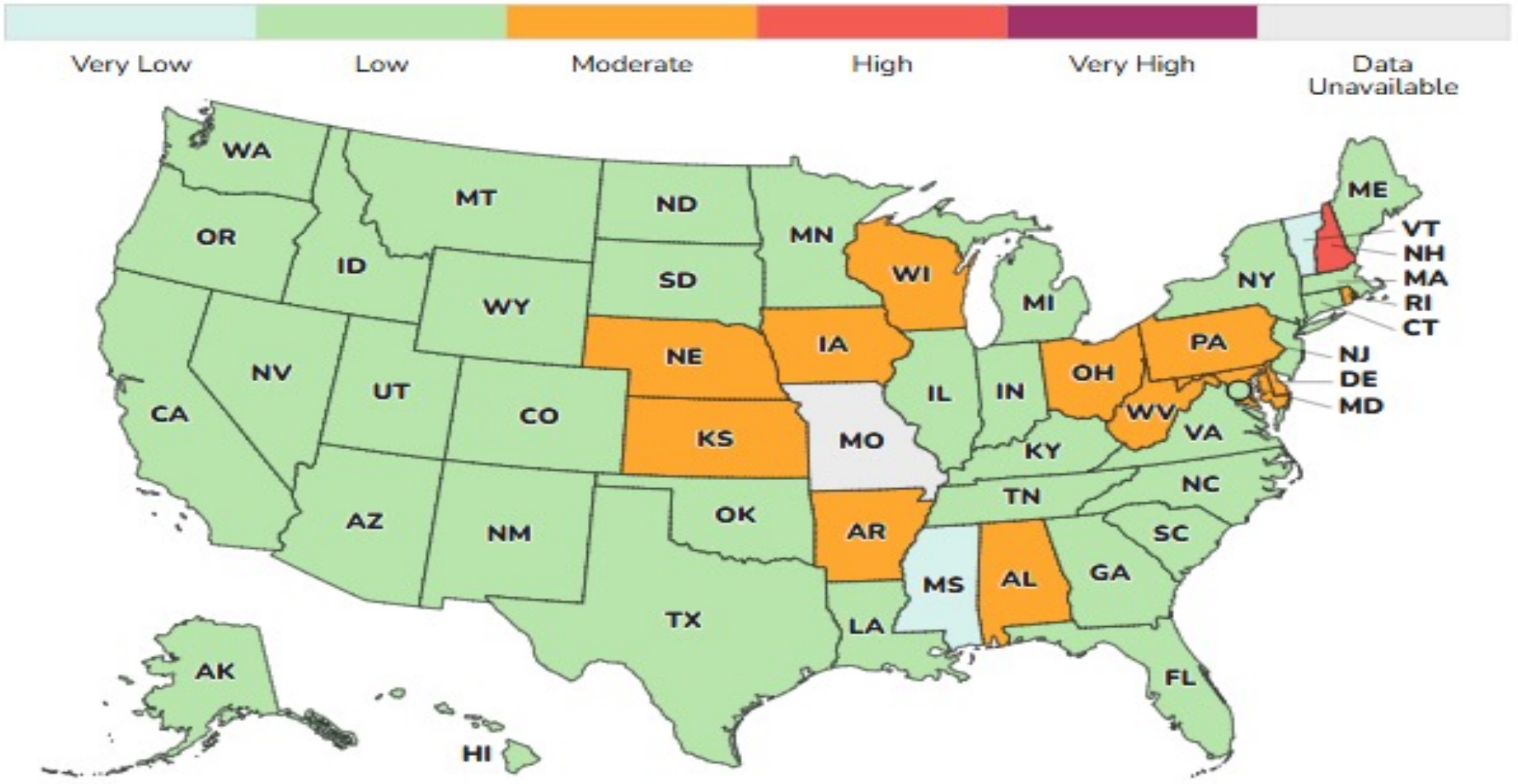
- Describe the importance of advanced infection control practices for high-risk older adult populations across the care continuum.
- Identify key best practices to reduce infection transmission, including strategies for early detection and outbreak response.
- Explain the role of antimicrobial stewardship in supporting infection prevention and improving resident and patient outcomes.
- Identify practical strategies that support staff implementation of infection prevention and control measures across care settings.

Course Description

This session explores the best practices for infection prevention, effective outbreak recognition and response and the role of antimicrobial stewardship in reducing infection risk, preventing transmission and improving outcomes in home and community based senior living and long -term care settings. The participants will gain practical insights to strengthen infection control programs, support frontline staff and minimize avoidable hospitalizations and care disruptions.

Acute Respiratory Illness

[Respiratory Virus Activity Levels | Respiratory Illnesses | CDC]



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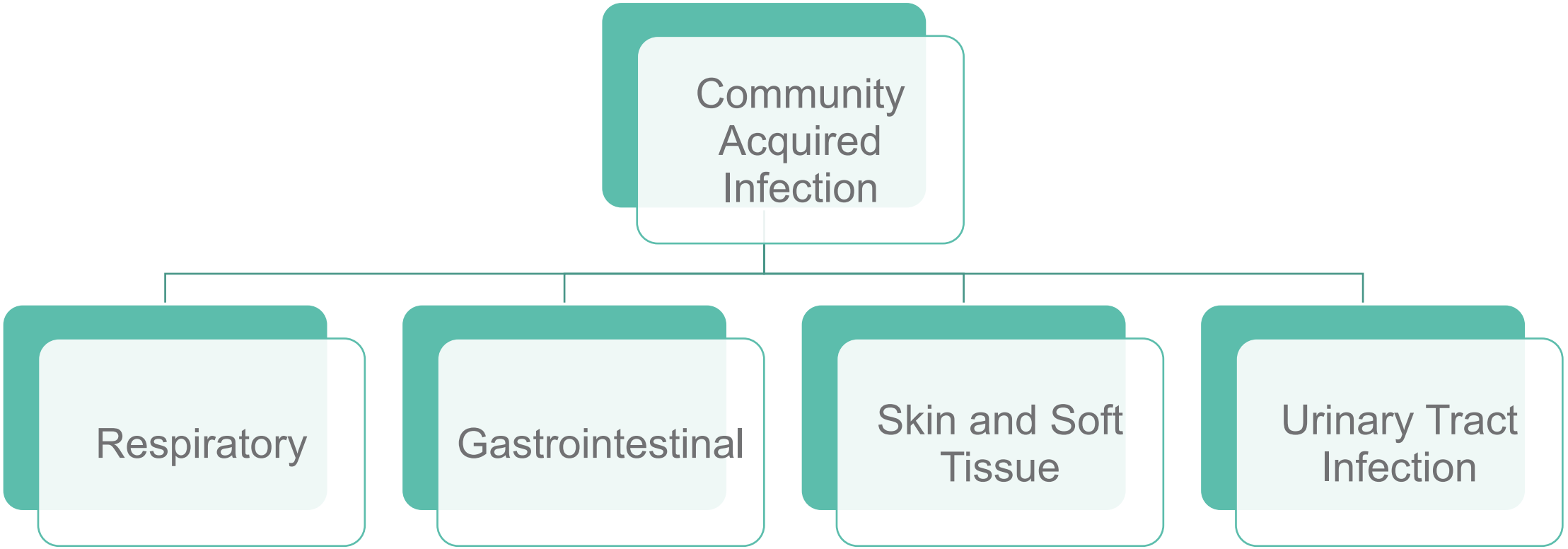
Community Acquired Disease Process

- Community-Acquired Pneumonia
- Viral Respiratory Infections
- Catheter-Associated Urinary Tract Infection
- Community-Acquired Bloodstream Infection
- Norovirus Gastrointestinal Infection

Age	Most Common CA!'s	Hospitalization Risk
65-74	Viral respiratory infections (COVID-19, flu), CAP, UTIs	Elevated but lower than 75
75-84	CAP, COVID-19, influenza, RSV, UTIs	High
85+	CAP, COVID-19, influenza, RSV, UTIs, GI infections	Very high

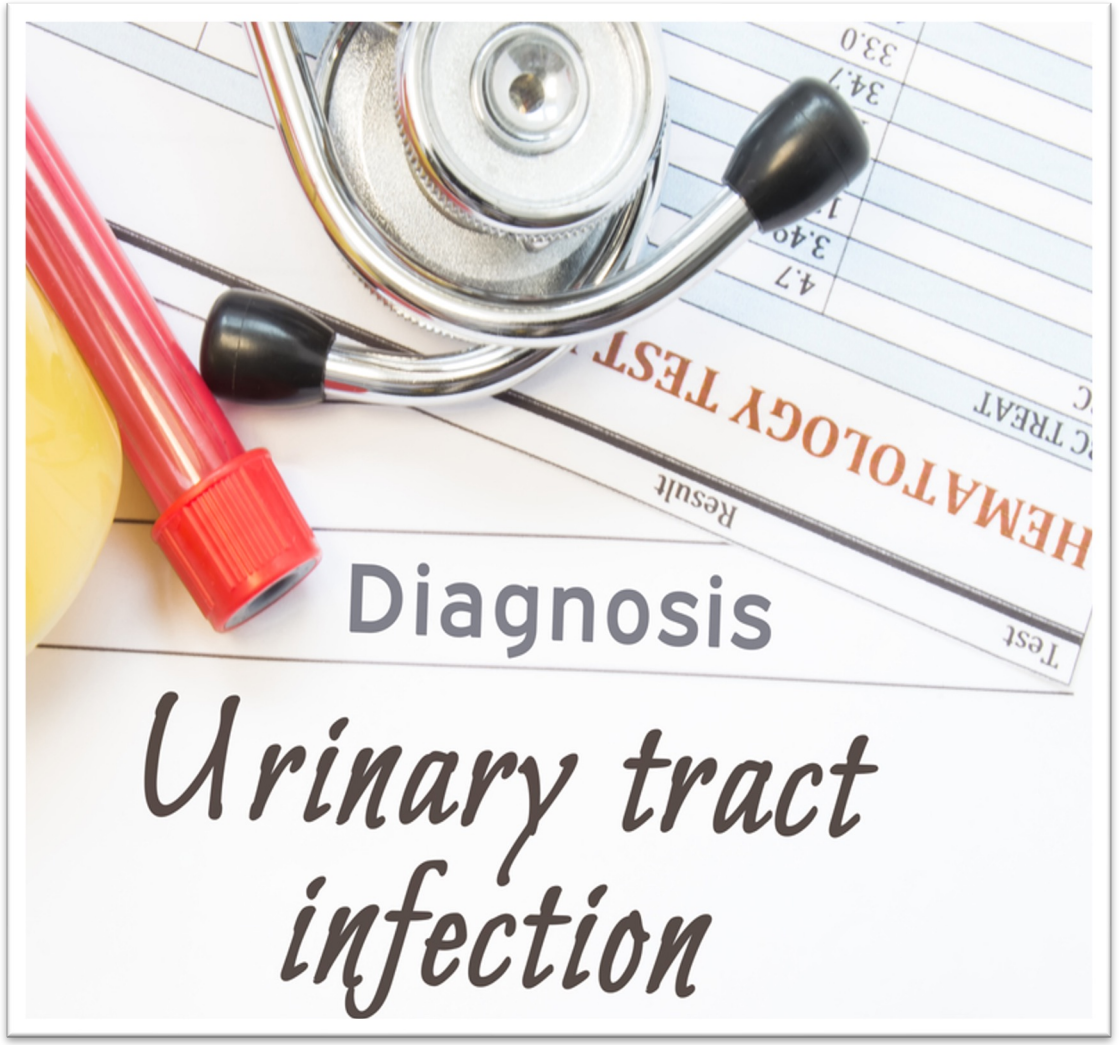


Community Advanced Infection Control

- Infections spread faster
- Symptoms are often subtle or atypical
- Complications escalate quickly
- Recovery takes longer

Silent Threats

- Urinary Tract Infection
- Dehydration



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Why Does this Matters

- Higher risk of community-acquired UTI
- Increased incomplete bladder emptying
- Greater likelihood of delirium from infection
- Higher rate of falls due to urgency or nocturia
- Increase risk of hospitalization if retention becomes severe

Common in the Older Adults

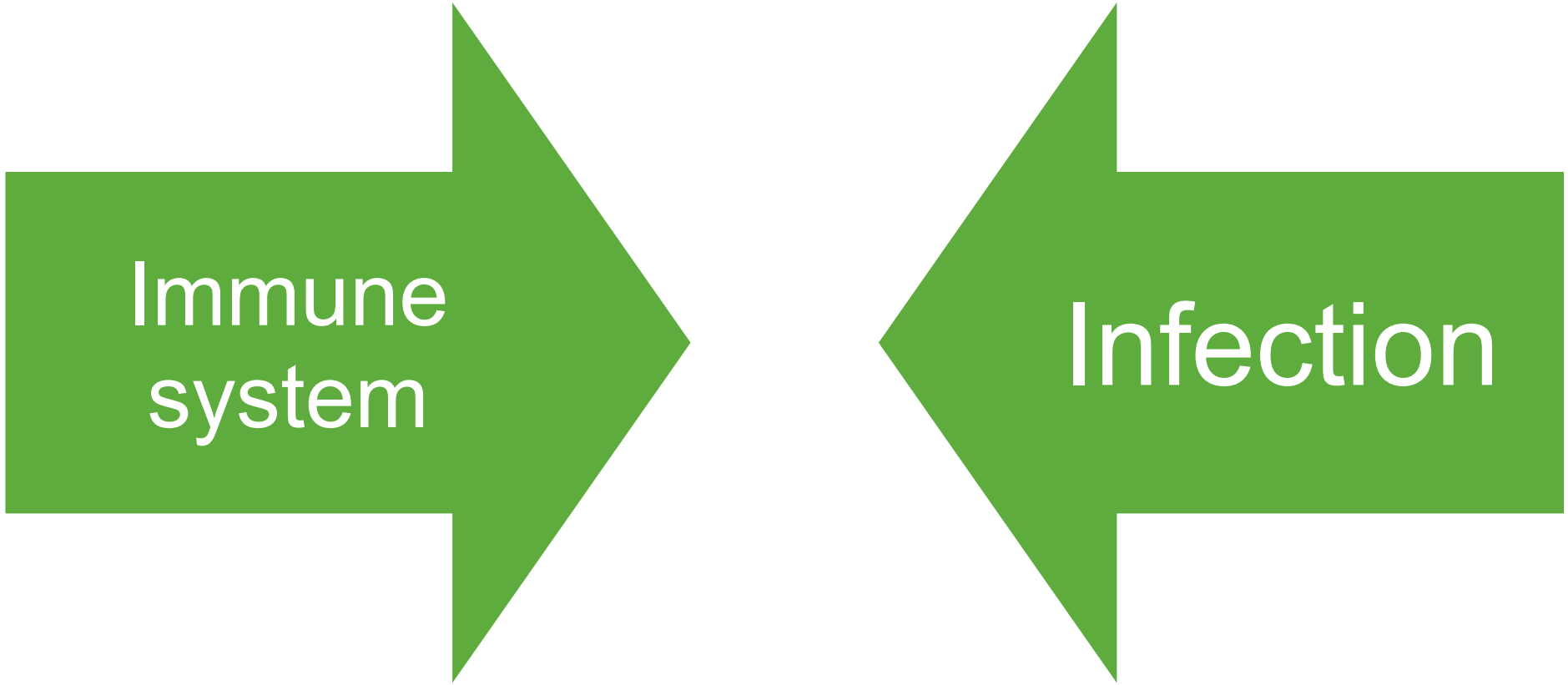
- Reduced immune response
- Incomplete bladder emptying
- Chronic conditions
- Dehydration
- Hygiene challenges
- Medications

Medication

- Anticholinergic medications (MOST COMMON)
- Opioid pain medications
- Alpha-Adrenergic Agonists
- Calcium Channel Blockers
- Muscle Relaxants
- Parkinsons Disease medications
- Sedatives and Anxiolytics

Immune Response

- Immunosenescence – Driver of aging



Sugar Intake, Aging and UTI Risk

- Diabetes
- Weakened Immune systems
- Inflammation
- High Blood Sugar Foods

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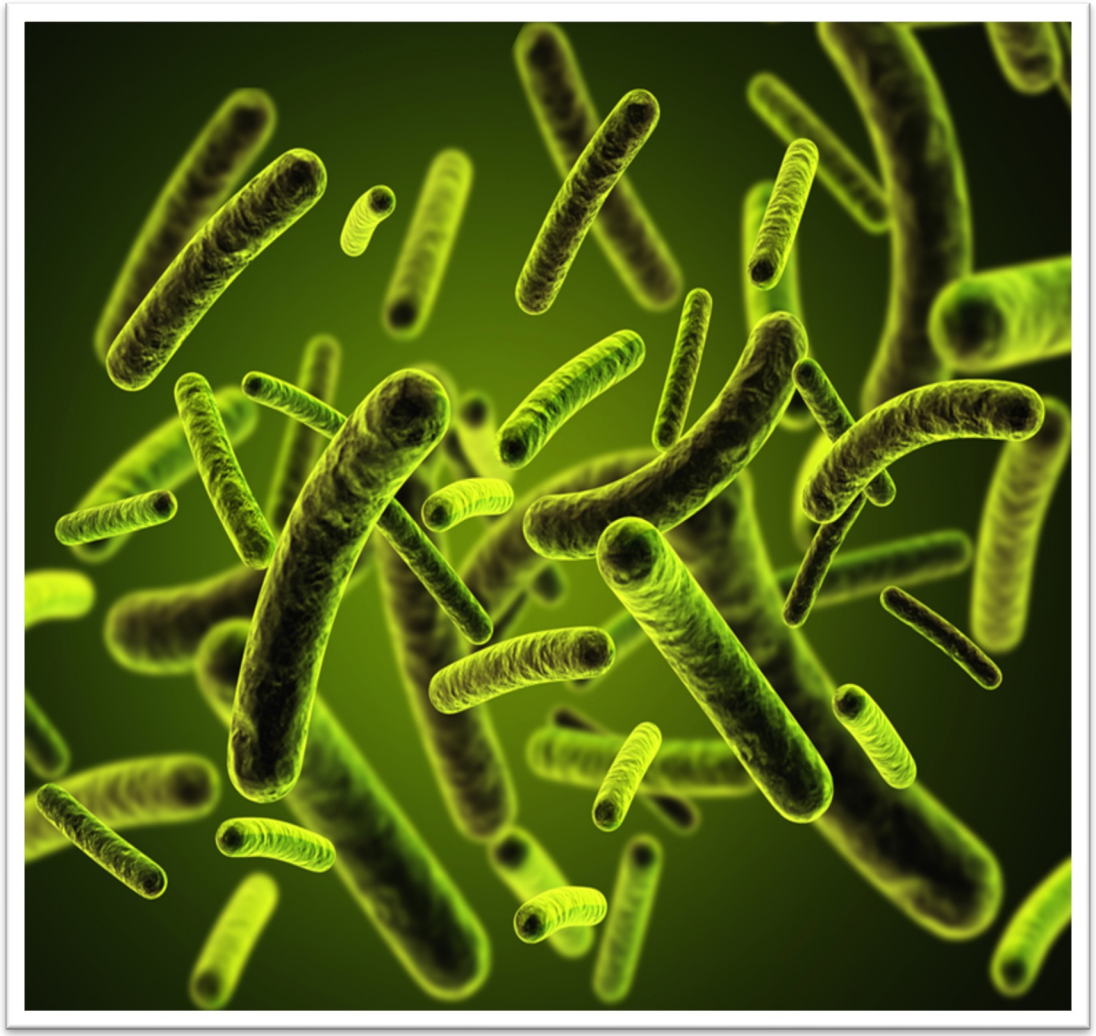
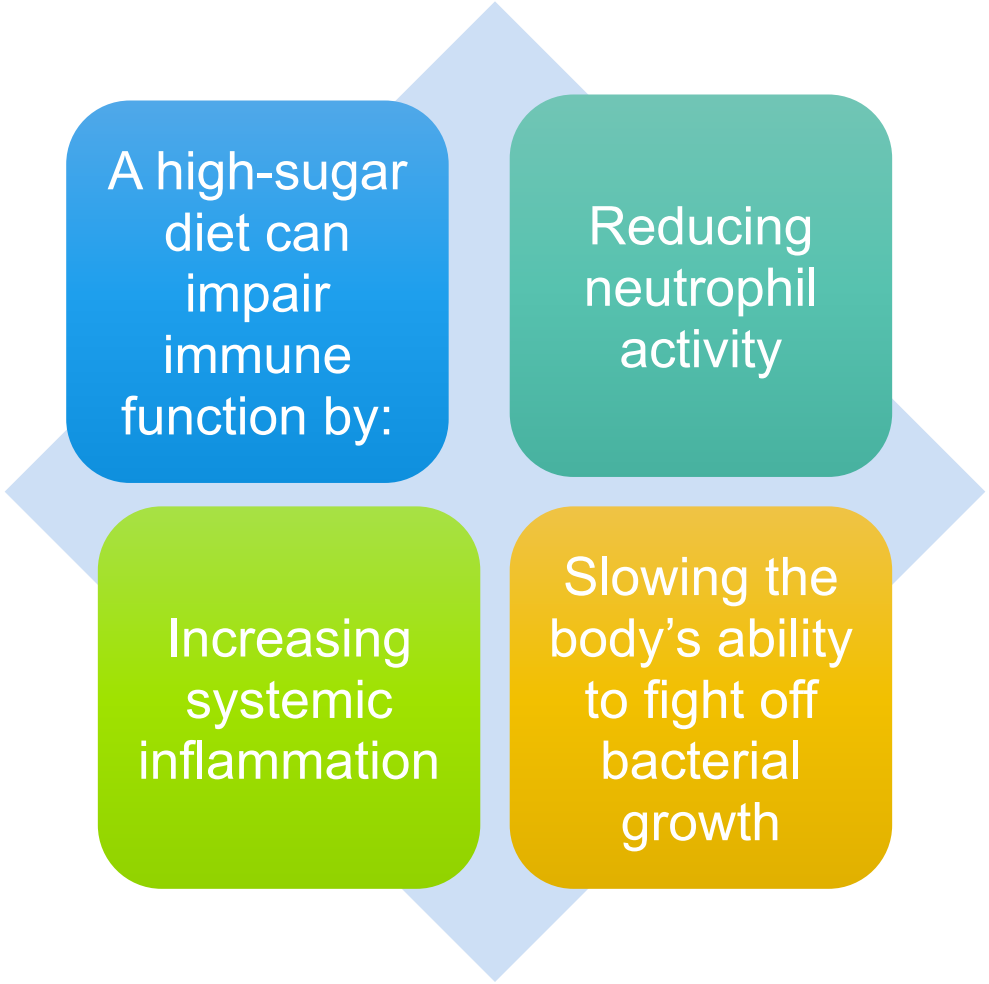
Processed Foods

- More sugar spills into the urine
- Bacteria (especially E. coli) multiply faster in sugar-rich environments
- The urinary tract becomes more vulnerable to infection
- This effect is even more pronounced in older adults with diabetes



Weakened Immune System



Increased Risk of Dehydration

Processed foods are often:

- High in sodium
- Low in water content

This combination leads to dehydration, which:

- Concentrates urine
- Reduces flushing of bacteria
- Increases the likelihood of bacterial colonization
- Elderly individuals often have a reduced thirst response, making dehydration even more common.

Healthy Immune Systems

- Manage stress
- Sleep
- Keep blood sugar levels within a target range
- Eating fruits and vegetables

Gut and Urinary Microbiome

- Overgrowth of harmful bacteria
- Reduced beneficial bacteria that protect against E. coli migration
- Increased intestinal permeability (“leaky gut”), allowing bacteria to translocate

Yeast infections can:

- Irritate the urinary tract
- Alter vaginal flora
- Increase susceptibility to bacterial UTIs

Prevention Strategies for Community Setting

- Hydration routines
- Regular toileting
- Medication reviews
- Early recognition
- Mobility support
- Manage incontinence safely
- Reduce processed sugar
- Increase hydration
- Improve fiber intake


RSV
RESPIRATORY SYNCYTIAL VIRUS

Community Acquired Respiratory Illness

- Mortality rate is 26.8% 60 years or older
- 740,000 Hospitalizations
- Chronic condition
- Multiple organisms

Causal Organisms

- Bacteria
- Viruses
- Fungi
- Streptococcus Pneumoniae

Oral Health and CAP prevention

- Streptococcus pneumoniae
- Staphylococcus aureus
- Gram-negative rods
- Anaerobes

Strong Community Partnerships

- Build strong community partnerships
- Make vaccinations easy and convenient
- Use tailored-trust-building communication
- Implement reminder and recall systems
- Bundle opportunities
- Track and close gaps.

Vaccination Program

- Pneumococcal vaccination for all adults 65+
- (per CDC schedule)
- Annual influenza vaccination
- COVID-19 vaccination and boosters
- RSV vaccination for eligible older adults

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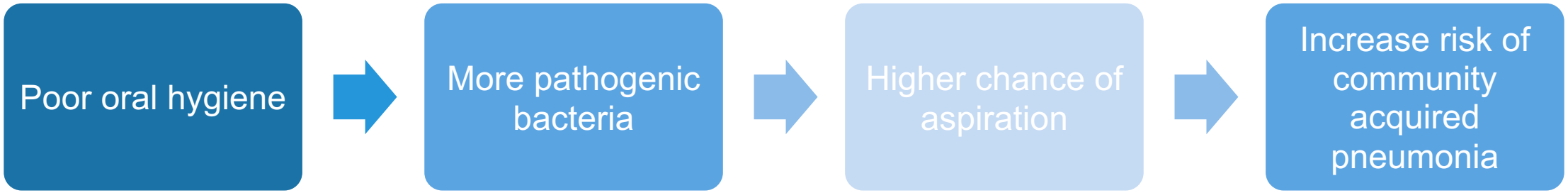
Community- Older Adults

- Limited access to dental services
- Chronic disease burden
- Medication-related dry mouth
- Reduced ability to perform oral care
- Dry mouth

Summary




NOROVIRUS

Older Adult Risk Factors

- Weakened Immune Systems
- Chronic conditions
- Close contact living environments
- Shared spaces
- Slower recovery

Norovirus

- Person to person
- Contaminated surfaces
- Food prepared by an infected person
- Aerosolized particles

- Hard surfaces up to two weeks or longer
- Soft surface for several days to week
- 5-25 tablespoons of household bleach to 1 gallon of water
- Hand washing
- Mask
- Food safety controls
- Avoid self serve buffets during outbreaks


Antibiotics

Antibiotic Stewardship

Only when clearly needed

- Viral respiratory infections
- Asymptomatic bacteriuria
- Non-Specific symptoms
- Chronic urinary conditions

Focus on High-Impact Conditions (UTI)

- Treat only when local urinary symptoms are present
- Do NOT treat asymptomatic bacteria
- Avoid using antibiotics for confusion

Focus on High-Impact Conditions

01

Avoid antibiotics for colds, influenza, RSV, COVID-19

02

Use clinical criteria to diagnose pneumonia

03

Provide symptom-based care

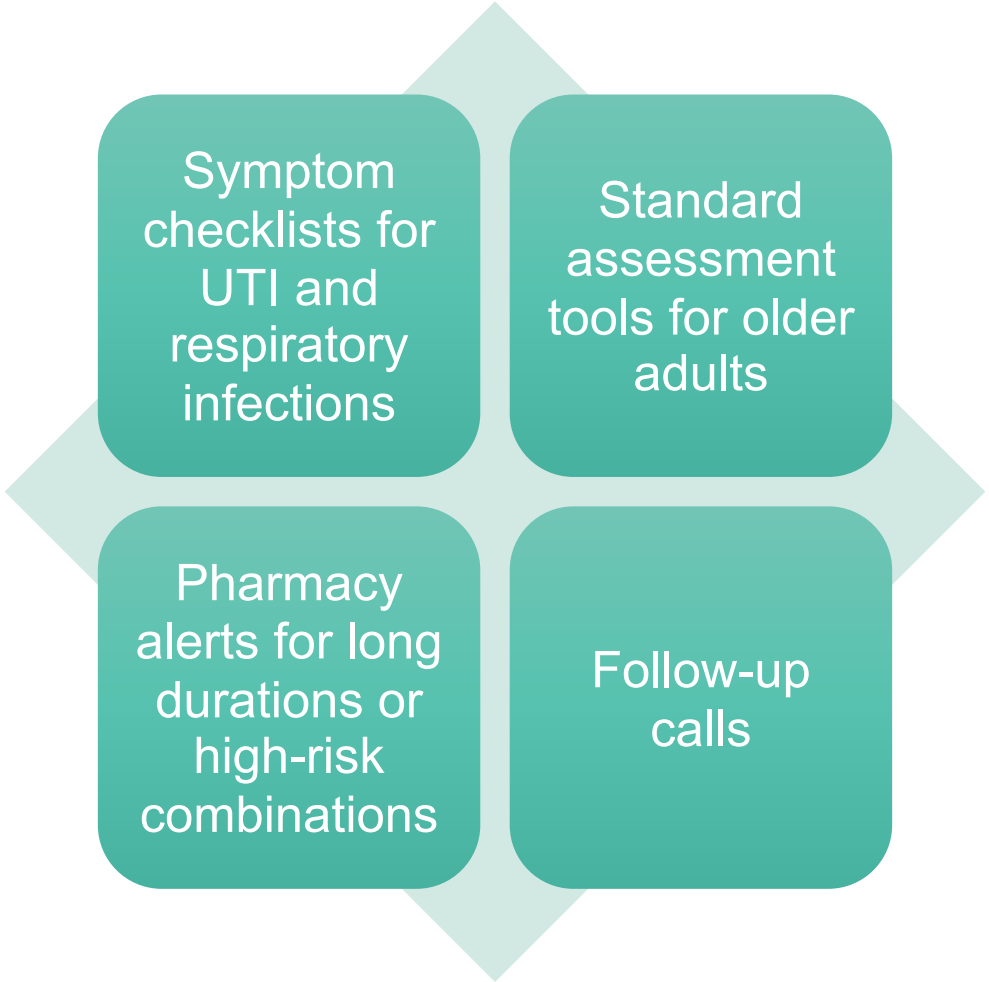
Right Drug, Right Dose, Right Duration

- Choose narrow-spectrum agents whenever possible
- Use shortest effective duration (3-5 days)
- Adjust for renal function
- Drug to drug interactions

Communication Strategies

- Clear explanations of viral vs bacterial illness
- Positive care plans
- Safety-net or delayed prescriptions when appropriate
- Education about risk of unnecessary antibiotics

Create Simple Symptoms



Engage Caregivers, Families and Older Adults

- Key messages
- Antibiotics are not harmless
- Using antibiotics when needed
- Most older adults are viral or self-limited
- Monitor patterns on number of prescriptions

- Accurate diagnosis
- Clear communication
- Shortest and safest course
- Avoid antibiotics when not needed

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Staff Training for Effective Infection Prevention & Control

Foster a Culture of Safety

Training to Support Staff Implementation of Infection Prevention & Control (IPC) Measures

- **Build shared accountability for infection prevention** by embedding IPC principles into all onboarding and ongoing training, reinforcing that safety is everyone's responsibility.
- **Align IPC education with the organization's mission, values, and care standards** so staff understand not only what protocols to follow, but why they matter for clients, families, and teams.
- **Use practical, real-world scenarios** to help staff confidently apply IPC practices in daily care (e.g., hand hygiene, PPE use, isolation precautions).
- **Strengthen competency through ongoing coaching, observation, and timely feedback,** ensuring correct practices become routine and sustainable over time.
- **Co-design training with input from frontline staff, IPC leaders, and care partners** to ensure content reflects real workflows, challenges, and regulatory expectations.

Create Opportunities to Enhance Care Outcomes

Training with Collaborative Partners

- **Foster shared accountability** by aligning IPC education across partners, ensuring leaders and staff understand how every discipline contributes to safety and risk reduction.
- **Use Interdisciplinary training to reinforce the why behind coordinated IPC practices,** supporting clear communication, consistent messaging, and timely action across care providers and settings.
- **Leverage technology** to deliver standardized, evidence-based IPC education and real-time updates across partner organizations (e.g., virtual training platforms, shared learning portals, and digital tools)
- **Co-develop shared IPC protocols, escalation pathways, and response strategies** through collaborative training sessions that support consistency during routine care and outbreak situations.
- **Promote a unified approach** to IPC that respects each partner's role, reduces variation and duplication, and strengthens collective responsibility for high-quality, safe care outcomes.

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Training In Action – Safe Care in Practice

Client/Patient Example:

- Client condition
- Client situation
- Client impact
- Support tools utilized

Professional Care Team Training:

- How is training provided?
- How are skills tested/maintained?
- What is gained in a long-term program?

Helpful Resources

- About Project Firstline - Accessible infection control education for all frontline healthcare workers.
- Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings - Assess and improve a healthcare facility's infection control and prevention practices.
- Considerations for Reducing Risk: Surfaces in Healthcare Facilities - Core Components to creating and sustaining clean & safe surfaces in healthcare facilities.
- Considerations for Reducing Risk: Water in Healthcare Facilities - Healthcare facilities should consider these actions to reduce water-based health risks.
- Preventing MDROs - Strategies for preventing and responding to multidrug resistant organisms (MDROs)
- APIC Implementation Guides & Toolkits
- APIC: Infection Prevention in Non-Hospital Settings Toolkit
- Norovirus replication, host interactions, and vaccine advances. Prasad BVV, Atmar RL, Ramani S, Palzkill T, Song Y, Crawford SE, Estes MK. *Nat Rev Microbiol.* 2025 Jun;23(6):385-401. doi: 10.1038/s41579-024-01144-9. Epub 2025 Jan 17.PMID: 39824927.

Thank you!

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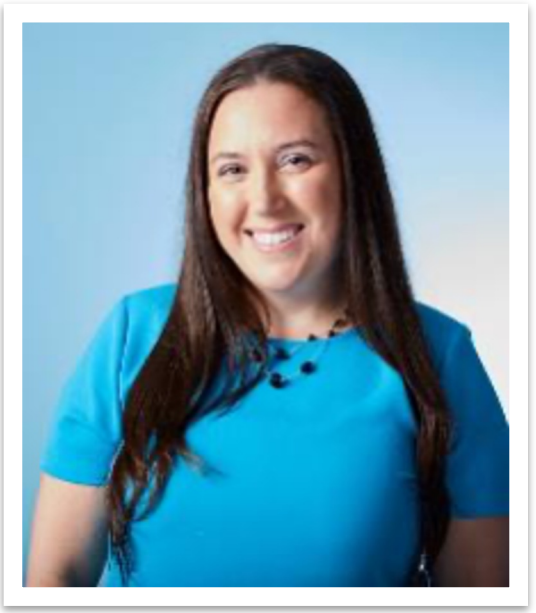

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