



[FindArticles](#) > [Nursing Homes](#) > [Oct, 1997](#) > [Article](#) > [Print friendly](#)

Safety means paying attention

Karen L. Bonn

Safety concerns in a nursing facility may bring immediately to mind such measures as making sure people do not slip on wet floors, that no one wanders from the building and that only fresh food is served. But do we remember our microbiology - the potential of transmitting microorganisms that could potentially kill a child, an elderly person or anyone whose immune system might be compromised? And do we consider that keeping a resident "free from injury" also includes paying attention to contractures and pressure ulcers, which are certainly "injuries"?

Somewhere it is stated that "ignorance of the law is no excuse." As DON's, we are responsible for knowing what is required of us in all situations. If we do not keep up on the latest techniques in infection control, contracture prevention, correction and management, and wound prevention and healing, we are not protecting the fragile people in our care. If they lose any degree of range of motion and we do not correct that condition, or if they develop a wound, then we have allowed them to sustain an injury, just as if we have negligently allowed them to fall unattended in the shower.

When we nurses or one of our loved ones are to have some type of surgery, one of the questions we immediately ask is, "What is the surgeon's infection rate and how do his (her) patients normally recover?" How would we respond to a family member or a state surveyor if they asked us the same question about our nursing facility?

A strange phenomenon occurred several years ago, shortly after OSHA started heavily regulating healthcare. Healthcare workers started wearing exam gloves for everything, but many of them stopped washing their hands. Proper handwashing will always be the best security against spreading germs and disease. Gloves are to protect us and the residents from each other's germs - but have you ever pulled a glove out of a box and noticed it was missing a thumb or had a visible tear? How many gloves do you think might have tiny unseen holes that might very easily allow microorganisms to pass through to your skin? If you take off a glove and never wash your hands, might you transmit these germs to another resident, to your lunch - maybe even home to your unsuspecting children?

As a DON, you are responsible for the health and welfare of the residents who live in your facility; therefore, seeing that everyone properly washes their hands is also your responsibility. Do the other healthcare professionals that come into contact with your residents practice good handwashing techniques - including therapists and physicians? An interesting historical note: In Europe in the late 1800s and early 1900s, it was discovered that patients were much safer at home than in hospitals. After much observation and thought, it was noticed that the patients a physician saw after examining someone with an infection soon also came down with an infection, while the ones that he saw before had much lower infection rates. To my knowledge, no magical forcefield has evolved since then that changes these same variables in today's healthcare environment.

How many germs do we carry out into the public? Do you ever see healthcare workers that do their grocery shopping on their way home from work in the uniform that they have done "goodness knows what" in all day? The front of a uniform that may have touched laundry contaminated from someone's incision infection or an exudating wound may later touch a damp meat counter as the worker leans forward to pick out a package of ground meat, or perhaps he/she brushes against the check-out counter where little children run their fingers and then put those same little fingers into their mouths or rub their eyes. This "doesn't happen"? We know better than that.

Do we drop soiled linens on the facility floor because we are in the "real world" now and can forget most of what we learned in

nursing school's ivory tower? Where is that magical forcefield that prevents us from tracking those germs from the floor to other resident's rooms, into public places or home to our families?

It is largely up to facility administration to set and enforce the professional "ideology" of the entire staff. We can work every day to provide residents with quality of life that is as free from all types of injury as humanly possible, or we can put aside difficult or controversial issues "for now" as we tell ourselves how busy we are and that we simply have to address them later. Later can be too late, and the responsibility is ours.

Karen L. Bonn, RN, ROF, a former Director of Nursing, is president of Restorative Medical, Inc., Brandenburg, KY.

COPYRIGHT 1997 Medquest Communications, LLC

COPYRIGHT 2004 Gale Group