

ISDH Long Term Care
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International Infection Prevention Week

INFECTION PREVENTION WEEK FOCUSES ON HEALTHCARE ASSOCIATED INFECTIONS

INDIANAPOLIS-October 20 to 26 is International Infection Prevention Week. This year's theme, "Infection Prevention Is Everyone's Business," aims to bring awareness of the need to protect patients and the public from the risk of infection. State health officials are using the week as an opportunity to highlight what patients and physicians can do to reduce the risk of healthcare associated infections when a patient receives medical care.

"Healthcare associated infections are preventable," said State Health Commissioner William VanNess, M.D., "but both patients and healthcare providers have a role to play. It's important for each to understand their individual responsibilities. For example, clean hands are essential to preventing infections. It's okay to ask healthcare providers to wash their hands before touching you."

Healthcare associated infections occur when germs enter the body during medical care. These infections can include surgical site infections, catheter-associated urinary tract infections and bloodstream infections.

Patients should follow the tips below to help reduce their risk of acquiring an infection during medical care:

- Wash your hands with soap and water. Ask healthcare workers and visitors to do the same.
- If you are having surgery, ask if you should shower with germ killing soap ahead of time.
- If your room looks dirty, ask to have it cleaned.
- Sneeze and cough into your elbow, not your hand.
- Do not visit the hospital if you are sick or have had any ill symptoms within the last three days.
- If you are visiting a patient on "isolation precautions," follow those special precautions carefully.

Healthcare providers should follow the 10 steps below to protect patients and themselves:

- Wash your hands before and after you provide care to a patient.
- Use gloves the right way.
- Ensure you and your family are properly immunized.
- Follow the rules of isolation.
- Follow safe injection practices: one needle, one syringe, only one time.
- Make patient identification a priority: right drug, right time, right dose.
- Keep the patients room and equipment clean.

- Know when antibiotics are appropriate and when they are not.
- Make sure your attire does not become a source of infection.
- Get to know the infection preventionist at your hospital.

Healthcare associated infections are reportable to the Indiana State Department of Health, which plans to release the first Indiana Healthcare Associated Infections report in the next few months.

To learn more about infection prevention, visit <http://professionals.site.apic.org/>.

For more information, visit the Indiana State Department of Health at www.StateHealth.IN.gov . Follow us on Twitter at [@StateHealthIN](https://twitter.com/StateHealthIN) and on Facebook at www.facebook.com/isdh1.

Breast Cancer Awareness Month

OCTOBER IS BREAST CANCER AWARENESS MONTH

INDIANAPOLIS-Breast cancer is the most frequently diagnosed cancer among females in Indiana, excluding skin cancers, with approximately 4,400 cases in the state each year. October is Breast Cancer Awareness Month and State health officials are encouraging Hoosier women to get screened.

"Regular screenings are important to detecting breast cancer," said State Health Commissioner William VanNess, M.D. "Beginning at age 50, women should have a mammogram every year or two. Talk to your doctor to determine your risks and the benefit of screenings."

There are several risk factors that contribute to breast cancer. Women have a much greater risk of developing breast cancer than do males, and that risk increases with age. Additional risk factors include:

- **Genetics**
People who have had two or more first degree relatives who have been diagnosed with breast cancer have an increased risk. Additionally, breast cancer risk increases if someone has a family member who carries the BRCA 1 or 2 genes, which account for 5-10 percent of breast cancer cases.
- **Race**
In Indiana, during 2007-2011, the breast cancer incidence rates for African American and white women were similar, but the mortality rate for African American women was 39 percent higher than for whites. This increased risk can partially be attributed to African American women being diagnosed with more aggressive forms of breast cancer or at later stages.
- **Estrogen**
Women who started menstruation before age 12 or menopause after age 55 might be at increased risk as a result of a higher lifetime exposure to estrogen.
- **Pregnancy and Breastfeeding History**
There are studies that show that women who have not had children, had their first child after age 30 or have not breastfed might have an increased risk of developing breast cancer. According to the American Cancer Society, some research indicates that for each year a mother breastfeeds her child, her relative risk for developing breast cancer is reduced by 4.3 percent.
- **Hormone Replacement Therapy (HRT)**
Using HRT can increase a woman's risk of developing and dying from breast cancer. This risk can be increased after just two years of using HRT.
- **Alcohol**
Drinking alcohol has been linked to an increased risk of breast cancer and the risk increases with every drink consumed per day.
- **Overweight and Obesity**
Being overweight, especially post menopause, can increase your risk of developing breast cancer. The more body fat a woman has, the higher her estrogen levels typically are, increasing her risk of developing breast cancer.

The early stages of breast cancer typically show no symptoms. However, as the cancer progresses, some symptoms may be noticed. These can include:

- A lump or thickened breast tissue
- Changes in breast size or shape
- Changes in the texture of the skin of the breast or nipple, including dimpling or puckering
- Nipple discharge, especially if the discharge is bloody

Contact your healthcare provider immediately if you have any of these symptoms.

"Early detection of breast cancer is critical because it gives a woman her best chance at beating it," said Dr. VanNess. "The five-year survival rate for localized breast cancer, which is simply cancer that has not spread to lymph nodes or other locations outside the breast, is 98 percent."

The Indiana State Department of Health Indiana Breast and Cervical Cancer Program (IN-BCCP) provides access to breast and cervical cancer screenings, diagnostic testing and treatment for underserved and underinsured women. Eligibility for the program is determined by age, income and family size. For more information on the IN-BCCP and to check eligibility, call 855-435-7178 or visit www.in.gov/isdh/24967.htm.

To learn more about breast cancer, including information on signs and symptoms, benefits of early detection and behaviors that can help decrease risk, please refer to the *Indiana Cancer Facts and Figures 2012* report, a comprehensive report on the burden of cancer in Indiana, by visiting www.indianacancer.org.

For more information, visit the Indiana State Department of Health at www.StateHealth.IN.gov. Follow us on Twitter at [@StateHealthIN](https://twitter.com/StateHealthIN) and on Facebook at www.facebook.com/isdh1.

Organizations interested in working with others to reduce the burden of cancer in Indiana should consider participating in the Indiana Cancer Consortium (ICC). The ICC is a statewide network of partnerships whose mission is to reduce the cancer burden in Indiana through the development, implementation and evaluation of a comprehensive plan that address cancer across the continuum from prevention through palliation. Participation in the ICC is open to all organizations and individuals interested in cancer prevention, early detection, treatment, quality of life, data collection and advocacy regarding cancer-related issues. To become a member of the ICC and find additional information about cancer prevention and control in Indiana, visit the ICC's website at www.indianacancer.org

CMS Updates

CMS Survey and Certification Letter 14-01-NH: Cardiopulmonary Resuscitation

The Centers for Medicare and Medicaid Services (CMS) issued [Survey and Certification Letter 14-01-NH](#) on Cardiopulmonary Resuscitation (CPR) in Nursing Homes. The letter clarifies certification standards related to the initiation of CPR and the facility CPR policy. The letter states that prior to the arrival of emergency medical services (EMS), nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest (cessation of respirations and/or pulse) in accordance with that resident's advance directives or in the absence of advance directives or a Do Not Resuscitate (DNR) order. CPR-certified staff must be available at all times. Some nursing homes have implemented facility-wide no CPR policies. Facilities must not establish and implement facility-wide no CPR policies.