



Hospital for
Special Care

Infection Prevention & Control



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Objectives:

- Basic infection standards-keep everyone safe!
- Review relationship of HSC & regulatory bodies
- Review practice issues that will improve compliance to regulatory standards



Regulatory Agencies that guide our standards/practices:

- State of Connecticut (DPH)
- The Joint Commission
- Federal Government
- OSHA



Hospital for
Special Care

The most important means of preventing
the spread of infections is:



Definition:

- Universal Body Substance Precautions (UBSP) protect health care workers from exposure to potentially infectious agents via barriers such as:
 - Gloves
 - Gowns
 - Aprons
 - Masks
 - Protective eyewear



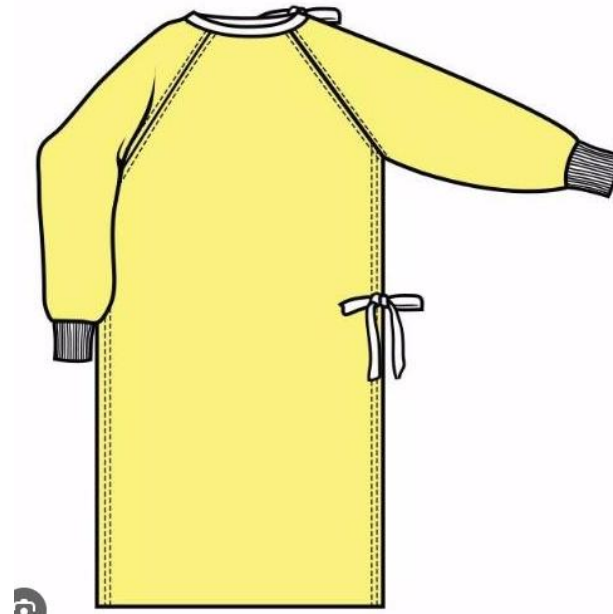


Wear Gloves for:

- Patient care
- Direct contact with body fluids or other secretions
- Venipuncture
- Specimen collection
- Handling of trash
- Handling soiled linens
- Use sterile gloves for sterile procedures

Wear Gowns when:

- Soiling of your clothing is likely
- As required by Isolations



Wear Protective Eyewear



If splashes are likely to occur

Wear Masks

- Along with protective eyewear
- If you need to protect your eyes-remember your mouth and nose

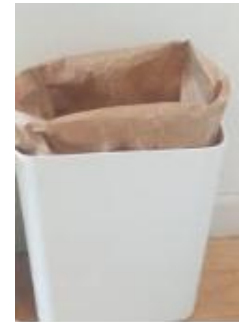


Now It's Your Turn

Donning and Doffing PPE Hand Hygiene



- PPE located in special box
- PPE will be discarded in assigned locations
- No plastic garbage bags-Use paper
- Keep disinfectants away from patients
- Do encourage patients to wash hands before meals, ADL's
- Questions-contact Infection Prevention





- PPE & Disinfectants located in specific locations
- Gloves/arm protectors – Cleaning process
- Behavioral Response and daily assignments: Follow hospital policies

Lab alert system notifies of patient positive for MDRO:

- **MRSA** (Methicillin-Resistant *Staphylococcus aureus*)
- **VRE** (Vancomycin-Resistant *Enterococcus*)
- **ESBL** (Extended -Spectrum Beta Lactamase)
- **CRE** (Carbapenem-Resistant *Enterobacteriaceae*)
- **CRAB** (Carbapenem-Resistant *Acinetobacter baumannii*)
- **Candida *auris***

Results reviewed by ID department

- **Unit surveillance system in place**
- **Education to patients and families**

MDRO Implications?

Colonized:

- Patient may have resistant organisms
- Patient is not sick
- Patient is a reservoir for others

Infection:

- Patient is ill
- Patient has signs/symptoms
- Patient needs treatment

- Based on illness
- Infection Control Manual resource
- Signage necessary:
 - **Two signs**
 - One at the door
 - One at the bedside
- **Education must be done and recorded in the medical record**

CONTACT PRECAUTIONS-

PPE always worn when entering the patient's room:

STOP CONTACT PRECAUTIONS STOP
EVERYONE MUST:

- Clean their hands BEFORE entering and when leaving the room
- Put on gloves BEFORE entering and remove gloves before leaving room
- Put on gown BEFORE entering and remove gown before leaving room
Do not wear the same gown and gloves for more than one person
- Use dedicated or disposable equipment.
Clean and disinfect reusable equipment before use on another person
- Put on a clean mask before room entry Put on a new mask when exiting the room.

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ENHANCED BARRIER PRECAUTIONS:

PPE use determined by the activities staff is performing.

STOP ENHANCED BARRIER PRECAUTIONS STOP
EVERYONE MUST:

- Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

- Wear gloves and a gown for the following High-Contact Resident Care Activities.
Dressing
Bathing/Showering
Transferring
Changing Linens
Providing Hygiene
Changing briefs or assisting with toileting
- Device care or use:
central line, urinary catheter, feeding tube, tracheostomy
Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Airborne Precautions

STOP STOP

Airborne Precautions Everyone Must.

- Clean their hands, including before entering and when leaving the room.
- Put on gloves BEFORE entering and remove gloves before leaving room.
- Put on a fit-tested N-95 or higher level respirator before room entry. Remove respirator after exiting the room and closing the door.
- Put on gown BEFORE entering and remove gown before leaving room. **Do not wear the same gown and gloves for more than one person.**
- Door to room must remain closed.

Droplet Precautions

STOP STOP

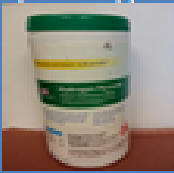
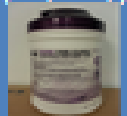
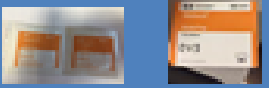
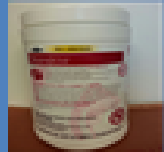
Droplet Precautions Everyone Must.

- Clean their hands , including before entering and when leaving the room.
- Put on gloves BEFORE entering and remove gloves before exiting the room.
- Put on gown BEFORE entering and remove gown before leaving room. **Do not wear the same gown and gloves for more than one person.**
- Make sure their eyes, nose and mouth before room entry are fully covered OR Remove face protection before room exit.

Enteric Precautions



Medical Equipment Cleaning Job Aid

Chemical Cleaner	Use	Medical Equipment	Required Contact (WET) Time	PPE Required
Clorox Hydrogen Peroxide Wipes (Green Top) 	To clean, disinfect and deodorize hard, nonporous surfaces.	Bedside Tables, IV Poles, Pens, Exercise/Exam Tables, Cough Assist, Wheelchairs, EKG Machine, Mattress Pumps, Coated pillows & mattresses, Feeding & Infusion Pumps, Blood Pressure Cuffs/Dynamaps, Cardiac Monitors, Bladder Scanner	1 minute *Be sure item is dry before direct patient contact to the equipment.	Gloves
PDI Germicidal Disposable Wipes (Purple Top) 	To clean glucometers, ventilators, and other electronic screens	Drager Vent, DTV Vents ASTRAL 150 Vents Vela Vent Touch Screen Accu Check/Glucometers Laptop screens PDA's	2 minutes *Be sure item is dry before direct patient contact to the equipment.	Gloves
Isopropyl Alcohol 	To clean specified medical equipment.	Tympanic Thermometers Pulse Oximeters	1 minute *Be sure item is dry before direct patient contact to the equipment.	Gloves
Clorox Dispatch Wipes (Red Top) 	To disinfect isolation rooms. To clean and disinfect blood and body fluids. *Staff to clean only very small amounts of blood and body fluid. **Environmental Services to be contacted for blood and body fluid spills	Blood and body fluid soiled items require cleaning with bleach based Dispatch Wipes for all medical equipment. Contact Environmental Services for blood and body fluid spills.	5 Minutes (For C-Diff Disinfection) 1 Minute (For generalized disinfection of bacteria and viruses) *Be sure item is dry before direct patient contact to the equipment.	Gloves

Recommendations above are for routine cleaning of medical equipment. Contact infection Preventionist with questions.



- Keep refrigerators clean
- Medications and food must be kept separate
- Clean up spills immediately -
EVS for assistance
- Laboratory specimens -transport
in the **orange** – colored carrying boxes that
are provided on each nursing unit

Management of Hospital Acquired Infections (HAIs)

- C-difficile (CDI)
- Ventilator associated pneumonia (VAP)
- Central line-associated bloodstream infections (CLABSI)
- Catheter associated urinary tract infections (CAUTI)
- MRSA bacteremia (Internal reporting)



- Watery diarrhea
- Abdominal pain and cramps
- Low grade fever (temps to 102-103 degrees)
- Nausea
- Anorexia
- Malaise



Before sending stool specimen, assess for other reasons for loose stools

If patient has loose stools on admission, RN to assess and discuss with medical staff.

Stool should only be sent on Day 1, Day 2 or 3 of the new admission, if C. difficile is suspected.

Stool should ONLY be sent if patient has *three (3) or more watery stools in a 24 hour time period*

Do not send stool specimens to Lab after treatment is completed.

- C-Difficile spores can stay on any surface, device or material (tube feeding pump, bed railing, commodes)
- C-Difficile spores are transferred from patient to patient *mainly via hands of healthcare personnel who touched contaminated surface or item*



- **Is used for:**
 - IV bags and tubing
 - Blood Transfusion tubing
 - Suction Canisters/
Tubing
 - Bloody or Drainage
Saturated Dressing
 - Laboratory Waste
Products



- Determine if injury was caused by a clean or used needle
- First aid, wash site
- Report immediately to supervisor & Occ. Health
- Fill Occurrence Report
- ID Provider on-call oversees process
- Follow exposure policy and procedure

Prevent Needlesticks

- Use correct technique & safety devices when giving injections
- Use needle disposal canisters
- Canisters are located in all the patients areas
- Do not overfill canisters-notify EVS for replacement
- **STOP-THINK-DISCARD**
- Get assistance when giving injections or IV therapy to restless patients



- Employee will go to employee health clinic at Trinity St Francis Hospital during from 7a-4p Mon-Fri
- After 4p-7a daily, or weekends/holidays: go to emergency room for evaluation
- Occurrence report will be done as per St Francis occupational health protocols and report incident to HSC Employee Health



- Infection Control Policies in SYMPLR
- Basic concepts and implementation
- Orientation & Annual review and update



- TB plan located with Infection Prevention & Control policies
- Employee testing: on hire
- TB testing of NBU patients on admission and others patients as needed
- Mask fit testing
- Negative pressure rooms (RCU2/PDU/SAT)



- Maintain sterile technique during central venous catheter care & maintenance
- Follow guidelines from CDC CLABSI Prevention Checklist
- Education and training provided to clinical staff

- Influenza (flu)- contagious respiratory illness caused by influenza viruses
 - Ranges from mild to severe illness & may lead to death in people identified as high risk.
- High risk: Older people, young children, pre-existing health conditions
- Fever, HA, Tiredness, Sore throat, Nasal congestion, Muscle aches, GI symptoms

Protection against Influenza in the work place

- Hand Hygiene (soap & water or alcohol foam)
- Respiratory etiquette
- PPE
- Flu vaccine
- Stay home when sick with flu



Questions?
Contact Infection Prevention &
Control