

University Hospital

Infection Prevention and Control

A proud member of **UL** OF Health Care

Infection Prevention and Control

University Hospital Infection Prevention and Control Department Information

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Infection Prevention and Control

- Essential activity that must be shared
 - Utilize safe infection control practices
 - Provide safe environment for our patients
 - Use equipment provided for you, the physician, in a safe and effective manner
 - Identify and correct unsafe practices
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Core Content

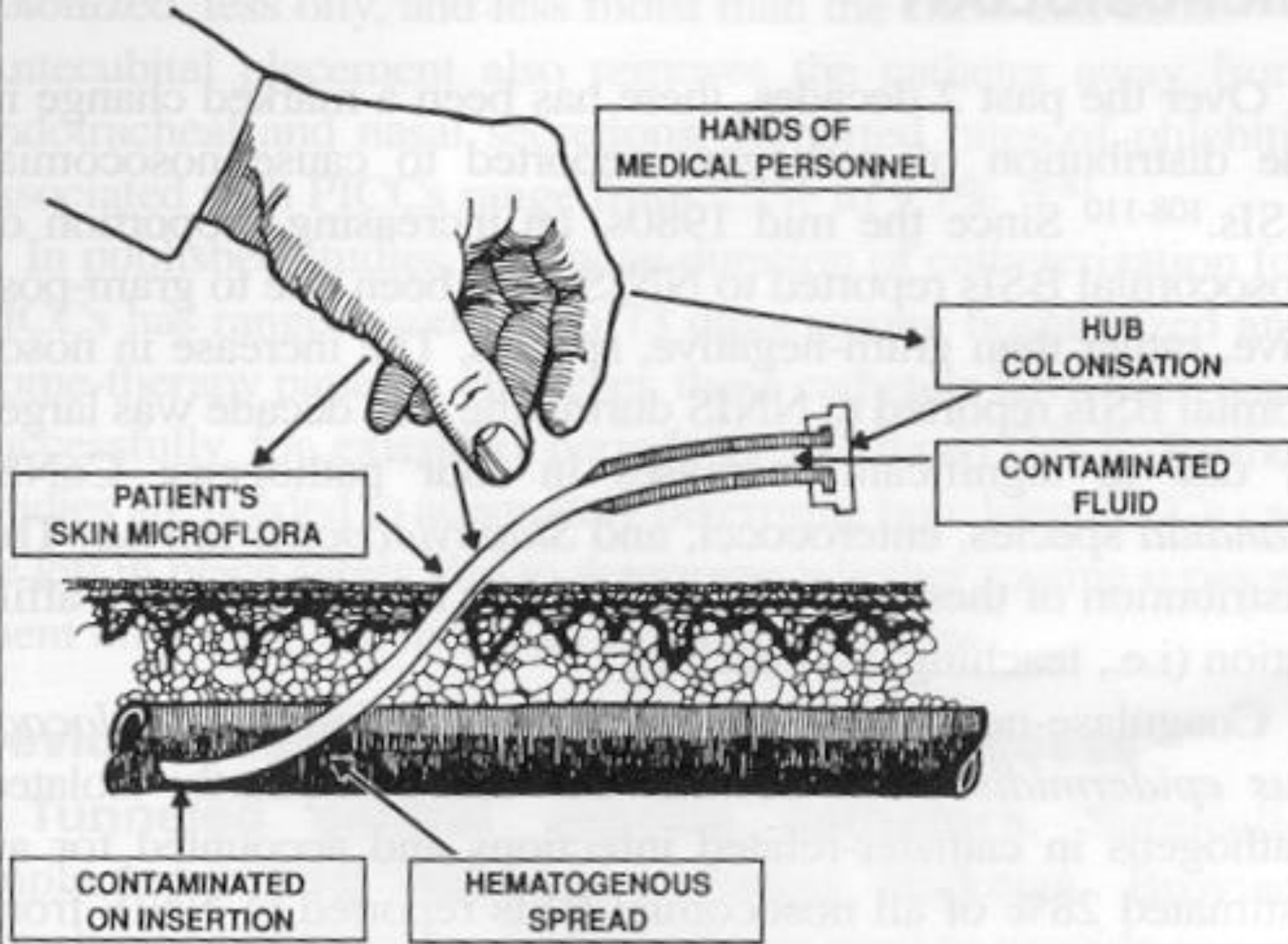
- Hand Hygiene
 - Central Line Insertion
 - Central Line Observations
 - Vascular Access Needs
 - Isolation Practices
 - Regulated Medical Waste
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Hand Hygiene

- Number one way to prevent the spread of infection
 - Alcohol based hand rubs are preferred between washings with soap and water
 - Required before patient contact
 - Required after patient contact
 - Required after environmental contact
 - Soap and water is indicated when hands are visibly soiled and when caring for patients with Cdiff
 - Observations are performed anonymously all over the hospital data is provided to medical staff
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Central Line Insertion Practices

- Hospital Goal to reduce Central line associated bloodstream infections (CLA-BSI)
 - Surveillance is performed on 9,8,7,6,5 and Stroke ICU
 - Observations of practice are performed by the nursing staff and physician review is required afterward
 - Companion kits are provided as part of the central line insertion bundle and contain items necessary to place the line
 - Central lines are in a separate package and should be pulled with the companion kit
 - Procedural attestation forms are located on E-forms
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Isolation Practices

- There are 4 types of isolation practiced
 - Standard precautions
 - Contact precautions - for organisms such as MRSA, Cdiff, VRE, Acinetobacter.
 - Droplet Respiratory – for organisms such as Neisseria meningitidis and influenza
 - Airborne Respiratory – for ruling out mycobacterium tuberculosis and for active cases.
A guide to isolation practices can be found on the Net Access
 - The next few slides show the signs associated with the isolation precautions
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Contact Isolation

- Prevents direct and indirect contact transmission
 - Transfer of organisms can occur through surface-to-body surface contact and physical transfer of micro organisms can occur through patient contact while turning, bathing etc.
 - Must wear gloves and gowns particularly contact with patient is prolonged
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Contact Isolation

CONTACT ISOLATION

Handwashing upon entering and leaving this room is **essential** due to the presence (infection or colonization) of a multiply-resistant organism.

The following is a guide to equipment necessary to prevent disease transmission:



- Gloves must be worn for **all patient contact**.
- Gowns must be worn for **all involved contact** (e.g., turning, repositioning, bathing, dressing changes).



- This patient should be assigned to a **private room** or cohorted with another patient with the same organism. Contact Infection Control for assistance.



- All visitors must be instructed regarding **glove use and handwashing**.



- All **equipment** must be cleaned with a disinfectant prior to removal from this room.
- **Standard (universal) precautions** must be utilized during all patient contact.

Contact Isolation is designed to prevent direct and indirect contact transmission. Direct transmission of microorganisms occurs when there is direct body surface-to-body surface contact as through turning, bathing or physical examination. Indirect transmission involves contact through contamination of items such as stethoscopes, hands that are not washed or sanitized, and contaminated instruments or dressings. Appropriate barriers such as gown and gloves are required but depend upon the degree of patient contact.

Contact the Infection Control Nurse regarding questions or assistance



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You will see this sign when a patient has *Cdiff* along with the Contact Precautions sign.

Please wash with soap and water as
Alcohol based hand-rubs
Are ineffective

Personal Protective Equipment



Droplet Respiratory Isolation

- Prevents transmission via droplets from the source patient when they cough, sneeze, talk and undergo certain procedures.
 - Droplets can contain micro organisms that are propelled through the air
 - Requires private room
 - Use traditional surgeon mask
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Droplet Respiratory Isolation

DROPLET (respiratory) ISOLATION



- Masks must be put on prior to entering this room. A regular **surgeon mask** can be used when entering this room.



- This patient requires a **private room** until otherwise notified by the primary physician or infection control.



- The room door should remain **closed**.

Droplet Respiratory Isolation prevents transmission via droplets generated from the source person primarily during coughing, sneezing, talking, and during the performance of certain procedures such as suctioning and bronchoscopy. These droplets containing microorganisms are propelled a short distance through the air. Special ventilation is not required and a traditional surgeon mask prevents droplets from being deposited on the healthcare worker's nasal mucosa or mouth.

Contact the Infection Control Nurse regarding questions or assistance



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Airborne Respiratory

- Preventing transmission through airborne particles (nuclei) 5 microns or smaller or dust particles containing infectious agents.
 - Use special ventilation (negative pressure)
 - Use high filtration masks (N95)
 - Perform fit check before entering room
 - Perform hand hygiene before entering room
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Airborne Respiratory


AIRBORNE (respiratory) ISOLATION

STOP

- Masks must be put on and **checked for fit** prior to entering this room.
- **N95** mask may be reused until integrity is compromised or until the mask is visibly soiled.
- This patient requires a **private room**. Negative pressure is also indicated.
- Contact **engineering** if negative pressure cannot be verified. The room door is to remain closed.

Airborne Respiratory Isolation involves preventing transmission through dissemination of either airborne droplet nuclei (small particle residue 5 microns or smaller) or dust particles containing infectious agents. The microorganisms can be widely dispersed by air currents, therefore, special ventilation and high filtration masks (N95) are required.

Contact the Infection Control Nurse regarding questions or assistance

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Vascular Access Needs

- The Vascular Access Specialist Team (VAST) is available for consultation
 - Utilize ultrasound for difficult access
 - Primary focus is peripherally inserted central catheters (PICC)
 - Orders for PICCs should be placed before noon so that enough time is provided for assessment and intervention if necessary
 - Team is available for consult and recommendations if a PICC is not the optimal line
 - Pager is 336-8816
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Reportable Diseases

Reportable disease lab reports are sent to the Infection Prevention Dept. The department then correlates the necessary demographic information and forwards this to Information to the health department. This provides one source for reporting and follow-up. You do not need to report as well.

Wing's



Don't put these
in the laundry
please!

Bloodborne Pathogens

- Always dispose of sharps in the appropriate puncture-resistant container
 - If you have any exposure such as a needlestick:
 - Take off your gloves
 - Wash the area thoroughly
 - Notify campus health at 852-6446 immediately
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