Providence Little Company of Mary Medical Center

Hospital Acquired Infection Prevention Handbook

INFECTION PREVENTION is everyone’s business
gloves have micro-cracks and holes that can cause your hands to be contaminated while wearing gloves. Your hands can also become contaminated when you remove your gloves. Always perform hand hygiene after removing gloves. You may clean your hands with:

♦ Alcohol based hand rub: Rub the product on your palms, backs of your hands, between your fingers, on your thumbs and around your wrists until it is dry. This should take about 15-20 seconds.

♦ Soap and Water: Wet your hands thoroughly before dispensing the foam soap, about the size of a large egg, on your hands. Lather all parts of your hands and wrists for 15 seconds before rinsing. The CDC recommends that you use a paper towel to turn off the manual faucets so you do not re-contaminate your hands.

If your hands are visibly soiled, use soap and water to clean your hands. If your patient has diarrhea, especially if *Clostridium difficile* is suspected or confirmed, use soap and water to cleanse your hands. The alcohol based rubs are not sporicidal. It is the friction of soap and water hand hygiene that will break up the *Clostridium difficile* spores and it is the flushing action of running water that will remove any spores from your hands that you may have acquired.

**Personal Protective Equipment (PPE)**

PPE includes the yellow isolation gowns, gloves, goggles, face shields, masks. Wear the appropriate PPE anytime you anticipate contact with blood or body fluids. Wear PPE, as indicated on the isolation sign, anytime you enter an isolation room, even if you do not plan to examine the patient or touch anything. Remember, the environment is considered contaminated and you can transmit organisms from contaminated inanimate objects in the room to other patients. PPE is worn one time for one patient only. Gowns and gloves should never be worn outside the patient room and should always be changed between patients in the same room.

**B. MULTI-DRUG RESISTANT ORGANISMS (MDRO’s)**

These are the germs that have developed resistance to the antibiotics which are used to kill the germs. People with weakened immune system can get the infection. The weak immune system could be due to cancer, intensive care patients, long term hospitalization and patient who have taken multiple antibiotics over the time. These germs can cause pneumonia, blood infection, and urinary tract infection or wound infection. It will result in prolonged hospitalization. These germs are spread either by direct contact from person to person or by indirect contact through patient environmental contact such as bed rails, bed side table, call button, etc.
Based on positive culture report, patient and their families are provided with educational information on measure to prevent re-infection and/ or spreading of MDRO’s to others.

**PREVENTION and TREATMENT of CLOSTRIDIUM DIFFICILE INFECTIONS**

1. Discontinue antibiotics if negative cultures are reported.
2. Suspect *C. difficile* when patient has watery diarrhea
3. Treat mild infections with **ORAL** Metronidazole
4. Treat severe or recurrent infections with **ORAL** Vancomycin
5. Early Infectious Disease consult

**Prevention of Central Line Blood Stream Infection using IHI bundle practices**

The Central Line Bundle is a group of evidence-based interventions for patients with intravascular central catheters that, when implemented together, result in better outcomes than when implemented individually.

The key components of the Central Line Bundle are:

- Medical necessity includes the following indications:
  - Deliver large volumes of fluid
  - Deliver irritating solutions
  - Unattainable venous access
  - Prolonged IV access required

- Hand Hygiene
- Maximal Barrier Precautions Upon Insertion
- Chlorhexidine Skin Antisepsis
- Optimal Catheter Site Selection, with Avoidance of the Femoral Vein for Central Venous Access in Adult Patients
- Daily Review of Line Necessity with Prompt Removal of Unnecessary Lines
- Sterile practices for central line dressing change includes hand hygiene
- Patient and Family education is provided for central line care

Additional key practices to prevent infection and maintain patency of any vascular access device include:

- “Scrub the Hub” with alcohol prior to accessing any injection port vigorously for 15 seconds.
- Central Lines (PICC, Short Term Central Catheter) dressing changes:
  - All dressings are to be changed whenever the dressing is damp, soiled or loose
  - Use gauze dressing if there is any discharge from the site. Gauze dressings are changed at least once daily.
Prevention of Ventilator Associated Pneumonia using evidence based IHI bundle Practices

The key components of the Ventilator Bundle are:
- Elevation of the Head of the Bed (30-45 degrees)
- Daily "Sedation Vacations" and Assessment of Readiness to Extubate
- Peptic Ulcer Disease Prophylaxis
- Deep Venous Thrombosis Prophylaxis
- Daily Oral Care with Chlorhexidine
- Patient and family education on ventilator care

Prevention of Catheter Associated Urinary Tract Infection using evidence based Bundle Practices
- Catheterize patient only if patient meets the Foley criteria
- Insert catheter using aseptic technique and sterile equipment
- Secure every catheter to leg with a securement device
- Perform hand hygiene before and after touching urinary catheters;
  Standard precautions and glove use apply
- Daily assessment of Foley need
- Maintain closed, sterile system
  - Maintain unobstructed urine flow by not having dependent loop
  - Ensure that drainage bag hangs below bladder level
  - Catheter bag must never touch the floor

Foley Criteria
1. Perioperative Use:
   - GU Tract ☐ Open Heart ☐ Total hip / Knee ☐ Spinal
SCIP: With MD order remove Foley by POD #2, if the Foley stays in, MD to document the reason
2. Acute: Urinary retention / ☐ Urinary Obstruction
3. Incontinent patient with Stage 3/4 decubitus
4. Urine output in terminally ill / palliative care patients
5. Accurate I/O (ICU ONLY)

Education
It is mandatory to provide patient and/or family educational handouts and to record the information given in meditech under patient education. Here is the link for frequently asked questions on MRSA, C.diff, Prevention of blood stream infection; Ventilator associated pneumonia, Urinary tract infection and surgical site infection.
http://www.cdc.gov/ncidod/dhqpv/HAI_shea_idsa.html
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HAI Prevention Strategies Handbook Acknowledgement

This signed acknowledgement page will be kept under employee competency file by registry per employee. Your signature below acknowledges that you have received, read and understand the information presented in the HAI Prevention Strategies Handbook.

Name: ____________________________________________
(Please Print your Name)

Signature: _________________________________________

Date: _____________________________________________