

# INFECTION CONTROL

What You Need to Know



# HAND HYGIENE

- Bacteria and viruses are most commonly transmitted on the hands of health care workers



# HAND HYGIENE

- The single most important way to prevent the spread of these organisms is good hand hygiene.



# HAND HYGIENE INCLUDES

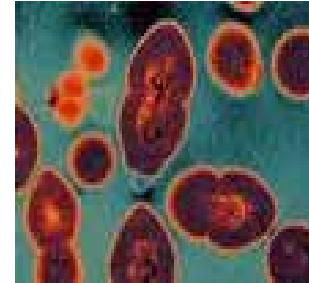
- Good hand washing
- Using alcohol hand gels
- Hand care (lotions, cover cuts)
- Taking care of dermatitis
  - Reporting of skins lesions or rashes to your Manager and Employee Health

# WHEN IS HAND HYGIENE NECESSARY

- When hands are visibly dirty or contaminated
- Before and after patient care
- Before eating
- After using the restroom
- Before donning sterile gloves
- After removing gloves
- If moving from a contaminated body site to a clean body site during patient care
- After contact with inanimate objects (including medical equipment)

# CONTACT PRECAUTIONS

- A patient with a resistant organism is placed on Contact Precautions by nursing staff
  - When lab calls
  - When Infection Control calls
  - By physician order
  - Per isolation guidelines
- Patient can be placed on Contact Precautions without a physician order




# CONTACT PRECAUTIONS

- Consists of:
  - Private room
  - Stop sign and Contact Precautions sign outside the door
  - Gloves to enter the room
  - Gown for contact with patient or environment
  - Dedicated equipment



# STOP AND CONTACT PRECAUTIONS SIGN



  
COMMUNITY  
MEDICAL CENTER

## CONTACT PRECAUTIONS

1. PRIVATE ROOM
2. Put on GLOVES when entering room.
3. DEDICATED EQUIPMENT (i.e., BP cuff, thermometer, stethoscope, etc.)
4. Put on GOWN if any contact with patient, secretions, surfaces or equipment is anticipated. Wear surgical cap if your hair is long.
5. Wear MASK (with face shield) if there is potential for mucous membrane or eye exposure.
6. Remove mask, gown, gloves and wash hands or use alcohol hand gel before leaving the room.

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# CONTACT PRECAUTIONS

- Infection Control places a Precautions Worksheet and a yellow Contact Precautions sticker on the chart
- Patient is maintained on precautions until clearance criteria are met
- **Notify Infection Control before discontinuing Contact Precautions**

# PRECAUTIONS WORKSHEET

LOG # 6379 PCP.PHYSICIAN, NO PRIMAR						
Date	Source / Site	Organism 1 / Resistance Pattern	Organism 2 / Resistance Pattern	Organism 3 / Resistance Pattern	Hosp Report Acquired	Isolation / Care Unit
14May09	Sputum/ET	Strep Pneumococcus Penicillins	sputum			Contact
Comment: MRSA -BAL -May/20/09						
22May09	Sputum/ET	MRSA	BAL			Contact T517
Comment:						
31May09	Blood	Acinetobacter/Blood	Stenotrophomon /BAL		Y	Contact T517-A
Comment: Stenotrophomonas maltophilia/Acinetobacter -6/7/09-BAL						
12Jun09	Sputum/ET	MRSA	Pseudomonas Aerugino Imipenem/Meropenem	Acinetobacter SP Cephalosporins		Contact
Comment:						

No Special Precautions Required Rationale: \_\_\_\_\_  ED  I.C.

**CONTACT PRECAUTIONS – Private Room/Gowns/Gloves**

- MRSA  RULE-OUT MRSA  Hx of MRSA
- VRE
- C.diff  RULE-OUT C.diff
- RESISTANT GRAM NEGATIVE RODS
- SCABIES/LICE
- SHINGLES LOCALIZED IN IMMUNOCOMPETENT PATIENT
- OTHER \_\_\_\_\_

**RESPIRATORY “DROPLET” PRECAUTIONS – Surgical Mask/NO Neg Air Flow**

- MENINGITIS  RULE-OUT MENINGITIS
- INFLUENZA  RULE-OUT INFLUENZA
- OTHER \_\_\_\_\_

**RESPIRATORY “AIRBORNE” PRECAUTIONS – N-95 TB Mask/Neg Air Flow**

- TB  RULE-OUT TB
- CHICKENPOX
- SHINGLES DISSEMINATED OR IN IMMUNOCOMPROMISED PATIENT
- OTHER \_\_\_\_\_

PLEASE DO NOT THIN **Notify Infection Control Specialist before discontinuing Precautions**  
 MAINTAIN THIS WORKSHEET IN FRONT OF CHART  
 SEND WITH CHART IF PATIENT TRANSFERRED WITHIN THE HOSPITAL  
**NOT PART OF THE PERMANENT MEDICAL RECORD**  
 DISCARD THIS FORM AFTER PATIENT DISCHARGE

<PLACE PATIENT LABEL HERE> 5/11/09 JB

# RESPIRATORY “AIRBORNE” PRECAUTIONS

- Required for diseases that are spread by:
  - Small particles of evaporated droplets that remain suspended in the air for long periods of time
  - Dust particles contaminated with an infectious agent

# RESPIRATORY “AIRBORNE” PRECAUTIONS

- Private room with Negative Air Flow
- Place blue Respiratory “Airborne” Precautions and Stop Sign on the door
- Wear N-95 mask
  - Put on mask prior to entering the room.
  - Take off mask after exiting the room.
  - Must be fit-tested to wear N-95 Mask.
- Keep the room door closed

# RESPIRATORY “AIRBORNE” PRECAUTIONS SIGN

COMMUNITY MEDICAL CENTERS

## RESPIRATORY Airborne Precautions

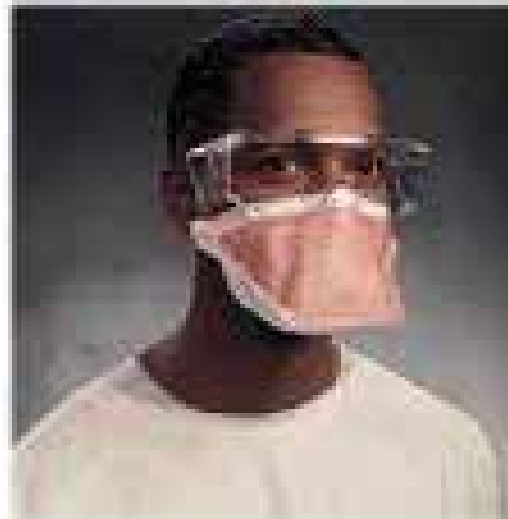
*Private Room / Negative Air Flow Room / N-95 TB Mask*

Notify Infection Control before Airborne Precautions are discontinued.

- Put on *N95* mask before entering the patient room.
- Wash hands or use alcohol hand gel before leaving room.
- Remove mask after leaving room.
- Keep the room door closed.

# RESPIRATORY “AIRBORNE” PRECAUTIONS

- Diseases that require Airborne precautions:
  - Tuberculosis
  - Chickenpox
  - Disseminated Shingles
  - SARS/Avian Flu



# RESPIRATORY “AIRBORNE” PRECAUTIONS

- For patients placed on Airborne Precautions, Infection Control will :
  - Place a Precautions Worksheet and a blue Respiratory “airborne” Precautions sticker on the chart
- Respiratory “airborne” Precautions can be initiated without a physician order

# TUBERCULOSIS

- Prevalence in Fresno County = 100 new cases/year
- Screening of patients for TB:

## Signs/Symptoms

- Cough > 3 weeks
- Fever
- Weight loss
- Bloody sputum
- Night sweats
- Suspicious chest
- X-ray

## Risk Factors

- Immunocompromised
- History of TB
- Recent exposure
- Recent immigration from or travel to an area with a high rate of TB
- Homelessness
- Spent time in a correctional facility



# RESPIRATORY “DROPLET” PRECAUTIONS

- Required for diseases that are spread:
  - Through the air by large particle droplets
  - Droplets usually travel short distances, ie less than 3 feet.



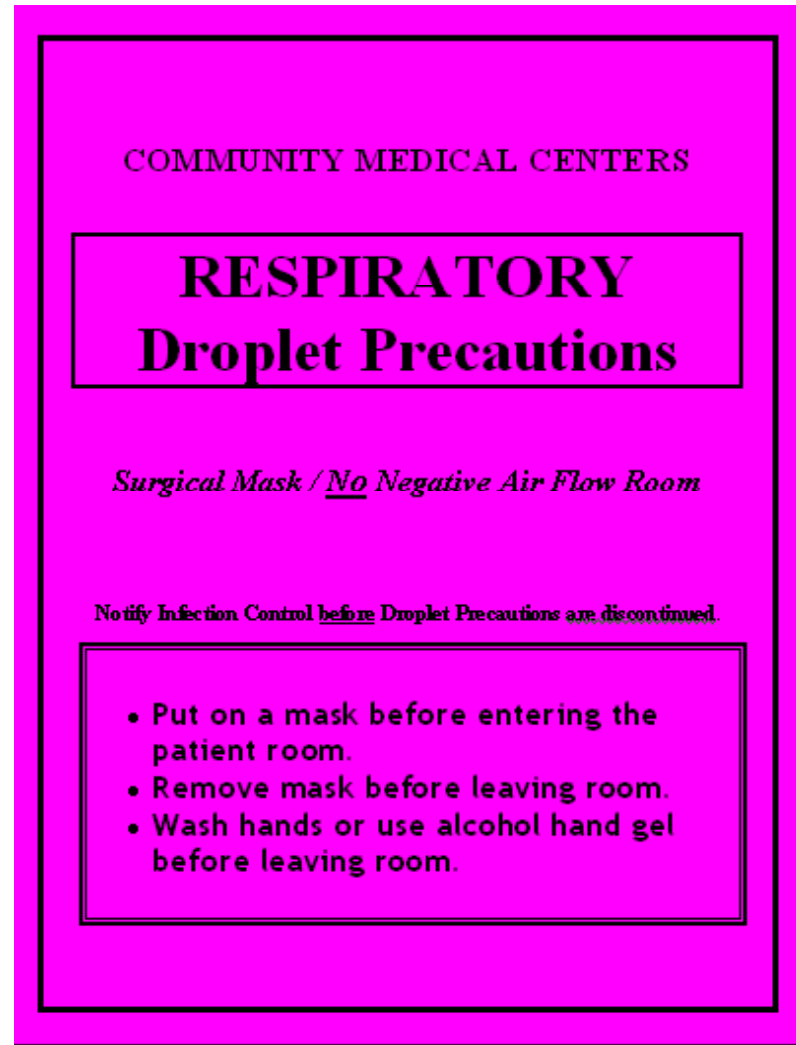
# RESPIRATORY “DROPLET” PRECAUTIONS

- Private room, **NO** negative air flow.
- Put on regular surgical mask before entering the room.
- Remove mask before leaving the room.

# RESPIRATORY “DROPLET” PRECAUTIONS

- Diseases that require Respiratory “Droplet” Precautions
  - Meningitis
  - Pertussis (whooping cough)
  - Influenza

# RESPIRATORY “DROPLET” PRECAUTIONS - SIGN



# CALIFORNIA CODE OF REGULATIONS FOR REPORTABLE DISEASES AND CONDITIONS

- Over 70 reportable communicable diseases
- The duty of every health care provider knowing of, or in attendance on, a case or suspected case to report on a Confidential Morbidity Report (CMR) form and fax to PHD
- CMR generally completed and faxed by Infection Control



# EXAMPLES OF REPORTABLE DISEASES

- Anthrax, Botulism, Smallpox, Tularemia
- Salmonella, Shigella, Campylobacter, E.coli O157
- Sexually Transmitted Diseases: gonococcal infections, syphilis, chlamydia
- TB
- Meningitis: bacterial, viral, fungal

# IN THE EVENT OF A BLOOD/BODY FLUID EXPOSURE

- Wash area with soap & water or flush exposed area with water.
- Complete an Occupational/Illness Injury Report (OJI).
- Call & report to house supervisor (CRMC 488-0588) or at the facility where you are doing your rotation (i.e. CHCC).
- The house supervisor will sign the OJI and direct you to Employee Health Services during business hours or to the Emergency Department during off hours.
- Employee Health is open Monday-Friday from 7:30am-4pm. During business hours, EH will guide you through the initial process of evaluation and treatment for your exposure. The contact number for EH is (559) 459-6416.
- Post blood/body fluid exposure prophylaxis is to be completed within 2 hours of the exposure.

# SPECIAL INFORMATION FOR MEDICAL STUDENTS

- After the initial treatment and evaluation process, students are advised to seek medical care from a private physician. All follow-up testing, counseling and treatment should be conducted by the student's private physician.
- When EH is closed, additional information and post-exposure counseling can be obtained from Fresno County Public Health (559) 445-3434 or your private physician.
- Student has the responsibility to leave a mailing address and/or contact information for EH staff to forward information regarding the exposure to the student.
- UCSF Fresno will not be responsible for maintaining any student's health record or record of injury/exposure, nor is UCSF Fresno responsible for following up with the medical student's home school. Please refer to the Personal Health Responsibility Rules & Regulations (signed on day one during general UME orientation) for additional information.



# FORMS TO BE COMPLETED POST EXPOSURE

- Post Blood and Body Fluid Exposure Report
- HCW Counseling After Blood and Body Fluid Exposure
- Medical History for Post Exposure Prophylaxis

## If Indicated:

- HIV Prophylaxis including the side effects of the medication will be discussed with you. The final decision to accept or decline the medications, if offered, is yours. If you decide to take the medication, the ER will dispense enough medication for up to 4 days after which you must follow-up with your private physician.

# YOUR INFECTION CONTROL TEAM

- **Beverly Kuykendall, Manager**, x52047; Cell 284-1427(CBHC, Dialysis, Cancer Center, CSTCC, Radiology, Lab, OP Clinics, Home Services, Endoscopy, Surgery and “Other” ancillary departments or off site facilities)
- **Connie Young, RN, ICS**, x56553; Cell 283-4628 (CRMC 2C, 2E, 6W, 7W, Step Down Unit, NICU)
- **Juan Bulgara, RN, ICS**, x34436; Cell 348-7441 (4N ICU, 4S ICU, CVU, 5N ICU, 5S ICU, Burn Center, )
- **Shelli Ashbeck, RN, ICS**, (Clovis) x44033; Cell 281-7786 (CCMC, Oakhurst Urgent Care, )
- **Corina Krause, RN ICS**, (1E, 4C, 4E, 8W, 9W, 3C, 3E, LND, ED)
- **Karen Stevenson, RN, ICS**, CRMC x56508; FHS 433-8071; Cell—355-5826; (CRMC)—5E Ante-partum, 5C Peds, 5C M/S, 5W, (FHS)—Inpatients, Outpatients and ancillary departments.
- [http://www.fresno.ucsf.edu/undergrad/downloads/blood\\_body\\_fluid.pdf](http://www.fresno.ucsf.edu/undergrad/downloads/blood_body_fluid.pdf)