An Introduction to Infection Prevention

MED CENTER HEALTH

Revised 4/2024

Continue

Infection Prevention

Most infections start innocently enough.....

Transmissible infections are a major concern among healthcare workers (all paid and unpaid persons working in healthcare settings).

Transmissible infections can be spread from patient to healthcare worker or from healthcare worker to patient.

Our Infection Prevention program only works if you are committed to following the guidelines described in this learning module.

Continue

Learning Objectives

Upon completion of this learning module, you should:

- Recognize your role in preventing infection in the health care setting
- Identify three (3) key strategies in preventing infection
- Understand the types of transmission-based precautions used at Med Center Health facilities and general situations to which they apply
- Know available resources within Med Center Health to provide information and guidance in preventing infection

Continue

Policies and Procedures

This facility provides written policies and procedures for infection prevention and control. All health care workers have access to these policies and procedures that clearly explain the infection prevention and control methods used by this facility. If you are ever unsure about how to protect yourself, you may consult these policies and procedures. You may also ask your supervisor for guidance or call Infection Prevention.

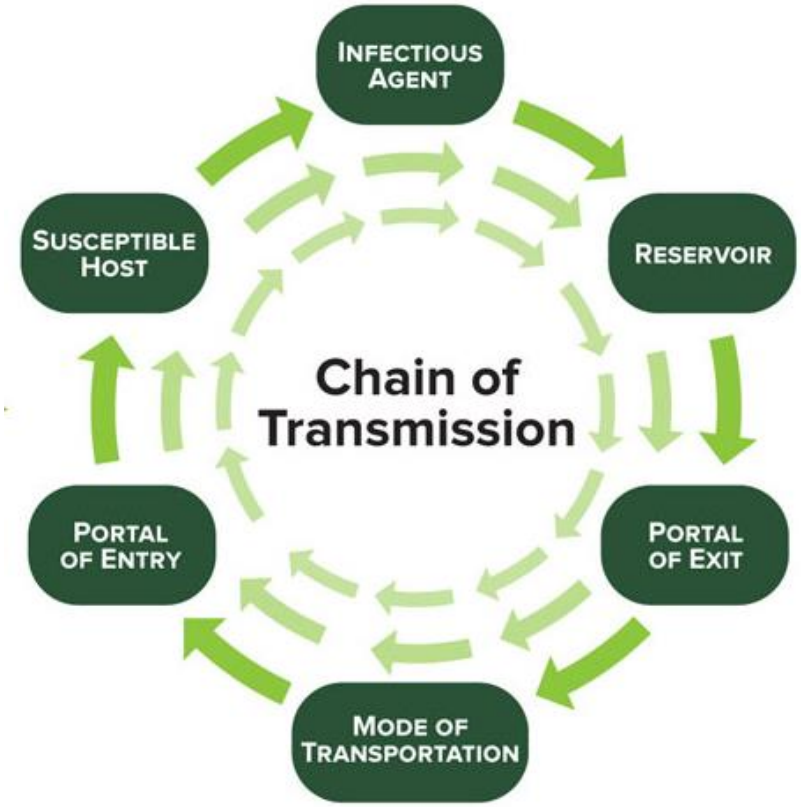
From any Med Center Health computer go to
Policies and Manuals>Infection Prevention Manual
for all Infection Prevention Policies

Continue

The Basics of Infection Prevention and Control

In order for a disease to go from person to person:

- The germ causing the disease must have a way to get out of the sick person
- The second person must then come in contact with the germ
- Finally, the germ must find a way into the second person



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Prevention and Protection

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Engineering Controls

As part of its infection prevention and control responsibilities, we provide engineering controls. Engineering controls work to remove a hazard from the workplace.

- Engineering controls may be as simple as the use of a sharps container for used needles to protect workers and others from disease spread through contact with blood.
- They may also be complex, such as negative pressure-ventilation systems for isolation rooms.
- Whether simple or complex, engineering controls stop the spread of infection by making the workplace safer.

Continue

Regulated Waste and Disposal

Regulated waste refers to:

- Contaminated items that could release blood or other potentially infectious material (OPIM) when you handle them
- Contaminated sharps
- Contaminated pathological wastes (such as human tissues)
- Microbiological wastes (such as cultures and culture dishes) that contain blood or OPIM

Disposal of Regulated Waste

- Regulated waste must be bagged in leak-proof plastic bags that are printed with the biohazard symbol. This bagging system prevents the waste from coming into contact with patients, workers, and visitors. Used sharps are to be placed in puncture-resistant containers.
- The biohazard symbol is a universal symbol placed on any container or area that may contain regulated waste. Biohazard signs are red or orange and include the biohazard symbol.

Continue

Work Practice Controls: Cleaning and Disinfecting

The cleaning and disinfection of ALL patient care areas is important. Frequently touched surfaces are most likely to be contaminated, especially those located closest to the patient, such as bed rails, bedside tables, toilets, doorknobs, sinks, & equipment.

- Decrease your risk of contact with disease-causing germs by containing, removing, and disinfecting all blood or body fluid spills as quickly and effectively as possible.
- Use gloves & other proper personal protective equipment (PPE).
- Use the correct product according to the manufacturers' instructions for use (IFU) & whether transmission based (isolation) precautions are applicable.
- Know the "**wet time**" for the disinfectant you are using. **This is how long the surface must stay wet with the disinfectant to kill germs**.

Continue

Cleaning and Disinfecting: Use the Product Correctly

- 1 or 2 step technique:
  - If the surface is **visibly soiled**, use the 2 step technique.
    - Use one or more wipes to completely pre-clean the surface.
    - Dispose of the wipe(s) in appropriate trash bin, depending upon infectious material.
    - Disinfect the pre-cleaned surface with additional wipe(s).
  - If the surface **is not visibly soiled**, use the 1 step technique.
    - Disinfect the surface with one or more wipes. Discard wipe(s) in trash.
- Surface coverage:
  - Use enough wipes to thoroughly wet the entire surface with disinfectant product. If the wipe starts to dry out before the surface is completely cleaned, use additional fresh wipes to continue.
- Wet (contact or kill) time:
  - The surface must remain wet with the disinfectant product for the entire recommended wet (contact or kill) time.

Oxivir wipes – wet time = 1 minute

Clorox bleach wipes – wet time = 3 minutes

Continue

Work Practice Controls: Worker Issues

- In workplace settings where contact with disease-causing germs is likely, do not apply cosmetics, lip balm or contact lenses. Do not eat, drink or put objects in your mouth while you are in such settings.

- Food and drinks must be stored separately from blood or other potentially infectious materials (OPIM).

Continue

Work Practice Controls: Needles and Other Sharps

Injuries due to needles and other sharps have been associated with the transmission of the hepatitis B virus, hepatitis C virus, and HIV/AIDS to health care personnel.

- Do not recap, bend, break, or hand-manipulate used needles.

- Use safe sharps whenever possible and activate the safety device immediately after use.

- Dispose of used sharps in a puncture-resistant container, and remember to never overfill sharps disposal containers.

Continue

Safe Injection Practices

The elements of safe injection practices include the use of a sterile, single-use, disposable needle and syringe for each injection given and the prevention of the contamination of injection equipment and medication.

It is important for all health care workers to understand and adhere to these recommended practices and to the basic principles of infection prevention and control, as well as aseptic technique.

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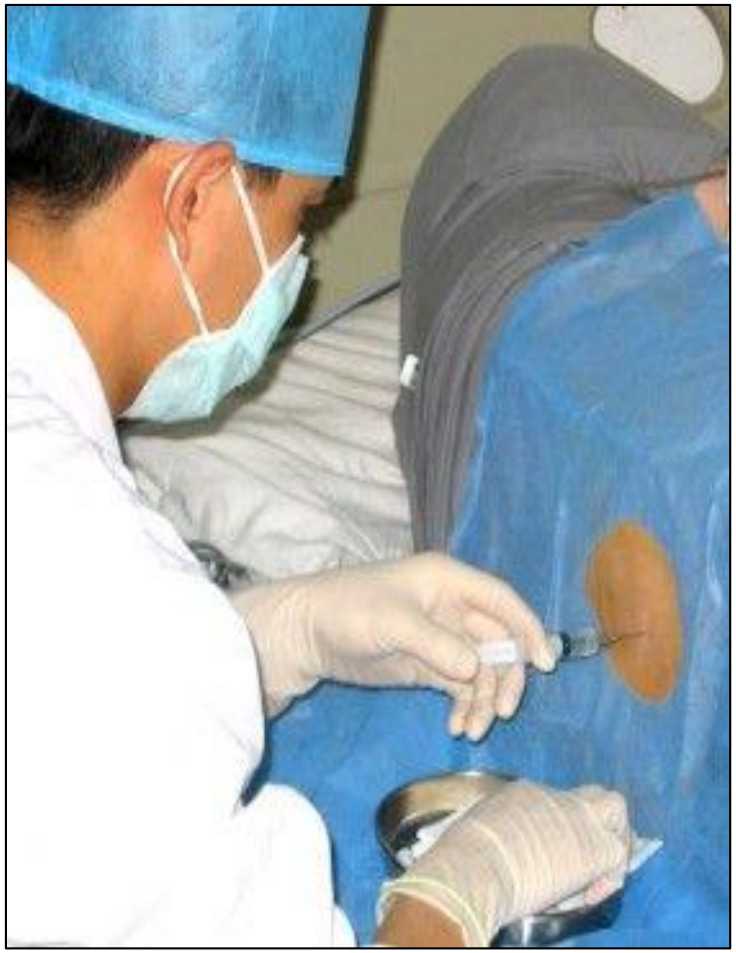
Infection Prevention and Control Practices for Special Lumbar Puncture Procedures



- The additional protection of a face mask for individuals who perform special lumbar puncture procedures is recommended.
- Examples of these procedures are myelograms and spinal or epidural anesthesia.
- Be an advocate for the safety of your patients and remind providers of the need for the face mask.

Continue

Infection Prevention and Control practices for Purewick external urinary devices

- Always perform hand hygiene whenever entering/exiting a patient room, when removing/applying gloves, or when hands are soiled.
- Leave Purewick system on while removing external device to ensure all urine is removed from the collector tubing.
- Wear protective PPE (gown, gloves, mask & face shield) when there is a potential urine splash ex reaching overhead to remove canister or removing/changing Purewick device.
- Purewick device should be changed every 8-12 hrs or sooner if soiled with feces.
- Empty canister before volume reaches 1,000ml.

What are the 10 most common causes of infections?

Continue

Hand Hygiene

Health care workers must practice good hand hygiene. They must wash their hands after touching:

- **Blood**
- **Body fluids**
- **Secretions**
- **Excretions**
- **Items contaminated by these fluids**

- **If a worker has worn gloves, he/she must wash his/her hands before donning the gloves and right after removing the gloves.**

- **He/she must also wash his/her hands when going from one patient to the next.**

Hand Hygiene – How?

Alcohol Hand Sanitizer

- Apply to palm of one hand, rub hands together covering all surfaces until dry

Hand Washing

Wet hands with water, apply soap, rub hands together for at least 15 seconds

Continue

Hand Hygiene

Clean hands are the single most important factor in preventing the spread of germs and antibiotic resistance in health care settings.

As noted in the Med Center Health Employee Handbook:

- "Fingernails must be clean and trimmed so as to not interfere with the employee's work. Nail polish is permitted provided that it does not detract from a professional image and does not present any health/safety concerns due to chipping, etc."

- "Employees and associates who work in positions that provide direct patient care or work in Food Services cannot (1) wear artificial fingernails, acrylic overlays, nail tips or nail extenders and/or (2) have natural nail tips longer than one quarter inch."

Continue

“Foam In” and “Foam Out”

Clean your hands

- Before patient contact (i.e. entering the patient’s room)
- Before clean/aseptic procedure
- After removing gloves
- After contact any with patient or contaminated items/materials

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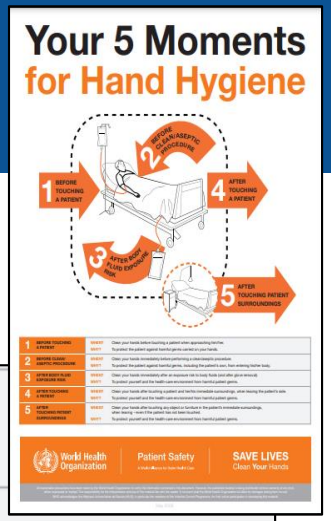
Hand Hygiene- When & Why



Hand hygiene –
* ABHR – apply to palm of one hand, rub hands together covering all surfaces until dry.
* Soap & water – wet hands, apply soap, rub hands together for at least 15 seconds. (WHO)

1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

World Health Organization | Patient Safety
A World Alliance for Safer Health Care | SAVE LIVES
Clean **Your** Hands

Continue

Gloves and Hand Hygiene

Keep in mind that wearing gloves does not replace hand hygiene, the most basic factor in infection prevention and control.

- During use, your gloves may develop small holes that you cannot see.
- Germs may grow quickly on gloved hands.

Therefore, you should always perform appropriate hand hygiene after taking off your gloves.

Continue

Gloves

Gloves are an essential element of infection prevention and control.
With respect to gloves, remember that:

- You should wear gloves any time you are at risk of coming into contact with blood or OPIM (e.g., you handle dirty laundry)
- You should wear gloves that cover your wrists
- If you have donned an isolation gown, your gloves should cover the cuffs of the gown
- Gloves are made for one-time use and must be properly removed and disposed of after a single use (do not wash gloves)

Removing Gloves:

- Properly removing gloves is essential to protecting yourself and others from the risk of infection. Remove gloves so that the inside part of the glove is turned toward the outside. This is because the outside of the glove is soiled, and taking the gloves off inside out will keep the germs contained within the gloves.

- Be sure to dispose of the gloves properly. Gloves grossly contaminated with blood or OPIM should be disposed of in a regulated waste container. Gloves without gross blood or OPIM are to be disposed of in a regular waste container. Immediately after removing gloves, perform hand hygiene.

Continue

Personal Protective Equipment (PPE)

PPE is provided based on an assessment of exposure hazards in each work area.

- In order to protect areas of the body, you must always check your PPE for damage each time you use it.

- In order to control the spread of infection, the areas of the worker that need to be protected are the hands, face, and body or garments.

- Enhanced PPE (full-body coverage) is required when caring for patients with viral hemorrhagic fevers, such as Ebola. Ask your supervisor or call Infection Prevention for guidance on these practices.

Always clean your hands after removing PPE

Continue

Gowns

As part of your infection prevention and control responsibility, you must wear a gown when your clothing could be soiled with blood or OPIM. Your gown needs to be fluid resistant.

Gowns are worn to keep germs from being spread from a patient's room to another part of the facility. Therefore, when you remove the gown, you must do so without contaminating yourself or your clothing.

The outside of the gown is considered to be unclean. Therefore, when you remove the gown, be sure to contain the germs by folding it so that the inside of the gown (which was against your body) is now on the outside of the removed gown.

Use the following procedure to remove your gown without contaminating yourself or your clothing:

1. Remove gloves (remember that the gown front and sleeves are contaminated)
2. Unfasten waist and neck ties of gown
3. Pull gown away from neck and shoulders, only touching the inside of the gown.
4. Turn gown inside out
5. Fold or roll gown into a bundle and discard (remember to always keep hands inside the gown)
6. Perform hand hygiene.

Continue

Masks and Eye Protection

- As part of your infection prevention and control efforts, it may be necessary to wear a mask and goggles or a face shield.
- Wear a mask that covers your nose and mouth, as well as goggles or a face shield, if you are at risk of coming into contact with splashes or sprays of blood or OPIM.
- Surgical/procedural masks can protect workers from many diseases, but they do not protect workers from TB unless the source patient is also wearing a well-fitting mask.
- If you perform CPR, use a CPR mask to protect the patient and yourself. Remember to use a mouthpiece to prevent contact with mouth or oral secretions.

Eyeglasses do not provide adequate coverage to be considered as eye protection.

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Respiratory Protection Program

Why is respiratory protection necessary?

- Engineering or administrative controls are not always possible:
  Confinement of infectious agent may be difficult or impossible
  Improved ventilation may not be practical or feasible

- Employees may be exposed to a wide variety of air contaminants
  Infectious agents
  Chemical agents

- Environmental controls may not be feasible

- https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/rpp/basics.html
- https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117revised042022.pdf?id=10.26616/NIOSHPUB2015117

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Respiratory Protection Program

When should we use personal respiratory protection?

- Employees should wear respirators in the following circumstances:
  - Employees entering areas where patients with suspected or confirmed airborne infectious disease are being isolated.
  - Employees who are present when cough-inducing or aerosol-generating procedures are performed on such patients.
  - When employees perform high hazard procedures on persons who have suspected or confirmed airborne infectious disease.
  - When emergency response employees or others must transport in a closed vehicle, a patient with suspected or confirmed airborne infectious disease.
  - Employees in other settings where administrative and environmental controls are not likely to protect them from inhaling infectious airborne droplet nuclei; these other settings should be identified on the basis of risk assessment.

https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117revised042022.pdf?id=10.26616/NIOSHPUB2015117

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Air-Purifying Respirators – Part I

What are Air-Purifying Respirators?

Air-purifying respirators (APRs) work by removing gases, vapors, aerosols (droplets and solid particles), or a combination of contaminants from the air through the use of filters, cartridges, or canisters. These respirators do not supply oxygen and therefore cannot be used in an atmosphere that is oxygen-deficient or immediately dangerous to life or health. The appropriate respirator for a particular situation will depend on the environmental contaminant(s).

Filtering Facepiece Respirator (FFR)

- Disposable
- Covers the nose and mouth
- Filters out particles such as dust, mist, and fumes
- Select from N, R, P series and 95, 99, 100 efficiency level
- Does NOT provide protection against gases and vapors
- Fit testing required

Elastomeric Half Facepiece Respirator

- Reusable facepiece and replaceable cartridges or filters
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge or filter
- Covers the nose and mouth
- Fit testing required

https://www.cdc.gov/niosh/npptl/pdfs/FY17_N95infographicWhatAreAPR-508.pdf

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Air-Purifying Respirators – Part II

https://www.cdc.gov/niosh/npptl/pdfs/FY17_N95infographicWhatAreAPR-508.pdf

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Respiratory Protection Program FAQs

- What is an N95 filtering face piece respirator (FFR)?
  - An N-95 is a type of disposable respirator. It forms a tight seal to the face and removes particles from the air that are breathed through it. They filter out at least 95% of very small particles, including bacteria, viruses, and dust.

- How do I know what size respirator I need?
  - Respirators are available in multiple size configurations. Fit testing is needed to determine if a particular size and model of respirator provides you with an acceptable fit. Before you wear a respirator in an occupational setting, you must be fit tested for each respirator model you will wear for your designated work tasks.


Filtering out Confusion:
Frequently Asked Questions about Respiratory Protection

Fit Testing

What is a Respirator Fit Test?

How Often Must Fit Testing Be Conducted?

Employees who are unsure of their appropriate respirator size & unable to locate the documentation from their annual fit test, should contact Employee Health at ext. 1263.

https://www.cdc.gov/niosh/docs/2018-129/default.html

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3basic.html

Continue

Annual Fit Testing

- A fit test is conducted to verify that a tight-fitting respirator is both comfortable and correctly fits the user. The benefits of a fit test include better protection for the employee and verification that the employee is wearing a correctly-fitting model and size of respirator.

- OSHA requires an annual respirator fit test to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is used in the workplace. This ensures that users are receiving the expected level of protection by minimizing any contaminant leakage into the face piece.

    - In addition to fit testing upon initially selecting a model of respirator, OSHA requires that fit testing be conducted annually, and repeated "whenever an employee reports, or the employer or the physician or other licensed health care professional makes visual observations of changes in the employee's physical condition that could affect respirator fit (e.g., facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight)."

https://www.cdc.gov/niosh/docs/2018-129/pdfs/2018-129.pdf

Continue

Storage and Disposal

Disposable Respirators

- Disposable respirators (N95) are stocked in or near the anterooms on each inpatient unit and in designated locations in procedural areas.
- Thanks to the stability of the post-pandemic supply chain, extended use or reuse of disposable respirators is no longer necessary. Disposable respirators used as PPE should be properly doffed and disposed, followed by hand hygiene.

Reusable Respirators

- PAPR hood replacements are stored in the STAT Room. Managers, House Administrators and Security have access to the STAT Room when replacements are needed.
- PAPR hoods are reusable. Instructions for cleaning and storage of PAPR hoods is provided by Employee Health upon issue of equipment.

Continue

Donning a Disposable Respirator (N95)

How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.

Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.

Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.

Follow the instructions that come with your respirator.[1]

Putting On The Respirator

Position the respirator in your hands with the nose piece at your fingertips.

Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.

The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.

Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Continue

Seal Check and Doffing – N95

Checking Your Seal[2]

Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.

Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.

If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.

If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator

DO NOT TOUCH the front of the respirator! It may be contaminated!

Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.

Discard in waste container. WASH YOUR HANDS!

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

1 Manufacturer instructions for many NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/npptl/topics/respirators/disp_part/

2 According to the manufacturer's recommendations

For more information call 1-800-CDC-INFO or go to http://www.cdc.gov/niosh/npptl/topics/respirators/

CDC NIOSH National Institute for Occupational Safety and Health

CS 207843

DHHS (NIOSH) Publication No. 2010-133

Perform fit checks, also known as user-seal checks, prior to each use

https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf?id=10.26616/NIOSHPUB2010133

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Donning and Doffing PPE

According to the CDC, a certain order should be followed when donning (putting on) and doffing (removing) PPE.

Donning

When using more than one piece of PPE, put the equipment on in the following order:

1. Gown
2. Mask or respirator
3. Goggles or face shield
4. Gloves

Doffing

When removing PPE, remove the equipment in the following order:

1. Gown & Gloves
2. Goggles or face shield
3. Mask or respirator
4. Hand hygiene

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Continue

Med Center Isolations & Precautions

Continue

Standard Precautions

Use Standard Precautions for all patients, regardless of age, diagnosis, or overall health status. Assume everyone is potentially infectious – protect yourself from bloodborne diseases such as HIV, hepatitis B, & hepatitis C, while also decreasing potential MDRO transmission.

Standard Precautions include:

1. Hand hygiene
2. The use of PPE as a barrier to keep blood and body fluids off your clothes, skin, eyes, nose and mouth – (i.e. gown & gloves when providing high contact care including dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, indwelling device care or use, & wound care) – similar to Enhanced Barrier Precautions in LTC settings
3. Respiratory hygiene & cough etiquette – if patient has poor respiratory hygiene or cough etiquette, don a procedure mask
4. Appropriate patient placement
5. Proper handling & cleaning/disinfection of patient care equipment & the environment
6. Careful handling of textiles & laundry – use a gloved hand & hold away from your body
7. Safe injection practices including wearing a mask when performing lumbar punctures
8. Proper handling of needles and other sharps by healthcare workers

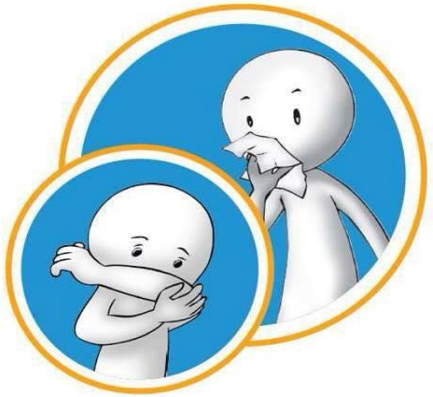
Continue

Respiratory Hygiene and Cough Etiquette

The elements of respiratory hygiene and cough etiquette include the education of health care facility staff, patients, and visitors.

The following source control measures are part of the etiquette:

- Covering the mouth and nose with a tissue when coughing
- Disposal of used tissues
- Use of procedure masks by the coughing person, as appropriate
- Hand hygiene after contact with respiratory secretions
- Keeping a distance of more than 3 feet from a person with a respiratory infection or wearing a procedure mask when with such patient



Cover your mouth with a disposable tissue when coughing or sneezing. If a tissue is not available, cough or sneeze into your upper sleeve

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Transmission-Based (Isolation) Precautions

Transmission-Based Precautions are used when a patient:

- has a documented or suspected infection
- is colonized with certain germs (the person has the germ present but they are not sick)

Transmission-Based Precautions are assigned based on how the disease is spread. Broadly described, Transmission-Based Precautions include:

- **Airborne Precautions** – disease spread through the air
- **Droplet Precautions** – disease spread through respiratory droplets such as coughs and sneezes
- **Contact Precautions** – disease spread by touching the patient, surfaces, or equipment

Transmission-based Precautions are always in addition to Standard Precautions

Continue

Transmission-Based (Isolation) Precautions Communication Tools - Signage

Condition - *Diagnosed or rule-out*	Standard Precautions includes PPE for intimate care & respiratory hygiene	General Contact Precautions Gown & Glove	Enteric Contact Precautions Gown & Glove no alcohol cleaner (no ABHR)	Enhanced Contact Precautions Gown & Glove	Environmental Contact Precautions Gown & Glove	Droplet Precautions Surgical Mask	Airborne Precautions N-95 or PAPR	Enhanced Respiratory Precautions gown, gloves, N-95/PAPR, & face shield
Resistant Acinetobacter baumannii - colonization or active infection	X	X						
Adenovirus pneumonia – duration of illness	X	X				X		
Bacterial Meningitis - until 24 hours of effective antibiotics	X					X		
Bedbugs - until bathed & belongings contained	X				X			
Candida auris – colonization or active infection	X			X				
C.difficile – asymptomatic for 48 hours after treated – new room, equipment, linens & bathe patient	X		X					
Chicken Pox – varicella zoster – until dry & crusted	X	X					X	
Conjunctivitis – acute viral – duration of illness	X	X						
COVID – SARS CoV2 – AIIR for aerosolizing procedures – isolate 10 full days mild/mod or 20 full days severe illness / immunocompromised – new room	X							X
CRE / CROs - colonization or active infection	X			X				
Diarrhea - cause undetermined	X		X					
Diphtheria – cutaneous	X	X						
Diphtheria – pharyngeal	X					X		
Draining wound - uncontained	X	X						
ESBLs – (+) cx within last 90 days	X	X						
ESBLs – >90 days since cx (+)	X							
Flu - (seasonal) – longer of 7 days post onset or until 24 hrs afebrile/no resp s/s	X					X		
Furunculosis – boils - Staphylococcal – peds – duration of illness	X	X						
Haemophilus influenzae - in blood or CSF only – until 24 hrs of effective therapy	X	X				X		
Hepatitis A – incontinent	X	X						
Hepatitis B & C	X							
Herpes simplex – neonatal or mucocutaneous, disseminated or primary, severe – until dry & crusted	X	X						
HIV/AIDS	X							
Impetigo – until 24 hours after tx	X	X						
Lice - pediculosis - (until 24 hours after treated & all nits removed) – use treatment comb	X				X			
Measles – rubeola – 4 days after rash onset	X						X	
Metapneumovirus – duration of illness	X	X						
Monkeypox	X							X
MRSA or VRE - colonization or active infection – contained/controlled	X							
MRSA or **VRE** - uncontained drainage or excessive secretions	X	X						
Mumps – infectious parotitis – until 5 days after swelling onset	X					X		
Mycoplasma pneumonia – duration of illness	X					X		
Neutropenic – until ANC >1000 for 48 hours – Standard + mask	X							
Norovirus – until 48 hrs after resolution of s/s	X	X						
Parainfluenza – neonates & peds patients only – duration of illness	X	X						
Parvovirus B19 (Erythema infectiosum)	X					X		
Pertussis – whooping cough – until 5 days after effective treatment	X					X		
Pneumonia – Group A Strep, Hib in peds, meningococcal – until 24 hrs effective therapy	X					X		
Poliomyelitis – duration of illness	X	X						
Rash - cause undetermined	X	X						
Rhinovirus – for duration of illness	X					X		
Rotavirus – for duration of illness	X	X						
RSV – duration of illness – ***add eye protection***	X	X				X		
Rubella – German measles – 7 days post rash onset	X					X		
Scabies – until 24 hours after treated	X				X			
Shingles – disseminated or immunocompromised	X	X					X	
Shingles – localized & immunocompetent	X							
Smallpox – variola	X							X
Tuberculosis – pulmonary or laryngeal	X						X	
Tuberculosis – extrapulmonary, draining lesion only	X	X					X	
Tuberculosis – extrapulmonary, no draining lesion, meningitis	X							
Viral hemorrhagic fevers – Lassa, Ebola, Marburg, Crimean-Congo fever viruses	X							X
Viral Meningitis	X							
VISA/VRSA – colonization or active infection	X			X				

Oxivir kills everything except C.diff
Wet time: 1 minute

When cleaning with alcohol, allow the piece of equipment to completely air dry before reuse or storage.

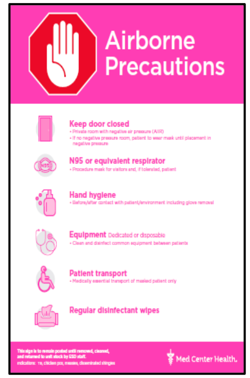
MCH Isolation Precautions Cheat Sheet
Updated 12/2023

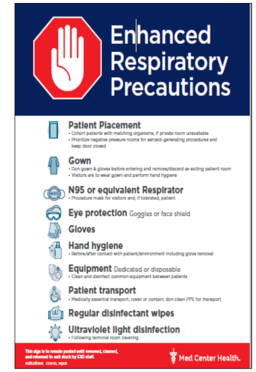
Hand hygiene –
* ABHS – apply to palm of one hand, rub hands together covering all surfaces until dry.
* Soap & water – wet hands, apply soap, rub hands together for at least 15 seconds. (WHO)

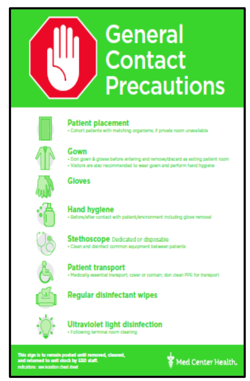
[illegible]
[illegible] – RSV precautions

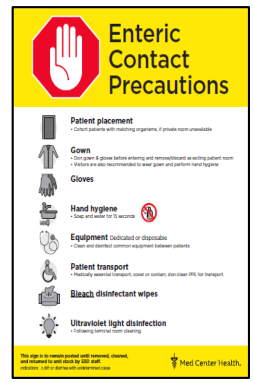
Clorox Bleach wipes kill C.diff spores
Wet time: 3 minutes

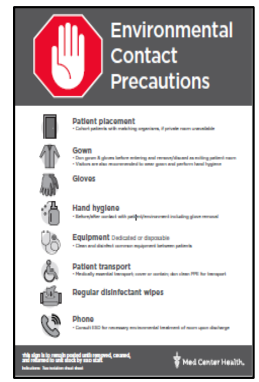
Isolation Cheat Sheet

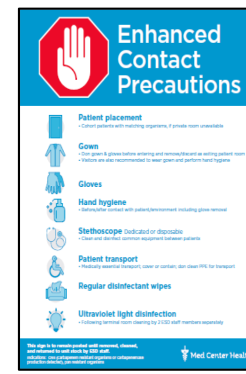












Updated & standardized isolation precaution signs

Continue

Isolation Cheat Sheet

Condition - *Diagnosed or rule-out*	Standard Precautions includes PPE for intimate care & respiratory hygiene	General Contact Precautions Gown & Glove	Enteric Contact Precautions Gown & Glove no alcohol cleaner (no ABHR)	Enhanced Contact Precautions Gown & Glove	Environmental Contact Precautions Gown & Glove	Droplet Precautions Surgical Mask	Airborne Precautions N-95 or PAPR	Enhanced Respiratory Precautions gown, gloves, N-95/PAPR, & face shield
Resistant Acinetobacter baumannii - colonization or active infection	X	X						
Adenovirus pneumonia – duration of illness	X	X				X		
Bacterial Meningitis - until 24 hours of effective antibiotics	X					X		
Bedbugs - until bathed & belongings contained	X				X			
Candida auris – colonization or active infection	X			X				
C.difficile – asymptomatic for 48 hours after treated – new room, equipment, linens & bathe patient	X		X					
Chicken Pox – varicella zoster – until dry & crusted	X	X					X	
Conjunctivitis – acute viral – duration of illness	X	X						
COVID – SARS CoV2 – AIIR for aerosolizing procedures – isolate 10 full days mild/mod or 20 full days severe illness / immunocompromised – new room	X							X
CRE / CROs - colonization or active infection	X			X				
Diarrhea - cause undetermined	X		X					
Diphtheria – cutaneous	X	X						
Diphtheria – pharyngeal	X					X		
Draining wound - uncontained	X	X						
ESBLs – (+) cx within last 90 days	X	X						
ESBLs – >90 days since cx (+)	X							
Flu - (seasonal) – longer of 7 days post onset or until 24 hrs afebrile/no resp s/s	X					X		
Furunculosis – boils - Staphylococcal – peds – duration of illness	X	X						
Haemophilus influenzae - in blood or CSF only – until 24 hrs of effective therapy	X	X				X		
Hepatitis A – incontinent	X	X						
Hepatitis B & C	X							
Herpes simplex – neonatal or mucocutaneous, disseminated or primary, severe – until dry & crusted	X	X						
HIV/AIDS	X							
Impetigo – until 24 hours after tx	X	X						
Lice - pediculosis - (until 24 hours after treated & all nits removed) – use treatment comb	X				X			
Measles – rubeola – 4 days after rash onset	X						X	
Metapneumovirus – duration of illness	X	X						
Monkeypox	X							X
MRSA or VRE - colonization or active infection – contained/controlled	X							
MRSA or VRE - uncontained drainage or excessive secretions	X	X						
Mumps – infectious parotitis – until 5 days after swelling onset	X					X		
Mycoplasma pneumonia – duration of illness	X					X		
Neutropenic – until ANC >1000 for 48 hours – Standard + mask	X							
Norovirus – until 48 hrs after resolution of s/s	X	X						
Parainfluenza – neonates & peds patients only – duration of illness	X	X						
Parvovirus B19 (Erythema infectiosum)	X					X		
Pertussis – whooping cough – until 5 days after effective treatment	X					X		
Pneumonia – Group A Strep, Hib in peds, meningococcal – until 24 hrs effective therapy	X					X		
Poliomyelitis – duration of illness	X	X						
Rash - cause undetermined	X	X						
Rhinovirus – for duration of illness	X					X		
Rotavirus – for duration of illness	X	X						
RSV – duration of illness – ***add eye protection***	X	X				X		
Rubella – German measles – 7 days post rash onset	X					X		
Scabies – until 24 hours after treated	X				X			
Shingles – disseminated or immunocompromised	X	X					X	
Shingles – localized & immunocompetent	X							
Smallpox – variola	X							X
Tuberculosis – pulmonary or laryngeal	X						X	
Tuberculosis – extrapulmonary, draining lesion only	X	X					X	
Tuberculosis – extrapulmonary, no draining lesion, meningitis	X							
Viral hemorrhagic fevers – Lassa, Ebola, Marburg, Crimean-Congo fever viruses	X							X
Viral Meningitis	X							
VISA/VRSA – colonization or active infection	X			X				

Oxivir kills everything except C.diff
Wet time: 1 minute

When cleaning with alcohol, allow the piece of equipment to completely air dry before reuse or storage.

MCH Isolation Precautions Cheat Sheet
Updated 12/2023

Hand hygiene –
* ABHR – apply to palm of one hand, rub hands together covering all surfaces until dry.
* Soap & water – wet hands, apply soap, rub hands together for at least 15 seconds. (WHO)

[illegible]
[illegible] – RSV precautions

Clorox Bleach wipes kill C.diff spores
Wet time: 3 minutes

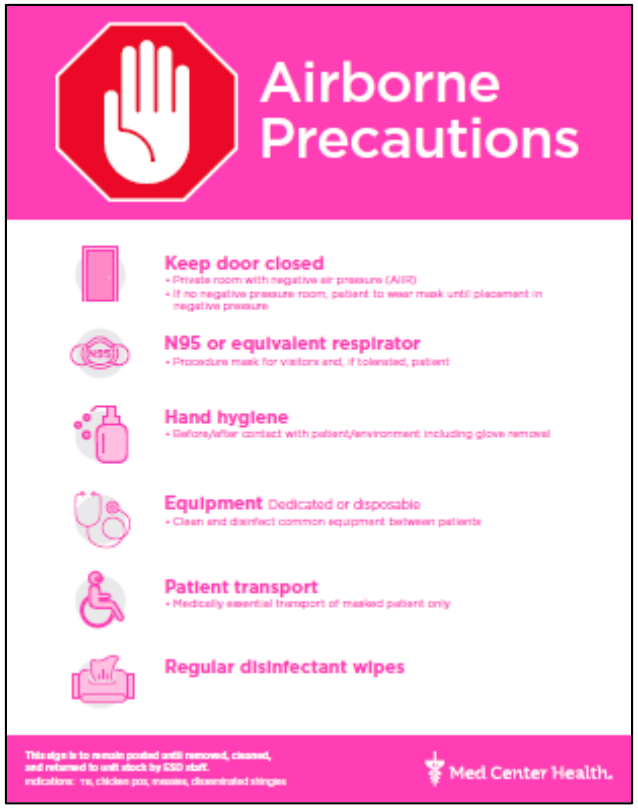
The Isolation Cheat Sheet is a reference posted in clinical settings which includes a listing of organisms, associated transmission-based precautions, and duration of precautions.

Additionally, Med Center Health approved cleaners/disinfectants and associated wet times are listed at the bottom of the Isolation Cheat Sheet.

https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

Continue

Airborne Precautions



Diseases spread through tiny airborne particles:

- **TB**
- **Measles**
- **Disseminated shingles**
- **Chicken pox**

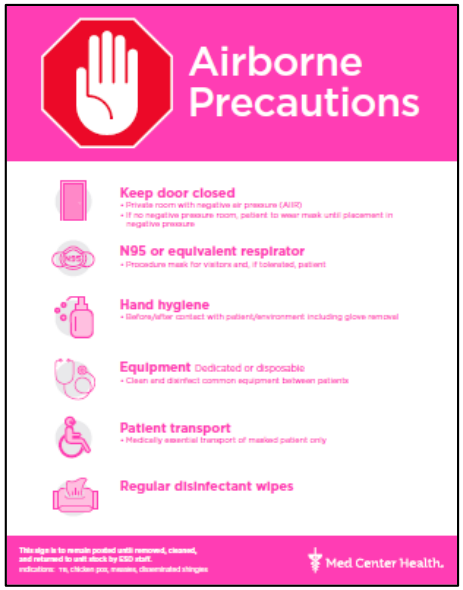
You must wear a fit-tested **N95 respirator or PAPR** to enter an Airborne Isolation room.

The movement of patients in Airborne Isolation should be limited to procedures/tests that are absolutely essential to the patient's care. If the patient must leave the Airborne Isolation room, place a surgical mask on him/her – NEVER ask a patient to wear a N95.

The air from an Airborne Infection Isolation Room (AIIR) is vented to the outside of the facility (negative pressure). Only open the hallway door to an Airborne Room when the inner door of the ante-room is closed.

Continue

Airborne Precautions - Documentation



Possible Meditech **Special Indicators**:

- Airborne (not TB) – *(reminder, include reason in "Note" section below)*
- Isolation – *(reminder, include reason in "Note" section below)*
- TB Diagnosed
- TB Rule Out – Tests Pending

Precautions/ Isolation

Isolation	☑ Standard Precautions ☐ Enteric Contact Precautions ☐ Environmental Contact Precautions ☐ Droplet Precautions ☐ General Contact Precautions ☐ Enhanced Contact Precautions ☐ Enhanced Respiratory Precautions ☑ Airborne Precautions *Patients with known blood borne pathogens (HIV, HBC, HCV) are placed in Standard Precautions only.
Precautions	☐ Pressure Ulcer Precautions ☐ Aspiration Precautions ☐ Fall Precautions ☐ Seizure Precautions ☐ Suicide Precautions ☐ Neutropenic Precautions ☐ Other - See Notes
Does the Patient Have a Drug Resistant Organism	○ N/A - No DR Organisms ○ Yes ○ Results Pending
Note	

Continue

Droplet Precautions

Wear a procedure mask – **not an N-95 respirator or PAPR.**

Eye protection is encouraged, but not required for droplet precautions.

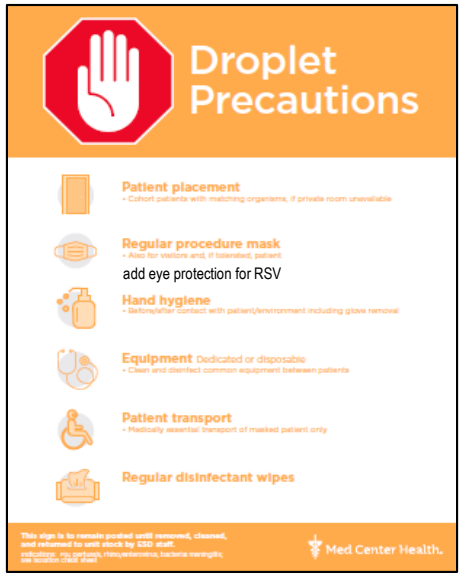
Diseases spread through respiratory droplets of coughs and sneezes such as:

- **Flu (seasonal)**
- **Rhino/enterovirus**
- **RSV (contact & droplet)**
- **Meningitis**
- **Mumps**
- **Pertussis**
- **Adenovirus**
- **H.flu (in blood or CSF only)**
- **Mycoplasma pneumonia**
- **Rubella**

If the patient must travel within the facility, place a procedure mask on the patient before leaving the patient's room.

Continue

Droplet Precautions - Documentation



Possible Meditech **Special Indicators**:

- Droplet – *(reminder, include reason in "Note" section below)*
- Flu
- Isolation – *(reminder, include reason in "Note" section below)*

Precautions/ Isolation

Isolation	☑ Standard Precautions ☐ Enteric Contact Precautions ☐ Environmental Contact Precautions ☑ Droplet Precautions ☐ General Contact Precautions ☐ Enhanced Contact Precautions ☐ Enhanced Respiratory Precautions ☐ Airborne Precautions *Patients with known blood borne pathogens (HIV, HBC, HCV) are placed in Standard Precautions only.
Precautions	☐ Pressure Ulcer Precautions ☐ Aspiration Precautions ☐ Fall Precautions ☐ Seizure Precautions ☐ Suicide Precautions ☐ Neutropenic Precautions ☐ Other - See Notes
Does the Patient Have a Drug Resistant Organism	○ N/A - No DR Organisms ○ Yes ○ Results Pending
Note	

Continue

General Contact Precautions

Dedicate a stethoscope for the patient's entire stay.

Keep our hallways clean!

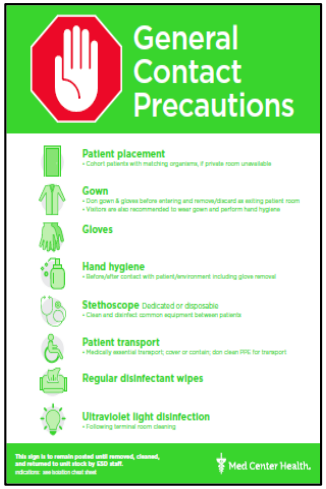
- Hand hygiene should be performed prior to putting on PPE, before entering the patient's room.
- Also, hand hygiene should be performed after PPE removal, prior to exiting the patient's room.

Contact may be **direct, as when the** skin of the patient touches the skin of the worker, or it may be indirect, as when a worker comes in contact with a patient care item that has been contaminated with the patient's germs.

See Isolation Cheat Sheet for indications.

Continue

General Contact Precautions Documentation



Possible Meditech **Special Indicators**:

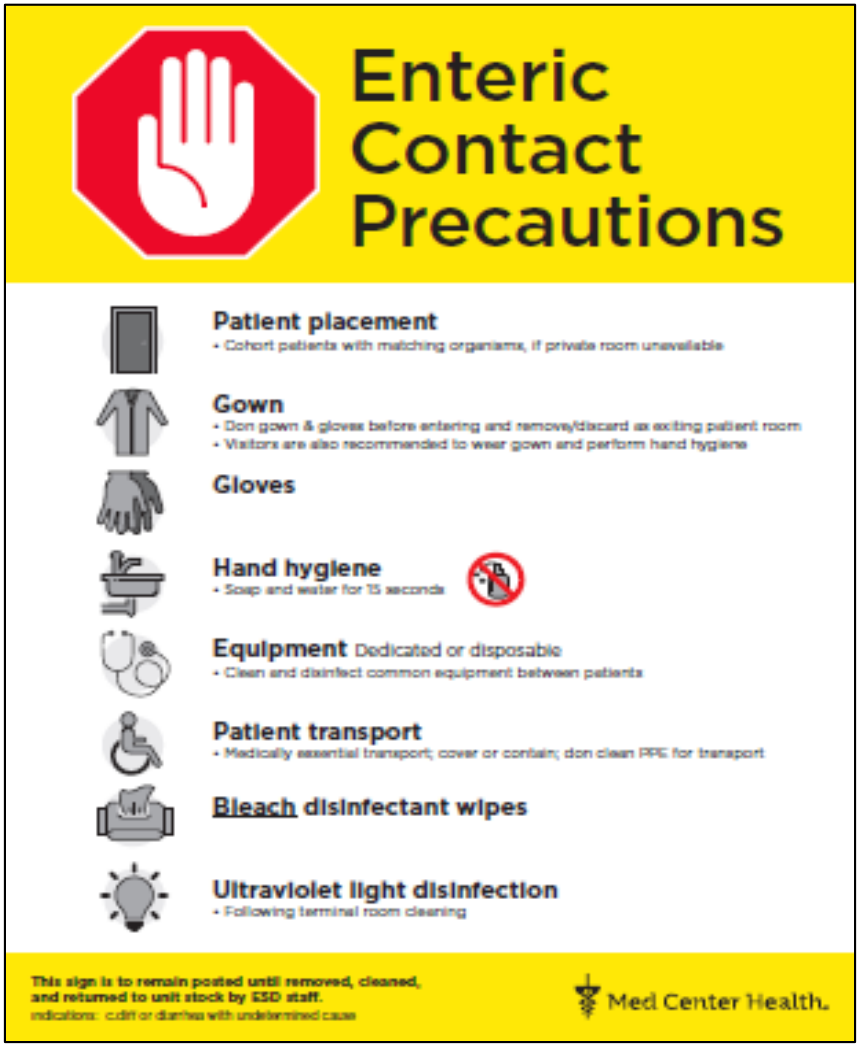
- Acinetobacter – *(reminder, A.baumannii resistant to 3 or more classes of abx)*
- ESBL Isolation – *(reminder, for ESBL[+] result within last 90 days)*
- Isolation – *(reminder, include reason in "Note" section below)*
- MDRO – *(reminder, for pan-resistant organism not identified by other indicators)*
- MRSA – *(reminder, only if uncontained drainage or excessive secretions)*
- VRE – *(reminder, only if uncontained drainage or excessive secretions)*

Precautions/ Isolation

Isolation	☑ Standard Precautions ☐ Enteric Contact Precautions ☐ Environmental Contact Precautions ☐ Droplet Precautions ☑ General Contact Precautions ☐ Enhanced Contact Precautions ☐ Enhanced Respiratory Precautions ☐ Airborne Precautions *Patients with known blood borne pathogens (HIV, HBC, HCV) are placed in Standard Precautions only.
Precautions	☐ Pressure Ulcer Precautions ☐ Aspiration Precautions ☐ Fall Precautions ☐ Seizure Precautions ☐ Suicide Precautions ☐ Neutropenic Precautions ☐ Other - See Notes
Does the Patient Have a Drug Resistant Organism	○ N/A - No DR Organisms ○ Yes ○ Results Pending
Note	

Continue

Enteric Contact Precautions – "C.diff"

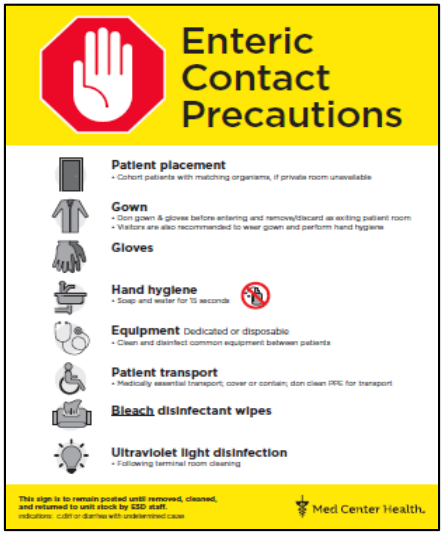


Keep our hallways clean –

- Alcohol foam use is permitted prior to room entry, but not upon leaving the room.
- Hand hygiene should be performed prior to putting on PPE, before entering the patient's room.
- Hands should be washed with soap and water for at least 15 seconds after PPE removal, prior to exiting the patient's room.

Continue

Enteric Contact Precautions – "C.diff" Documentation



Possible Meditech **Special Indicators**:

- C.diff Isolation
- C.diff results pending
- Enteric – *(reminder, include reason in "Note" section below)*
- Isolation – *(reminder, include reason in "Note" section below)*

Precautions/ Isolation

Isolation	☑ Standard Precautions ☑ Enteric Contact Precautions ☐ Environmental Contact Precautions ☐ Droplet Precautions ☐ General Contact Precautions ☐ Enhanced Contact Precautions ☐ Enhanced Respiratory Precautions ☐ Airborne Precautions *Patients with known blood borne pathogens (HIV, HBC, HCV) are placed in Standard Precautions only.
Precautions	☐ Pressure Ulcer Precautions ☐ Aspiration Precautions ☐ Fall Precautions ☐ Seizure Precautions ☐ Suicide Precautions ☐ Neutropenic Precautions ☐ Other - See Notes
Does the Patient Have a Drug Resistant Organism	○ N/A - No DR Organisms ○ Yes ○ Results Pending
Note	

Continue

Enhanced Contact Precautions

Enhanced Contact Precaution signs are used to indicate special multi-drug resistant organisms that require special attention to the room once the patient is transferred out or discharged.

These rooms are terminally cleaned by two separate people.

Keep our hallways clean!

- Hand hygiene should be performed prior to putting on PPE, before entering the patient's room.
- Also, hand hygiene should be performed after PPE removal, prior to exiting the patient's room.

Indications: CRE, VISA, VRSA, Candida auris, & other extremely resistant organisms – If you have questions, contact Infection Prevention.

Continue

Enhanced Contact Precautions Documentation

Possible Meditech **Special Indicators**:

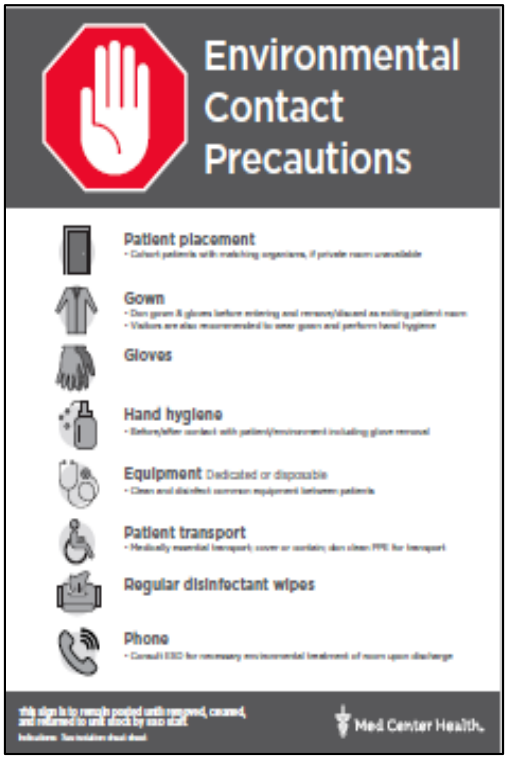
- Candida auris
- Candida auris – Pending Result
- CRE
- CRE – Results Pending
- Isolation – *(reminder, include reason in "Note" section below)*
- Vanc Intermediate Staph Aureus – *(reminder, abbreviated as VISA)*
- Vanc Resistant Staph Aureus – *(reminder, abbreviated as VRSA)*

Precautions/ Isolation

Isolation	☑ Standard Precautions ☐ Enteric Contact Precautions ☐ Environmental Contact Precautions ☐ Droplet Precautions ☐ General Contact Precautions ☑ Enhanced Contact Precautions ☐ Enhanced Respiratory Precautions ☐ Airborne Precautions *Patients with known blood borne pathogens (HIV, HBC, HCV) are placed in Standard Precautions only.
Precautions	☐ Pressure Ulcer Precautions ☐ Aspiration Precautions ☐ Fall Precautions ☐ Seizure Precautions ☐ Suicide Precautions ☐ Neutropenic Precautions ☐ Other - See Notes
Does the Patient Have a Drug Resistant Organism	○ N/A - No DR Organisms ○ Yes ○ Results Pending
Note	

Continue

Environmental Contact Precautions



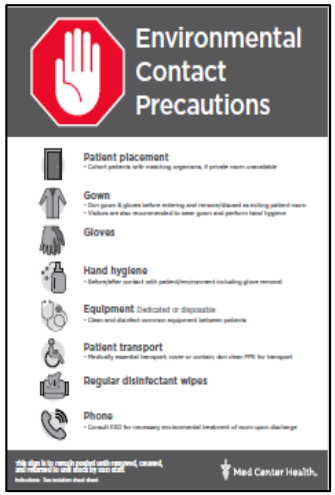
Environmental Contact Precautions are implemented for documented presence of certain environmental pests that require special attention to the environment after the patient is transferred out or discharged.

- Sensitivity and maintaining patient dignity is very important. Patient belongings should be securely bagged and sent home with family, if possible. Discourage family/visitors from bringing items from home.
- For bedbugs, precautions can be discontinued after belongings are secured, patient is bathed, linens are changed, & patient is moved into a new room.
- For lice, precautions can be discontinued after treatment and nit removal. Depending on infestation and patient tolerance, nit removal may take multiple shifts to complete. Reminder, save lice comb in sealed ziplock bag until confirmation of nit removal.
- For scabies, precautions can be discontinued 24 hours after treatment.
- Move patient to a new room & contact ESD upon discontinuation of isolation. Leave isolation sign posted for removal by ESD staff.

Indications: Environmental pests including bedbugs, lice, & scabies

Continue

Environmental Contact Precautions Documentation



Bedbug Management, Lice, and Scabies policies are located in the online Infection Prevention Policy Manual.

Possible Meditech **Special Indicator**:

- Isolation – *(reminder, include reason in "Note" section below)*

Precautions/ Isolation

Isolation	☑ Standard Precautions ☐ Enteric Contact Precautions ☑ Environmental Contact Precautions ☐ Droplet Precautions ☐ General Contact Precautions ☐ Enhanced Contact Precautions ☐ Enhanced Respiratory Precautions ☐ Airborne Precautions *Patients with known blood borne pathogens (HIV, HBC, HCV) are placed in Standard Precautions only.
Precautions	☐ Pressure Ulcer Precautions ☐ Aspiration Precautions ☐ Fall Precautions ☐ Seizure Precautions ☐ Suicide Precautions ☐ Neutropenic Precautions ☐ Other - See Notes
Does the Patient Have a Drug Resistant Organism	○ N/A - No DR Organisms ○ Yes ○ Results Pending
Note	

Continue

Neutropenic Precautions Signage

- Neutropenic precautions are for patients with an absolute neutrophil count (ANC) ≤1000 (estimated as Neutrophil # ≤1 on CBC) & may be discontinued when patient's ANC is >1000 for 48 hours. *Manual calculation is ANC = (WBC x 1000) x ((Segs + Bands)/100))*
- Neutropenic inpatients & outpatients should have "Neutropenic precautions" in Special Indicator field in Meditech.
- Specific room ventilation/filtration is not required in the care of the typical neutropenic patient. <u>These patients should not be in a negative pressure room unless necessary due to transmission based precautions. If negative pressure room is necessary, obtain HEPA filtration unit.</u>
- Allogenic hematopoietic stem cell transplant (HSCT) patients with ANC of ≤1000 require positive pressure/protective environment rooms on 4C with HEPA filtration.
- The Neutropenic Precautions policy is located in the online Infection Prevention Manual under Section C: Special & Standard Precautions (Isolation).

Healthcare providers and visitors should wear a procedure mask. Educate patient to wear a procedure mask, especially during transport from patient's room.

Continue

Neutropenic Precautions Documentation

Meditech **Special Indicator**:

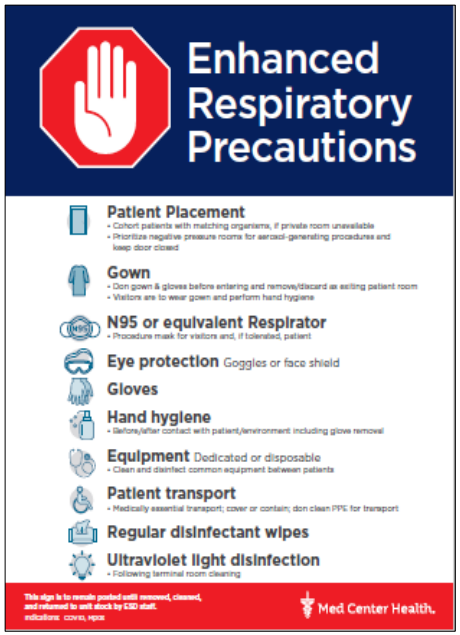
- Neutropenic Precautions

Precautions/ Isolation

Isolation	☑ Standard Precautions ☐ Enteric Contact Precautions ☐ Environmental Contact Precautions ☐ Droplet Precautions ☐ General Contact Precautions ☐ Enhanced Contact Precautions ☐ Enhanced Respiratory Precautions ☐ Airborne Precautions
	*Patients with known blood borne pathogens (HIV, HBC, HCV) are placed in Standard Precautions only.
Precautions	☐ Pressure Ulcer Precautions ☐ Aspiration Precautions ☐ Fall Precautions ☐ Seizure Precautions ☐ Suicide Precautions ☑ Neutropenic Precautions ☐ Other - See Notes
Does the Patient Have a Drug Resistant Organism	○ N/A - No DR Organisms ○ Yes ○ Results Pending
Note	

Continue

Enhanced Respiratory Precautions



Indications include: COVID, COVID – results pending (PUI), & Monkeypox (Mpox)

Possible Meditech **Special Indicators**:

- COVID Positive
- Isolation – (reminder, include reason in "Note" section below)
- PUI

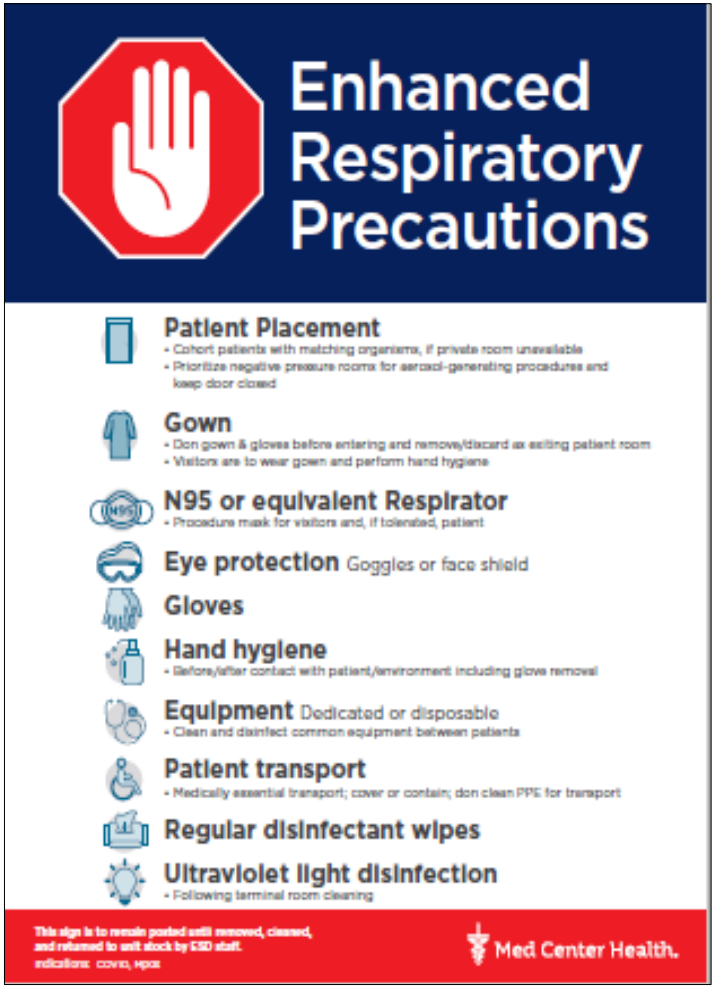
Precautions/ Isolation

Isolation	☑ Standard Precautions ☐ Enteric Contact Precautions ☐ Environmental Contact Precautions ☐ Droplet Precautions ☐ General Contact Precautions ☐ Enhanced Contact Precautions ☑ Enhanced Respiratory Precautions ☐ Airborne Precautions *Patients with known blood borne pathogens (HIV, HBC, HCV) are placed in Standard Precautions only.
Precautions	☐ Pressure Ulcer Precautions ☐ Aspiration Precautions ☐ Fall Precautions ☐ Seizure Precautions ☐ Suicide Precautions ☐ Neutropenic Precautions ☐ Other - See Notes
Does the Patient Have a Drug Resistant Organism	○ N/A - No DR Organisms ○ Yes ○ Results Pending
Note	

Continue

COVID-19 – Enhanced Respiratory Precautions

- SARS-CoV-2 is the virus that causes COVID-19. It is spread from person to person via respiratory droplets or indirectly via droplets on hard surfaces.
- COVID has a wide range of symptoms, from mild symptoms to severe illness. Symptoms of COVID include fever or chills, cough, fatigue, shortness of breath, body aches, headache, new lost of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. Onset of symptoms may occur 2 to 14 days after exposure.
- Patients, visitors and employees are routinely screened for COVID symptoms prior to entering facilities.
- Social distancing, surface cleaning, and hand hygiene are recommended to prevent spread.
- Universal masking, home isolation and quarantine are based on CDC, OSHA & KY Department of Public Health guidance.
- Discontinuation of isolation is provider-driven, using the NIH criteria outlined in the current MCH COVID-19 Provider update—last updated 12/2/22.



Continue

COVID-19 – (continued)

COVID 19 Provider Update

Med Center Health

December 2, 2022

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions & Testing Recommendations

- It is important to release a COVID+ patient from isolation when the patient meets criteria.
- Providers need to document severity of the COVID infection/illness to help direct isolation precautions.
- Patients who are **asymptomatic** throughout their infection and are not moderately to severely immunocompromised, regardless of their vaccination status, may be released from COVID precautions when:
  - At least 10 full days have passed since the date of their first positive viral diagnostic test.
- Patients with **mild to moderate illness**, who are not moderately to severely immunocompromised, regardless of their vaccination status, may be released from COVID precautions when:
  - At least 10 full days have passed since symptom onset or the date of their first positive viral diagnostic test, **AND**
  - At least 24 hours have passed since last fever without the use of fever-reducing medications, **AND**
  - Symptoms (such as cough or shortness of breath) have improved.
- Patients with **severe to critical illness**, regardless of their vaccination status, may be released from COVID isolation when:
  - At least 10 full days and up to 20 days have passed since symptom onset or the date of their first positive viral diagnostic test, **AND**
  - At least 24 hours have passed since last fever without the use of fever-reducing medications, **AND**
  - Symptoms (such as cough or shortness of breath) have improved.
- Patients who are **moderately to severely immunocompromised** may produce replication-competent virus beyond 20 days after symptom onset, or beyond the date of their first positive test for asymptomatic patients. Therefore, use of a test-based strategy and consideration for consultation with an ID provider is recommended to determine the length of COVID isolation precautions for this subpopulation.
- **SAR S-CoV-2 Illness Severity Criteria (adapted from the NIH COVID-19 Treatment Guidelines)**
  - The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining the duration of COVID isolation. Clinical judgement regarding the contribution of SARS-CoV-2 to clinical severity might also be necessary when applying these criteria.
  - **Mild illness** – Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
  - **Moderate illness** – Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO_2) ≥94% on room air.
  - **Severe illness** – Individuals who have respiratory rate >30 breaths/minute, SpO_2 <94% on room air (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO_2/FIO_2) <300 mmHg, or lung infiltrates >50%.
  - **Critical illness** – Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

- COVID patients are placed in Enhanced Respiratory Precautions. Appropriate PPE is worn and hand hygiene is performed.
- Negative pressure rooms are prioritized for patients with Aerosol Generating Procedures (AGP). The door is kept closed. Patients should only leave their rooms for absolutely essential tests and should wear procedure mask.
- Severely immunocompromised patients remain in isolation for 20 full days, regardless of symptom resolution, due to prolonged viral shedding.

Continue

COVID-19 – Room Placement Guidelines

Guidelines for Placement of COVID Patients (effective 1/10/23)

Negative Pressure Room (true AIIR or converted window units)

- V60
- Hiflo Nasal cannula
- CPAP/BiPap
- Ventilator
- Procedures such as bronch/intubation/extubation

Regular Room

- Room Air
- Nasal Cannula, Oxymask
- Green Hiflo tubing

Continue

Shingles – Herpes Zoster

Localized and immunocompetent

- People with herpes zoster usually have a rash in one or two adjacent dermatomes, most commonly on the trunk along a thoracic dermatome.
- The rash does not usually cross the body's midline.
- Dermatomes are areas of skin that have connections to specific spinal nerves, creating a surface map of the body.
- **Standard Precautions**

Disseminated or immunocompromised

- Less commonly, the rash can be more widespread and affect 3 or more dermatomes.
- This generally occurs only in people with compromised or suppressed immune systems.
- **Airborne Precautions & General Contact Precautions,** in addition to Standard Precautions.

Continue

Multi-drug Resistant Organisms (MDROs)

What are they?

Bacteria that have become resistant to certain antibiotics, and these antibiotics can no longer be used to control or kill the bacteria

What causes MDROs?

Antibiotics taken longer than necessary or when they are not needed. The more often the antibiotics are used, the more likely it is that resistant bacteria will develop.

How are they spread?

From patient to patient on the hands of healthcare workers or objects such as bed rails, IV poles, surgical equipment, datascopes, etc.

What types of infections do MDROs cause?

Infections in almost any part of the body, including bloodstream, lungs, urinary tract, wounds, skin, and surgical sites.

How do we prevent MDROs?

Antibiotic stewardship, General Contact Precautions, appropriate hand hygiene, environmental cleaning.

Continue

Resistant Acinetobacter

What is it?

Acinetobacter is one of the gram negative rod bacteria. Other examples of gram negative rod bacteria include: E.coli, Klebsiella, and Enterobacter. These bacteria are often resistant to many commonly prescribed antibiotics. If Acinetobacter is highly resistant (resistant to 3 or more classes of antibiotics), **isolation is required for active (new) and colonized (old).**

Where is it found?

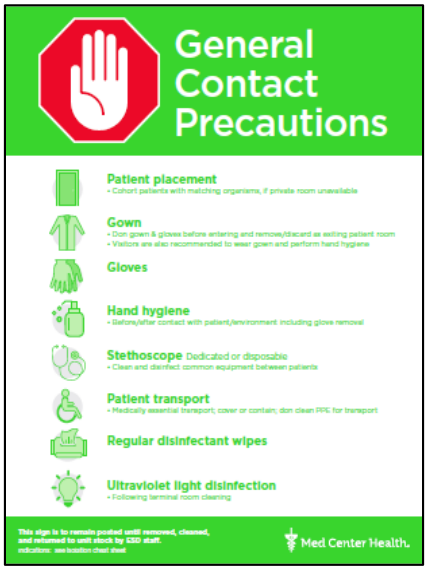
Acinetobacter is commonly found in soil and water. It can also be found on the skin of healthy people.

How is the patient identified?

"Acinetobacter" is documented under "Special Indicators" in Meditech. This can be viewed on the "Status Board" or in the "Summary" tab.

How is it spread?

The Acinetobacter germ is spread when a patient or healthcare worker touches a patient or surface the germ is on and then touches another patient, surface, or healthcare worker prior to performing proper hand hygiene.



General Contact Precautions Required

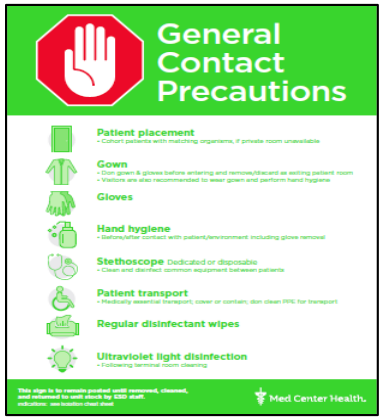
Continue

Extended-spectrum Beta Lactamase (ESBL)

- ESBLs are enzymes that help create resistance to third generation cephalosporins.
- ESBLS are most frequently seen with Klebsiella pneumoniae, E.coli, and Proteus mirabilis.
- Because ESBLs can be spread by contact, patient should remain in Contact Isolation for their entire hospital stay.
- Patients with **active** (new or within the last 90 days) infection are identified by "**ESBL Isolation**" in the "Special Indicators" tab in Meditech. **Colonization** (old or greater than 90 days ago) is identified as "**ESBL History**". This can be viewed on the "Status Board" or in the "Summary" tab.

How is it spread?

The ESBL germ is spread when a patient or healthcare worker touches a patient or surface the germ is on and then touches another patient, surface, or healthcare worker prior to performing proper hand hygiene.



General Contact Precautions Required

Continue

Clostridioides difficile (C.diff)

What is it?

C-diff is a bacteria that causes diarrhea and more serious intestinal problems, such as sepsis. It could even cause death. It occurs mostly in patients taking antibiotics.

Where is it found?

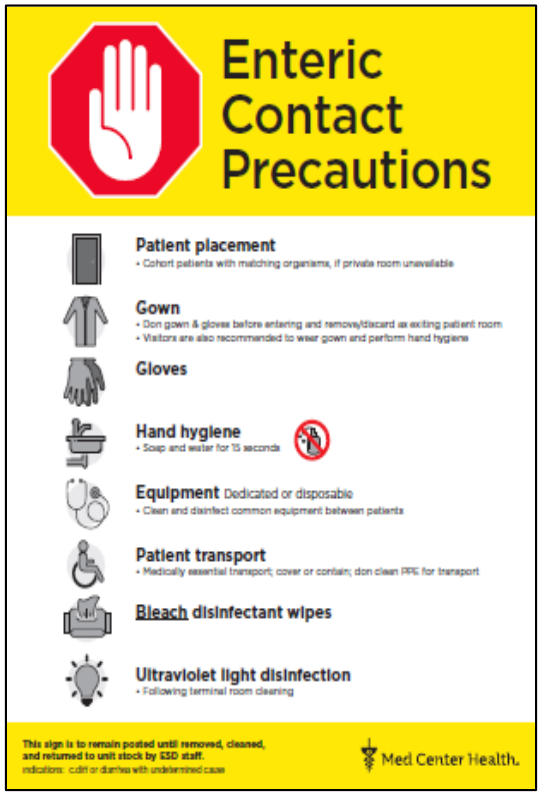
C-diff can live on things in the patient's environment such as bed rails, linens, bathroom fixtures, and medical equipment.

How is the patient identified?

"C-Diff Isolation" is documented under "Special Indicators" in Meditech for patients with current C.diff. Patients with prior C.diff are identified by "C.diff History". This can be viewed on the "Status Board" or in the "Summary" tab.

How is it spread?

C-diff is spread when a patient or healthcare worker touches a patient or surface the germ is on and then touches another patient, surface or healthcare worker prior to performing proper soap and water hand hygiene. (Alcohol does not kill C-diff.)

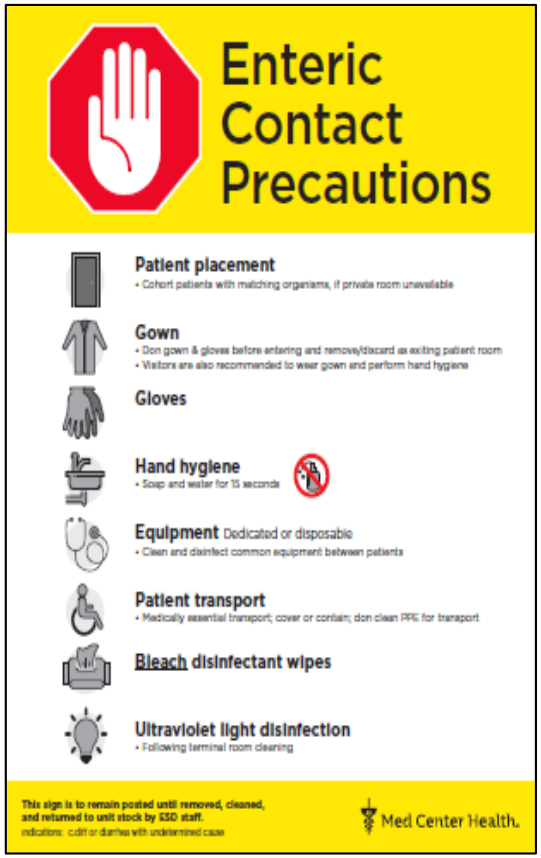


Enteric Contact Precautions Required
– remember to wash your hands with soap and water for at least 15 seconds when leaving the patient's environment.

Continue

Clostridioides difficile (C.diff) continued

- Because C.diff is spread by contact, patients with C.diff (confirmed or results pending) must be placed in Enteric Contact Precautions.
- C.diff is so easy to spread. You need to wear gown and gloves every time you enter the room and remove the PPE before exiting the room.
- **C.diff spores are NOT killed by alcohol-based cleansers.** Wash your hands with soap and water for 15 seconds after caring for a patient with C.diff.
- Enteric Contact precautions precautions may be discontinued when patient is asymptomatic for 48 hours after treatment. Patient must be bathed & have new linens & new equipment in new room.



Do not test stool from patients on stool softeners or laxatives. Also, do not test for cure.

Continue

Vancomycin Resistant Enterococcus (VRE)

What is it?

Vancomycin Resistant Enterococcus (VRE) results from the germ Enterococcus becoming resistant to an antibiotic called Vancomycin.

Where is it found?

Enterococcus is commonly found in the lower intestine. It is also found in the female vaginal tract.

How is the patient identified?

"VRE" is documented under "Special Indicators" in Meditech. This can be viewed on the "Status Board" or in the "Summary" tab.

Reminder: patients with active infection (new) or colonization (old) VRE are not routinely placed in general contact precautions, unless they have uncontained secretions or drainage.

Continue

Methicillin-resistant Staph aureus (MRSA)

What is it?

Methicillin-resistant Staph aureus (MRSA) results when the bacteria Staphylococcus aureus becomes resistant to an antibiotic called oxacillin.

Where is it found?

Staph aureus is commonly found on the skin.

How is the patient identified?

MRSA is documented under “Special Indicators” in Meditech. This can be viewed on the “Status Board” or in the ”Summary” tab.

Reminder: patients with active infection (new) or colonization (old) MRSA are not routinely placed in general contact precautions, unless they have uncontained secretions or drainage.

Continue

Carbapenem Resistant Enterobacterales - CRE

What is it?

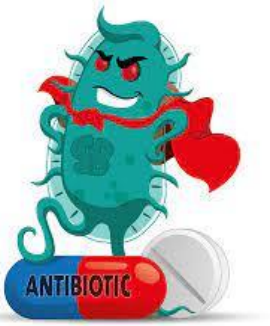
Carbapenem Resistant Enterobacterales (CRE) are bacteria that are either resistant to many antibiotics, including carbapenems, or these bacteria produce an enzyme (carbapenemase) that actively attacks carbapenem antibiotics. Many bacteria can become CREs, such as E.coli, Klebsiella pneumoniae, Acinetobacter baumannii, and Pseudomonas aeruginosa. Carbapenem antibiotics are a family of antibiotics that are used to treat severe infections and often referred to as our last line of defense.

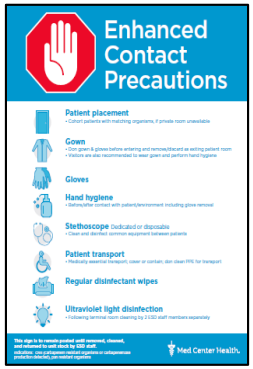
How is it spread?

Usually, CRE is spread by person to person contact with dirty hands or improperly cleaned medical equipment.

How is the patient identified?

CRE is documented under “Special Indicators” in Meditech. This can be viewed on the “Status Board” or in the ”Summary” tab. Patients with active (new) and colonized (old) CRE are placed in Enhanced Contact Precautions.





Continue

Vancomycin Resistant Staph aureus – VRSA
Vancomycin Intermediate Staph aureus - VISA

What is it?

Vancomycin-resistant Staph aureus (VRSA) results when the bacteria Staphylococcus aureus becomes resistant to an antibiotic called vancomycin. Likewise, Vancomycin-intermediate Staph aureus (VISA) results when the same bacteria is not susceptible, but also not resistant, to vancomycin.

Where is it found?

Staph aureus is commonly found on the skin.

How is the patient identified?

"VRSA" or "VISA" is documented under "Special Indicators" in Meditech. This can be viewed on the "Status Board" or in the "Summary" tab. Enhanced Contact Precautions are required for active (new) or colonization (old).

Continue

Emerging Pathogen - Candida auris

What is it?

Candida auris is a strain of fungus (yeast) that is often resistant to multiple antifungal medications and can lead to severe infections. Some strains are resistant to all available antifungal medications. It is often difficult to identify and can lead to outbreaks in healthcare settings. While Candida auris was first discovered in 2009, and currently is rare in the USA, it is becoming more common – an emerging pathogen.

How is it spread?

Candida auris is spread by contact with infected patients or contaminated surfaces or medical devices, making proper hand hygiene and cleaning of surfaces extremely important.

How is the patient identified?

“Candida auris” is documented under “Special Indicators” in Meditech. This can be viewed on the “Status Board” or in the ”Summary” tab. “Enhanced Contact Precautions” are required for active (new) and colonization (old).

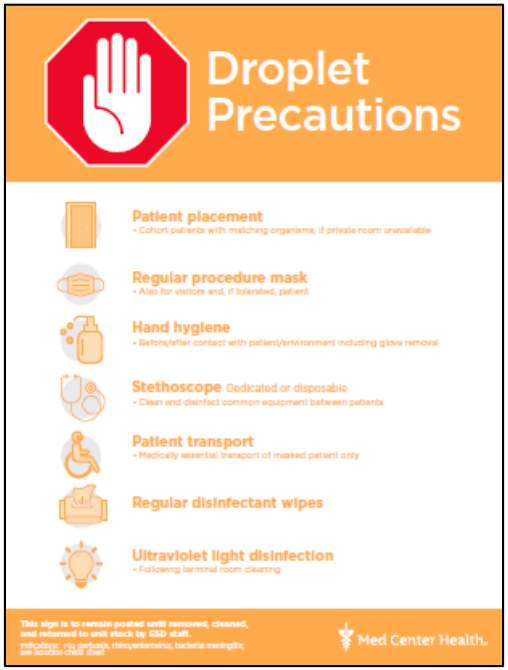
Continue

Med Center Flu Prevention

Continue

Influenza (Flu)

Because flu is spread by respiratory droplets of coughs and sneezes, patients with the flu (confirmed or results pending) are placed in Droplet Precautions.



- You can get infected when someone's respiratory droplets are propelled through the air and land on your mouth, eyes, or nose.
- You can also get infected if you come in contact with these respiratory droplets and then touch your eyes, mouth or nose, before washing your hands.
- The CDC is divided on the recommendation for eye protection for droplet precautions; therefore, eye protection is encouraged, but not required, for droplet precautions.

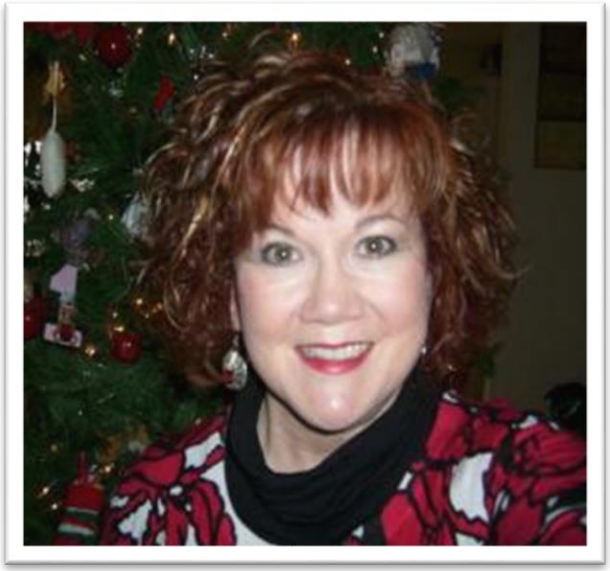
Gentle reminder – seasonal flu is not the same organism as Parainfluenza or Haemophilus influenzae.

Continue

Influenza (Flu)

The flu is such a common illness/disease. Is it really that serious of a disease? Do I need a flu vaccine every year? Can I have the flu virus and not know it?

Let's ask our Flu Expert, **Vicki Weaver**, Director Employee Health Services.



Vicki Weaver,
Director Employee Health Services &
Flu Expert

Continue

Influenza (Flu)

Click on the Continue button to see what Vicki has to say.

Ask Do I really need to get the flu shot every year?

Ask How soon after my flu shot am I protected?

Ask Besides getting the flu shot, how else can I protect myself from getting the flu?

Ask What are the flu symptoms?

Ask Do people really die from the flu?

Ask What medical complications can result from the flu?

Ask How do I know I have the flu and not a bad cold?

Ask As a healthcare worker, how can I protect myself when testing a patient for the flu?

Continue

Influenza (Flu)

Ask **Do I really need to get the flu shot every year?**

How soon after my flu shot am I protected?

Besides getting the flu shot, how else can I protect myself from getting the flu?

What are the flu symptoms?

Do people really die from the flu?

What medical complications can result from the flu?

How do I know I have the flu and not a bad cold?

As a healthcare worker, how can I protect myself when testing a patient for the flu?

- **Yes, you should get the flu shot every year. Med Center Health provides the flu vaccine to all healthcare workers throughout the flu season.**
- **People who care for and/or live with those at high risk from flu complications should get the flu vaccine each year.**

Continue

Influenza (Flu)

Do I really need to get the flu shot every year?

Ask **How soon after my flu shot am I protected?**

Besides getting the flu shot, how else can I protect myself from getting the flu?

What are the flu symptoms?

Do people really die from the flu?

What medical complications can result from the flu?

How do I know I have the flu and not a bad cold?

As a healthcare worker, how can I protect myself when testing a patient for the flu?

- **You are normally protected from the flu virus about 2 weeks after vaccination.**
- **You can infect others with the flu virus 1 day before you show signs or symptoms, and you can infect others up to 5 days after becoming sick.**

Continue

Influenza (Flu)

Do I really need to get the flu shot every year?

How soon after my flu shot am I protected?

Ask

Besides getting the flu shot, how else can I protect myself from getting the flu?

What are the flu symptoms?

Do people really die from the flu?

What medical complications can result from the flu?

How do I know I have the flu and not a bad cold?

As a healthcare worker, how can I protect myself when testing a patient for the flu?

In addition to getting the flu vaccine, you can:

- **Avoid close contact with people.**
- **Cover your mouth & nose when you cough or sneeze (cough & sneeze in your sleeve).**
- **Practice frequent hand hygiene.**
- **Avoid touching your eyes, nose, or mouth.**
- **Stay home if you're sick.**

Continue

Influenza (Flu)

Do I really need to get the flu shot every year?

How soon after my flu shot am I protected?

Besides getting the flu shot, how else can I protect myself from getting the flu?

Ask **What are the flu symptoms?**

Do people really die from the flu?

What medical complications can result from the flu?

How do I know I have the flu and not a bad cold?

As a healthcare worker, how can I protect myself when testing a patient for the flu?

Symptoms of the flu include:

- **Fever, Headache**
- **Extreme tiredness**
- **Dry cough & sore throat**
- **Runny or stuffy nose**
- **Muscle aches, nausea**
- **Vomiting & diarrhea can occur, but more often in children**

Continue

Influenza (Flu)

Do I really need to get the flu shot every year?

How soon after my flu shot am I protected?

Besides getting the flu shot, how else can I protect myself from getting the flu?

What are the flu symptoms?

Ask **Do people really die from the flu?**

What medical complications can result from the flu?

How do I know I have the flu and not a bad cold?

As a healthcare worker, how can I protect myself when testing a patient for the flu?

- **Yes, about 36,000 people in the U.S. die each year from flu-related causes.**
- **Plus, more than 200,000 people in the U.S. are hospitalized from flu-related complications.**

Continue

Influenza (Flu)

Do I really need to get the flu shot every year?

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Do people really die from the flu?

Ask

What medical complications can result from the flu?

How do I know I have the flu and not a bad cold?

As a healthcare worker, how can I protect myself when testing a patient for the flu?

Complications from the flu include:

- **Bacterial pneumonia**
- **Ear infections**
- **Sinus infections**
- **Dehydration**
- **Worsening of chronic medical conditions such as congestive heart failure, asthma, or diabetes**

Continue

Influenza (Flu)

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What medical complications can result from the flu?

Ask

How do I know I have the flu and not a bad cold?

As a healthcare worker, how can I protect myself when testing a patient for the flu?

- **There are a variety of tests available for diagnosis of the flu. Rapid diagnostic tests can provide results in 15 minutes or less.**
- **Early diagnosis of flu can provide the option of treatment with antiviral medications.**

Continue

Influenza (Flu)

Do I really need to get the flu shot every year?

How soon after my flu shot am I protected?

Besides getting the flu shot, how else can I protect myself from getting the flu?

What are the flu symptoms?

Do people really die from the flu?

What medical complications can result from the flu?

How do I know I have the flu and not a bad cold?

Ask

As a healthcare worker, how can I protect myself when testing a patient for the flu?

Healthcare workers should wear a visor mask when collecting the nasal or nasopharyngeal specimen for diagnostic testing.

Continue

Conclusion

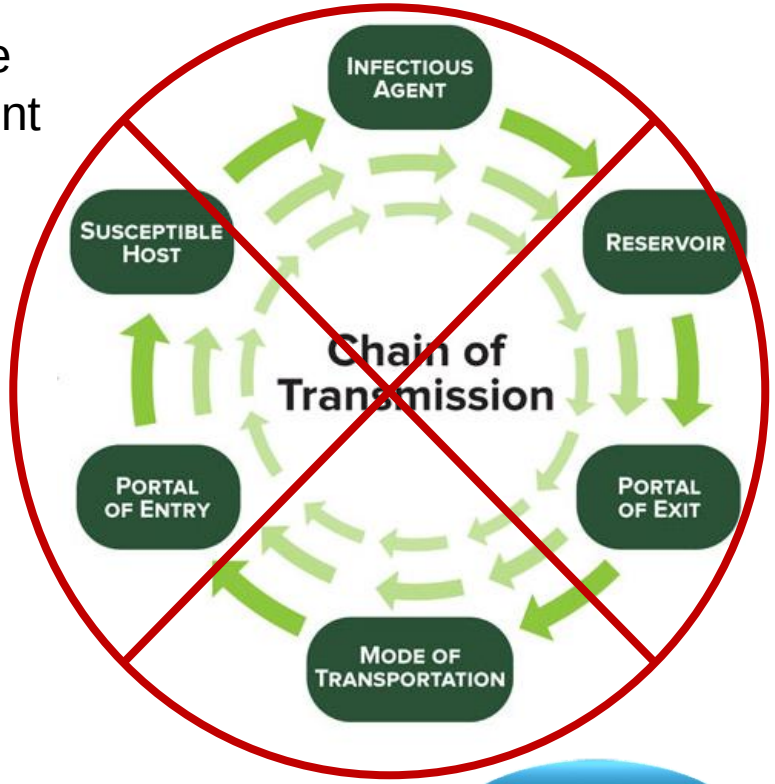
Continue

Infection Prevention

*Infection Prevention & Control is **Everyone's** Responsibility!*

Our processes, engineering controls, protective plans, and actions are all apart of helping prevent and control infections.

Each employee has an impact in breaking the chain.



Continue

Infection Prevention

If you have any questions about the material in this CBL, contact Infection Prevention at 270-745-1145