

# Infection Prevention Focuses

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Disease Control

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Burleigh County Health Coalition Group



# Infection Control Domains for GAP Assessment

## ACUTE CARE

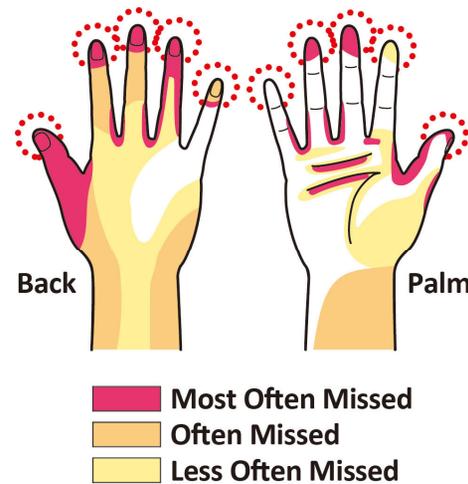
- Infection Control Program and Infrastructure
- Infection Control Training, Competency, and Implementation of Policies and Practices
  - Hand Hygiene
  - Personal Protective Equipment (PPE)
  - Prevention of Catheter-associated Urinary Tract Infection (CAUTI)
  - Prevention of Central Line-associated Bloodstream Infection (CLABSI)
  - Prevention of Ventilator-associated Event (VAE)
  - Injection Safety
  - Prevention of Surgical Site Infection
  - Prevention of *Clostridium difficile* Infection (CDI)
  - Environmental Cleaning
  - Device Reprocessing
- Systems to Detect, Prevent, and Respond to Healthcare-Associated Infections and Multidrug-Resistant Organisms (MDROs)

## LONG TERM CARE

- Infection Control Program and Infrastructure
- Healthcare Personnel and Resident Safety
- Surveillance and Disease Reporting
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Respiratory/ Cough Etiquette
- Antibiotic Stewardship
- Injection safety and Point of Care Testing
- Environmental Cleaning



# Your 5 Moments for Hand Hygiene



## How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds



World Health Organization | Patient Safety | SAVE LIVES. Clean Your Hands.

## When Not to Use PPE

- *Wearing in public areas*
- *Failure to discard after use*
- *Wearing too many*
- *Failure to remove gloves after each task*

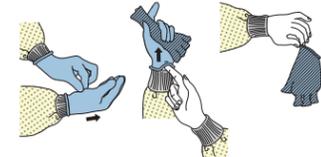


### HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

#### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in an infectious\* waste container



#### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in an infectious\* waste container



#### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in an infectious\* waste container

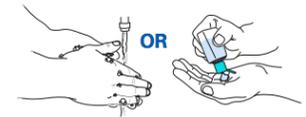


#### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in an infectious\* waste container



#### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



\* An infectious waste container is used to dispose of PPE that is potentially contaminated with Ebola virus.

**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



## DEVICES

In addition to insertion technique, proper maintenance is key for continued prevention of infections

- **CAUTI PREVENTION**

[http://www.apic.org/Resource\\_/TinyMceFileManager/epublications/CAUTI\\_feature\\_PS\\_fall\\_12.pdf](http://www.apic.org/Resource_/TinyMceFileManager/epublications/CAUTI_feature_PS_fall_12.pdf)

- **CLABSI PREVENTION CHECKLIST**

<https://www.cdc.gov/HAI/pdfs/bsi/checklist-for-CLABSI.pdf>

- **VAE BUNDLE**

[https://www.mnhospitals.org/Portals/o/Documents/patientsafety/VAE/MHA\\_VAE\\_Bundle2016.pdf](https://www.mnhospitals.org/Portals/o/Documents/patientsafety/VAE/MHA_VAE_Bundle2016.pdf)

# Preventing SSIs

Ventilation

Instrument sterilization

Surgery duration

Surgical scrub

Draping

Skin antisepsis

Body temperature

Preoperative shaving

Prophylactic antibiotic timing

Blood glucose



- [https://www.mnhospitals.org/Portals/o/Documents/patientsafety/SSI/1\\_Slashing%2oSSI%2oBundle\\_Updated\\_2017o116.pdf](https://www.mnhospitals.org/Portals/o/Documents/patientsafety/SSI/1_Slashing%2oSSI%2oBundle_Updated_2017o116.pdf)

# Device Reprocessing



# INJECTION SAFETY

<http://www.oneandonlycampaign.org/>

From medication preparation to administration, aseptic technique needs to be maintained.

Drug Diversion policy

Fentanyl patch- documentation and discarding

## Where should I draw up medications?

- Medications should be drawn up in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.
- In general, any item that could have come in contact with blood or body fluids should not be in the medication preparation area.
- Is it acceptable to leave a needle or other device inserted in the septum of a medication vial for multiple medication draws?
  - **NO.** A needle or other device should never be left inserted into a medication vial septum for multiple uses.
  - This provides a direct route for microorganisms to enter the vial and contaminate the fluid.



# Environmental Cleaning

Products and contact time

Technique- top to bottom/clean to dirty

Equipment-who's cleaning what?

How do you identify clean equipment?

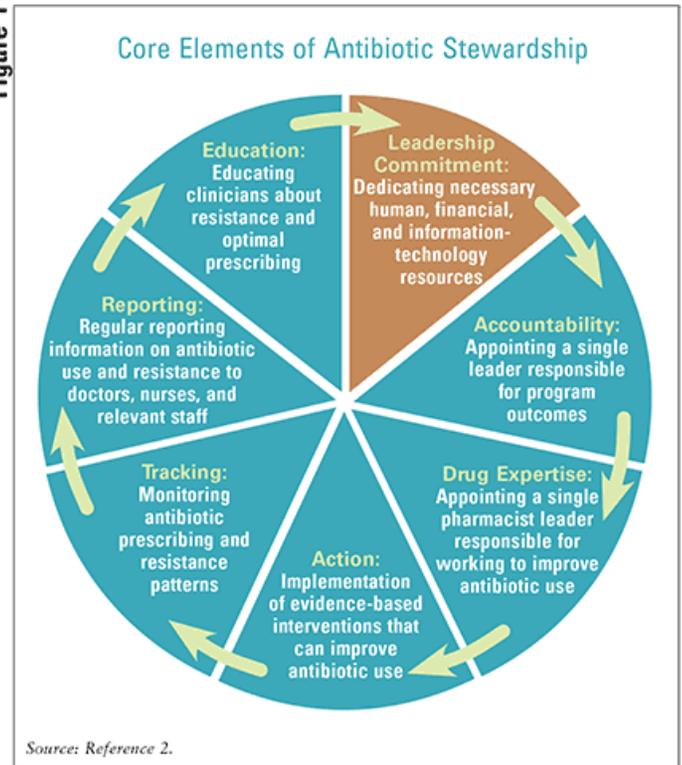
PPE/Isolation



# Antibiotic Stewardship

- CDI Toolkit
- [http://apic.org/Resource/TinyMceFileManager/Practice\\_Guidance/cdiff/C.Diff\\_Digital\\_Toolkit\\_GNYHA.pdf](http://apic.org/Resource/TinyMceFileManager/Practice_Guidance/cdiff/C.Diff_Digital_Toolkit_GNYHA.pdf)

Figure 1

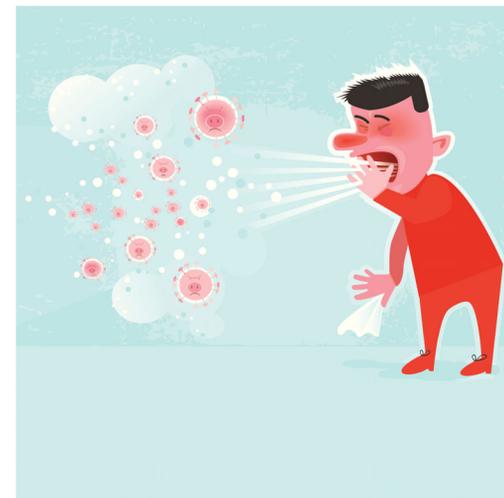


# HCW Safety

Blood Borne Pathogens-How to report an exposure

Immunizations

Cough and Respiratory Etiquette





## Systems to Detect, Prevent, and Respond to Healthcare-Associated Infections and Multidrug-Resistant Organisms (MDROs)

- Travel history
- Communication/transfer forms
- Early detection
- Isolation-good HH and Standard Precautions

# Yearly Risk Assessment

Special Situation Risk Assessment

## Frequent Deficiencies in Acute Care Setting (CAH)

- Must have a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.
- Failing to follow manufacturer's instructions for the use of chemicals used for cleaning and disinfecting equipment.
  - Scopes and other equipment, specifically when it comes to mixing solution for precleaning
- Therapy area with dexamethasone and iontophoresis.
  - Multi-dose vials of dexamethasone not dated as to the date opened
  - Observations of puncture devices in the rubber septum which leaves an open port
  - Reusing the same syringe rather than using a new syringe each time the vial is entered
  - Failing to disinfect the rubber septum each time of use
- Food service
  - Unsanitary prep area and walk in freezer
  - Infection control concerns with meal service when serving food
    - Wearing dirty, baggy clothes
    - Dropping items and picking them up off the floor with gloved hands, not changing gloves/HH
    - Not performing hand hygiene and changing gloves afterwards.
- Failure to track infections and document all incidents of infectious and communicable diseases and perform surveillance.

# Frequent LTC Deficiencies

- Since November 2017 F88o-Infection control has been cited 34 times.
- F88o is 4<sup>th</sup> in the list of tags cited.
- Usually proper hand hygiene
  - Personal care
  - Medication
  - Cleaning equipment
  - Food handling

2 LTC tags regarding infection control that are noted in the regulations as Phase 3 implementation date November 28, 2019.

- F882

The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:

- Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
- Be qualified by education, training, experience or certification;
- Work at least part-time at the facility; and
- Have completed specialized training in infection prevention and control.
- IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.

- F945

A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program.



QUESTIONS?

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