Lourdes Hospital Infection Prevention and Control
Lourdes Infection Prevention Program

Ultimate goal:
• To protect the patient
• To protect the healthcare workers, visitors and others in the environment
• To accomplish the above in a cost-effective manner
How Are Germs Spread?

• Germs are spread by direct and indirect contact.
• Germs are spread through the air as droplets and on services that you touch.
• Germs are also spread through contact with contaminated equipment such as wheelchairs and other devices.
Healthcare Associated Infections (HAIs)

• According to the Centers for Disease Control and Prevention (CDC), each year 2 million patients in the United States acquire an infection in hospitals.

• Approximately 90,000 of these patients die from their infection.
Healthcare Associated Infections (HAIs)

- Infections occur in many different settings
- If an infection occurs during a patient’s care it is considered a healthcare associated infection (HAI).
- Prevention of healthcare associated infections is the responsibility of all individuals and services providing health care.
Healthcare Associated Infections (HAIs)

- Healthcare associated infections (HAI) – major cause of patient morbidity and mortality
- Main source of HAI is patient’s own bacteria
- 20% - 40% of HAI are due to **healthcare worker hands**
  - Hands contaminated through direct contact with the patient
  - or indirectly by touching contaminated environmental surfaces

Prevention of HAI

- Hand hygiene
- Standard Precautions at all times
- Transmission Based Precautions
- Cleaning and disinfection of patient environment and medical equipment
Hand Hygiene

• Numerous studies show proper hand hygiene reduces the spread of germs.
• Hand hygiene can be performed with an alcohol-based hand rub or with soap and water.
• CDC recommends using an alcohol-based hand rub between patients, if hands are not visibly soiled.
  – requires less time
  – less irritation of hands
  – convenience - readily available
Waterless Alcohol-Based Hand Sanitizers

• Apply alcohol-based hand gel/foam into palm of hand
• Rub hands together covering all surfaces of hands and fingers, and fingernails until completely dry.
Hand Washing with Soap and Water

- Wet hands with water
- Apply soap to hands
- **Vigorously** rub hands together at least 15 seconds, covering all surfaces of hands and fingers and under fingernails
- Rinse hands with water, dry hands thoroughly
- Use paper towel to turn off water faucet (and open door)
Most Commonly Missed Areas After Performing Hand Hygiene
When to perform hand hygiene:

- Before touching a patient
- After touching the patient or any surfaces in the patient’s environment
- After contact with blood, body fluids, wound dressings
- Before performing an aseptic task (e.g., IV start, medication administration)
- After glove removal

*Use soap and water when hands are visibly soiled (e.g., blood or body fluids) or after caring for patient with known or suspected infectious diarrhea (C diff, norovirus)*

- Otherwise, the preferred method of hand decontamination is with an alcohol-based hand rub
Standard Precautions

• The *minimum* infection prevention practices that apply to ALL patient care, in ALL settings where healthcare is delivered, to prevent the spread of infectious agents (germs)

• Based on principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes can contain germs that can be spread
Standard Precautions

• Hand hygiene
• Use of personal protective equipment (PPE): gloves, gown, mask, eye protection, and face shield when there is risk of contamination with blood, body fluids, and other germs
• If it is wet and it is not yours, wear Gloves!
• Respiratory Hygiene/Cough Etiquette
Personal Protective Equipment (PPE)

• Wearable equipment to protect the healthcare worker from exposure to or contact with germs
  – Gloves
  – Gowns
  – Face masks
  – Respirators
  – Goggles and face shields
Safe Work Practices With PPE

• Keep hands away from face
• Work from clean to dirty
• Limit surfaces touched
• Change when torn or heavily contaminated
• Perform hand hygiene immediately after removing all PPE!
Environmental Cleaning

• Focus on surfaces most likely to become contaminated:
  – those in proximity to the patient
  – frequently touched surfaces

• Use Environmental Protection Agency (EPA) registered disinfectants specific for healthcare settings

• Follow manufacturer recommendations for use of EPA registered disinfectants: amount, contact time, safe use, and disposal
Respiratory Hygiene/Cough Etiquette

- At entrance to healthcare setting, and continuing throughout duration of visit, contain respiratory secretions in patients and others who have signs and symptoms of a respiratory infection.
- Post signs at entrances with instructions to patients and visitors to:
  - Cover their mouths/noses when coughing or sneezing
  - Use and dispose of tissues
  - Perform hand hygiene after hands have been in contact with respiratory secretions
- Provide tissues and no touch receptacles for tissue disposal
- Provide hand hygiene
- Offer masks to coughing patients and other symptomatic persons upon entry
- Individuals with symptoms should sit as far away from others as possible.
- Healthcare workers must take precautions to contain respiratory secretions when examining and caring for patients with respiratory symptoms, to prevent the spread of respiratory pathogens.
Transmission-Based Precautions

• Always used *in addition* to Standard Precautions

• Used for patients with documented or suspected infection or colonization (do not have symptoms but can still spread germs) that can be spread
  – Contact Precautions
  – Droplet Precautions
  – Airborne Precautions

In the acute care setting, immediately post the isolation precautions sign at the doorway to the patient’s room, to alert all who need to enter that room to wear appropriate PPE
### Color Codes for Isolation Precautions Signs

<table>
<thead>
<tr>
<th>Color</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIRBORNE</td>
<td><strong>TB; Chicken Pox; Disseminated Herpes Zoster; Measles</strong></td>
</tr>
<tr>
<td>CONTACT</td>
<td><strong>CONTACT PRECAUTIONS (PURPLE):</strong> MRSA (Methicillin resistant staphylococcus aureus) VRE (Vancomycin Resistant Enterococci ESBL (Extended beta lactamase producer) KPC (Klebsiella pneumoniae carbapenemase CRE (Carbapenem resistant Enterobacteriaceae)***</td>
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<tr>
<td>DROPLET</td>
<td><strong>DROPLET PRECAUTIONS:</strong> Influenza A or B; Mumps; Pertussis, Neisseria Meningitis; Haemophilus influenza type B (known or suspected); Group A strep pharyngitis (in infants &amp; young children); Rubella (German measles)***</td>
</tr>
<tr>
<td>WHITE</td>
<td><strong>CONTACT PLUS: C DIFFICILE</strong> 2 SIGNS: ALSO POST WHITE HANDWASHING SIGN WITH C DIFF PATIENTS***</td>
</tr>
<tr>
<td></td>
<td><strong>CONTACT PRECAUTIONS (GREEN): ALL OTHER CONTACT PRECAUTION CONDITIONS</strong>*</td>
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Hand Hygiene and Disinfection of Surfaces

- Although the intent of this module is for healthcare settings, the knowledge that you have gained can be used in your personal lives.
- As consumers of healthcare, we should know these basic infection prevention best practices to protect ourselves and others.
- You or your family members may have to use the healthcare system, and with this knowledge, you can be an advocate for safe infection prevention practices.
Lourdes Infection Prevention and Control

Stop and take the Infection Prevention and Control Test!