

## **Required Provider Education: Infection Prevention & Control**

### **I. Handwashing Essentials**

- A. Entry into and immediately before leaving patient's room.
- B. Before invasive procedure.
- C. When moving from a dirty area to a clean one on the same patient (i.e. dressing changes or multiple wounds).
- D. Before gloving and after removing gloves.
- E. After contact with blood/body fluids.
- F. Alcohol gel/foam can be used as long as the hands are not visibly contaminated or as long as the patient being cared for does not have Clostridium difficile (C-Diff) or uncontrolled diarrhea. Alcohol based products are not as effective against the bacterium spores and so hands **MUST** be washed with soap and water.
- G. If staff see you approaching a patient without doing hand hygiene, they are tasked with saying the phrase "Let's all gel up" to help remind you to complete hand hygiene. Everyone in the room should head to the sanitizer dispenser or sink to perform hand hygiene.
- H. We do monthly hand hygiene audits and the results are reported to the IP committee. If trends are identified infection prevention reaches out to managers to discuss.

### **II. Standard Precautions**

- Standard Precautions should be guided by assessing the risk of the preceding health care activities and the extent of contact anticipated with blood, bodily fluids or pathogens to determine the personal protective equipment (PPE) needed in order to protect oneself from exposure.
- Standard Precautions is not limited to but should include:
  1. Taken with every patient every time.
  2. Hand Hygiene
  3. Cleaning/Disinfecting with appropriate products – all reusable medical equipment including stethoscopes.
  4. Appropriate waste disposal
  5. Needle & sharps injury Prevention
  6. Safe injection practices
  7. Masks & Eye protection if coughing, sneezing, or splashes could occur
  8. Cough Etiquette – cover your nose and mouth with tissue or crook of the elbow when coughing or sneezing and perform hand hygiene

### III. Isolation Precautions

- A. **Contact Precautions** – Gown and gloves upon room entry. (Ex: MRSA)
- B. **Contact Plus Precautions**—Gown and gloves upon room entry. (Ex: C-Diff, Norovirus, and Candida auris). Use shoe covers if floors are contaminated. Room will be cleaned with bleach which is effective on spores. Hand Hygiene MUST be completed with soap and water.
- C. **Protective Precautions**– also known as neutropenic precautions – masking and hand hygiene are required. No fresh flowers or plants in the room. Fresh fruits and vegetables may be restricted per provider order. Gowning may be a requirement depending on physician orders.
- D. **Droplet Precautions** – Require mask & eye protection when within three feet of patient. (Ex: influenza, meningitis).
- E. **Airborne Precautions** – Respirator (PAPR or CAPR), N95/P100 or equivalent, and eye protection required. (Ex: TB, chicken pox, measles, disseminated shingles, SARS-Cov-2).

- **Signs maybe used together for some illness. You may see a Contact Precaution with Airborne Precaution sign on the door. You should follow all the precautions listed for both.**
- **There are examples on the back of the signs of illnesses that require that precaution, some have extra precautions highlighted indicating to use in conjunction with another precaution.**

#### Masking at patient request

We do have a courtesy purple masking sign that states “All staff and visitors wear a mask when entering”. This is not an isolation precaution it is only a courtesy sign that is placed at the door per the patient’s request.

#### IV. Multi-Drug Resistant Organism Precautions

- A. The following are Multi-Drug Resistant Organisms (MDRO).
1. **MRSA** – Staphylococcus aureus resistant to Oxacillin.
  2. **VISA/VRSA** – Staphylococcus aureus showing intermediate sensitivity or resistance to Vancomycin
  3. **VRE**- Enterococcus faecium or Enterococcus faecalis that is resistant to Vancomycin.
  4. **DRSP** -Strep pneumo resistant to Penicillins and cephalosporin's
  5. **Gram negative organisms** - Intermediate or Resistant to Amikacin, Gentamicin and Tobramycin.
  6. Any organism, Resistant or Intermediate, to all antibiotics being reported out.
  7. **Extended spectrum beta lactamase producing organisms (ESBLs)**. These are members of the Enterobacteriaceae class that show intermediate sensitivity or resistance to 3<sup>rd</sup> generation cephalosporins (ceftriaxone, cefotaxime, ceftazidime).
  8. **Klebsiella pneumoniae** Intermediate or resistant to Imipenem.
  9. **Carbapenem Resistant Enterobacteriaceae (CRE) and Klebsiella pneumoniae resistant to Carbapenems (KPC)**.
- B. Patients found to be actively infected or colonized with any of these organisms will be placed in **Contact Isolation** on admission then flagged for isolation with future admissions.
- C. Isolation rooms of patients infected or colonized with MDROs will harbor the MDRO on surfaces and equipment throughout the patient's room. Many MDROs have the ability to live on surfaces:
- a. MRSA – 7 days to >12 months.
  - b. VRE - 5 days to > 46 months.
  - c. Clostridium difficile (spores) - > 5 months.
  - d. Pseudomonas – 6 hours to 16 months.
  - e. Klebsiella – 2 hours to > 30 months
- D. Once culture and sensitivity reports are received, re-evaluate antibiotic choice and use. Discontinue/change antibiotics if prudent to reduce the potential development of antibiotic resistance. Pharmacy is very active in this process.

V. **Clostridium Difficile (C. diff.)**

- A. Carried asymptotically by 3% of adults, and 20-30% of hospitalized patients will become infected.
- B. This bacteria produces spores, which require special precautions as follows:
  - 1. Patients who have *C. diff.* infections are placed into Contact Plus Isolation until 48 hours after last loose stool. If a patient is admitted for suspicion of c-diff, precautions will be maintained until the result is known, or if no stool occurs in 24 hours, precautions can be discontinued.
  - 2. All hand hygiene **MUST** be done with soap and water, as alcohol products are not as effective at kill the bacteria spores.
  - 3. Use disinfectant wipes with bleach to disinfect common provider equipment after caring for *C. diff.* infected patients.
- C. **If you suspect a patient has C-Diff on admission, please obtain the sample as soon as possible. If the stool sample is positive and reported to NHSN anything prior to day 3 of admission is not considered a healthcare associated infection, anything after day 3 will appear to be a healthcare associated infection or transmission by Tomah Health.**

## VI. Surgical Site Infections (SSI)

*\*Please notify Infection Prevention if you suspect a patient has an SSI. IP will investigate.*

**This includes patients that have had surgery at TH and other hospitals within the past 30-90 days.**

- A. Use antibiotics preoperatively when indicated for patients in accordance with SCIP and literature (SHEA/CDC/IDSA) recommendations.
- B. When prophylaxis is prescribed for patients, it is important to keep the following in mind:
  1. Antibiotics need to be dosed by weight to ensure adequate tissue levels to afford protective effects.
  2. **Surgeries > 3 hours** in duration may need re-dosing to ensure adequate antimicrobial levels throughout the duration of the surgery.
  3. Begin antibiotic infusion prior to the incision, but within 60 minutes of incision.
  4. The antibiotic should not be continued past **24 hours** in most cases.
- C. All surgical patients should receive a chlorhexidine shower or cloths prior to surgery.
- D. **Diabetic patients** should have glucose levels monitored so that they ideally do not exceed 200mg/dL in the 24-hour period prior to surgery and for 48 hours after surgery.
- E. All surgical personnel should don fresh scrubs at the beginning of the day and when coming back into the hospital building from the outside during the course of the day.
- F. All surgical hats/caps should cover all of the wearer's hair, ears and beard.
- G. Surgical hand antisepsis should be done in strict accordance with the manufacturer's guidelines.
- H. Appropriate hair removal (no razors).
- I. **ChloroPrep is the preferred prep.** Betadine is inactivated in the presence of blood and proteins.
- J. It is an FDA requirement to let any skin prep containing alcohol to dry for 3 minutes to eliminate fire risk, ensure surgical drape adherence, and allow for maximum microbial killing.
- K. Avoid bringing items from other areas inside the restricted area that are not crucial for the procedure being done (lab coats, briefcases, etc.). If cell phones are necessary, they must be wiped upon entry to the OR.
- L. Minimize traffic flow and keep the OR doors closed as much as possible during the surgery.

## VII. Catheter Associated Urinary Tract Infection (CAUTI)

- A. Urinary catheters should only be inserted for reasons based on medical necessity. Rationale should be documented – reasons are as follows:
  1. Patient has acute urinary retention or bladder obstruction.
  2. Accurate measurement of urinary output is needed for critically ill patient.
  3. Perioperative use for select surgical procedures.
  4. To allow for healing of open sacral or perineal wound in incontinent patient.
  5. Comfort care for end of life.
  6. Patient will have prolonged period of immobility.
  
- B. Inappropriate reasons for urinary catheters include:
  1. For nursing staff convenience when caring for incontinent patient or patient with difficult mobility.
  2. To obtain urine for testing when patient is continent (most cases).
  3. For a prolonged period postoperatively, unless the surgery involved structural repair of urethra or contiguous structures; prolonged effects of epidural anesthesia.
  
- C. Consider alternatives to insertion of indwelling catheter when possible:
  1. Use of external catheter in male and/or female patients.
  2. Intermittent catheterization, bladder scanning.
  3. Adult pads/depends - which can be weighed to obtain accurate output.
  
- D. All indwelling catheters should be assessed for medical necessity and necessity documented daily.  
Remove catheter promptly when no longer needed.  
The risk for CAUTI increases approximately 3- 7% each day of catheter use.
  
- E. Our Foley catheter utilization ratio is well below the national average for an acute care unit.

## VIII. Central Line Associated Bloodstream Infection (CLABSI)

- A. TOMAH HEALTH Central Line Insertion best practice guidelines have shown to reduce CLABSIs, these include adherence to the following:
1. **Hand hygiene** before donning sterile gloves.
  2. **Avoid use of femoral vein** for non-tunneled catheters. Any use of the femoral vein requires valid medical reasons documented on the checklist.
  3. **Use of chlorhexidine** containing solution for skin antisepsis unless working with an infant < 2 months of age.
  4. Daily review and documentation of medical necessity of central line, with prompt removal when no longer needed.
  5. Replacement of line ASAP when inserted in an emergent situation where sterility could have been compromised.
  6. Sterile gloves, gown, mask and cap to be worn at time of insertion/patient to be masked.
  7. A checklist for all central line insertions is required to be completed at time of insertion to ensure that insertions are performed in accordance with best practice guidelines. The only exception are central lines placed in the Operating Room (OR), which do not require a separate checklist to be completed as long as the OR documentation for the patient specifies that there was compliance with each item on the central line checklist. If this is not evident in the OR documentation, then a central line checklist needs to be completed. The checklists have been attached to the central line kit to increase compliance. These are audited monthly.

## **IX. Antimicrobial Stewardship**

- A. Increasing use of antibiotics has led to the development of multidrug resistant organisms (MDROs). Studies of antimicrobial use have found that up to 50% may be inappropriate (this includes wrong dose or duration).
- B. Be Antibiotics Aware per CDC recommendations.
  - 1. Consider the following when prescribing antibiotics:
    - a. Use the most targeted and safe antibiotic
    - b. Use the shortest effective antibiotic duration
    - c. Document and communicate a structured and timely discharge summary
    - d. Educate patients and their caregivers about proper use, side-effects, adverse events, and signs or symptoms of worsening infection.
- C. Cold Care Kits, COVID Care Kits and Sinus Kits are available to give to outpatients to support, “While we can’t give you an antibiotic, we can help you manage your symptoms” discussions.
- D. Patient handouts are available from the CDC to assist you in educating patients.
- E. Pharmacy monitors individual prescribing habits and reports out as appropriate.



## X. **Influenza Prevention**

- A. Influenza vaccination is offered annually **for all healthcare workers**, regardless of direct patient contact or not.
- B. If influenza vaccine is declined or deferred – a declination form will need to be submitted for approval. Any person working within Tomah Health (including employees, students, volunteers, contracted staff or providers) that has not received an influenza vaccine during the current influenza season will be required to wear a mask. Influenza season is determined by Infection Prevention in accordance with CDC/WI DHS guidance & recommendation, typically October 1 – March 31st.
- C. Offer a mask to anyone with respiratory or influenza like illnesses when in common areas with others or move the patient to a private location or separate from other people by three or more feet.
- D. Encourage everyone to practice respiratory hygiene – coughs and sneezes should be done in a tissue or crook of the elbow. If hands become contaminated in the process, they should be cleaned with alcohol gel/foam or soap and water.

## XI. **Practice reminders**

- A. Please do not place used/dirty instruments in the sink after use. Staff should wipe instruments of any debris at point of use, sprayed with Blu62 pretreatment foam, place in a rigid container and take them to the soiled utility room for transportation to the Sterile Processing Department.
- B. Please note that if you are ordering a GI panel on an inpatient, contact or contact plus precautions will be in place until results come back.
  - a GI panels/C-Diff should not be performed on formed or hard stool. Samples will be rejected by the lab.

Visit the Infection Prevention department page on Health Connect for videos, education, additional information and resource links.

**Infection Prevention can be reached by:**

**Phone: Extension 8455 or 8217 from outside Tomah Health at 608-377-8455 or 608-377-8217.**

**Email at [deptofinfectionprevention@tomahhealth.org](mailto:deptofinfectionprevention@tomahhealth.org)**

---

**THANK YOU**

---