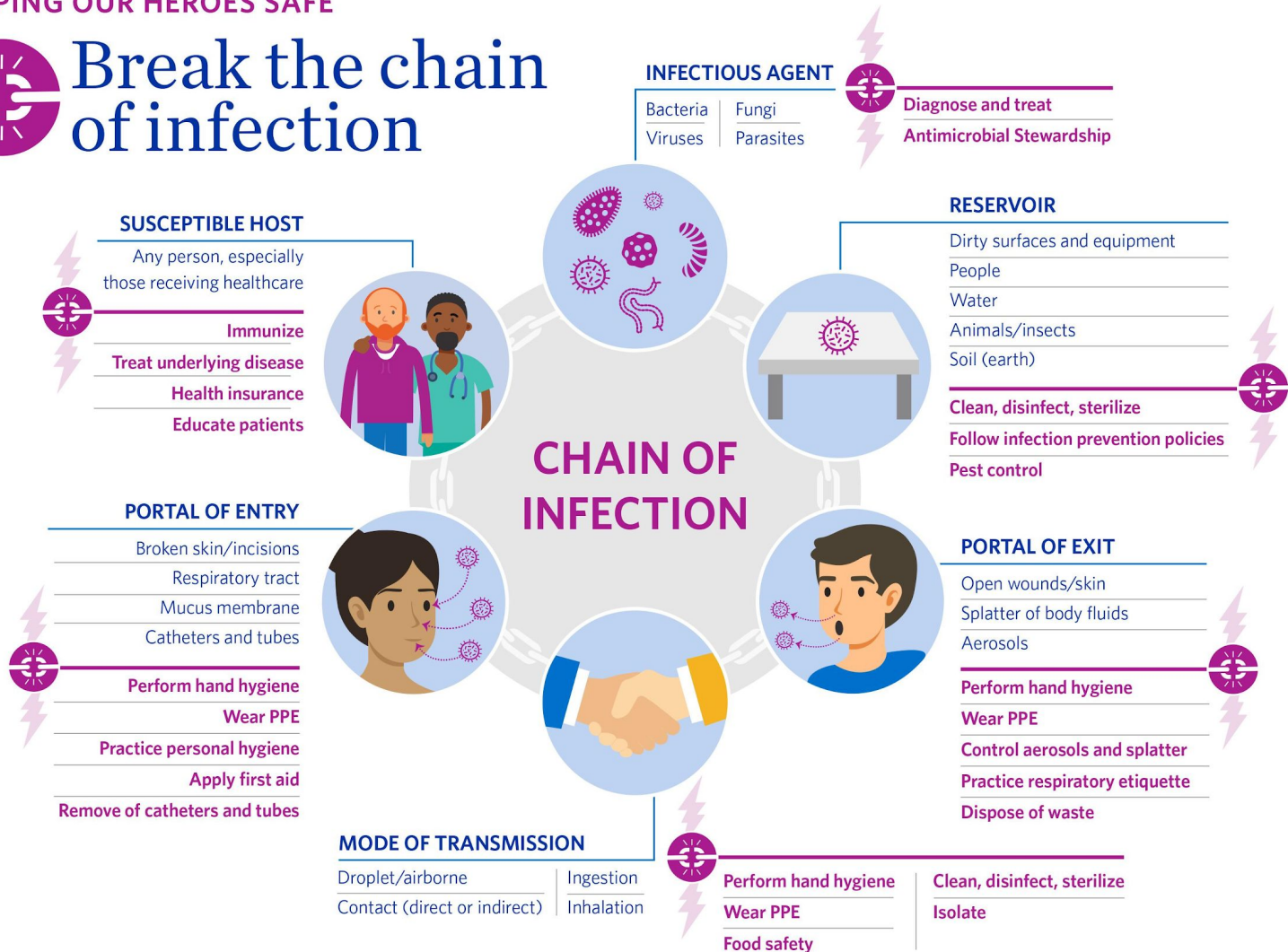


Infection Prevention at Ascension Providence Rochester Hospital

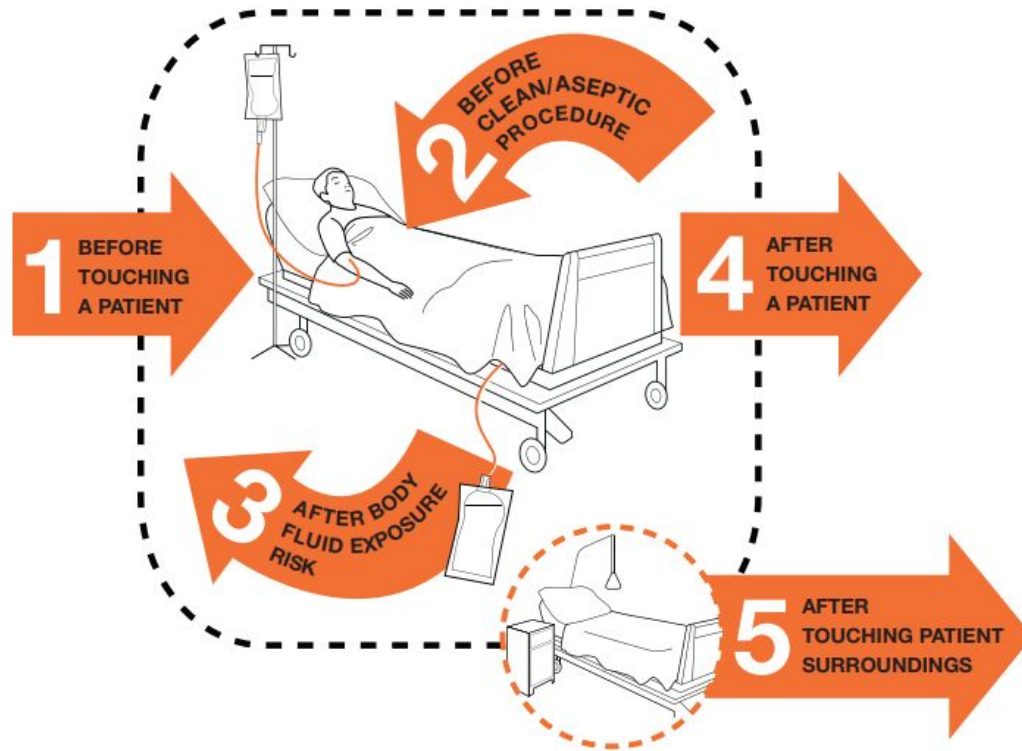


Ascension

Break the chain of infection



Your 5 Moments for Hand Hygiene



Hand Hygiene

Hand hygiene must be performed in these circumstances:

- Before patient contact
- Between patients in the same room
- Before sterile procedures (urinary catheter/central line insertion)
- After contact with bodily fluid, non-intact skin, wound dressings
- When moving from a contaminated body site to a clean body site during patient care
- After touching the patient environment
- Before putting on gloves and after taking gloves off

Hand Hygiene

Alcohol-based Hand Rub

- Apply product to the palm of one hand
- Rub hands together, covering all surfaces
- Rub palms, backs of hands, fingers, thumbs
- Pay attention to areas around nails, rings
- Rub until hands are dry

Soap and Water

- Wet hands first with water
- Apply soap to hands and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers
- Pay attention to areas around nails, rings
- Rinse hands with water and dry thoroughly with a disposable towel
- Use towel to turn off the faucet

CLABSI Prevention

- Insert when necessary and avoid femoral site if possible
- Lines placed emergently where asepsis cannot be assured should be changed as soon as possible
- Assess line frequently to ensure insertion site is free of redness/swelling
- Central Line dressings should be changed at least every 7 days or as needed
- Perform a CHG treatment every 24 hours and document (currently in ICU)

CAUTI Prevention

- Insert urinary catheters only when indicated (not for convenience)
- Indications for Use:
 - Urinary retention
 - Short term, perioperative use in select surgeries
 - Strict output measurements in critically ill ICU patients
 - Assist in healing sacral wounds in incontinent patients
 - Immobilization for surgery/trauma
 - Hospice/palliative care if requested
 - Chronic indwelling urinary catheter on admission
- Continually assess urinary catheter for prompt removal
- Use green sheeting clips and place bag in a position to prevent backflow
- Perform/document Peri and Foley care every shift



C. diff: Community vs. Hospital Acquired

- Testing Criteria
 - Patient has 3 or more loose stools within 24h time period (unexplainable, clinically suspicious for C. diff)
 - Stool must be loose enough to conform to shape of the container
 - Do not send formed/soft stool for testing
- If testing, patient must be placed in Enhanced Contact Isolation
 - Hand Hygiene must be done with Soap and Water
 - All patient care equipment/environment cleaned with hospital approved bleach wipes

Isolation Process

- Empiric Isolation: Place patient into isolation as soon as they are suspected to have a communicable disease
- Limit patient transport
- Isolation types
 - Contact: gown and gloves
 - MDROs, MRSA, ESBL, CRE
 - Enhanced Contact: gown and gloves, with hand washing
 - C. diff, Norovirus, Hepatitis A
 - Enhanced Respiratory: Gown, gloves, N95 and eye protection
 - COVID-19, Any Novel Pathogens
 - Droplet: Face mask, gloves and eye protection
 - Influenza, Bacterial Meningitis, Pertussis
 - Airborne: N95, gloves and eye protection, patient should be in negative pressure
 - TB, Measles, Chickenpox/Shingles

Isolation Signs



Visitors report to nurse before entering.
Vea Español en el lado inverso.

Airborne precautions

In addition to standard precautions



Patient placement

- Place patient in an AIIR (Airborne Infection Isolation Room).
- Monitor negative air pressure daily.
- Keep door and anteroom door (if applicable) closed except for entry and exit.



Personal protective equipment

- Wear a fit-tested NIOSH-approved N95 respirator, controlled air purifying respirator (CAPR) or powered air purifying respirator (PAPR) when entering the room.
- In ambulatory settings, instruct patients with a known or suspected airborne infection to wear a surgical mask.
- Susceptible persons should not enter the room, but if they must enter they should wear a CAPR, PAPR, or N95 respirator.



Hand hygiene

- According to standard precautions.
- Wash hands or use alcohol (waterless) agent after glove removal and upon entering/exiting the room.



Patient transport

- Limit transport and movement of patients to medically-necessary purposes.
- If transport or movement outside an AIIR is necessary, instruct the patient to wear a surgical mask, if possible, and observe respiratory hygiene/cough etiquette.

Questions? Call Infection Prevention and Control Services

34029-64100-038 (10/3/2020)



Visitors report to nurse before entering.
Vea Español en el lado inverso.

Droplet precautions

In addition to standard precautions



Patient placement

- **Private room**, if possible. Cohort or maintain spatial separation of three feet from other patients or visitors if private room is not available.



Personal protective equipment

- **Don** a standard surgical mask (tie-on or ear-loop) upon entry into the patient room or cubicle.
- **Don** a **respirator** (N95, CAPR or PAPR) and eye protection during aerosol generating procedures.



Hand hygiene

- According to standard precautions.
- **Wash** hands after glove removal and upon entering/exiting the room.



Patient transport

- **Limit** transport of patients to medically necessary purposes.
- If transport or movement in any healthcare setting is necessary, instruct patient to wear a mask and follow respiratory hygiene/cough etiquette.
- No mask is required for persons transporting patients on droplet precautions.

Questions? Call Infection Prevention and Control Services

34029-64100-039 (10/3/2020)

Isolation Signs



Visitors report to nurse before entering.
Vea Español en el lado inverso.

Enhanced contact precautions

In addition to standard precautions



Patient placement

- **Private room**, if possible. Cohort only if private room is not available.

Personal protective equipment

- **Don** gloves and gowns upon entry into the room or cubicle.
- **Wear** gloves whenever touching the patient's intact skin, or surfaces and articles in close proximity to the patient.
- **Remove** gloves and gown, and perform hand hygiene before leaving the patient-care environment.



Hand hygiene

- According to standard precautions.
- Wash hands after glove removal and upon entering/exiting the room.



Patient transport

- **Limit** transport of patient to medically-necessary purposes.
- **Ensure** that infected or colonized areas of the patient's body are contained and covered.
- **Remove** and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on enhanced contact precautions.
- **Don** clean PPE to handle the patient when you reach your destination. Do not wear PPE in the hallway.



Patient-care equipment

- Dedicate the use of non-critical patient care equipment to a single patient or use single-use disposable items. If common equipment is used, clean and disinfect with a sporicidal agent, such as bleach, between patients.

Questions? Call Infection Prevention and Control Services
Please leave sign posted until room has been terminally cleaned by EVS.

34028-6400-040 (10/3/2020)



Visitors report to nurse before entering.
Vea Español en el lado inverso.

Contact precautions

In addition to standard precautions



Patient placement

- **Private room**, if possible. Cohort only if private room is not available.

Personal protective equipment

- **Don** gloves and gowns upon entry into the room or cubicle.
- **Wear** gloves whenever touching the patient's intact skin, or surfaces and articles in close proximity to the patient.
- **Remove** gloves and gown, and observe hand hygiene before leaving the patient-care environment.



Hand hygiene

- According to standard precautions.
- Wash hands after glove removal and upon entering/exiting the room.



Patient transport

- **Limit** transport of patients to medically necessary purposes.
- **Ensure** that infected or colonized areas of the patient's body are contained and covered.
- **Remove** and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on extended contact precautions.




Patient-care equipment

- **Limit** transport of patients to medically-necessary purposes.
- **Ensure** that infected or colonized areas of the patient's body are contained and covered.

Questions? Call Infection Prevention and Control Services
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34028-6400-057 (10/3/2020)

Isolation Signs




STOP

Visitors report to nurse before entering.
Vea Español en el lado inverso.



Enhanced respiratory precautions

In addition to standard precautions



Patient placement


- Place patient in an AIIR (Airborne Infection Isolation Room), if available.
- Monitor negative air pressure daily.
- Keep door and anteroom door (if applicable) closed except for entry and exit.



Personal protective equipment


Susceptible persons should not enter the room. If they must enter, they should wear a CAPR, PAPR, or N95 respirator.

- Don** gloves and gowns upon entry into the room or cubicle
- Wear**
 - Gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient.
 - Fit-tested NIOSH-approved N95 respirator, controlled air purifying respirator (CAPR) or powered air purifying respirator (PAPR) when entering the room.
 - Face shield or other eye protection.
- Remove** gloves and gown and perform hand hygiene before leaving the patient-care environment. Remove respirator and face shield or eye protection when outside of the patient room.




Hand hygiene

- According to standard precautions.
- Wash hands after glove removal and upon entering/exiting the room.



Patient transport

- Limit** transport of patient to medically-necessary purposes.
- Ensure** that infected or colonized areas of the patient's body are contained and covered.
- Remove** and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on extended contact precautions.



Patient-care equipment

- Dedicate the use of non-critical patient care equipment to a single patient or use single-use disposable items. If common equipment is used, clean and disinfect with a sporicidal agent, such as bleach, between patients.

Questions? Call Infection Prevention and Control Services
Please leave sign posted until room has been terminally cleaned by EVS.

34028-44300-048 (10/1/2020)

Contacting Infection Prevention

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I am reachable via perfectserve!