Welcome to Shands at UF!
Hot Topics: Prevention Initiatives

**National Patient Safety Goal 07:**

**Prevent Healthcare Associated Infections**

- Prevent Central venous line associated bacteremias
- Prevent Surgical Site infections
- Prevent Multi-drug Resistant Organism (MDRO) transmission
- Improve Hand Hygiene Compliance
- Public reporting of Healthcare-associated infections
- Hospital Acquired Conditions -CMS
- Prevent other infections:
  - Ventilator Associated Pneumonia
  - Foley Catheter Associated Urinary Tract Infections
Hot Topics

- Infection Prevention and Control Website
- Standard Precautions and Transmission Based Isolation / Precautions
- Safety Products
- Blood and Body Fluid Exposure Management
NPSG 07.04: Prevent CLA-BSI

1. Perform hand hygiene - alcohol gel works great

2. Select best insertion site - subclavian should be first choice if clinically possible

3. Use Chlorhexidine Gluconate (CHG) with alcohol (Chloraprep or Chlorascrub) for proper skin preparation

4. Use maximal barrier precautions.

5. Remove catheter when no longer needed as soon as possible

6. Site sparing strategies for hemodialysis catheters should be employed.
Additional Strategies to Reduce the Risk of Central Line Infections

- Assure competency of staff placing line
- Education of patient and family
- Monitor insertion and document on form, stop procedure if breach occurs
- Antibiotic impregnated catheters - minocycline + rifampin from Cook
- Secure line
- Use appropriate dressing and a Biopatch® (CHG impregnated sponge) at the catheter site
- Surveillance for CLA-BSI
Prevention of VAP

- Use standard infection prevention practices (e.g., hand hygiene).
- Used cuffed endotracheal tube
- Minimize duration/intensity of sedation and device exposure.
- Position patient in semi-recumbent position (35-40 degree).
- Appropriate use of enteral feeding, antibiotics and selected medical devices.
- Use of sterile water for irrigation.
- Use a closed suction system.
- Perform oral care—chlorhexidine mouth/teeth cleaning.


CDC Prevention of Pneumonia/IHI How to Prevent VAP
Catheter associated UTIs (CA-UTIs)

- Foley catheterize a patient only when medically necessary
- Use aseptic technique for insertion and maintenance
- Use a Sterile Continuously Closed Drainage System
  - Bardex IC Silver Hydrogel system
  - Maintain closed system
- Secure catheter
- Use individual emptying containers
- Keep bag below bladder and do not allow tubing to kink
- Hand Hygiene and gloves for all contact
- Remove catheter as soon as medically possible
  - Decrease length of catheterization
    - SCIP Measure #9: Remove catheter 2 days post Op or document clinical need
    - Consider 3 day automatic stop order
    - If Foley cannot be removed, document reason (CMS requirement)
NSPG # 7.05 Prevent SSIs

Implement best practices for preventing surgical site infections = SCIP Measures

- **SCIP 1** - Prophylaxis Abx Given within One hour of incision
- **SCIP 2** - Prophylaxis Abx Selection
- **SCIP 3** - Prophylaxis Abx Discontinued within 24 hours
- **SCIP 4** - Cardiac Surgery patients with Controlled 6 A.M. Postoperative Glucose
- **SCIP 6** - Patients with Appropriate Hair Removal (No Shaving)
NSPG # 7.05 Prevent SSIs

- SCIP Inf-9 – Urinary Catheter Removed on Post Operative Day 1 or POD 2 with day of surgery being Day Zero

- SCIP Inf 10 - Surgery Patients with Perioperative Temperature Management

- SCIP Card-2 – Surgery Patients on Beta Blockers Prior to Admission who Received a Beta Blocker during the Perioperative Period

- SCIP VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered

- SCIP VTE-2 - Surgery Patients who Received Appropriate Venous Thromboembolism Prophylaxis during the Perioperative Period
Additional Prevention Measures

- MD to treat any existing infection at remote site
- Implement preoperative showers—CHG is the first choice (unless patient is allergic)
- Use purple sheet in clinics to report post op wound infections
- Screen for MSSA and MRSA and initiate decolonization prior to surgery, if appropriate
Department Plan & Scope for Patient Care

Department Goal: The ultimate goal of the Infection Control Program is to prevent or reduce the incidence of preventable nosocomial infections and to improve patient safety. This is accomplished through:

- Targeted surveillance.
- Variance tracking.
- Educational activities for hospital employees and patients.
- Evaluation of cleaning, disinfecting and sterilization.
- Monitoring of infection control practices throughout the organization.
- Providing data to aid in the overall evaluation of patient care practices.
- Preparing the organization to respond to threats of bioterrorism.
- Assessing the risk and implementing controls to reduce risk of waterborne and airborne organizationally acquired illnesses.

More Scope of Care and Services
Shands UF Policies and Procedures

Shands University of Florida

Hospital Policies

<table>
<thead>
<tr>
<th>Filename</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type: Administrative (81 Items)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type: Compliance (6 Items)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type: Confidentiality (43 Items)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type: EoC (14 Items)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type: Financial (19 Items)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type: PatientCare (84 Items)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type: Physical Plant (1 Item)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type: Purchasing (10 Items)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type: Safety (5 Items)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type: Summary: Policy changes (20 Items)</td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td>Infective Material</td>
<td>Type of Isolation Or Precaution</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Abscess, draining etiology known or unknown</td>
<td>Pus</td>
<td>See Wound Infection</td>
</tr>
<tr>
<td>Abscess, not draining Example: Empyema</td>
<td></td>
<td>SUP</td>
</tr>
<tr>
<td>Acquired Immunodeficiency Syndrome (AIDS), ARC and HIV/HTLV-III antibody positive</td>
<td>Blood, Body Fluids and all Secretions and Excretions</td>
<td>SUP</td>
</tr>
<tr>
<td>Actinomycosis</td>
<td></td>
<td>SUP</td>
</tr>
<tr>
<td>Adenovirus</td>
<td>Respiratory Secretions and feces</td>
<td>Droplet/Pediatric Respiratory Precautions</td>
</tr>
<tr>
<td>Amebiasis</td>
<td>Feces</td>
<td>Enteric Precautions</td>
</tr>
<tr>
<td>Anthrax Cutaneous</td>
<td>Pus</td>
<td>Contact Precautions</td>
</tr>
<tr>
<td>Inhalation</td>
<td>Respiratory Secretions</td>
<td>Respiratory Precautions</td>
</tr>
<tr>
<td>Arizona hinshawii</td>
<td>Feces</td>
<td>Enteric Precautions</td>
</tr>
</tbody>
</table>
HAND HYGIENE

FOR PATIENT CARE

- Alcohol based (waterless) agent
  - apply to hands
  - rub together until dry

OR

- Wash hands with soap and water
  - Wet hands
  - Lather 10-15 seconds with Chlorhexidine gluconate soap
  - Rinse and dry thoroughly
When Must I Use Soap And Water?

- When your hands are visibly soiled
- When patient has or suspected of having *C. difficile* or other spore producing bacteria
Other Patient Safety Components for Hand Hygiene

- No artificial nails may be worn by direct patient care providers
- Natural nails should be no longer than 1/4 inch
Categories of Isolation/Precautions
(in addition to Standard Precautions)

- Contact Precautions
- Airborne Isolation
- Strict Isolation
- Droplet Precautions
- Special Precautions
- Enteric Precautions
- Compromised Host Precautions
Communication of Isolation

- Isolation signs outside patient room
- Computer entry
  - OAS - Isolation Category on patient factors screen
  - Navicare
  - EPIC
- Notify area receiving patient for testing/transfer or isolation needs
Standard Precautions:
Protect yourself from blood, all body fluids, excretions and secretions, non-intact skin and mucous membranes

Personal Protective Equipment:
- Gloves
- Gown
- Protective Eye and/or Face Shield
- Masks
- Others
  - Boots, shoe covers
  - CPR shield
BE CAREFUL WITH SHARPS

- USE SAFETY PRODUCTS for your safety and the safety of others!

- Do not recap needles
- Immediately dispose of sharps in sharps container
- Do not leave sharps on procedure trays
What to do if an exposure occurs?

- Thoroughly wash exposed area
- Call 1-866-477-6824 or 1-866-477-OUCH for further instructions
- You may be referred to the:
  - Student Health Care Center @ Shands- Room D2 - 49
  - Student Health Care Center on Fletcher Drive
  - Emergency Department

Optimal time for post-exposure prophylaxis (PEP) for HIV is within 1-2 hours post exposure
Do your part to prevent healthcare associated infections!

Contact Infection Prevention & Control with any questions:

5-0BUG

(5-0284)