



Wise Health System

Wise Health System Infection Prevention Education for Physicians

Infection Prevention is guided by the Infection Prevention Plan. An annual risk assessment and evaluation guides the goals of this plan. The following information highlights key areas of focus for physicians related to infection prevention.

For additional information, see the Infection Prevention Plan on Policy Medical.

Hand Hygiene Essentials

- Entry into and immediately before leaving patient's room
- Before invasive procedure
- When moving from a dirty area to a clean one on the same patient.
- Before placing gloves and after removing gloves
- After contact with blood/body fluids
- After contact with the patient environment
- 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 Clostridioides Difficile (see below)

For additional information, see the Hand Hygiene policy on Policy Medical.

Standard and Transmission Based Precautions

WHS has adopted CDC HICPAC guidelines in alignment with CMS for policies relating to Standard and Transmission Based Precautions

For additional information, see the Transmission Based Precautions Policy with attachment on Policy Medical.

- *Standard Precautions* - used for all patient care. They're based on a risk assessment and make use of common-sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.
- *Contact Precautions* - Gowns and gloves upon room entry, mask if pathogen is in respiratory tract. Example: MRSA, VRE, ESBL, CRE.
- *Enhanced Contact Precautions* - Gowns and gloves upon room entry, hand hygiene with soap and water, do not use alcohol gel/foam. Room will be cleaned with bleach solution. Used for patients with Clostridioides Difficile.
- *Droplet Precautions* - Requires mask, gown and gloves upon room entry. Example: Flu and meningitis
- *Airborne Precautions/Enhanced Airborne Precautions* - Respirator (N95 or PAPR), gown, gloves required. Example: TB, SARS, MERS, chicken pox, disseminated shingles, novel flu virus.

COVID-19 is Enhanced Airborne Precautions with Respiratory Protection Precautions with aerosol-generating procedures.



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Disinfect stethoscopes and other personal equipment used during patient care after each use with alcohol or hospital approved disinfectant wipe.

Utilize Safe Injection Practices. Do not transport injectable medication that has been drawn up in pockets. Multi-use vials are not to be taken to the bedsides. Single use medication vials will be drawn and appropriately labeled for use.

Immunizations, TB Screening and Influenza Prevention

Influenza vaccination offered annually and is strongly encouraged for all healthcare workers, regardless of direct patient contact or not.

Encourage everyone to wear a mask or practice respiratory hygiene- coughs and sneezes should be done on the sleeve, if possible. If hands become contaminated in the process, they should be washed with alcohol gel/foam or soap and water.

For additional information, see Influenza Vaccine Policy, Initial TB Screening, Periodic TB Screening, Exposure Plan, and TB Exposure Control Plan on Policy Medical.

Multi drug Resistant Organisms (MDRO)

The following are examples of MDRO:

1. *MRSA* - Staphylococcus Aureus resistant to oxacillin
2. *VRE* - Vancomycin-Resistant Enterococcus
3. *Extended spectrum beta lactamase producing organisms (ESBLs)*. These show intermediate or resistance to 3rd generation cephalosporins.
4. *Pseudomonas species resistant to amikacin and carbapenems and carbapenemase producing organisms (CRE)* - Any gram-negative organism that shows intermediate sensitivity or resistance to any of the carbapenem antibiotics (imipenem, meropenem, ertapenem).
5. Any organism that shows resistance to most antibiotics that are tested.

Patients found to be actively infected or colonized with any of these organisms will be placed into contact isolation on the current admission and remain on *Contact Precautions* until discharge. They will then be tagged for isolation on future admissions. Patients with any MDRO, except *Clostridioides Difficile* will be placed in *Contact Precautions* on subsequent admissions.

Antibiotic Stewardship Program

The goal of this program is to deliver the most specific antibiotics with the shortest duration possible to achieve therapeutic goals and to decrease incident of drug-resistant organisms and *Clostridium Difficile* infections at WHS and in the community.

WHS institutes a 3-day antibiotic time out to encourage review of cultures and sensitivities and ensure meaningful prescribing of antibiotics.



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Once culture reports are received re-evaluate antibiotic choice and use. Discontinue / change antibiotics if prudent to reduce the potential development of antibiotic resistance.

Clostridium Difficile

Patients who have Clostridium Difficile infection shall be placed into *Enhanced Contact Precautions* for the remainder of their stay.

- All hand hygiene must be done with soap and water, as alcohol containing products are ineffective against removal of spores from hands.
- The only disinfectant designed for general use in a hospital setting that will kill Clostridioides Difficile spores is bleach. Environmental services personnel will clean rooms of patients on *Enhanced Contact Precautions* with bleach solution.
- Timing of Clostridioides Difficile testing is crucial. All positive results after day 3 of admission will be reported as a hospital acquired infection. Physicians are encouraged to review these patients for alternative causes of diarrhea prior to testing. Repeat testing on current visit is not recommended.
- Only unformed or soft stool will be accepted in the laboratory for Clostridioides Difficile testing

For additional information, see Clostridium Difficile policy on Policy Medical.

Catheter Associated Bloodstream Infection (CLABSI)

WHS has delineated Central Line Insertion best practice guidelines, shown to reduce CLABSIs, include adherence to the following:

- Hand hygiene before donning sterile gloves
- Avoid use of femoral vein for non-tunneled catheter. Any use of the femoral vein required a valid medical reason documented on the checklist. Example: Increased risk of Pneumothorax.
- Use of chlorhexidine containing solution for skin antiseptics unless working with an infant <2 months of age
- Daily review and documentation of medical necessity of central line, with prompt removal when no longer needed

Aseptic/Sterile Procedure Guidelines

The following guidelines are applied to Surgical Services, Cath Lab, Interventional Radiology and all other areas where sterile procedures are performed.

- Use antibiotic preoperatively when indicated for patients in accordance with evidence-based guidelines recommendations. Post-op antibiotics should be discontinued within 24 hours of end of surgery unless there is documented need to continue.
- All surgical personnel should don fresh scrubs at the beginning of the day and when coming back into the building from the outside during the day. Other areas should follow location policy.
- All surgical head coverings should cover all the wearer's hair and ears
- Surgical hand antiseptics should be done in strict accordance with the manufacturer's guidelines



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- ChlorPrep is the preferred prep. The use of betadine as surgical prep should be avoided, as it is inactivated in the presence of blood and proteins. 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.
- Avoid bringing items from other areas inside the operating room (and any other patient location) that are not crucial for the procedure being done (lab coats, briefcases, cell phones, etc.).
- Minimize traffic flow and keep the doors closed as much as possible during the surgery/procedure
- Appropriate hair removal with clippers (no razors)
- Artificial nails are not permitted in the OR
- Attention should be taken to maintain all sterile fields and ensure all steps are taken to prevent infections
- Whenever possible, use the following “work practice controls” to avoid sharps injuries during surgical procedures:
 - Utilize “NO-PASS” technique (avoid hand-to- hand passage of sharps) by using Safe Zone red pad.
 - Use instruments instead of fingers to grasp/manipulate all sharps.
 - Give verbal announcements when passing sharps.

Catheter Associated Urinary Tract Infection (CAUTI)

Urinary catheters should only be inserted for reasons based on medical necessity. Rational should be documented.

Consider alternatives to insertion of indwelling catheters whenever possible including:

- Use of external catheter in male and female patients.
- Intermittent catheterization
- Diapers

All indwelling catheters should be assessed for medical necessity at least once per day and necessity documented. Remove catheter promptly when no longer needed. WHS has adopted the nurse-driven catheter removal process.