



Department of
Infection Control and
Hospital Epidemiology

New Employee Orientation

UCSF Medical Center

 UCSF Children's Hospital

Infection Control

Contact Information

- Office
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- Website
 - Infection Control Manual includes all IC policies and other relevant Infection Control related information
 - <http://infectioncontrol.ucsfmedicalcenter.org>

Infection Control Program: What is it and why have one?



- Surveillance
 - *Identify healthcare associated infections and report as required by law*
- Prevention and control of infections and infection risks
 - *Provide interventions*
 - *Assess effectiveness and modify as needed*
 - *Educate staff about infection prevention*
- Result
 - *A safer Medical Center community*
 - *Improved patient care*

Infection Control Manual

Standard Precautions

- **Standard Precautions is the foundation of Infection Control at UCSF**
 - *Used for every patient, every encounter*
 - *Intended for the protection of the patients and the health care workers*
 - Patients are AT RISK for infection
 - Patients can be THE SOURCE of infection

Standard Precautions

- **Three major components:**



Hand hygiene



Proper use of personal protective equipment



Surface disinfection



Hand Hygiene



Gel In Gel Out
Clean Hands Save Lives

- “Compliance” for IAP Goal based on observations of staff cleaning hands going into and coming out of rooms
- Goal is 85% compliance for 6 months before June 2011

Hand Hygiene - General Rules for Observers

- **Door/Curtain Threshold**

- *Hand Hygiene is required for anyone who crosses the door or privacy curtain threshold even if they do not plan to touch the patient.*
- *Hand Hygiene requirements apply regardless of whether the room is empty and whether it is clean or dirty.*
- *Additional specific criteria based on unique workflow are printed on the Hand Hygiene Observation Tool*



Hand Hygiene - General Rules for Observers

- **Hands-Full Rule**

- *Enter patient room & place items in an appropriate place in the room/environment*
- *Immediately clean hands*
- *Complete task*
- *Clean hands upon exit*

- **30 Second Rules**

- *Allow 30 seconds after entry or exit for the person to complete hand hygiene*
- *Hand hygiene at room exit also counts as compliant for entry to the next room when then exit/entry is done within 30 seconds*
- *Do not collect any data when there is any uncertainty about whether the person did or did not clean their hands*

- **Gloves Use**

- *Hand Hygiene is required before donning gloves and after gloves are removed*



Which product should I use?



USE SOAP AND WATER:

- When hands are visibly soiled
- Before preparing or eating food
- After using the restroom
- After caring for a patient who has *C. difficile*



ALCOHOL GEL ADEQUATE FOR ALL OTHER SITUATIONS

The 6 stages of effective hand hygiene



Palm to palm



Right palm over left dorsum and left palm over right dorsum



Palm to palm fingers interlaced



Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of right thumb clasped in the left palm and vice versa



Rotational rubbing backwards and forwards with clasped fingers on right hand in left palm and vice versa

Personal Protective Equipment (PPE)

- Better SAFE than SORRY: PPE is used to protect health care workers from exposure to microorganisms that affect our patients
- Whether patient is on isolation precautions or not, PPE use is based on the behavior of the patient and the task to be performed
 - *Gown and/or gloves for wound examination or dressing changes*
 - *Mask & eye protection when in close proximity to a coughing patient*
 - *Gown, glove and mask use all appropriate when performing a task that may generate aerosols (e.g. intubation, suctioning) or may result in contact with blood or body fluid*
 - *Glove use is based on the task and the extent of anticipated contact with the patient or patient's environment*
- **Dispose of PPE prior to leaving patient care area**

Surface Disinfection

- All patient care items and surfaces used for multiple patient contacts must be adequately surface disinfected between uses.
- Visible soiling must be removed.
- A hospital-approved detergent disinfectant must be applied and allowed to air dry before the next patient contact.
- Follow label directions for surface contact/air dry time
- Items you carry with you and/or use frequently are also targets for surface disinfection



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Other Miscellaneous

- In “patient care areas”, areas where specimens may be present:
 - *No food or drink is allowed*
 - *Do not apply cosmetics*
 - *Do not insert or handle contact lenses*
- Store only cleaning supplies under sinks
- Waste Management
 - *Learn what waste stream is appropriate for the waste generated in your work area*
 - *Keep biohazard bins covered and stored securely*
- Safe syringe technologies – know what is in use in your area and learn how to use it properly

Blood-borne pathogens

- Approximate risk of transmission following exposure
 - *Hepatitis B – 6 – 30% depending on the hepatitis B e antigen status of the source individual*
 - *Hepatitis C – 1.8% following needlestick or cut exposure*
 - *HIV – 0.3% (percutaneous), 0.09% (mucous membrane)*
- Following an exposure you should
 - *Wash the area thoroughly with soap and water*
 - *Report the injury to the Needlestick Hotline*
 - *Inform your supervisor*
- Needlestick Hotline **Pager 353-STIC**
 - *Report all needlesticks, lacerations and splashes*
 - *24-hour confidential assessment/triage, counseling, testing, treatment and information*
 - *Prophylaxis and/or treatment available following work related exposures to blood-borne pathogens*



Occupational Health Issues

- **Illness and Work Restrictions**
 - *Feel ill with fever, muscle aches, vomiting? Stay home from work!*
 - *Upper respiratory symptoms that may be contagious? Stay home from work!*
 - *Unexplained rash? Stay home from work!*
- **Infection Control Manual Section 3.2**
 - *Policy regarding Employees with Infections*
 - *Table of Illnesses and Related Work Restrictions*
 - *Some units have strict “no tolerance” policies for staff coming to work sick – during “flu” season, you may be sent home if you arrive at work with upper respiratory symptoms!*

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Transmission-based Precautions

- Transmission based precautions used *in addition* to Standard Precautions for patients with documented or suspected infection or colonization with certain epidemiologically importance organisms.



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Transmission-based Precautions

CONTACT PRECAUTIONS

- Draining wounds
 - Diarrhea of unknown origin
 - *C. difficile* (soap and water hand hygiene required)
 - rotavirus
 - Other organisms at the discretion of IC
-
- ***Gown and gloves required upon entrance to room AND***
 - ***Other PPE as required by Standard Precautions***



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Transmission-based Precautions

DROPLET PRECAUTIONS

- Coughing, sneezing
- RSV
- Influenza
- Meningococcal meningitis

- ***Mask w/ eye shield required when within arm's reach of patient AND***
- ***Other PPE as required by Standard Precautions***



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Transmission-based Precautions

AIRBORNE PRECAUTIONS

- Chickenpox
- Disseminated Varicella (Herpes) zoster
- *M. tuberculosis* (TB), suspected or confirmed
- Negative pressure room required, door closed

- **Fit tested n-95 respirator or PAPR required AND**
- **Other PPE as required by Standard Precautions**



Tuberculosis

- Transmission by inhalation
- Must have active pulmonary disease to transmit
- Classic Symptoms
 - *Prolonged productive cough lasting > 3 weeks*
 - *Coughing up blood*
 - *Weakness*
 - *Weight loss*
 - *Night sweats*
- PPD Skin Test Annually (for patient care areas)
 - *PPD is a test for EXPOSURE (latent TB)*
 - *90% of PPD positive persons do NOT develop active TB*



A man in profile, wearing a white shirt and a striped tie, is blowing a stream of air towards the right. The air is captured as a dense, greyish-white spray against a dark background. Above his head, a series of three small yellow circles lead to a larger yellow thought bubble with a blue outline. Inside the bubble, the text "A parting thought..." is written in blue. The image is framed by a blue border on the left and right sides.

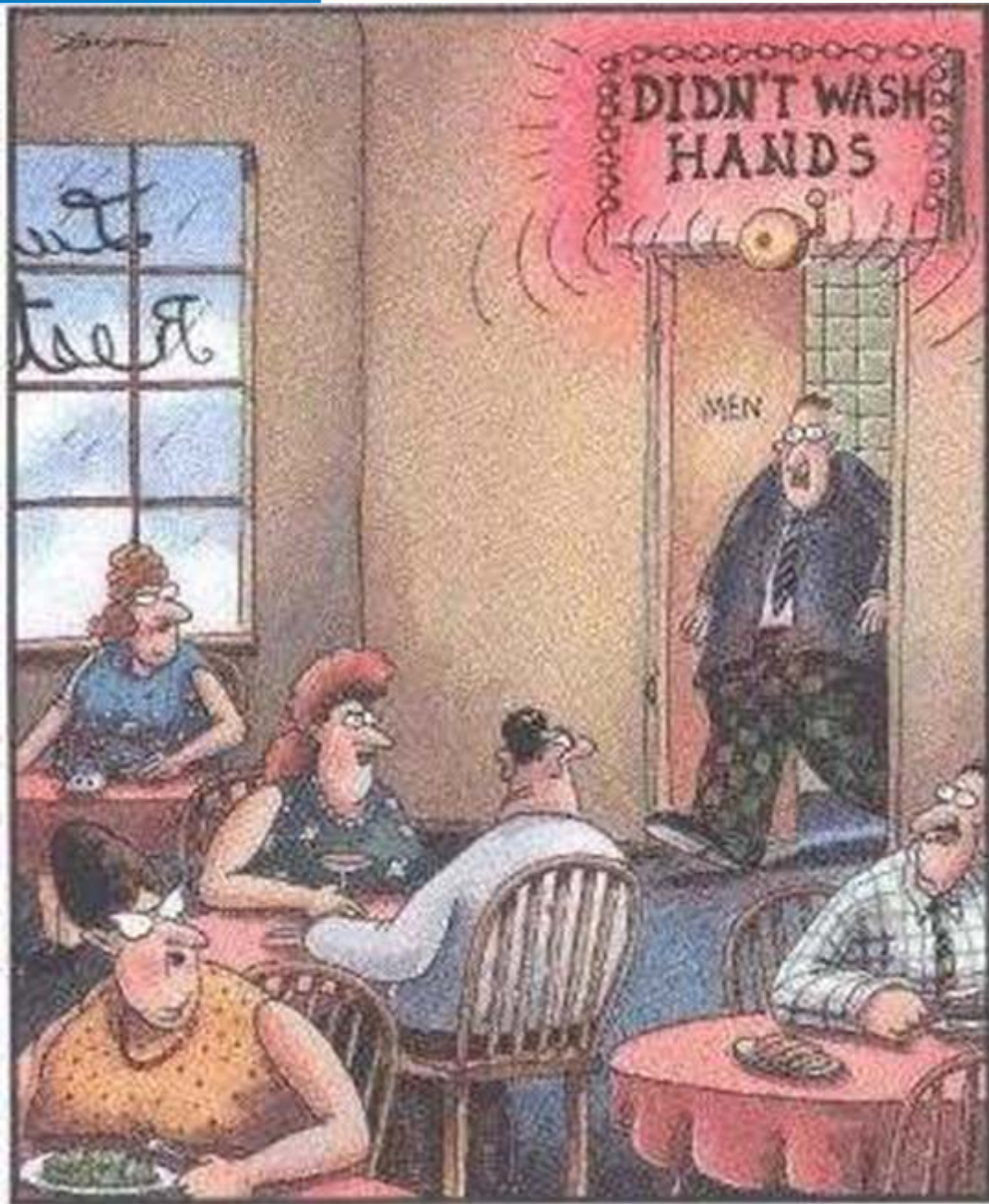
A parting
thought...



Respiratory Etiquette



- In waiting areas:
 - Provide tissues and no touch receptacles for disposal
 - Provide hand rub; make sure that appropriate supplies are always available in hand washing areas
 - Offer masks to coughing patients; place immediately in exam rooms if possible
 - Perform hand hygiene after contact with respiratory secretions and contaminated objects



**The future of
Infection
Control
technology...**

**coming your
way soon!**