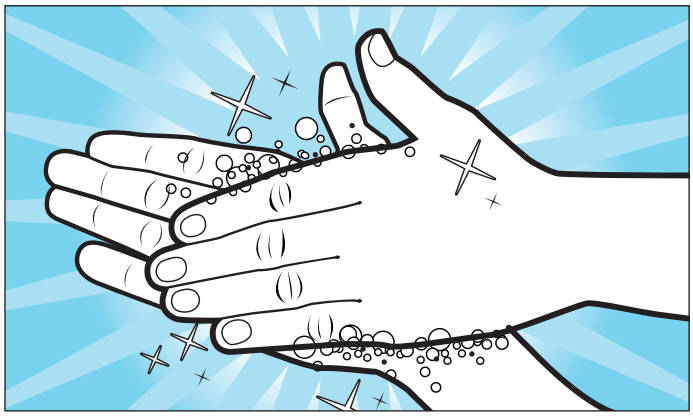
Physician Infection Prevention & Control Education

Exposure Events

Please contact an Infection Prevention Nurse (Debra Smith, RN, MAE, BIS, at 270-651-4463 or Dawn Kerley, RN, at 270-651-4546), if you have an exposure.

During after-hours, the House Supervisor will assist in the process (270-651-4437). If the event is blood or body fluid exposure, you should immediately clean the wound skin site with soap and water or flush the mucous membrane site with tap water or saline. All blood or body fluid exposures will be evaluated for any necessary follow-up, including post exposure prophylaxis if applicable.



Hand Hygiene Essentials

TJ Regional Health follows the CDC Hand Hygiene guidelines. Compliance with these guidelines is monitored and reported to medical staff on a monthly basis. Organization wide, we have a goal of >90% hand hygiene compliance. All Healthcare personnel must use alcohol-based hand rub or wash with soap and water for the following clinical indications:

- Immediately before touching a patient and leaving patient room
- Before performing invasive procedures
- Before moving from a soiled body site to clean site on the same patient
- After touching a patient or inanimate objects in patient room
- After contact with blood/body fluids
- Before gloving and after removing gloves
- Alcohol gel/foam can be used as long as the hands are not visibly soiled or patient does not have C-Diff.

Antibiogram Stewardship

Located on **TJ Intranet** in the Library section under forms.

Infection Prevention/Control

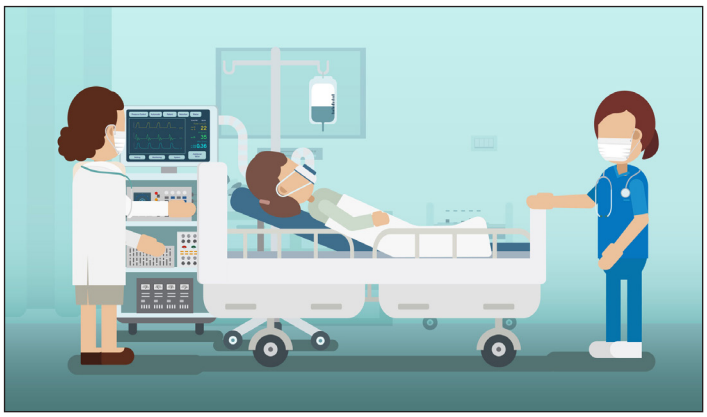
Multi Drug Resistant Organism (MDRO) pose an increasing threat to the mortality of our patient populations. Once a patient is identified as positive or a carrier for MRSA, VRE, ESBL or other MDRO, the patient is flagged within our electronic medical record. Upon re-entry into the facility, the patient will be placed in precautions to reduce the risk of spreading the organism to other patients. MRSA will be rescreened to evaluate possible removal of pre-cautions. C-Difficile is only placed in precautions with an acute illness or when symptomatic. Isolation signage will be displayed on patient door along with Personal Protective Equipment (PPE) to be utilized when coming in contact with the patient or inanimate objects in the patient room. If a caddy does not have needed supplies, please bring this to the attention of a member of the nursing staff.

Ventilator Associated Pneumonia (VAP)

VAP is the leading cause of death amongst HAI, exceeding the rate of death due to CLABSI, severe sepsis and respiratory tract infection on the non-intubated patients. TJ Regional Health uses the best practice guidelines for the VAP prevention bundle:

- Elevate the head of the bed
- Daily “sedation vacation” and assessment of readiness for extubation
- Peptic ulcer disease prophylaxis
- Deep Venous Thrombosis prophylaxis
- Daily oral care

The bundle, when implemented together, will achieve significantly better outcomes than when implemented individually.



Regional Health

Physician Infection Prevention & Control Education

Central Line Associated Bloodstream Infection (CLABSI)

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 catheters
- Use CHG (chlorhexidine) containing solution for skin antisepsis unless working with an infant< 2 months of age
- Daily review of medical necessity of central line, with prompt removal when no longer needed
- Replacement of line ASAP when inserted in an emergent situation where sterility could have been compromised

Catheter Associated Urinary Tract Infection (CAUTI)

Urinary catheters should only be inserted for indications based on medical necessity. The following are CDC appropriate diagnosis for foley catheter:

- Patient has acute urinary retention OR bladder outlet obstruction
- Need for accurate measurements of urinary output in critically ill patients (e.g. hourly monitoring)
- Perioperative use for selected surgical procedures
- To add in healing of open sacral or perineal wounds in incontinent patients (Stage III-IV wounds)
- Patient requires prolonged immobilization (ex: multiple traumatic injuries such as pelvic fractures)
- To improve comfort for end of life care (if needed)

All indwelling catheters should be assessed for medical necessity at least daily. Remove catheter promptly when no longer needed. The risk for CAUTI increases 5% for each day the catheter remains in place.

Surgical patients should have their catheter removed by the 2nd post-op day (day of surgery being zero) unless an indication is documented in orders or progress notes.