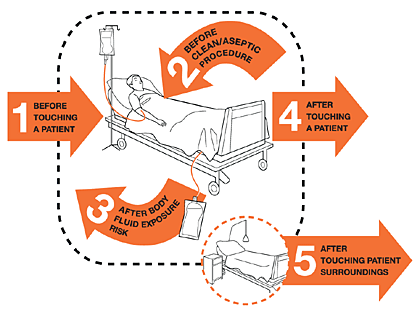
The following is a summary of key Infection Prevention training points for providers to follow when caring for patients receiving care from CHWC.

# Hand Hygiene

**The World Health Organization (WHO)**

**5 Moments for Hand Hygiene**

Hand hygiene during patient care is the most important infection prevention strategy. Two methods include:

* + - 1. Alcohol-based hand sanitizer. Preferred because fast and very effective.
      2. Soap and water for 20 seconds. Use when hands are visibly soiled.

**Gloves are not a substitute for hand hygiene.** Hands should be cleaned before and after glove use.

Physicians are important role models for clinical staff. Please provide leadership in hand hygiene performance!

# Infection Prevention Strategies during the COVID-19 Pandemic

**Limit and Monitor Points of Entry to the Facility**

* Medical Staff and Healthcare personnel (HCP) are asked to self-assess for symptoms of COVID-19 or exposure to infected cases. Suspected or confirmed infections are excluded from working in the facility. They should report their health status to department leaders. Covid-19 testing is available to HCP.
* Visitors are limited or restricted, determined based upon the level of transmission in the community. Visitors are screened for symptoms at entry.
* Patients are screened for symptoms at entry. All patients admitted to an inpatient unit and all pre-op patients are tested for Covid. Covid-19 positive inpatients will be placed under isolation precautions. Positive pre-op patients’ procedures will be postponed, if possible.

**Universal Source Control (Cloth Masks, Facemasks, or Respirators) and Physical Distancing Measures**

* Patients and visitors should wear their own well-fitting cloth masks or facemasks upon arrival to and throughout their stay in the facility. If they do not bring their own, a facemask will be provided.
* Medical Staff and HCP are to wear well-fitting hospital-issued masks at all times while they are in the facility, including in break rooms or other spaces where they might encounter co-workers.
* Physical distancing (maintaining at least 6 feet between people) should be observed when possible.

**Personal Protective Equipment**

* Medical Staff HCP should always follow Standard Precautions and Transmission-Based Precautions based on the situation and suspected diagnosis.
* When community Covid-19 transmission rates are moderate to substantial:

N-95 respirators or equivalent should be used for

* + All aerosol-generating procedures AND
  + All surgical procedures that might pose higher risk for transmission if the patient has Covid-19

HCP should wear eye protection and one of the following during patient care encounters:

* + N-95 respirator OR
  + Well-fitting facemask
* When community transmission rates are minimal to no cases:

At minimum, universal use of a well-fitting facemask is required. Standard and Transmission-Based Precautions should be followed. This might include use of eye protection, N95 or higher-level respirator, as well as other PPE.

* HCP entering the room of a patient with suspected or confirmed COVID-19 should adhere to
  + Standard Precautions AND
  + Use an N-95 or higher-level respirator as well as gown, gloves, and eye protection.
  + Airborne Infection Isolation Rooms (AIIRs) will be prioritized for patients who will be undergoing aerosol generating procedures. Otherwise, when AIIRs are not available, the patient will be placed in a single-person room with the door closed and a dedicated bathroom

# Health-Care Associated Infection (HAI) Prevention Strategies

**Basic Infection Prevention Strategies**

* Use standard precautions for all patients. Follow additional transmission-based precautions (airborne, droplet, contact, enteric) for patients with communicable infections.
* Stay at home if you are sick.
* Please stay up to date on all immunizations. Tdap booster for pertussis prevention is strongly suggested. An annual influenza vaccination is required or a mask must be worn throughout CHWC during flu season.
* Please give your patients education about benefits of Covid, influenza and pneumonia vaccines.

**Prevention of CLABSI (Central line-associated blood stream infection)**

* Standardize insertion process by using insertion checklist (can be found on central line cart)
  + Proper hand hygiene, aseptic technique, maximal sterile barrier precautions (full patient body drape, wear cap, mask, sterile gown and gloves).
  + Healthcare personnel are empowered to “Stop the Line” for breach in infection prevention during procedure
  + Skin prep with CHG and let it dry.
  + Avoid femoral vein insertion unless absolutely necessary.
* Maintenance
  + Evaluate continued need for line each day; discontinue as soon as possible.
  + Hand hygiene before catheter manipulation, care and maintenance.
  + Disinfect catheter hubs, needless connectors, injection ports for 15 seconds with alcohol before access.
  + Give your patients and families education about central line care and infection risks.

**Prevention of CAUTI (Catheter-associated urinary tract infection)**

* Avoid unnecessary urinary catheters (Foleys). Utilize alternatives (daily weights, condom catheter, urinals, straight intermittent catheterization, commodes).
* Insert urinary catheters using hand hygiene and aseptic technique.
* Properly secure indwelling catheters after insertion to prevent movement.
* Routine hygiene is appropriate to maintain sterile, continuously closed drainage system.
* Collecting bag is kept below level of bladder at all times, frequently emptied and never allowed on floor.
* Nurse-driven foley catheter removal protocol is in place- catheters are removed when no longer indicated.
* A licensed practitioner must order to maintain a foley (Do Not Remove) and must document a reason.
* Avoid culturing for asymptomatic bacteriuria. Practice antibiotic stewardship.
* Give your patients and families education about foley care and CAUTI risks.

**Prevention of SSIs (Surgical Site Infections)**

* Administer antibiotic prophylaxis in accordance with evidence-based guidelines.
* Antibiotic prophylaxis should be completed less than 1 hour before the surgical incision and discontinued within 24 hours after anesthesia end time.
* Do not remove hair at operative site unless it will interfere with operation. If hair removal is needed, use electric clippers in pre-op area.
* Ensure proper application of peri-operative skin antiseptic that contains alcohol.
* Maintain patient normothermia during procedure through recovery.
* Monitor blood glucose levels for hyperglycemia during procedure.
* Minimize OR traffic during surgery.
* Perform proper surgical scrub on hands.
* Educate your patients and families about SSI prevention.
* Avoid flash-sterilizing surgical equipment unless absolutely necessary.
* Provide Infection Prevention department information about patient infections that develop within 30 to 90 days after the surgical procedure.

**Prevent the Spread of MDROs (Multi-Drug Resistant Organisms)**

* Antimicrobial Stewardship
  + Collaborate with pharmacists for appropriate selection and use of antimicrobials.
  + De-escalate or discontinue antimicrobial agents as soon as possible.
* Precautions to prevent MDRO transmission in hospital
  + Use hand hygiene per 5 Moments for Hand Hygiene.
  + Adhere to contact precautions for patients colonized or infected with MRSA, VRE, CRE, Gram-neg MDRO, C. difficile, and others.
  + Gown and gloves are required in patient rooms.
  + Avoid taking items into room. Disinfect items after removing from an isolation room, e.g., stethoscope.
* Educate your patients and families about appropriate antibiotic use and the risks of drug-resistance organisms.