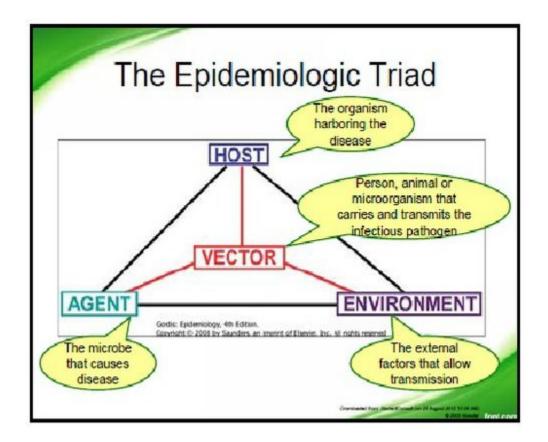
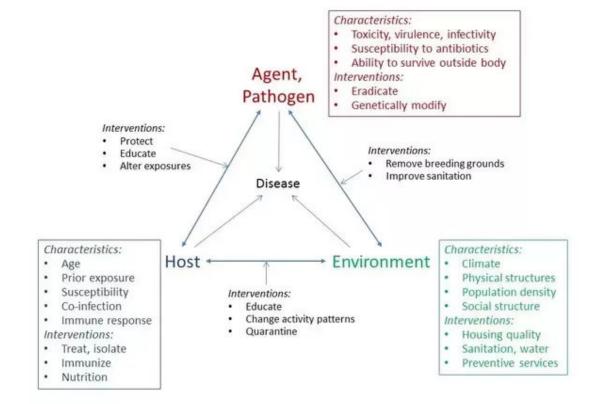


INFECTION CONTROL DISEASE CAUSATION TRIAD MODEL





INFECTION CONTROL DISEASE CAUSATION TRIAD MODEL







- Factor that must be present for disease to occur:
 - Bacteria
 - Fungi
 - Virus
 - Parasite
 - Prion
 - Heat
 - Light
 - Radiation
 - Dangerous/Sharp object

INFECTION CONTROL HOST

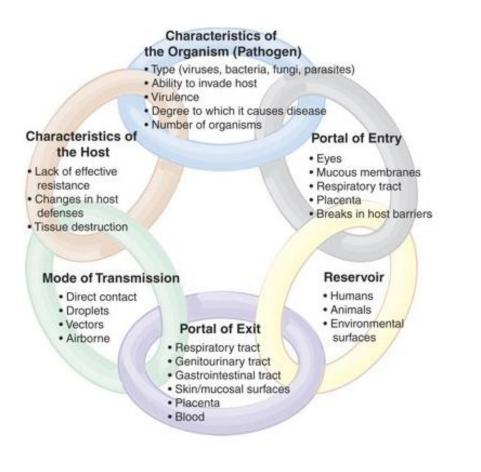
- Host factors promoting infection::
 - Sex
 - Age
 - Health status
 - Immune status
 - Lifestyle/travel
 - Socioeconomic status
 - Nutrition status



INFECTION CONTROL ENVIRONMENT

- External factors surrounding the host:
 - Food and water
 - Physical living space: hospital, prison, school...
 - Social interactions
 - Natural disasters
 - Man made disasters





INFECTION CONTROL CHAIN OF INFECTION



INFECTION CONTROL

- CHAIN OF INFECTION Example – Influenza

- Pathogenic Microorganism: Influenza virus
- Reservoir: Pt infected with the flu
- Means of Escape: Cough, sneeze and respiratory secretions
- Mode of Transmission: Droplets, contaminated hands/surfaces
- Means of Entry: Inhalation, touching mucous membranes
- Host Susceptibility: No immunity to Influenza virus (did not receive annual Influenza vaccine), decreased immune system, elderly or very young





INFECTION CONTROL HOW TO PREVENT INFECTION



HEALTHCARE ASSOCIATED INFECTION (HAI)

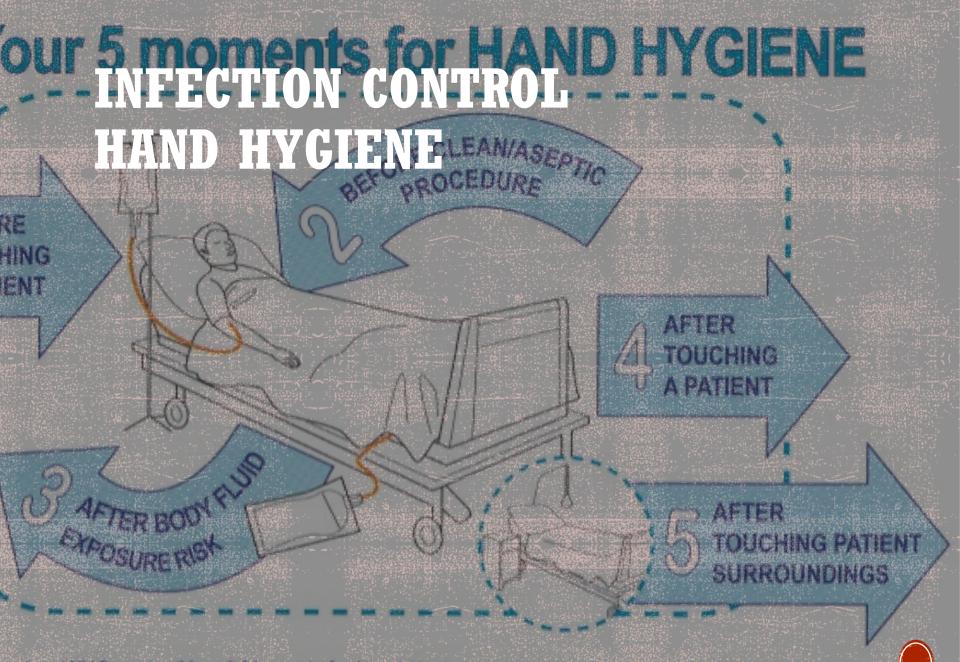
- Occur when a patient comes to a healthcare facility and acquires a new infection during his/her care, for example:
 - Surgical Site Infection (SSI)
 - Central Line Associated
 Bloodstream Infection (CLABSI)
 - Ventilator Associated Pneumonia (VAP)
 - Catheter Associated Urinary Tract Infection (CAUTI)





- Hand hygiene
- Personal hygiene
- PPE usage
- Good practices in disinfection
- Management of medical waste
- High level Disinfection and sterilization
- Hospital environment cleaning
- Good antibiotic practices
- Surveillance of hospital infections
- Isolation precautions
- Prevention of catheter / line / SSI infections

INFECTION CONTROL HOW TO PREVENT INFECTION

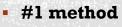


sed on WHO poster 'Your 5 Moments for Hand Hygiene' and reproduced with their kind permission



Based on WHO poster 'Your 5 Moments for Hand Hygiene' and reproduced with their kind permission

INFECTION CONTROL HAND HYGIENE



To

Reduce

The

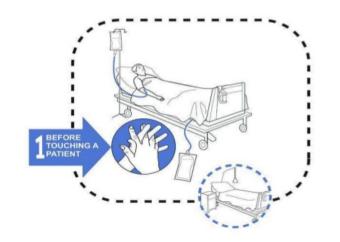
Spread

• Of

infection



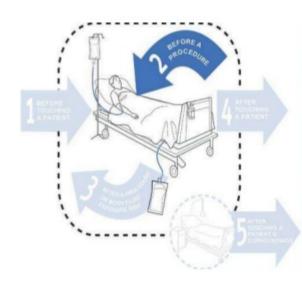
Moment 1 Before touching a Patient







Moment 2 – Before A Procedure



Prevented negative outcome: Patient infection, endogenous/exogenous

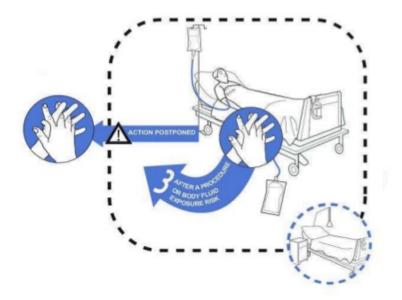
HCWs generally touch another surface within the patient zone before contact with a clean site







Moment 3 After a Procedure or Body Fluid Exposure Risk

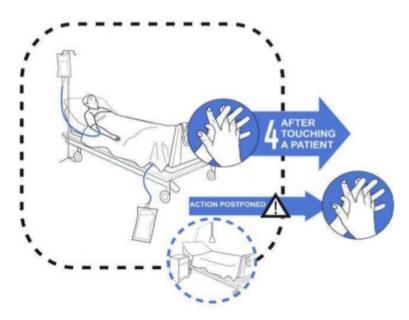








Moment 4 After Touching a Patient

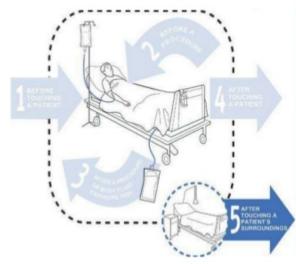








Moment 5 – After Touching A Patient's Surroundings



Prevented negative outcome: Healthcare worker colonisation, environmental contamination Minimises dissemination to healthcare environment









HAND HYGIENE

WHEN TO USE SOAP & WATER VS. SANITIZER

Hand Hygiene with Soap & Water is Required:

- Before eating
- After using the restroom
- Anytime hands are visibly soiled
- After caring for patients with spore producing organisms(For example: Clostridium difficile)
- When there is significant build-up of waterless hand sanitizer





HAND HYGIENE

WHEN TO USE SOAP & WATER VS. SANITIZER

Hand Hygiene with sanitizer:

When hands are clean but need disinfection After glove removal In between patient care When hands are clean some has past since last disinfection



How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

O Duration of the entire procedure: 40-60 seconds







Backs of fingers to opposing palms

with fingers interlocked:

Wet hands with water;





all hand surfaces:

Right palm over left dorsum with interlaced fingers and vice versa;



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







ards and Rinse hands with water; ers of right

8

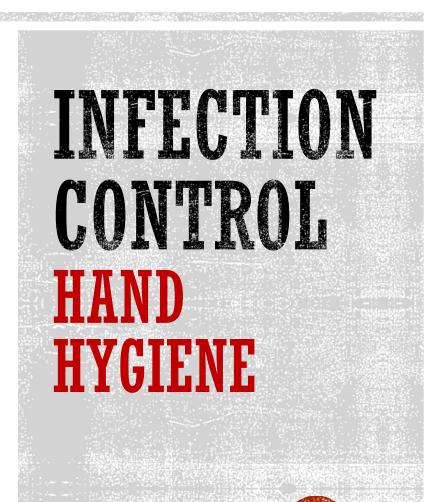
5



Dry hands thoroughly with a single use towel:







How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds





Rub hands palm to palm;

Apply a palmful of the product in a cupped hand, covering all surfaces;







Backs of fingers to opposing palms

with fingers interlocked;

Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;





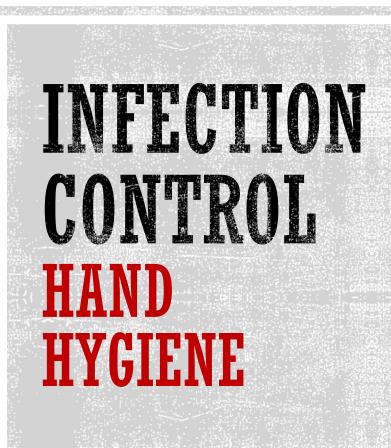
Rotational rubbing of left thumb clasped in right palm and vice versa;





8







HAND HYGIENE AND GLOVES

- Gloves should be worn if contact with blood and body fluids is anticipated, but are not a substitute for hand hygiene
 - Hand hygiene Before and After contact
- o Gloves must be disposed of after each use
- Dispose of gloves before exiting the room
- Hands should be washed after disposal of gloves



HOW TO PREVENT HCAI AND MDRO?

#1 - STOP HAND transmission!!!

Principles of Hand Awareness.

We spread infection when we do not wash hands and we use:

- Our cellphones
- Hospital phones
- Keyboard
- Share medical devices/equipment
- Door knobs, hand rails, light switches.....



HAND AWARENESS

Knowing what your hands are doing AT ALL TIMES.

- Hand Transmission is the integration of
 - Hand Hygiene,
 - Respiratory Etiquette and
 - cross-contamination awareness



Health Care Workers are a petri dish for many diseases in the hospital, and spread of MDRO





BEHAVIORS WE HAVE TO WORK ON

- Nose picking and rubbing, Eye rubbing, Nail biting, finger licking, etc...
- Not washing hands before and after patient contact and then touching the chart, phone, keyboard..
- Not disinfecting equipment before and after use allowing others to touch and spread organisms..



HAND AWARENESS IMPACT

- People who are "Hand Aware" are much less likely to contaminate themselves, another person, patient, device or surface.
- Why would anyone knowingly give themselves E.Coli 0157:H7, MRSA, VRE, Shigella, Pertussis, Croup, Meningitis, TB, Flu, Strep, Impetigo, Pink Eye, hepatitis A and many others?



WHAT ARE THE TEN DEADLIEST WEAPONS ?

Our fingers and thumbs





HAND HYGIENE

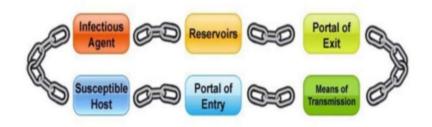
- Mucosal membranes are the first to get colonized with organisms.
- 30% of the public is colonized with MRSA
- AVOID getting your fingers near your eyes or nose by rubbing, or touching your mouth.
- This is the Easiest way to get colonized and become a source for the spread infection.



DEVELOP THE HABIT OF WASHING YOUR HANDS WHEN ENTERING AND LEAVING THE HOSPITAL

INFECTION CONTROL UNIVERSAL PRECAUTIONS - PPE

Chain of Infection



Standard Precautions breaks the chain of infection thus minimizing transmission of infection within the Healthcare environment.





INFECTION CONTROL

UNIVERSAL PRECAUTIONS - PPE

Types of PPE Used in Healthcare Settings

- GLOVES protect hands
- GOWNS/ APRONS protect skin and/or clothing
 MASKS and RESPIRATORS protect mouth/nose



- RESPIRATORS protect respiratory tract from airborne infectious agents.
- GOGGLES protect eyes 🔍
- FACE SHIELDS protect face, mouth, nose, and eyes



http://www.cdc.gov/HAI/prevent/ppe.html

Standard Precautions Treat all blood & body fluids as though potentially infectious; Apply to all patients to protect yourself from BBP Perform hand hygiene before and after patient care. Image: Colspan="2">Image: Colspan="2" Image: Col



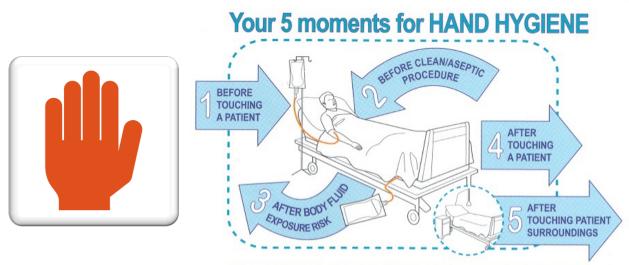
INFECTION CONTROL DISINFECTION

- No disinfectant is a substitute for:
 - Hand washing
 - Use of PPE
 - Appropriate handling of equipment / soiled linens
 - Environment cleaning
 - Waste management



HAND AWARENESS

TO REDUCE MDRO SPREAD



Based on WHO poster 'Your 5 Moments for Hand Hygiene' and reproduced with their kind permission



INFECTION CONTROL DISINFECTION

- Disinfectants are substances that are:
 - Applied on non-living objects
 - To destroy the living micro-organisms living on it
- Disinfectants often do not kill all micro-organism types
- Disinfect:
 - patient care equipment before and after use
 - High contact surfaces frequently
 - When in doubt

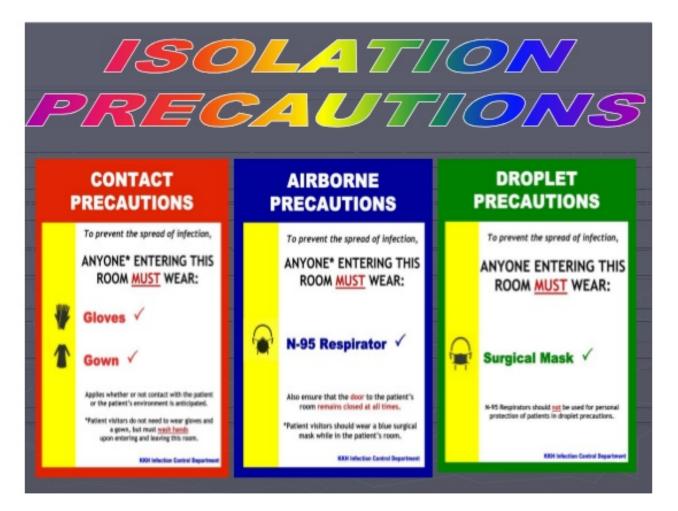


INFECTION CONTROL ISOLATION

- If a contagious infection is identified **ISOLATE** the patient as soon as possible.
- Restrict access / traffic to the patient
- Determine what type of isolation is required:
 - Contact
 - Droplet
 - Airborne
- Label the room with the correct sign and precaution instructions
- Initiate Isolation Precautions see next slide



INFECTION CONTROL ISOLATION

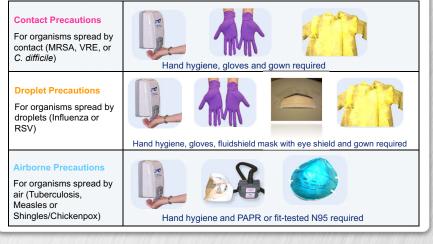




TRANSMISSION BASED PRECAUTIONS

Transmission Based Precautions

Apply to patients who are known/suspected to be colonized/infected with multidrug resistant organisms (MDROs) and other epidemiologically significant organisms **STANDARD PRECAUTIONS STILL APPLY**





INFECTION CONTROL **ISOLATION**

DISEASE-SPECIFIC ISOLATION RECOMMENDATIONS

Standard Precautions

- CMV
- HIV
- · Hepatitis B and C
- Aspergillosis

Contact Precautions

- · MRSA (mask if
- respiratory infection)
- VRE
- Adenovirus
- Diarrhea
- C. Difficile
- Rotavirus

- E coli 0157 Enterovirus
- Salmonella Shigella
- Hepatitis A

 - localized)
- · Herpes simplex
- Parainfluenza (mask if coughing)
- RSV (mask if productive cough)
- Lice
- Scabies
- · Herpes Zoster (shingles, · Chicken pox (symptomatic, until all lesions crusted and dried)

Droplet Precautions

- Pertussis
- Influenza A or B
- MRSA (respiratory infection)
- · Neissera meningitides (suspected or confirmed)
- Coxsackie

Bacterial meningitis (for 24 hours) after effective antibiotic therapy)

- RSV (droplet and contact)
- Mumps
- Rubella

Airborne Precautions

- Chicken pox
- · Disseminated herpes zoster
 - (shingles)
- Measles

- N-95 Mask:
- Tuberculosis
- SARS
- Avian influenza



INFECTION CONTROL BASIC ACTIONS

- 1. Cover coughs and sneezes (everyone, always)
- 2. Maintain Distance / separation (everyone, always)
- **3. Hand hygiene before and after interaction** (everyone, always)
- 4. Wear Personal protective equipment (PPE) (staff)



INFECTION CONTROL BASIC ACTIONS

- 1. Cover coughs and sneezes (everyone, always)
- 2. Maintain Distance / separation (everyone, always)
- 3. Hand hygiene before and after interaction (everyone, always)
- 4. Wear Personal protective equipment (PPE) (staff)

Respiratory Etiquette

- Cough or sneeze into your sleeve
- <u>Stay Home if you have Upper Respiratory</u> Illness (URI) and Fever
- If You Have URI and No Fever, wear a Mask for patient care
- Practice good hand hygiene
- Stay up to date on influenza vaccination





INFECTION CONTROL BASIC ACTIONS

Control Infection spread at the Source

Control the source of infection – the sick person/patient

Limit the person from spreading the infection - A

person/patient should cover mouth and nose, if possible with a mask or scarf, when in close contact with other people





5 BASIC STEPS FOR ALL CAREGIVERS

1. Clean your hands (Hand Hygiene).

- $\circ~$ Use soap and warm water. Rub your hands really well for at least 15 seconds.
- Or, if hands not dirty, clean them with alcohol-based hand sanitizers cover all surfaces of hand.
- \circ Clean your hands before touching or eating food.
- Clean them after you use the bathroom, touch a patient, care for a patient.
- \circ $\,$ Clean your hands before putting gloves on and after removing



2. Wear PPE.

- o wear PPE
- \circ always wash hands after glove removal



3. Cover your mouth and nose.

- Many diseases are spread through sneezes and coughs.
- \circ When you sneeze or cough, the germs can travel 3 feet or more!
- Use a tissue!
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.



4. If you are sick, avoid close contact with others.

- $\circ~$ If you are sick, stay away from other people or stay home.
- Don't shake hands or touch others.



5. Get vaccinated

Available vaccinations:

- •Chicken pox
- Measles
- Tetanus
- Shingles
- Flu (also known as influenza)
- Whooping cough (also known as Pertussis)
- German measles (also known as Rubella)
- Pneumonia (*Streptococcus pneumoniae*)
- Human Papillomaviruses (HPV)

- Mumps
- Diphtheria
- Hepatitis
- Meningitis



Removing Gloves

- Grasp outside edge near wrist from inside
- Peel away from hand, turning glove inside-out
- Hold in opposite gloved hand



- Slide ungloved finger under the wrist of the remaining glove
- Peel off from inside, creating a bag for both gloves
- Discard
- Wash hands





Gloves

- Gloves should be worn if contact with blood and body fluids is anticipated, but are not a substitute for hand hygiene
 - Hand hygiene Before and After contact
- Gloves must be disposed of after each use
- Dispose of gloves before exiting the room
- Hands should be washed after disposal of gloves





Bacterial growth on a RN after glove removal

