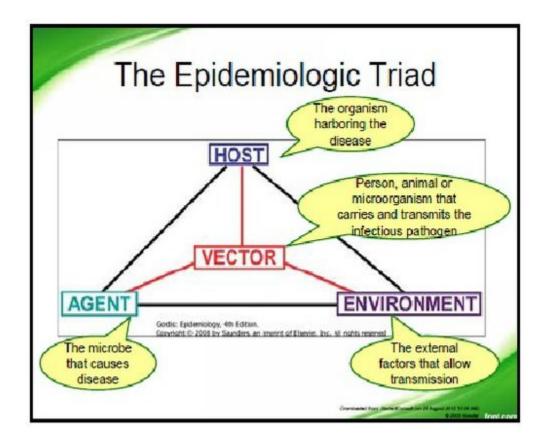
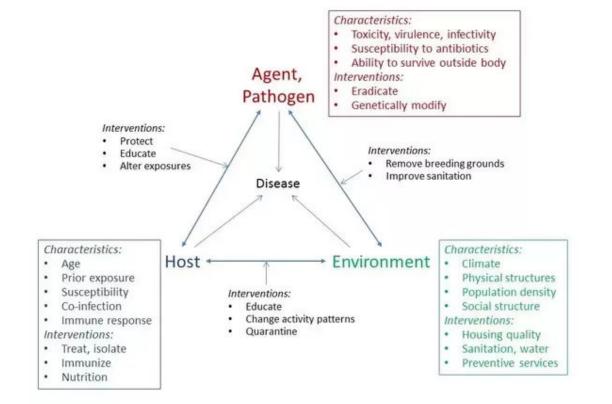


## **INFECTION CONTROL** DISEASE CAUSATION TRIAD MODEL





#### **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

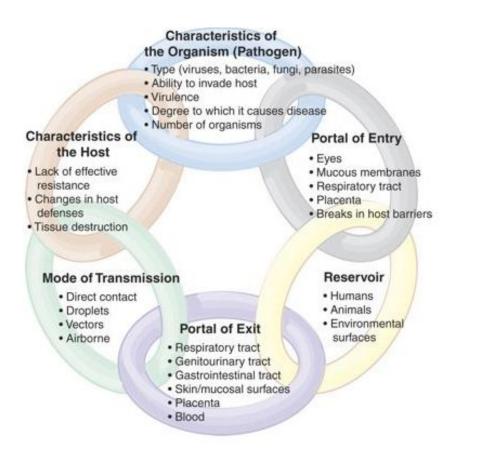
- Host factors promoting infection::
  - Sex
  - Age
  - Health status
  - Immune status
  - Lifestyle/travel
  - Socioeconomic status
  - Nutrition status



## 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)

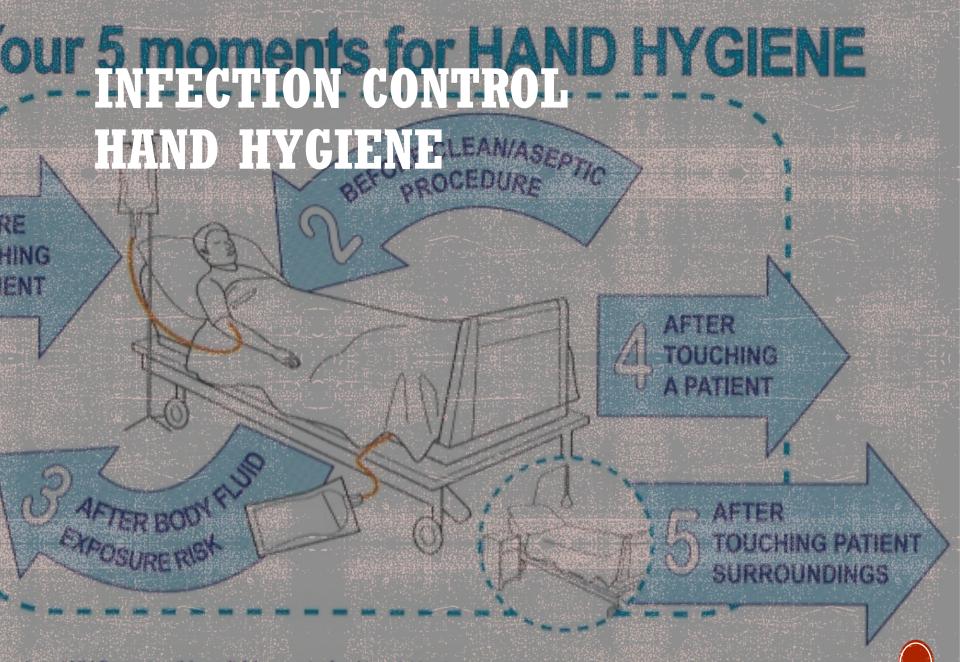
- Occur when a patient comes to a healthcare facility and acquires a new infection during his/her care, for example:
  - Surgical Site Infection (SSI)
  - Central Line Associated
    Bloodstream Infection (CLABSI)
  - Ventilator Associated Pneumonia (VAP)
  - Catheter Associated Urinary Tract Infection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

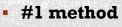


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#### INFECTION CONTROL HAND HYGIENE



To

Reduce

The

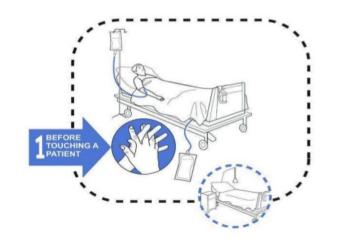
Spread

• Of

infection



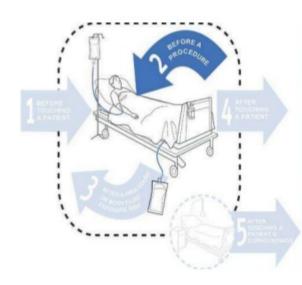
Moment 1 Before touching a Patient







#### **Moment 2 – Before A Procedure**



Prevented negative outcome: Patient infection, endogenous/exogenous

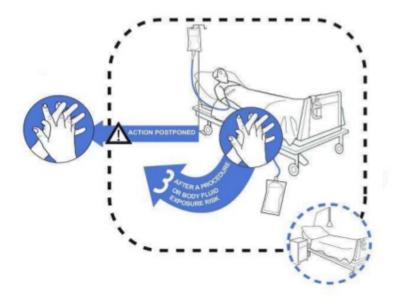
HCWs generally touch another surface within the patient zone before contact with a clean site







Moment 3 After a Procedure or Body Fluid Exposure Risk

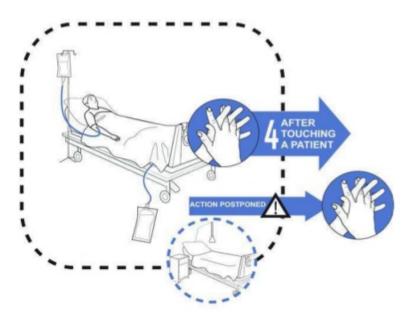








Moment 4 After Touching a Patient

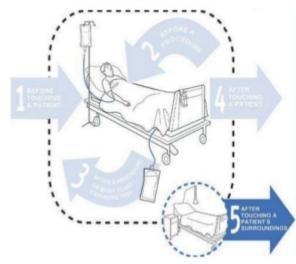








#### Moment 5 – After Touching A Patient's Surroundings



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

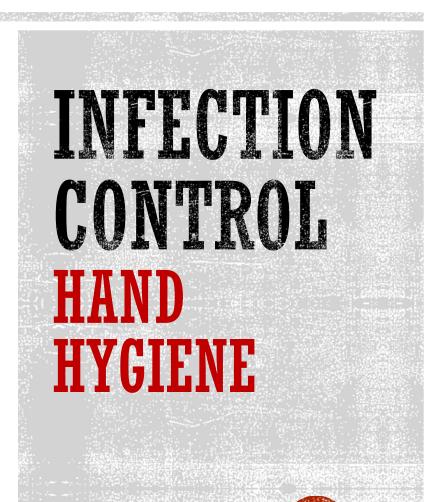
5



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

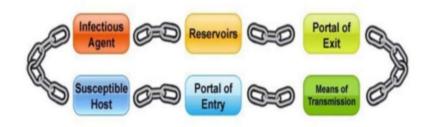
- Mucosal membranes are the first to get colonized with organisms.
- 30% of the public is colonized with MRSA
- AVOID getting your fingers near your eyes or nose by rubbing, or touching your mouth.
- This is the Easiest way to get colonized and become a source for the spread infection.



## 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



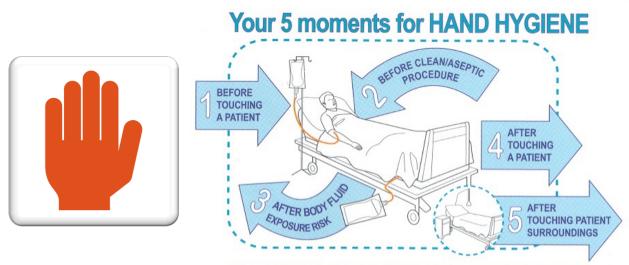
## **INFECTION CONTROL** DISINFECTION

- 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

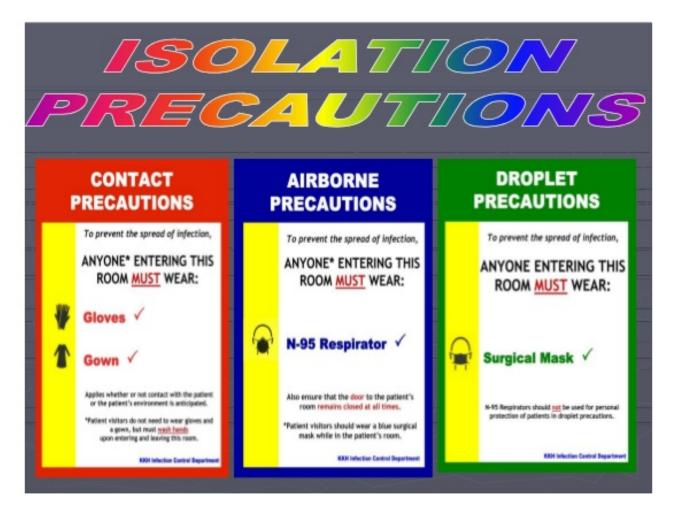


## **INFECTION CONTROL** ISOLATION

- 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

