Infection Control for Non-Employee Workforce *with* Patient Contact

Upon completion of this document review, you will be able to:

1. Perform good hand hygiene and respiratory etiquette
2. Define bloodborne pathogens, tuberculosis (TB), and other healthcare-associated infections (HAIs) and state how they are transmitted
3. Explain the steps to take if exposed to a bloodborne pathogen or other disease
4. Describe standard precautions used to prevent or limit transmission of disease-causing microorganisms
5. Adhere to the seasonal respiratory vaccination requirements

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Section I –
Applies to all non-employee workforce with patient contact

Presbyterian's Infection Prevention and Control Program Purpose

Infection Prevention and Control is a Patient Safety program charged with:

A. Preventing hospital-associated infections (HAIs).
B. Preventing the transmission of infections in the work environment.
C. Creating prevention partnerships with all areas of the organization.

Presbyterian's Infection Prevention and Control Team

Every Presbyterian Facility has an Infection Preventionist on staff.

- E-mail questions to InfectionControl@phs.org
- The answers to many infection-related questions can be found on the Infection Control webpage on PresNet.
- For afterhours *emergencies*, call the facility operator to reach an on-call Infection Preventionist.

Your Role in Infection Prevention and Control

All workforce members have a vital role in preventing and controlling the spread of infection.
How you participate:

A. Assess real and potential risks within your work environment.
B. Follow infection prevention and control policies, procedures and guidelines.
C. Identify, report, and act on identified risks.
D. Consult with your supervisor and Infection Prevention and Control.

How Germs Spread

Direct Contact spreads germs (pathogens) through physical person-to-person contact or contact with infectious droplets or secretions.

Indirect contact is when infectious diseases are spread indirectly through contaminated objects, the environment, food and water, animals, or insects.

Stay Home When Sick

Stay home when you have any signs of illness. Often you are most contagious in the early stage of an illness.

Hand Hygiene

Clean hands are the foundation of infection prevention. Keep your hands clean to:

- Protect yourself from infection.
- Protect others (healthcare workers, patients and visitors) from infection.

Note: Perform hand hygiene before and after contact with all patients, members or visitors. You are encouraged to teach patients and others about the importance of hand hygiene and make sure they observe your participation in this life-saving measure.

Hand Hygiene is the act of cleaning your hands by using either:

- Alcohol-based hand sanitizer
- Washing with soap and water

Alcohol-based Hand Sanitizer is PREFERRED during patient care unless hands are visibly soiled or contaminated with blood or body fluids, or you are working in a *Contact-D Isolation* room (see Section IV).

Using Alcohol-based Hand Sanitizer:

1. Dispense hand sanitizer into palm of hand.
2. Rub hands together for 20 seconds. Remember nail beds, back of hands, and in between fingers.
3. Rub sanitizer until hands are completely dry.

Washing Technique when using soap and water:

Lotion: Use lotion liberally to prevent dry, cracked skin. Only use the approved lotion supplied by Presbyterian, because:

- Some lotions make medicated soaps (containing chlorhexidine) less effective.
- Some lotions (if they contain mineral oil or petroleum) cause breakdown of gloves.
- Lotions in dispensers are less likely to become contaminated with bacteria.

Fingernail Hygiene: Outbreaks of infections have been linked to healthcare workers with long and/or artificial nails.

A. Artificial Nails: At Presbyterian, acrylic and artificial nails, gel, dip, glitter, and shellac nail polish, bonding, tips, extenders, tapes, wraps, and decorations are **NOT** allowed for personnel who have contact with patients, sterile patient care equipment, medications, and dietary / food.
B. Fingernail Length: Natural nail tips should be kept to ¼ inch in length from the tip of the finger. This is important because the area under nails can harbor high concentrations of bacteria and long nails may damage gloves, lessening their effectiveness as a barrier.
C. Fingernail Polish (Intact) is Allowed: Intact fingernail polish is acceptable. Chipped nail polish must be removed as it may support the growth of infectious organisms.

Cell Phone Hygiene

Personal cell phones can be a vector for disease.

A. Never use your cell phone while using the restroom.
B. Do not use your cell phone while in the patient care environment.
C. Clean your cell phone with alcohol-based technology wipes found throughout the hospital.

Standard Precautions

A. Definition: Standard Precautions (also referred to as Universal Precautions) are the standard set of guidelines to prevent the transmission of infections. The approach is to treat all patients and body fluids as if they are infectious. Standard Precautions is the system used at Presbyterian to prevent or limit transmission of disease-causing microorganisms. Reference Standard Precautions for Infection Control (PC.PDS.148) policy in the PEL or with your manager for additional information.

B. Required Usage: Use Standard Precautions to avoid contact with blood, visibly bloody body fluids and OPIM is required by OSHA to prevent healthcare worker contact with bloodborne pathogens. Remember that all body fluids (except sweat) may transmit infection-causing microorganisms, but not all body fluids transmit bloodborne pathogens.

C. General assumptions:
- Apply to all patients in ALL settings:
- Assume that all people (patients, employees and visitors) are potentially infectious.
- Outlines control measures needed to prevent transmission of most infections.
- Designed to limit transmission from the patient to the healthcare worker, from the healthcare worker to the patient, and among patients.

Standard Precautions Control Measures:

A. Personal Protective Equipment (PPE)**:** Appropriate PPE must be readily available to all healthcare workers who may be exposed to blood or OPIM. The choice of PPE depends on the activity and the risk of contact with body fluids, non-intact skin, mucous membranes or contaminated surfaces. Ask your supervisor if you are unsure about what PPE to use. All PPE must be removed before leaving the immediate work environment.

Glove Use Guidelines:

DO	DON'T
• Wear gloves to reduce the risk of contamination or exposure to blood, other body fluids, hazardous materials and transmission of infection. • Clean hands before putting on gloves for a sterile procedure. • Clean hands after removing gloves. • Clean hands and change gloves between each task. • Make sure that gloves fit you properly before performing tasks. • Ensure the correct type of glove is available if you have skin sensitivity or allergy issues. • Wear gloves in hemodialysis settings for any contact with the patient or patient's equipment.	• Re-use or wash gloves. • Substitute glove use for hand hygiene. • Use non-approved hand lotions. • Use gloves if they are damaged or visibly soiled. • Touch your face when wearing gloves. • Wear the same pair of gloves from one patient to another. • Forget to remove and dispose of gloves properly.

Exposure Control Plans for Healthcare Workers (OSHA)

As healthcare workers, Presbyterian wants you to know of the exposure control precautions in place for the following:

- Bloodborne pathogens
- Tuberculosis (TB)
- Other communicable infections
- Healthcare worker illness

General Exposure Prevention Measures: applicable to all infection risks

A. Vaccination against disease when available.
B. Transmission-Based Isolation Precautions: All patients with known or suspected infectious diseases are isolated in accordance with the Centers for Disease Control and Prevention (CDC) Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. Transmission-Based Isolation Precautions (PC.PDS.199) policy.
   - Use Droplet Precautions when patient is coughing:
     – Healthcare workers and visitors wear a procedural mask
     – Patient wears a procedural mask when in public areas
     – Observe respiratory etiquette and teach to "Cover Your Cough"
   - Use Contact Precautions when patient has an open wound, sore, or has a known recent history of an MDRO infection.
     – Healthcare workers and visitors must use gown and gloves
   - Use Contact-D Precautions for all patients who are have diarrhea with known or suspected infectious diarrheal illnesses like *Clostridioides difficile* (*C. diff*), Salmonella, Norovirus, Hepatitis A, Shigella, etc.
     – Healthcare workers and visitors must use gown and gloves, as well as perform **hand hygiene with soap and water** after patient contact.

Bloodborne Pathogens:

A. Definition: Bloodborne pathogens are disease-causing microorganisms that may be present in blood and other body fluids.
B. Unless visibly bloody, the following DO NOT transmit bloodborne pathogens: saliva, nasal secretions, sputum, urine, feces, vomit, tears or sweat.
C. The Bloodborne Pathogen Exposure Control Plan (IC.PDS.010) is in the PEL and outlines: risk determination, methods of exposure control, post-exposure evaluation, and follow-up.

Hepatitis B (HBV):

A. Definition: HBV infects the liver. Sometimes the infection clears but other times it develops into a chronic infection that may progress to liver cirrhosis and/or liver cancer.
B. Symptoms: Weakness, fatigue, loss of appetite, nausea, vomiting, abdominal pain and jaundice.

C. Transmission: Primary transmission risk is through percutaneous or mucosal membrane contact with infectious blood or body fluids (e.g. needle stick). HBV may survive for long periods (up to 7 days) outside the body. However, with immediate cleaning using hospital approved cleaning products the potential for transmission from contact with HBV contaminated surfaces is low.
D. Prevention: HBV may be prevented by vaccination.

Hepatitis C (HCV):

A. Definition: HCV, like HBV, also infects the liver. There is a high chance that the infection will become chronic (75-85%). Chronic liver disease generally develops slowly, often taking 20+ years before it is recognized.
B. Symptoms: HCV symptoms are the same as Hepatitis B, but frequently are initially milder.
C. Transmission: It is not known how long HCV survives outside the body, but data suggests that environmental contamination with HCV+ blood is not a significant risk for transmission.

Occupational Exposure to Bloodborne Pathogens:

Contact with blood or other potentially infectious material (OPIM) by:

- Needle sticks, sharps injury, or bite.
- Spray or splash to eyes, nose, or mouth.
- Contact with non-intact skin (chapped, chafed, abrasion, cut, acne or hangnails).

Post-Exposure Control Measures:

- **Wash the area** with soap and water or flush with water only if the eyes, nose, mouth or other mucous membrane is exposed.
- **Notify your supervisor immediately** and/or charge person of the department currently responsible for the patient.
- **Locate the RED blood & body fluid exposure folder** in the area.
- **Contact** the Bloodborne Pathogen (BBP) Nurse On-Call immediately through the hospital operator.
- **Complete an on-line injury report** (Note: Non-Presbyterian employed healthcare workers should complete a Report of Adverse Risk Event (RARE) form; otherwise, the process is the same).
- **Follow the directions provided by the BBP Nurse on-call**. The BBP Nurse on-call will help arrange source patient laboratory testing, healthcare worker testing, and any necessary treatment.

Non-Employee Treatment and Follow up:

Arranged by the non-employee and their healthcare provider or the emergency department.

- **HIV** – Promptly (within hours of exposure) anti-retroviral medications will be used to help prevent HIV infection if exposed or if the potential is high and the source status is currently unknown.
- **HBV** – You will be screened for vaccination and immune history, tested for antibody levels status unknown, and (if necessary) treated to prevent infection.
- **HCV** – There is no vaccine or prophylactic treatment available. There is treatment that may be indicated to prevent a chronic infection in persons who have recently been infected with HCV. Follow-up lab testing will be provided to identify that situation.

Tuberculosis:

A. Definition**:** Tuberculosis (TB) is a bacterial disease that usually attacks the lungs but can infect any part of the body. TB is caused by *Mycobacterium tuberculosis*. TB is transmitted when an actively infected person coughs (or possibly speaks, sneezes, etc.) and a susceptible person inhales the tiny airborne droplets.

B. OSHA TB Standards require that all workers with the risk of occupational exposure to TB receive:
   1. Initial and annual training on the signs and symptoms of TB,
   2. Risks associated with exposure to TB, and
   3. Information about protective measures that can be taken to minimize the risk of exposure.

C. Who Gets TB?
   1. Anyone can get TB, but some groups of people are considered at higher risk:
      - People in close contact with individuals with infectious TB
      - People from areas of the world where TB is common
      - The elderly
      - People with poor access to healthcare, clean water, or stable housing
      - People in congregate living situations, like nursing homes or prisons
      - People with other infections compromising the immune system, like HIV
   2. Some healthcare workers may be considered at higher risk, but the risk to employees of contacting TB in most Presbyterian facilities is low.
      - Very few patients are seen for active TB
      - New Mexico has a rate of TB lower than the national average

D. TB Control Measures:
   1. Presbyterian's Tuberculosis Exposure Control Plan (PC.PDS.261) is located in the PEL and includes information on screening, diagnosis, and management of TB patients.
   2. Depending on where you work, you may be screened for TB:
      - When contracted as a non-employee or hired as an employee
      - If exposed to a TB patient without using appropriate barriers
      - If Employee Health deems a test necessary

3. Persons with a history of + PPD skin tests must review symptoms of active TB and are reminded to be evaluated promptly if they have any symptoms. (Regular chest x-ray screening in persons without symptoms is no longer recommended.)
4. Exposures to patients with TB when appropriate control measures are not utilized must be entered into an online *injury report* and reported to Infection Prevention and Control (Note: Non-Presbyterian employed healthcare workers should complete a Report of Adverse Risk Event (RARE) form; otherwise, the process is the same).
5. Non- employees who screen positive for TB (PPD+ or QuantiFERON Gold) will be referred to their employer/contract/oversight organization for follow up.

COVID-19:

A. Symptoms: Fever [temperature greater than 99°F, if measured with a scanner (forehead/temporal/armpit), OR greater than 100°F if measured via a core route (mouth, rectal, and eardrum)]; cough – mostly dry, sore throat, shortness of breath or difficulty breathing, fatigue, new loss of sense of smell or taste, muscle/body aches or chills, congestion or runny nose, nausea or vomiting, diarrhea, and headache.
B. Transmission: The virus is known to spread between people who are in close contact with each other (within 6 feet) and through respiratory droplets produced when an infected person coughs, sneezes, or talks. COVID-19 is highly transmissible and can be spread by people who have no symptoms and who do not know they are infected.
C. Prevention:
   1. Stay up to date with the most recent COVID-19 vaccine.
   2. Stay home when you are sick.
   3. Practice good personal hygiene and wash your hands often.
   4. Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
   5. Wear the mask & personal protective equipment required by your specific work area.
   6. Stay far enough away from other people and coworkers, so that you are not breathing in particles produced by a potentially infected person.

Seasonal Influenza (Flu):

A. Definition: Seasonal influenzas:
   1. Are easily spread acute viral infections,
   2. Circulate worldwide,
   3. Can affect any age group, and
   4. Cause annual epidemics that peak during winter in temperate regions.

Seasonal Respiratory Vaccines:

A. Seasonal Vaccine: All PHS workforce are required to get their seasonal flu and COVID vaccines or submit a declination form annually. Information regarding shot clinics, schedules and forms can be found on PresNet.

B. Mask Required for Those Who Decline Vaccination: Anyone who has not received their annual flu or COVID vaccine is required to wear a mask in patient care areas for the duration of the respiratory disease season. Reference the Contagious Disease – Workforce Immunity Requirement (HR.PHS-E.504) policy for information on masking procedures and care area definition.
C. For additional information about Presbyterian's vaccination initiative, ask your supervisor to provide you with a copy the Contagious Disease – Workforce Immunity Requirement (HR.PHS-E.504) policy located in the PEL.

Other Communicable Diseases:

What do you do if you're exposed to communicable disease?

A. All workers exposed to communicable diseases must notify their supervisor immediately and be reported to Infection Prevention and Control and complete an online injury report (Note: Non-Presbyterian employed healthcare workers should complete a Report of Adverse Risk Event (RARE) form; otherwise, the process is the same).
B. Infection Prevention and Control will verify the diagnosis of the source patient and define exposure.
C. Employee Health will coordinate efforts to identify all healthcare workers who have been exposed.
D. NON-EMPLOYEES identified as exposed to communicable infections will stop working, contact their oversight organization and see their healthcare provider for follow-up.
E. For more information and examples of infection exposures please contact Infection Prevention and Control or Employee Health.

Healthcare Worker Illness:

To prevent the spread of infection in the workplace:

A. Healthcare workers are encouraged to stay home when they are sick.
B. For some infections and for exposures to certain infections (even if the exposure occurs outside the hospital), healthcare workers are obligated to follow the work restriction policy.
C. Healthcare workers who are excluded or restricted in their job duties must be cleared through Employee Health Services before returning to work. See Contagious Disease – Work Restrictions for Workforce (HR.PHS-E.506) policy in the PEL
D. Keep immunizations up to date.
E. If you suspect or know that an exposure has occurred, notify your supervisor, manager, or site coordinator immediately.

Handling of Biohazardous, Infectious, and Regulated Medical Waste

All trash may contain items that could transmit infection. The contents of trash should *not* be handled, and barriers such as gloves are needed for ALL trash collection.

Red bags marked as "BIOHAZARD" and "Infectious Waste" are used for trash that is more likely to harbor bloodborne pathogens. This is called "*Regulated Medical Waste*." Reference Handling of Biohazardous, Infectious and Regulated Medical Waste (IC.PDS.230) policy on the PEL for additional information.

- Infectious or Regulated Medical Waste is separated from other trash at the point of use and placed in "**Red Bags**." This includes:
  1. Other potentially infectious material (OPIM) or liquids that have solidifier in them.
  2. Items that could release blood or OPIM if squeezed or are caked or flaking with dried blood or OPIM.
  3. Human tissue and pathology specimens.
  4. Microbiology culture plates and devices contaminated with culture growth.
  5. Articles contaminated with highly communicable agents such as Ebola, Lassa and or smallpox.
- Needles and sharps are first placed in marked puncture resistant containers called "Sharps Containers". This includes all syringes, including needleless flushes, and oral and intravenous medication syringes.
- Red bags and puncture-resistant containers are secured and placed in marked biohazard containers.
- Biohazard signs or labels identify areas or containers where blood or other potentially infectious materials are stored, handled or transported.
- Patient care areas are considered places for potential exposure to biohazardous materials.

Summary

Remember three things:

1. Presbyterian is committed to providing a safe environment for employees and other healthcare workers.
2. Good hand hygiene is the single most important thing you can do to protect yourself and prevent the spread of infections.
3. For additional information about Presbyterian's Infection Prevention program or for questions regarding infection prevention and control related issues, send e-mail to: InfectionControl@phs.org

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Section II –
Applies to individuals providing *clinical* care
(i.e. providers, nurses, allied health professionals)

Sharps and Injection Practice Safety

Remember that the proper handling and disposal of sharps is key to safety.
RECOMMENDED: One Handed "scoop" technique for recapping a hypodermic needle:

1. With one hand, hold the syringe with attached needle or the unattached needle hub alone.

2. With the cap lying on a horizontal surface, scoop or slide the cap onto the needle's sharp end.

3. Once the point of the needle is covered, you can tighten the cap by:
   - Pushing the needle in the cap against an object (not your other hand.)
   - Using the same hand that's holding the syringe, pull the base of the needle cap onto the hub of the needle.

Safe Injection Practices

Use these measures to protect yourself and your patients, and prevent the transmission and outbreak of disease:

A. **Never** administer medications from the same syringe to more than one patient, even if the needle is changed or you are injecting through an intervening length of IV tubing.
B. Do **not** enter a medication vial, bag, or bottle with a used syringe or needle.
C. **Never** use medications packaged as single-dose or single-use for more than one patient. This includes ampoules, bags, and bottles of intravenous solutions.
D. **Always use aseptic technique** when preparing and administering injections/
   - For more detail, see Preventing Unsafe Injection Practices on the CDC website.

Diabetes Care

Procedures and Techniques to Avoid Blood or Body Fluid Exposures:

A. Clean and disinfect glucometers between each patient with an Environmental Protection Agency (EPA) registered, hospital-approved disinfectant wipe according to the manufacturer's instructions for use, and anytime contamination with blood or body fluid occurs or is suspected. Remember to adhere to the disinfectant wipes prescribed wet/contact time.
B. Assign glucometers to individual patients. All glucometers used for more than one patient MUST be cleaned and disinfected between patients.
C. Maintain diabetic supplies and equipment, such as finger-stick devices and glucometers in the individual patient's room, if possible.
D. Any trays or carts used to deliver medications or supplies to individual patients should remain outside patient rooms.
E. Do not carry supplies and medications in pockets.
F. Unused supplies and medications taken to a patient's bedside during finger-stick monitoring or insulin administration should not be used for another patient because of possible inadvertent contamination.

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Section III –
Applies to those working in *clinics and other ambulatory care settings*

Ambulatory Care Transmission-based Precautions

Early identification and segregation of patients possibly requiring isolation is essential to prevent transmission of infection.

A. To prevent transmission of respiratory illness (TB, Influenza, COVID-19, etc.) in outpatient settings and from patients and visitors in waiting rooms, implement a respiratory etiquette program.

B. The Respiratory Etiquette Program includes:
   1. "Cover Your Cough" signage available on Marketing Express.
   2. Early identification of patients with symptoms of respiratory illness.
   3. Providing masks and tissues for patients and visitors.
   4. Teaching patients to keep their hands clean.

C. In exam or treatment rooms, healthcare workers are to:
   1. Use appropriate PPE.
   2. Transfer the patient as soon as possible to minimize exposure.

D. In cases of contact or droplet precautions, all horizontal surfaces in the room should be cleaned with an EPA registered, facility-approved disinfectant before the next patient enters.

E. Additionally, in cases of airborne infection, the room should be closed off for contamination to clear. Generally, 2 hours is adequate to clear, however, this is facility-specific depending on in-room air exchanges per hour. **Contact Infection Prevention and Control for guidance on room closing.**

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Section IV –
Applies to *clinicians* working in the *inpatient care setting only*

Catheter Associated Urinary Tract Infection (CAUTI) Prevention

A. Definition: A "CAUTI" is a urinary tract infection caused by an indwelling urinary catheter.
B. Risks: CAUTI can lead to such complications as cystitis, pyelonephritis, gram-negative bacteremia, prostatitis, epididymitis, and orchitis in males; less commonly it can lead to endocarditis, vertebral osteomyelitis, septic arthritis, endophthalmitis, and meningitis in all patients.
C. Complications: CAUTI causes discomfort to the patient, prolonged hospital stay, increased cost, and mortality. Each year, more than 13,000 deaths are associated with UTIs.
D. Prevention**:** CAUTI is the most frequent type of infection in acute care settings. Presbyterian has strategies to decrease Foley use and CAUTIs – these strategies, called the "CAUTI Bundle" are as follows:
    1. Minimal use of urinary catheters, which includes use of Foley catheter alternatives (i.e. PureWick or condom catheter).
    2. Continual assessments of the necessity of catheter.
    3. Limit number of days the catheter remains in place.
    4. Recognize key role of nurses to success of bundle, as insertion, care, and maintenance within scope of nursing responsibilities.
    5. Proper culturing for urine cultures with vacutainers.

For more detail, ask your supervisor for a copy of the
Urinary Device Management (PC.PDS.213) policy (located in the PEL)

Central Line Associated Bloodstream Infections (CLABSI) Prevention

A. Definition: a bloodstream infection caused by a central line, which is an invasive line that terminates in the great blood vessels.
B. Risk: CLABSI's are associated with significant increases risk of morbidity and mortality.
C. Central Lines include: Peripheral Inserted Central Catheter (PICC), Central Venous Catheter (CVC), Internal Jugular, Subclavian, Femoral, Pulmonary Artery Catheters, Dialysis, and VasCaths.
D. CLABSI Prevention: The following are CLABSI prevention measures implemented at Presbyterian for all patients who will have or have a central line:
    1. Standardized insertion kit.
    2. Checklist to be filled out by observer during the time of insertion.
    3. Patient CLABSI infection prevention education sheet reviewed before the procedure.

4. Central line bundle elements at the time of insertion.
   a. Hand hygiene immediately before donning sterile PPE for inserter.
   b. Full barrier protection for the patient and inserter (mask, gown, gloves, cap for the insertion staff and a full body drape for the patient).
   c. Use of 2% Chlorhexidine for site prep and site care (unless contraindicated i.e. newborn, history of allergy).
   d. Avoidance of the femoral site in adults.
5. Central line dressing, line and cap changes
   a. Dressing changes done every Sunday unless not intact or grossly soiled.
   b. Line and cap changes are done every Sunday and Thursday. Unless lipid-based infusions are run through then line. Then the line and cap changes are done every 12-24 hours.
   c. All dressing, line and cap changes are done with an accountability partner (second licensed staff member).
   d. Upon completion of the dressing change, audit paperwork is to be filled out and turned into the unit manager.
6. Assess the line daily for necessity and ability to remove, using the following criteria:
   a. Infusion of medication requiring a central line (TPN, vasoactive, inotropic agents),
   b. Antibiotic infusion 14 days or greater in duration,
   c. Hemodynamic monitoring,
   d. Large volume fluid administration,
   e. Multiple incompatible infusions,
   f. History of three or more venipuncture sticks per IV start/blood draw or inability to maintain PIV due to poor vasculature, and/or
   g. Dialysis.
   h. Pediatrics: greater than 2 lab draws per day.
7. Disinfectant Port Protectors (e.g. alcohol impregnated end caps like Curos or DualCap) should be placed on each central line port that is not in use and on each tubing port for every patient with a central line, including peripheral lines of patients with a central line.

Surgical Site Infection (SSI) Prevention

A. Definition: A surgical site infection is an infection that occurs after surgery, in the part of the body where the surgery took place. Surgical site infections can be superficial, involving the skin, or deep, involving tissue under the skin, organs or implants.
B. Surgical Site Infection Prevention: The following are the SSI prevention measures implemented at Presbyterian for all surgical patients**:**
   - Selection of antibiotics
   - Timing of antibiotic administration
   - Patient warming

- Deep vein thrombosis prevention
- Hair removal
- Beta Blockers
- Skin preparation
- MRSA/MSSA screening for certain procedures

For more detail, ask your supervisor for a copy of the
Surgical Site Infection Prevention Program (PC.PDS.229) (located in the PEL)

Transmission-based Precautions (Isolation)

For some infections, additional isolation control measures beyond standard precautions are needed to prevent transmission, including Contact, Contact-D, Droplet, Droplet and Contact, Droplet, Contract and Eyewear (Enhanced), Airborne, and Airborne Contact Transmission.

Clinical Staff must recognize conditions requiring transmission-based precautions and initiate the appropriate precautions.

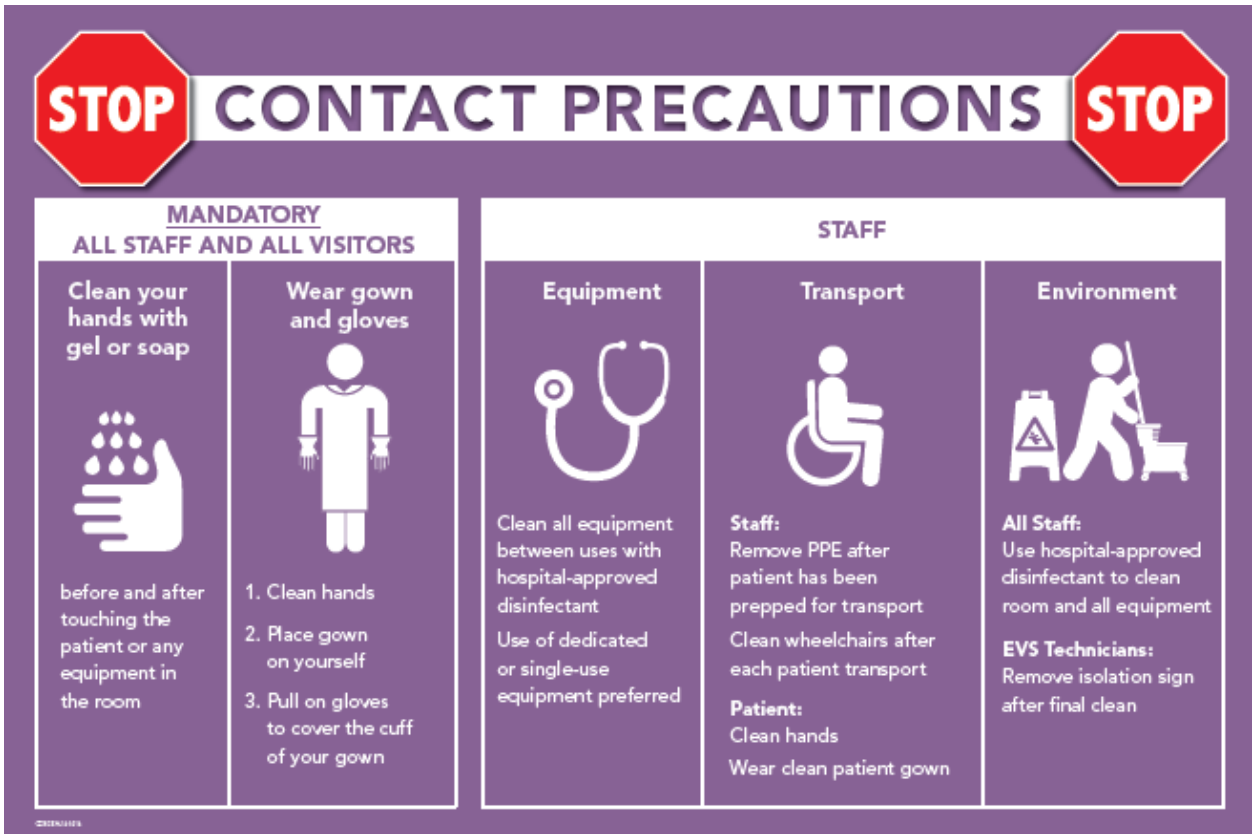
A. **Physicians Orders and ISOLATION PRECAUTIONS:**
   - Physicians should order isolation precautions when a condition requiring isolation is recognized or suspected but ***a physician's order is NOT required to initiate isolation.***
   - For discontinuation of isolation precautions for other infections or diseases, request a copy of the Transmission-Based Isolation Precautions (PC.PDS.199) policy from your supervisor.

B. **Nursing Staff caring for inpatients are REQUIRED to:**
   - Initiate the precaution promptly when collecting infectious specimens, notified of a lab result or, are otherwise made aware of a condition requiring a precaution.
   - Enter precaution as a clinical alert or communicate as necessary to other departments (e.g. OR).
   - Place appropriate sign on door and on front of chart.
   - Order all the necessary supplies of required PPE.
   - Instruct the patient and other non-clinical persons (staff and visitors), who need to enter the room where precautions are in place, to use appropriate PPE and hand hygiene.

Contact Precautions:

- **When** – Used for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment.
- **Examples** – Respiratory, skin, wound infections or colonization with multi-drug-resistant organisms (MDROs) including MRSA, VRE, ESBL, localized shingles (herpes zoster) until lesions are crusted over
- **How** – Healthcare providers and visitors are required to wear gowns and gloves when entering patient room or treatment area.
- **Cleaning** – Hand gel or soap and water to wash hands. EVS terminal clean room when patient is discharged.

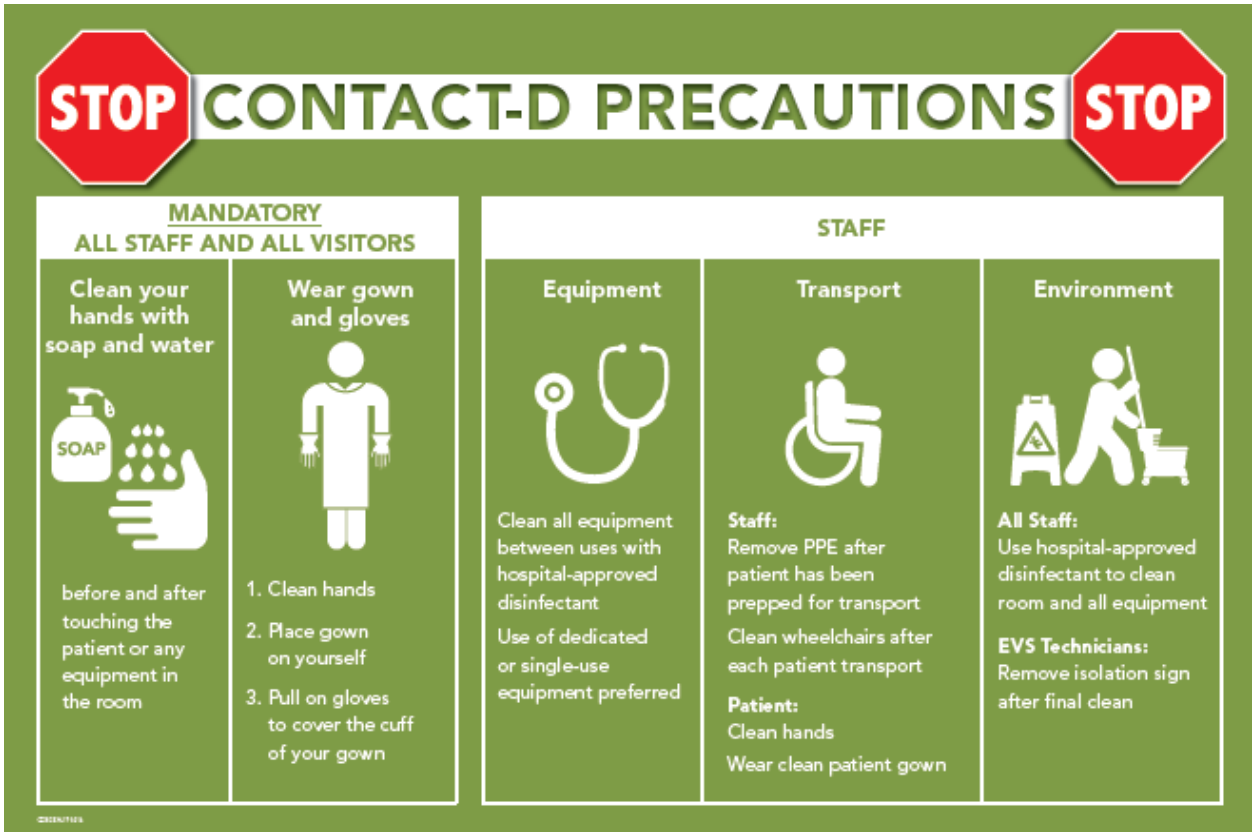
NOTE: MRSA requires contact precautions for 1 year after a positive culture.



Contact-D Precautions:

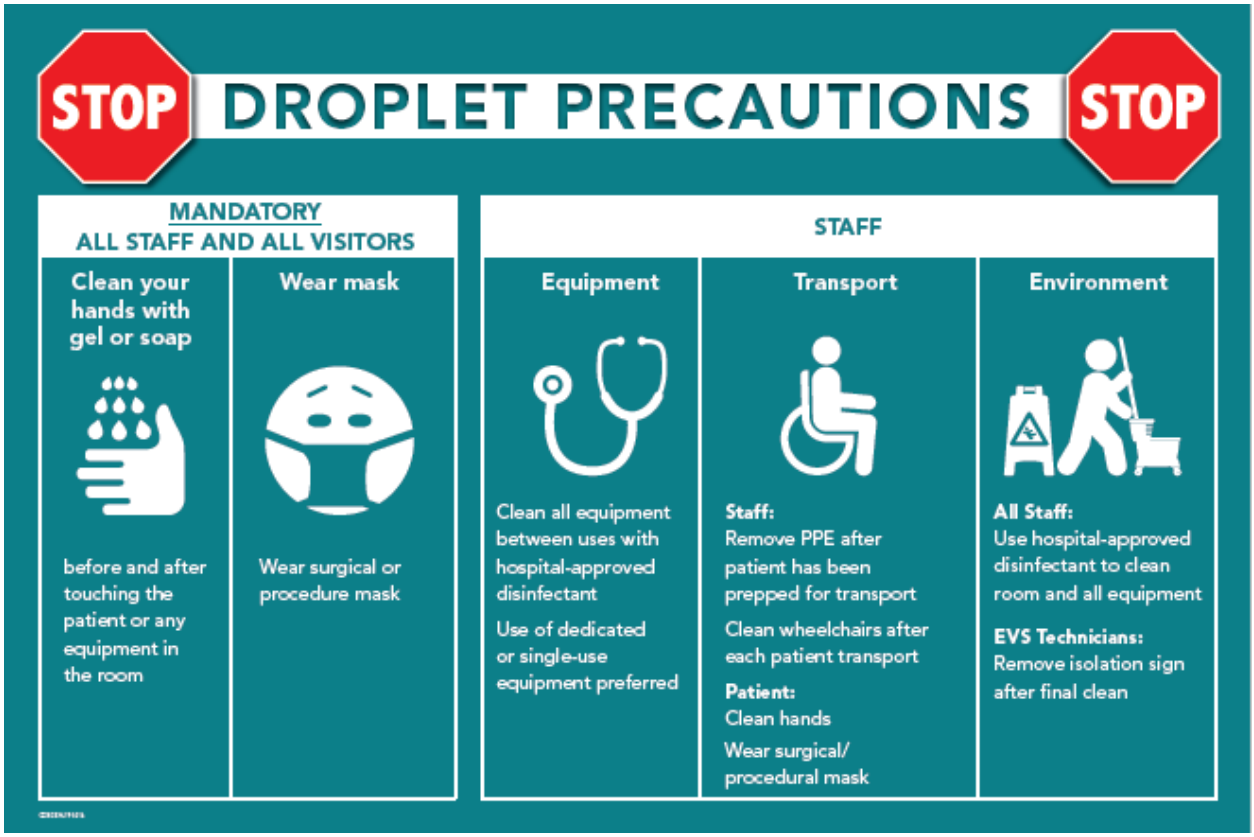
- **When** – Used for patients with known or suspected infectious or potentially infectious diarrhea, such as C. diff, Salmonella, Norovirus, Rotavirus, Shigella, etc.
- **How** – Healthcare providers and visitors are required to wear gowns and gloves when entering patient room or treatment area. Patients on Contact-D precautions are asked to stay in their hospital rooms as much as possible.
- **Cleaning** – Do **NOT** use alcohol-based hand sanitizer. Instead, **use soap and water to clean hands**. EVS terminally cleans room with bleach upon discharge and preferred additional cleaning enhanced disinfection treatments.

NOTE: Patients with *C. diff* infection are required to be isolated for the duration of incident hospitalization. If the patient is discharged and readmitted, if the patient does not present with active symptoms (diarrhea) and has completed their entire course of antibiotic treatment for *C. diff*, isolation is not warranted. However, the patient should be carefully monitored for any signs and symptoms consistent with *C. diff* infection.



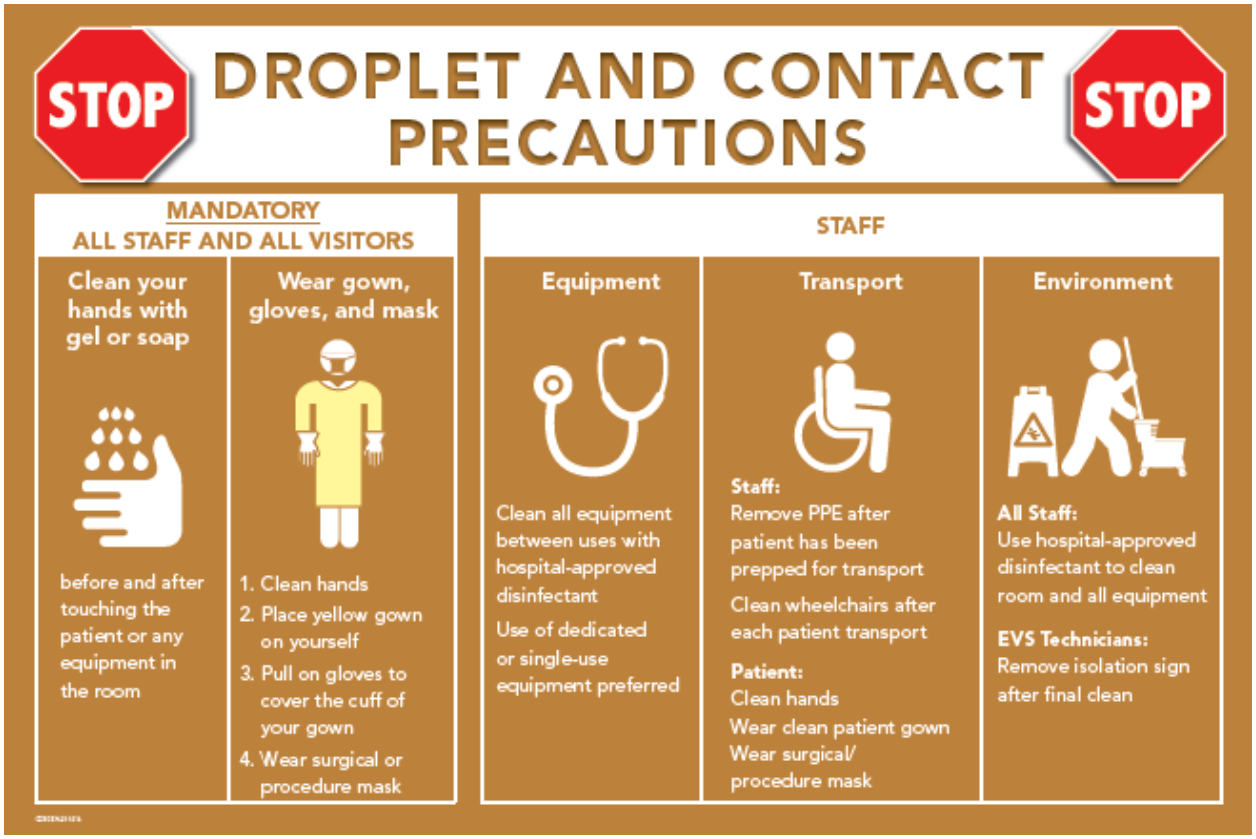
Droplet Precautions:

- **When** – Used for infections transmitted by large respiratory droplets that travel short distances and do not remain suspended in the air for long periods.
- **How** – Healthcare providers and visitors are required to wear a procedural mask when working within six (6) feet of the patient.
- **Examples** – *Neisseria meningitis* (lab-confirmed), mumps, pneumonic plague.
- **Cleaning** – Use alcohol-based hand sanitizer and/or soap and water to clean hands. EVS terminally clean patient room upon discharge.



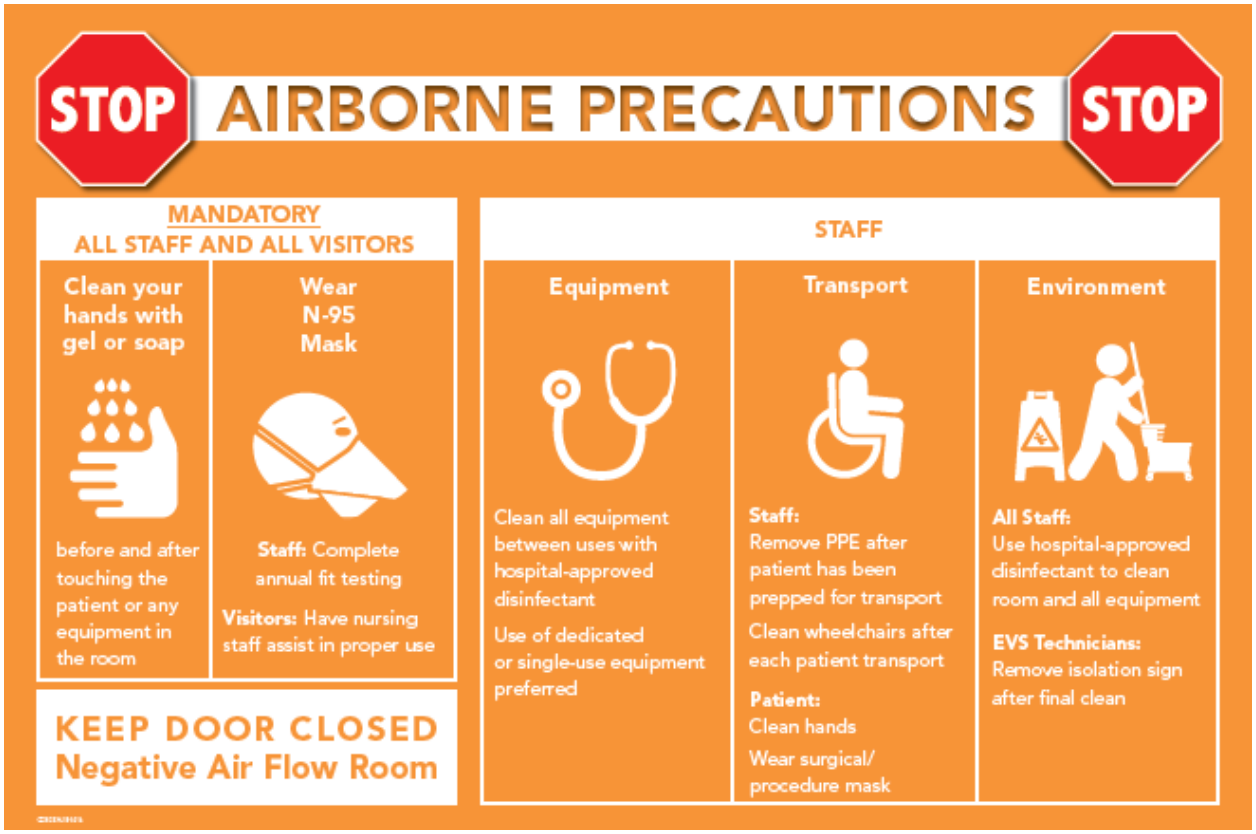
Droplet and Contact Precautions:

- **When** – Used for infections transmitted by large respiratory droplets that travel short distances and do not remain suspended in the air for long periods but can contaminate environmental surfaces.
- **How** – Healthcare providers and visitors are required to wear gown, procedural mask, and gloves when working within six (6) feet of the patient.
- **Examples** – *Hemophilus influenza, Streptococcus pneumonia*, pertussis, RSV, influenza.
- **Cleaning** – Use alcohol-based hand sanitizer and/or soap and water to clean hands. EVS terminally clean patient room upon discharge.



Airborne Precautions:

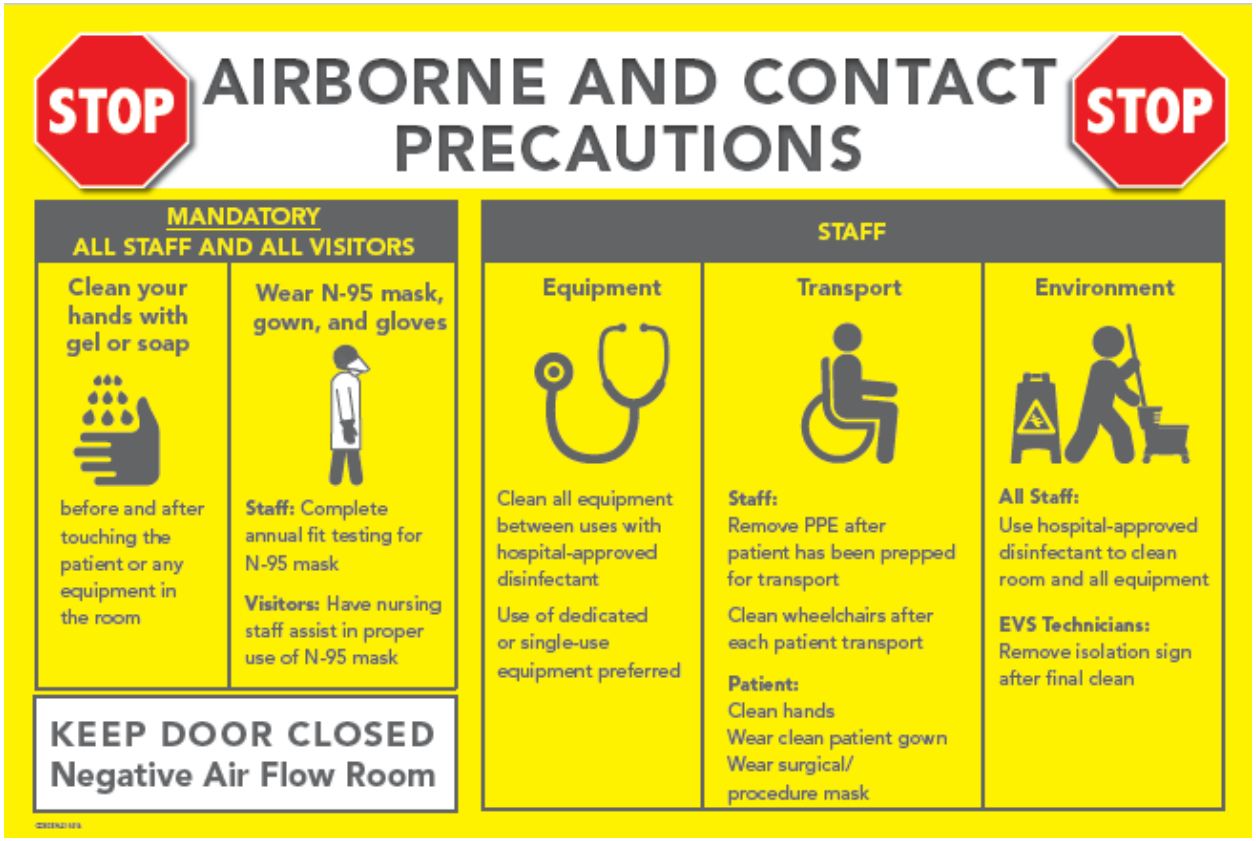
- **When** – Used for infections transmitted by airborne droplet nuclei. These particles, because of their size, can remain suspended in the air for long periods of time.
- **How** – Patient placed in Airborne Infection Isolation Room (AIIR) room (negative pressure). Staff are required to wear properly fit tested N-95 respirator when entering an AIIR. Patients wear a procedural mask when not in an AIIR. Visitors should be discouraged.
- **Examples** – Tuberculosis, smallpox, measles.
- **Cleaning** – Use alcohol-based hand sanitizer and/or soap and water to clean hands. EVS terminally clean patient room upon discharge.



Airborne and Contact Precautions:

- **When** – Used for infections transmitted by airborne droplet nuclei that can contaminate environmental surfaces. These particles, because of their size, can remain suspended in the air for long periods of time.
- **How** – Patient placed in Airborne Infection Isolation Room (AIIR) room (negative pressure). Staff are required to wear properly fit tested N-95 respirator, gown, and gloves when entering an AIIR. Patients wear a procedural mask, gown, and gloves when not in an AIIR. Visitors should be discouraged.
- **Examples** – Disseminated shingles (herpes zoster) until lesions are dried and crusted over, chickenpox (varicella) until lesions are dried and crusted over, Severe Acute Respiratory Syndrome (SARS).
- **Cleaning** – Use alcohol-based hand sanitizer and/or soap and water to clean hands. EVS terminally clean patient room upon discharge.

NOTE: Do not remove N-95 respirator inside patient room.



Enhanced Contact and Droplet Isolation:

- **When** – Used for infections transmitted primarily by droplet with risk of airborne nuclei that can contaminate environmental surfaces during aerosol generating procedures (AGPs). These particles, because of their size, can remain suspended in the air for long periods of time.
- **How** – Staff are required to wear procedural mask, eye protection, gown, and gloves when in the room. If performing an AGP, use a negative pressure room or HEPA filter air scrubber, and wear an appropriately fit tested N-95 respirator. Visitors are required to wear a procedural mask, eye protection, gown and gloves when in the room.
- **Examples** – SARS-CoV-2
- **Cleaning** – Use alcohol-based hand sanitizer and/or soap and water to clean hands. EVS terminally clean patient room upon discharge.

NOTE: Do not remove N-95 respirator inside patient room.

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