Reducing Hospital Acquired Infection
What’s Your Part?

Hospital Epidemiology
Objectives

• Identify prevention strategies for HAI/MDROs and HCW exposure
• Recall the financial impact to institution for HAI
• Recognize the abbreviations of the MDROs and select the appropriate transmission based precautions to initiate.
• Describe the order of PPE application and removal
Healthcare Acquired Infections (HAI)

- Any infection occurring in the patient because of coming into the hospital/clinics

- Our HAI goal is “Zero”!
Consequences of Hospital Acquired Infections for Patients

- Cost hospitals and healthcare institutions more than \$6.7 billion each year
- 12 extra hospital days on an average

### COST OF HOSPITAL ACQUIRED INFECTIONS

<table>
<thead>
<tr>
<th>INFECTIONS</th>
<th>LOS</th>
<th>COST</th>
<th>Percentage of Infection by Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI (Surgical Site Infection)</td>
<td>7.3 days</td>
<td>$20,785</td>
<td>20%</td>
</tr>
<tr>
<td>CLABSI - Central Line Associated Bloodstream (8th leading cause of death)</td>
<td>5-20 days</td>
<td>$45,814</td>
<td>11%</td>
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<tr>
<td>CAUTI (Catheter Associated Urinary Tract Infection)</td>
<td>1.0 days</td>
<td>$896</td>
<td>36%</td>
</tr>
<tr>
<td>VAP (Ventilator Associated Pneumonia)</td>
<td></td>
<td>$40,144</td>
<td>11%</td>
</tr>
</tbody>
</table>

JAMA Internal Medicine, Published online Sept. 2, 2013
Healthcare Workers Risk of Exposure

Blood borne Pathogens - Occupational exposure to blood and all body substances secretions, excretions (except sweat), regardless of whether it contains visible blood

Usually by:

• Needle sticks or other sharps injury
• Mucosal contact (eyes, inside nose and/or mouth)
• Non-intact skin exposure
Blood Borne Pathogen Exposure

• Healthcare workers most at risk for exposure to:
  – Hepatitis B (HBV)
  – Hepatitis C (HCV)
  – Human Immunodeficiency Virus (HIV)

• Mechanisms of exposure include:
  – Contaminated needle sticks or cuts from other sharp instruments
  – Eye, nose, mouth, or non-intact skin contact with blood or other potentially infectious material

• Exposure risk is determined by **YOUR** tasks/duties performed-The Blood borne Pathogen Exposure Control Plan located in the Infection Control Manual
Employee Health & Wellness

Employee Health & Wellness, Human Resources provides surveillance services to employees of Georgia Regents University and Health System, contracted employees, and volunteers with the goal of preventing occupational injury and disease through recognition and management of risk, and to monitor compliance with all health, safety and environmental regulations for Georgia Regents Health System.

- Georgia Regents Medical Associates (INFORMATION COMING SOON)
- Georgia Regents Medical Center
- GRU Healthy You (2016)
- GRU Healthy You (2015)
- Georgia Regents University
  - Health Status Training Map
  - Summerville Walking Map
Employee Health & Wellness

Employee Health & Wellness, Human Resources provides employees with a variety of services. Some of the current services include:

- Pre-employment physicals (including: health screening questionnaire, latex allergy screening, physical examination, tuberculosis screening, respiratory fit testing, bloodborne pathogen screening, vaccinations when applicable and drug screening)
- Annual health screenings (includes medical questionnaire, tuberculosis screening, and respiratory fit testing)
- Communicable disease exposure, follow up evaluation and/or treatment
- Referral to other specialties when deemed necessary
- Educational offerings
- Substance abuse screening program with Medical Review Officer
- Return-to-work after injury, exposure and/or illness
- Medical Respirator Fitness Examination and Industrial Respirator Clearance
- Screening blood pressure checks

Flu Information

Bloodborne Pathogens/Workers' Compensation

Medical Leave/Short Term Disability

The clinic is open Monday thru Friday 7:30am to 5:00 pm. Appointments are required for all pre-employment physicals, physician visits, annual health screenings and respiratory fitness examinations.

Location:

Employee Health & Wellness is located on Pope Avenue in the FG Building - FG 1174. Contact information:
Main Desk: (706) 721-3418
Fax Machine: (706) 721-0882
Email address: EmployeeHealth@gru.edu

Staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>FG #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frances Toole</td>
<td>Director</td>
<td>721-8177</td>
<td>FG 1170</td>
<td><a href="mailto:ftoole@gru.edu">ftoole@gru.edu</a></td>
</tr>
<tr>
<td>Dr. James Foster</td>
<td>Medical Director</td>
<td>721-2268</td>
<td>FG 1154</td>
<td><a href="mailto:jfoster@gru.edu">jfoster@gru.edu</a></td>
</tr>
<tr>
<td>Angela Duffie</td>
<td>FMLA/Workers’ Comp Mgr</td>
<td>721-8178</td>
<td>FG 1174</td>
<td><a href="mailto:anduffie@gru.edu">anduffie@gru.edu</a></td>
</tr>
</tbody>
</table>
Bloodborne Pathogen Exposure

Below are instructions and forms for handling a bloodborne pathogen exposure.

Clinical Areas & Patient Care Areas
1. If exposure occurs during the hours of 7:30 am and 5:00 pm, Monday-Friday, proceed to Employee Health & Wellness immediately. Please bring a source patient label with you.
2. If the exposure occurs after 5:00 pm, Monday-Friday, during the weekend, or on a holiday, proceed to the Emergency Department immediately. Please bring a source patient label with you.
3. Have your immediate supervisor complete the Source Individual Testing Consent Form and have a physician sign consent. The supervisor then needs to obtain the lab specimen. If the source patient refused testing, the supervisor is to have two physicians complete the Source Individual Testing Refusal Form.
4. Complete the Source Patient Lab Form and send the form with specimen to the lab.
5. If seen in the Emergency Department, please follow up with a visit to Employee Health & Wellness on the next business day. Please review the Post Exposure Information Sheet.
6. Please have your immediate supervisor complete either the Supervisor’s Accident Investigation Report (below) for GRMC employees, or the GRU Employee’s Report of Accident/Injury for MCO employees. Fax the appropriate report to Employee Health & Wellness at (706) 721-0882.

Georgia Regents Medical Center Employee - Emergency Department
1. Evaluate exposure - If prophylaxis treatment is recommended per CDC guidelines
   a. Complete: Appendix A (below) (Policy #4.70.00), page 1 and 2 (prescription)
      Management of Exposure to Bloodborne Pathogens
      (for pregnant healthcare worker - complete Appendix A-1 (below) (Policy #4.70.00), page 1 and 2)
   b. Administer medication according to prescription
      Please ensure that the employee has enough medication available until the next open business day in Employee Health & Wellness
2. If exposure does not require prophylaxis treatment, please have the employee follow up with Employee Health & Wellness on the next business day. Please give the employee the Post Exposure Information Sheet
3. Have employee complete: Employee’s First Report of Injury or Occupational Disease (WC-1) (below)
4. Have employee complete: Authorization and consent to Release Medical Information (WC-271)
7. Give the employee the Supervisor’s Accident Investigation Report. (below) Instruct the employee to have their Supervisor complete and fax to Employee Health & Wellness, (706) 721-0882.
8. Instruct the employee to follow up with a visit to Occupational Health Services on the next business day.
9. Fax to Employee Health & Wellness, (706) 721-0882, the following forms:
   a. Appendix A or Appendix A-1, pages 1 and 2
   b. Employee’s First Report of Injury or Occupational Disease (WC-1)
   c. Authorization and Consent to Release Medical Information (WC-207)
   d. Worker’s Compensation Acknowledgement Form

Georgia Regents University Employee - Emergency Department
1. Evaluate exposure - if prophylaxis treatment is recommended per CDC guidelines
   a. Complete: Appendix A (below) (Policy #4.70.00), page 1 and 2 (prescription)
   b. Management of Exposure to Bloodborne Pathogens
   c. (for pregnant healthcare worker - complete Appendix A-1 (below) (Policy #4.70.00), page 1 and 2)
   Please ensure that the employee has enough medication available until the next open business day in Employee Health & Wellness
2. If exposure does not require prophylaxis treatment, please have the employee follow up with Employee Health & Wellness on the next business day. Please give the employee the Post Exposure Information Sheet
3. Have employee complete: GRU Employee’s Report of Accident/Injury
4. Instruct the employee to contact AMERISYS at (877) 556-7475 to report their claim
5. Instruct the employee to follow up with a visit to Employee Health & Wellness on the next business day
6. Fax to Employee Health & Wellness, (706) 721-0882, the GRU Employee’s Report of Accident/Injury

Bloodborne Pathogen Post-Exposure Source Individual Testing Consent Form
Source Patient Exposure Lab Form
Bloodborne Pathogen Post-Exposure Source Individual Testing Refusal Form
Protocol Sheet Appendix A
Protocol Sheet Appendix A-1
Campus Accident Report
First report of injury
Supervisors Accident Report
WC Acknowledgement Form
Occupational Health Services

BLOODBORNE PATHOGEN POST-EXPOSURE SOURCE INDIVIDUAL TESTING CONSENT FORM

This form is to be used to obtain consent from the source individual for testing of HIV, Hepatitis B and Hepatitis C, when a healthcare worker has had a bloodborne pathogen exposure. This form also serves as the physician’s order to have these labs obtained and performed.

Source individual:
You have been involved in an incident during which your blood or other body fluids have come in direct contact with an employee of the Medical College of Georgia Health Systems. In order to provide proper medical follow-up for the exposed employee, you are requested to submit to blood testing for the human immunodeficiency virus (HIV), Hepatitis B virus and Hepatitis C virus. All costs for these tests will be paid for by the Medical College of Georgia Health Systems. The results of these tests will be disclosed to the exposed employee and the licensed healthcare provider treating the exposed employee for this exposure incident. The exposed employee and his/her healthcare provider shall make no disclosure of your medical information.
I have read and understand the above information, and have had the opportunity to ask questions. I have received counseling on HIV testing, confidentiality relating to HIV, behaviors that reduce the risk of HIV transmission, and treatment options for HIV. By signing below, I consent to have my blood drawn and tested for HIV, Hepatitis B, and Hepatitis C and to release the results of these tests for treatment of the exposed employee.

____________________________  ______________________________
Source Individual Printed Full Name  (place source individual medical label here)

____________________________  ______________________________
Source Individual Signature  Date
Hepatitis

• Hepatitis is a viral infection.
• There are currently numerous different types:
  – Hepatitis A - Food
  – Hepatitis B – Blood
  – Hepatitis C – Blood
  – and others (D & E)

• Hepatitis A is “foodborne”, whereas Hepatitis B and C are blood borne and transmitted by certain body substances
There is a vaccine to prevent Hepatitis B (a series of 3 shots).

For more information, call Occupational Health Services at 706-721-3418.
Tuberculosis

TB is a disease caused by a bacterium called Mycobacterium tuberculosis.

Attacks the
- lungs
- Kidney
- Spine
- Brain
- If not treated properly, TB disease can be fatal.

All HCW wear a N-95 type of facemask when providing care for the patient on Airborne Precautions.
- Used in the prevention of the spread of germs (viruses and bacteria) from one person to another.

One part of an infection control strategy.
TB is spread from person to person through the air (Airborne).

A person with TB in their lungs &/or throat, coughs up secretions that contain it (Active Disease)

The bacteria floats in the air

Another person breathes in the bacteria
Employees working in High Risk Areas

• ER, Respiratory department, Radiology and Transport team members

• May be required to receive tuberculosis screening every 6 months
Confirmed TB cases

- Patients with known or suspected tuberculosis are placed in a private room with negative pressure and the door remains closed at all times.
- If a room is not available, a portable HEPA machine may be used until a negative pressure room is available.
- Place HEPA filter machine between the door and the patient. The door must remain closed.
- Damp towels should be placed at the bottom of the doors to minimize airflow out of the room.
- If transportation of patient is necessary, the patient wears a surgical mask.
- When patient is discharged from the room the machine must run for at least 1 hour.
When TB is suspected:

- Airborne Precautions are employed.
- Evaluation is done promptly.
- Patient is placed in a negative pressure room or given a surgical mask to wear until negative pressure room is available.

Diagnostic measures:
- Complete history
- Physical exam
- Chest x-ray
- 3 sputum specimens collected for acid fast bacilli smear and culture
TB Control Plan

• Work Practice Controls
  - TB screening of patients on admission in all settings
  - Airborne Precautions for suspected/known cases

• Environmental Controls/Engineered Controls
  - Negative pressure patient rooms for suspected/known cases
  - Negative pressure rooms for high risk procedures
  - Portable HEPA units if negative pressure unavailable
  - Ultraviolet light in high risk areas

• Located in the Infection Control Manual
OHS uses TB Skin Testing to screen employees for TB exposure.

- All employees are tested once a year.
- Employees working in high-risk categories may be tested twice a year.
The Foundation of Infection Prevention - 2 Types of Precautions

Standard Precautions
- Foundation of infection prevention
- Component of the Blood borne Pathogen Exposure Control Plan

Transmission Based Precautions
- Implemented for known/suspected infections with the potential to be spread from patient to patient
Standard Precautions Components

- **Hand hygiene**
- Personal protective equipment (PPE)
- Sharps safety
- Environmental hygiene
- Safe handling of linen and wastes
- Patient care equipment
- Respiratory Etiquette
Does wearing gloves replace hand hygiene?

Wearing gloves does not replace hand hygiene.

Studies have found a 15-17% rate of colonization from methicillin-resistant Staphylococcus aureus (MRSA)-positive patients to health care personnel’s hands after removal of gloves.
“Hand hygiene is widely recognized as the most important measure to prevent the spread of infection. Despite evidence that improving hand hygiene reduces the risk of infection and improves patient outcomes, compliance with hand hygiene remains low.”

Timothy Landers, RN, CNP, PhD, CIC: 2015 APIC Guide to Hand Hygiene Programs for Infection Prevention
What Is Hand Hygiene?

• Hand hygiene refers to the act of cleansing hands with water or liquids and includes the use of water, soaps, antiseptics, or other substances, including alcohol-based hand rubs.

• Healthcare personnel are being held accountable for their hand hygiene practices to prevent transmission of MDROs, and healthcare institutions are facing increasing regulation and hand hygiene mandates while being challenged with economic consequences of failing to meet those mandates.
Patient

All patients regardless of diagnosis or infection status

Organism

Health Care Worker

Hands

Environmental surfaces
Summary

• While a hand hygiene program alone cannot absolutely control disease transmission, it remains the cornerstone of all effective prevention programs and the foundation upon which other practices are designed.

• In this context, hand hygiene continues to offer one of the simplest and most effective solutions to help prevent infections, maximize patient safety, and improve healthcare outcomes across the continuum of care.
Joint Commission NPSG.07.01.01

We all must adhere to **Hand Hygiene** guidelines.

- Before and after patient care
- Before and after wearing gloves
- When going from dirty to clean tasks/procedures
- When visibly dirty

See Infection Control Manual policy 1.6 for additional information on hand hygiene.
Washing with Soap and Water

- Vigorously rub all surfaces of lathered hands for 15 seconds using lukewarm water
- Rinse under a stream of water
- Dry with a disposable paper towel
- Cut off water using a clean paper towel
- Use hospital-approved lotion to prevent skin breakdown
- Other: Keep natural nails short with well-groomed cuticles. Nail polish must be in good repair. Artificial nails are not to be worn by care givers because of the risk of infection to staff and patients.
Hospital approved alcohol based hand sanitizer (foam/gel) is an acceptable form of hand hygiene if hands are **not visibly dirty**.

- May be used 8-10 times consecutively before soap and water is required.
- Rub all surfaces of both hands until dry.
- **ATTENTION:**
  When caring for patients with *Clostridium difficile*, other spore forming bacteria or norovirus wash hands with soap and water.

Do not use **alcohol based foam**!

[https://www.youtube.com/watch?v=wTuUm5UL9I4](https://www.youtube.com/watch?v=wTuUm5UL9I4)
Standard Precautions Components

- Hand hygiene
- *Personal protective equipment (PPE)*
- Sharps safety
- Environmental hygiene
- Safe handling of linen and wastes
- Patient care equipment
- Respiratory Etiquette
Personal Protective Equipment (PPE)

PPE (gloves, gowns, masks, face shields, goggles) - Part of Standard Precautions & Transmission Based Precautions.

The HCW chooses the items that the task will require to protect themselves.
Personal Protective Equipment (PPE)

Being able to put on and take off protective apparel correctly helps ensure that they work the way they should.
How to Don a Gown

- Select appropriate type and size
- Opening is in the back
- Secure at neck and waist
- If gown is too small, use two gowns
  - Gown #1 ties in front
  - Gown #2 ties in back
How to Don a Mask

- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with ties or elastic
- Adjust to fit

PPE Use in Healthcare Settings
How to Don a Particulate Respirator

- Select a fit tested respirator
- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with elastic
- Adjust to fit
- Perform a fit check –
  - Inhale – respirator should collapse
  - Exhale – check for leakage around face
How to Don Eye and Face Protection

- Position goggles over eyes and secure to the head using the ear pieces or headband
- Position face shield over face and secure on brow with headband
- Adjust to fit comfortably
How to Don Gloves

- Don gloves last
- Select correct type and size
- Insert hands into gloves
- Extend gloves over gown cuff
How to Safely Use PPE

• Keep gloved hands away from face
• Avoid touching or adjusting other PPE
• Remove gloves if they become torn; perform hand hygiene before donning new gloves
• Limit surfaces and items touched
How to Safely Remove PPE
“Contaminated” and “Clean” Areas of PPE

Contaminated – outside front

Areas of PPE that have or are likely to have been in contact with body sites, materials, or environmental surfaces where the infectious organism may reside

Clean – inside, outside back, ties on head and back

Areas of PPE that are not likely to have been in contact with the infectious organism
Sequence for Removing PPE

1. Gloves
2. Face shield or goggles
3. Gown
   At doorway, before leaving patient room or in anteroom
4. Mask or respirator
   Remove respirator outside room, after door has been closed
How to Remove Gloves (1)

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

PPE Use in Healthcare Settings
How to Remove Gloves (2)

- Slide un gloved finger under the wrist of the remaining glove
- Peel off from inside, creating a bag for both gloves
- Discard
From: Contamination of Health Care Personnel During Removal of Personal Protective Equipment

JAMA Intern Med. Published online October 12, 2015. doi:10.1001/jamainternmed.2015.4535

Figure Legend:
Sites of Contamination During Removal of Gloves or Gowns Contaminated With Fluorescent Lotion
Frequency of contamination by site during contaminated glove removal (n = 234), frequency of contamination by site during contaminated gown removal (n = 201), and contamination on the hands, neck, and scrub top after actual simulations.
Figure Legend:

Sites of Contamination During Removal of Gloves or Gowns Contaminated With Fluorescent Lotion

Frequency of contamination by site during contaminated glove removal (n = 234), frequency of contamination by site during contaminated gown removal (n = 201), and contamination on the hands, neck, and scrub top after actual simulations.
Remove Goggles or Face Shield

- Grasp ear or head pieces with ungloved hands
- Lift away from face
- Place in designated receptacle for reprocessing or disposal

PPE Use in Healthcare Settings
Removing Isolation Gown

- Unfasten ties
- Peel gown away from neck and shoulder
- Turn contaminated outside toward the inside
- Fold or roll into a bundle
- Discard
Removing a Mask

- Untie the bottom, then top, tie
- Remove from face
- Discard

Why should surgical masks be handled by the ties when being removed?
Removing a Particulate Respirator

• Lift the bottom elastic over your head first
• Then lift off the top elastic
• Discard
Hand Hygiene

• Perform hand hygiene immediately after removing PPE.
  – If hands become visibly contaminated during PPE removal, wash hands before continuing to remove PPE

• Wash hands with soap and water or use an alcohol-based hand rub

• Ensure that hand hygiene facilities are available at the point needed, e.g., sink or alcohol-based hand rub
Expanded PPE in certain areas of the World
Standard Precautions Components

- Hand hygiene
- Personal protective equipment (PPE)
- *Sharps safety*
- Environmental hygiene
- Safe handling of linen and wastes
- Patient care equipment
- Respiratory Etiquette
Sharps Safety

• Never recap needles
• Use safety devices whenever possible and never alter safety mechanism of a safety device
• Report all device failures
• Place ALL sharp items (needles, vacutainers, glass) into the appropriate rigid, puncture-resistant container for transport or disposal
Standard Precautions Components

- Hand hygiene
- Personal protective equipment (PPE)
- Sharps safety

**Environmental hygiene**

- Safe handling of linen and wastes
- Patient care equipment
- Respiratory Etiquette
Fast Facts

Here are a few facts you may not want to know – but need to know:

- Telephone: 25,127 germs per square inch
- Desktop: 20,961 germs per square inch
- Keyboard: 3,295 germs per square inch
- Computer mouse: 1,676 germs per square inch
- Toilet seat: 49 germs per square inch
Commonly Touched Surfaces in a Patient’s Room
Environmental Hygiene

- Routinely clean and disinfect the environment and other frequently touched surfaces
- Use the hospital approved disinfectant for your area/department
- Allow the disinfectant to have **contact for the amount of time recommended by the manufacturer** - Read the label if in doubt
- Clean up blood and body substance spills promptly
  - Small spills (<500 ml) – Department/Unit responsibility
  - Large spills (>500 ml) – Environmental Services responsibility
Super Sani Purple
2mins Contact Time
Effective against
#30 Microorganisms

Bleach
4mins Contact Time
Effective against
#50 Microorganisms

Alcohol Free
3mins Contact Time
Effective Against
#40 Microorganism

Grey or White Top
Standard Precautions Components

- Hand hygiene
- Personal protective equipment (PPE)
- Sharps safety
- Environmental hygiene
- **Safe handling of linen and wastes**
- Patient care equipment
- Respiratory Etiquette
Safe Handling of Linens and Wastes

• Handle all used linen as contaminated, wearing gown and gloves
• Place all laundry into moisture resistant, blue laundry bags (not pillowcases)
• Transport bag to laundry chute in a manner as not to contaminate the environment – **Do NOT Drag on the Floor**
• Secure bag before placing in laundry chute
Biomedical Waste

• Includes:
  – Blood and blood products, excretions, secretions, and other body substances which contain **free** liquids and cannot be or are not directly discarded into a municipal sewer system.
    • Such as saturated/dripping dressings
    – Sharps, syringes, scalpels
• Place in the appropriate red, plastic bag or box with the **Biohazard Symbol**. Sort waste into general and biomedical at the point of waste generation
• Cost of Waste Disposal
  – General $ 0.04 per pound
  – Biomedical $ 0.25 per pound
Standard Precautions Components

- Hand hygiene
- Personal protective equipment (PPE)
- Sharps safety
- Environmental hygiene
- Safe handling of linen and wastes

*Patient care equipment*

- Respiratory Etiquette
Patient Care Equipment

• Cleaned and disinfected between patient use with appropriate hospital approved germicidal (including clinic tables, blood pressure cuffs, etc).

• Disinfect equipment before it leaves the patient’s room. If it cannot be disinfected before it leaves the patient room, cover with a red biohazard bag and move to the area where it can be cleaned then disinfected.

• Cleaned then disinfected equipment shall be stored in the clean storage room or covered with a clear plastic bag.
Standard Precautions Components

• Hand hygiene
• Personal protective equipment (PPE)
• Sharps safety
• Environmental hygiene
• Safe handling of linen and wastes
• Patient care equipment

• Respiratory Etiquette
Types of Precautions

- **Standard Precautions**
  - Foundation of prevention
  - Component of the Blood borne Pathogen Exposure Control Plan

- **Transmission Based Precautions**
  - Implemented for known/suspected infections with the potential to be spread from patient to patient
Joint Commission
NPSG.07.03.01

• Implement evidence based practices to prevent health care associated infections due to Multi-drug Resistant Organisms (MDROs) in acute care hospitals
MDRO Evidence Based Practices Include:

- Hand hygiene
- *Prompt identification of colonized patients upon readmission*
- Transmission-based Precautions
- Environmental hygiene
## MDRO Risk Codes

<table>
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<tr>
<th>RISK CODE</th>
<th>ORGANISM</th>
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<tbody>
<tr>
<td>SI</td>
<td>Methicillin Resistant Staphylococcus aureus (MRSA)</td>
</tr>
<tr>
<td>VIS</td>
<td>Vancomycin intermediate Staphylococcus aureus (VISA)</td>
</tr>
<tr>
<td>VRS</td>
<td>Vancomycin resistant Staphylococcus aureus (VRSA)</td>
</tr>
<tr>
<td>VRE</td>
<td>Vancomycin resistant Enterococcus</td>
</tr>
<tr>
<td>ESB</td>
<td>Extended spectrum beta lactamase (ESBL) producing organism</td>
</tr>
<tr>
<td>CRE</td>
<td>Carbapenem resistant/Carbapenemase producing Enterobactericae</td>
</tr>
<tr>
<td>MDR</td>
<td>Multiple drug resistant organism (other)</td>
</tr>
</tbody>
</table>

- Risk codes are only applied and removed by Hospital Epidemiology.
- Only MRSA and VRE patients may be considered for removal of their risk codes.
- Policy ICM 5.1 in the Infection Control Manual located on MCGHealth Intranet Explorer provides guidelines for clearing patients on Contact Isolation for MRSA and VRE.
Multi-drug Resistant Organisms

- Patients who are identified as previously or currently positive with an organism that is problematic in the healthcare setting have their patient label “coded” with a risk code specific to the organism.

- It may also be found in the “Risk Code” field in IDX, Healthquest and Powerchart.

- Inpatients, outpatients, HCWs, faculty and students are coded in the same manner.
MDRO Evidence Based Practices Include:

- Hand hygiene
- Prompt identification of colonized patients upon readmission

- *Transmission-based Precautions*
  - Environmental hygiene
Transmission Based Precautions (TBP)

(TBP) reflect extra measures to be taken to prevent the spread of microorganisms in addition to use of Standard Precautions.

- Contact Precautions
- Droplet Precautions
- Airborne Precautions
Examples of how germs are spread by Contact

• Direct is Person to Person
  • Hand to Hand

• Indirect
  – Object in Patient’s Room
    • Bedding
    • Light switches
    • Door Knobs
    • Bed Rails
    • TV Remotes
  – Sneezing, Coughing, Talking
Transmission Based Precautions

- Implemented for known/suspected infections with the potential to be spread from patient to patient
Contact Precautions

**ALL VISITORS:** REPORT TO THE NURSES STATION

- **Hands:** Wash before entering room, upon exit & as necessary.

- **Gown:** Wear to enter & inside room.

- **Gloves:** Wear to enter & inside room.

- **Mask:** Not required.

- **Room/Door:** May remain open.
Contact Precautions
ALL VISITORS: REPORT TO THE NURSES STATION

- **Hands:** Wash before entering room, upon exit & as necessary with soap & water (*NO alcohol hand hygiene*).

- **Gown:** Wear to enter & inside room.

- **Gloves:** Wear to enter & inside room.

- **Mask:** Not required.

- **Room/Door:** May remain open.

- **Cleaning:** Hypochlorite (diluted bleach, 1:10) solution required.
Droplet Precautions

**ALL VISITORS: REPORT TO THE NURSES STATION**

- **Hands:** Wash before entering room, upon exit & as necessary.
- **Gown:** Not required.
- **Gloves:** Not required.
- **Mask:** Wear to enter & inside the room.
- **Room/Door:** May remain open.
Airborne Precautions

ALL VISITORS: REPORT TO THE NURSES STATION

• Hands: Wash before entering room, upon exit & as necessary.

• Gown: Not required.

• Gloves: Not required.

• Mask: Wear N-95 mask to enter & inside the room.

• Room/Door: Must remain closed at all times.
Do the Right thing....

help to prevent infections- we are all in this together!