Interim LSU Public Hospital

Infection Prevention and Control

Infection Control
is in
Your Hands

MCLNO Infection Prevention and Control Department

Infection Control Manual is located on the web at: www.mclno.org. Log on to the intranet with your user name and password. Click on Infection Control Manual Icon.

For general information and HIV post-test counseling call 903-3578
Hours: 8:00 AM – 4:30 PM M - F
Revised 5/12/2010

Standard Precautions

ALL PATIENTS are potentially infectious. Use precautions for possible exposures to blood, all body fluids, secretions, excretions (except sweat), regardless of whether they contain visible blood. Protect nonintact skin and mucous membranes from possible exposures. **Good HAND HYGIENE is the key to reducing healthcare associated infections and must be practiced BEFORE and AFTER patient contact, BEFORE clean/aseptic procedure, AFTER body fluid exposure risk, and AFTER touching patient surroundings.** Wear gloves when contacting blood or body fluids, and wash hands after glove removal. Use waterless alcohol based antiseptic for routine decontamination if hands are not visibly soiled, and if the patient **does not have C. difficile.** When using soap and water, wash hands for 15 seconds. Wear a mask, eye protection or face shield, and gown when needed to reduce the risk of exposures from splashes or aerosols.

Transmission-Based Precautions

Used **IN ADDITION TO** Standard Precautions for patients documented or suspected to be infected with highly transmissible or epidemiological important pathogens. Three types of precautions: **Airborne, Droplet, and Contact.**

Airborne Precautions

Used for microorganisms transmitted by airborne droplet nuclei 5µm or smaller, these include:

- **Tuberculosis**
- **Measles (Rubeola)**

Note: In addition to Airborne use Contact Precautions for:

- **Varicella (Chickenpox)**
- **Disseminated Zoster (Shingles)**
- **2009 Influenza A H1N1 [+ Eye Protection]**
- **Avian Influenza [+ Eye Protection]**
- **SARS [+ Eye Protection]**
- **Smallpox [+ Shoe covers + linen precautions]**
- **Viral Hemorrhagic Fever (Ebola, Marburg, Lassa)**

Patient is placed in an Airborne Isolation Room with negative pressure, and HEPA filtration. Keep the patient in the room, keep the door closed and limit transport of patient out of the room. HCWs and visitors wear **N-95 Mask** when entering room. Patient wears surgical mask if transport out of room is medically necessary. **Susceptible persons should <u>not</u> enter the room of patients with known or suspected measles or chickenpox.**

Droplet Precautions

Used for microorganisms transmitted by respiratory droplets ≥ 5µm generated during coughing, sneezing, talking or during procedures such as suctioning or bronchoscopy. **Patient is placed in a private room, no special air handling required.** Keep patient in room, door closed, and limit transport of patient out of room. HCW and visitors wear **Surgical Mask** when entering room. Patient is to wear surgical mask if transport out of room is medically necessary. Some pathogens requiring Droplet Precautions include:

- **Seasonal and Pandemic Influenza**
- **Drug-resistant Pneumococcus**
- **Neisseria meningitidis**
- **Pneumonic Plague**
- **Pertussis**

Contact Precautions

Indicated for disease spread by contact with intact skin or surfaces. **Must wear gown and gloves when entering room,** change gloves after contact with infective material. Perform **hand hygiene** before and after wearing gloves. Some pathogens requiring Contact Precautions are:

- **Multi-drug resistant organisms (MDROs) (e.g., VRE, VRSA, MRSA, ESBL producing organisms, MDR acinetobacter, MDR stenotrophomonas, MDR pseudomonas)**
- **Diarrhea and fecal incontinence due to enteric pathogens (e.g., *Clostridium difficile,* Rotavirus, *E.coli* 0157:H7, Hepatitis A, Shigella)**
- **Respiratory syncytial virus (RSV)**
- **Scabies**
- **Abscesses, ulcers, or wounds with uncontained drainage**

Respiratory Hygiene/Cough Etiquette

Minimize transmission of respiratory infections by teaching patients to cover nose/mouth when coughing or sneezing, to use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use, and to perform hand hygiene after having contact with respiratory secretions. Offer surgical masks to patients who are coughing. HCW should mask when coming in close contact with patients exhibiting symptoms of respiratory infections, particularly those with fever.

Safe Injection Practices

Needles, cannulae, and syringes are sterile single-use items that should never be reused for another patient nor to access medication or solution that might be used for a subsequent patient. Do not administer meds from a syringe to multiple patients, even if the needle or cannula is changed. Fluid and administration sets (IV bags, tubing, connectors) are for one patient only; a syringe or needle/cannula is contaminated once it has been used to enter or connect to IV bag or administration set. Use single-dose vials whenever possible; if multidose vials must be used, both needle or cannula and syringe used to access must be sterile.

Mask with Spinal Procedures

The CDC investigated several cases of post-myelography meningitis due to streptococci consistent with oropharyngeal flora. It is now recommended that clinicians wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space during myelograms, lumbar puncture, and spinal or epidural anesthesia.

Prevention of Central Line-Associated Bloodstream Infections (CLABSI)

Document insertion practices carefully using catheter insertion checklist. Perform hand hygiene before catheter insertion or manipulation. Avoid using femoral vein for central venous access in adults. Use maximal sterile barrier precautions during catheter insertion (mask, cap, sterile gown, sterile gloves, and full body drape). Use chlorhexidine-based antiseptic for skin prep in patients > 2 months old. Assess the need for IV access daily and remove nonessential catheters ASAP.

Prevention of Surgical Site Infections (SSI) ♥NEW♥

Have patient shower preoperatively with chlorhexidine. Minimize the need for emergency (flash) sterilization. Follow all Surgical Care Improvement Project (SCIP) Guidelines including: prophylactic antibiotic (ABX) selection, administration of prophylactic ABX within 1 hour before surgical incision (2 hours for vancomycin or fluoroquinolones), discontinuation of prophylactic ABX within 24 hours of anesthesia end time (48 h for cardiac procedures), appropriate hair removal using electric **CLIPPERS (never shave with razors)**, perioperative normothermia, postoperative glucose control, urinary catheter removal on postop day 1 - 2, VTE prophylaxis ordered and administered, and perioperative beta-blocker for those on them prior to admission. SCIP order sets are available in EAC, and the OR. **Document contraindications to SCIP protocol.**

Reporting Healthcare Associated Infections Resulting in Unfavorable Outcomes

The Joint Commission requires that organizations manage as sentinel events all deaths or major permanent injury/loss of function directly attributed to healthcare associated (nosocomial) infections. To enhance surveillance efforts, report to Infection Control all unanticipated deaths or major permanent injury/loss of function in which a healthcare associated infection is suspected of directly causing the event.

Meningococcal Postexposure Prophylaxis

Indicated for close contacts, e.g., household members, day care center contacts, anyone directly exposed to patient's oral secretions (intubation, CPR, ET-tube management). Notify Infection Control of all suspected or confirmed cases. Employee Health will facilitate prophylaxis for HCWs with significant exposures.

Blood/Body Fluid Exposures

Report all percutaneous or mucosal exposures to blood or body fluids to the Emergency Department ASAP. Baseline testing for Hepatitis B, Hepatitis C, and HIV will be performed on source patient and HCW. HIV postexposure prophylaxis will be administered at the time the exposure is reported if indicated. Instructions and forms are on the MCLNO Citrix (ICA) Desktop in the Clinical Package folder under the MCL Web Resources Icon. After being evaluated in the ED, all exposed personnel are to report to Employee Health ASAP with incident report, or next working day if after hours. Employee Health 6:30AM – 3:30 PM M – F, Phone # 903-3671.

• HIV Post Exposure Prophylaxis

Indicated for percutaneous or mucosal exposures to blood or body fluids from a source

patient with known HIV infection, AIDS, acute retroviral syndrome (primary HIV infection), or high risk for HIV/AIDS with unknown HIV status. For source patient with unknown HIV status, contact nurse manager for rapid HIV testing on source patient. Prophylaxis with appropriate antiretroviral therapy should be started immediately after exposure for greatest efficacy. For exposure to source patient with known HIV infection already on antiretrovirals, consult ID.

HIV Testing and Counseling

Separate consent for HIV testing is no longer necessary. Consent for HIV testing shall be incorporated into the patient's general informed consent on the same basis as are other screening or diagnostic tests. However, healthcare providers will inform the patient orally or in writing that HIV testing will be performed and also offer an opportunity to ask questions. **If patient declines testing, it shall be documented in the progress notes.** After inpatients are informed of their positive status by the MD, Infection Control will provide counseling for the patient. Outpatients testing positive will automatically be contacted for post-test counseling and referral to the HIV Outpatient Clinic. For questions call Infection Control at **903-3578**, 8:00 AM - 4:30 PM M-F.

Recognizing a Bioterrorism (BT) Event

Rapid response to a BT-related incident requires prompt identification of its onset. Because of rapid progression of illness and continual spread of agents or organisms, it may not be practical to await diagnostic laboratory confirmation. Features that should alert healthcare providers to the possibility of a BT-related outbreak includes:

1. An unusual temporal or geographic clustering of illness or patients presenting with clinical signs and symptoms that suggest an infectious disease outbreak.
2. An unusual age distribution for common disease (e.g., an increase in what appears to be a chickenpox-like illness among adult patients, but which might be smallpox)
3. Large number of cases of acute descending flaccid paralysis with prominent bulbar palsies, suggestive of a release of botulism toxin.
4. Endemic disease rapidly emerging at an uncharacteristic time/unusual pattern.
5. Large number of rapidly fatal cases.

Clinicians should speak to the Administrator on Call (AOC) for suspected or proven bioterrorism agents. Clinicians should request autopsies for individuals expiring from unexplained or unusual causes. Pathologists are expected to notify the AOC for findings (autopsies, histopathology or microbiology) suspicious for or confirming a bioterrorism related agent. For up to date information on management recommendations refer to the Infection Control Manual or refer to the CDC web site at www.bt.cdc.gov. or the MCLNO BT web site: http://www.mclno.org Log into the Intranet with your user name and password. Click on the Bioterrorism Information section of the General Information Box.

Latent Tuberculosis Infection and TB Disease Services

Notify MCLNO TB Inpatient Coordinator, Sarah Odem, (504) 441-2346 (pager) or (504) 452-0343 (cell) ASAP for any patient suspected of having TB disease or started on TB Medications (RIPE). She will help with discharge planning, filling prescriptions and Directly Observed Therapy (DOT) through the Health Department. **Do not give prescriptions for TB medications directly to patients**, as they are very expensive, and are provided free of charge as long as proper protocol is followed. This should be done at least 48 hours prior to patient's discharge, keeping in mind that the State Pharmacy and the Health Department are closed after hours and on weekends/holidays.

Routine TB skin tests (TST/PPD) Placement

All public health units only place TST/PPD for contacts to cases of TB. If a patient needs a TST for general screening purposes they can go to a Concentra Medical Center. The cost is $30.50. Tests can be given Monday, Tuesday, Wednesday and Friday at the following locations:

- 1600 Williams Blvd, Kenner, LA 70062 phone (504) 468-1506
- 318 Baronne St, New Orleans, LA 70112 phone (504) 561-1051
- 4015 Jefferson Hwy, Jefferson, LA 70121 phone (504) 837-6447

Follow-Up Services for Positive TB Skin Tests or TB Disease

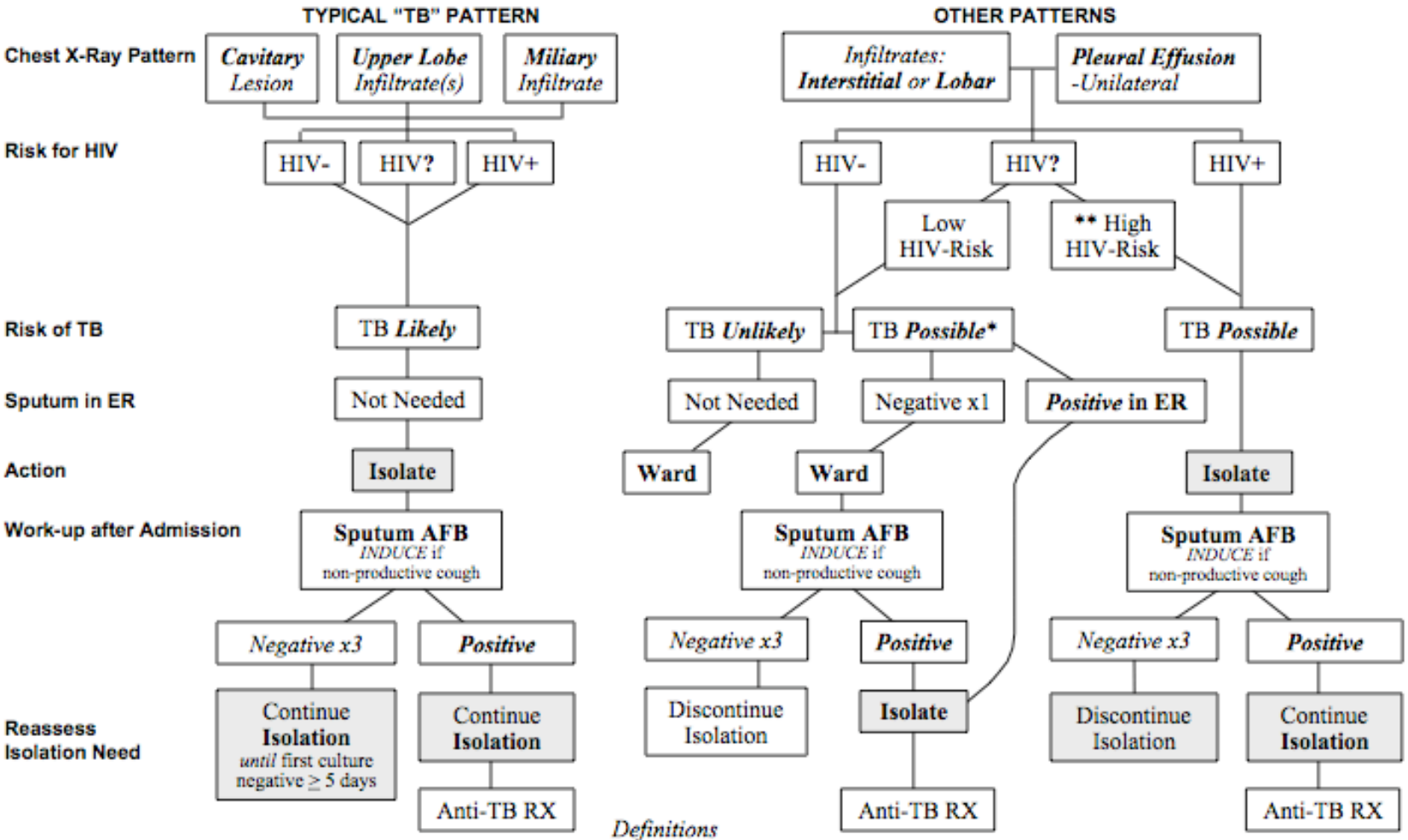
- Wetmore TB Clinic can provide services for TB infection or disease free of charge to anyone **(regardless of citizenship)** who has a positive tuberculin skin (TST/ PPD), or suspected/confirmed TB.
- To make an appointment, please fill out a Wetmore TB Clinic referral form for the patient located in the CLIQ MCL Referral Forms Section and fax to (504) 826-2052. The Wetmore Clinic does not accept walk-ins. Please document TST/PPD in millimeters on referral form in Clinical History Section.
    - You may also call (504) 931-9528 to make an appointment. If no answer, call Maureen Vincent, the Wetmore TB Clinic Coordinator at (504) 638-7053.

♣ NEW LOCATION ♣

The Wetmore TB Clinic is located at 3308 Tulane Avenue on the 6th Floor of the Marine Building. This is on Tulane Avenue near the corner of Jefferson Davis

Decision Tree for "Rule Out Tuberculosis" Isolation Need based on Abnormal Chest X-Ray and HIV Risk

Revised June 1999



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