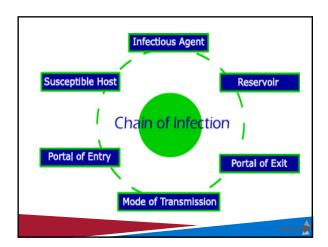
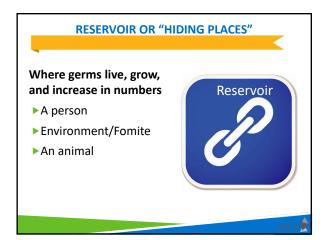


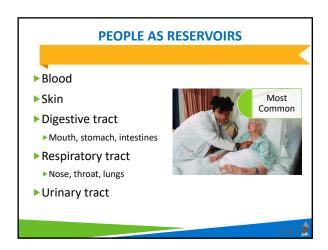
OBJECTIVES

- ▶ Discuss the infectious process
- Review methods for controlling transmission of infection:
- ▶ Standard Precautions
- ▶ Transmission-based Precautions
- ▶ Describe steps for detecting and controlling outbreaks

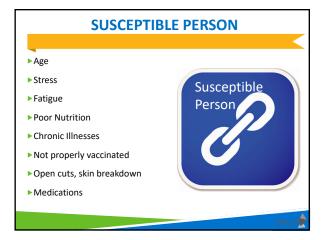


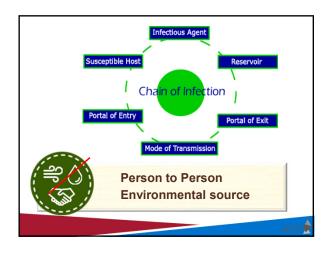
INFECTIOUS AGENT OR "THE HARMFUL GERM" Bacteria (MRSA, VRE) Viruses (Influenza, Norovirus) Fungi (Candida, Aspergillis) Parasites (Giardia, pinworms) Arthropods (mites) Infestations, not infections

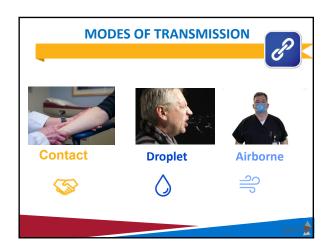


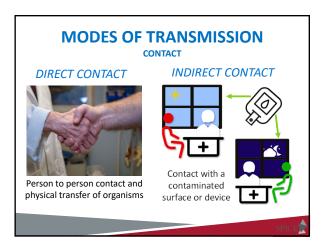


PORTALS OF EXIT AND ENTRY EXIT OR "THE WAY OUT" Nose and mouth Allows germs to leave in mucous droplets, and saliva or spit Gastrointestinal tract Allows for germs to leave in stool and/or vomit Skin Allows for germs to leave through direct contact, in blood, pus, or other liquids that come from the body. EXIT ENTRY OR "THE WAY IN" Nose and mouth Allows germs to enter in mucous droplets, and saliva or spit Gastrointestinal tract Allows for germs to enter via ingestion Skin Allows for germs to enter through direct contact, with blood, pus, or other liquids that come from the body.









MODES OF TRANSMISSION Droplet – an infectious agent travels as a very large particle over a short distance by air current (usually 3-6 feet) Droplets may arise from speaking, coughing or sneezing Need to be relatively close

MODES OF TRANSMISSION

Airborne – infectious agent travels as very small particles over long distances by air current





Small respiratory droplets, that can remain infective for long periods of time are dispersed when an infected person coughs, sneezes, laughs or speaks.

May spread thru ventilation systems

KNOWLEDGE CHECK

The Chain of Infection Includes which of the following:

- 1. Infectious agent, reservoir, mode of transmission and isolation precautions
- Susceptible host, portal of entry, OSHA rules, medical waste

Mode of transmission, infectious agent, susceptible host, reservoir, portal of entry and portal of exit

4. None of the above

As long as there is a means of transmission, infection will spread to others. Standard Precautions Transmission-Based Precautions

Standard Precautions • Hand hygiene • Use of personal protective equipment • Respiratory hygiene/cough etiquette • Safe injection practices • Use of a mask when injecting the epidural space • Safe handling of potentially contaminated equipment



THE BEST WAY TO STOP THE SPREAD OF INFECTION HAND HYGIENE Good hand hygiene, including use of an alcohol-based hand rub and washing with soap and water is critical in reducing the risk of transmission of infections in any healthcare setting Use of an alcohol-based hand rub is recommended as primary mode of hand hygiene except when hands are visible soiled Dirt Blood, Body fluids Caring for patient with infectious diarrhea Hand hygiene is discussed in detail in Module E, "principals of asepsis"

PERSONAL PROTECTIVE EQUIPMENT Video Clip: To start video click on image **Total Control Cont

PERSONAL PROTECTIVE EQUIPMENT

- ► Second component of Standard Precautions is Personal Protective Equipment (PPE)
- ► Wearable equipment that is intended to protect healthcare personnel from exposure or contact with infectious agent
- Examples:
- ▶ Use of gowns to protect skin and clothing
- ► Use of gloves in situations involving possible contact with blood, body fluids, non-intact skin and/or mucous membranes
- ► Use of mouth, nose and eye protection during procedures likely to generate splashes or splatters of blood or other body fluids

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of pre-autitions required, such as standard and contact, despliet or authorized reference insulation pre-excisions. The procedure for putting on and removing PPE should be tablered to the specific type of PPE.

1. GOWN

1. GOWN

2. MASK OR RESPIRATOR

2. Secure ties or elastic bands at middle of head and neck

Fit flexible band to nose bridge

Fit snug to face and below chin

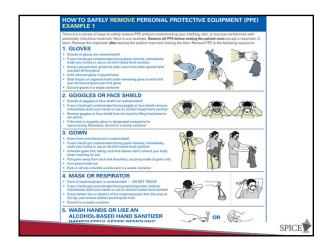
Fit-check respirator

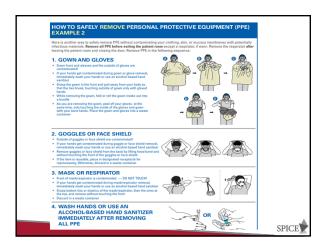
3. GOGGLES OR FACE SHIELD

Place over face and eyes and adjust to fit

4. GLOVES

Extend to cover wrist of isolation gown





USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) ➤ Three overriding principals related to personal protective equipment (PPE) ➤ Wear PPE when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur ➤ Prevent contamination of clothing and skin during the process of removing PPE ➤ Before leaving the work area remove and discard PPE



GLOVES:



DON'T

▶'Wear gloves to reduce risk of contamination or exposure to blood/other body fluids

DO

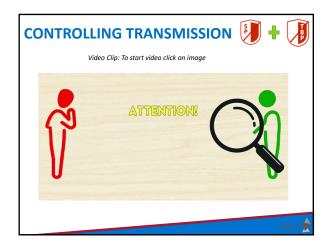
- ▶Clean hands before donning sterile gloves
- ▶ Cleans hands after removing gloves
- ▶ Cleans hands and change gloves between task (moving from one body site to another)
- ► Make sure gloves correct type and fit
- ▶ Follow facility policy

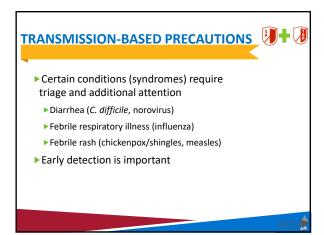
- ► Re-use or wash gloves (except for utility gloves)
- ▶ Substitute glove use for hand hygiene
- ▶Use non-approved hand lotions
- ► Use gloves if damaged or visible soiled
- ▶ Touch your face when wearing gloves
- ▶ Wear the same pair from one patient to another
- ▶ Wear gloves in the hall
- ► Forget to remove and dispose of appropriately



CONTROLLING TRANSMISSION RESPIRATORY HYGIENE/COUGH ETIQUETTE

- ▶Third element of standard precautions is Respiratory Hygiene/Cough Etiquette
- ▶ Strategy designed to contain respiratory secretions:
 - ▶ Patients
 - ▶ Accompanying individuals who have signs and symptoms of a respiratory infection
- ▶ Initial point of encounter:
 - ▶When entering the home







CONTACT PRECAUTIONS CONT'D



- Limit amount of non-disposable patient care equipment brought into home.
 - nt in
- ▶ Place contaminated re-usable noncritical patient care equipment in plastic bag for transport.



► Clean horizontal surfaces and equipment with Environmental Protection Agency (EPA)-registered disinfectant



DROPLET PRECAUTIONS



- ► Instruct patient to follow respiratory hygiene/cough etiquette.
- ► HCP should wear surgical mask upon entry to room.
- ► Have patient wear a mask when outside the home.
- ▶ Disinfect all horizontal surfaces and equipment using a Environmental Protection Agency (EPA)-registered disinfectant.



AIRBORNE PRECAUTIONS



- ► Have system in place to identify patients with known or suspected airborne spread infections.
- ▶ Instruct patient to follow respiratory hygiene/cough etiquette.
- ▶ If tolerated, patient can wear surgical mask while in the home to prevent dispersion of microorganism.
- ▶ Educate family regarding the contagious nature of the disease.
- ▶ Protect vulnerable household members (immunocompromised, <4 yrs old)
- ► For TB, HCP must wear fit-tested N-95 respirator upon entry.
- ▶ For Chickenpox and Measles, susceptible staff should wear a surgical mask.
- ► Clean horizontal surfaces and equipment with EPA-registered disinfectant.

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PRECAUTIONS IN THE HOME



- ► Caregivers should wash hands with soap and water after contact with infected or colonized person and before leaving home
- ▶ Use disposable towels to dry hands



- ▶ Do not share personal care items with infected person
- ➤ Disposable gloves should be worn if contact with body fluids is possible. Wash hands following removal
- ▶ Change linens and wash on a routine basis
- ► Clean environment routinely and when visibly soiled with body fluids

KNOWLEDGE CHECK

What is the single most effective way to prevent the spread of infections?

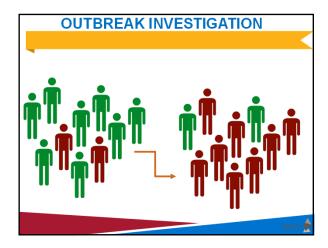
- 1. Using PPE
- 2. Cleaning patient care equipment

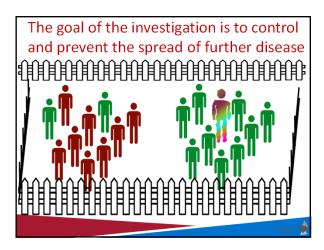


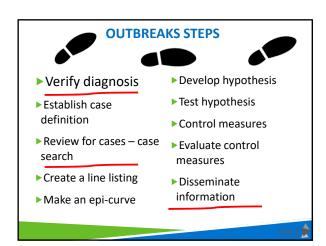
4. Coughing into the crook of elbow or tissue

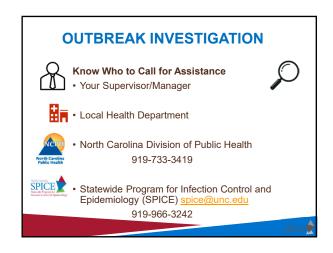
True or False Staff who enter the home of a patient requiring droplet precautions should wear a mask upon entry into the home False

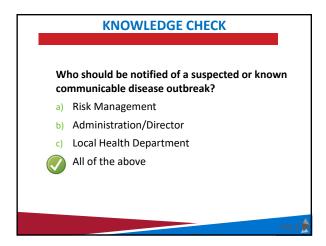
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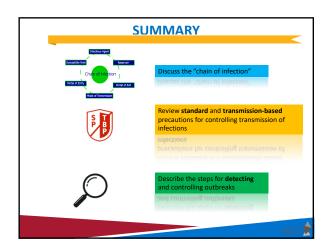












QUESTIONS?	
SPICE SPICE	