

<b>Department:</b> Administrative Medical Center Wide		<b>Policy #</b> SCOC.ADM.0014	
<b>Title:</b> Dress Code		<b>Effective Date:</b> 6/80	<b>Page:</b> 1 of 3
<b>Policy Owner:</b> Human Resources Director		<b>Review/Revision Dates:</b> 8/82, 8/89, 8/90, 6/91, 8/92, 8/93, 8/94, 8/97, 9/00, 6/01, 1/02, 3/04, 2/05, 2/06, 9/08, 9/10,12/10, 2/11, 1/13, 8/15, 6/17, 10/20	
<b>Accountable Department or Committee:</b> Human Resources <b>Approved by:</b> MSAAT		<input checked="" type="checkbox"/> <b>MSA Wide</b> <input type="checkbox"/> <b>Department Specific</b>	<input type="checkbox"/> <b>Clinical</b> <input checked="" type="checkbox"/> <b>Non-Clinical</b> <input checked="" type="checkbox"/> <b>Inpatient</b> <input checked="" type="checkbox"/> <b>Ambulatory</b>

### 1.0 Policy Statement

All Physicians and Staff are expected to adhere to these standards for dress within their department. Overall appearance should be neat and clean.

### 2.0 Purpose

The public evaluates our service based on many criteria including the professional appearance of our facilities and staff. This policy is intended to establish a standard to enhance professionalism, public image, a service-oriented culture, and maintain a clean, safe environment.

### 3.0 Scope/Coverage: This policy applies to all employees who are employed by the following entities (collectively referred to as “Kaiser Permanente”)

- 3.1 All workforce members of the Kaiser Foundation Health Plan, Kaiser Foundation Hospitals, and their subsidiaries, as well as to all students, residents, interns, temporary employees, contractors, vendors, agents, directors and volunteers.
- 3.2 All physicians and non-physician employees of the Southern California Permanente Medical Group (SCPMG).

### 4.0 Workplace Safety

- 4.1 Use caution when wearing identification badges, neck ties or jewelry when working with equipment.
- 4.2 No loop/dangling earring allowed (may be pulled by patients).
- 4.3 Open toe shoes prohibited in patient care areas.
- 4.4 Toning shoes such as “Shape Ups”, “Easy Tone”, “AviMotion”, and others with thick wedge or rocker type soles may lead to fall injuries and are prohibited in the workplace.
- 4.5 Shirts or dresses longer than ankle length, and high heels are a safety hazard.

### 5.0 Definitions – N/A

### 6.0 Provision/Procedure

- 6.1 General Guidelines
  - 6.1.1 Neatness and cleanliness are the guidelines to be used in dress and personal appearance for all physicians and staff. Good personal hygiene is required.
  - 6.1.2 By law - Title 22, badge identification is required. **Badges** must be worn at ***all times by all physicians and staff***, above the waist, with photo and name clearly visible while on duty. A badge is necessary even with labeled lab coats.
  - 6.1.3 **Scrubs, cover gowns, and lab coats** are to be worn only by those who provide direct patient care, and as designated by their departments. Scrubs, cover gowns, and lab coats must always be clean and pressed. Scrubs are to be clean and laundered regularly. Outerwear, such as jackets and sweatshirts, are not considered part of the uniform and are considered ‘soiled’. They should not to be worn over the uniform. If warmth is needed in the work environment, undergarments, such as sweaters, may be worn under the scrubs.

Title: Dress Code	<b>Policy #</b> SCOC.ADM.0014	Revision/Review Date: 8/15, 6/17, 10/20	Page 2 of 3
-------------------	----------------------------------	--	-------------

- 6.1.4 First Impression Professional Wear** will be worn by all out-patient non-clinical service representatives who check in patients.
- 6.1.5 Casual dress** is not appropriate in direct patient care areas or any areas visible to the public. Exceptions will only be approved by Service Line Administrators.
- 6.1.6 Hair** must be well groomed and maintained at all times. Hair length should not cover eyes and create a safety hazard or an infection control problem/risk. Healthcare workers must secure hair to avoid contamination of clean / sterile fields when providing patient care.
- 6.1.7 Facial Hair** such as sideburns, mustaches, and beards should be neat, clean, and trimmed at all times. In certain situations, facial hair should be compliant with appropriate PPE, absent religious exceptions.
- 6.1.8 Fingernails** must be kept neat and clean. Additionally, all physicians and staff who provide direct hands-on patient care are not permitted to wear artificial nails and nail tips. All physicians and staff who provide direct hands-on patient care are expected to be in compliance with the *Kaiser Permanente Policy and Procedure for Hand Washing, Infection Control Manual*.
- 6.1.9 Make-up and nail polish** must be moderate and cannot serve as a distraction to others. Make-up may be discouraged if the use of make-up impacts PPE usage or required PPE supplies.
- 6.1.10** To protect patients and co-workers with allergic and respiratory sensitivities, use of **perfume**, cologne, and after-shave lotions should be minimal or not used at all in the workplace.
- 6.1.11 Jewelry** must contribute to the professional appearance of the individual, be conservative in style and quantity, and must not compromise safety.
- 6.1.12 Piercings**
  - 6.1.12.1** Nose – one stud no larger than 2mm on side of nose only.
  - 6.1.12.2** Ears – no more than 2 earrings per ear; ear stretchers must be no larger than 2mm.
  - 6.1.12.3** Facial or body piercing that is visible or noticeable should not be worn while on duty.
- 6.1.13** All **tattoos** should be covered if feasible. Visible tattoos cannot serve as a distraction or be offensive to others.
- 6.1.14 Pants** should be fitted at the waistline and ankle-length.
- 6.1.15 Skirts** should be no higher than 2 inches above the kneecaps. No skirts longer than ankle length or which pose a safety hazard.
- 6.1.16 Shoes** must be clean, polished, in good condition and should not pose a safety hazard.
- 6.1.17** Attire that is considered ***inappropriate*** includes, but is not limited to:
  - 6.1.17.1** T-shirts worn without a “scrub top” or uniform covering
  - 6.1.17.2** Shirts with slogans/pictures (exception: KP Logos/LMP logos)
  - 6.1.17.3** Low cut shirts/blouses and strapless or spaghetti strap tops
  - 6.1.17.4** Tank tops and midriff tops
  - 6.1.17.5** Jeans, shorts or mini skirts
  - 6.1.17.6** Visible undergarments
  - 6.1.17.7** Cocktail or evening wear
  - 6.1.17.8** Hats (exception: religious or culturally appropriate headwear) and bandanas
  - 6.1.17.9** Spiked or leather collar jewelry
  - 6.1.17.10** Casual sandals or flip-flops
  - 6.1.17.11** Any clothing or attire deemed offensive or inappropriate for a professional work environment

Title: Dress Code	<b>Policy #</b> SCOC.ADM.0014	Revision/Review Date: 8/15, 6/17, 10/20	Page 3 of 3
-------------------	----------------------------------	--	-------------

**6.2 Taking Action**

**6.2.1** Based on supervisor judgment, the physician leader or staff manager will use the following approaches in addressing physicians and staff who do not meet the dress standards.

**6.2.1.1** Reacquaint physician or staff member with the principles of proper attire.

**6.2.1.2** Counsel the physician or staff member.

**6.2.1.3** Counsel the physician or staff member and send home to change.

**6.2.1.4** Initiate corrective or disciplinary action per appropriate process or policy.

**6.2.2** Factors for consideration in selecting an appropriate corrective approach should rest on the severity of the inappropriateness, nature of the work environment, and frequency of occurrence.

**7.0 References/Appendices – N/A**

**8.0 Approval**

**8.1** HR Director

**8.2** MSAAT



Kaiser Permanente Orange County – Specific  
**Infection Control**  
STUDENT MODULE

# Objectives

At the end of this presentation, the STUDENT will be able to:



- Discuss the importance of hand hygiene in the prevention of disease transmission
- Explain the importance of transmission based isolation to prevent the spread of infection.
- Identify the transmission and prevention of tuberculosis.
- Identify clean versus soiled equipment and the process for disinfecting equipment and furniture.

# Infection Prevention and Control Department

Anaheim

714-644-4110 (215)

- Nancy Dorner, RN  
IC Director
- Sarah Gaines-Hill, RN  
IC Professional

Irvine

949-932-2689 (238)

- Charlene Bruce, RN  
IC Professional
- D. Adela Torres, RN  
IC Professional



# Infection Prevention and Control Resources

1. IC Policy and Procedure Manual online
2. Alphabetical List of Diseases
3. Phone Infection Control
4. Immediate Supervisor



***Know Your Infection Control Team***

**Q: How do I find Kaiser  
Permanente Orange County  
Infection Control Policies?**



**A: Kaiser Permanente Orange  
County Infection Control  
Policies are located on OC Web  
XP**








WebShare™ > Policies > Infection Control

## Policies

This is the central location of all policies and procedures for Orange County effective January 1, 2012.

Actions ▾

Type	Name
	Archived
	Attachments
	Attestation Sheets
	Short URL - Infection Control
	Aerosol Transmissible Diseases Includes Tuberculosis Exposure Control Plan
	Alphabetical List of Infectious Diseases
	Animal Assist for Disabled
	Approved Cleaning and Disinfecting Agents
	Aseptic Technique
	Asepti-Wipes II
	Attachment CDC NHSN Definition of HAI
	Bacteriological and Endotoxin Testing



### Libraries

- Policies
- Compliance
- Public Library
- Administrative Services & Programs
- Ambulatory Services
- Consulting Services
- Continuing Care
- HealthConnect
- Inpatient Nursing
- Patient Care Support Services
- Service & Access
- Surgical Services
- Photo Library

### Discussions

# Why do we need Infection Control?

- Prevention of Healthcare-acquired Infections
- Patient Safety and Satisfaction
- Staff Safety
- Regulatory Agency Requirements
- Cost to Hospital



# Prevention of Healthcare Acquired Infections (HAIs)

Strategies to prevent HAIs:

- Hand Hygiene compliance
- Reduction of patient device use
- Patient notification, education and documentation
- Appropriate isolation for patients
- Infection Preventions Bundles
- Environmental cleaning/disinfection
- HCW and member vaccination programs





# Colonization versus Infection

## Colonization

Culture positive with no signs or symptoms of infection

## Infection

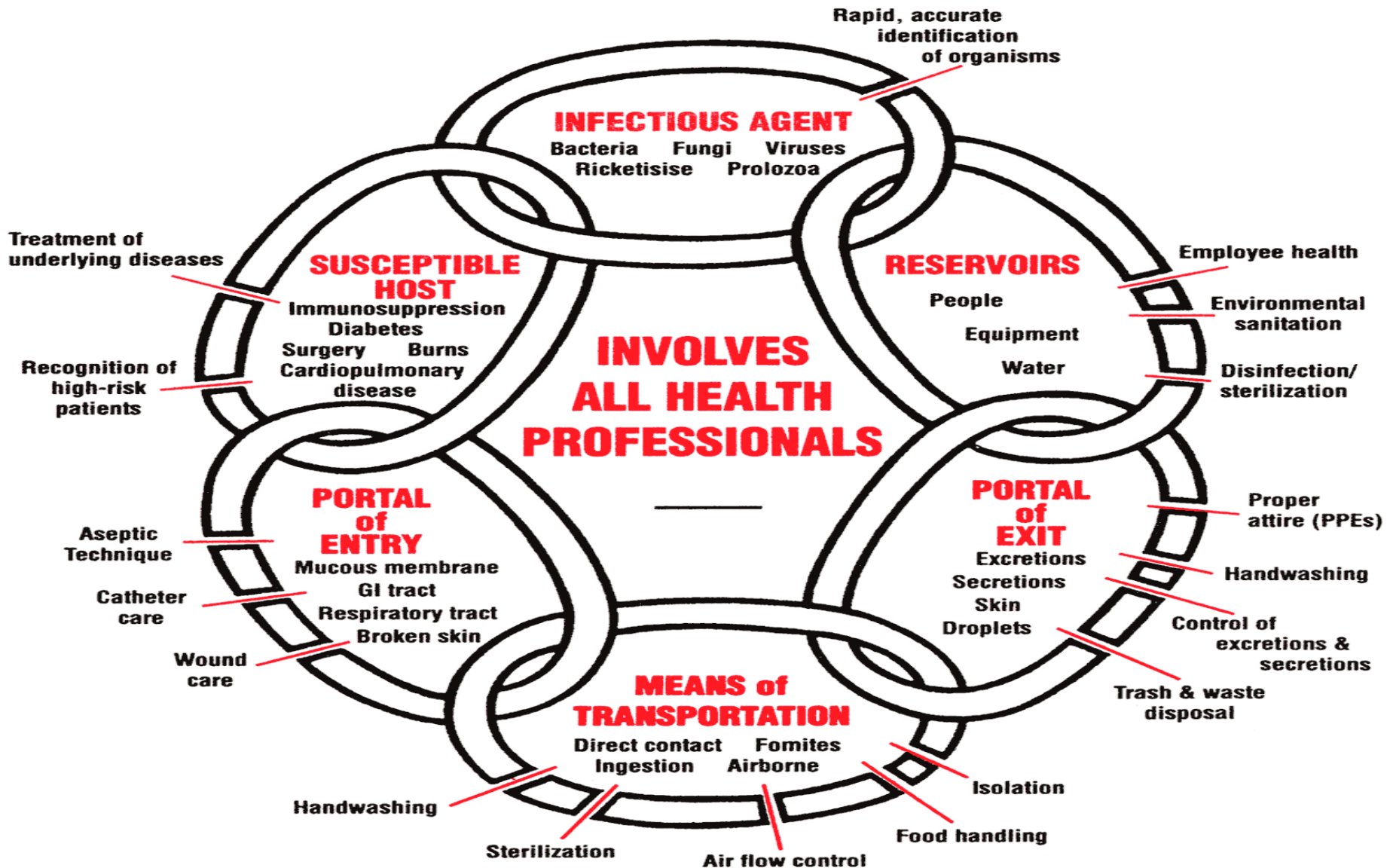
Culture positive with sign/symptoms of infection, such as *Redness, Pain, Fever and/or Purulence*



**Colonized and infected individuals can spread infection.**

Infection control procedures are aimed at interfering with any one of the steps in the chain of infection.

*HERE IS ONE CHAIN YOU WANT TO BREAK!*



# Hand Hygiene Principles

**START** →



1. Wet hands

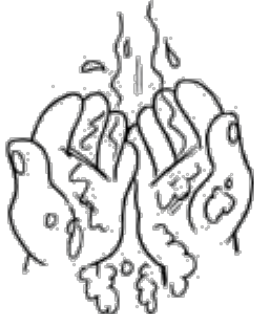
## HAND WASHING STEPS



2. Soap



3. Scrub backs of hands, wrists, between fingers, under fingernails.



4. Rinse

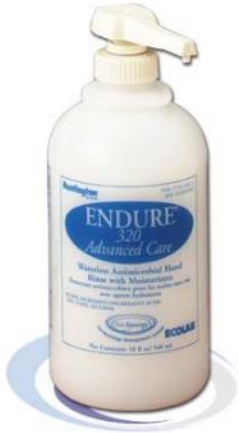


6. Turn off taps with towel



5. Towel dry

**Alcohol Gel**  
**(dime-size)**



**Alcohol Foam**  
**(egg-size)**

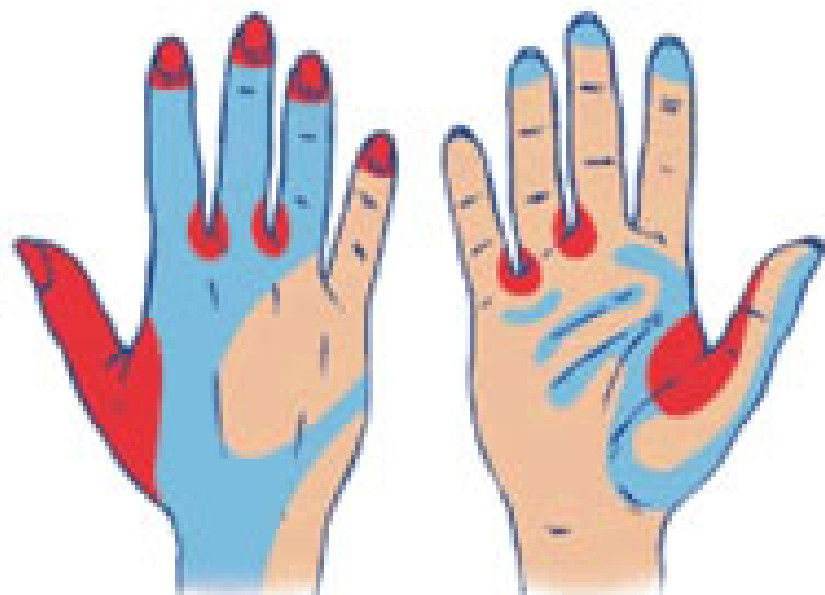
**“Red Rule”**





# Red Rule

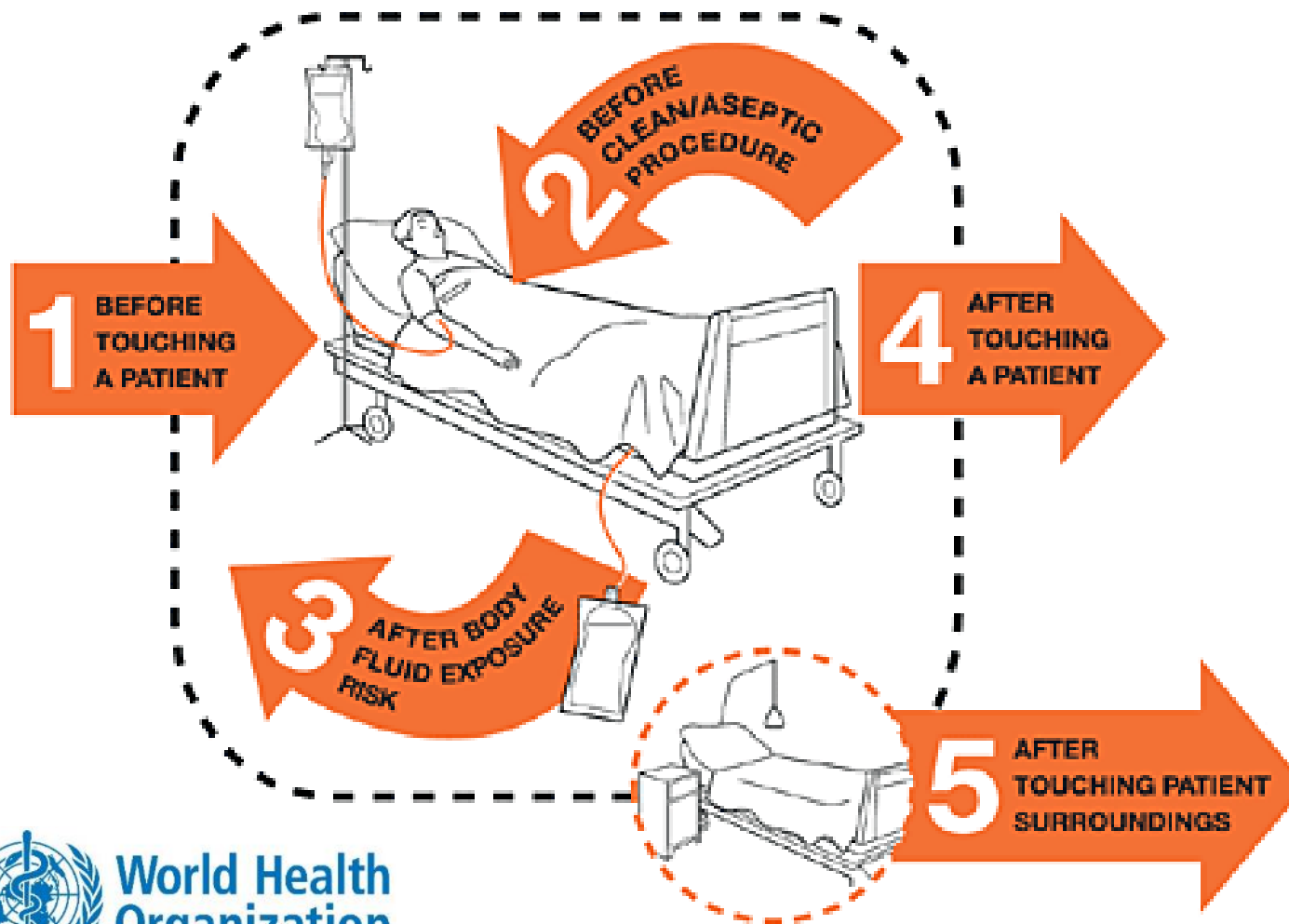
- In Orange County, we use the code term “Red Rule” to discreetly notify and remind any hospital employee, student or contracted employee that has:
  - a) forgotten to wash his/her hands,
  - b) or is out of compliance with safe hand hygiene practice

# Hand Hygiene



-  Areas most frequently missed during hand washing
-  Less frequently missed
-  Not missed

# 5 Moments of Hand Hygiene



# Hand Hygiene Considerations



- Natural nails should be short.
- Artificial nails, nail tips, gel, and silk wraps are prohibited for all HCW who provide direct patient care or touch the patient environment.
- Nail polish is permitted if it is intact and without chips.

# Efficacy of Hand Hygiene Preparations in Killing Bacteria



# Respiratory Hygiene Plus Cough Etiquette

Recommended for all individuals with symptoms of respiratory infection

- Cover the nose/mouth when coughing or sneezing with a tissue or mask
- Dispose of tissue in a receptacle
- Perform Hand Hygiene
- Encourage coughing persons to sit or stand at least 3 feet away from others in common waiting areas



# Respiratory Etiquette Stations

Available in waiting areas, they include:

- Tissues and no-touch receptacles for disposal
- Alcohol-based gels and foams
- Surgical masks



**Visitors with upper respiratory symptoms should be discouraged from visiting**

# Standard Precautions

Infection prevention practices that are used for ALL patients

- **Gloves:** Whenever touching blood, body fluids, mucous membranes.
- **Mask:** When splashes to mouth or nose is anticipated and/or performing aseptic procedures such as Lumbar Puncture, central line insertion
- **Goggles or Eye Shield:** When splashes to eyes are anticipated.
- **Gown:** When soiling of clothing or skin is anticipated.





# CDC's Transmission-Based Isolation Precautions: Door Signs

## AIRBORNE PRECAUTIONS

**N95 OR PAPR REQUIRED**  
**Door to Remain Closed**

**VISITORS**  
Report to Nurse  
Before Entering



**VISITANTES**  
por favor informe ala enfermera antes de entrar

**HAND HYGIENE**



Soap & Water  
OR  
Alcohol Hand Sanitizer  
when entering & leaving room

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**



- Staff to wear N95 or PAPR.
- Visitors to wear a surgical mask.
- Gloves (all) when entering room.
- Upon exiting, remove PPE inside room and perform hand hygiene.

**CLEANING**



- Dedicated equipment to the room if possible; otherwise clean/disinfect all medical equipment after each patient use.
- Discard disposable equipment when patient is discharged.

**TRANSPORT**



- NOTIFY receiving area before transport.
- Patient wears a surgical mask when out of the room, if tolerated.

## DROPLET PRECAUTIONS

**VISITORS**  
Report to Nurse  
Before Entering



**VISITANTES**  
por favor informe ala enfermera antes de entrar

**HAND HYGIENE**



Soap & Water  
OR  
Alcohol Hand Sanitizer  
when entering & leaving room

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**



- Gloves and mask required when entering room.
- Upon exiting, remove PPE inside room and perform hand hygiene.

**CLEANING**



- Dedicated equipment to the room if possible; otherwise clean/disinfect all medical equipment after each patient use.
- Discard disposable equipment when patient is discharged.

**TRANSPORT**



- NOTIFY receiving area before transport.
- Patient wears a surgical mask when out of the room, if tolerated.

## CONTACT PRECAUTIONS

**VISITORS**  
Report to Nurse  
Before Entering



**VISITANTES**  
por favor informe ala enfermera antes de entrar

**HAND HYGIENE**



Soap & Water  
OR  
Alcohol Hand Sanitizer  
when entering & leaving

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**



- Gown and gloves required when entering room.
- Upon exiting, remove PPEs inside room and perform hand

**CLEANING**



- Dedicated equipment to the room if possible; otherwise clean/disinfect all medical equipment after each patient use.
- Discard disposable equipment when patient is discharged.

**TRANSPORT**



- NOTIFY receiving area before transport.
- Transport patient on gurney or wheelchair.
- Cover patient with a clean sheet.
- Cover patient with a clean sheet.

## CONTACT PLUS PRECAUTIONS

**HAND WASHING WITH SOAP & WATER REQUIRED**

**VISITORS**  
Report to Nurse  
Before Entering



**VISITANTES**  
por favor informe ala enfermera antes de entrar

**HAND HYGIENE**



Soap & Water  
**ONLY**

**PERSONAL PROTECTIVE EQUIPMENT**



- Gown and gloves required when entering room.
- Upon exiting, remove PPEs inside room and perform soap and water hand washing.

**CLEANING**



- Dedicated equipment to the room if possible; otherwise clean/disinfect all medical equipment with bleach after each patient use.
- Discard disposable equipment when patient is discharged.

**TRANSPORT**



- NOTIFY receiving area before transport.
- Transport patient on gurney or wheelchair.
- Cover patient with a clean sheet.
- Dedicated medical equipment for use on this patient.

# Isolation Precautions: Airborne



- Use in addition to Standard Precautions
- Negative Pressure Room
- N-95 respirator or PAPR
- Airborne Transmissible Diseases (ATD) Examples:
  - **Tuberculosis**
  - **Measles**
  - **Chicken pox**
  - **Novel influenza with aerosolizing procedures**

# Airborne Transmission



# AIRBORNE PRECAUTIONS

**N95 OR PAPR REQUIRED**

**Door to Remain Closed**

**VISITORS**  
Report to Nurse  
**Before**  
**Entering**



**VISITANTES**  
por favor informe ala  
enfermera antes de  
entrar

## **HAND HYGIENE**



OR



OR



**Soap & Water**  
**OR**  
**Alcohol Hand Sanitizer**  
when entering & leaving  
room

## **PERSONAL PROTECTIVE EQUIPMENT (PPE)**



- Staff to wear N95 or PAPR.
- Visitors to wear a surgical mask.
- Gloves (all) when entering room.
- Upon exiting, remove PPE inside room and perform hand hygiene.

## **CLEANING**



- Dedicated equipment to the room if possible; otherwise clean/disinfect all medical equipment after each patient use.
- Discard disposable equipment when patient is discharged.

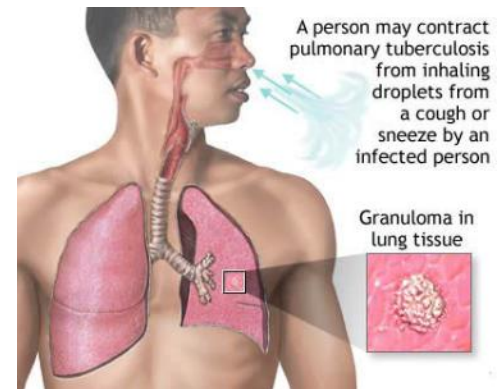
## **TRANSPORT**



- **NOTIFY** receiving area before transport.
- Patient wears a surgical mask when out of the room, if tolerated.

# Tuberculosis (TB)

- Risk factors:
  - Recent immigrant
  - Immunosuppressed or HIV
  - Resident of prison, shelter, LTC facility
  - Known exposure or previous positive skin test
  - History of TB, did not complete therapy



# Tuberculosis (TB) (like vs)

## Latent TB (non-pulmonary)

- Positive skin test
- Normal CXR
- No Clinical Signs or Symptoms
- CANNOT spread disease to others
- Treated with INH for prophylaxis
- Must be reported to Infection Control
- No isolation

## Active TB (pulmonary)

- Positive skin test
- Abnormal CXR
- Clinical Signs and Symptoms
- CAN spread disease to others
- Must be reported to Infection Control
- Must be in isolation



# Confirmed TB Patients

- On TB therapy who are hospitalized are kept in airborne precautions at least 2 weeks and until 3 sputum smears are negative for ATB (Acid-fast Bacilli)



# Discharging TB Patients on TB Medications

## Before the patient is discharged:

- Contact the patient's Discharge Planner to request Orange County Health Care Agency (OCHCA) approval for discharge.
- Patient cannot be discharged until OCHCA gives approval.
- Failure to obtain OCHCA approval may result hospital fines.

**TB Patients leaving AMA: Notify OCHCA the next business day**





# Airborne Isolation Sign

When patient is discharged or leaves room, times must be noted on the sign:

- When patient left
- When it's safe to enter room without respirator a minimum of 35 minutes.



# Isolation Precautions: Droplet

- Use in addition to Standard Precautions
- Follow **Blue** Isolation Sign pictures
- Examples
  - Meningitis
  - Influenza
  - Mumps
  - Pertussis



# Droplet Transmission



# DROPLET PRECAUTIONS

## VISITORS

Report to Nurse  
Before Entering



## VISITANTES

por favor informe ala  
enfermera antes de  
entrar

## HAND HYGIENE



OR



OR



Soap & Water  
OR  
Alcohol Hand Sanitizer  
when entering & leaving room

## PERSONAL PROTECTIVE EQUIPMENT (PPE)



- Gloves and mask required when entering room.
- Upon exiting, remove PPE inside room and perform hand hygiene.

## CLEANING



- Dedicated equipment to the room if possible; otherwise clean/disinfect all medical equipment after each patient use.
- Discard disposable equipment when patient is discharged.

## TRANSPORT



- NOTIFY receiving area before transport.
- Patient wears a surgical mask when out of the room, if tolerated.

# Isolation Precautions: **Contact Plus**

- Use in addition to Standard Precautions
- Follow **Green** Isolation Sign pictures
- Examples:
  - C-Diff
  - Infectious diarrhea
  - Campylobacter
  - Salmonella



# Contact *Plus* Transmission



**DIARRRHEA**



- Test the first loose stool within the first 24 hours of hospitalization including ED.
- After 24 hours, test only patients with  $\geq 3$  loose stools in 24 hours in hospitalized patient.

Unless diarrhea is due to laxative or stimulant to include, but not limited to Lactulose, Kayexalate, Golytely, Milk of Magnesia, Magnesium Citrate, Miralax, Contrast Media (Oral Contrast, Radio Opaque), Tube Feedings and Enemas

*If loose stool continues greater than 48 hours after laxative or stool inducing meds, escalate to CN/ADA before calling MD.*

**Initiate Contact Plus Isolation Protocol**  
**HANDWASH**  
**WITH SOAP & WATER**

Education to pt/family/visitors on use of gown & gloves(PPE) and hand washing with soap and water until results known

Education & C.Diff Pamphlet to pt/family/visitors when **Positive**

# C-Diff Algorithm

YES

C-Diff **Positive**

NO

**DC isolation**, even if other stool studies such as stool culture, ova / parasites, are pending

# Clostridium difficile (C. diff)

## "Traditional Handwashing"

- Clean equipment and environment with bleach wipes
- Disposable equipment only
  - Stethoscope
  - BP cuff
- Viking lift only
- Any equipment brought into room must be cleaned with bleach before it leaves the room (BP machine, glucometer, portable x-ray, etc)



**ALCOHOL GEL OR ALCOHOL FOAM DOES NOT KILL THE SPORES!**



# **CONTACT PLUS PRECAUTIONS**

**HAND WASHING WITH SOAP & WATER  
REQUIRED**

**VISITORS**  
Report to Nurse  
Before Entering



**VISITANTES**  
por favor informe ala  
enfermera antes de  
entrar

## **HAND HYGIENE**



**Soap & Water  
ONLY**

## **PERSONAL PROTECTIVE EQUIPMENT**



- Gown and gloves required when entering room.
- Upon exiting, remove PPEs inside room and perform soap and water hand washing.

## **CLEANING**



- Dedicated equipment to the room if possible; otherwise clean/disinfect all medical equipment with bleach after each patient use.
- Discard disposable equipment when patient is discharged.

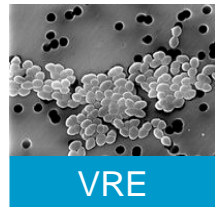
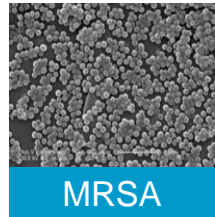
## **TRANSPORT**



- NOTIFY receiving area before transport.
- Transport patient on gurney or wheelchair.
- Cover patient with a clean sheet.
- Dedicated medical equipment for use on this patient.

# Isolation Precautions: **Contact**

- Use in addition to Standard Precautions
- Follow **Yellow** Isolation Sign Pictures
- Examples:
  - ESBL (*Extended Spectrum Beta Lactamase*)
  - Multi-drug Resistant Organisms
  - Draining Wounds that cannot be contained
- **Members with a history of MRSA or VRE and no active current infection are placed in Standard Precautions.**



# Contact Transmission

Most frequent transmission:

- Direct-contact involves direct body surface to body surface
- Indirect-contact is with a contaminated intermediate object



# CONTACT PRECAUTIONS

## VISITORS

Report to Nurse  
Before Entering



## VISITANTES

por favor informe ala  
enfermera antes de  
entrar

## HAND HYGIENE



OR



OR



Soap & Water  
OR  
Alcohol Hand Sanitizer  
when entering & leaving

## PERSONAL PROTECTIVE EQUIPMENT (PPE)



- Gown and gloves required when entering room.
- Upon exiting, remove PPEs inside room and perform hand

## CLEANING



- Dedicated equipment to the room if possible; otherwise clean/disinfect all medical equipment after each patient use.
- Discard disposable equipment when patient is discharged.

## TRANSPORT



- NOTIFY receiving area before transport.
- Transport patient on gurney or wheelchair.
- Cover patient with a clean sheet.

# Isolation Patient Transfers

ONLY for essential purposes (e.g. diagnostic) that cannot be performed in room

Communicate with receiving personnel.

## Patient preparation:

- Wash patient hands
- Put on clean gown and protective undergarment, if necessary
- Cover open wounds with dressing
- Apply surgical mask for Droplet/Airborne Isolation



**PPEs are not worn in the hallways**

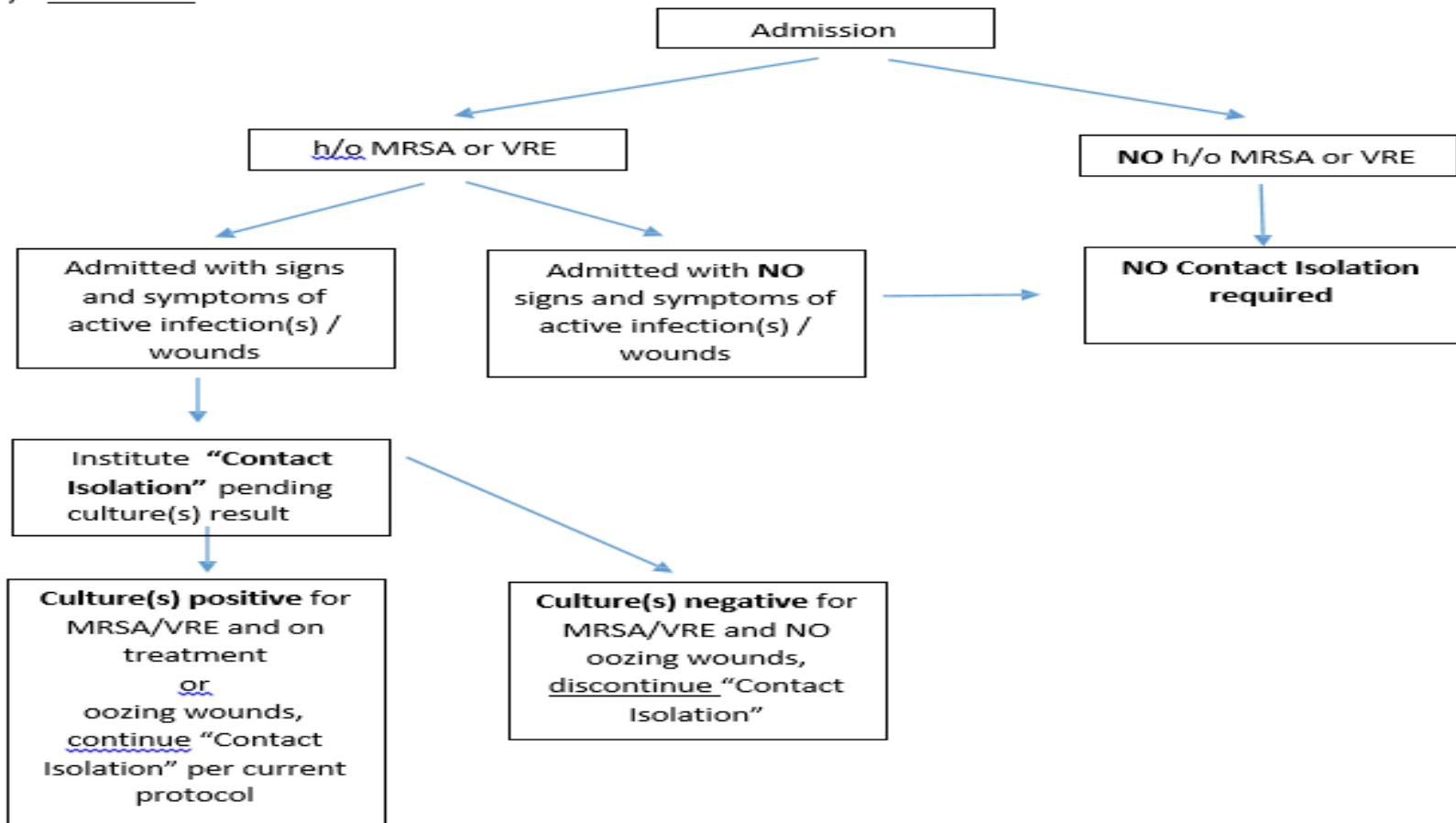
# MRSA/VRE De-Isolation Protocol

- Patient with positive MRSA screen but no active infection, **do not** require isolation.
- Education to patient and family on MRSA/VRE will need to be completed and documented in patient's EMR
- **BE SURE TO FOLLOW STANDARD PRECAUTIONS AND PERFORM 5 MOMENTS OF HAND HYGIENE WITH EACH PATIENT**

# MRSA/VRE De-Isolation Protocol

- 1) Definition of active infection:
  - Patient receiving treatment for MRSA / VRE
  - Patient with oozing wounds

- 2) Workflow:

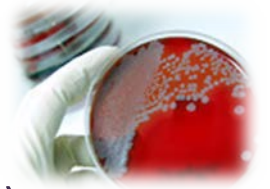


Screening for MRSA is still required by regulators (H&S Code 1255.8) in patients

**Please note: Patients with previous history of MRSA will not require any nasal swab testing on admission.**

# MRSA Active Surveillance Screening

California legislation (SB 1058) mandates that selected patients have a MRSA Surveillance culture collected within 24 hours of admission. Patient who:



- is readmitted within 30 days
- is admitted to the Critical Care Units (ICU or NICU)
- will receive inpatient dialysis (either peritoneal or hemodialysis)
- has been transferred from another acute care or skilled nursing facility

As of January 1, 2011, chronic hemodialysis patients (no MRSA history) with an ICU stay must have another MRSA surveillance culture at the time of discharge.

Patient/family education and documentation of infection prevention strategies must be provided for any new infection.



# Sequence for Donning PPEs



Perform Hand Hygiene



Gown



Mask or Respirator



Goggles or Face Shield

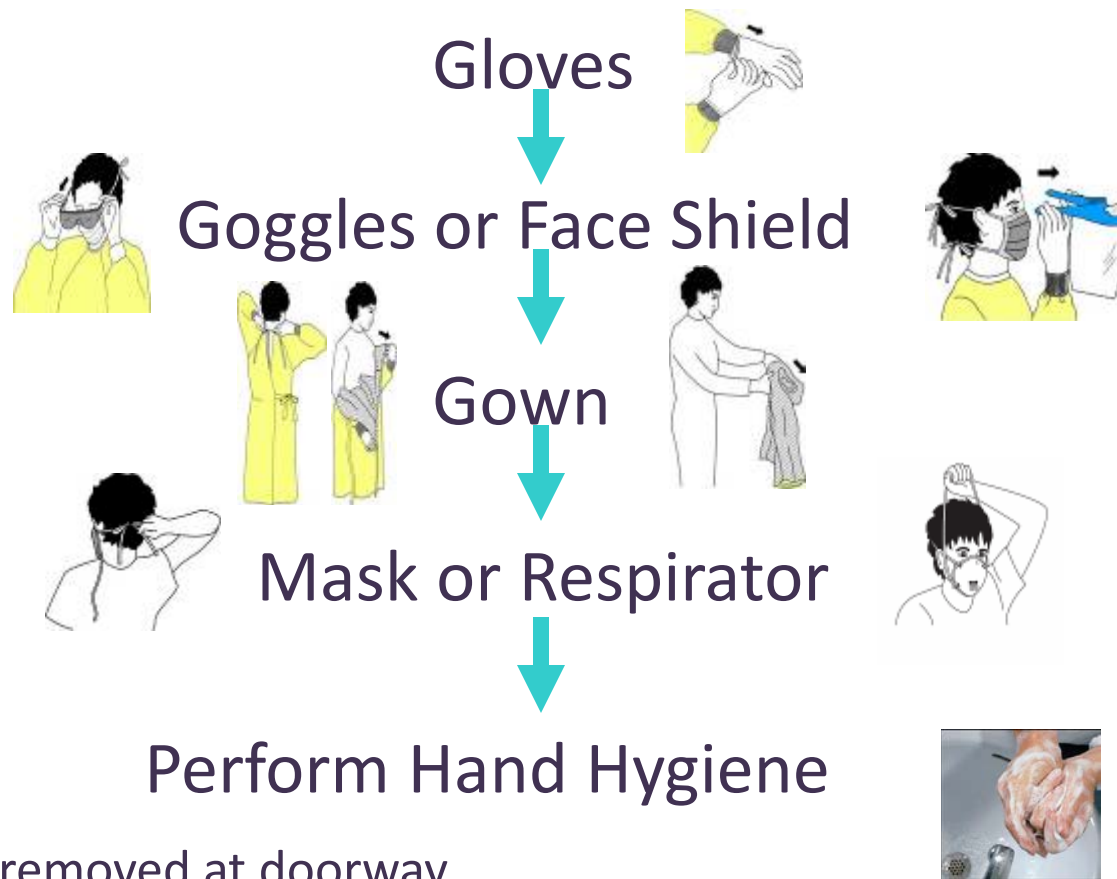


Gloves



- Keep hands away from face
- Change gloves when torn or heavily contaminated

# Sequence for Removing PPEs



- All PPEs are removed at doorway.
- Exception: Respirator is removed in anteroom after closing patient door

# Removal of Isolation Signs

- EVS will remove isolation signs after the room has been terminally cleaned.

**DO NOT  
REMOVE  
THIS SIGN**

# National Patient Safety Goal #7

- Hand Hygiene
- MDRO
- CLABSI / Central Line Insertion Bundle
- CAUTI
- SSI



# Multi-drug Resistant Organisms (MDRO) Strategies

- Education of the member and/or family.
- Identification and Contact Isolation for MDRO history.
- Terminal cleaning, plus enhanced practices for isolation.
- Active MRSA Surveillance cultures (ASC) for targeted populations.
- Interdepartmental communication of MDRO status.



# Where can you find MDRO information?

## Snap Shot

- Problem- Overview

## Professional Exchange Report (PER)

- MDRO Green Banner

Infection: Clostridium difficile: Contact Plus Precaution

- Dear Doctor
- Team Communication

## Lab Results

Every Handoff Communication (i.e. HCW change, interdepartmental transfer, etc.)



# Central Line Associated Bloodstream Infection (CLABSI)

- Biopatch required.
- Dressing change every seven days (Mondays).
- 2 person dressing change.
- Use central line dressing change kit.
- Sterile procedure for changing central line dressings.
- Sorbaview must remain intact (if not intact, change prn).



# Central Line Insertion Protocol (CLIP)

- Sterile procedure.
- Choice of insertion site (avoid femoral placement).
- Chlorhexidine (CHG) anti-sepsis.
- Biopatch required.
- Avoid suturing.
- Sorbaview placement.
- First dressing change to occur in 24 hours.
- Document on CLIP form (in HC).



# CLIP Form

- Form must be filled out completely.
- It is sent directly to CDC.
- Publicly reported data.

Lines, Drains, Airways, Tubes, and Wounds Properties

**Hemodialysis Catheter Temporary catheter NON-TUNNELED Groin, Right FEMORAL - RIGHT**

Property	Value
Origin of Site (if not this admission)	
Placement Date	1/3/2015
Placement Time	1416
Person recording insertion practice	OBSERVER
Site Prep	Chlorhexidine
Skin prep agent dry at skin puncture	YES
Maximal sterile barrier protection used (INCLUDES Mask/Eye shield, Large sterile drape, Sterile gown, Sterile gloves, Cap)	SEE PHYSICIAN DOCUMENTATION
Catheter Type	Temporary catheter
TYPE (TUNNELED = Broviac, Hickman, Groshong, Permanent Dialysis) (NON-TUNNELED = Single, Double, Triple Lumen, Swan-Ganz, Temporary Dialysis)	NON-TUNNELED
Size	
Antimicrobial Line	YES
Catheter Location	Groin, Right
Site	FEMORAL - RIGHT
Line Depth	
Line used for Dialysis	YES
Hemodialysis Catheter	

Value: SEE PHYSICIAN DOCUMENTATION  
Comment: Time Recd: 01/03/15 1417  
User Taken: [ ] User Recd: [ ] Show Audit: [ ]

# Catheter-Associated UTI (CAUTI)

- Hand hygiene before handling urinary catheter\*
- Daily review of indwelling catheter necessity with prompt removal if unnecessary
- Unobstructed flow
- Bag below level of bladder
- Tubing secured to patient
- Bag off the floor
- Tamper seal unbroken\*



# Surgical Site Infections (SSI)



- **Pre-op**
  - Patient education for SSI prevention
  - Showering night before and morning of surgery
  - Appropriate hair removal
- **Intra-op**
  - SCIP measures
- **Post-op**
  - Prophylactic antibiotics discontinued within 48 hours after surgery end time
  - Patient education for hand hygiene, wound care and follow up

# Patient/Family Education

- Provide, review and document printed patient education materials from Clinical Library
  - Clean Hands are Everyone's Responsibility
  - Infection specific handouts (e.g. MRSA, C. difficile and others)



# Ventilator Associated Pneumonia (VAP) Bundle

- Elevation of Head of bed to at least 30 degrees.
- Ventilator weaning (sedation vacation).
- Daily assessment of readiness to extubate.
- Peptic ulcer disease prophylaxis.
- DVT prophylaxis.
- Oral Care.
- Swallow evaluation.
- Early mobilization.
- CHG bathing.



# Sharps Safety

- Handle sharps cautiously and safely
- Use sharps safety products when available
  - Activate sharps safety mechanism
- **DO NOT** recap needles
- Minimize manipulation of the sharp
- Establish “Sharp Safety Zone” as needed
- Dispose immediately in sharps container
  - DO NOT go over the fill-line
- **DO NOT** place linen or trash receptacles under a Sharps Container



# Equipment/ Furniture Cleaning and Disinfection

## Patient Care Equipment



- Clean and disinfect multi-patient use equipment between patients.
- Discard single use items (i.e. PPE).
- Clean and disinfect the patient “zone” (e.g. bedrails) once a day.
- Clean and disinfect with hospital approved disinfectant wipes:
  - **allow wet surface to air dry according to manufacturer’s guidelines (*see product label*)**

# Linen Handling

To prevent possible contamination from an infected patient's linen (e.g. scabies)



Hold linen away from your body and uniform



Dispose of soiled linen in covered and labeled receptacle





# Refrigerator Monitoring

- Use separate refrigerator for food and medication
- Awarepoint records refrigerator and freezer temperature readings daily.
- If area not open, enter “CLOSED” on log
- No STAFF/STUDENT FOOD allowed in patient and medication refrigerator
- It is the responsibility of the department to clean and defrost on a routine basis



# High Level Disinfection



High level disinfection is used for reprocessing reusable instruments such as: flexible sigmoidoscopes, laryngoscopes, diaphragm fitting rings, vaginal probes.

- Vaginal probes are disinfected in a Trophon unit using hydrogen peroxide cassettes to disinfect both the probe and handle. Trophon unit may be stationed in an exam room, but may not run while a member is in the room.

Staff must receive appropriate education and competency validation prior to working with agents used for high level disinfection

## Safety Procedures:

- ✓ Solution must be used in well ventilated rooms
  - NOT in patient care rooms
- ✓ Gloves and eye protection must be used when diluting or using the solution

# Don't Forget: Clean Hands Save Lives!

