

# Infection Prevention & Control Tip sheet for Nursing Caregivers



## **MRSA/MDRO Active Surveillance Testing**

Within 24 hours of admission, screen all patients admitted with an expected length of stay longer than 23 hours (not for observation status), for MRSA and MDRO if they meet the following criteria:

- Transferred from other healthcare facilities
- Admitted to a healthcare facility within the past three months
- Transplant patients (exclude corneal)
- Admitted to ICU (not required if patient was already screened during the same admission)
- Cystic Fibrosis patients
- Dialysis patients
- Patients admitted under oncology service
- Patients with recent history of MDROs (within the past 6 months)

Policy: [Prevention and Control of Multi-Drug Resistance Organisms \(MDRO\) Policy](#)

## **Prevention and control for Candida Auris**

The below patient criteria should be swabbed for Candida Auris on admission:

- All admissions to ICU
- Patients attached to devices i.e. ventilators or with tracheostomy
- Long term patient care / rehabilitation facilities and nursing homes
- Patients who previously had C. Auris and re-admitted to healthcare facility
- Patients who have carbapenems producing organism
- Transferring patients between facilities

## **Candida Auris management**

- Sites to screen: Composite swab for axilla and groin, (blue top swab) - no isolation required during screening
- Patients with positive C. Auris results will be placed under enteric precautions
- Use CCAD-approved sporicidal disinfectant for environmental cleaning
- Use 2% chlorhexidine wipes for daily bathing for the patient
- Rescreen patient 48 hours post completion of treatment / decolonization (the patient must not be on antifungal medications active against C. Auris at the time of screening)

## **Actions for blood or bodily fluid exposure**

- For large spills: Secure area and call EVS
- For splatters / droplets: Wipe with approved disinfectant and call EVS

Policy: [EVS Spill Management Procedure](#)

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## Correct waste segregation:

DOH Clinical Waste Group	Description	Examples	Color Bags
Group A	Anatomical and Pathological Waste	Body parts and organs), containers filled with blood products	RED Plastic bags
Group B	Sharps Objects	Needles, lancets, scalpels, broken glass, sharps metal rings	YELLOW or RED Plastic Containers
Group C	Infectious Waste	Potentially infectious laboratory waste, e.g. blood and tissue samples, microbiological cultures such as bacterial agar plates and mortuary waste not specified under Group A	BLUE Plastic bags
Group D	Pharmaceutical Waste	Cytotoxic/Cytostatic waste which includes used and partially used pharmaceuticals, contaminated intravenous containers, intravenous sets, gloves, gowns, pads, wipes and goggles or any item coming into direct contact with a hazardous medications	YELLOW Plastic Bags clearly marked 'Cytotoxic/Cystostatic waste'
Group E	General Clinical Waste	Includes caps of bottles for receiving and storing blood, urine, diapers, bags or vessels for receiving stomach waste, used personal protective equipment such as gloves and apron	YELLOW Plastic Bags

**Sharp Containers:**  
 - Date, time and initial on opening and closing.  
 - Do not fill more than 75% of their capacity.




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## Linen management

Color codes for linen bags	رموز ألوان أكياس البياضات
<p><b>BLUE BAGS:</b> Strictly for non-soiled linen (no body fluids, blood, feces, vomit, etc)</p> 	<p>الأكياس الزرقاء: فقط للبياضات غير الملوثة (لا يوجد عليها دم، أو قيء، أو براز، أو سوائل الجسم.. الخ)</p>
<p><b>RED BAGS AND ALGINATE BAGS:</b> Strictly for soiled linen (contaminated/ biohazard linen with body fluids, blood, feces, vomit, etc)</p> 	<p>الأكياس الشفافة القابلة للانحلال: فقط للبياضات المتسخة (الملوثة/ التي تشكل خطراً بيولوجياً وعليها دم، أو قيء، أو براز، أو سوائل الجسم.. الخ)</p>
<p>Both to be placed in GREY colored soiled linen carts in soiled utility rooms</p>	<p>توضع الأكياس من النوعين في العربات الرمادية المخصصة للبياضات الملوثة في غرف الغسيل</p>

## Disinfectant contact times

- Contact time = time the disinfectant needs to stay wet on a surface in order to ensure efficacy

Cavi wipes		1 minute <b>(CAVI = 1)</b>
Clinell wipes		2 minutes <b>(CLINELL = 2)</b>
Cavi Bleach		3 minutes <b>(B = Looks like a 3)</b>

# Infection Prevention & Control Tip sheet for Nursing Caregivers

## Tell me about the management of a TB patient?

- All suspected or confirmed patients with active pulmonary TB must be isolated in a Negative Pressure Isolation Room (NPIR)
- The doors of the NPIR must be closed at all times
- If a NPIR is unavailable or non-functioning, portable High Efficiency Particulate Air (HEPA) filter units must be used (only required in outpatients)
- Airborne precautions signage must be displayed outside the NPIR
- Caregivers must wear N95 masks when in the patient's room
- Patients to wear surgical mask when transferring
- Enter via anteroom for all caregivers and visitors
- PPE to be removed inside the patient room – however mask only to be removed when in anteroom
- Linen used by a patient with a suspected or confirmed TB must be placed in red alginate bags
- Upon discharge or transfer, room occupied by a patient with suspected or confirmed airborne infection must remain closed. The room must be ventilated at 12 air exchanges per hour for 60 minutes before admitting another patient

## Negative pressure isolation rooms (NPIR)

- The negative pressure rooms in your unit are always in negative pressure
- The 3 boxes in the screen monitor the differential pressure between:
  - The ante room in relation to the corridor
  - The ante room in relation to the isolation room
  - The isolation room in relation to the corridor. (This door should never be opened if you do have a confirmed or suspected airborne case)



- Turn on the panels to activate the negative pressure alarms– these alarms will sound and ring if the programmed pressure falls out of programmed range

# Infection Prevention & Control Tip sheet for Nursing Caregivers

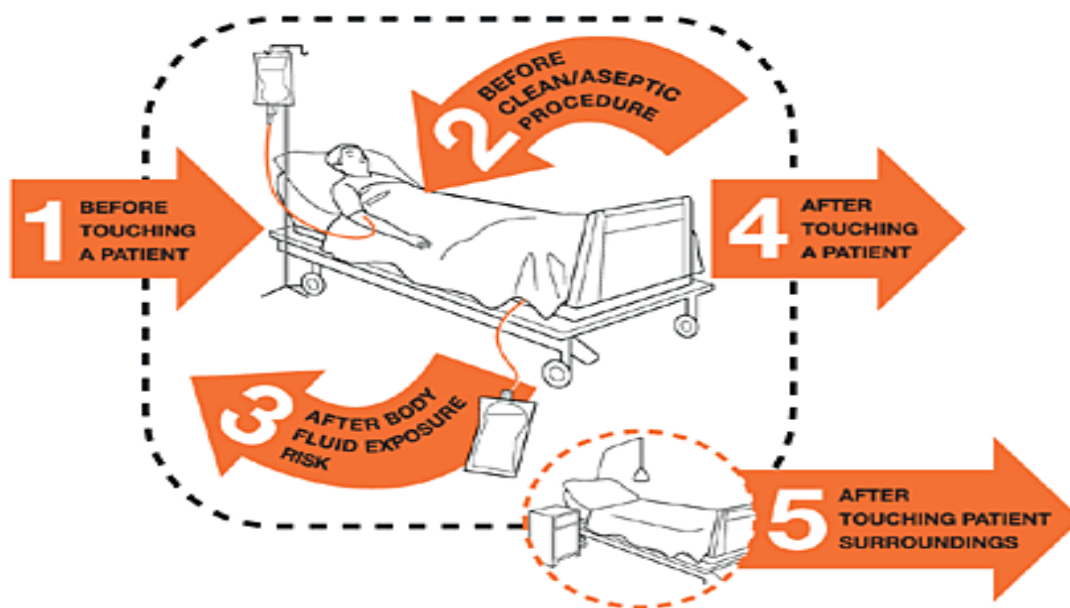
- In the event of a problem/alarm and a suspected/confirmed patient is inside and needs negative pressure:
  - 1) Place a N95 mask on yourself prior to entering a room
  - 2) Place a surgical mask on the patient - educate the patient to leave the mask on until the alarm is resolved
  - 3) Check to ensure all the doors are closed correctly
  - 4) If alarm continues for more than 30 seconds, contact FOM-helpdesk immediately on Ext. 19020
  - 5) If alarm cannot be fixed, the patient will need to move to another negative pressure room. Wait until Facilities team assess the situation or call Ext.19020

## Hand Hygiene / CLABSI/ CAUTI

### Correct hand hygiene technique:

- You should be able to demonstrate correct hand hygiene technique
- Two occasions you cannot use Hand Rub/ gel:
  - Hands are visibly dirty
  - Caring for a C-diff patient

### What are the five moments of hand hygiene?



### Infection Control Education sessions:

1. *On induction – 2-hour workshop*
2. *Yearly LMS review*
3. *Ad-hoc depending on needs or new information*

# Infection Prevention & Control Tip sheet for Nursing Caregivers

## What is the hospital target for hand hygiene/ CLABSI and CAUTI?

- Hand hygiene – **100%**
- CAUTI – **less than 1.0**
- CLABSI – **less than 1.0**

## What is your unit's compliance rate for hand hygiene/ CLABSI/ CAUTI?

- You should be able to discuss the results which are displayed on your quality board.
- All results from previous and current months are available on Tableau.

## What improvements/ actions have you implemented to improve the hand hygiene/ CLABSI/ CAUTI compliance in your area?

Discuss what you have put in place in your unit to increase compliance.

- Unit-based interventions
- How are these interventions decided upon, who is involved?
- How do all caregivers know what the unit-based interventions are?

## How are hand hygiene/ CLABSI/ CAUTI audits undertaken?

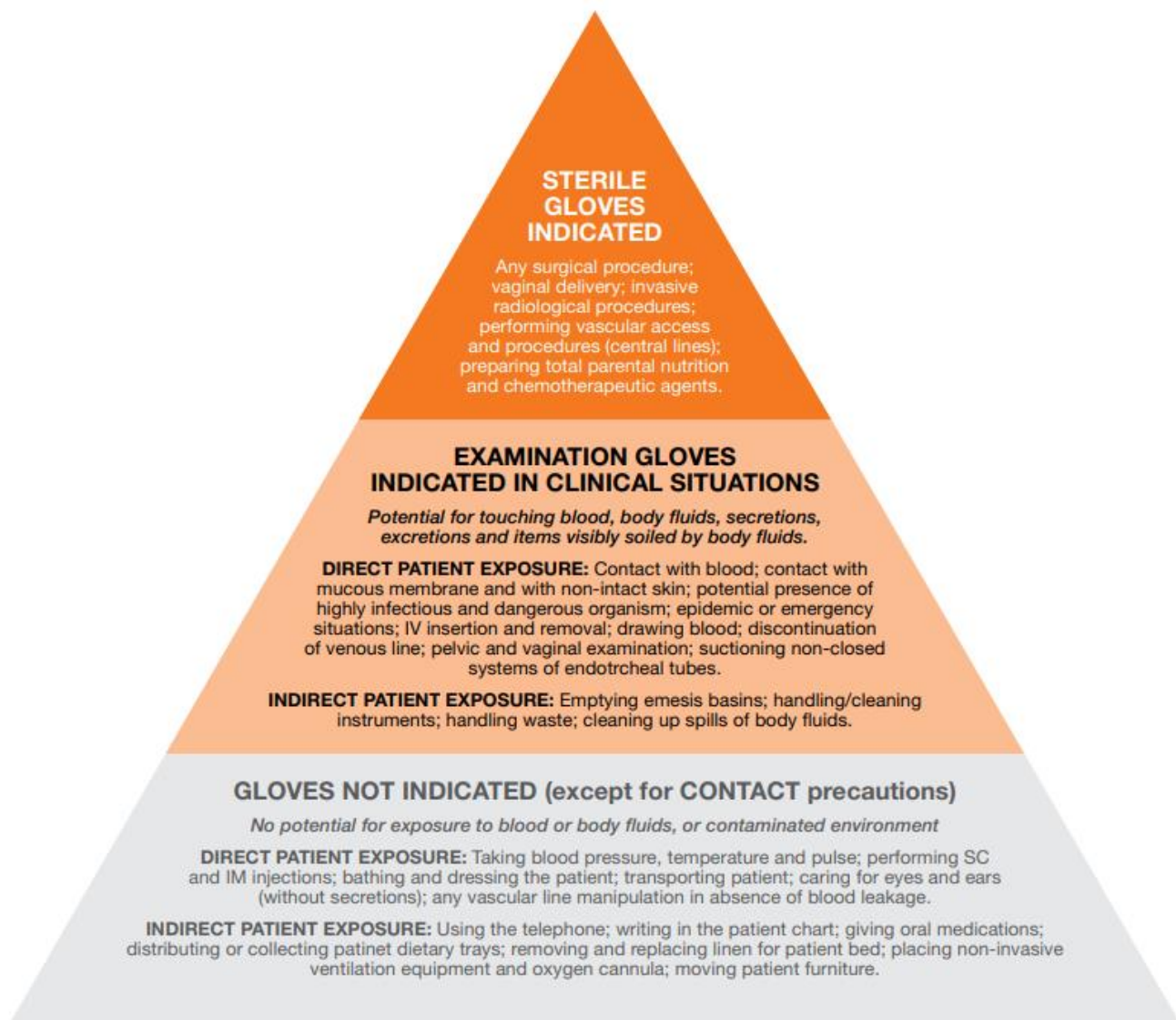
- Hand hygiene:
  - There are numerous trained and validated caregivers in all areas that undertake observational audits for Hand Hygiene
  - 30 opportunities should be completed per week and 120 per month.
- Infection Control Practitioners (ICPs) conducts CLABSI/ CAUTI / contact precautions care bundle audits.
  - The results are also displayed on the quality boards.
  - At the ward meetings/ unit-based council meetings, the caregivers discuss the issues and document changes and interventions on the quality and safety – unit specific interventions form.

# Infection Prevention & Control Tip sheet for Nursing Caregivers

## Proper glove usage

### The Glove Pyramid – to aid decision making on when to wear (and not wear) gloves

Gloves must be worn according to **STANDARD** and **CONTACT PRECAUTIONS**. The pyramid details some clinical examples in which gloves are not indicated, and others in which examination or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless of indications for glove use.



# Infection Prevention & Control Tip sheet for Nursing Caregivers

## Technique for donning and removing non-sterile examination gloves

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

### I. HOW TO DON GLOVES:



1. Take out a glove from its original box



2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



3. Don the first glove



4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist



5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

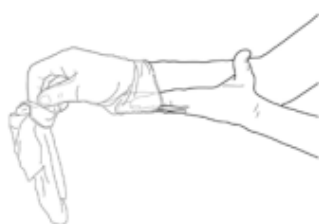


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

### II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove



3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

**Dispose of gloves in clinical waste bin and perform hand hygiene**



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## Patient in Isolation Tracer

### Why is this patient in isolation?

- You should be able to verbalize why the patient is in isolation (e.g. do not say MDRO – specify the organism and the source i.e. CRE positive from admission rectal swab/ MRSA positive from wound).

### How do you know the patient is in isolation?

- All caregivers should ALWAYS find out the organism before they enter the patient's room – this is to ensure they wear the correct PPE.
- To find out the isolation requirement Look at the EPIC sidebar and signage on door, there should be a isolation cart available outside patient's room with the required PPE.

Female, 50 year old,  
MRN: [REDACTED]  
Bed: NONE  
Cur Location: OR Periop  
Patient Types: Regular Patient  
CSN: None  
Phone: [REDACTED] (Home Phone)  
[REDACTED] (Mobile)  
[REDACTED] (Mobile)  
Fin Class: N/A

Search

Patient can message in English: None

Infection: Carbapenem-resistant enterobacteriaceae (CRE)

Isolation: Contact

Care Team: No PCP  
Coverage: Daman Thiqa/Thiqa...

Allergies: No Known Allergies



Patient Infection Status								Add New
Infection	Encounter Level?	Onset	Added	Added By	Resolved	Resolved By	Review	Specimen Information
Carbapenem-resistant enterobacteriaceae (CRE)	No		08/09/22	You-Mee Kim, RN	Resolve			
4/09/22 - CRE in pleural fluid / BAL								



If you are unsure about the type of isolation needed for your patient, you need to refer to infection control Policy - [Isolation Precautions Procedure](#)

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## When should the isolation alert be added?

- As soon as the results become available from the lab, whoever received the notification should put the alert on the patient's chart and initiate the isolation in the patient's room – i.e. if you were informed of the results at 12:25 the alert and isolation should commence at that time.
- You can do this by selecting manage orders as follows:

The screenshot shows the 'Order Search' interface. A search bar at the top contains the word 'isolation'. Below the search bar, there are three sections: 'Panels' (No results found), 'Medications' (No results found), and 'Procedures'. The 'Procedures' section is expanded and displays a table of isolation precautions.

Name	Type	Pref List	Px Code
Isolation Precautions - Airborne	ISO	CCAD IP...	ISO4
Isolation Precautions - Contact	ISO	CCAD IP...	ISO1
Isolation Precautions - Cytotoxic	ISO	CCAD IP...	ISO7
Isolation Precautions - Droplet	ISO	CCAD IP...	ISO2
Isolation Precautions - Enhanced Airborne Isolation	ISO	CCAD IP...	ISO24
Isolation Precautions - Enhanced Droplet Isolation	ISO	CCAD IP...	ISO25
Isolation Precautions - Enteric	ISO	CCAD IP...	ISO22
Isolation Precautions - Protective	ISO	CCAD IP...	ISO14
Isolation Precautions - VHF	ISO	CCAD IP...	ISO8

- Choose the right type of isolation required
- It can be signed **Per protocol: No cosign required**

The screenshot shows the 'Providers' dialog box. It has a close button (X) in the top right corner. The dialog is divided into several sections:

- Ordering Information**: Includes 'Order mode' with a dropdown menu set to 'Per protocol: No cosign required'.
- Ordering provider**: A text input field with a red exclamation mark icon and a search icon.
- Authorizing Providers**: Includes 'For procedures' with a text input field, a red exclamation mark icon, and a search icon.
- Entry Comments**: A large text area for entering comments.

At the bottom right, there are two buttons: 'Accept' (with a green checkmark) and 'Cancel' (with a red X).

- Isolation precautions need to be 100% compliant each and every time.

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## **How is the patient and family members educated regarding the isolation?**

- The RN caring for the patient should educate the patient about the requirement for isolation and educate the family on the PPE requirements

## **What is the process if a patient needs to leave their room for a test etc.?**

- Transport of isolated patients should be limited to essential purposes only, such as diagnostic and therapeutic procedures that cannot be performed in the patient's room.
- If feasible, place a patient at the end of the list
- Patients on Airborne or Droplet Precautions to wear a surgical mask during transfer
- Clean the wheelchair or stretcher with the approved disinfectant after use