



SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

Infection Prevention Highlights for the Medical Staff

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Standard Precautions – every patient every time

- a. Hand Hygiene
- b. Use of Personal Protective Equipment (PPE) Standard and Transmission based precautions
- c. Respiratory Hygiene / Cough Etiquette (cover coughs and sneezes)
- d. Infection Control Practices during invasive procedures

Infection Prevention Hand Hygiene



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CDC hand hygiene

- a. Soap and water when visibly dirty or if patient has C-difficile
- b. Alcohol based hand gel /sanitizer (GIGO) Gel In / Gel Out

Policy # IC-006-0514

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When should hand hygiene be performed ?



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CDC hand hygiene

- a. Soap and water when visibly dirty or if patient has C-difficile
- b. Alcohol based hand gel /sanitizer (GIGO) Gel In / Gel Out

Policy # IC-006-0514

- a. Before entering and after exiting a patient room (for exam or procedure)
- b. After contact with blood and body fluids, non-intact skin
- c. After contact with inanimate objects in the patient area
- d. After removing gloves / PPE
- e. After using the restroom
- f. Before / After eating

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CONTACT PRECAUTIONS



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Contact Precautions

SIGN is WHITE or YELLOW

PPE required :

Gloves

Gown

Policy No. IC-038-1114

Used for organisms spread via contact

Methicillin Resistant Staphylococcus Aureus (MRSA)

Carbapenem Resistant Enterobacteriaceae (CRE)

Clostridium - difficile (C-diff) (*isolation sign will be yellow*)

Vancomycin Resistant Enterococcus (VRE)

Extended Spectrum Beta Lactamase (ESBL producing organisms)

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DROPLET PRECAUTIONS



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Droplet Precautions

SIGN IS **ORANGE**

PPE required :

Gloves

Gown

Mask with eye shield

Policy No. IC-037-0914

Used for organisms spread via droplets in the air :

Influenza

RSV (Respiratory Syncytial Virus)

Mumps

Rubella

Meningococcal Meningitis

Pertussis

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AIRBORNE PRECAUTIONS



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Airborne Precautions

SIGN IS BLUE

PPE required :
N95 Respirator

Fit Testing will be completed to evaluate proper mask to be used by each individual

Policy No. IC-035-0914

Used for organisms spread via through the air – patient must be maintained in a negative air room with door closed

Chickenpox

Disseminated Herpes Zoster (Shingles) (> than 2 dermatomes or other system involvement)

Tuberculosis

Rubeola or Generalized measles

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Multi-Drug Resistant Organisms (MDRO)



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Antibiotics considered for resistance patterns used to determine if an isolate is an MDRO or not will include the following classes

- a. Penicillins
- b. Aminoglycosides
- c. Cephalosporins
- d. Carbapenems
- e. Fluroquinolones

FLAGS FOR MDRO

- Carbapenem -resistant Enterbacteriaceae (CRE) – any Enterbacteriaceae resistant to any Carbapenem (Meropenem or Imipenem or Ertapenem)
- MDRO- Gram Negative – resistant to **three or more** classes of antibiotics
- MDRO – non fermenters (Burkholderia, Acinetobacter, Pseudomonas) – resistant to **four or more classes of antibiotics**
- MDR TB – resistant to INH and Rifampin
- Extended Spectrum Beta Lactamase (ESBL) – E. coli, Klebsiella pneumoniae, Klebsiella oxytoca or Proteus mirabilis resistant to Ceftriaxone (Suburban lab provides confirmatory testing)

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CRITERIA USED TO REMOVE PATIENT FROM ISOLATION



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current inpatient

**CONSULT INFECTION
PREVENTION BEFORE
DISCONTINUING ISOLATION**

EXT 4014

patient is being readmitted

- a. Patient must be off specific antibiotics (listed on the back of the isolations signs for > than 72 hours)
- b. Patient must not have infection
- c. For History of MRSA a repeat nasal swab will be done if patient's last positive result was > 6 months ago
- d. For History of VRE a rectal swab will be done if patient's last positive result was > 6 months ago
- e. For History of ESBL or other MDRO of < 6 months contact isolation will continue
- f. For History of C-diff do not place patient on isolation UNLESS patient is having DIARRHEA

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Antibiotic Stewardship



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- a. Proper dose , proper route, and proper length of treatment
- b. Formulary restriction based on facility antibiogram
- c. Consider appropriateness and necessity of antibiotics after 48-72 hours
- d. Eliminate redundant combination antimicrobial therapy
- e. Discontinuation of treatment if no infection
- f. Culture timing (if possible culture prior to start of treatment)
- g. Proper bug (organism)/ drug match –susceptibility

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Management of C. difficile



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Patients with C-difficile infection

Do collect specimen as soon as possible when C- difficile is suspected:

Do not re-test for “cure”

Do not re-test during active treatment

Do not re-test if patient is having active diarrhea

Do not re-test within seven days of last negative test

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Device Associated Infections



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- a. Ventilator Associated Pneumonia (VAE or VAP)
- b. Central Line Associated Blood Stream Infection (CLABSI)
- c. Catheter Associated Urinary Tract Infection (CAUTI)

Patients with devices are at a statistically higher risk of an Hospital Acquired Infection (HAI) than patients without a device

The longer the device remains in the higher the risk of HAI

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Device Associated Infections



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- DO remove the device as soon as it is no longer necessary
- DO choose the appropriate type of line for access
- DO document continued need for the device
- DO avoid femoral placement of central lines
- DO maintain aseptic technique when placing a central line or a Foley catheter
- DO document appropriate central line insertion practices in the medical record

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Surgical Site Infections (SSI)



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- a) Pre-operative screening for MRSA in specific orthopedic cases (hip and knee joint replacements) if nasal swab + for MRSA –modified precautions are used post-operatively
- b) Surveillance for SSI: Monitoring post –op via letter to surgeon , review of OR cases for triggers , review of Emergency Department visits for SSI, positive lab cultures
- c) Use of appropriate and timely pre-op antibiotics and discontinuation after procedure (AS PER RECOMMENDED PROTOCOL)
- d) If hair removal is necessary -avoid the use of razors , use hair clippers instead

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Blood Borne Pathogens and Exposures



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a) Blood Borne Pathogen Exposure Plan -**Policy No. IC- 202-0314**

b) Employee Exposure Procedures - **Policy No. IC-206-0314**

Immediately

wash area with soap and water

flush eyes/mucous membranes with water for 15 minutes

notify Employee Health

complete an accident exposure report

have required blood drawn for baseline testing



Questions regarding
Infection Control – call 4014

THANK YOU !!