

Sterling Regional MedCenter Additional NPO Resources

Infection Prevention

Comply with Standard Precautions

The Centers for Disease Control and Prevention's (CDC) Standard Precautions procedures apply to all employees and clinical staff at all times at every Banner Health facility. Standard Precautions are applied to all patients regardless of their diagnosis. This evidence-based practice was designed to protect health care workers and patients from exposure to blood-borne pathogens.

Hand Hygiene

- Perform before entry into the room and upon exiting (Gel in /Gel Out)
- Perform before and after any patient contact. (Gel in /Gel Out)
- Perform prior to and after the use of personal protective equipment (PPE)
 - PPE includes gloves, mask, eye protection, and/or gown
- Perform after touching contaminated surfaces
- Hand-washing with soap and water is required for
 - *Clostridium difficile* (*C.diff*) patients
 - Visibly soiled hands
- Wear appropriate PPE for the task being performed
 - For example: wear a surgical mask when performing a lumbar puncture
- Practice sharps safety
 - Do not bend needles.
 - Do not recap contaminated needles.
 - Use needleless or safety devices whenever possible
 - Do not break off protective device on needles.
 - Make sure to activate the sharps safety device before placing in sharps container.

Cover your Cough

- Practice Respiratory Hygiene at all times. Cover your cough and sneezes with a tissue or the bend of your arm - never your hand.
- If you are sick with fever and/or cough, stay home.

Comply with Transmission Based Precautions (in addition to Standard Precautions)

- **Contact Precautions:** Spread by Direct/Indirect Contact with the patient or the patient's environment. Examples include MRSA, C. diff and MDRO Enterics.
- Perform Hand Hygiene.
- Put on gown and gloves before entering the patient room, even if you do not think you will touch the patient.

- Dedicated equipment stays in patient's isolation room. Any item leaving an isolation room must be disinfected. Reminder: This includes YOUR stethoscope.
- Contact Precautions will be automatically initiated for:
 - Patients identified with MDROs and C.diff.
 - Patients with a <6-month history of MRSA, a <1-year history of CRE or a <2-year history of VRE (infection or colonization).
- Contact Precautions for patients with MDROS and/or C. diff are strictly maintained until patient meets criteria, per Policy and Procedure # 13473. Contact your facility Infection Prevention Department for guidance.
- **Special Contact Precautions** (C. difficile, Norovirus): Wash hands, upon exit, with SOAP and WATER. Do not use hand sanitizer. Clean equipment with bleach wipes
- **Droplet Precautions:** Spread by droplets within 3-6 feet around the patient (Influenza, Meningitis, Pertussis, etc.)
 - Perform Hand Hygiene.
 - Don a regular surgical mask as you enter the room.
- **Airborne Precautions:** spread in air currents (suspect or confirmed Tuberculosis, Chickenpox, Disseminated Zoster, etc.)
 - Perform Hand Hygiene.
 - Wear a fit tested N-95 respirator mask or PAPR.
 - Patients must be in a negative pressure room and door must remain closed at all times.

Comply with the Central Line-Associated Bloodstream Infection (CLABSI) Prevention Bundle

CLABSIs are associated with increased length of stay and an attributable cost of \$3700 - \$29,000 per episode. The CDC estimates 250,000 CLABSIs occur annually in the US at a cost of 2-8 billion dollars and approximately 31,000 deaths. Compliance with CLABSI Prevention Bundle is expected practice.

- Use Banner Health catheter insertion checklist and an all-inclusive standardized catheter cart or kit.
 - Perform Hand Hygiene.
 - Use large sterile drape to cover patient's head and body.
 - Person performing procedure wears sterile gown, sterile gloves, mask and cap.
 - All persons in the room must wear mask and cap.
- Scrub insertion site with Chlorhexidine-gluconate (CHG) based product or age appropriate product and allow to air dry.
- Perform daily assessment of necessity of the line and discontinue the central line as soon as possible.
- Avoid using the femoral site in adults.

Comply with the Prevention of Catheter-Associated Urinary Tract Infection (CAUTI) Guidelines

The CDC estimates 560,000 Catheter Associated Urinary Tract Infections per year in the US at a cost of 0.4-0.5 billion dollars and approximately 8,000 deaths.

Prevent Surgical Site Infection (SSI)

- Administer prophylactic antibiotics within 1 hour prior to incision (2 hours for vancomycin and fluoroquinolones).
- Select the antibiotic based on the surgical procedure, the most common pathogens for a procedure, and published recommendations.
- Discontinue prophylactic antibiotics within 24 hours after surgery (48 hours for cardiac surgery).
- Do not remove hair at the operative site, unless it will interfere with the procedure. If necessary, hair should be removed prior to entering surgical area by method of clipping. Do not use razor.
- Control blood glucose levels during the perioperative period.
- Perform optimal preparation and disinfection of the operative site and hands of surgical team members.
- Adhere to standard principles of operating room asepsis, including minimizing operating room traffic.
- Sterilize all surgical equipment according to published guidelines; minimize the use of immediate use (flash) sterilization.
- Pre-Op CHG bathing for all appropriate surgical patients.

Protect Yourself and Protect Your Patients

- Make sure your immunizations are up-to-date: Influenza, Hepatitis B, MMR, Tdap, Varicella
- Report exposures to blood and body fluids or infectious disease to the department supervisor or charge person as soon as the exposure happens
- Stay home if you are ill.

Know your Resources

- You can reach the Infection Prevention team by calling **Katie Ruff at (970) 521-3107** or **Phylis Helgoth at (970) 521-3180**.
- Look for the Infection Prevention and Control page on the Banner Intranet (Employee Website): System wide Links, Departments, Infection Prevention and Control
- Review all Infection Prevention Policies and Procedures on the **Employee Intranet**, under Policies and Procedures

Technology on Campus

Electronic Medical Record and Computer Physician Order Entry

Sterling Regional MedCenter and Banner Health hospitals use Electronic Medical Records and Computer Physician Order Entry (CPOE) for all patient records.

Providers write patient orders into computer systems; nurses follow patient care via computer, tests are ordered and results are shared in the computer system.

Our Clinical Informatics Coordinator will provide you one-on-one training.

It is recommended all providers complete their computer training session prior to Medical Staff appointment to avoid delays in exercising privileges as it may take several business days to obtain sign-on credentials. Training can take anywhere from four to five hours.

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Banner Telehealth: This is a remote monitoring system that provides an advanced and additional layer of care for the hospitalized patients at SRM. In the program, specially trained clinical staff back up physicians, nurses and other caregivers at the bedside and help monitor ICU patient information 24 hours

For the most user-friendly opportunity, Banner also offers Clinical Connectivity, which is designed so providers, office staff, and health insurance staff can access clinical information quickly, easily, and on their own schedule.

- Physicians must document an order and indication for placement of an indwelling urinary catheter.
- Limit the use and duration of catheters to situations necessary for patient care.
- The use of indwelling urinary catheters should be limited to the following indications:
 - Urinary retention, acute or chronic, where clean intermittent catheterization is not feasible.
 - Close monitoring of urine output in critically ill, incontinent, or uncooperative patients.
 - Fluid challenge in patients with acute renal insufficiency.
 - Perioperative use for patients having gynecological, urological or perineal procedures.
 - Urinary incontinence posing a risk to patient, including sacral or perineal pressure ulcer, or contamination of recent surgical site.
 - Patient requires prolonged immobilization, comfort care in terminally ill patients.
- Perform daily assessment for urinary catheter necessity.