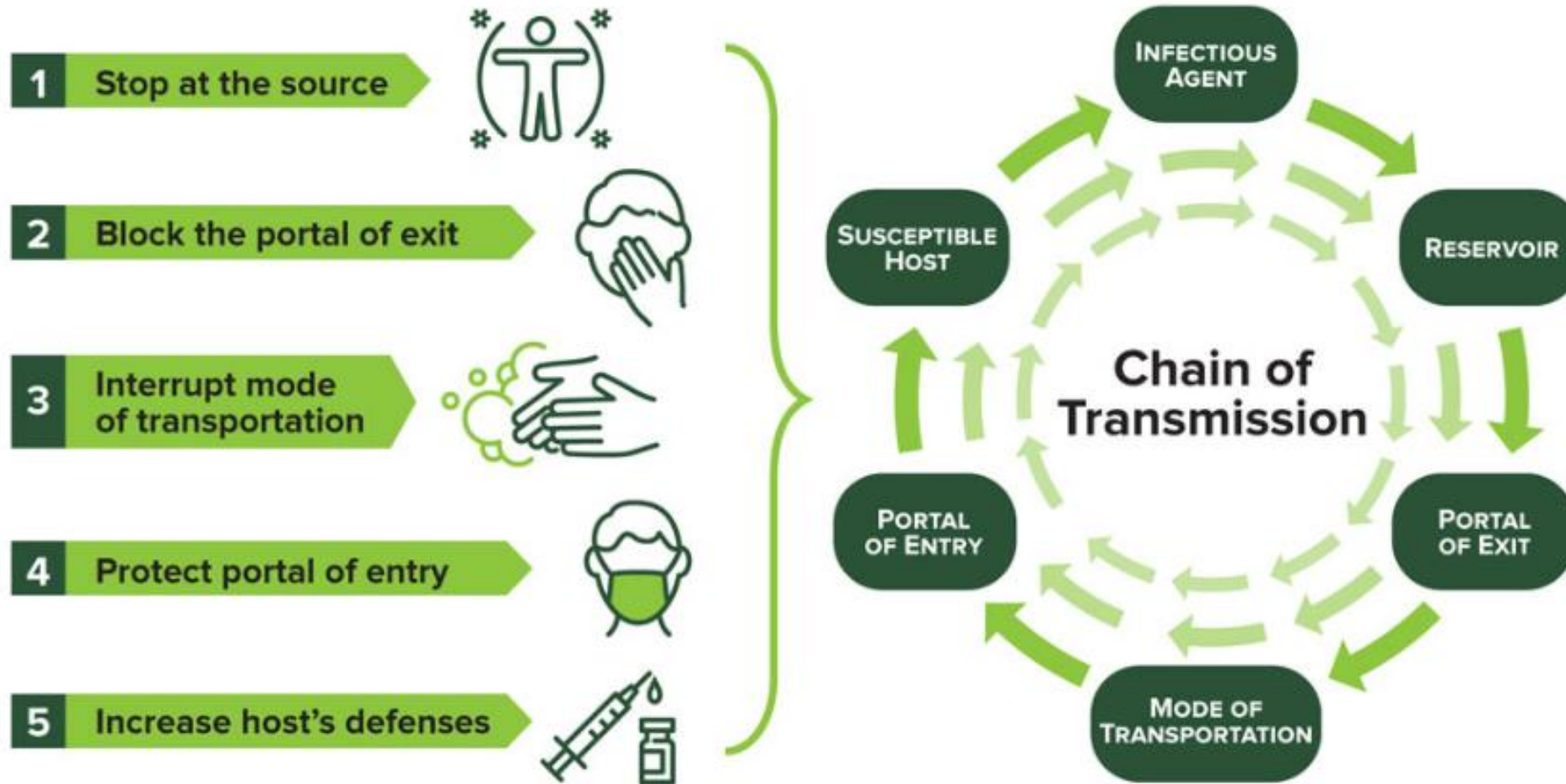


Providence Regional Medical Center Everett (PRMCE) Infection Prevention

The following are excerpts from employed caregiver policy provided to students and learners for onboarding compliance

Break the Chain | 5 steps of infection prevention



Why is Infection Prevention Important?

Each year, about 1 in 25 U.S. hospital patients is diagnosed with at least one infection related to hospital care alone

Direct Costs:

- \$28 - \$45 billion annually
- \$12,216 – \$48,108 per infection
- CMS reimbursement

Indirect Costs:

- Over \$12 billion annually
- Loss of productivity and wages
- Loss of function
- Mortality
 - 2.3% - 14.4%



Who Should You Call?

Infectious Disease

Medical Consult

- Treatment/medications, disease progression

Infection Prevention

Isolation Precautions

- PPE requirements
- Adding or removing flag in EMR
- Patient placement

Patient Exposures

- Double needlestick, wrong breastmilk, roommate

Health Department Consulting

- Testing, reporting

Caregiver Health

Staff Exposures

- Blood or body fluid (e.g., splash, needlestick)
- COVID-19 or other communicable disease

Workplace Injury

- Slip, trip, sprain

Work Restrictions

- Illness

Other Work Needs

- Immunizations, fit testing

Infection Prevention Resources

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IS Central (Portal for all IS services) Caregiver Service Portal

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[PolicyStat \(PMG\)](#)
[PolicyStat \(PRMCE\)](#)
[PMG visitor guidelines](#)
NEW [Quadruple Aim Scorecard](#)
[Report an Unusual Occurrence \(UOR\)](#)
[Request Repair or Maintenance](#)
[Submit a Good Catch \(PRMCE\)](#)
[Supply Chain Intake Request Form](#)
NEW [Trauma Informed Care](#)
[WSU IM Resident Multisource Evaluation](#)
[more ...](#)

Read Providence North Puget Sound news on InOurCircle
[Watch Monday Minutes](#)

Admin sups now onsite at Pacific Campus
Admin sups provide 24/7 onsite support on both campuses.

[giver eciation](#)
[giving YOU](#)

Infection Prevention Resources

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Infection Prevention & Control

Home

Resources for COVID-19

Isolation Precautions

Hand Hygiene

Healthcare Associated Infections (HAI)

...

Edit

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+ New

⚙ Page details

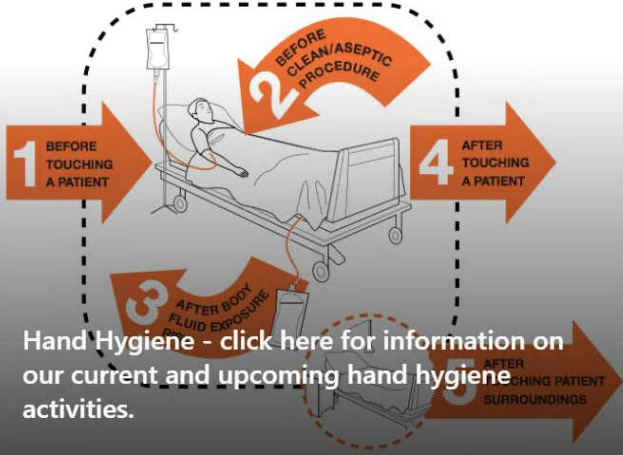
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Published 6/13/2024

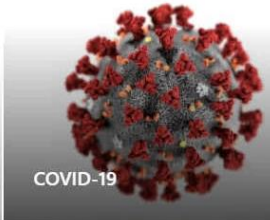
🔗 Share

✎ Edit


🔗



Hand Hygiene - click here for information on our current and upcoming hand hygiene activities.



COVID-19



Candida auris identified in two local facilities

Contact Us 24/7:
425-261-4487 (x84487), Option 1

SharePoint

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North Division Infection Prevention

Contact IP

About Us

Hand Hygiene


Isolation

HAI

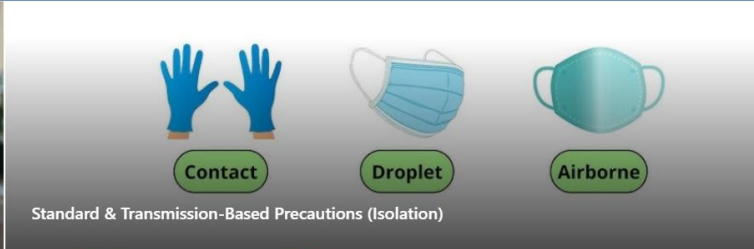
HCID

News & Resources

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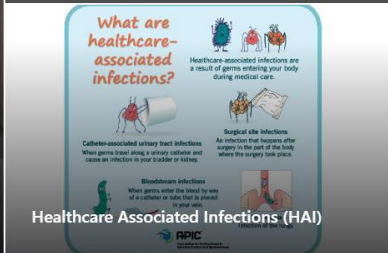


Hand Hygiene




Standard & Transmission-Based Precautions (Isolation)

- Contact
- Droplet
- Airborne



Healthcare Associated Infections (HAI)



High Consequence Infectious Diseases (HCID)

^


Contact Your Local Infection Prevention Team


Infection Preventionists are available on-site Monday - Friday, 0800 - 1600


*If you need to consult with an IP after hours, and it is an **urgent** issue that cannot be resolved by consult with coworkers or nursing supervisors, please contact the on-call Infection Preventionist as we are experiencing a high volume of calls day and night.


If the issue can wait, please follow up with your campus Infection Preventionist

IP Contacts & On-Call Information

 Alaska

 Central Puget Sound (First Hill, Cherry Hill, Ballard, Issaquah)

 North Puget Sound (Everett, Edmonds)

 South Puget Sound (St. Peter, Centralia)

Hand Hygiene

Hand Hygiene

The single most effective way to prevent the spread of infection!

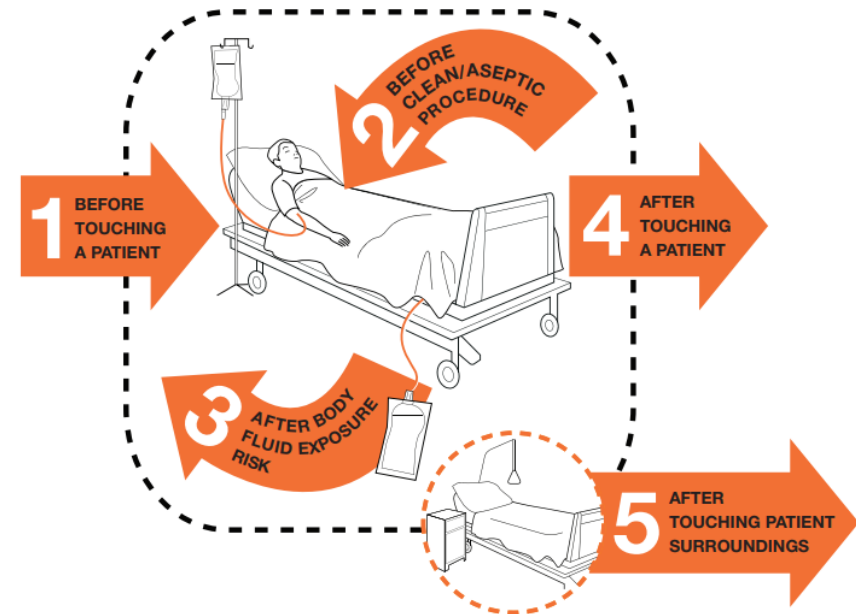
When to perform hand hygiene:

- Before touching a patient
- Before a clean/aseptic procedure
- After a body fluid exposure
- After touching a patient
- After touching a patient's surroundings
- After removing gloves

Remember:

- Sanitizer vs Soap & Water (15 sec minimum)
- Gloves are not a substitute for hand hygiene
- Hospital-provided lotion
- Hold each other accountable

Your 5 Moments for Hand Hygiene



Hand Hygiene

How to clean with soap and water



How to clean with hand sanitizer



Standard and Transmission-Based Precautions

Standard Precautions

Assumes every patient has an infectious disease

- Hand Hygiene
- Personal Protective Equipment (PPE)
- Respiratory Hygiene/Cough Etiquette
- Patient Placement
- Sterilization and Disinfection of Patient Care Instruments and Devices
- Clean and Disinfected Environmental Surfaces
- Laundry and Hospital Textiles
- Safe Injection Practices
- Sharps Safety

Transmission-Based Precautions

Used in addition to Standard Precautions for patients with suspected or known infections

Isolate Early

- Screening tools
- Can be initiated by any caregiver

PPE

- Isolation Carts
- Donning and Doffing PPE
 - Put on PPE before entering
 - Remove PPE before exiting (except respirators)
- Do not wear PPE outside the patient's room

Signage

- Hung outside patient rooms
- Include all necessary information

Colonization vs Infection – No difference EXCEPT MRSA Nares

MRN:	
Bed:	
Code: FULL	
POLST:	Adv Dir:
Search	
COVID-19: Positive 5/30/2022	
Infection: Methicillin-resistant Staphylococcus aureus	
Isolation: Droplet, Contact	

HOVER TO DISCOVER



COVID-19: Positive

Specimen information: Tissue / Nasopharynx
Added: 06/20/23 by Coronavirus (COVID-19) NAAT (Collected 06/20/23)
Review by: 07/01/23
Onset date: 06/20/23
Comment: Date of Symptom Onset: 6.20.23
Date of First Positive Test: 6.20.23
Severity of Illness: mild
Immunocompromised?: no

Infection Onset 6/20/2023

This patient requires a minimum of 10 full days of isolation, at which point patient can be evaluated on 7.1.23 for discontinuation of isolation. Refer to Swedish COVID-19 Sharepoint site- Guidelines for COVID-19 Isolation Removal

Personal Protective Equipment (PPE)

Contact Precautions (e.g., MRSA, ESBL, etc.)

Isolation Gown

- Ensure the gown is secured/tied appropriately
- Linen vs Disposable

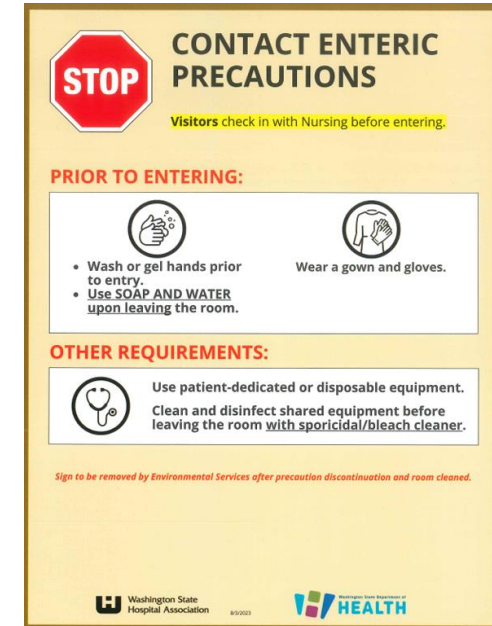
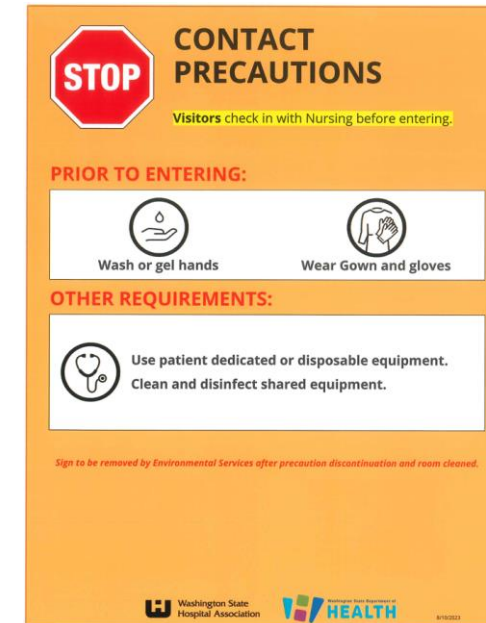
Gloves

- Extend over cuff of gown

Contact Enteric Precautions (e.g., C. difficile, Norovirus, etc.)

Same PPE as Contact Precautions

- Must use soap and water to wash hands
- Must clean surfaces and shared equipment with bleach



Respiratory Protection

Droplet Precautions (e.g., Influenza, Meningitis, etc.)

Face Mask –Hospital supplied

- Cover nose and mouth completely
- Handle by the ear loops or ties
- Do not leave hanging around neck, ear, chin, forehead, etc.



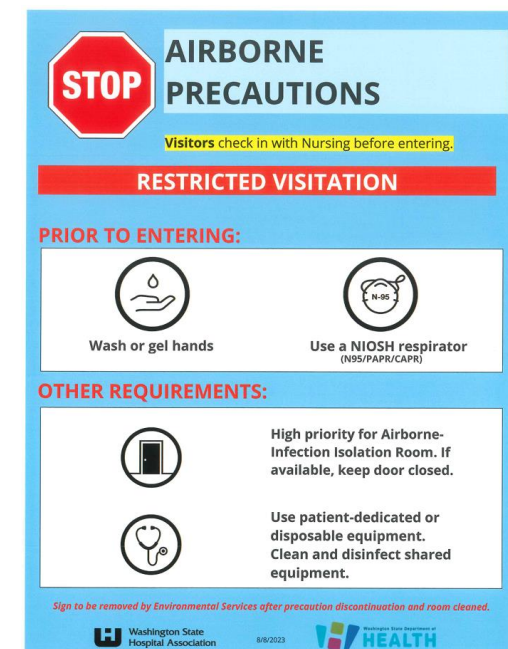
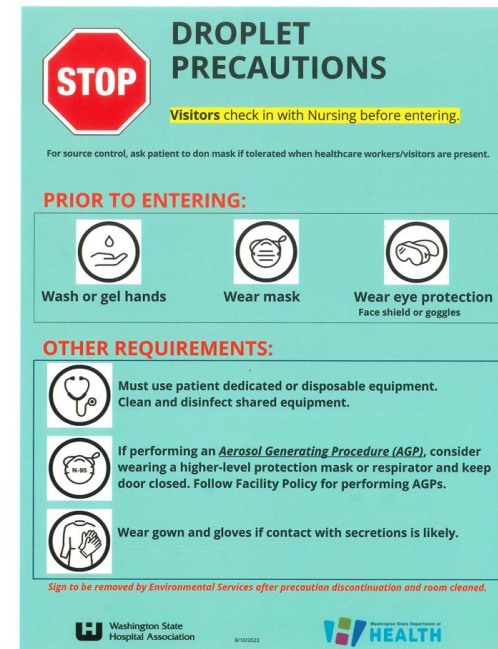
Airborne Precautions (e.g., Measles, Tuberculosis, etc.)

N95 Respirator

- Must be fit tested for specific brand and style
 - Cannot wear with certain styles of facial hair
- Handle by straps

Controlled Air Purifying Respirator (CAPR)

- No fit testing required
- Used as an alternative to those who fail fit testing or with facial hair



COVID-19

Testing

- On admission to BHU/ARS (Antigen testing)
- Symptomatic patients = PCR testing
- Discharge as requested by LTAC, SNF, AFH use antigen testing

Aerosol Contact Precautions (Contact/Droplet order in EPIC)

- PPE:
 - Gown, gloves
 - N95/CAPR
 - Eye protection

Isolation duration

- In general, 10-20 days
- Hover over Infection banner for details



AEROSOL CONTACT PRECAUTIONS

Visitors check in with Nursing before entering.

APPROVED VISITORS ONLY

For source control, ask patient to don mask, if tolerated when healthcare workers/visitors are present.

PRIOR TO ENTERING:



Wash or gel hands



Wear gown and gloves



Use a NIOSH respirator (N95/PAPR/CAPR)



Wear eye protection face shield or goggles

OTHER REQUIREMENTS:



Use an Airborne-Infection Isolation Room (AIIR) per facility guidelines.



Door should remain closed during patient stay unless it impacts patient care (e.g., fall risk). Follow appropriate air exchanges times per facility after Aerosol Generating Procedures (AGP).

Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

Sign to be removed by Environmental Services after precaution discontinuation and room cleaned.



Washington State Hospital Association

08/9/2023



Washington State Department of HEALTH

De-Isolation Protocols

	CONTACT	CONTACT ENTERIC	DROPLET	AIRBORNE	AIRBORNE + CONTACT	Aerosol Contact
VISITATION	<ul style="list-style-type: none"> • CRE, VISA/VRSA & Candida auris: visitors should be restricted to essential individuals (e.g. spouse, parents or essential caretaker). Exceptions may be made by nursing leadership. Visitors will follow Contact Precautions PPE requirements (gown & gloves) with strict hand hygiene. • C.auris, VISA/VRSA visitation MUST be approved in consultation with IP. • All other MDROs not mentioned above, limited to two (2) visitors at a time. Exceptions may be made by nursing leadership. Gown & gloves are not required, however hand hygiene should be enforced. 	<ul style="list-style-type: none"> • Limited to two (2) visitors at a time. Exceptions may be made by nursing leadership. • Gown and gloves are not required, however hand hygiene with soap and water should be enforced upon exit. • If visitors are helping with patient care, they should wear a gown and gloves to prevent soiling or contamination of clothing during care. 	<ul style="list-style-type: none"> • Limited to two (2) visitors at a time. Exceptions may be made by nursing leadership. • Visitors will don an ASTM Level 2 or 3 mask. If visitor refuses to mask, review the risk of transmission & infection. 	<ul style="list-style-type: none"> • Essential caretakers will be restricted to two (2) close contacts/household contacts or those essential for care (e.g. parents). Exceptions may be made by nursing leadership. • Provide caretaker with an N95 and instruct on how to perform a seal test. If an N95 is not tolerated, offer visitors a well fitted mask (ASTM Level 2 or 3). • If essential caretaker refuse to mask, review the risk of transmission/infection. • TB/Measles- Household members or other close contacts should be screened for symptoms prior to visiting 	<ul style="list-style-type: none"> • Chickenpox/disseminated shingles: Limit to essential individuals (e.g. spouse, parents or essential caretaker) who have immunity. Due to waning vaccine and natural immunity for these diseases, require all approved visitors to don all PPE required for the transmission precaution type. Caregivers may not ask immune status, but should tell visitors the requirements of immunity. • If visitor refuses to mask, review the risk of transmission & infection. • MEASLES: visitation is on a case by case basis and in consultation with Infection Prevention. 	<ul style="list-style-type: none"> • Limit visitation to two (2) essential caretakers at a time. Exceptions may be made by nursing leadership. • Provide visitor with an N95 and instruct on how to perform a seal test. If an N95 is not tolerated, offer visitors a well fitted mask (ASTM Level 2 or 3). • If masks are refused, review risk of transmission/infection with visitor.
DISCONTINUING PRECAUTIONS	<ul style="list-style-type: none"> • Patients with history of colonization with MRSA/VRE (no active infection), history of ESBL or certain MDRO >1 year old, with no new MDROs • MRSA/VRE: Treatment completed and no signs/symptoms of active infection. • Head Lice/Scabies: 24 hrs. after treatment started & nits combed (Lice) • *CRE/VISA/VRSA/C. auris: Indefinitely 	<ul style="list-style-type: none"> • C. Diff: R/O or 90 days after most recent positive test. Do NOT test for cure. • Norovirus/Rotavirus: Until 48 hours after symptoms resolve. • Hepatitis A: 7 days after onset of symptoms. 	<ul style="list-style-type: none"> • Influenza: R/O or 7 days from onset of symptoms or 24 hrs. after resolution of fever and symptoms • Meningitis: R/O or H. influenzae and N. meningitidis 24 hrs. after treatment started • Pertussis: R/O or 5 days after treatment started • Mumps: R/O or 5 days after onset of symptoms • RSV: Duration of illness 	<ul style="list-style-type: none"> • TB 1) There is another diagnosis that explains the clinical syndrome. AND EITHER 2) TWO SPUTUM samples collected at least 8 hours apart have negative NAAT tests, one of these samples must be an early morning collection. OR 3) THREE AFB smears are negative on BAL or sputum smears collected at least eight hours apart and one is an early morning sample. • Measles: R/O or 4 days after onset of rash 	<ul style="list-style-type: none"> • Chickenpox/Disseminated Shingles: Lesions dry and crusted 	<ul style="list-style-type: none"> • COVID: Refer to Guidelines for COVID-19 Isolation removal • MPOX: Isolation should be continued until all lesions have resolved and crusted over, scabs are gone, and new skin surface is intact.
DISCHARGE CLEANING	Hospital Disinfectant, Change Curtains	Bleach/sporicidal disinfectant, Change Curtains, Discard items left in room at discharge: * paper products * open glove boxes * emesis basin/bags * thermometer covers * difficult to clean items (BP cuff)	Hospital Disinfectant, Change Curtains	Keep room closed for 1 hour. Hospital Disinfectant, Change Curtains	Keep room closed for 1 hour. Hospital Disinfectant, Change Curtains	Hospital Disinfectant, Change Curtains. For COVID-19: Only require room closure for 1 hour, prior to clean if patient had an aerosol generating procedure prior to d/c.

¹ This guide is not all inclusive, see CDC Appendix A for additional information on disease specific discontinuation of precautions or contact Infection Prevention with Questions

Definitions: R/O = Rule Out, D/C = Discharged, HTS = High Touch Surface

https://providence4.sharepoint.com/:b:/s/PugetSoundDivisionInfectionPrevention/EQf0V9Hfs7pCqD-RGH_oCvIbAljysrF0cOO7rOtuQse52g?e=8xqLan

Healthcare-Associated Infections (HAI)

Device-Associated Infections

Central Line-Associated Bloodstream Infection (CLABSI)

Catheter-Associated Urinary Tract Infection (CAUTI)

Ventilator-Associated Event (VAE)

Procedure-Associated Infections

Surgical Site Infection (SSI)

Lab ID Infections

C. difficile Infection

MRSA Bacteremia



Respiratory Illness Resources

ND

North Division Infection Prevention

Contact IP

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Isolation ▾

HAI ▾

HCID

News & Resources



Standard and Transmission-Based Precautions

Puget Sound Isolation Resources



Isolation Quick Guide



Standard & Transmission-Based
Precautions (Isolation) Policy



MDRO Quick Guide



Isolation of MDROs Policy



Isolation in Behavioral Health
Policy



Insect and Mite Management



C.diff testing and isolation
interpretation



ED Prioritization of Isolation
Types

N. Division Resources



Appendix A: Type and Duration of
Precautions Recommended for Selected...



Respiratory Isolation Quick Guide



COVID Precaution Removal Algorithm



Shingles Isolation Algorithm

Respiratory Illness Resources

Respiratory Pathogens Isolation Quick Guide

- Use Droplet precautions for all patients who present with respiratory infection symptoms (cough, runny nose, fever) or when ruling out respiratory viruses
 - If patient has an uncontrolled cough, add Droplet Precautions
 - If patient has copious moist secretions, add Contact Precautions
- Use transmission-based precautions for specific respiratory pathogens as follows:

Respiratory pathogen	Isolation	Duration of Precautions	Notes
Adenovirus	Droplet, Contact	24 hours without fever and fever reducing meds	Pneumonia only
Coronavirus (229E, HKU1, NL63, OC43)	Standard	-	
COVID 19	Aerosol Contact	Variable, 10-20 days	See policy "Standard and Transmission-Based Precautions"
Human metapneumovirus	Contact	24 hours without fever and fever reducing meds	
Rhinovirus/Enterovirus	Droplet	24 hours without fever and fever reducing meds	Add contact precautions if copious moist secretions
Haemophilus influenza, type b	Droplet	24 hours without fever and fever reducing meds	Infants and children only
Influenza (A & B)	Droplet	7 days after onset or 24 hours after symptoms resolve, whichever is longer	Contact precautions may be required during high prevalence
Parainfluenza Virus (1,2,3, & 4)	Contact	24 hours without fever and fever reducing meds	Infants and young children only
Respiratory Syncytial Virus (RSV)	Droplet, Contact	24 hours without fever and fever reducing meds	Infants, children, and immunocompromised adults only
Bordetella pertussis	Droplet	5 days after therapy initiated	
Chlamydia pneumoniae	Standard	-	
Mycoplasma pneumoniae	Droplet	24 hours without fever and fever reducing meds	

Infection Prevention 06/12/24

Navigating Testing of Respiratory Viruses

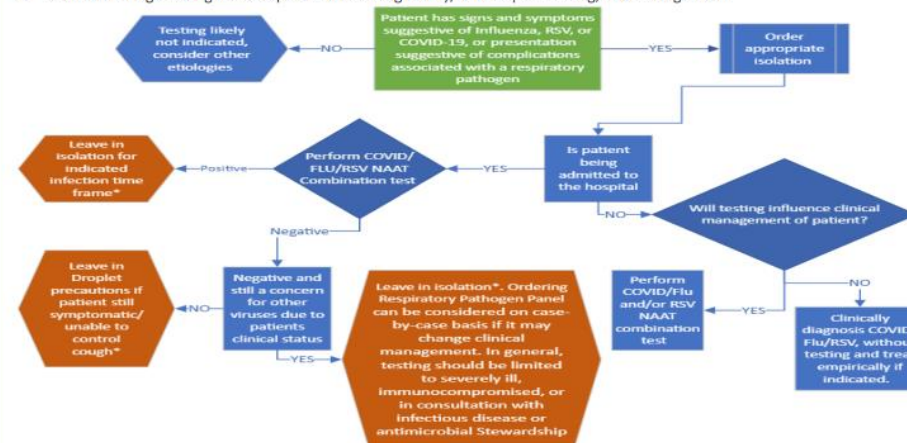
WHY THIS IS IMPORTANT?

- Routine Respiratory Pathogen Panel (RPP) testing is unnecessary for several reasons.
 - While RPPs can identify a wide array of viruses, only influenza and COVID-19 have targeted treatment available for immunocompetent adults and children.
 - Multiple studies have found no difference in clinically relevant outcomes between routine RPP and targeted testing, including antibiotic usage and days in the hospital (1,2).
 - Targeted testing is cheaper and faster.
- The RPP is *expensive* and should be utilized for specific patient populations including admitted patients or immunocompromised patient (e.g. individuals receiving chemotherapy/active cancer treatment for hematologic malignancy, stem cell transplant/cellular therapy, organ transplant, HIV patients with CD4 counts<200).
- Patients at high risk of COVID/Flu/RSV complications or who have high-risk comorbidities should be tested to guide treatment.
- During low community prevalence of respiratory viruses, false positive rapid antigen test results are more likely to occur.

Ensure Epic "Infectious Risk Screening" questions are completed on Admit-Arrival to add appropriate isolation.

TESTING CONSIDERATIONS (Recommended by Infectious Disease/Infection Prevention North Division):

- For patients being admitted:
 - RPP: Preferred for patients being admitted and being evaluated for a diagnosis of respiratory infection where diagnosis will guide treatment, (e.g. pneumonia or sepsis).
 - COVID/FLU/RSV Combo or COVID/FLU AB Combo Test: consider for patients with possible COVID/influenza-like illness (ILI), being admitted for non-infection related diagnosis (and no secondary diagnosis of respiratory infection).
- People may test positive for respiratory viruses on a PCR/NAAT for several weeks to months after viral infection has resolved.
- PCR/NAAT is preferred for COVID-19 symptomatic testing, however if not available, Antigen testing is acceptable.
- COVID discharge testing is not required. If receiving facility/SNFs request testing, utilize antigen test.



*Discontinue isolation for flu after Seven (7) days from symptom onset OR 24 hours after resolution of fever and respiratory signs and symptoms— whichever is later. For COVID-19 isolation removal follow guidelines in PolicyStat "Standard and Transmission Based Precautions (Isolation)." for all other respiratory virus's isolation may be discontinued 24 hours after resolution of fever and respiratory sign/symptoms.

References:

- IDSA Guidelines on the Diagnosis of COVID-19: Molecular Diagnostic Testing (idsociety.org)
- Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2024 Update by the Infectious Diseases Society of America (IDSA) and the American Society for Microbiology (ASM) • | Clinical Infectious Diseases | Oxford Academic (oup.com)

North Division Infection Prevention v1 05/20/2024

Summary

- Wear PPE appropriately
- Wash your hands
- Don't come to work if you're sick
- Remove unnecessary devices
- Use antibiotics wisely
- Call us with questions (x84487)

