



# **Top 2 ways to help control infection**

**According to the CDC, the 2 most effective ways to protect a patient from contamination is to:**

1. WASH YOUR HANDS!! (Single most important measure for preventing the spread of infection)
2. CLEAN THE PATIENT'S ENVIRONMENT EVERY SINGLE SHIFT

# Importance of Infection Control

1. The patient (and their families) do not need the physical or mental stress an infection can cause.
  - a) Their medical conditions often predispose them to added risks.
  - b) Too often, patient infections can result in hospitalizations or worse.
  
2. Patient infections affect the nurse in several ways.
  - a) The question arises in whether or not the nurse did everything he/she could to prevent the infection.
  - b) The nurse is now without work while the patient is in the hospital and that affects his/her own person financial situations.

# Practical Steps to Prevent Infection

- Always practice universal precautions with all patients.
- Wear gloves when handling blood or body fluids.
- Hold contaminated linens away from your body when carrying them.
- Dispose of sharp instruments in puncture proof container. Do not recap needles.
- Immunize yourself to protect against infections.

# Tracheostomy RISKS

- Open pathway for bacteria and virus to the lungs.
- The nose and mouth “filters” are removed.
- “Artificial filters” are a must (HME or PMV) for trachs without vent use.
- Sterile vent circuits are to be used (standard and travel circuits) as well as sterile humidification for those patients that are on a vent.



# Tracheal Suctioning

- Tracheal suctioning must be sterile.
- Suction catheters are either one time use or they are sleeved for re-use.
- The clearing of the suction catheter for secretions must be done with sterile saline or sterile water.
- (If you open a large sterile bottle of water, it is no longer sterile)
- **NEVER USE TAP WATER OR DISTILLED WATER TO CLEAR A SLEEVED CATHETER THAT YOU WILL USE AGAIN.**

# TRACH CARE

- Completed per MD instruction
- MUST ALWAYS BE DONE IN A STERILE MANNER.
- Sterile cotton swabs or sterile gauze must be used.
- Document this care well
- Contamination is the #1 cause of tracheitis and often other respiratory infections.

# ORAL/NASAL SUCTIONING

- The “little sucker” or similar device must be as clean as possible.
- Multiple use oral/nasal suction devices must be cleaned after each use.
- Use of diluted white vinegar solution or mouthwash is recommended.
- DOCUMENT THIS CARE.



# DAILY CARE and WEEKLY CHANGE OF SUCTION CANISTER AND TUBING

- Thorough cleaning of the suction tubing and canister must be done each shift
- Use of diluted vinegar/water solution 1:4 or mouthwash is recommended.
- The entire canister and tubing must be thrown out and replaced with a new set once per week. Initial and date on the canister as well as the tubing when they were changed.
- Do NOT leave this responsibility for the next shift nurse or the parents.

# GI and Respiratory Equipment

- Syringes, extension tubing, nebulizer units etc. must be cleaned and put in disinfectant between each use.
- Use separate containers for GI and Respiratory equipment to prevent cross contamination.
- Use commercial disinfectant or Vinegar/Water (1:4) Solution.
- Equipment should be submerged for a minimum of 30 minutes (longer the better) and then rinsed and dried.
- Change feeding bags every 24 hours. (Initial and date the bag)
- Document this care

# GENERAL INFECTION CONTROL

- Equipment and patient environment (bed, wheelchair, feeding pump and stand, suction machine, ventilator, cough assist, IPV etc. should be wiped down thoroughly EVERY SHIFT and documented.
- Changing linens, towels etc. on a regular basis is like washing your hands. It helps more than you know to prevent infections.
- Sweeping and mopping the patient's environment is also required (their entire bedroom floor and any other floor they lie on).
- THIS IS THE NURSE'S DUTY UNDER INFECTION CONTROL REGULATIONS

# CATHETERIZATIONS

- As taught in nursing school and per policy, this must be done in a sterile manner.
- Document this care.

# TUBERCULOSIS

- Our policies indicate on hire and annually, that all staff who have direct contact with patients will be screened for TB by submitting the results of a RECENT TB test, blood spot test or x-ray.
- Also upon hire and annually, staff must complete a TB Fact Sheet/Symptom Screening Form.
- The form provides information about TB as well as documentation of the employee's risk factors and potential symptoms of TB.
- Employees who indicate having symptoms on the TB Fact Sheet/Symptom Screen or who exhibit symptoms of TB will be referred to their primary care provider or the local or state health department for evaluation.
- A work release will be required prior to the employee's return to work.
- The agency will coordinate the home management of patients/clients with suspected or confirmed tuberculin infection through engineering and work practice oversight.