Stanford MEDICINE
Health Care

Infection Control Annual Education

Learning Objectives

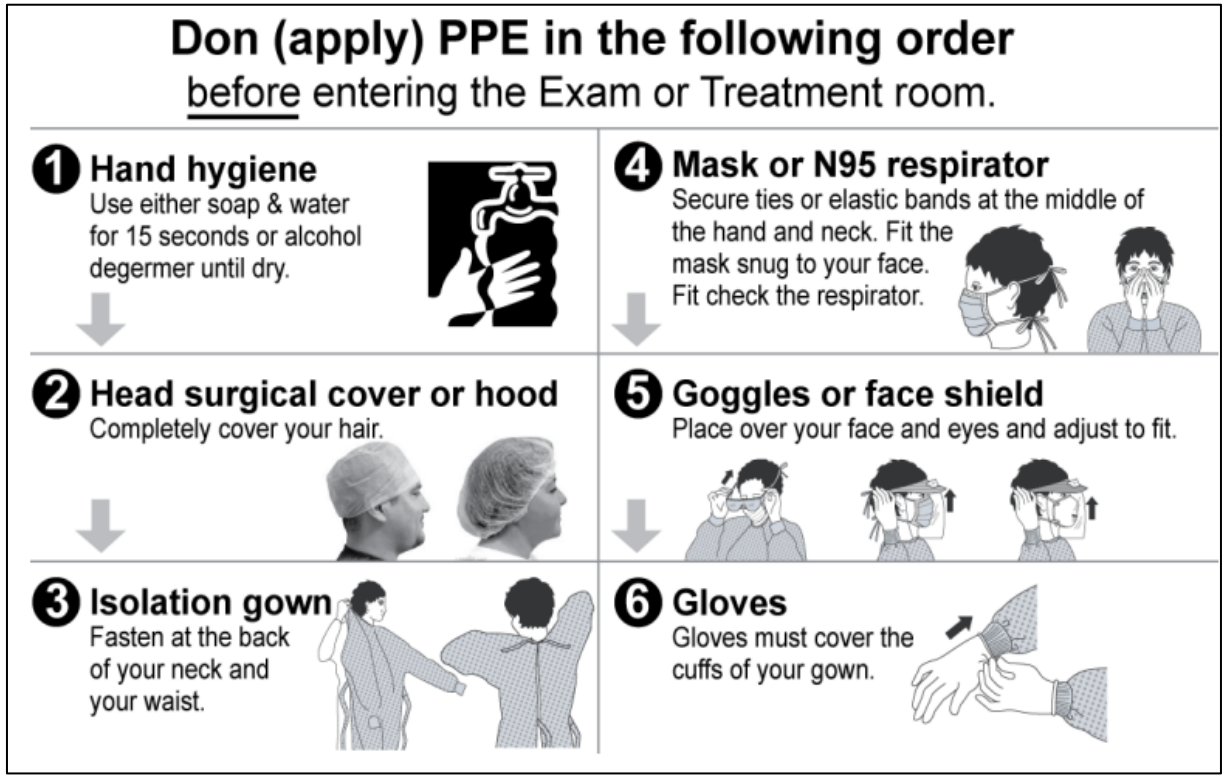
- Describe standard precautions
- Understand opportunities to prevent and decrease healthcare-associated infections (HAIs)
- Understand common multi-drug resistant organisms (MDROs) and their practice implications
- Understand different types of isolation precautions
- Describe discharge requirements for patients with tuberculosis
- Understand the role of the Infection Prevention & Control Department and how to contact

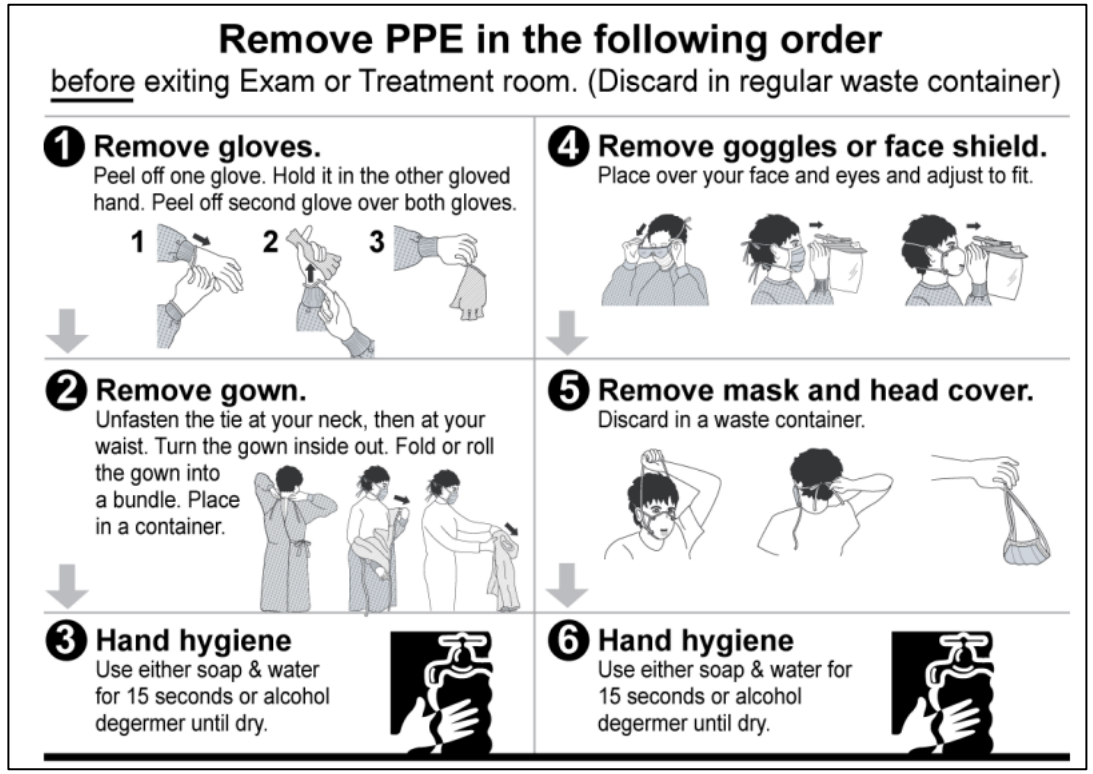
Understanding Standard Precautions

- **Hand hygiene**
  - Most important aspect of infection control
  - Use alcohol-based sanitizer or soap and water
- **Personal protective equipment**
  - Use appropriate PPE based on anticipated exposure
  - Understand how to use PPE (don/doff appropriately)
- **Respiratory etiquette & hygiene**
  - Cover your cough!
  - If mild respiratory symptoms, consider using a surgical mask
- **Environmental hygiene**
  - Only used hospital-approved disinfectants to clean hospital surfaces and equipment
  - Do not store clean or sterile supplies in team rooms or staff rooms
    - Sterile supplies are required to be stored in areas with temperature and humidity monitoring
    - SHC has been cited for improperly stored supplied in team rooms
    - Cardboard boxes are not allowed for storage
    - Packaged clean and sterile supplies should never be on the ground

Understanding Standard Precautions

- **Donning and doffing PPE**





Healthcare-associated Infections (HAIs)

	Central-line associated bloodstream infection (CLABSI)	Catheter-associated urinary tract infection (CAUTI)	Hospital-onset *Clostridioides difficile* infection (HO-CDI)	Surgical site infection (SSI)
Definition	• Lab confirmed bloodstream infection not related to an infection at another site that occurs on calendar day 2 or greater after central line placement or within 1 calendar day after central line removal • Central line devices are defined as non-tunneled CVCs, dialysis catheters, PICCs, and implanted ports	• Lab confirmed urinary tract infection that occurs on calendar day 2 or greater after indwelling urinary catheter (Foley) placement or within 1 calendar day after indwelling catheter removal • Straight catheters and suprapubic catheters are NOT considered indwelling catheters	• Positive C. difficile test on day 3 or greater of admission • Positive C. difficile tests on day 0-2 of admission are considered community onset and are not considered HAIs	• Infection that occurs after surgery in the part of the body where the surgery took place • SHC is required to report 28 categories of SSIs to CDPH; each category has a specific definition depending on surgical site

Healthcare-associated Infections (HAIs)

- **Methods to prevent and reduce HAIs**
  - **Device stewardship**
    - Daily review and documentation of device necessity (central line, Foley)
    - Prompt removal if device is deemed unnecessary
  - **Diagnostic stewardship**
    - Discuss necessity of culture or test
    - Utilize clinical decision support algorithms
      - Urinary Catheterization - Insertion, Maintenance, Irrigation and Instillation, and Removal v.4 (policytech.com)
      - Central Venous Catheter - Insertion, Maintenance, Patency, and Removal v.2 (policytech.com)
      - Diagnostic Stewardship: C. diff Testing Protocol v.1 (policytech.com)
  - **Environmental hygiene**
    - Perform hand hygiene prior to device access or manipulation
    - Compliance with insertion bundles
      - Urinary Catheterization - Insertion, Maintenance, Irrigation and Instillation, and Removal v.4 (policytech.com)
      - Central Venous Catheter - Insertion, Maintenance, Patency, and Removal v.2 (policytech.com)
    - Ensure sterile fields are set up appropriately and sterile supplies are placed in a sterile field
- **Antimicrobial stewardship**
    - Daily review and documentation of antimicrobial necessity
    - Prompt discontinuation of antibiotics if deemed unnecessary

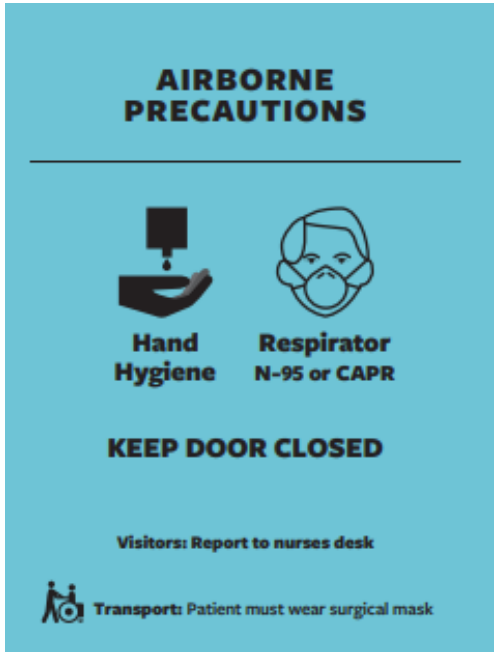
Multi-drug resistant organisms (MDROs)

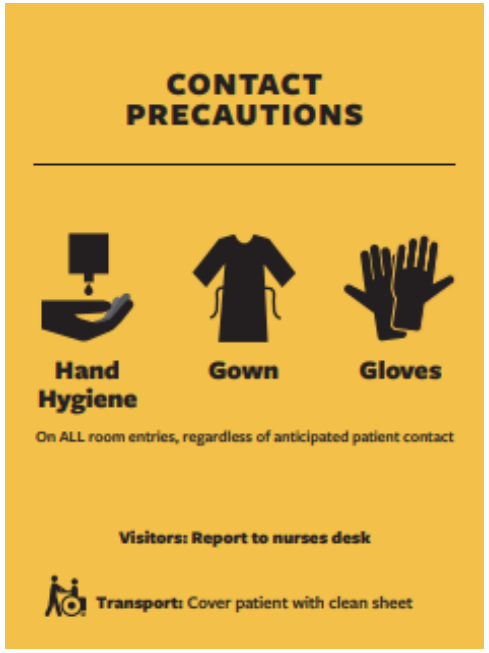
- **Emerging MDROs**
  - CPOs/*Candida auris*
    - Require contact isolation
    - CPOs: Carbapenem resistant organisms (CROs) that have confirmed production of a carbapenemase
    - *Candida auris* is an emerging threat due to antifungal resistance and emergence of outbreaks in healthcare settings
    - In accordance with CDPH recommendations, all patients admitted from LTAC, SNF, outside institution with a known *Candida auris* outbreak, or with prior *Candida auris* diagnosis will be screened for *Candida auris* on admission
    - CDPH requires prevalence testing when a patient is diagnosed with Candida auris and has not been on contact isolation
    - IPC coordinates prevalence testing, which may affect all patients on single or multiple units

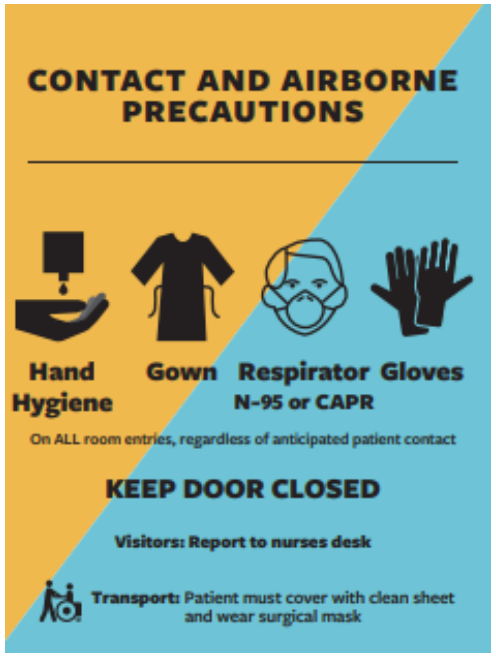
Isolation Procedures

- Isolation Policies
  - All isolation policies can be found on the SHC Intranet in PolicyTech
    - Airborne (Respiratory) Precautions v.3 (policytech.com)
    - Contact Precautions Policy v.7 (policytech.com)
    - Droplet Precautions Isolation v.3 (policytech.com)
  - Specifics on isolation for various infectious diseases can be founds in the Quick Reference Guide
    - 01. Quick Reference Guide for Infectious Diseases Conditions and Required Precautions v.4 (policytech.com)
- Patients who are suspected or confirmed to have an infectious disease that requires isolation must be placed in a private room
  - Pending infectious disease tests may prohibit patient placement; only order infectious disease testing when indicated
  - *Respiratory PCRs and Covid tests should not be ordered unless there is suspicion patient has respiratory illness. These tests cause unnecessary delay patient placement when ordered outside of protocol.*

Isolation Signage







- PPE must be donned prior to entry into patient room and doffed prior to exit
  - *PPE should never be worn in the hallway*

Tuberculosis (TB)

- **GOTCH Program**
  - California Department of Public Health (CDPH) requires all patients admitted with active TB to receive clearance from the local public health department prior to discharge
  - Patients admitted with active TB or diagnosed with active TB during admission are reported to Santa Clara County Department of Public Health (SCCDPH) by Infection Prevention & Control (IPC)
  - IPC works with Case Management, treating team, and SCCDPH to coordinate the GOTCH form and ensure compliance with the GOTCH program
  - *Patients discharged without SCCDPH approval is a violation of state law*
  - Providers must ensure SCCDPH approval is obtained prior to discharge

SHC Infection Prevention & Control Team

- Provide surveillance and guidance regarding infection prevention and control
- Hospital Epidemiologist: Dr. Jorge Salinas
- Associate Hospital Epidemiologist: Dr. Mindy Sampson
- To contact IPC
  - **Monday-Friday, 7:30am-4:30pm**
    - Contact the assigned Infection Prevention & Control Consultant (IPC) for your area in Voalte
    - All IPCs are logged into Voalte during normal business hours
  - **Friday 4:30pm- Monday 7:30am and holidays: After-hours pager**
    - Infection control emergencies only: concern about exposure, question about pathogen of concern (Mpox, Ebola, etc), environmental emergency (water incursion, sewage leak into patient care area)
    - Page 16167
    - There is an IPC on-call 24 hrs/day
  - **General inquiries and banner removal requests**
    - Email DL-SHCInfectionControlDepartment@stanfordhealthcare.org