



WRHA Infection

Prevention and Control Program Bulletin

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Assisting in the provision of safe, efficient, effective patient care by minimizing and preventing the spread of communicable diseases

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Are You Using the Right Personal Protective Equipment (PPE) at the Right Time?

Why am I wearing PPE—this patient isn't on precautions? Should I be wearing sterile or non-sterile gloves? Do I need to wear a gown? What about eye/face protection? A mask? A respirator?

Within healthcare we have to 'think smart' - consider innovative ways to work that are safe, while considering the financial climate. This also applies to PPE. Minimizing risk of infection to patients, family, and staff is paramount; and requires constant consideration, assessment of risk, and safe working practices. Appropriate use of PPE is part of this. PPE selection should be based on an assessment of the:

- ◇ Risk of transmission to the patient or caregiver, and
- ◇ Risk of contamination of healthcare worker's clothing and skin by patients' blood and body fluids

Staff must ensure they have the required PPE (protection) by conducting their Point of Care Risk Assessment (PCRA). Information on how to conduct a PCRA is available via the eHealth [Learning Management System](#) (LMS). This 15 minute course teaches healthcare workers how to perform a PCRA. *Completion of the course is mandatory for frontline staff on hire*, and is recommended for staff and volunteers who contact patients/residents/clients, their care environments, equipment, and/or blood & body fluids.



Germ Zone: When was the last time you cleaned your cell phone??

1 in 6 cell phones is contaminated with fecal matter. Gross?? We think so too. Each square inch of your cell phone contains roughly 25,000 germs making it one of the dirtiest things you touch in a day!

WHAT CAN YOU DO? Clean your hands before and after touching your phone... Avoid bringing personal devices into workspaces unless necessary for patient management... Clean and disinfect devices, with wipes designed specifically for them, after each encounter where it is potentially contaminated.

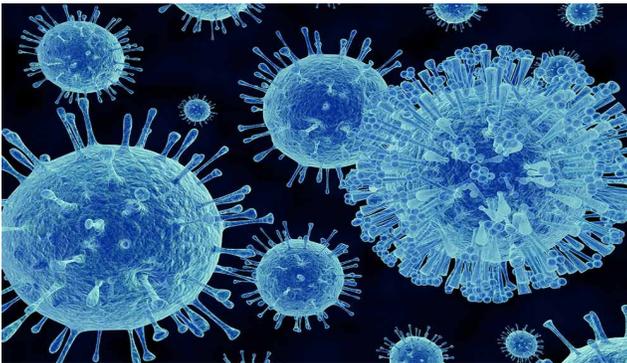
Bug of the Season

Norovirus

What am I?

Norovirus is a very contagious virus that can easily spread from person to person and cause gastroenteritis. Illness begins suddenly 24-48 hours after exposure and usually involves frequent vomiting and/or diarrhea, nausea and stomach cramps. Outbreaks occur most frequently in the fall and winter months. Only the common cold occurs more often.

Where to find me? Noroviruses are found in the stool of infected people.



How to catch me?

People can become infected with norovirus through direct or indirect contact with another infected person, touching surfaces or objects contaminated with the virus, or eating food or drinking water that has been contaminated.

How to stop me?

Wash your hands often, especially after going to the washroom, and avoid touching your mouth. Disinfect surfaces, objects, and linen/clothes. Wear gloves and a gown, if soiling of your skin or clothing is likely, for contact with stool. If you're sick stay home and don't care for or visit people until at least 2 days after your symptoms stop.

How to kill me?

There is no vaccine or antiviral to prevent getting sick with norovirus and antibiotics are not effective. Healthy people normally recover in 1-2 days. Young children, the elderly, and people with other illnesses are at greatest risk for dehydration. Severe dehydration can be serious and re-hydration in hospital may be required.

Seven Things Nurses and Patients Should Question

By Canadian Nurses Association

Infection Prevention and Control Canada: November 2017



1. Don't do a urine dip or send urine specimens for culture unless urinary tract symptoms present

Over-testing & treating asymptomatic bacteriuria with antibiotics increases risk of diarrhea and infection with *C. difficile*. Overuse of antibiotics contributes to increasing antimicrobial resistance.

2. Don't recommend antibiotics for viral infections e.g., influenza-like illness

Antiviral drugs are authorized for influenza treatment and prophylaxis, based on factors such as patient risk, relevant history and duration and severity of symptoms. If a nurse caring for a patient feels a medication is not the appropriate intervention, the nurse has a responsibility to discuss these concerns with the prescribers.

3. Don't overuse gloves

Gloves should only be worn: (1) when a PCRA indicates a risk of contact with broken skin, blood or body fluids, mucous membranes or contaminated surfaces (as per routine practices); (2) where additional (contact) precautions are indicated; or (3) for contact with chemicals (e.g., during environmental cleaning, preparing chemotherapy, etc.).

Don't wear multiple layers of gloves and don't substitute gloves for hand hygiene. If gloves must be worn, after cleaning hands, allow them to dry before putting on gloves to reduce the risk of chronic irritant contact dermatitis and colonization of hands.

4. Don't send unnecessary or improperly collected specimens for testing

Don't routinely send specimens for testing or screening (e.g., for MRSA) unless clinical evidence of infection is present.

5. Don't collect stool that is not diarrhea for *C. difficile* infection testing or test of cure

Don't routinely collect or process specimens for *C. difficile* testing when stool is not diarrhea (i.e., does not take shape of specimen container), the patient has had a prior test result within past 7 days, or as a test of cure. A positive test in absence of diarrhea likely represents *C. difficile* colonization.

6. Don't prolong the use of invasive devices

Invasive devices (such as central venous catheters and endotracheal tubes) should not be used without specific indication (determined by appropriate clinical assessment) and should not be left in place without daily re-assessment.

7. Don't shave hair for medical procedures. Use clippers if hair removal is required

The use of razors (shaving) prior to surgery increases incidents of wound infection when compared to clipping, depilatory use or the non-removal of hair.



CANADIAN
NURSES
ASSOCIATION ®



Mark Your Calendar!!



KEEP CALM AND CALL INFECTION CONTROL



**October 16,
2018**



Question Time

Why is alcohol based hand rub (ABHR) recommended over hand washing with soap and water?



ABHR is faster and more effective than washing hands when hands are not visibly soiled, and is more readily available at the point of care.

Also, when used appropriately, ABHR is less likely to irritate skin than soap and water. Most alcohol-based hand rubs contain emollients to reduce the incidence of skin breakdown. Frequent use of ABHR actually lessens the incidence of skin breakdown, as it does not subject hands to the friction and abrasion involved in hand washing and drying hands.

Some people do react to the hand hygiene products. In these instances they should contact Occupational and Environmental Safety and Health (OESH) immediately for assessment, skin care and hand hygiene education, and possible consideration of an approved alternate product.

When using ABHR, apply a dime sized amount onto your hands, enough when you rub your hands together to cover all areas of your hands, including under your nails (1-2 pumps)

When performing hand hygiene, regardless of the product:

- ◆ Use a rubbing motion to evenly distribute the product over all surfaces of the hands, particularly between fingers, fingertips, back of hand and base of thumbs
- ◆ Rub hands together well; do not wipe product off