Aspirus Infection Prevention Support

Stop the spread of germs and preventing the growth of new infections

Passion for excellence. Compassion for people.

ASPIRUS HEALTH

Aspirus Infection Prevention

- This module will cover the following topics:
  - Infection Control and Standard Precautions.
  - HealthCare Associated Infections.
  - Work Practice Controls to prevent infection.
  - Hand and Environmental hygiene.
  - Bloodborne Pathogens.
  - Signs for Transmission-Based Precautions: Contact, Enteric, Airborne, & Droplet.

Aspirus Infection Prevention

Infection Control

- Infections or germs can be transferred quickly between people and surfaces.
- Standard precautions are infection control practices used to prevent transmission of diseases.
  - Used for all patients all the time
  - To keep infectious organisms from spreading to self, the environment and others

Standard Precautions

These are used with all patients all the time

- Appropriate selection of Personal Protective Equipment based on tasks performed and likelihood of exposure
  - Eye protection and mask for potential splash or spray
  - Gloves, gown when contamination is likely
- Sharps safety and disposal in appropriate containers
- Respiratory Etiquette
- Disinfect reusable equipment between patients per equipment Instructions for use (IFU)
- Disinfect the Environment with hospital approved disinfectant

Hand Hygiene

The number one simple way to prevent the spread of germs

[Aspirus System Hand Hygiene Policy]

Healthcare-Associated Infections

HAIs

- Any infection that develops after the third day of an admission is defined as Healthcare-Associated Infection (HAI).
- Most HAIs are passed to a person by touch. They could come from staff or a visitor.
- Hand hygiene is the best practice for preventing HAIs.

Bloodborne Pathogens

- Bloodborne pathogens are viruses that can be found in the human blood.
- They can be spread in the workplace by:
  - Touching the eyes, nose or mouth with hands contaminated with blood or body fluids
  - Contact with open areas of the skin such as cuts, bites or blisters
  - Getting stuck with a used needle or sharp object

Bloodborne Pathogens

- Bloodborne Pathogen viruses found in the blood:
  - Hepatitis B: Attacks the liver and can be stopped by a vaccine.
    - We are at greatest risk for contracting Hepatitis B in the event of exposure.
    - **Hepatitis B vaccine is available free of charge.**
      - Immunity lasts a lifetime and has no recommendations for a routine booster.
      - If high risk exposure to patient with HBV, booster may be recommended.
      - Not recommended if health care worker has documented immunity to HBV.
  - Hepatitis C: Attacks the liver and can't be stopped by a vaccine.
  - HIV: Attacks the body's immune system and can't be stopped by a vaccine.

Aspirus Infection Prevention

Infection Control

- There is an Aspirus System Exposure Control Plan.
  - Outlines methods to avoid contact with infectious materials such as:
    - Standard & transmission precautions and work practice controls
    - EACH employee is responsible for knowing where to find the Exposure Control Plan.
      - Can be found on the Aspirus Policy Stat Site Exposure Control Plan

LB1

Aspirus Infection Prevention

Know who your Infection Preventionist is

- Each facility has an infection prevention subject matter expert who helps support practices that reduce and eliminate infection harm to staff and patients.
- They report infections to the quality and performance team (QAPI) team. QAPI helps detect problems, finds ways to fix them, and continually watches and assesses the quality of care. This process improves patient care and outcomes.
- Find your Infection Preventionist under the Intranet, Clinical Job Aids and Infection Prevention.
- Aspirus Intranet Infection Prevention PageClick on the Icons to discover resources & links.

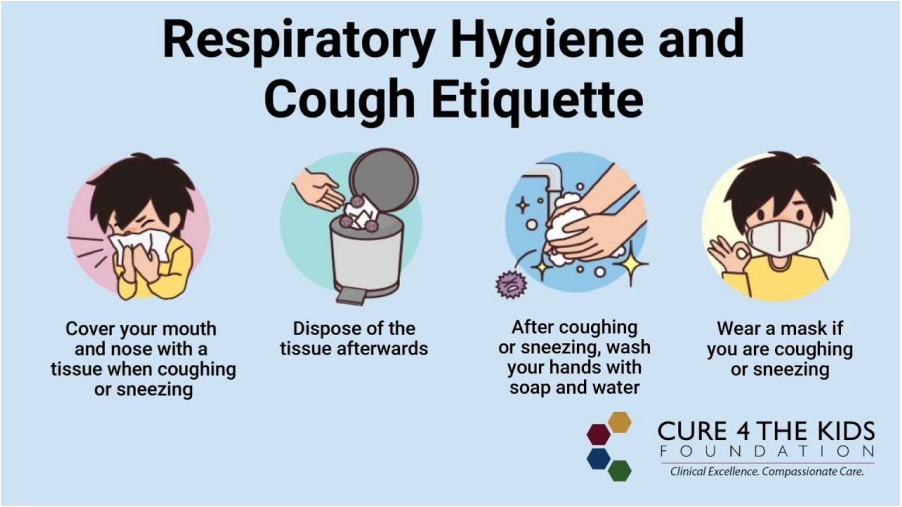
- ✓ IP coverage and contact information
- ✓ Infection Prevention System-wide policies
- ✓ Frequent conditions
- ✓ Healthcare Infection Reduction resources
- ✓ Audit Tools
- ✓ Global and local news & alerts

Slide 10

LB1 Should we add a link to this page for them to review?
Lisa Becker, 2025-03-25T17:15:19.380

Respiratory Pathogens

- There are many respiratory pathogens including SARS CoV2, RSV, and influenza.
- Encourage use of respiratory etiquette and source control for patients with respiratory symptoms.
- Use source control if you experience respiratory symptoms while at work, or if directed by Employee Wellness when returning to work.
- Follow standard and transmission-based precautions for the respiratory pathogen suspected.



LB1

Aspirus Infection Control

Work Practice Controls

- In patient care areas do not:
  - Eat or drink.
  - Apply lip balm, cosmetics, or handle contact lenses.
  - Store food in refrigerators with patient care supplies or other potentially contaminated products.
- Always:
  - Perform hand hygiene. **The single most IMPORTANT factor for preventing the spread of infection is proper hand hygiene.**
  - Maintain a visibly clean environment.
  - Cover your mouth and nose with a tissue when coughing or sneezing.
  - Report pest issues immediately.
- Know Aspirus policy and protocol for work illness.
  - Hand Hygiene Policy
  - Aspirus Employee Work-Related Incident, Injury, Illness, Worker's Compensation, Temporary Modified Duty Policy (Excludes MN)

Slide 12

LB1 Should we link the hand hygiene and return to work policies?
Lisa Becker, 2025-03-25T14:55:53.032

Hand Washing

Protects you and those receiving the care you provide

- Studies have shown that healthcare workers' hands are the #1 mode of transmission for Healthcare Associated Infections (HAIs).
- Regular handwashing is one of the best ways to remove germs, avoid getting sick and prevents the spread of germs to others.
- Current guidelines from the CDC recommend use of:
  - Soap and water for washing visibly soiled hands, after going to the bathroom, or when exiting an Enteric Contact Isolation room.
  - Alcohol-based hand rubs for routine decontamination of hands between patient contacts.

ASPIRUS HEALTH

Hand Washing

- Use soap and water when hands are visibly dirty including:
  - Before and after each work shift.
  - Before eating, drinking or handling of food.
  - After using the restroom or if visibly dirty.
  - After blowing your nose or sneezing.
  - For Enteric Contact Isolation Precautions. This must be performed on exit of the patient's room.

Hand Washing Steps

Focus on Technique to wash hands

Soap and Water

- Wet hands with warm water. Use warm, not hot water and apply soap to give a good lather.
- Rub hands together vigorously for at least 15-20 seconds. Use the “ABC” song and “Happy Birthday” to estimate 20 seconds

Alcohol Rub

- Apply the rub to the palm of one hand.
- Rub over all surfaces of the hands and fingers.
- Rub hands together until they are dry.

Aspirus Infection Prevention

Cleaning and Disinfection

- Know what equipment you are responsible for cleaning and disinfecting and how to clean and disinfect it properly.
- If unfamiliar with the cleaning product refer to the label for appropriate use on surface or equipment to be cleaned and the required contact (wet) time.
- Refer to the equipment instructions for use (IFU) for products to use and specific cleaning and disinfection guidance.

Environmental Hygiene

Biohazard Label Requirements

Use the standard BIOHAZARD Label

- **Potentially Infectious Liquid:** Red bag with biohazard label
- **Blood specimens:** Biohazard label on storage bag and/or containers
- Sharps containers and/or Refrigerators, coolers where blood or other potentially infectious material (OPIM) is stored or transported: Biohazard label
- Soiled (dirty) Utility rooms
- Staff are accountable for ensuring sharp devices are in working order & using them properly. Replace sharps container when 2/3 full.

Transport for CAUTI Reduction

Prior to transporting a patient:

- Ensure the drainage bag and tubing are emptied to prevent back flow.

During transport:

- Make sure that the urinary bag hangs below the level of the patient's bladder so that urine flows out of the bladder.
- The bag should not touch the floor, and the patient should carry the bag below the level of the bladder when walking.

Transmission-Based Precautions

- Transmission-Based Precautions are always used with Standard Precautions to prevent adverse events and transmission of infectious disease to keep everyone safe.
- They help stop germs from spreading. There are four categories of transmission precautions:
  - **Contact Precautions:** Germs travel by direct (skin to skin) or indirect contact (touching people's items).
  - **Enteric Precautions:** Germs travel by direct (skin to skin) or indirect contact (touching people's items). Requires a unique cleaning protocols and hand hygiene with soap and water.
  - **Droplet Precautions:** Droplets released into air & travel a short distance.
  - **Airborne Precautions:** Particles released into air and travel a long distance and inhaled by other people.

Hospital Isolation Procedures - Standard and Transmission Based Precautions Procedure
AMG Clinic Isolation Procedures - Standard and Transmission Based Precautions

Isolation Precautions

Review Signs BEFORE entering a patient room

Appropriate Precautions for all

- To help stop the spread of infection, Contact Precautions signs are used in patient care areas. As a patient or a visitor, it is important to understand these signs.
- Always wear the PPE identified on isolation signage, use hand hygiene and clean and disinfect as required.

Isolation Precautions

Signs

Isolation Precautions

Signs

Aspirus Infection Prevention

LB1

All staff have a responsibility to use safety precautions to stop the spread of infections.

1. Proper hand hygiene is the single most **IMPORTANT** factor for preventing the spread of infection.
2. Refer to the Exposure Control Plan. Each employee is responsible for knowing this information.
3. Additional Infection Prevention information, including resources and your infection preventionist, is available on the Intranet.
4. Review Isolation Signs before entering a patient room and follow guidelines.

ASPIRUS HEALTH

Slide 23

LB1 Should we link this policy?
Lisa Becker, 2025-03-25T16:24:47.170

Thank you.

Aspirus Infection Prevention

Clinical Topics

- This module will cover some additional clinical topics
  - Infection prevention best practices
  - Cleaning practices including care and handling of contaminated instrumentation
  - Standard and transmission-based precautions
  - Healthcare associated infection prevention practices

Equipment/Environmental Disinfection

Adhere to Instructions for use (IFU) and Contact Wet Times for Disinfection

- Contact times – times disinfectant should remain wet to be effective.
- Reusable equipment (i.e. glucometers) should be disinfected after each patient use per IFU.
  - Ensure you know how to locate the instructions for use for equipment used in your area.
- If unsure of time required, refer to the label on the hospital approved disinfectant wipe.
- Equipment for patients in Enteric Contact Precautions require disinfection with a sporicidal agent such as bleach.

Care and Handling of Reusable Instrumentation

How to tell if an item is Reusable?

- The packaging of the patient supply/device will guide if the item is reusable.
- Manufacturer's Instructions for Use will guide if the item can be cleaned and disinfected and used on multiple patients.
  - Example- Pakistan instruments do not have IFUs for sterilization.

LOT	Batch or lot code.		Lower temperature limit that device can be exposed.
STERILE	Indicates device has been subjected to a sterilization process.		Upper temperature limit that device can be exposed.
STERILE A	Indicates device has been sterilized using aseptic processing techniques.	STERILE EO	Indicates device has been sterilized using ethylene oxide.
	Do not re-sterilize, which indicates the device should not be re-sterilized after it once has been sterilized.		Device is intended for one single use only. Do not reuse.
1	Single patient, multiple use. Indicates the device may be used multiple times on a single patient.	NON STERILE	Indicates a medical device that has not been subjected to a sterilization process.

Care and Handling of Contaminated Reusable Instrumentation

How should contaminated reusable instruments be handled?

- Single Use instruments should be disposed of in the appropriate disposal container.
- At Point of Use:
  - Gross soil should be removed as soon as possible.
  - Instruments are contained in a puncture resistant, leak-proof, closeable container with a Biohazard label attached.
- In designated area, immediately treat the instruments with copious amounts of an enzymatic product
  - Make sure to use the product and appropriate PPE according to manufacturer's IFU.
  - Make sure each instrument is in the "open position" to allow for saturation of all parts.
- Outside of container should be disinfected if contamination occurs prior to transport to Central Sterile Processing (CSP).
- Some locations may utilize an inventory list for CSP.

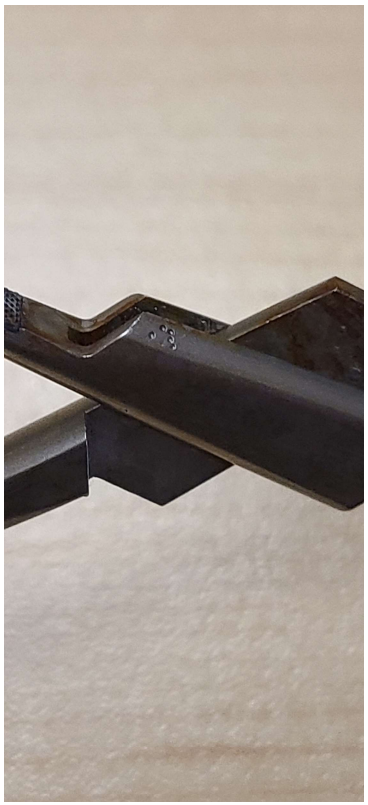
ASPIRUS HEALTH

Instrument Inspection

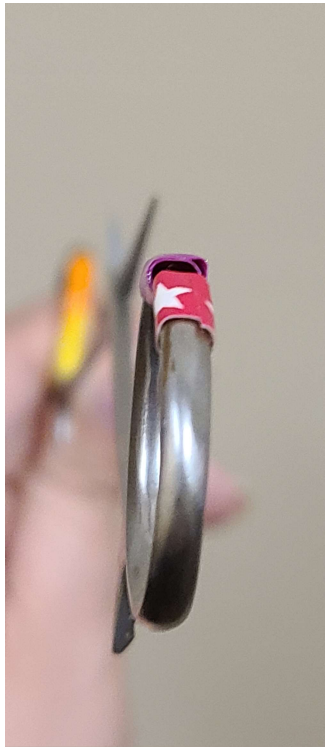
Check instrument to ensure they are in good condition.
Do not use on patients if there is:

Rust

Pitting



Avoid using tape on Instruments whenever possible.



Follow Manufacturer's Instructions for Use (IFUs)

- All patient care supplies, or medical devices have IFU's that guide:
  - How to clean and disinfect
  - If supplies are reusable
  - How the item is intended to be used
- Find IFUS in OnBase or in Surgical Services Department.

HealthCare Associated Infections

Clostridioides difficile (C. diff)

What is Clostridioides difficile (C. diff)?

- It is a germ (bacterium) that causes life-threatening diarrhea and colitis – an inflammation of the colon.
- Symptoms of infection: watery diarrhea, loss of appetite, nausea, abdominal pain, variety of illnesses & even death.
- C. diff can affect anyone. Most cases occur when a person has been taking antibiotics or not long after them.

Colonization versus Infection

- Colonization (PCR positive and Toxin Negative) can occur in healthy adults & is more likely for residents of long-term care facilities.

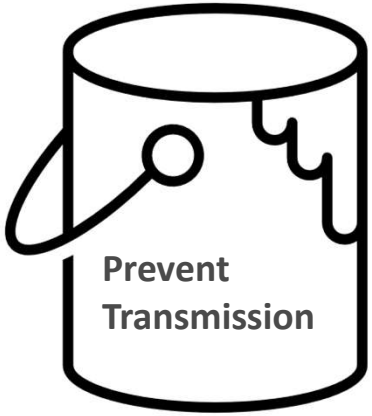
Enteric Precautions?

- Yes, both toxin positive and colonized patients remain in isolation per the

Isolation Procedures - Standard and Transmission Based Precautions Procedure

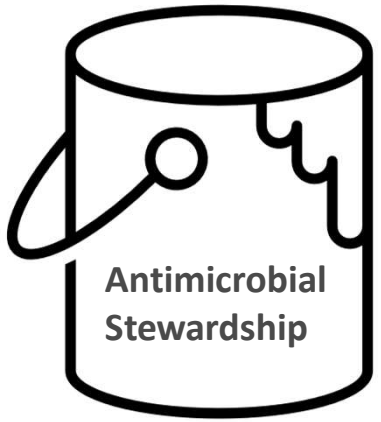
Opportunities for C.diff Reduction

Transmission, Testing, Antimicrobial Stewardship



- Enteric Precautions/PPE for staff and visitors
- Use of Sporicidal for Daily and Terminal Cleans
- Monitor cleaning with audits
- Hand washing with soap and water

- Early Testing Algorithm
- OPA to guide testing
- **Diagnostic Stewardship** (evaluate other causes, risk factors and S/S)
- Smell is **NOT** a reason to test
- Discontinue uncollected Tests



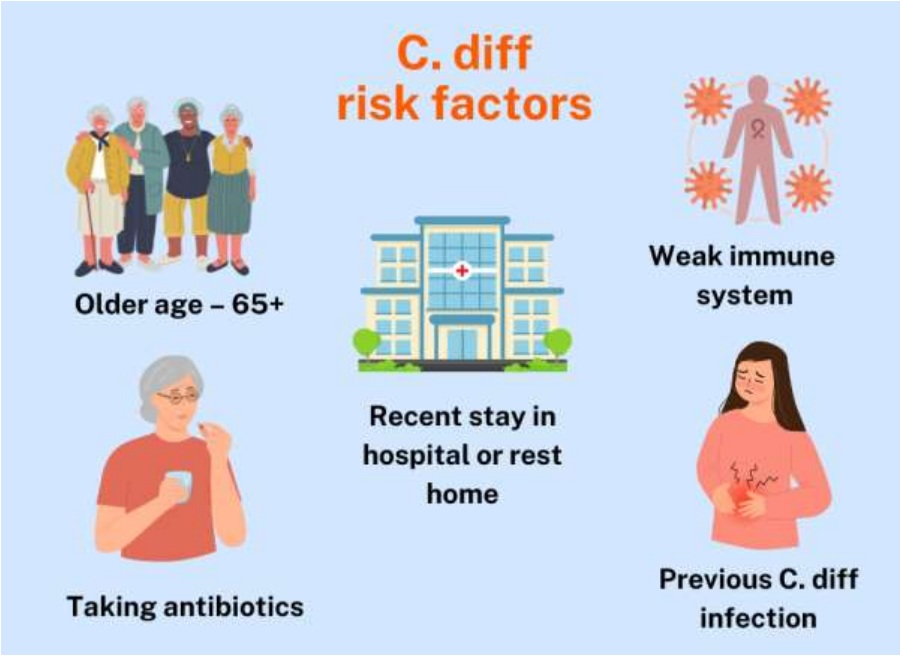
- Avoid use of high-risk antibiotics
- Discontinue when not needed
- Acceptance of Pharmacy Recommendations

C.diff Risk Factors

Risk Factors for developing C.diff infection

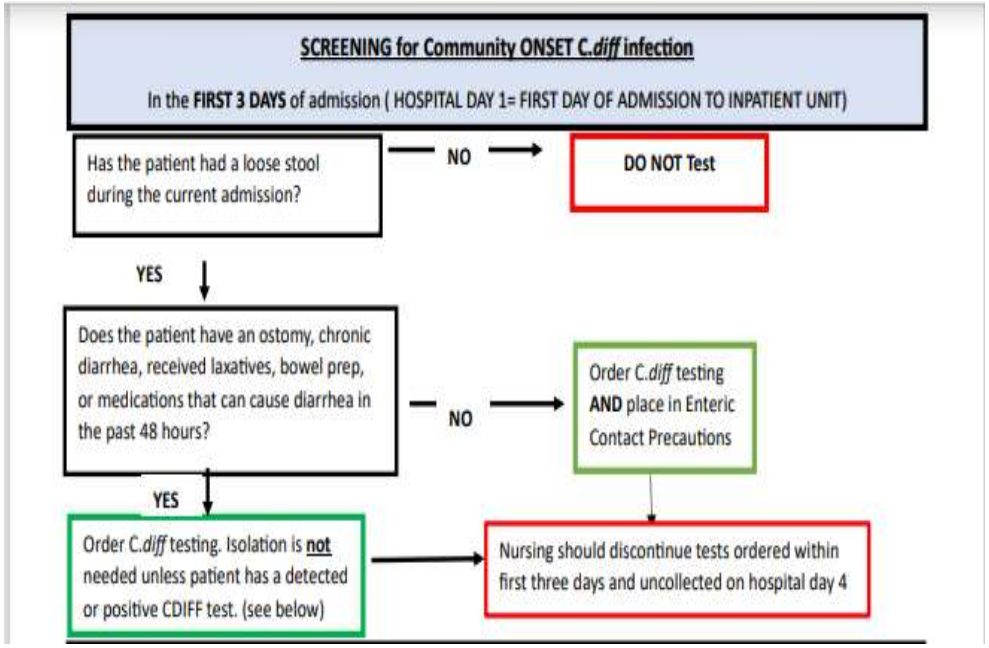
Risk Factors Associated with C.diff Infection:

- History of recent antibiotic exposure
- History of antineoplastic therapy
- History of underlying gastrointestinal disease, e.g., Crohn's Disease, Ulcerative Colitis, or Hirschsprung Disease
- Patients with or at risk of neutropenia
- History of PPI therapy
- Renal insufficiency
- History of solid organ transplant
- Recent history of inpatient hospitalization
- Recent residence in a skilled care facility
- History of close contact with another patient known to have C. difficile infection
- Persistent acute diarrhea **that remains otherwise unexplained**



Aspirus Adult C.diff Testing Algorithm

Screening Protocol



[Clostridioides difficile (C. diff) Inpatient Testing Policy]

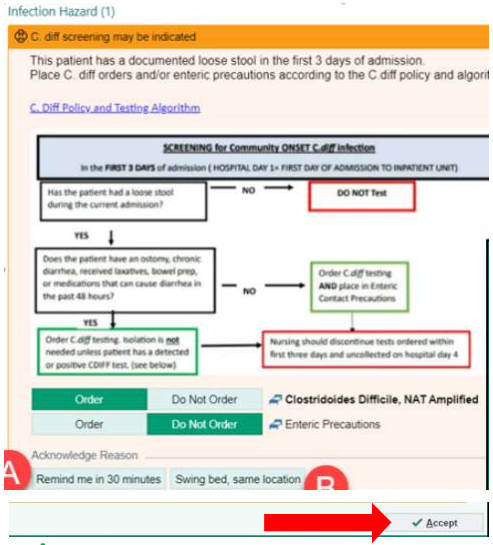
Screening in first three days of inpatient admission

- Testing for any loose stool
- Nurse Driven
- Isolation only when C.diff suspected or positive
- OPAs based on documentation of loose or watery stool
- Only treat colonized individuals **after evaluation** of risk factors, S/S, possible consult with ID
- Discontinue tests ordered and uncollected on day 4 of hospital inpatient admission.

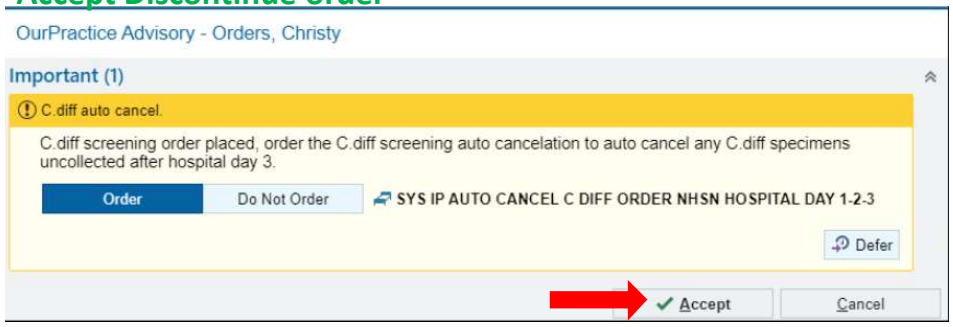
Follow OPA Screening within first three days of Hospital inpatient admission

- Screening OPA fires when loose or watery stool is documented in the I/O Flowsheet for the first three days of hospital inpatient admission Day 1= Date of admission to inpatient unit
- Order the test by hitting accept to prevent the OPA from firing every thirty minutes
- In addition, accept the Discontinue order so that the screening test discontinues on Hospital day 4
  - On and after hospital day 4, provider assessment is required
  - Diagnostic Testing Algorithm and OPA's apply on or after hospital day 4

Accept Test Order

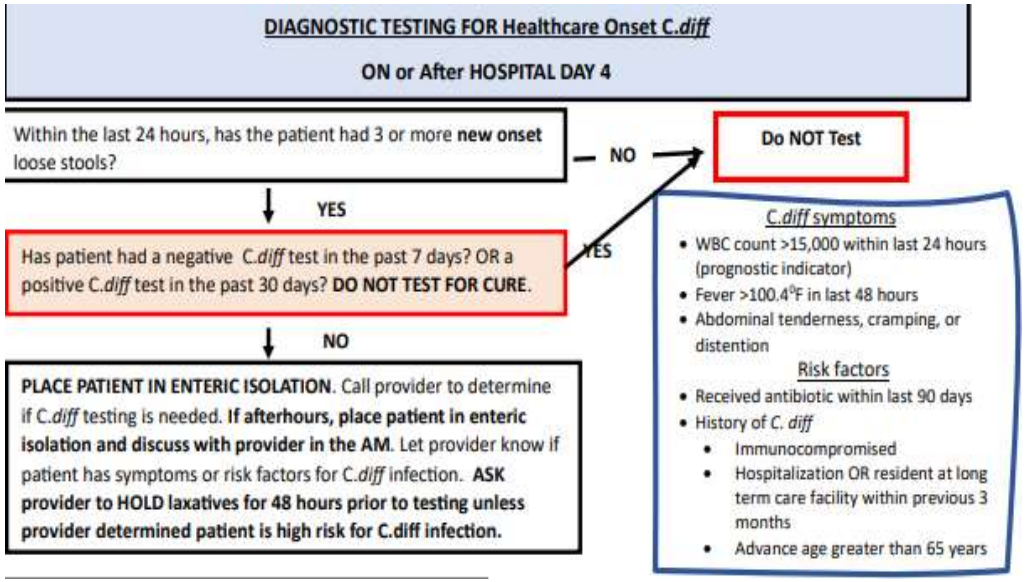


Accept Discontinue order



Aspirus Adult C.diff Testing Algorithm

Diagnostic Testing



Diagnostic Testing on Day 4 onward

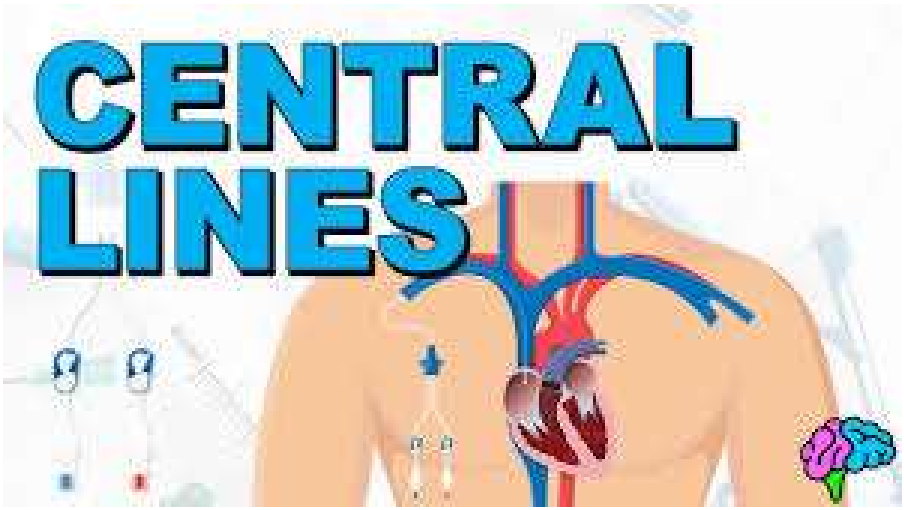
- No off-shift RN Request for testing
- Requires provider assessment and order
- Discontinue laxatives for 48 hours
- If possible, discontinue inciting antibiotic, PPI
- Evaluate for other causes of loose stool
- Signs and symptoms i.e. abdominal cramping or distention along with >/= 3 loose stools in 24 hours
- WBC >15,000 is a prognostic indicator for development of severe to fulminant C.diff infection
- Consider patient risk factors for severe to fulminant C.diff infection

HealthCare Associated Infections

Central Lines

What is a Central Line?

- A catheter, placed in a large vein that terminates near the heart and may be used to give fluids or certain medications/treatments
- It may be left in place for several weeks.
- Examples include: PICCs, Non-tunneled catheters (CVAD dual or triple lumens), Tunneled catheters (Hickmans, permacath), and implanted ports (port-a-cath).
- Central lines provide medicine to help with an infection, pain or treat different medical problems.



HealthCare Associated Infections

Central Line Bloodstream Infection (CLABSI)

What is a Central Line Bloodstream Infection (CLABSI)?

- A bloodstream infection when bacteria or other germs travel down a “central line” and enter the blood.
- Possible signs and symptoms of a catheter-associated bloodstream infection are:
  - Fevers.
  - Chills.
  - Skin around the catheter may become sore and red.

HealthCare Associated Infections

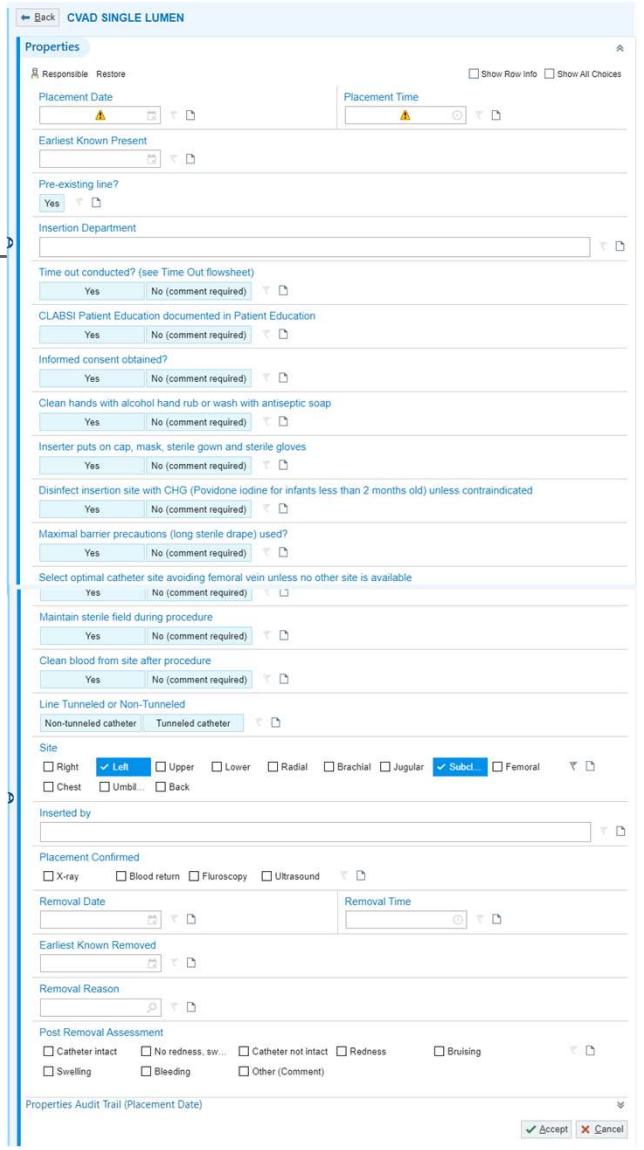
Central Line Bundle

- A bundle approach is an evidence-based package of interventions for patients with central lines.
- Components of the central line bundle:
  - Hand Hygiene.
  - Insertion Kit
  - Maximal Barrier Precautions during insertion (covering the patient from head to toe with a large sterile drape with a small opening for the site of insertion, inserter wears cap, mask, and sterile gown/gloves).
  - Chlorhexidine Skin Antisepsis (not approved for children <2 months).
  - Optimal site selection with avoidance, if possible, of the femoral vein for central venous access.
  - Daily Evaluation of Line Necessity with Prompt Removal of Unnecessary Lines.
  - Daily CHG bathing on all units while patient has a central line

HealthCare Associated Infections

Central Line Checklist

- Use of a central line “checklist” is to ensure all insertion practices are followed.
- The central line checklist must:
  - Be filled out for all central lines inserted.
  - Be found under all central line LDA Properties.
  - Be completed by the RN.
  - Require a comment for any “No” response.
- ***Patient Education is required*** *for* Central Line-Associated Bloodstream Infection prevention, ***prior to*** central line insertion.
- Patient education is to be documented in electronic health record (EHR).



HealthCare Associated Infections

Access Cleaning

- Bloodstream infection “outbreaks” have been associated with failure to adequately decontaminate catheter hubs or failure to change them at appropriate intervals
  - Perform Hand Hygiene and wear gloves
  - Ensure the line is clean before accessing:
    - Use disinfecting port protectors

      OR
    - Scrub with 70% alcohol **for 15 seconds** (“Scrub the hub”)

LB1

Daily Assessment of Line Necessity

- Daily review of line necessity will prevent unnecessary delays in removing central lines
  - Use guidelines to assess and document DAILY the necessity of the line.
  - Contact the provider to discuss discontinuation of the catheter unless line necessity is addressed in provider documentation.
  - After discussion with the provider, document in the EHR the reason the line will be maintained, if that is the decision.

The Joint Commission considers evaluating and removing nonessential central lines one of the most critical requirements for patient safety.

Policy: **Central Venous Access Device (CVAD) Care Policy & Procedure**

Slide 19

LB1 Should we link the related policy?
Lisa Becker, 2025-03-25T18:27:02.175

Surgical Site Infections (SSI)

Factors For Infection

What is a Surgical Site Infection (SSI)?

- An infection that occurs in the wound created by an invasive surgical procedure.
- It occurs after surgery in the part of the body where the surgery took place.
- The source of contamination may come from the patient themselves (such as normal flora), from the healthcare personnel, the environment, or surgical instruments.

Infectious symptoms include:

- Redness and pain around the area of surgery.
- Drainage of cloudy fluid from the surgical wound.
- Fever.

Patient Risk for developing SSI:

- Diabetes, smoking, obesity or malnutrition.
- Preoperative transfusions or infections.
- Prolonged preoperative hospital stay.
- Colonization with S. aureus.

Reduce Risk of SSI

Operative Strategies
• Preoperative aseptic showering or bathing with an antiseptic soap such as CHG. • Preoperative hair removal; if hair removal is necessary, use electric clippers outside the OR • Patient skin preparation in OR • Administer appropriate dose of antibiotic prophylaxis within the 60 minutes before the surgery begins, and the antibiotics should be discontinued within 24 hours postoperatively. • Perioperative glycemic control in patients with and without diabetes • Personnel perform a surgical scrub • Operating room environment • Prevent exposure to infected surgical personnel • Instrument sterilization • Surgical attire and drapes • Aseptic technique • Surgical technique • Surgical site contamination • Surgical drains

Aspirus Infection Prevention

Postoperative Prevention Strategies

- Peri-operative antibiotics should be discontinued within 24 hours postoperatively.
- Maintain blood glucose levels <180 mg/dL.
- Perform hand hygiene before and after care.
- Optimal surgical incision care and dressing changes.
- Inspect incision site every day for signs of infection unless type of dressing does not warrant viewing of site.
    - Redness around the area of incision, increased pain, purulent or foul drainage from incision site, fever/chills.
- Blood glucose testing or dressing change.

Document Patient Education of SSI Prevention

- The Joint Commission requires all patients undergoing surgery to have preoperative education on Surgical Site Infection Prevention.
    - Clinicians can find the education topic and related handout per education policies at each facility.
    - **Documentation of education needs to be in the medical record.**

Catheter Associated Urinary Tract Infection (CAUTI) Prevention

Catheter Associated Urinary Tract Infection Prevention

If the patient does NOT have any of the following indications:

Hourly I/O in critically ill patients

Obstruction

Urinary retention (neurogenic bladder, continuous irrigation)

Decubitus ulcer stage III or IV with incontinence and unable to utilize an external option

Immobilization (patient requires pelvic/spinal immobilization due to injury or surgical procedure)

Nursing care for end of life (hospice/palliative/comfort care) with active orders and unable to use external options

Involving urological, gynecological procedures

Make that Catheter Disappear

According to AHRQ, 32 percent of all HAI's are urinary tract infections related to catheter use (CAUTI's)

CDC reports that CAUTIs are the leading cause of secondary BSI's

- Contribute to increased use of antibiotics
- Contribute to mortality

Insert only when necessary and remove as soon as possible

- Use bladder scanning and straight cathing prior to placement for retention

Utilize external Catheters whenever possible

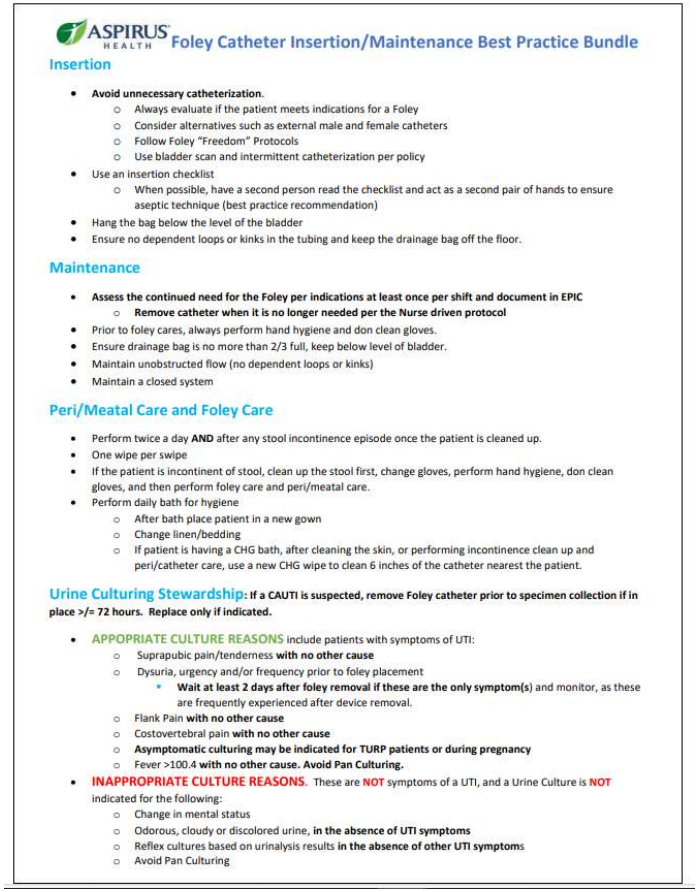
- Non-critical I/O
- Male condom Catheter or Male Purewick
- Female Purewick

Empower Nurses to utilize the Nurse Driven removal protocol

Use appropriate culturing for symptomatic patients

CAUTI Best Practice Prevention Bundle

Insertion, Maintenance, Peri/Meatal and Catheter Care, Culturing Stewardship



ASPIRUS HEALTH **Foley Catheter Insertion/Maintenance Best Practice Bundle**

Insertion

- **Avoid unnecessary catheterization.**
  - Always evaluate if the patient meets indications for a Foley
  - Consider alternatives such as external male and female catheters
  - Follow Foley "Freedom" Protocols
  - Use bladder scan and intermittent catheterization per policy
- Use an insertion checklist
  - When possible, have a second person read the checklist and act as a second pair of hands to ensure aseptic technique (best practice recommendation)
- Hang the bag below the level of the bladder
- Ensure no dependent loops or kinks in the tubing and keep the drainage bag off the floor.

Maintenance

- **Assess the continued need for the Foley per indications at least once per shift and document in EPIC**
  - **Remove catheter when it is no longer needed per the Nurse driven protocol**
- Prior to foley cares, always perform hand hygiene and don clean gloves.
- Ensure drainage bag is no more than 2/3 full, keep below level of bladder.
- Maintain unobstructed flow (no dependent loops or kinks)
- Maintain a closed system

Peri/Meatal Care and Foley Care

- Perform twice a day **AND** after any stool incontinence episode once the patient is cleaned up.
- One wipe per swipe
- If the patient is incontinent of stool, clean up the stool first, change gloves, perform hand hygiene, don clean gloves, and then perform foley care and peri/meatal care.
- Perform daily bath for hygiene
  - After bath place patient in a new gown
  - Change linen/bedding
  - If patient is having a CHG bath, after cleaning the skin, or performing incontinence clean up and peri/catheter care, use a new CHG wipe to clean 6 inches of the catheter nearest the patient.

Urine Culturing Stewardship: If a CAUTI is suspected, remove Foley catheter prior to specimen collection if in place >/= 72 hours. Replace only if indicated.

- APPOPRIATE CULTURE REASONS include patients with symptoms of UTI:
  - Suprapubic pain/tenderness **with no other cause**
  - Dysuria, urgency and/or frequency prior to foley placement
    - **Wait at least 2 days after foley removal if these are the only symptom(s)** and monitor, as these are frequently experienced after device removal.
  - Flank Pain **with no other cause**
  - Costovertebral pain **with no other cause**
  - **Asymptomatic culturing may be indicated for TURP patients or during pregnancy**
  - Fever >100.4 **with no other cause. Avoid Pan Culturing.**
- **INAPPROPRIATE CULTURE REASONS**. These are **NOT** symptoms of a UTI, and a Urine Culture is **NOT** indicated for the following:
  - Change in mental status
  - Odorous, cloudy or discolored urine, **in the absence of UTI symptoms**
  - Reflex cultures based on urinalysis results **in the absence of other UTI symptoms**
  - Avoid Pan Culturing

- CAUTI Prevention Best Practice Bundle

- List of Appropriate Indications, Inappropriate Use and Alternative Options
- Foley Freedom Alternatives

ASPIRUS HEALTH

Foley Freedom Alternatives

FOLEY CRITERIA	ALTERNATIVES	INAPPROPRIATE REASONS
Hourly I/O in Critically ill patients: • I&O is documented every hour to direct treatment and when there is no other means to measure urinary output • Intraoperative monitoring of urinary output or large volume infusions or diuretics	• External Female or Male Catheter • Bladder scanning/Straight Catheterization • For Intraoperative monitoring, remove in OR/PACU	• Dialysis (hemodialysis, peritoneal) • Diuretics-Strict I&0 ordered outside of critical care. • Ventilator or another device in which bedrest is not required. • Urine monitoring outside of the OR/PACU when patient not critically ill requiring I/O every 1 – 2 hours.
Obstruction:		
Urinary retention: • Retention following failed straight catheterization attempts according to bladder scanning/retention policy	• Bladder scanning/Straight Catheterization • Bladder training/ voiding trials	• History of urinary tract infection • Retention managed with straight catheterization. • Urine specimen collection • Neurogenic bladder with straight catheterization regimen established.
Decubitus: • Existing Sacral/Perineal wound in incontinent patient: • Stage III or IV pressure ulcer close to perineum that cannot be managed by alternative methods. • Burns close to perineum that cannot be managed by alternative methods	• External Female or Male Catheter • Bedpan, urine collection hat • Frequent toileting • Bladder scanning/Straight Catheterization	• Redness/shearing • Risk of skin breakdown • Excoriation • Moisture associated skin damage.
Immobilization: • Prolonged immobility from unstable pelvic, skeletal and or thoracic fracture / spine, traumatic injury • Patients who are unable to ambulate or use lift devices, e.g., due to unstable pelvis, spine, hip fractures.	• External Female or Male Catheter • Bedpan, urine collection hat • Bladder scanning/Straight Catheterization	• Fall risk- utilize fall prevention • Restraints-consider alternatives. • Body habitus; obesity
Nursing Care for End of life or comfort care: • To improve end of life comfort	• External Female or Male Catheter • Bedpan, urine collection hat	• To improve patient sleep in non-hospice patient • To satisfy a patient preference/request outside of end-of-life care • To control pain- consider pain management consult. • While waiting for palliative care decisions • Nurse/Staff convenience
Involving Urological, Gynecological Surgery/Procedure • Pre/ Post GU procedure or other surgery on continuous structures of genitourinary tract • Urologic, gynecological, or perineum surgery patient with order for catheter (check daily for option to remove) • When ordered for diagnostic procedure, e.g., pelvic ultrasound (remove immediately when complete) • Difficult catheter placement by a GU provider and/ or under current care of a GU provider • Urologist placed catheter due to trauma, gross anatomic anomalies, etc. • Hematuria requiring irrigation/clot evacuation/ CBI	• Bladder scanning /Straight Catheterization as ordered by GU provider • External Female or Male Catheter • Bedpan, urine collection hat	• Non urology, non-gynecological, non-perineum surgery • 24-hour urine collection • Chronic urinary catheter use (find out reason for catheter, consider straight catheterization) • Chronic Foley not managed by GU provider (nursing home, management of incontinence)

CAUTI Prevention and Appropriate Culturing

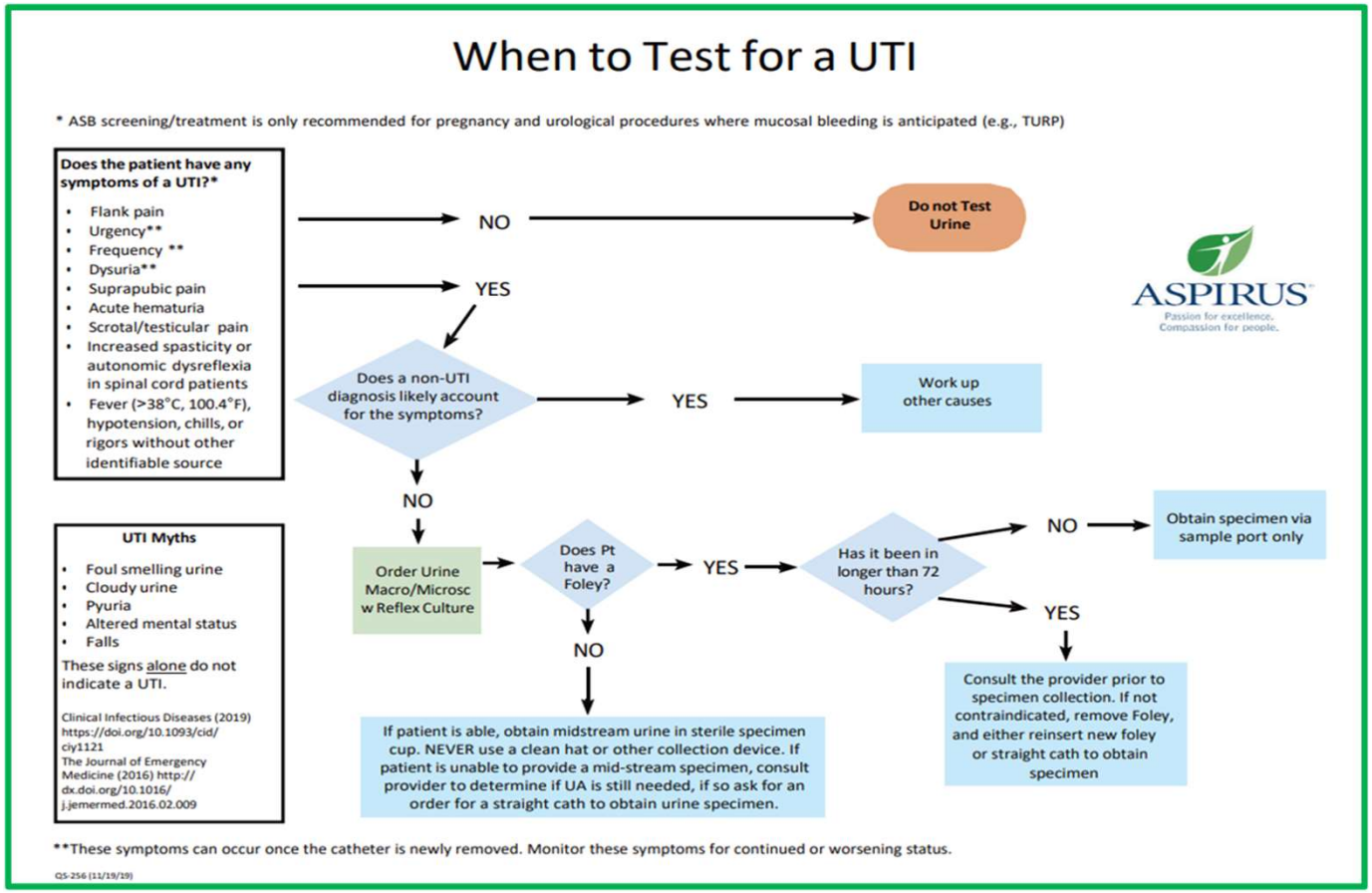
To promote Antimicrobial Stewardship

- **Urine Culturing Stewardship: If a CAUTI is suspected, remove Foley catheter prior to specimen collection if in place >/= 72 hours. Replace only if indicated.**

- **APPOPRIATE CULTURE REASONS** include patients with symptoms of UTI:
  - Suprapubic pain/tenderness **with no other cause**
  - Dysuria, urgency and/or frequency prior to foley placement
    - **Wait at least 2 calendar days after foley removal if these are the only symptom(s**) and monitor, as these are frequently experienced after device removal.
  - Flank Pain **with no other cause**
  - Costovertebral pain **with no other cause**
  - **Asymptomatic culturing may be indicated for TURP patients or during pregnancy**
  - Fever >100.4 **with no other cause. Avoid Pan Culturing.**
- **INAPPROPRIATE CULTURE REASONS**. These are **NOT** symptoms of a UTI, and a Urine Culture is **NOT** indicated for the following in the absence of UTI symptoms:
  - Change in mental status
  - Odorous, cloudy or discolored urine, **in the absence of UTI symptoms**
  - Reflex cultures based on urinalysis results in the absence of UTI symptoms
  - Avoid Pan Culturing

ASPIRUS HEALTH

When to Test for a UTI



When to Test for a UTI

Provider Practice Pearls

- Order "Urine Macro/Micros with Reflex Culture (UA)
- DO not order UA or culture by themselves
- Treat with narrowest spectrum antibiotic to target organism if able
- Treat for the shortest duration
- Virtually 100% of patient with a Foley catheter are colonized within two weeks of placement with 2-5 organisms
- ASB screening/treatment is only recommended for pregnancy and urological procedures where mucosal bleeding is anticipated

Nursing Practice Pearls

- IF UA/UC ordered, and Foley is in for longer than 72 hours, remove Foley and assess for need to insert new foley prior to specimen collection.
- <u>ONLY obtain a urine specimen using:</u>
  - Foley sample port
  - Straight Cath
  - Midstream: sterile specimen cup/ preservative tube

Signage for Transmission Based Precautions

Isolation Precautions

Job Aid found on Intranet

Isolation Precautions

*Signs placed on INPATIENT room doors *Ensure isolation status is in EPIC	STANDARD	CONTACT	ENTERIC CONTACT	DROPLET	CONTACT DROPLET	AIRBORNE	AIRBORNE CONTACT DROPLET
Examples of Conditions (NOT ALL INCLUSIVE)	**All Patients**	MRSA, VRE, ESBL, CRE, Lice, Scabies	C. difficile, Norovirus, loose stools	Influenza, pertussis, Mumps, possible bacterial meningitis	RSV	Tuberculosis (TB) Chickenpox** Shingles** (Disseminated herpes zoster)	COVID-19, Novel respiratory pathogens
Hand Hygiene	Alcohol-Based Hand Sanitizer*	Alcohol-Based Hand Sanitizer*	Soap / Water	Alcohol-Based Hand Sanitizer*	Alcohol-Based Hand Sanitizer*	Alcohol-Based Hand Sanitizer*	Alcohol-Based Hand Sanitizer*
Gloves	If soiling likely	Yes	Yes	Standard Precautions	Yes	TB: Standard; Chickenpox/ Shingles: Yes	Yes
Gown	If soiling likely	Yes	Yes	Standard Precautions	Yes	TB: Standard; Chickenpox/ Shingles: Yes	Yes
Mask (Not a cloth mask)	Protect face if splashes or sprays of blood, body fluids, secretions, or excretions likely	Standard Precautions	Standard Precautions	Medical Face Mask	Medical Face Mask	N95/ PAPR/ CAPR	N95/ PAPR/ CAPR
Eye protection	Protect face if splash likely	Standard Precautions	Standard Precautions	Standard Precautions	Standard Precautions	Standard Precautions	Required
Air Pressure	Normal	Normal	Normal	Normal	Normal	Negative Pressure	Negative Pressure, if AGP performed

* Alcohol-Based Hand Sanitizer: use if hands are not visibly soiled or contaminated

** Only immune personnel should care for patients with chickenpox and/or disseminated herpes zoster (shingles).

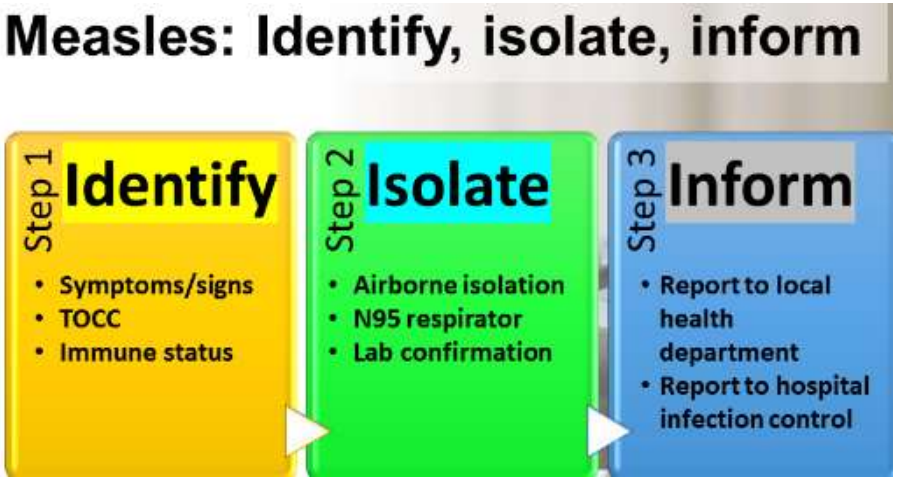
Patient care equipment should be dedicated to the patient's room if the patient is on Isolation Precautions.

Updated 3.1.2024

Identify, Isolate and Inform approach

Importance of identifying patients with unknown or infectious illness

- Identify, Isolate and Inform for Communicable and High Consequence Infectious Diseases (HCID)
- **Identify** patients based on symptoms and travel/exposure history, **Isolate** based on suspected pathogen and **Inform** those working with the patient, public health, transferring facilities and infection prevention.
- Emerging Pathogen Information is found on the Aspirus Infection Prevention Intranet page under “Specific Conditions”.



Health care provider reporting of communicable diseases

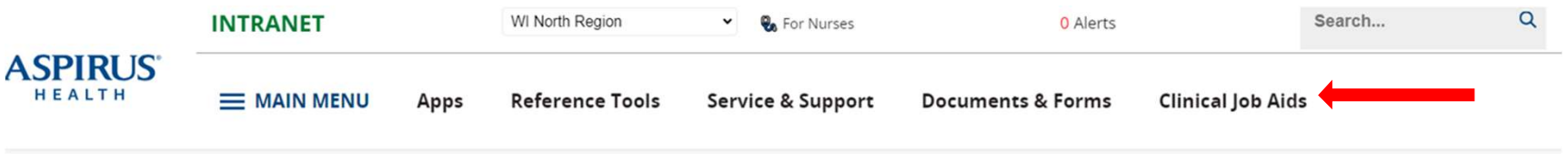
When should a provider report ?

What is a health care provider's responsibility in reporting communicable diseases to public health?

- According to Wis. Stats. § 252.05, any health care provider who knows or has reason to believe a person treated or visited by him or her has a communicable disease is required to report. Per Wis. Admin. Code § DHS 145.04(1), this includes reporting of a case or suspected case.
- Inform your site infection preventionist
- Links to the following can be found on the Aspirus Infection Prevention Intranet Page
  - Wisconsin Category 1 Reportables
  - Minnesota Diseases Reportable to MDH
  - Michigan Disease Reportable to Department of Health

Infection Prevention Intranet Page

Accessing infection Prevention Resources on the Intranet



- Select Infection Prevention
- Aspirus Intranet Infection Prevention Page

Additional Resources

Links to Infection Prevention Resources

- Policy Stat
- Site Infection Prevention
- https://www.cdc.gov/index.html
- https://www.ahrq.gov/
- https://www.dhs.wisconsin.gov/disease/reporting.htm
- https://www.health.state.mn.us/
- https://www.michigan.gov/mdhhs

Thank You