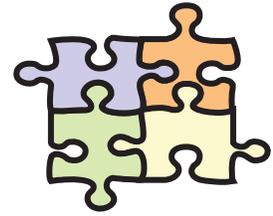


# Infection Connection

"The Intent is to Prevent"



January 2011



## **Cidex OPA**

Important changes have been made to the Cidex OPA policy and attachments. If your department uses Cidex OPA to disinfect instruments or equipment, click [here](#) to view a summary of the revisions.

## **MRSA Screening**

Patients that meet the criteria to be screened for MRSA must have a **physician order** entered by the nurse using the "**P**" **protocol, signature required**. Patients that require MRSA screening include admissions from long term care facilities (includes transfer from TSU), admissions to high-level critical care units, transfers from other healthcare facilities, patients with a documented history of MRSA, and all hemodialysis and peritoneal dialysis patients. For full details click [here](#).



## **Refrigerated Food on Patient Care Units**

All food stored for patients in refrigerators must be labeled and dated. Unused food must be discarded within 72 hours or sooner. Please refer to the Infection Control and Prevention policy, Clinical Services - page 4, B. 28. for additional details.

## **Asepti Wipe Safety**

Gloves must always be worn when using Asepti wipes in healthcare environments to provide protection from potential contact with blood or body fluids. Gloves are also worn because prolonged exposure can cause skin irritation.

## **Isolation Caddies**

Please be sure to hang Isolation Caddies near the entrance of the patient's room, but not on the main door to the hallway. Please refer to the Infection Control and Prevention policy, Isolation Precautions to Prevent Transmission of Infectious Agents, for details.

## **Isolation Orders are Required**

Please remember to enter an order for isolation if your patient has been placed on isolation precautions. If you have any questions, please feel free to contact your Infection Preventionist - Don't know who the Infection Preventionist is for your unit of department? Click [here](#) to find out!

## **Filter Straw**

Filter Straws are available and can be stocked for your areas. Please utilize filter straws when drawing up medication out of a glass vial when a filter needle may be too short. Using a filter straw prevents the possibility of any shards of glass getting into your patient's medication. Any questions on correct practices please ask your Director or contact the pharmacy.



## **Cough Etiquette Station Keys**



Can't find your keys? Please contact the Infection Control & Prevention at 610-402-0680 for information on how to order a replacement key.

## **New Isolation Precautions Sign Order Form**

The Isolation Precautions Sign Order Form has been revised to include the ISOLATION MAGNETS. Please click [here](#) for the new form.

## Whoop There it Is...

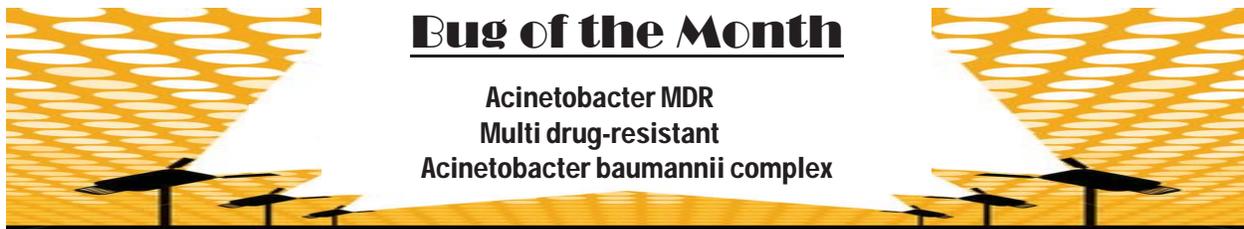
Pertussis, commonly known as “whooping cough”, is a highly contagious respiratory tract infection. A reemergence of the disease has been seen in the United States with numbers of cases steadily increasing since the 1980’s. Waning immunity among adolescents and adults is one of the reasons for the increase. Some studies suggest that vaccine induced immunity begins to decline as early as 1 year after last injection, while other studies suggest a decline in 5 – 10 years after vaccination. Vaccination remains the best way to prevent the reemergence and spread of pertussis.

Everyone needs protection against diphtheria, tetanus and pertussis. Children receive the vaccine DTap and a booster vaccine is now recommended for adolescents and adults called Tdap. A single dose of Tdap is recommended for people ages 11 through 64 years. In October 2010, ACIP (Advisory Committee on Immunization Practices) released a recommendation for a one-time dose of Tdap for adults age 65 years and older who anticipate having close contact with an infant younger than 12 months (e.g., grandparents, childcare providers, healthcare providers) and for children ages 7 through 10 years who had not completed a full primary series of DTap. Tdap is not contraindicated in pregnancy and is given when needed in the 2<sup>nd</sup> or 3<sup>rd</sup> trimester. If not administered during pregnancy, Tdap should be given in the immediate postpartum period.

For more information on pertussis disease and vaccination, please visit [cdc.gov](http://cdc.gov) and [www.immunize.org](http://www.immunize.org).

## Gel IN, Gel OUT

NEW “Gel IN, Gel OUT” signs are available to replace the 5 Moments for Hand Hygiene signs on the doors of patient rooms. These signs are to be inserted into the plastic placard on the patient’s door. The 5 Moments for Hand Hygiene signs can still be used in other patient care areas to remind staff to perform hand hygiene. Please contact the Infection Control and Prevention department at 610-402-0680 to receive the quantity needed for your unit or department.



Acinetobacter is a gram negative bacterium commonly found in water, soil, animals and humans. Multi-drug resistant Acinetobacter has emerged as a significant hospital acquired pathogen and has been linked to numerous outbreaks in hospital settings.

Transmission occurs most frequently from contact with contaminated skin, body fluid, equipment, and the environment. The most common vehicle of transmission within a healthcare setting is the **HANDS** of healthcare staff.

To prevent the spread of MDR Acinetobacter the following practices should be followed:

- CONTACT PRECAUTIONS in ADDITION to Standard Precautions for patients identified with MDR Acinetobacter.
- CLEANING and DISINFECTION of the environment and patient equipment. Eliminate presence of standing water in the room.
- GLOVES upon entering the room and remove before exiting the room. Gloves must be changed after contact with infectious material, and when moving from a contaminated body site to a clean body site.
- GOWNS upon entering the room and before exiting the room. Do not re-use gowns. Place used gowns into the yellow isolation linen hamper in the room.
- MASK with eye protection when performing procedures involving droplets/secretions
- HAND HYGIENE
  - When entering the room and before touching the patient
  - Before clean or aseptic procedures
  - After touching the patient or their environment
  - After contact with blood/body fluids
  - After removing gloves
  - When exiting the room