Welcome to the Infection Control and Prevention of Healthcare-Associated Infection (HAI) course. This course will help you understand how to control and prevent infections from occurring in the healthcare environment and reduce the risk of healthcare-associated infections for our patients, visitors and staff.

The course will cover the primary types of HAIs identified in The Joint Commission's National Patient Safety Goal number 7- Surgical Site Infections, Central Line-Associated Blood Stream Infections, Multi-Drug Resistant Organisms, and Catheter Associated Urinary Tract Infections.
The Infection Control and Prevention of HAI course fulfills the training requirements set by The Joint Commission. The course should take approximately 25 minutes to complete. If you have any questions, please contact the appropriate number listed on this screen. Remember, all technical questions should go to the Help Desk at 610-402-8303.

To review the navigational features of the course, click on the Navigation tab at the top of the screen.
Upon completion of this course, you should be able to:
• Identify strategies that can reduce the risk of developing a surgical site infection
• List the key elements in the Central Line Bundle
• Discuss key facts about specific multi-drug resistant organisms in the healthcare setting
• Explain methodologies that can help decrease the likelihood of developing a Catheter Associated Urinary Tract Infection
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If you feel you have already mastered the content described in the course objectives and would like to demonstrate your knowledge, you may click the “Demonstrate Knowledge” button and move directly to the course test. You must earn a score of at least 80% on the test to successfully pass this course.

However, it is recommended that you review the content as it has been updated. To continue onto the course content, please select the next button located at the bottom of the screen.
What is a healthcare-associated infection? A healthcare-associated infection is an infection that a patient develops while receiving treatment for medical or surgical conditions. To be considered a healthcare-associated infection, the infection can not be present or incubating at the time of admission to the hospital. Healthcare-associated infections must be reported to the Patient Safety Authority, the Pennsylvania Department of Health and the Centers for Medicare and Medicaid Services.
HAIs can be the result of:

- **Invasive medical devices** (central line-associated blood stream infections, catheter associated urinary tract infections, ventilator associated pneumonia)
- **Surgery** (surgical site infections)
- **Certain microorganisms present in healthcare settings**
  - Multi-Drug Resistant Organisms (Methicillin Resistant Staphylococcus Aureus [MRSA], Vancomycin Resistant Enterococci [VRE] and others)
  - *Clostridium difficile* (C. DIF)

Anyone who is a patient in a hospital is at risk for healthcare-associated infection. HAIs occur in all settings of care, including acute care within hospitals, same day surgical centers, home care, ambulatory outpatient care in health clinics, and long term care facilities. HAIs are associated with a variety of causes, including (but not limited to) the use of invasive medical devices such as catheters and ventilators, complications following surgery, and the transmission of microorganisms present in healthcare settings.
Hand Hygiene has long been recognized as the single most effective way to prevent the spread of infection. The prevention of HAI is also possible through the application of certain best practices. In the following sections of this module, we will address the key practices to prevent Surgical Site Infections (SSIs), Central Line-Associated Blood Stream Infections (CLABSIs), Multi-Drug Resistant Organisms (MDROs), and Catheter Associated Urinary Tract Infections (CAUTIs).
Surgical site infections are one of the most frequently occurring types of healthcare-associated infections. Preventative actions can reduce your patient’s risk for developing a surgical site infection.

In this brief section, you will learn about the strategies to reduce your patient’s risk for developing a surgical site infection.
What is a surgical site infection? A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. SSIs are classified as superficial incisional, deep incisional, or organ/space. Superficial incisional surgical site infections only involve the skin or subcutaneous tissue of the incision. Deep incisional surgical site infections involve fascia and/or muscle layers. Organ/space surgical site infections involve any part of the body that is opened or manipulated during the operative procedure.
The likelihood of developing a surgical site infection relies on a combination of three factors – microbiological characteristics, patient characteristics, and surgical characteristics.
Microbiological characteristics involve the presence of bacteria near the surgical site. The amount of bacteria and other microorganisms that are present near the surgical site is dependent upon the location of the procedure. For example, fewer microorganisms are encountered during a joint replacement surgery compared to surgeries that involve the gastrointestinal system.
Patient characteristics include factors such as diabetes, obesity, smoking, weakened immune status and remote skin infections. Patients with any of these characteristics are at a greater risk for developing a surgical site infection.
Surgical characteristics include the type of procedure, the duration of the procedure, and the amount of damage caused to the tissue.
Reducing Patient Related Risks

- Encourage patients to:
  - Control their serum glucose levels
  - Lose weight
  - Stop smoking
- Identify and treat any infections that the patient may already have before they have elective surgery
- Decontaminate skin pre-operatively with chlorhexidine wipes
- Decolonize nose pre-operatively with Mupirocin (topical antibiotic) as directed by the surgeon

Patients can reduce their risk for developing a surgical site infection. Encourage your patients to control their serum glucose levels, lose weight if they are obese, and stop smoking. Patients who smoke get more infections than patients who don’t. You should also identify and treat any infections that the patient may already have before they have elective surgery. Decontamination of the skin with chlorhexidine wipes and nasal decolonization with Mupirocin can also help to reduce the risk for developing a surgical site infection.
Reducing Surgical Related Risks

- Perform preoperative surgical scrub
- Wash and clean the skin around the patient's incision site
- Handle tissue carefully to reduce trauma
- Minimize operative time as much as possible
- Minimize operating room traffic
- Control blood glucose level during and after the procedure
- Maintain perioperative normothermia

Procedure related risk factors can also be reduced. Follow these precautions to lower your patients' risk of developing a surgical site infection:

- Perform preoperative surgical scrub with an alcohol-based surgical hand antisepsis product,
- Wash and clean the skin around the patient's incision site with an appropriate antiseptic agent,
- Handle tissue carefully to reduce trauma,
- Minimize operative time as much as possible,
- Minimize operating room traffic,
- Control blood glucose level during and after the procedure
- Maintain perioperative normothermia.
Reducing Surgical Related Risks

- Minimize talking during the procedure
- Adhere to dress code policies
- Use “just in time” sterilization only for emergent needs
- Assure all instruments are properly sterilized
- Assure all equipment is decontaminated
- Assure environmental decontamination is performed
Antibiotic prophylaxis also have an impact on reducing your patients’ risk for developing a surgical site infection. Deliver antibiotics within one hour before the incision is to be made. Vancomycin and fluoroquinolones should be delivered within 2 hours. Only use the recommended antibiotic. Discontinue use of antibiotics within 24 hours after surgery. For adult patients undergoing cardiothoracic procedures, discontinue antibiotics within 48 hours.
Proper hair removal can also reduce your patients’ risk for developing a surgical site infection. Only remove hair if it will interfere with the operation. If hair removal is necessary, use clippers.
The Joint Commission requires hospitals to provide patients and their families with education related to preventing adverse events in surgery. “Patient Safety Tips for the Surgical Patient” includes information on the prevention of surgical site infections. This document includes information on what hospitals are doing to prevent surgical site infections and what patients can do to prevent surgical site infections. This health sheet is intended for patients who are scheduled for surgery.
Obtain Krames “Patient Tips for the Surgical Patient” and document in EPIC the patient’s understanding of the information provided in the health sheet.
In this section of the course, you will be introduced to key evidence-based practices to prevent the incidence of central line-associated blood stream infections.
A central venous catheter, also known as a central line is a flexible tube that is inserted through the skin and ends at or close to the heart or in one of the great vessels. Central lines can be used to administer infused solutions, withdraw blood and/or for hemodynamic monitoring.
A central line-associated blood stream infection or (CLABSI) is a blood stream infection that is associated with the presence of a central line or an umbilical catheter in newborns. Central lines disrupt the integrity of the skin, making patients vulnerable to bacterial and fungal infections, that lead to a central line-associated blood stream infection. A blood steam infection can occur when bacteria or other germs travel down the central line and enter the blood.
The Central Line Bundle is a group of evidence based interventions for patients with central venous catheters that when implemented together result in substantially better outcomes than when implemented individually.

The implementation of the Central Line Bundle improves patient outcomes by decreasing the incidence of central lines associated blood stream infections. The Institute for Healthcare Improvement (IHI) defines the 5 keys elements of the Central Line Bundle as:

• Hand Hygiene
• Maximal Barrier Precautions Upon Insertion
• Skin Antisepsis
• Optimal Catheter Site Selection, with Avoidance of the Femoral Vein in Adult Patients
• Daily Review of Line Necessity with Prompt Removal of Unnecessary Lines

The science behind the Central Line Bundle is so well established that is should be considered a standard of care. Proper implementation of the Central Line Bundle involves all members responsible for the treatment and care of a patient with a central venous catheter.
In the prevention of all health care associated infection including CLABSI, proper hand hygiene has long been recognized as the single most effective way to prevent the spread of infection. Proper hand hygiene before catheter insertion even when wearing gloves and during all care and maintenance is essential.

Follow the CDC Guidelines for Hand Hygiene and the World Health Organization (WHO) 5 Moments for Hand Hygiene. Observe the appropriate hand hygiene procedures by washing hands with soap and water or use an alcohol-based hand sanitizer.
Maximal Barrier Precautions during the insertion of a central line substantially reduces the incidence of CLABSIs.

For the Operator and Supervisor placing the central line and for all those assisting in the procedure maximal barrier precautions means strict compliance with hand hygiene and personal protective equipment protocols.

The Operator and Supervisor must wear full sterile attire including eye protection.

Assistants and all others in the room must wear hair covers and masks with face shield or eye protection.

The patient's head and body must be covered with a large sterile drape.
The proper preparation of the skin site for the insertion of a central line should include:

- Prepare skin with 2% Chlorhexidine Gluconate (CHG) in 70% isopropyl alcohol.
- Apply CHG using a back and forth friction scrub for at least 30 seconds. Do not wipe or blot.
- Allow antiseptic solution time to dry completely before puncturing the site (~ 30 seconds).
- CHG provides persistent bactericidal activity.
In selecting a site for the central line the physician must weigh the risk-benefit of site selection for each individual patient.
Daily review of central line necessity will prevent unnecessary delays in removing lines that are no longer needed. Include daily review of line necessity in multidisciplinary rounds.

The goal is to reduce the number of line days to reduce the risk of acquiring a CLABSI.

A central line that is no longer needed should be promptly removed.
During a procedure involving insertion of a central line a multidisciplinary insertion procedure checklist is used. Utilize the Central Line Checklist to document compliance with the insertion criteria at the time of insertion. Using the Central Line Checklist during the procedure creates a culture of collaboration, patient safety, and prevention. The checklist increases awareness of the key components of proper insertion and improves accountability and compliance with standard of care.

Completion of the procedural checklist is a shared responsibility between the provider inserting the central line and the nurse or other professional recording and observing the procedure.
Proper care and maintenance of the central line is essential to prevent CLABSIs. When caring for a patient with a central line the preferred dressing is transparent and semi-permeable. Use CHG dressing when possible. The benefits of a transparent, semi-permeable dressing include the ability to evaluate the insertion site while the dressing is in place, the wicking of moisture away from the skin, and less frequent dressing changes compared with standard gauze and tape dressings.

The transparent dressing should be changed every 7 days and whenever the dressing is soiled or non-adherent. Avoid using antibiotic ointment at the catheter insertion site as it promotes fungal infections and antibiotic resistance (except when using dialysis catheters).

When caring for a patient with a central line always, clean your hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin. Disinfect the catheter hub openings with an antiseptic solution before accessing the port. Use alcohol end caps.

In general, minimize the manipulation of the catheter.
Additional measures to prevent CLABSIs include:
• Educate and train providers who insert lines
• Use a standardized supply cart or kit
• Routine replacement of central lines is not necessary
• Replace central lines within 24 hours when adherence to aseptic technique was not followed during insertion

For more information please refer to the LVHN Patient Care Services Clinical Practice Guideline “Central Catheter: Venous or Arterial” and the LVHN Infection Control and Prevention policy “Requirements for Infection Control in Intravenous Therapy.” Both policies can be found on the LVHN Intranet. On the LVHN Intranet home page select the Resources menu and click on LVHN Policy & Procedure Manuals. On the LVHN Policy and Procedure Manual page, select the Patient Care Manual or the Infection Control and Prevention links.
In this section of the course, you will be introduced to the primary types of multi-drug resistant organisms and learn infection control precautions to prevent the transmission of MDROs in the healthcare environment.
Multi-Drug Resistant Organisms are microorganisms, mostly bacteria, that are resistant to one or more classes of antimicrobial agents, or antibiotics.

Types of resistant organisms include:

- Clostridium difficile - (C. Diff)
- Methicillin-resistant Staphylococcus aureus - MRSA
- Vancomycin-resistant enterococci - VRE
- MDR Acinetobacter baumannii
- Carbapenem-resistant Enterobacteriaceae (Carbapenemase-producing Enterobacteriaceae) - CRE
- Extended spectrum beta-lactamase producers - (ESBL)
Patients with severe disease and hospitalized patients are most at risk for contracting an infection with an MDRO. This includes patients with underlying medical conditions, patients who have recently had surgery, and patients with indwelling medical devices such as urinary catheters or endotracheal tubes or IVs.

Other factors that increase the risk for getting an infection with an MDRO include:
• Antibiotic use,
• A large number of colonized patients, and
• The contamination of healthcare worker’s hands and environmental surfaces.

The treatment of MDROs is extremely challenging because there are few antibiotics that can be used to eradicate these severely resistant organisms.

Severe cases of C. Diff and MDROs can result in death. Therefore, early implementation of prevention efforts is key in preventing the spread of Multi-drug resistant organisms. MDROs are spread by contaminated hands of healthcare providers, contaminated medical equipment and other environmental surfaces in the patient’s surroundings.
To prevent the spread of MDRO infections, there are certain precautions that should be followed. There are a few special precautions that you should keep in mind when caring for a patient with Clostridium difficile (C. Diff) or Vancomycin-resistant enterococci (VRE).

When caring for a patient with C. Diff, it is important to follow strict hand hygiene practices. Wash your hands with antibacterial soap after patient contact. Remember to foam upon entry and wash upon exit of all rooms with C. DIFF patients. Washing with soap and water is preferred when caring for a patient with C. Diff. Use an alcohol-based waterless hand sanitizer in addition to soap and water. Use contact Isolation sign with red dot to indicate the patient has C. Diff.

You should also clean medical equipment and the patient room with a hospital approved bleach solution. Clean C. Diff patient's bathrooms more frequently.
Special Precautions for VRE

- Isolation precautions only required if patient has an open draining wound, diarrhea, or are incontinent of urine or stool.

When caring for patients with VRE, isolation precautions are not required unless the patient has an open draining wound, diarrhea, or are incontinent of stool or urine.
Now that you have learned the special precautions for C. Diff and VRE, let’s learn more about the precautions that apply to all of the MDROs. Following these precautions can help to prevent the spread of infection to yourself and to others.
Utilize Standard Precautions plus Contact Precautions for known or suspected cases.
Patients with MDROs should be assigned a private room, or partnered with another patient who is infected with the same resistant organism.
Perform proper hand hygiene practices before and after all patient contact. It is preferred that you use an alcohol-based waterless hand sanitizer to disinfect your hands. The use of antibacterial soap and water is recommended if your hands are visibly dirty. Remember, for patients with C. Diff, washing with soap and water is preferred.
Use dedicated medical equipment or single use items if possible. It is important to disinfect items before using them with another patient.
Gloves should be worn for all patient contact. Gloves should also be worn if you will come into contact with environmental surfaces in the patient’s room, such as medical equipment, bed rails, or doorknobs. Remove your gloves and perform hand hygiene when you exit the patient’s room.
Wear a gown whenever there is a chance that your clothing will become contaminated through contact with the patient or the patient’s environment. You should also wear a gown if you will come into contact with a patient’s wound or other drainage containing a MDRO.
Careful cleaning of the patient’s room and other medical equipment with a hospital approved disinfectant solution will also help to prevent the spread of infections. Frequently touched surfaces such as bed rails, over bed table, bedside commode, surfaces in the patient’s bathroom, and doorknobs should be cleaned more often.

For patients with C. Diff you should also clean medical equipment and the patient room with a hospital approved bleach solution. Clean C. Diff patients’ bathrooms more frequently. When possible, use ultraviolet (UVC) disinfection machine “Tru-D” after terminal cleaning of C. Diff patient rooms on discharge.
Insert catheters only for appropriate indications. Alternatives to catheterization include using the bladder ultrasound to avoid catheterization, considering external catheters and applying adult briefs. Personnel should be trained on the correct technique of aseptic catheter insertion. Use Standard Precautions during any manipulation of the catheter or the collecting system. This includes performing hand hygiene and using gloves for daily care. A securement device should be used to prevent catheter movement. Maintain unobstructed urine flow by keeping the tube free from kinking, the collecting bag below the level of the bladder at all times and emptying the collecting bag regularly. Remove the catheter as soon as it is no longer needed. Surveillance is conducted on all patients with urinary catheters and CAUTI infection rates are available in HBI. Obtain order for foley insertion that includes nursing protocol to remove foley catheter when no longer needed.
Patients and visitors should be educated on ways to prevent the spread of infection. Educational materials on hand hygiene practices, respiratory practices, and contact precautions can be found through Krames On-Demand.

This is an example of the handwashing tips for patients, family and friends.
Thank you for participating in the Infection Control and Prevention of Healthcare-Associated Infection course.

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