“Standard precautions” guidelines

06.11.2014
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North Estonia Medical Centre
• National guidelines/ hospital guidelines on standard precautions

• Standard precautions guidelines implementing on Estonia (on the grass-root level):
  – Example - North Estonia Medical Centre experience

• What are the barriers and success factors in North Estonia Medical Centre? What is the opinion about the guidelines in the administration level of the hospitals? Do doctors and nurses comply to the guidelines?
Standard precautions

- Standard precautions are a set of basic infection prevention practices intended to prevent transmission of infectious diseases from one person to another.
- Most elements of Standard Precautions evolved from Universal Precautions that were developed for protection of healthcare personnel. The new elements of Standard Precautions focus on protection of patients.
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The Infection Prevention & Control Team
Hand hygiene improvement

Hand rub Consumption survey: we started monitoring of using the alcohol-based hand-rub per 1000 patient days from 2007 year.
Hand hygiene improvement

We evaluated, selected and considered hand-hygiene products for potential use in our hospital, we considered the relative efficacy of antiseptic agents against various pathogens and the acceptability of hand-hygiene products by staff (Characteristics were included its smell, consistency, and the effect of dryness on hands).

European test standards:

- **EN 12791** on the effectiveness of surgical hand antiseptics.
- **EN 1500** on the effectiveness of hygienic hand antiseptics.
The environmental design of the unit

- In the ICU and intensive care rooms next to each patient’s bed/attached to the frame of patient beds
- Near the door to each patient’s room (either adjacent to the door in the Corridor or just inside the door)
- At nursing stations or on medication carts
The environmental design of the unit

Microbiological sample was collected from sink surfaces and was positive for Enterobacter cloacae ESBL+
Hand hygiene improvement

• We update our “Hand hygiene and glove use guidelines” in 2010.
• We prepared the hand hygiene promotion posters and hand hygiene brochure for patients
• We observed staff knowledge about hand hygiene (we used a modified WHO Questionnaire for Health-Care Workers) and started educate hospital staff
• Started to observe hand hygiene (WHO). Results feedback to staff.
The volume of alcohol-based hand-rub use per 1000 patient days
The volume of alcohol-based hand-rub use per 1000 patient days

The volume of alcohol-based hand-rub use per 1000 patient days

- **II järelravi (Intensiivravi) HK**:
  - 2007: 0
  - 2008: 4
  - 2009: 2.1
  - 2010: 0
  - 2011: 9.3
  - 2012: 16.6
  - 2013: 35
- **III järelravi (ONKO+KIRURGIA) HK**:
  - 2007: 0
  - 2008: 0
  - 2009: 0
  - 2010: 0
  - 2011: 16.5
  - 2012: 16.6
  - 2013: 19.6
- **IV järelravi (SISE+NEUROL) HK**:
  - 2007: 0
  - 2008: 0
  - 2009: 0
  - 2010: 0
  - 2011: 10.1
  - 2012: 14.5
  - 2013: 11.5
Routine regular monitoring of Hand-hygiene adherence

- Periodic monitoring of hand hygiene adherence and providing feedback to personnel regarding their performance
- Monitoring the volume of alcohol-based hand rub used per 1,000 patient days
- Monitoring adherence to policies pertaining to wearing artificial fingernails
- Focused assessment of the adequacy of healthcare personnel hand hygiene when outbreaks of infection occur
EUROPEAN SURVEILLANCE OF HEALTHCARE-ASSOCIATED INFECTIONS IN INTENSIVE CARE UNITS

HAICU Protocol v1.01
STANDARD and LIGHT

December 2010
ICU

Ventilator-associated pneumonia (VAP) rate per 1000 ventilator days

![Graph showing VAP rates for different regions and years](image-url)
ICU

Central Line-Associated Bloodstream Infection (CLABSI) per 1,000 device-days

[Bar chart showing the comparison of CLABSI rates per 1,000 device-days across different regions and years.]
ICU

Catheter-Associated Urinary Tract Infection (CAUTI) per 1,000 patient days

![Bar chart showing CAUTI rates across different regions. The x-axis represents different regions: I IRO, II IRO, III IRO, PERH, and Euroopa (ECDC). The y-axis represents the number of CAUTIs per 1,000 patient days. The chart displays data for the years 2011, 2012, and 2013.]}
Personal protective equipment (PPE)
Double gloving in the OR
Needle stick/sharps.
Needle with safety protector.
Sharps containers
Environmental cleaning
Hepatitis B Vaccination. Seasonal Influenza (Flu) Vaccination.
Hospital Waste disposal

All waste is to be segregated at the point of use.
Reasons for the lack of adherence with recommendations

- Ignorance of guidelines => “I don’t see any dirt/ I think it’s not dirty”, “My hands are clean”, “It is inconvenient”
- Insufficient time, high workload, and understaffing => “I’m busy/too many patients”
- Patient needs perceived as priority/ => “I hurry/emergent patient conditions”
- Inaccessible supplies/ the environmental design of the unit => An example: is the lack of ABHR present at the point of care, requiring staff members to go out of the room to clean their hands.
- Non-single-patient rooms => “If you have four patients in a room, you go to one patient then to the other....”
- Interference with worker-patient relation => wearing masks hindered communication with patients ... “Some patients are not hearing us when we speak to them.”
- Wearing gloves, => “I wear gloves/no direct contact with patients”
- Forgetfulness => “I forget”
- Skin irritation => “There are adverse effects of ABHR”