



INFECTION CONTROL & PROFESSIONALISM

**Kidney Disease Screening and
Awareness Program**

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OBJECTIVES

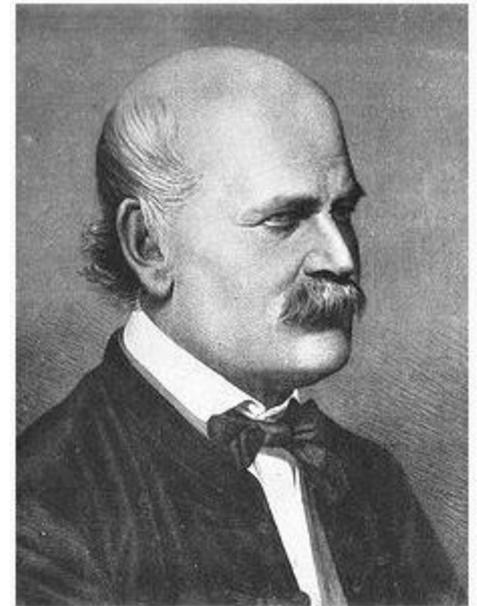
- Acquire skills essential to practicing medicine
 - Medical volunteer work
 - Medical school rotations, residency, & fellowship
 - Basic science and clinical research settings
- Infection Control
 - Standard Precautions
 - Universal Precautions and Bloodborne Pathogens
 - Preventing Needlestick and Sharps Injuries
- Medical Professionalism
 - Patient Privacy
 - Dress Code

STANDARD PRECAUTIONS

- What are they?
 - Infection control practices used to prevent transmission of microorganisms in the medical setting
 - Protect both patients and healthcare personnel
 - Should be used for ALL patients, ALL the time
- 2 key components:
 - Hand hygiene
 - Barrier precautions for body fluid exposures

DO THEY REALLY MAKE A DIFFERENCE?

- History factoids
- 1822 Lime chlorides remove foul odor from human corpses -> disinfectant
- 1846 Higher infant mortality rate and sepsis among infants delivered by doctors and students coming from autopsies vs. midwives despite handwashing



Dr. Ignaz Semmelweis

DO THEY REALLY MAKE A DIFFERENCE?

Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002

- High burden of morbidity and mortality due to health care associated infections
- CDC study reported ~1.7 million health care associated infections and 90,000 associated deaths in US Hospitals in 2002 alone

HOW WELL ARE WE DOING?

- Previous studies have demonstrated that compliance with handwashing, including ICU's, is:
 - A. > 90 percent
 - B. > 75 percent
 - C. < 50 percent
 - D. < 10 percent

HAND HYGIENE

- When should I wash my hands:
 - A. Immediately before touching a patient, performing a procedure, or manipulating an invasive device
 - B. Immediately after touching a patient or contaminated items
 - C. Before putting on gloves
 - D. After removing gloves
 - E. After leaving a patient's room, even if I didn't touch the patient
 - F. All of the above
 - G. A, B, & C only – I don't have OCD!

HAND HYGIENE

- Which hand hygiene method is more effective in killing bacteria?
 - A. Soap and water
 - B. Alcohol-based hand rub (foam or gel)
- Alcohol-based rub cannot kill Cdif spores

HAND HYGIENE

- Which hand hygiene method is more damaging to your skin?
 - A. Soap and water
 - B. Alcohol based hand rub (foam or gel)

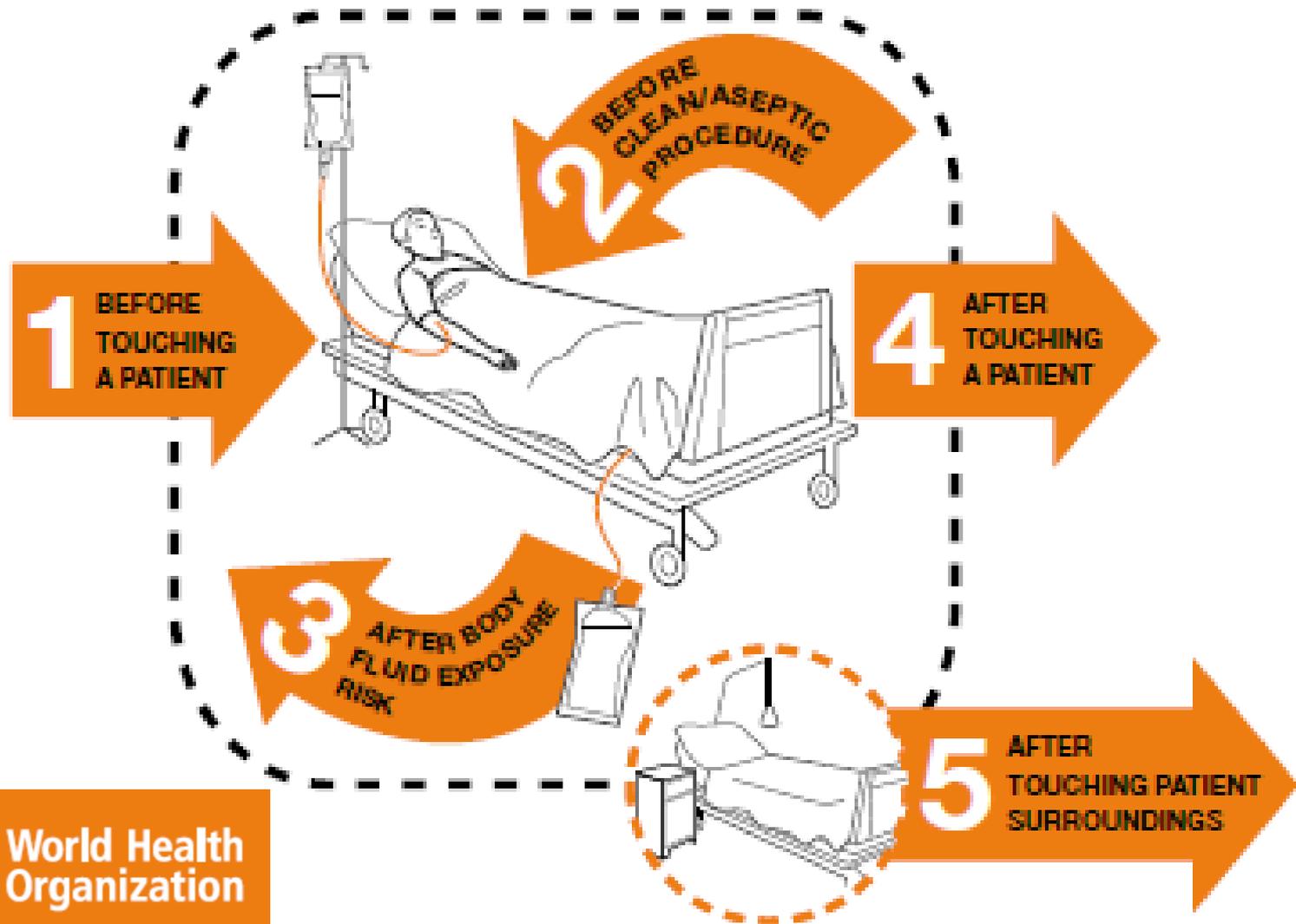
HAND HYGIENE

- How long do you have to rub your hands together when using soap or water?
 - A. 5 seconds
 - B. 15 seconds
 - C. 1 minute
 - D. > 2 minutes...I'm going to be a surgeon.
- 30 seconds needed for VRE

HAND HYGIENE

- How long do you have to rub your hands together when using an alcohol-based rub?
 - A. 5 seconds
 - B. 15 seconds
 - C. 1 minute
 - D. Until your hands seem dry

5 MOMENTS FOR HAND HYGIENE



World Health
Organization

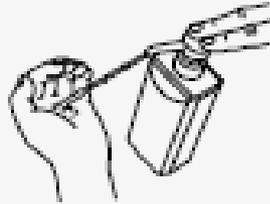
HAND HYGIENE

- **HAND RUB** (foam and gel)
 - Apply to palm of one hand
 - Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry
 - Use enough rub to require at least 15 seconds to dry
- **HANDWASHING**
 - Wet hands with water
 - Apply soap
 - Rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails
 - Rinse under running water and dry with disposable towel
 - Use the towel to turn off the faucet



TECHNIQUE

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b



2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.

BARRIER PRECAUTIONS

- Personal protective equipment should be used if you anticipate exposure to blood, body fluids, excretions, secretions, mucous membranes, and non-intact skin
 - Mask and eye protection or face shield
 - Gloves
 - Gowns

OTHER TIPS

- Gloves are not 100 percent effective
- Hand lotions
 - Non-hospital approved lotions cause breakdown of latex gloves and may be contaminated
- Artificial nails, jewelry, ties, and stethoscopes can transfer microorganisms
 - Keep natural nails short to ¼-inch

UNIVERSAL PRECAUTIONS

- Bloodborne pathogens: HBV, HCV, HIV
- Not just in blood:
 - CSF
 - Pleural, synovial, or peritoneal fluid
 - Amniotic fluid or breast milk
 - Vaginal secretions
 - Semen
 - Saliva
 - Any body fluid contaminated with blood
 - Unfixed tissue/organ from a living or dead person
 - Organ cultures/culture medium from experimental animals
 - NOT urine, feces, vomit, tears, sweat, sputum, nasal secretions (unless contaminated with blood)

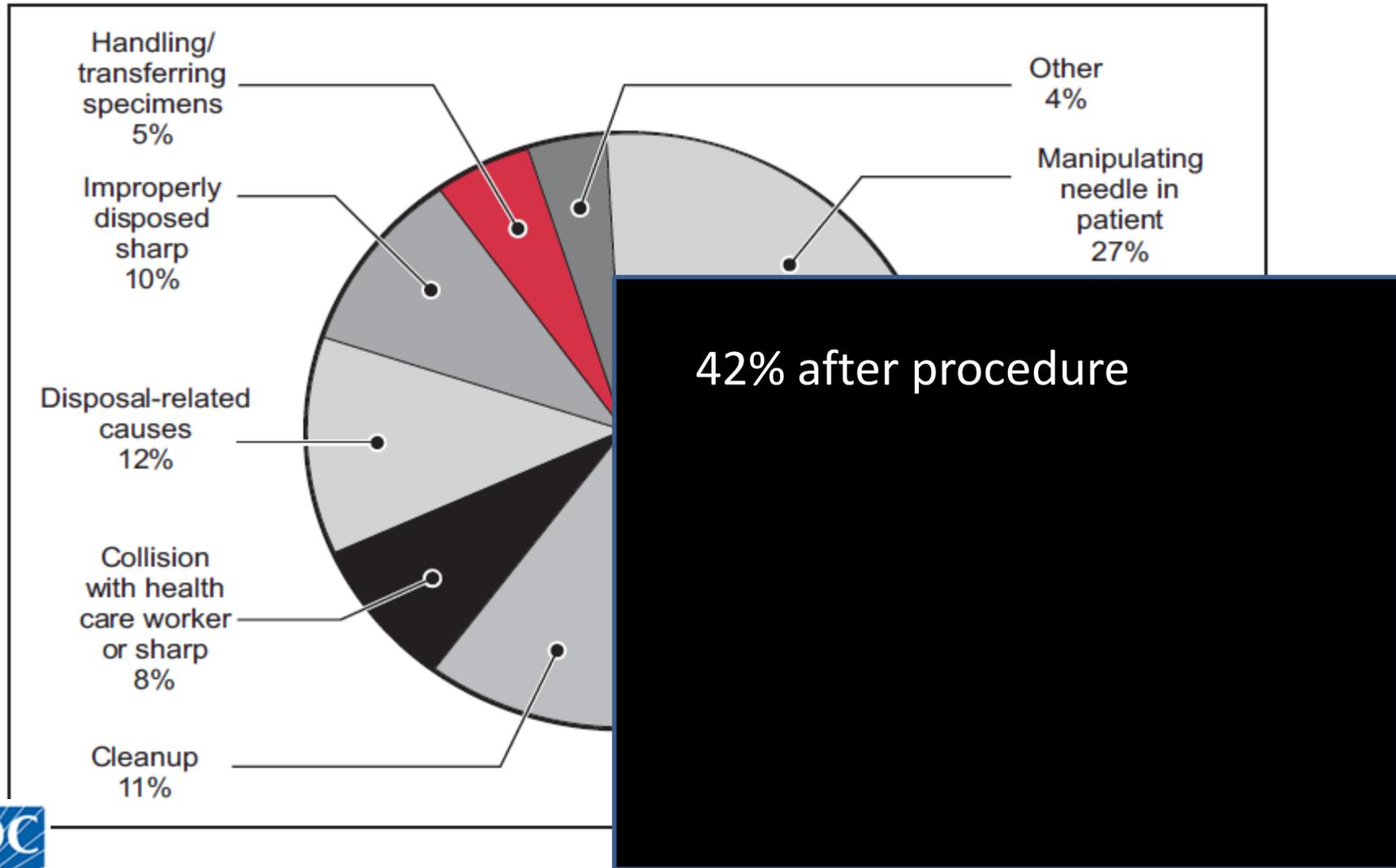


BLOODBORNE PATHOGENS

PATHOGEN	TRANSMISSION RISK	POST EXPOSURE TREATMENT
HBV	Virtually no risk if vaccinated Needlestick 6-30% (100X HIV) >10,000 in 1983 <400 in 2001	HBIG +/- vaccine within 24 hrs, no later than 7 days
HCV	Needlestick 2%	No treatment
HIV	Needlestick 0.3% Eye, nose, mouth 0.1% Non-intact skin <0.1% 57 confirmed cases and 138 possible cases as of 2001	2 or 3-drug antiretroviral therapy x 4 weeks within hours Less effective after 24- 36 hrs SE's: GI, hepatitis, cytopenia, kidney stones, fatigue, h/a



CAUSES OF NEEDLESTICK INJURY



GENERAL TIPS

- Do not recap needles
- Immediately dispose used needles in a sharps container
- Caution when transferring fluid between containers
- Use medical devices with appropriate safety features to prevent injury
- Use barrier precautions

MY PROCEDURE TIPS

- “Think out” the procedure before-hand
- Set up EVERYTHING before-hand (setup is 75% of the procedure!)
- Keep the sharps container close by
- Keep your field clean and organized
- Don’t rush
- Get help...even if you think you don’t need it
- Maintain your concentration to the end
- When throwing sharps away:
 - Keep barrier precautions on
 - Dispose things by yourself
 - Not sure it’s a sharp? Put it in the sharps container

I'VE BEEN EXPOSED! WHAT NOW?!

- Immediately:
 - Wash needlesticks and cuts with soap and water
 - Flush splashes to the nose, mouth, or skin with water
 - Irrigate eyes with clean water, saline, or sterile irrigants
- Report exposure to occupational health or infection control
 - May need immediate postexposure treatment
 - Serial blood tests

MEDICAL PROFESSIONALISM???



WHAT IS MEDICAL PROFESSIONALISM?

- Committed to carrying out responsibilities
- Adherence to ethical principles
- Being sensitive to diverse patient populations



Task Force on Professionalism
David Geffen School of Medicine at UCLA

WHY IS THIS IMPORTANT?

- Professionalism is the most important predictor of having disciplinary action in one's later career (more than grades, test scores, demographics)
- Patient satisfaction
- Building patient's trust and confidence in you
 - Compliance, follow up
- Avoiding complaints, legal action



9 KEY RESPONSIBILITIES

- Commitment to:
 - Competence
 - Honesty
 - Patient confidentiality
 - Appropriate relationships with patients
 - Improving access to care
 - Improving quality of care
 - Just distribution of finite resources
 - Commitment to scientific knowledge
 - Maintaining trust by managing conflicts of interest
 - Commitment to professional responsibilities



6 KEY BEHAVIORS

- Altruism
 - Putting patient's interests above my own
- Accountability
- Excellence
 - Going above-and-beyond
- Duty
 - Free acceptance of commitment to service
- Respect to others
 - Patients, Students, Nurses, Other Staff
- Honor and Integrity

HIPAA Privacy Rule

- Health Insurance Portability and Accountability Act
 - Protects the privacy and security of patients' health information
- What information is protected?
 - Any info about physical and/or mental health
 - Spoken, written or electronically stored info
 - Name, MRN, DOB, Videos, Photos, X-rays
- Minimum Necessary Standard
 - Providers and others to only access the minimum amount of info necessary to get the job done
- Consequences
 - Discipline, loss of employment, fines, imprisonment

Appropriate or Inappropriate?

- Talking about patients and using their names in a public place
- Declining to give an update on a patient's medical status to a family member
- Disposing of patients' medical charts into the trash
- Looking up family members' electronic medical record information
- Misplace flashdrive that has patient (MRN's) info

HIPAA Do's and Don'ts

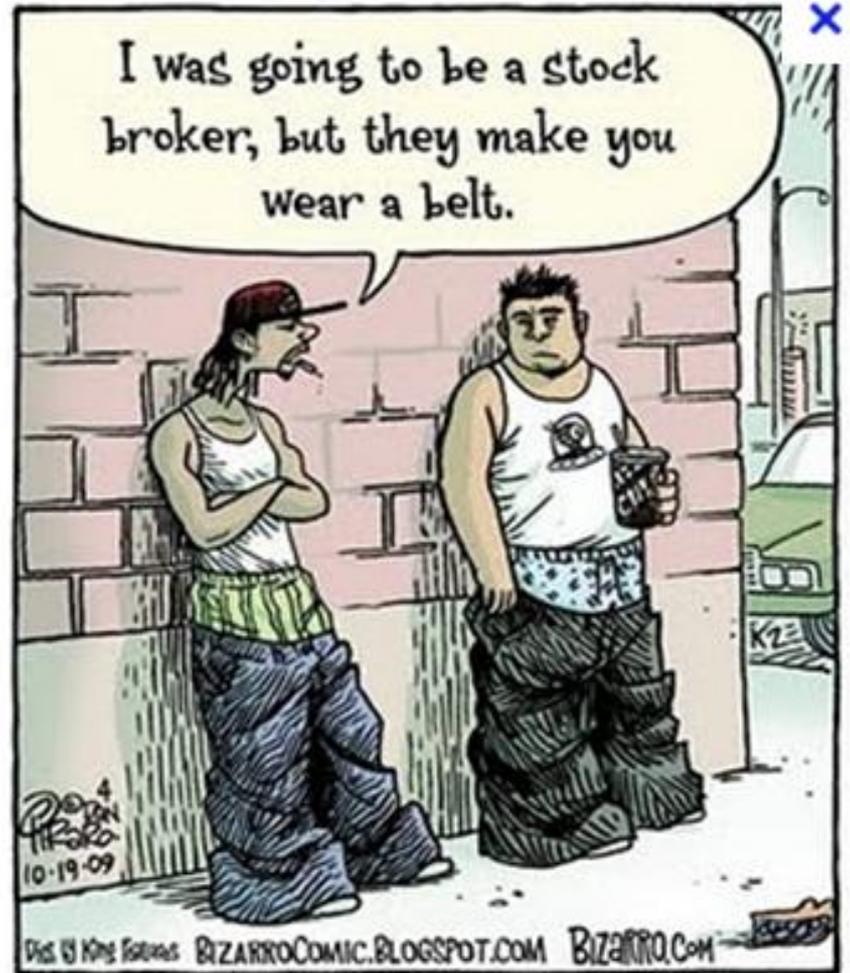
- Treat all patient data as if you were the patient (spoken, written, electronic)
- Shred or properly dispose of all patient info
- Use encrypted and password protected electronic devices; don't share passwords
- Use secure networks for emails with patient info
- Do not talk about patient's in public places, use discreet voice, practice minimum necessary standard

DRESS CODE



CHAPMAN

"Johnson, I think you misunderstood our Casual Fridays dress code."



10-19-09 BIZARROCOMIC.BLOGSPOT.COM BIZARRO.COM

DRESS CODE

- Goal is to look like a medical professional
- Look neat and clean
- Avoid tight, sheer, or revealing clothing
- Wear badge, white, or other uniform
- No jeans or shorts
- No tank tops
- Tops should cover abdomen, back, and chest
- Avoid artificial nails and fragrances
- Wear closed toe shoes
- No caps, hats, or bandanas

HOW CAN I INCORPORATE PROFESSIONALISM INTO VOLUNTEER WORK?

- Demonstrate accountability! Be on time...do your part to help out!
- Make sure that your testing area is clean.
- Make sure you are clean!
- Smile, introduce yourself to the patients
- Explain to your patients what you will do before “laying hands” on them or examining them
- Make sure that your patient is comfortable throughout the interview/exam
- Make sure that your patient’s privacy and modesty is maintained throughout the interview/exam
- Listen to your patients
- Thank your patients after the interview/exam

OSLER-ISMS

“The practice of medicine will be very much as you make it - to one a worry, a care, a perpetual annoyance; to another, a daily job and a life of as much happiness and usefulness as can well fall to the lot of man, because it is a life of self-sacrifice and of countless opportunities to comfort and help the weak-hearted, and to raise up those that fall.”

“We are here to add what we can to, not to get what we can from, life.”

“Care more for the individual patient than for the special features of the disease. . . . Put yourself in his place . . . The kindly word, the cheerful greeting, the sympathetic look -- these the patient understands.”