

Infection Prevention and Control “Building Capabilities”

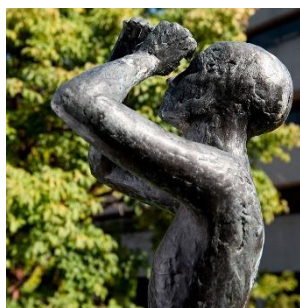
2015

A TRADITION OF
INDEPENDENT
THINKING



UCC

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh



Transmission Based Precautions; Patient placement, movement & Transfer

Gemma McCarthy, MPH, BSc
(HONS) 2015

A TRADITION OF
INDEPENDENT
THINKING

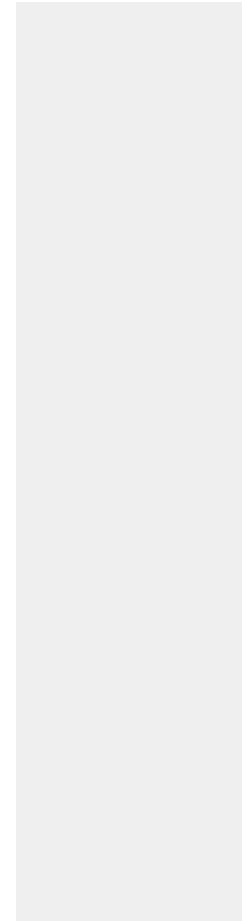


UCC

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

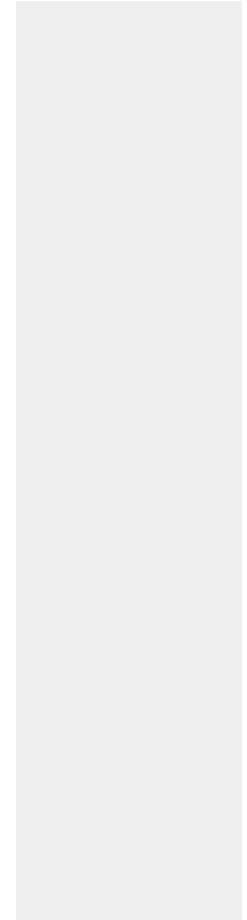
Transmission Based Precautions; Patient placement, movement & Transfer

- What are Transmission Based Precautions?
- Why are they Important?
- How do you apply them?
- Key points to note when moving/transferring patients within an organisation and outside
- Key points to note when receiving a patient



Transmission Based Precautions

- First introduced by CDC in 1996 as an addition to Standard precautions
 - Three Types; Contact; Droplet and Airborne
- To be used for patients with a **known or suspected transmissible infection**
 - Risk assessment with IPCN taking into account patients overall status
 - Isolation should not compromise care or have a negative effect
 - Remain in place for a limited time until person deemed not infectious



Contact Precautions

- Contact precautions are to be used when transmissible organisms are transferred through direct or indirect contact with the patient or patient care environment
- Wearing of gloves and aprons/long sleeved gowns
- Direct contact with the patient
- Indirect contact with equipment or the patient care environment
- Example included C. Diff.; MRSA; VRE

Droplet Precautions

- Droplet precautions are to be used for organisms transmitted through large droplet particles in coughing or sneezing usually drop after three feet such as Influenza.
- Always to be isolated where possible in single room using surgical mask, apron, gloves
- May require FFP2/ FFP3 for aerosol generating procedures such as intubation, non-invasive ventilation (BiPAP), tracheostomy insertion

Airborne Precautions

- Airborne to be used for transmissible organisms that can remain infectious when suspended in the air e.g TB, measles, chickenpox
- FFP2/FFP3 mask, apron/long sleeved gown, gloves
- Always isolated in single room essential
- Where possible negative pressure rooms to be used



Factors to consider patient placement

- Route of transmission
- Risk factors for transmission
- Risk factors of adverse outcomes from HAI in other patients
- Availability of single rooms
- Options for cohorting
- Risk Assess

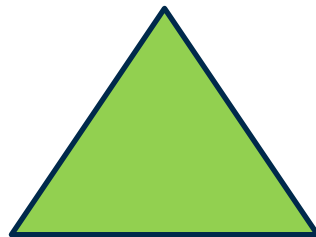
Lewisham Isolation Priority System (LIPS)

- Developed in 1999 as a scoring system based on factors likely to influence transmission; modified in 2009
- Risk stratification tool for isolating or cohorting patients
 - 3 Steps
- ID of infection or disease
- Use score card to rate category; route and evidence for transmission, antibiotic resistance, susceptibility of other patients and dispersal characteristics of the patient
- Addition of scores and comparison to chart to determine priority for isolation

Patient Placement

- Risk assessment, prioritise the pathogenicity of the organism i.e. organisms spread by droplet or airborne means difficult to contain
- Isolate in single room if on transmission based precautions where possible
- If not possible investigate possibility of cohort
- If unable to cohort ensure ensure patients are separated by at least 3 ft (1 m)
- Communication with clinical team, nursing staff and IPCN of suitability for isolation may be deemed unsafe. Patient safety and ensuring optimal care is priority
- Communication with patient and family where necessary

- Use iPMS system if same in place noting green triangle symbol highlighted next to patients name indicates colonisation/infection with a transmissible organism
- If unsure of status ISOLATE and communicate with IPCN when possible



Patient Movement

- Limit movement
- Ensure receiving department aware of status and precautions required
- Patient to wear facemask if possible

Patient transfer

- Ensure receiving facility aware of status and precautions required before they are transferred
- Ensure Ambulance aware of status and precautions aware before they arrive

GP Practice

- Where possible patients who present a risk of droplet transmission e.g influenza or airborne transmission i.e TB should be placed in a dedicated waiting area if same not possible at least one metre away, provide tissues ? Face masks and posters and information
- Appropriate PPE available for staff
- Clean and decontaminate environment and equipment once patient leaves

LTCF/Residential care facility

- MDRO – not reason to refuse admission
- Generally decision to isolate a resident carefully considered
- Colonised with MDRO- healthy individual- not required
- Dependent or uncontrolled secretions/excretions isolate or cohort
- Methods of control in LTCF include:
 - Maintain list
 - Communication
 - Adequate environmental cleaning
- Monitoring of microbiological specimens sent to lab

Conclusion

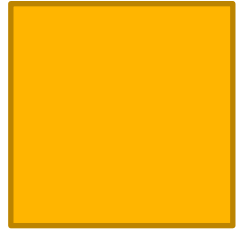


- Communication

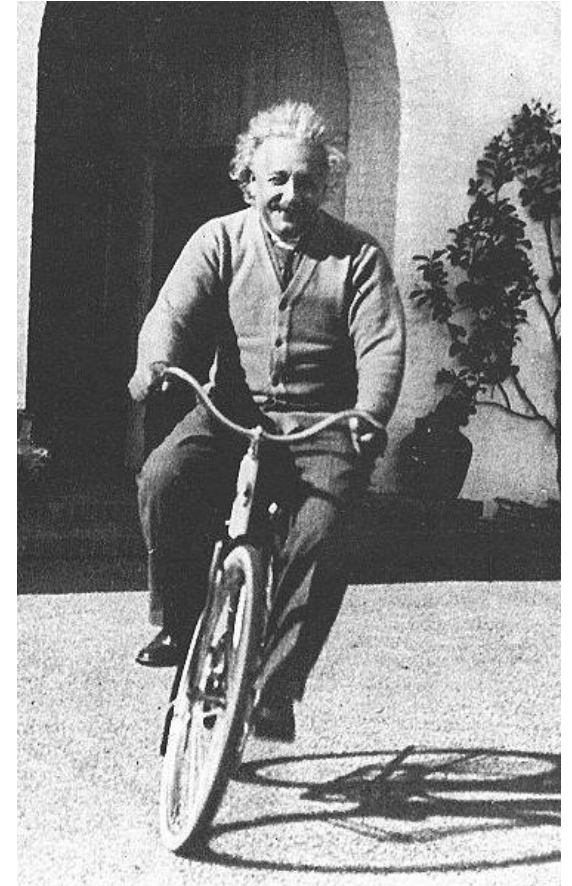
- Risk assessment

- Education

QUESTIONS?????



“To raise new questions, new possibilities, to regard old problems from a new angle, requires creative imagination and marks real advance in science”



References

- Health Protection Surveillance Centre (2009) Standard Precautions, version 1.0 28th April 2009. <http://www.hpsc.ie/hpsc/A-Z/Respiratory/Influenza/SeasonalInfluenza/Infectioncontroladvice/File,3600,en.pdf>

- Ayliffe, G.A.J., Babb, J.R and Taylor, L.J (2001) Control of Hospital Infection – A Practical Handbook London : Arnold : 4th edition
- McCulloch J (1999) Risk management in infection control. Nursing Standard.13, 34, 44-46.
- Siegal JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee (2007). Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.
http://www.cdc.gov/hicpac/2007IP/2007ip_part3.html