Infection Prevention Assessment for Respiratory Care Concerns

Observations

Hand Hygiene (HH) – CDC Hand Hygiene ICAR Tool

- Alcohol-based hand rub (ABHR) is the preferred method of HH in most health care situations.
  - Soap and water should be used when hands are visibly soiled and during the care of patients with suspected or confirmed infection during outbreaks of *C. difficile* and norovirus. For all other situations, ABHR should be used.
  - ABHR should be 60%-95% alcohol.
  - HH products should be easily accessible and available, at minimum, both inside and outside of patient/resident rooms.
- HH should be performed:
  - Immediately before touching a patient; before performing an aseptic task (e.g., changing an inner cannula) or handling invasive medical devices; before moving from work on a soiled body site to a clean body site on the same patient; after touching a patient or the patient's immediate environment; after contact with blood, body fluids or contaminated surfaces; immediately after glove removal.

Respiratory Care

- Staff should:
  - Adhere to Standard Precautions; evaluate the possibility of airborne exposure during aerosol generating procedures.
  - Observe aseptic technique during care, including inner cannula changes, dressing changes and open suctioning.
  - Disinfect the surface where the clean field will be set up at the patient's bedside.
  - Change gloves and perform hand hygiene when moving from a dirty to clean task.
  - Keep clean and dirty items separated.
  - Discard supplies that entered the patient care area or dedicate items to the patient and store in a way that prevents contamination.
  - Ensure the bed is elevated to 30-45 degrees for ventilator-dependent patients, unless medically contraindicated, and complete oral care on a routine basis. Maintain the water trap below patient level.
- Supplies:
  - Single-use equipment should be discarded after use.
  - Ask what equipment (if any) is being reprocessed and ensure reprocessing is done according to the manufacturer's instructions for use (CDC HLD and Sterilization ICAR Tool).
  - Use sterile water, or the type specified by the manufacturer, for respiratory equipment.
  - Review the facility's policy for changing respiratory equipment and supplies (HME, ventilator tubing, dressings).
  - Tracheostomy disconnection wedges should be not be used for multiple patients.

Considerations for Possible Pathogen Transmission via Respiratory Care

- Consult with the DPH SHARPPS Program for guidance and to determine if screening is recommended for patients at the facility.
- Review the facility's policies (specifically hand hygiene, cleaning/disinfection, respiratory care).
- If there is suspected transmission, obtain patient information (respiratory care received, outpatient services, etc.).
- Consider other services the facility offers (i.e., dental, podiatry, therapy). What equipment do these services use and how is it cleaned/disinfected?