

## Provider On-Boarding – Infection Control

- Do Not Come to Work with an infectious illness (i.e., cough or rash with fever, conjunctivitis, diarrhea, etc.)
- Get vaccinated for seasonal influenza annually as recommended by the MD State Health Department.
- Participate in the annual screen program for TB, including N95 fit testing. This will be coordinated by the Medical Staff office.
- Use Standard Precautions with ALL patients regardless of their diagnosis.
  - Wear Personal Protective Equipment (gowns, gloves, masks, face shields) to prevent occupational exposure. Can be found just inside of each patient room or hanging on a caddy of the patient’s door (depending on location)
  - Use clean gloves when touching all body fluids and when performing venipuncture.
  - **Always** comply with posted Isolation Precaution signage. This will be posted on the door of the patient’s room. Examples are:



- Hand Hygiene is expected on **every** entry and exit of patient rooms, before/after patient care, and when moving from dirty to clean areas on a patient. Compliance data is collected and reported to Administration. The CHMC goal is 100% compliance, the 2024 compliance rate was 98.9% (increase of 3.7% from CY23). The compliance rate for all providers for 2024 was 99% (increase of 2.4% from CY23).

**NO ARTIFICIAL NAILS ARE PERMITTED!**

- CAUTI – Catheter Associated Urinary Tract Infection
  - Limit use and duration according to hospital policy and approved indications (obstructions/retentions, neurogenic bladder, immobility due to acute trauma, strict I&O – in ICU only). For inpatients this should be part of the daily rounding discussion.
  - Use external catheter when possible
  - Encourage staff to utilize the Bladder Scan Protocol in its' entirety when indicated
  - There were 7 CAUTIs in 2020, 4 in 2021, zero in 2022, 1 in 2023, and zero in 2024.
- CLABSI – Central Line Associated Blood Stream Infection
  - Limit use and duration of Central Venous Catheters. For inpatients this should be part of the daily rounding discussion.
  - PICC team is available for non-emergent PICC lines; Emergent lines are placed by Physicians and other licensed providers.
  - A Universal Time Out and QA form should be completed with EVERY central line insertion.
  - All patients with central lines should receive daily CHG bathing. Goal is 95% compliance. The compliance rate for 2024 was 97.4%. This should be ordered with the CVAD Care Protocol and first dose written as a NOW order.
  - There were 5 CLABSIs in 2020, 4 in 2021, 3 in 2022, 1 in 2023, and 1 in 2024.
- In case of Bloodborne Pathogen Exposure:
  - Flush/clean areas as appropriate
  - Report to Emergency Dept for BBE evaluation as soon as possible.
  - Call the Employee Health RN, x8110 to report the exposure.

For any Infection Control questions – please call x8380. If it is after normal business hours, please call have the Operator call Debbie Lobas, ICP or have them page Dr. Paul Pomilla.