

Infection control recommendations

Isolation of MRSA

- 1- Urgent notification by phone until report.
- 2- Start vancomycin treatment of the patient until final sensitivity is sent
- 3- take swabs
 - the patient: from nose, perineum, operative & wound sites, abnormal or damaged skin, insertion sites of I.V lines, catheter urine samples & sputum if expectorating.
 - the staff: hand, nose and throat swabs
 - the environment: bedrails, charts, carts, bedside commodes, doorknobs, faucet handles) and all horizontal surfaces
- 4- Do not share non critical patient items (stethoscope, sphygmomanometer cuff) with other patients.
- 5- HCW should restrict to hand washing and disinfection plus contact precautions (gloves, gowns and masks if pt has respiratory secretions).

Isolation of VRE:

- 1- Notification of hospital staff on presumptive identification and perform confirmation of resistance.
- 2- patient isolation.
- 3- take stool cultures from the patient and from roommates of patients.
- 4- take swabs from:
 - patient: rectal swabs, perineal, umbilicus and axillary swabs, from any wound, Foley catheter site or colostomy site if present.
 - patient roommates: rectal swabs.
 - staff: hand and rectal swabs.
 - environment: bedrails, charts, carts, bedside commodes, doorknobs, faucet handles.
- 5- Do not share non critical patient items (stethoscope, sphygmomanometer cuff) with other patients.
- 6- HCW should restrict to hand washing and disinfection plus contact precautions (gloves, gowns).

Smear positive T.B

- 1- Notification by phone and report.
- 2- Isolate the pt for the first few weeks of treatment.
- 3- Staff should wear masks (N 95).
- 4- Check the immunity of staff.

Outbreak of S. aureus from SSI

A-Of theater origin (deep undrained wound before ward dressing)

- 1- inspect staff members at time of operation for skin lesions.
- 2- take nose swabs from all staff.
- 3- sample air during operation by the suspected team.
- 4- sample theater floor, contact places at the time of operation.
- 5- If fail to detect the source sample the floor of changing room, and take perineal swabs from all the staff.
- 6- Treatment of carriers:
 - ♣ Nares: apply 2% mupirocin (bactroban) nasal 3 times / day for one week.
 - ♣ Daily body bath: shower with anti-septic (chlorhexidine, bovidone iodine or triclosan) for one week.
 - ♣ Twice weekly hair wash with antibacterial detergent (cetrimide shampoo).
 - ♣ Axilla & perineum: hexachlorophane 0.33% (ster-zac) powder can be used.
 - ♣ Colonized lesions: apply 2% mupirocin ointment topically 3 times daily.

B- outbreak in surgical ward:

- 1- Take nose swabs from staff and patients.
- 2- Take swabs from all wounds and lesions.

Outbreak of S. aureus in NCU

- 1- isolate the infected babies
- 2- take nose swabs from staff and babies
- 3- take swabs from the babies from the umbilicus and any lesion

Outbreak of Gram negative bacilli /MDR GNB

- 1- Sample potential sources (nebulizers, mechanical ventilators, suction equipments, disinfection solutions, parental fluids, saline, hand creams, endoscopes, washing bowls, baths, sinks, nail brushes, soap dishes, thermometer fluids, mattresses, urine bottles and bedpans)
- 2- Sample all patients for sputum, catheter specimen of urine, wounds, and bed sores.
- 3- Sample hands of staff
- 4- General environmental sampling
- 5- HCW should restrict to hand washing and disinfection plus contact precautions (gloves, gowns and masks if the pt has respiratory secretions)

Outbreak of Gram negative bacilli /MDR GNB in NCU

- 1- Sample the labor ward
- 2- Sample suction equipments, baths, soaps, and sinks
- 3- Sample intravenous fluids.
- 4- Sample hands of staff

- 5- HCW should restrict to hand washing and disinfection plus contact precautions (gloves, gowns and masks if the pt has respiratory secretions)

Prevention of SSI (recommendations for surgical wound +ve cultures)

A- OR recommendations

- 1- check proper antisepsis of surgeon hands and of the skin at the site of operation
- 2- check the ventilation system
- 3- Ensure sterile equipments, gowns, drapes.

B- Ward recommendations

- 1- before the operation
 - ♣ admit the patient close to the time of operation
 - ♣ avoid hair shaving and prefer clipping
 - ♣ do not take ward bedding into the theater
- 2- after the operation
 - ♣ seal the wound thoroughly for 1-2 days
 - ♣ use closed drainage system
 - ♣ Discharge pt as soon as possible.

Prevention of chest infection (recommendations for sputum +ve cultures)

- 1- effective hand washing between patients
- 2- decontamination of respiratory equipments (ventilators, humidifiers, suction equipments)

Prevention of UTI (recommendations for urine +ve cultures)

- 1- avoid catheterization if possible
- 2- remove catheter as soon as possible (within 5 days)
- 3- collect urine by syringe and don't open the closed system of the catheter
- 4- disinfect urinals and bedpans by heat
- 5- wash hands between emptying urine bags
- 6- Restrict using broad spectrum antibiotics.

Prevention of intestinal infection (recommendations for stool +ve cultures for Salmonella, Shigella. Or pathogenic E. coli)

- 1- isolate the patient in single room
- 2- take stool for culture from all patients and staff with diarrhea
- 3- strict hand washing after handling the pt or his environment
- 4- care in disposal of faeces, handling bedpans and soiled linen
- 5- if the outbreak continue close the ward (no admission and no patient transfer)