Infection Prevention and You

AUGUST 2011

PUBLIC HEALTH ALERT

Guillain-Barré in Arizona:

The Arizona Department of Health Services, in conjunction with local health departments and the Centers for Disease Control and Prevention, is investigating a cluster of acute flaccid paralysis in Arizona and Mexico. Pima County Health Department is requesting that clinicians notify us of any cases of acute flaccid paralysis or Guillain-Barré Syndrome. In addition to routine diagnostic testing, we are requesting that healthcare providers submit stool, cerebrospinal fluid (CSF) and serum specimens from suspected cases to the Arizona State Public Health Laboratory. The first signs of GBS are muscle weakness and sometimes paralysis. It usually appears after someone has been sick with an infection, often with diarrhea. The key is to find the root cause of the infection.

- ," said Shoana Anderson, Office Chief of Infectious Disease at ADHS. "One potential cause we've identified is Campylobacter bacteria, a - - - ."

Going into hospital far riskier than flying

Stephanie Nebehay Reuters
10:09 a.m. CDT, July 21, 2011

GENEVA, July 21 (Reuters) - Millions of people die each year from medical errors and infections linked to health care and going into hospital is far riskier than flying, the World Health Organisation said on Thursday.
"If you were admitted to hospital tomorrow in any country... your chances of being subjected to an error in your care would be something like 1 in 10. Your chances of dying due to an error in health care would be 1 in 300," Liam Donaldson, the WHO's newly appointed envoy for patient safety, told a news briefing. This compared with a risk of dying in an air crash of about 1 in 10 million passengers, according to Donaldson, formerly England's chief medical officer. Hundreds of millions of people suffer infections linked to health care each year. Patients should ask questions and be part of decision-making in hospitals, which must use basic hygiene standards and WHO's checklist to ensure safe surgical procedures were followed. More than 50 percent of acquired infections can be prevented if health care workers clean their hands with soap and water or an alcohol-based handrub before treating patients. Of every 100 hospitalised patients at any given time, 7 in developed and 10 in developing countries will acquire at least one health care-associated infection, according to the United Nations agency. "The longer patients stay in an ICU (intensive care unit), the more at risk they become of acquiring an infection," it said. Medical devices such as urinary catheters and ventilators are associated with high infection rates. Each year in the

United States, 1.7 million infections are acquired in hospital, leading to 100,000 deaths, a far higher rate than in Europe where 4.5 million infections cause 37,000 deaths, according to WHO. "Infection is a big problem, injuries after falls in hospitals is a big problem and then there are problems that are on a smaller scale but result in preventable deaths. Medication errors are common," he said. If the checklist is effectively used worldwide, an estimated 500,000 deaths could be prevented each year, it says. "Frankly, if I was having an operation tomorrow I wouldn't go into a hospital that wasn't using the checklist because I wouldn't regard it as safe," said Donaldson. (Editing by Robert Woodward)

CENTRAL VENOUS CATHETER INSERTION PRACTICES

Central line-associated bloodstream infections (CLABSIs) can be prevented through proper placement and management of the central line. The CDC's Healthcare Infection Control Practices Advisory Committee (CDC/HICPAC) *Guidelines for the Prevention of Intravascular Catheter-Related Infections*, 2011[1] recommends evidence-based central line insertion practices known to reduce the risk of subsequent central line-associated bloodstream infection. These include handwashing by inserters, use of maximal sterile barriers during insertion, proper use of a skin antiseptic prior to insertion, and allowing that skin antiseptic to dry before catheter insertion. Despite the scientific evidence supporting these measures, several reports suggest that adherence to these practices remains low in U.S. hospitals.

Documentation of this bundle practice is necessary to provide compliance with JC NPSG 07.04.01. This can be accomplished by either completing an insertion form or including the following bundle components in your dictation of the procedure. Don't forget to include documentation of the "time out" process as well.

Bundle components requiring documentation in medical record:

- Site selection: avoid using the femoral site in adults. Use a subclavian site rather than a jugular or femoral site
- Hand hygiene performed
- Appropriate skin prep
    - Chlorhexidene gluconate (CHG) for patients ≥ 2 months old. (NOTE: CHG has not been labeled for use by the Food and Drug and Administration with patients < 2 months of age)
    - Povidone iodine, alcohol, CHG, or other specified for children < 2 months old
- Skin prep agent has completely dried before insertion
- **All** 5 maximal sterile barriers used
    - Sterile gloves
    - Sterile gown
    - Cap
    - Mask worn
    - Large sterile full body drape for patient

Source: CDC National Health Safety Network Device Associated Module June 2011