

CONTAGIOUS COMMENTS

Department of Epidemiology

Infection Control Top Ten List: What we did for you in 2004

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This has been a fun-filled and action packed year for Epidemiology/Infection Control at The Children's Hospital. We recount our successes here for you (not necessarily ranked by order of importance or significance) as a reminder that we are here and working to provide top quality care for the pediatric patients in our region! Following our Top Ten List is a second list of the key infection control requirements for all healthcare workers associated with TCH. Please be mindful of these this summer and always.



Highlights of the Infection Control Year

Number 10:

During 2004, TCH acknowledged the importance of Infection Control in the everyday operations of the hospital by adding another Nurse Epidemiologist to the team.

Number 9:

By dedicating nurse practitioner Margaret McCarthy to OSHA compliance activities, TCH was able to demonstrate a statistically significant decrease in employee bloodborne pathogen exposures.

Number 8:

Taking a cue from the Toronto experience with SARS, FMG deployed Respiratory Etiquette stations throughout the institution to assure that all people entering a TCH facility with upper respiratory symptoms were offered masks and an opportunity to perform hand hygiene.

Number 7:

Using specialized microbiology techniques, our microbial epidemiologist was able to identify *Salmonella* present in imported rattlesnake meat "vitamins" and link it to illness in a TCH patient. FDA is following up on confiscation of this product in the U.S.

Number 6:

To increase compliance with the Centers for Disease Control (CDC) 2002 *Guideline for Hand Hygiene in Healthcare Settings*, we installed alcohol hand rinse stations in all clinical areas of the hospital. Usage of the fast-acting alcohol hand rinse is recommended over soap and water unless hands are visibly soiled.

Number 5:

Epidemiology/Infection Control reviews construction and renovation plans prior to project starting in order to assure that proper barriers separate construction activities from clinical activities for the protection of our patients. Routine air quality testing is performed in high risk clinical areas. The plans for our new hospital were reviewed by our team to assure infection control perspective has been considered.

Number 4:

An emergency task force was convened upon the alert that ½ of the season's flu vaccine supply was gone. Though TCH eventually received all of the vaccine supply that we ordered, we were prevented from its distribution by the federal restriction guidelines until late into the season. Nonetheless, we were able to vaccinate over 3000 employees, our high risk patients and their families. With the generous participation of some of our clinical staff, we shared the rest of our vaccine supply with the community through vaccination clinics.

Number 3:

Free flu vaccine was available to families of our high-risk patients via a grant from the Association of TCH Volunteers arranged by Susan Dolan. By vaccinating these families, many children that were not eligible for vaccination were protected. (Early in the season, Infection Control and Pharmacy participated with the Ronald McDonald House and Colorado Department of Public Health and Environment in halting an outbreak of influenza through vaccination and prophylaxis with Tamiflu [oseltamivir].)

Number 2:

The weekly publication of Bug Watch Newsletter kept TCH and community care providers up to date with the latest circulating virus graphs thereby informing their practice and care activities.

Number 1: Drum Roll, Please!

Using "shoe leather" and microbial epidemiology, members of our team discovered contaminated nasal spray that triggered a national recall of the product. This *Burkholderia cepacia* outbreak event highlights the close relationship of Epidemiology/Infection Control with Infectious Diseases Service, and Pharmacy. Steps of the outbreak investigation were shared via poster and abstract at the National Cystic Fibrosis meeting and the National APIC Educational Conference.



Reminder of Basic Infection Control Protocols

- Tidy is good! Take the month of June for *SPRING CLEANING!*
- **HAND HYGIENE** is the single most effective way to prevent the transmission of disease. Assure that hand soap, lotion, and alcohol hand rubs are readily available.
- We have hospital-approved soap, lotion, and alcohol hand rubs. Please assure you have the appropriate products and remove all non-hospital approved products.
- All reusable patient care equipment must be processed via protocols that are written and reviewed by TCH Central Sterile Processing. These procedures must flow from dirty to clean to prevent contamination of "clean" areas.



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We Recycle!

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- Sharps containers and other biohazard waste containers are regulated medical waste. We must adhere to specific regulations from OSHA, EPA, and local waste management where sharps and biohazard waste handling are concerned.
- All vaccines, patient medications, and patient nutrition must be maintained in refrigerators that are routinely cleaned and maintained and have documented daily temperature checks.
- Assure that personal protective equipment (PPE) is available for the protection of staff and that disinfectant wipes are available in exam areas for use on equipment between patients and in case of spills.
- No eating or drinking is allowed in patient care areas. This restriction protects our workers and keeps us in compliance with OSHA regulations.
- All personnel should be knowledgeable about how to report exposures as well as where to proceed if exposed to bloodborne pathogens. Review how to access TCH policies and procedures related to Infection Control and Employee Health.
- All patient care supplies, including linens, must be protected from dust, water, and other contamination. Please assure these supplies are properly covered, closeted, and in-date! Nothing goes under sinks (with the exception of cleaning solutions in bottles and trash bags).

