

# INFECTION PREVENTION OUTSIDE THE ACUTE CARE SETTING



A FOCUS ON MULTI-DRUG RESISTANT  
ORGANISMS (MDRO) AND C. DIFFICILE

Faye Salzer, RN  
HAI Activities Coordinator  
December 2015




---

---

---

---

---

---

---

---

## OBJECTIVES



- Participants will be able to understand the proper use of personal protective equipment (PPE) when caring for those with MDROs or C. diff.
- Participants will understand the role the environment plays in the transmission of MDROs and C. diff.
- Participants will understand the difference between an active infection and colonization.




---

---

---

---

---

---

---

---

## DEFINITIONS

**MDRO:** are defined as microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents. Although the names of certain MDROs describe resistance to only one agent (e.g., MRSA, VRE), these pathogens are frequently resistant to most available antimicrobial agents.

**C. diff:** An illness caused by the bacteria *Clostridium difficile* that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon.

**Infection:** Germs are in or on the body and make a person sick, which results in signs and symptoms of illness.

**Colonization:** Germs can also be in or on the body, but not make you sick, they have no signs or symptoms.





---

---

---

---

---

---

---

---

**INFECTION CONTROL IS EVERYBODY'S BUSINESS**

The setting doesn't matter!

- ❖ ALL Health Care Workers
- ❖ Volunteers
- ❖ Patients/Clients
- ❖ Family Members
- ❖ Visitors



It starts with hand hygiene!



---

---

---

---

---

---

---

---

**Germ Farm**



**Scrub'em!**

[www.1st-in-handwashing.com](http://www.1st-in-handwashing.com)



---

---

---

---

---

---

---

---

**WHEN TO PERFORM HAND HYGIENE**

- Before and after seeing patient or visiting a friend/family member
- After removing gloves



**Gloves are not a substitute for hand washing!**

- Before and after preparing food
- Before eating
- After using the bathroom (soap & water best)
- After sneezing, coughing or blowing your nose
- After handling garbage



---

---

---

---

---

---

---

---

### PERFORM HAND HYGIENE CORRECTLY!

● Areas most frequently missed during hand washing  
● Less frequently missed  
● Not missed

NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

### "T" ZONE IS OUR FIRST LINE OF DEFENSE

NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

### TRANSMISSION OF INFECTION REQUIRES 3 ELEMENTS

- A source of infecting microorganisms
- A susceptible host
- A means of transmission for the microorganism

NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

Explain it so even I can understand it!



NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---



NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

### HOW LONG CAN BACTERIA AND VIRUSES LIVE ON SURFACES?



- **Respiratory Viruses:**
  - Influenza virus, Rhinovirus (common cold), - 2 to 3 days
- **Gastrointestinal Tract Viruses:**
  - HAV (Hepatitis A), Polio Virus, Rotavirus, Norovirus - 2 months
- **Blood Borne Viruses:**
  - HIV, HBV (Hepatitis B) - 1 week
- **Clostridium difficile** - 9 Months
- **Methicillin-resistant Staphylococcus aureus (MRSA)** - Up To 7 Months

[www.biomedcentral.com/1471-2334/6/130](http://www.biomedcentral.com/1471-2334/6/130)

NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

## SCHOOLS, ATHLETICS, CHILD CARE



### MRSA-

- Participants should stay home if have a fever 100 degrees or higher, "feel" sick.
- Keep affected skin area dry, clean and covered
- Environment should be cleaned/disinfected daily including equipment
- Perform hand hygiene frequently
- Do NOT share personal items; towels, blankets, razors, bar soap, sports jerseys, water bottles, etc.



---

---

---

---

---

---

---

---

## SCHOOLS, ATHLETICS, CHILD CARE



### C. diff-

- Stools should be able to be contained
  - Diarrhea subsided (3 or more loose stools/day)
- Cleaning should be done with a bleach based cleaner
- Bathrooms should be cleaned frequently
- Perform hand hygiene with **SOAP & WATER**



---

---

---

---

---

---

---

---

## STANDARD PRECAUTIONS



- Hand Hygiene
- Personal Protective Equipment (PPE)
- Proper use and handling of care equipment
- Proper environmental cleaning and disinfecting
- Proper handling of clean and dirty laundry/linen
- Proper patient placement to minimize transmission
- Proper respiratory hygiene and cough etiquette
- Safe injection practices



---

---

---

---

---

---

---

---

## GLOVES

Change gloves between tasks and procedures

Remove gloves promptly after use

Wash hands immediately to avoid transfer of microorganisms



---

---

---

---

---

---

---

---

## TAKE HOME POINT~

Protect yourself from all moist body and environmental surfaces.

If its wet and its not yours,

**Don't Touch It Without Gloves**



---

---

---

---

---

---

---

---

## MASK, EYE PROTECTION, FACE SHIELD

Protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.



---

---

---

---

---

---

---

---

## GOWN

Wear a gown to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

Remove a soiled gown as promptly as possible

Wash hands to avoid transfer of microorganisms to the environment.



---

---

---

---

---

---

---

---

## SEQUENCE FOR DONNING

- Gown
- Mask or respirator
  - properly adjust to fit; remember to fit check the respirator.
- Goggles or face shield
- Gloves



---

---

---

---

---

---

---

---

## DONNING A GOWN

- Select appropriate type and size
- Opening is in the back
- Secure at neck and waist
- If gown is too small, use two gowns
  - Gown #1 ties in front
  - Gown #2 ties in back



---

---

---

---

---

---

---

---

### DONNING A MASK

- Place over nose, mouth and chin.
- Fit flexible nose piece over nose bridge.
- Secure on head with ties or elastic band.
- Adjust to fit.



 NORTH DAKOTA  
DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

### DONNING EYE/FACE PROTECTION

- Position goggles over eyes and secure to the head using the ear pieces or headband.
- Position face shield over face and secure on brow with headband.
- Adjust to fit comfortably.



 NORTH DAKOTA  
DEPARTMENT OF HEALTH

---

---

---

---

---

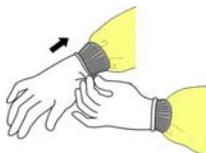
---

---

---

### DONNING GLOVES

- Select correct type and size
- Insert hands into gloves
- Extend gloves over isolation gown cuffs



 NORTH DAKOTA  
DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

**WHAT ARE CONTAMINATED AND "CLEAN" AREAS OF PPE**

**Contaminated – outside front**  
Areas of PPE that have or are likely to have been in contact with body sites, materials, or environmental surfaces where the infectious organism may reside.

**Clean – inside, outside back, ties on head and back.**  
Areas of PPE that are not likely to have been in contact with the infectious organism.

NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

**DOFFING PPE**

- Gloves
- Face shield or goggles
- Gown
- Mask or respirator

NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

### DOFFING GLOVES

- Grasp outside edge near wrist.
- Peel away from hand, turning glove inside-out.
- Hold in opposite gloved hand.
- Slide ungloved finger under the wrist of the remaining glove.
- Peel off from inside, creating a bag for both gloves.
- Discard.



NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

### DOFFING GOGGLES/FACESHIELD

- Grasp ear or head pieces with ungloved hands.
- Lift away from face.
- Place in designated receptacle for reprocessing or disposal.



NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

### DOFFING THE GOWN

- Unfasten ties
- Peel gown away from neck and shoulder
- Turn contaminated outside toward the inside
- Fold or roll into a bundle
- Discard



NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

## DOFFING MASK

- Untie the bottom tie, then top tie
- Remove from face
- Discard



NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

## CRE - ONE OF THE NEW HEALTHCARE SCARES

CRE stands for Carbapenem-resistant *Enterobacteriaceae*.  
CRE are defined as *Enterobacteriaceae* that are resistant to one of the following carbapenems-

- Doripenem
- Ertapenem
- Meropenem
- Imipenem

Healthy people usually don't get CRE infections.



NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

## ASSISTED LIVING FACILITIES AND LONG TERM CARE

MRSA-CRE-C. Diff-

- Active infections should be in contact precautions
- Attend activities and group meals
  - Contained
  - Clean
  - Cognitive
- Use dedicated equipment
- Eating utensils do not need special care



NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

## ENVIRONMENTAL SERVICES

- Read your labels before disinfecting
- Move from clean to dirty
- Pay attention to contact times
- Wear appropriate PPE for the task
- Do not shake or agitate linen and hold away from your clothes/uniform



---

---

---

---

---

---

---

---

## CLINIC SETTINGS

- Hand hygiene
  - Soap & Water for vomit and diarrhea.
- Personal Protective Equipment
- Safe handling of potentially contaminated equipment or surfaces in the patient environment
  - Use bleach based disinfectant for clients with symptoms of vomiting or diarrhea.



---

---

---

---

---

---

---

---

## RESPIRATORY ETIQUETTE

If client is coughing, give them a mask to wear & place them in exam room as soon as possible



---

---

---

---

---

---

---

---

**Rx for Safe Injections in Healthcare**

**1 Needle  
1 Syringe  
+ 1 Time  
0 Infections**

Injection safety, or safe injection practices, are practices intended to prevent transmission of infectious diseases. Patients and healthcare providers must both focus on getting one shot One Needle, One Syringe, Only One Time for each and every injection.

For more information, please visit:  
[www.ONEandONLYcampaign.org](http://www.ONEandONLYcampaign.org)

The One & Only Campaign is a public health campaign aimed at reducing exposures among the general public and healthcare providers about safe injection practices.

**ONE NEEDLE. ONE SYRINGE. ONLY ONE TIME.**

**NORTH DAKOTA DEPARTMENT of HEALTH**

- Single use vials should never be used for multiple patients.
- Multi-dose vials should be dedicated to one patient when ever possible.
- A new needle and syringe is used each time a multi-dose vial is accessed, even for the same patient

---

---

---

---

---

---

---

---

---

---

---

---

**TRAINING**

**NORTH DAKOTA DEPARTMENT of HEALTH**

---

---

---

---

---

---

---

---

---

---

---

---

**Inter-facility Infection Control Transfer Form**

*This form should be completed by the sending facility. It is not acceptable to provide a copy of this form to the receiving facility.*

**1. Sending Facility/Personnel:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Is the patient currently in isolation?  No  Yes

Type of Isolation (check all that apply):  Contact  Droplet  Airborne

**3. Infection Control Measures:**

Measure	Implemented	Effective
Hand hygiene (handwashing or sanitizer)	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory protection (N95 or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>
Eye protection (goggles or face shield)	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>
Isolation room	<input type="checkbox"/>	<input type="checkbox"/>
Private room	<input type="checkbox"/>	<input type="checkbox"/>
Single room	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**4. Additional Information:**

Does the patient currently have any of the following?  No  Yes

High or super infection  Contact with patient (specify date) \_\_\_\_\_

Tuberculosis  Contact with patient (specify date) \_\_\_\_\_

Hepatitis B  Contact with patient (specify date) \_\_\_\_\_

Hepatitis C  Contact with patient (specify date) \_\_\_\_\_

HIV  Contact with patient (specify date) \_\_\_\_\_

Other  \_\_\_\_\_

**5. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**6. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**7. Notes:**

\_\_\_\_\_

**8. Additional Information:**

\_\_\_\_\_

**9. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**10. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**11. Notes:**

\_\_\_\_\_

**12. Additional Information:**

\_\_\_\_\_

**13. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**14. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**15. Notes:**

\_\_\_\_\_

**16. Additional Information:**

\_\_\_\_\_

**17. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**18. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**19. Notes:**

\_\_\_\_\_

**20. Additional Information:**

\_\_\_\_\_

**21. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**22. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**23. Notes:**

\_\_\_\_\_

**24. Additional Information:**

\_\_\_\_\_

**25. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**26. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**27. Notes:**

\_\_\_\_\_

**28. Additional Information:**

\_\_\_\_\_

**29. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**30. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**31. Notes:**

\_\_\_\_\_

**32. Additional Information:**

\_\_\_\_\_

**33. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**34. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**35. Notes:**

\_\_\_\_\_

**36. Additional Information:**

\_\_\_\_\_

**37. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**38. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**39. Notes:**

\_\_\_\_\_

**40. Additional Information:**

\_\_\_\_\_

**41. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**42. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**43. Notes:**

\_\_\_\_\_

**44. Additional Information:**

\_\_\_\_\_

**45. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**46. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**47. Notes:**

\_\_\_\_\_

**48. Additional Information:**

\_\_\_\_\_

**49. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**50. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**51. Notes:**

\_\_\_\_\_

**52. Additional Information:**

\_\_\_\_\_

**53. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**54. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**55. Notes:**

\_\_\_\_\_

**56. Additional Information:**

\_\_\_\_\_

**57. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**58. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**59. Notes:**

\_\_\_\_\_

**60. Additional Information:**

\_\_\_\_\_

**61. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**62. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**63. Notes:**

\_\_\_\_\_

**64. Additional Information:**

\_\_\_\_\_

**65. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**66. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**67. Notes:**

\_\_\_\_\_

**68. Additional Information:**

\_\_\_\_\_

**69. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**70. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**71. Notes:**

\_\_\_\_\_

**72. Additional Information:**

\_\_\_\_\_

**73. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**74. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**75. Notes:**

\_\_\_\_\_

**76. Additional Information:**

\_\_\_\_\_

**77. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**78. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**79. Notes:**

\_\_\_\_\_

**80. Additional Information:**

\_\_\_\_\_

**81. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**82. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**83. Notes:**

\_\_\_\_\_

**84. Additional Information:**

\_\_\_\_\_

**85. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**86. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**87. Notes:**

\_\_\_\_\_

**88. Additional Information:**

\_\_\_\_\_

**89. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**90. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**91. Notes:**

\_\_\_\_\_

**92. Additional Information:**

\_\_\_\_\_

**93. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**94. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**95. Notes:**

\_\_\_\_\_

**96. Additional Information:**

\_\_\_\_\_

**97. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**98. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**99. Notes:**

\_\_\_\_\_

**100. Additional Information:**

\_\_\_\_\_

**101. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**102. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**103. Notes:**

\_\_\_\_\_

**104. Additional Information:**

\_\_\_\_\_

**105. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**106. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**107. Notes:**

\_\_\_\_\_

**108. Additional Information:**

\_\_\_\_\_

**109. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**110. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**111. Notes:**

\_\_\_\_\_

**112. Additional Information:**

\_\_\_\_\_

**113. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**114. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**115. Notes:**

\_\_\_\_\_

**116. Additional Information:**

\_\_\_\_\_

**117. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**118. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**119. Notes:**

\_\_\_\_\_

**120. Additional Information:**

\_\_\_\_\_

**121. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**122. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**123. Notes:**

\_\_\_\_\_

**124. Additional Information:**

\_\_\_\_\_

**125. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**126. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**127. Notes:**

\_\_\_\_\_

**128. Additional Information:**

\_\_\_\_\_

**129. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**130. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**131. Notes:**

\_\_\_\_\_

**132. Additional Information:**

\_\_\_\_\_

**133. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**134. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**135. Notes:**

\_\_\_\_\_

**136. Additional Information:**

\_\_\_\_\_

**137. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**138. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**139. Notes:**

\_\_\_\_\_

**140. Additional Information:**

\_\_\_\_\_

**141. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**142. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**143. Notes:**

\_\_\_\_\_

**144. Additional Information:**

\_\_\_\_\_

**145. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**146. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**147. Notes:**

\_\_\_\_\_

**148. Additional Information:**

\_\_\_\_\_

**149. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**150. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**151. Notes:**

\_\_\_\_\_

**152. Additional Information:**

\_\_\_\_\_

**153. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**154. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**155. Notes:**

\_\_\_\_\_

**156. Additional Information:**

\_\_\_\_\_

**157. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**158. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**159. Notes:**

\_\_\_\_\_

**160. Additional Information:**

\_\_\_\_\_

**161. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**162. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**163. Notes:**

\_\_\_\_\_

**164. Additional Information:**

\_\_\_\_\_

**165. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**166. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**167. Notes:**

\_\_\_\_\_

**168. Additional Information:**

\_\_\_\_\_

**169. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**170. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**171. Notes:**

\_\_\_\_\_

**172. Additional Information:**

\_\_\_\_\_

**173. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**174. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**175. Notes:**

\_\_\_\_\_

**176. Additional Information:**

\_\_\_\_\_

**177. Facility Information:**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**178. Signatures:**

Name	Signature	Date	Position
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**179. Notes:**

\_\_\_\_\_

**180. Additional Information:**

\_\_\_\_\_

**181. Facility**

### AT HOME

- Hand Hygiene
  - Family/Visitors
- Personal Hygiene
- Dishes
- Laundry
- Cleaning
- Garbage



© MICARCOX Bengalia Communications Ltd



---

---

---

---

---

---

---

---

### WORK & COMMUNITY

- Hand Hygiene
  - Carry Hand Sanitizer
- Cell phone
- If you are sick- Stay Home!
- Immunize- Flu vaccine
- Clean frequently touched surfaces



© NORTH DAKOTA DEPARTMENT OF HEALTH

---

---

---

---

---

---

---

---

### ANTIMICROBIAL STEWARDSHIP IN HEALTHCARE



- All antibiotic orders should have 3 pieces of information
  - Dose
  - Duration
  - Indication
- When placing orders, make certain that they include getting **microbiology cultures**
- When your culture results come back in 24-48 hours--
  - > take a time-out to re-evaluate!



---

---

---

---

---

---

---

---

## GETTING SMART ABOUT ANTIBIOTICS

Do not take an antibiotic for a viral infection such as:

- A cold
- The flu
- Most coughs and bronchitis
- Sore throats (except strep throat)
- Some ear infections



Antibiotics will not kill the virus

Antibiotics will not help you get better faster

Antibiotics will not stop you from spreading your infection

Viruses are often contagious prior to symptoms appearing



---

---

---

---

---

---

---

---

## RESOURCES:

HAND HYGIENE IS THE NUMBER ONE DEFENSE AGAINST SPREADING INFECTIONS AND VIRUSES!

Handwashing Procedure

Hand Rub Procedure

5 Moments for Hany Hygiene

Hand Hygiene: Why, How & When

The Glove Pyramid



[www.who.int/gpsc/5may/Hand\\_Hygiene\\_Why\\_How\\_and\\_When\\_Brochure.pdf?ua=1](http://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf?ua=1)



---

---

---

---

---

---

---

---

## QUESTIONS?

© 2010 by Randy Gladbergen, www.gladbergen.com

Clean Hands Save Lives



"I use so much alcohol-based hand sanitizer, my hands had to join a 12-step program!"



---

---

---

---

---

---

---

---

*THANK YOU!*

If you have questions feel free to contact me.

Faye Salzer, RN

701-333-8389

fsalzer@nd.gov



---

---

---

---

---

---

---

---