# Rapid Regulatory Compliance: Clinical: Part II

## Security and Workplace Violence

Workplace violence is any violence committed in a work setting.

To help keep your workplace safe from violence:

- **Recognize** aggressive behavior and warning signs of potential violence.
- **Respond** appropriately to the level of aggressive behavior (see graphic).
- **Report** all unsafe situations immediately.

| Aggressive Behavior | Response |
|---|---|
| Tension | Remain calm. Listen. Acknowledge the person's frustration. Try to resolve the problem. |
| Disruptiveness | Set clear limits. Remain calm and choose your words carefully, to avoid aggravating the situation. Call security privately if the disruptive behavior continues. |
| Loss of Control | Remove yourself from danger and get help. Do NOT try to restrain the person yourself. |

**Security/Violence Prevention**

The costs of violence are high. Prevention is the best protection.

**Violence can happen in any department or area.**
This includes Emergency Services, Admitting, Intensive Care, Pharmacy—as well as our parking lots, elevators, and stairways. It can occur any time of day or night.

**Anyone may become violent.**
It depends on the situation. However, certain personal factors increase the likelihood of violence:

- a history of violence or aggression
- alcohol or other drug abuse
- head injuries or chronic pain
- certain brain disorders.

**Anyone may be the recipient of violence.**

Any staff member suspecting physical/psychological abuse or neglect of a patient is obligated to raise that concern with his/her Director/Coordinator or Hospital Supervisor. See Policy HA-Fa.2 *Family Violence/Abuse Reporting* in the HAM Manual for additional information.

**Before violence strikes, there are usually warning signs.**

These include:

- making threats, talking about or carrying weapons
- screaming, cursing, challenging authority
- restlessness, pacing
- violent gestures, such as pounding on a desk.

**You can help prevent violence.**

- Treat everyone with respect.
- Check patient charts and records ahead of time, if possible.
- Trust your gut feelings. Watch for warning signs. Try to spot--and head off--trouble before it turns to violence.
- Stay calm if someone starts to lose control. Do not let your escape path get blocked. Follow proper procedures for handling the situation.
- Report all incidents promptly to your Department Director/Coordinator or the Hospital Supervisor and Security personnel.

**Nonviolence crisis intervention techniques for de-escalating acting-out behavior include:**

- Isolating the individual to de-escalate physical outbreaks. Do not let your own escape path get blocked.
- Being supportive and talking; "what do you need?"
- Being direct and setting limits; avoiding ultimatums.
- Being nonviolent; using physical intervention as a last resort.
- Re-establishing communication/rapport.
- Establishing a personal space of usually 1-feet from the individual
- Maintaining eye contact; using nods to agree; refraining from interrupting; asking questions for clarification; being nonjudgmental.

**Report any security hazards.**

Unlocked doors, cabinets, etc. invite theft--and could lead to violence if you surprise a thief.

See Policy HA-Se.1 *Security, Provisions of* in the HAM Manual for additional information.

# Rapid Regulatory Compliance: Clinical: Part II

## Reporting Incidents

This lesson has focused on guidelines and best practices for ensuring staff and patient safety.

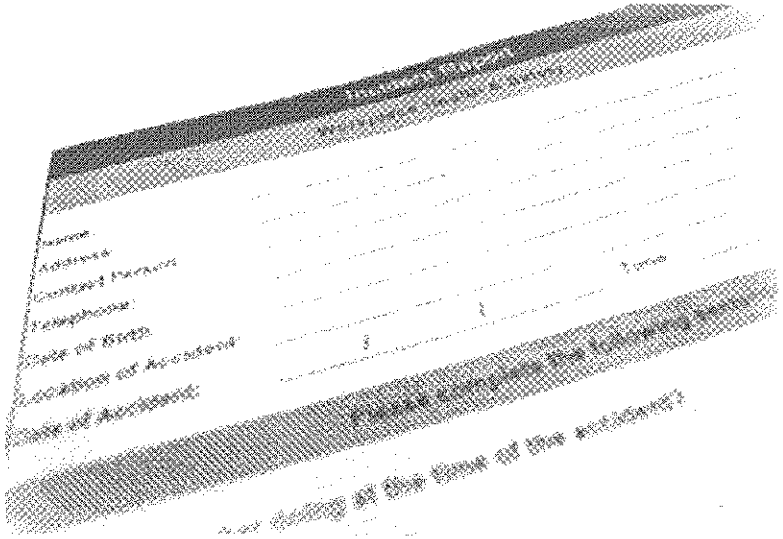
However, mistakes and problems can happen. A breach in safety is referred to as an **incident**.

Common examples of incidents have been mentioned in this lesson:

- Equipment malfunction
- Exposure to radiation
- MRI injury
- Latex allergic reaction
- Back injury
- Slip, trip, or fall
- Exposure to hazardous chemicals
- Workplace violence

All incidents should be reported immediately.

Check with your supervisor if you are not familiar with facility procedures for reporting incidents.



**Report All Incidents Immediately**

An Incident Report should be completed for any happening which is not consistent with routine operations of the Hospital or the routine care of a particular patient. An incident may be any situation, condition, or event which could adversely affect a patient, visitor, volunteer, employee, student, other individual, or the Hospital. Incidents may be reported anonymously, at the discretion of the reporter, electronically or by phone by accessing the Peminic Incident reporting system. See Policy HA-In.1 *Incidents, Reporting of* in the HAM Manual.

**In case of chemical exposure:**

- Follow general first-aid procedures for the type of exposure (splash, burn, inhalation, etc.).
- Check the label and MSDS for specific first-aid advice for the chemical involved.
- Report the incident to your Department Director/Coordinator, the Employee Health Department, and/or Emergency Services Department.

**In case of exposure to blood or OPIM:**

- Wash or irrigate exposed areas immediately. Flush eyes, nose, mouth with water for 5 minutes.
- Report the incident to your Department Director/Coordinator or Hospital Supervisor immediately.
- Follow proper procedures for getting a medical evaluation and treatment. Report to the Employee Health Department or Emergency Services Department as soon as possible following the exposure.

**Report all health problems, injuries, and other mishaps.**

**In addition, remember to report all:**

- "near-misses" and "close calls"
- security hazards
- equipment problems
- workplace violence/abusive situations

**Why reporting is essential:**

- Government regulations require it.
- It ensures prompt medical care and treatment, if necessary (which can reduce the risks of serious injury and illness).
- It provides information so that steps can be taken to protect you and others from future harm.
- It establishes a record that may be needed for workers' compensation and/or insurance purposes.

**Reporting is one of your most important responsibilities!**

# Rapid Regulatory Compliance: Clinical: Part II

## Introduction

Welcome to the lesson on emergency preparedness.

### Lesson Map

**Lesson 3: Emergency Preparedness**

- Disaster events
- Emergency response plans

# Rapid Regulatory Compliance: Clinical: Part II

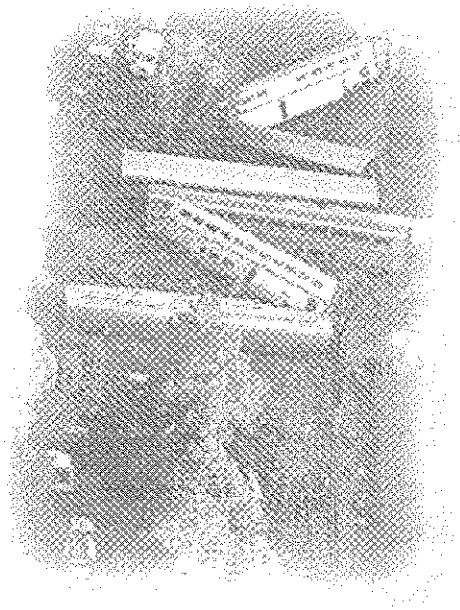
## Types of Disaster Events

Healthcare organizations must be prepared to respond to disasters such as:

- Natural disasters
- Technological disasters
- Major transportation accidents
- Terrorism
- Nuclear, biological, chemical, and radiologic events

To prepare, each facility must:

- Identify events that could occur internally or in the area
- Determine the probability that each event will occur
- Develop strategies for dealing with each event



# Rapid Regulatory Compliance: Clinical: Part II

## Emergency Operations Plans

Facilities document their strategies for dealing with disaster in an Emergency Operations Plan.

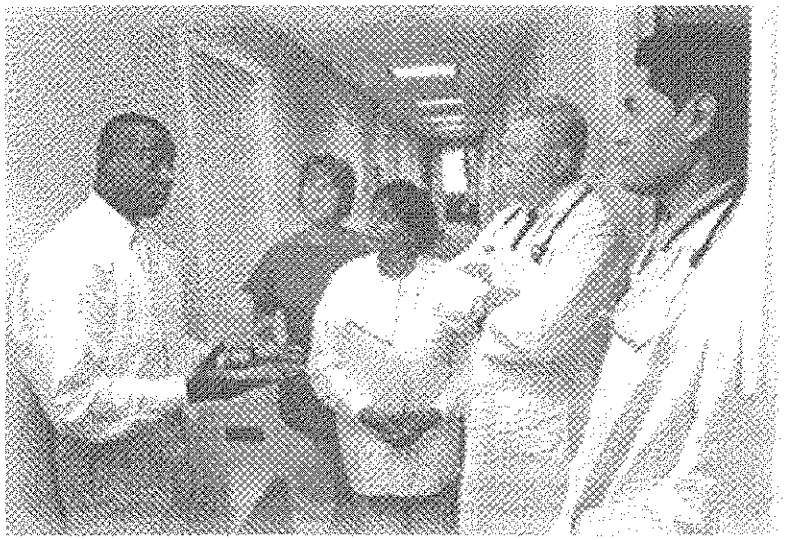
However, a written plan alone is not enough to ensure an effective response.

Staff must be:

- Educated on the procedures in the Plan
- Trained and drilled to respond to disaster according to the Plan

Make sure that YOU are ready to respond to disaster:

- Know the disaster events that pose a risk for your facility
- Participate in all emergency response training and drills



**Emergency Management**
Every department is supplied with a red binder titled "Emergency Manual." The Emergency Manual contains all of the emergency plans listed below:

- Code Red (Fire)
- Code Orange
- Code Strong (assistance needed)
- Code Grey (Tornado Watch)
- Code Black (Tornado Warning)
- Bomb Threat
- MSDS
- Bioterrorism
- Emergency Response Guide
- Evacuation
- Operation Alert
- VIP On Site
- Chemical/Biological Exposure
- Utility Failure
- Department Safety Plan
- Radiation Exposure
- Code Pink (missing newborn/infant/child–patient/visitor)

The Emergency Manual should be periodically reviewed to ensure that you know your role in each of the emergency plans.

**Operation Alert – Internal or External**
The Operation Alert plan can be activated for any number of reasons:

- An **Operation Alert - Internal** announcement overhead indicates that there is an emergency occurring inside the hospital (i.e. loss of water, heat, oxygen, etc. within the Hospital; fire or tornado damage within the hospital; VIP on site)
- An **Operation Alert - External** announcement overhead indicates that there is an emergency occurring outside the hospital (i.e. bus, airplane, auto accident; tornado damage in the community; chemical spill at a local factory, etc.)

During an Operation Alert Internal or External, the hospital will implement an Incident Command System (ICS). An Incident Commander (IC) will be appointed along with a Liaison Officer, Public Information Officer, a Safety Officer and various Section Chiefs. Unit Leaders report to the Section Chiefs and are in charge of the various hospital departments.

When an Operation Alert is announced, an Initial Hospital Response Team made up of staff members from different departments will report to the Incident Command Center and will be responsible for making calls to employees most needed for the type of disaster as directed by the Incident Commander. Section Chiefs and Unit Leaders who are called in will then be responsible for assembling their department team.

In addition to the Emergency Manual, each department needs to have specific contingency plans to cover other potential problems. For example, how will your department function without power, hot water, telephone, heat? Emergency Operations Drills are done on a periodic basis to test our preparedness. Sometimes emotions will run high—even during a "drill." Parents want to see their child who was in a bus crash; the media wants information; multiple trauma patients overwhelm the Emergency Services Department. Knowing what to do in advance will help you remain as calm as possible and function more effectively. Other tips to remember during an Operation Alert:

- All employees must enter through the Human Resources Entrance.
- ID badges must be displayed upon arrival.

In an Operation Alert, volunteers have the option of leaving the Hospital or reporting to Human Resources where they will be assigned duties as appropriate.

**Code Grey (Tornado Watch)**

When conditions are right for a tornado to occur, the Hospital Operator will announce a Code Grey over the PA system.

1. All Employees should be aware of changing weather conditions that could progress to a "Code Black."
2. All drapes and blinds in a non-occupied areas should be closed in preparation for a "Code Black."
3. Patient care departments should ensure that there are enough blankets to cover non-ambulatory patients.

A **Code Green** announcement over the PA system indicates that the watch is over. If the watch turns into a warning, a Code Black will be announced over the PA System.

**Code Black (Tornado Warning)**
When a tornado has been sighted in the area, the Hospital will announce a Code Black over the PA system.

1. All employees should return to their respective departments.
2. All patients should be returned to their rooms. Ambulatory patients should take shelter in their bathroom with the door closed or appropriate location away from any windows.
3. All non-ambulatory patients should be covered with blanketss and moved away from the windows.
4. All drapes and blinds throughout the hospital should be closed.
5. All fire, smoke, and separation doors throughout the hospital should be manually closed.
6. Employees, visitors, and outpatients should take shelter away from windows.

Remain alert for further instructions that may be announced over the Hospital PA system. A **Code Green** announcement over the PA system indicates that the Warning is over.

**Code Strong Level 1/Level 2**
Anytime employees or volunteers need additional assistance in lifting or support for an aggressive patient /visitor/employee, a Code Strong Level 1 or Level 2 may be activated. A Code Strong Level 1 can be activated in the event help is needed to assist with lifting a patient from the floor or a situation requiring physical manpower immediately. A Code Strong Level 2 can be activated in the event assistance is needed to handle an aggressive/potentially aggressive patient/visitor/employee. To call a Code Strong Level 1 or Level 2, dial Ext. 2345 and report your exact location to the Hospital Operator.

The **Code Strong Level 1** response team consists of the Divisional Director of Rehabilitation Services, Designee or Hospital Supervision, Personnel from the nursing unit requesting assistance, Emergency Department staff for all non-clinical areas, and Emergency and Plant Services upon request.

The **Code Strong Level 2** response team consists of designated staff, including at least one each of the following: Director, Coordinator, or Hospital Supervision; Plant Services or Security; and Medical Surgical Services. The person who calls the Code Strong is responsible for directing the response team. Remember, a Hospital Incident Report must be filled out for all Code Strongs (Reference Policy HA-In.1 *Incidents, Reporting of*).

**Code Orange**
In the event a security/safety threat (a hostage situation, person with a weapon, etc.) is ongoing at a location, a Code Orange may be activated by dialing Ext. 2345 for an operator and requesting a page for a Code Orange with the exact location. Hospital employees

need to avoid the area announced and shall direct all patients and visitors in sight and themselves to the nearest lockable room and lock themselves inside, finding an area for cover. Remain inside until an "All Clear" is announced overhead, until a person of authority notifies them, or until an announcement of instructions is heard.

**Bioterrorism**

The Hospital must be prepared to operate quickly and efficiently in the event of an actual or suspected bioterrorism attack. The Bioterrorism Plan outlines important contact information, infection control practices, post-exposure management, laboratory support information, etc. If a bioterrorist event were to occur, this plan would be activated as part of the Hospital's Operation Alert Plan.

**Chemical/Biological Exposure Procedure and Responsibilities**

In the event that a person or object presents him/her/itself to the Hospital, each floor of the Hospital has a specific plan of action to follow to prevent the spread of contamination. See the Hospital's Emergency Manual plan to determine what specific role your Department plays during a chemical/biological exposure.

**Bomb Threats**

If you receive a bomb threat to the Hospital:

- Handle the call as a priority.
- Obtain as much information as possible from the caller, particularly the location of the bomb, time of detonation, what it looks like, the kind of explosive is used, and why the caller wants to harm the Hospital.
- Write the message down, using exact words, if possible.
- Immediately notify the Hospital Supervisor/Administrator Representative of the bomb threat.
- The Hospital Supervisor/Administrator or Switchboard Operator will report the bomb threat by dialing 911.

A systematic search of the Hospital will be implemented. If police or fire officials order an evacuation, follow their directions. Refer to Bomb Threat Procedure in the Emergency Manual for more information.

**Utility Failure Plan**

This plan outlines the Hospital's contingency plan for a telephone system failure and provides a grid to provide staff with information on the Hospital's contingency plans.

**VIP On Site**
If the Hospital receives a planned or unplanned visit from a VIP, it needs to be determined whether the VIP's visit will attract media or public attention. If it is determined that additional security will be required, Operation Alert--Internal will be announced and implemented.

**Code Pink**
Newborns, infants, and pediatric patients and visitors present special security concerns because they cannot readily defend themselves against abduction. The Emergency Manual provides a procedure to follow in the event of a Code Pink (attempted newborn/infant/child–patient/visitor abduction). Response to a Code Pink involves all employees, volunteers and students. Please take the time to read this plan and note the following:

- A "Code Pink" announced overhead means that an unauthorized person may be attempting to leave the Hospital with a child under the age of 1 year old.
- A "Code Pink, # (age of child)" indicates that an unauthorized person may be attempting to leave the Hospital with a child the approximate age announced.
- Anyone can activate the Code Pink (#) plan if a newborn, infant, or child patient or visitor is discovered missing.
- Manual activation of Code Pink (#) occurs by dialing Ext. 2345 and reporting Code Pink (#) to the Hospital Operator.

**Department Safety Plan**
Each Department has a safety plan specific to it. The plan for each Department outlines the safety precautions used within the Department. Know what your department specific safety informaion is and work together with other individuals in your department to make your work area safe.

**Radiation Exposure Protocol**
The Hospital has a Radiation Exposure Plan in place to assure that staff, patients, and visitors are protected when a radioactively contaminated patient is admitted to the Hospital for treatment. The radiation exposure plan outlines how the Hospital will decontaminate, admit, and treat the affected patient. For a more detailed information on the plan, read the protocol in the Hospital Emergency Manual.

**Radiation Safety**
The Radiation Safety Officer (RSO) is responsible for the radiation protection program at St. Nicholas hospital. The policy of this program follows the concept called ALARA or As Low As Reasonably Achievable. In order to keep exposure levels as low as possible, these three important steps should be followed.

**Time:**
The less time you spend near a source of radiation, the lower your exposure.
**Distance:**
The farther away you are from a source of radiation, the less exposure you will receive.
**Shielding:**
Using proper material between you and a radiation source will reduce your exposure.

All radiation caution signs should be noted and followed and if there are any questions or concerns, the RSO can be contacted through the Nuclear Medicine department or Radiology.

**MRI Safety**
To guard against accidents and injuries to patients and other individuals as well as damage to MRI systems, the general and immediate areas associated with the scanner (MRI environment) must have supervised and controlled access. Supervised and controlled access involves having MR safety-trained personnel present at all times during the operation of the facility to ensure that no unaccompanied or unauthorized individuals are allowed to enter the MRI environment. Importantly MR safety-trained personnel should be responsible for performing comprehensive screening of patients and other individuals before allowing them to enter the MR system room. It is necessary to educate individuals that need to enter the MR environment on a regular or intermittent basis (transporters, doctors, nurses, anesthesiologists, etc.) regarding the potential hazards related to the powerful magnetic field of the MR system. Most MRI-related incidents have been due to deficiencies in screening methods and/or a lack of properly controlling access to the MRI environment (especially with regard to preventing personal items and other potentially problematic objects into the MRI system room). It is therefore crucial to set up procedures and guidelines to prevent such incidents from occurring.

**Interim Life Safety Measures (ILSM)**
During construction/renovation projects, emergency exits, fire extinguishers, and fire suppression and detection systems may become impaired or altered. ISLM are required to temporarily offset significant hazards posed by construction/renovation activities. Implementation of ISLM is required in and/or adjacent to all construction areas. ILSM are intended to provide a level of life safety comparable to normal conditions. ISLM applies to all staff (including construction workers) and must be implemented upon project development and continuously enforced and monitored until the project is completed.

# Rapid Regulatory Compliance: Clinical: Part II

## Introduction

Welcome to the lesson on infection control.

### Lesson Map

**Lesson 4: Infection Control**

- Healthcare associated infection
- Hand hygiene
- Environmental hygiene
- Antibiotic use
- Bloodborne pathogens
- Airborne precautions
- Contact precautions
- Droplet precautions
- Personal protective equipment
- Personal responsibility

# Rapid Regulatory Compliance: Clinical: Part II

## Healthcare-Associated Infection: Impact

Healthcare-associated infection (HAI) is an infection that develops after contact with the healthcare system.

HAI can be very costly, in terms of:

- Patient life and health
- Healthcare dollars

# Rapid Regulatory Compliance: Clinical: Part II

## HAI: Cause

HAIs may be caused by bacteria, viruses, fungi, or parasites.

These infectious organisms may come from:

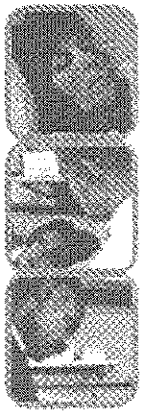
- Environmental sources (dust, etc.)
- Patients
- Staff members
- Hospital visitors

Depending on the agent, infection may be transmitted person-to-person via the:

- Contact route
- Droplet route
- Airborne route

Infection control for each of these modes of transmission will be discussed in greater detail later in the lesson.

Human Sources of Infectious Agents:



Patients

Staff Members

Hospital Visitors

# Rapid Regulatory Compliance: Clinical: Part II

## HAI: Prevention

Best practices for preventing HAI are related to:

- Hand hygiene
- Environmental hygiene
- Invasive procedures
- Antibiotic use
- Bloodborne pathogens
- Airborne Precautions
- Contact Precautions
- Droplet Precautions
- Personal protective equipment
- Personal responsibility

Let's take a closer look at each.

**Infection Control:**

- Hand hygiene
- Environmental hygiene
- Invasive procedures
- Antibiotic use
- Bloodborne pathogens
- Airborne Precautions
- Contact Precautions
- Droplet Precautions
- Personal protective equipment
- Personal responsibility

# Rapid Regulatory Compliance: Clinical: Part II

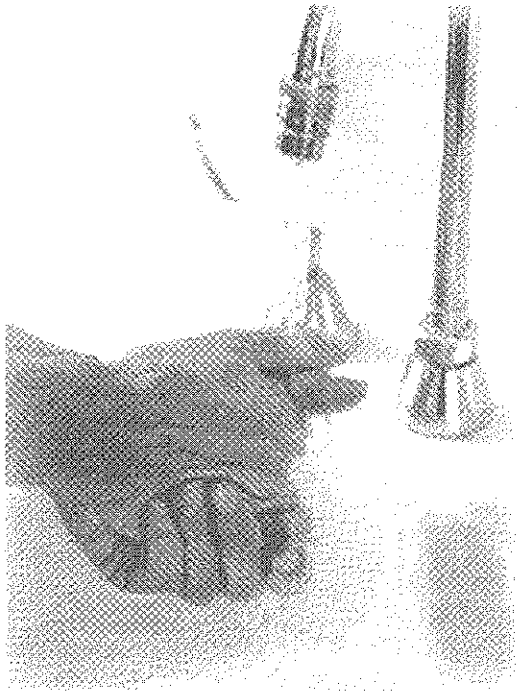
## Hand Hygiene: When and What

The single most important factor for preventing the spread of infection is proper hand hygiene.

Hands should be washed or decontaminated **before** and **after** each direct patient contact.

Current CDC guidelines recommend the use of:

- Soap and water for washing visibly soiled hands
- Alcohol-based hand rubs for routine decontamination of hands between patient contacts



If hands are not visibly soiled, use an alcohol-based handrub or wash hands with soap and water for routinely decontaminating hands in the following situations:

1. before having direct contact with patients
2. before donning sterile gloves when inserting a central intravascular catheter
3. before inserting an indwelling urinary catheter, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure
4. after contact with a patient's intact skin (e.g., when taking a pulse, taking blood pressure, and lifting a patient)
5. after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings after removing gloves, if hands are visibly soiled, use soap and water
6. if moving from a contaminated body site to a clean body site during patient care
7. after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
8. after removing gloves, if hands are visibly soiled use soap and water.

# Rapid Regulatory Compliance: Clinical: Part II

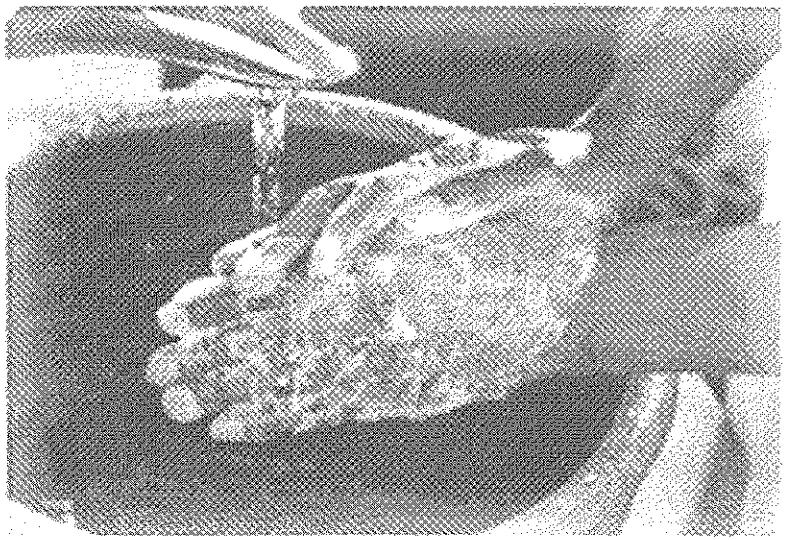
## Hand Hygiene: How

When washing with soap and water:

- Remove rings, jewelry, and watches
- Pre-wet hands with water
- Use an appropriate amount of soap
- Rub all surfaces of the hands and wrists for 15 seconds
- Rinse thoroughly under running water
- Dry hands with a disposable towel

When decontaminating hands with an alcohol rub:

- Remove jewelry
- Apply the amount of rub recommended by the manufacturer
- Rub all surfaces of the hands and wrists until hands are dry



**Other Hand Hygiene practices include the following:**

- Healthcare personnel providing direct (hands on) care to patients will avoid wearing artificial nails or extenders. This applies to all patient care staff (exception: unit clerks, department secretaries, etc.), Community Education, and Occupational Health.
- All healthcare personnel will keep natural nails less than one-quarter of an inch long.
- All healthcare personnel will use hospital-provided hand lotion only.

****Exception: WI Administrative Food Code requires 20 seconds prior to food handling/preparation.**

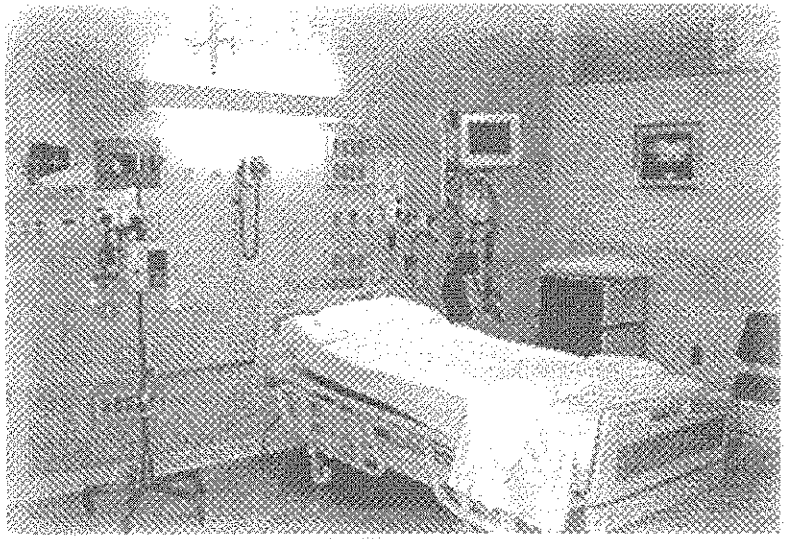
# Rapid Regulatory Compliance: Clinical: Part II

## Environmental Hygiene

Environmental hygiene also can help prevent HAI

Best practices for environmental hygiene are:

- Maintain a visibly clean environment (no visible dust or soiling)
- Clean, disinfect, or sterilize medical equipment after each use
- Dispose safely of clinical waste
- Launder used and infected linens safely and effectively
- Follow appropriate guidelines for kitchen and food hygiene
- Maintain an adequate pest-control program



**Clean up and disinfect spills of body fluid promptly.**
Employees in jobs covered by the OSHA Bloodborne Pathogen Standard are trained to clean up and disinfect surfaces contaminated with spills of blood/OPIM with HB Quat disinfectant and wear proper PPE. Also, clean your work surface after you have completed your work and any time it is contaminated with blood/OPIM. Each department is responsible for cleaning spills that occur after Housekeeping hours. A spill kit is located in the Housekeeping closets to help facilitate and give direction for spill clean up.

**Handle linen and laundry with care.**
Bag the laundry where it was used. Place an individual piece of wet linen that may soak through a cloth laundry bag into an ordinary plastic bag.

- If an employee's personal uniform becomes contaminated with body fluid, it must be removed as soon as possible. The Hospital provides scrubs to employees to change into in the Second Floor Operating Room dressing areas. Please follow procedure and complete form posted in this area.

**Dispose of infectious wastes properly.**
Infectious or medical waste must be disposed of in a red biohazard bag if it contains drippable/squeezable, pourable, or flakeable blood/OPIM or if you are disposing of human tissue (placentas, etc.). All sharps, including needles, scalpel blades, etc., must be disposed of in a sharps container regardless of whether or not they are clean or contaminated or a safety device. Environmental Services employees must avoid contact with sharps. If a sharps item is discovered, inform patient care and ask to dispose of immediately.

See HA-Wa.1 *Waste Handling and Disposal* in the HAM Manual.

# Rapid Regulatory Compliance: Clinical: Part II

## Invasive Procedures

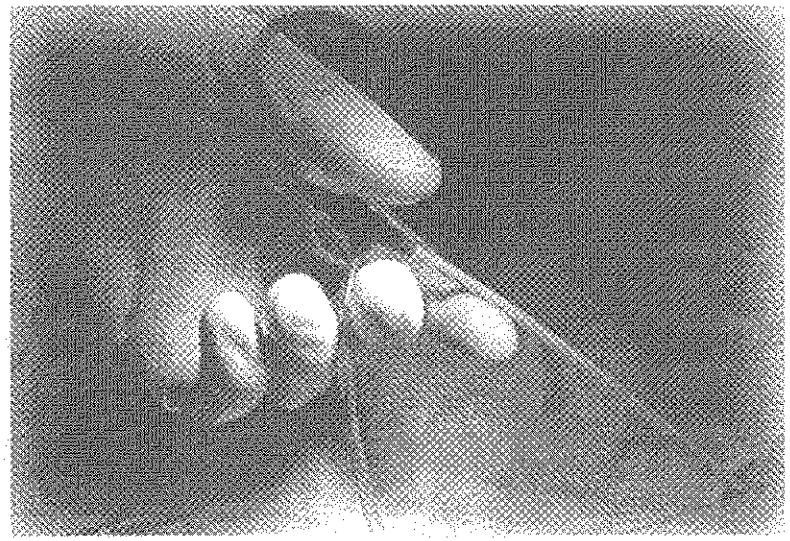
Many HAI are related to invasive procedures, especially:

- Catheterization
- IV line placement

The most common type of HAI is urinary tract infection (UTI), associated with indwelling urinary catheters.

Therefore:

- High-risk procedures such as catheterization should be performed only when absolutely necessary.
- Catheters should be removed as soon as possible.
- Instruments and equipment used for invasive procedures should be properly sterilized before use. They should be used with aseptic technique.



# Rapid Regulatory Compliance: Clinical: Part II

## Antibiotic Use: Antibiotic Resistance

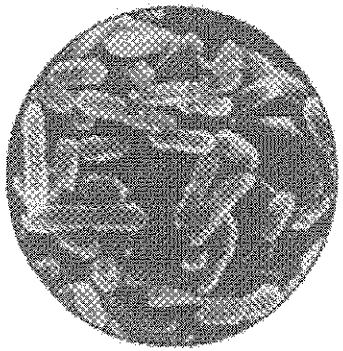
Widespread use of antibiotics began in the 1940's. Penicillin and other antibiotics were hailed as miracle drugs. They were able to cure previously untreatable bacterial illnesses.

However, bacteria are very adaptable. They have the ability to change genetically to resist the effects of antibiotics.

The more antibiotics are used, the more common resistant strains of bacteria become.

Clinically important examples are:

- Methicillin-resistant *Staphylococcus aureus (MRSA)*
- Vancomycin-resistant *Enterococci (VRE)*
- Drug-resistant *Streptococcus pneumoniae (DRSP)*
- Multidrug-resistant *Mycobacterium tuberculosis (MDR-TB)*



## Rapid Regulatory Compliance: Clinical: Part II

### Antibiotic Use: Impact of Resistance

Antibiotic resistance is a significant health problem

It adversely affects:

- **Drug choice**
- **Patient health**
- **The healthcare system**

Click on each for a brief review of key points.

**Drug choice**
When an infection is resistant to the antibiotic of choice, other antibiotics must be used instead. These second-choice drugs are typically:

- Less effective against the bacteria
- More toxic to the patient
- More expensive

## Rapid Regulatory Compliance: Clinical: Part II

### Antibiotic Use: Impact of Resistance

Antibiotic resistance is a significant health problem

It adversely affects:

- **Drug choice**
- **Patient health**
- **The healthcare system**

Click on each for a brief review of key points.

**Patient health**

Patients with resistant infections tend to have:

- Lengthier illness
- Higher medical bills
- Greater risk of death

Antibiotic-resistant infections cost at least twice as much as antibiotic-susceptible infections.

## Rapid Regulatory Compliance: Clinical: Part II

### Antibiotic Use: Impact of Resistance

Antibiotic resistance is a significant health problem

It adversely affects:

- **Drug choice**
- **Patient health**
- **The healthcare system**

Click on each for a brief review of key points.

**The healthcare system**

- Antibiotic-resistant strains contribute significantly to HAI.
- More than 70% of all bacteria that cause HAI are found to be resistant to one or more commonly used antibiotics.

# Rapid Regulatory Compliance: Clinical: Part II

## Antibiotic Use: Prevention of Resistance

Healthcare professionals must take an active role in preventing the spread of antibiotic resistance.

Strategies include:

- **Preventing infection**
- **Diagnosing and treating infection effectively**
- **Using antibiotics prudently**
- **Preventing spread of infection**

Click on each strategy for a brief review of key points.

**Preventing infection**
One of the best techniques we have to prevent infection is vaccination.

- Patients should be kept up on appropriate vaccinations.
- Healthcare workers also should receive appropriate vaccinations.

# Rapid Regulatory Compliance: Clinical: Part II

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Click on each strategy for a brief review of key points.

**Diagnosing and treating infection effectively**

- Effective diagnosis means identifying the cause of infection so that the right treatment may be given.
- Effective treatment includes using **specific** antibiotics when antibiotics are necessary. A specific antibiotic is targeted to the identified infectious agent. Use of broad-spectrum antibiotics or multiple antibiotics should be avoided.

# Rapid Regulatory Compliance: Clinical: Part II

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Strategies include:

- **Preventing infection**
- **Diagnosing and treating infection effectively**
- **Using antibiotics prudently**
- **Preventing spread of infection**

Click on each strategy for a brief review of key points.

**Using antibiotics prudently**

- An important part of using antibiotics prudently is NOT giving into patient demands for antibiotics for viral illnesses (colds, flu, etc.).
- Patients must be educated accordingly.

# Rapid Regulatory Compliance: Clinical: Part II

## Antibiotic Use: Prevention of Resistance

Healthcare professionals must take an active role in preventing the spread of antibiotic resistance.

Strategies include:

- **Preventing infection**
- **Diagnosing and treating infection effectively**
- **Using antibiotics prudently**
- **Preventing spread of infection**

Click on each strategy for a brief review of key points.

**Preventing spread of infection**

- Remember: The single best method for preventing spread of infection is hand hygiene. This makes proper hand hygiene an important tool in the fight against antibiotic resistance, as well.
- Appropriate Isolation Precautions (as discussed later in the lesson) should also be used to prevent spread of infection in the healthcare setting.