



Infection Prevention Considerations for Licensed Independent Practitioners *[Hyperlinks to resources are embedded for convenience; please utilize as part of your orientation.](#)*

Comply with Standard & Transmission Based Precautions

Banner Health utilizes the [CDC for guidance](#) regarding [isolation and precautions](#). We direct all employees, staff, and medical providers to do the same. This evidence-based practice was designed to protect healthcare workers (HCWs) and patients from exposure to Blood Borne Pathogens (BBP) and Other Potentially Infectious Materials (OPIM). Please reference our [Standard and Transmission Based Precautions v.37 \(policytech.com\)](#) for detailed information. Please see the [COVID-19 toolkit](#) for current COVID-19 source control and mitigation requirements.

Foundation of Protection - Standard Precautions:

Precautions are based on the principle that all blood, body fluids, secretions (respiratory and otherwise), excretions (exception sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents regardless of whether they contain visible blood. Standard precautions include a group of infection prevention practices that apply to all patient care situations regardless of suspected or confirmed infection status. HCWs should assess each patient care situation and adjust the level of PPE they choose to use related to the task they are performing and the patient in their care.

Practices to keep HCWs and patients safe:

- **Hand Hygiene** – perform upon entering and exiting patient rooms, before and after patient contact, prior to donning PPE, after touching potentially contaminated surfaces, and when hands are visibly soiled.
- **Selecting PPE** – wear what is appropriate for the job regardless of “formal” isolation status. Example: wear a surgical mask & eye protection when performing a lumbar puncture.
- **Cough Etiquette** – cover cough and sneezes with a tissue or the bend of your arm. If you are sick, PLEASE STAY HOME.
- **Practice Sharps Safety** – do not bend needles, recap contaminated needles, or break off protective devices on needles. DO use needleless or safety devices whenever possible. Activate safety device prior to placing used needles in a sharps container.

Types of Transmission Based Precautions at Banner Health:

- **Airborne** – organisms or infections are spread in air currents (Tuberculosis, disseminated Zoster, etc.)
 - Perform hand hygiene
 - Wear a fitted N95 mask or CAPR. Remove mask/CAPR outside of room
 - Patients must always be in a negative pressure room
- **Contact** – organisms or infections spread by direct or indirect contact with the patient or the patient care environment (MRSA, VRE, MDRO Enteric, etc.)
 - Perform hand hygiene and don gown and gloves prior to entering patient rooms – even if no patient contact will be made
 - Utilize dedicated patient care equipment that stays with the patient until discharge. Clean per IFU or dispose of equipment upon discharge per policy.
 - Banner places all patients with MDRO’s and MRSA on contact isolation
 - Patients with < 1 year history of CRE or < 2-year history of VRE (infection or colonization) are also placed in contact isolation.
 - Consult our Standard and Transmission Based Precautions policy for additional detail
- ***Special Contact** – type of precautions used for patients with suspected or confirmed cases of *C. difficile*, or Norovirus for example. PPE-hand hygiene, gown, gloves and MUST use soap and water for hand hygiene when leaving the patient room.
- **Droplet** – organisms or infections spread by droplets within 3 – 6 feet surrounding the patient (Influenza, Meningitis, Pertussis, etc.). A surgical or procedural mask must be worn prior to entering rooms if patients are placed in this type of isolation. Masks must be disposed upon leaving the room and a new mask placed for general use when traveling throughout the building.
- **Enhanced** – special precautions used for patients suspected of having SARS-CoV-2 infections. This is a combination of utilizing **Contact** precautions guidelines and an **N95 mask** for protection.

Please initiate appropriate precautions empirically for all suspected infections. For patients with suspected or confirmed communicable diseases, notify [infection prevention](#) immediately. Infection prevention will report to public health agencies as required, complete exposure investigations, and ensure control measures are in place.

Infection Prevention Considerations for Licensed Independent Practitioners

Commit to Active Participation in Hospital Acquired Condition Reduction Strategies

Healthcare Associated Infection (HAI) surveillance: as a condition of participation with CMS, Banner Infection Preventionists (IP's) perform daily surveillance. Case definitions from the National Health Safety Network (NHSN) are strictly followed by our centralized surveillance team. These definitions are updated annually, the team receives training to ensure compliance. Local IP's can assist each hospital's team with understanding definitions.

Banner health has created several [Clinical Practice Guidelines](#) for your convenience. These strategies have been identified as evidence-based best practices. At minimum, review the following as part of your orientation: Clostridium Difficile Associated Diarrhea (CDAD), Blood Culture Use and Collection, and Asymptomatic Pyuria-Bacteriuria.

Familiarize yourself with our care bundles that improve patient outcomes and decrease hospital acquired conditions, length of stay, and cost of care. **Compliance with our bundles is expected practice.**

- **[CLABSI](#)** – these infections are associated with increased cost of care, morbidity, and mortality.
 - Use catheter insertion checklist, cart, and kits
 - Use full drapes when inserting and avoid using the femoral site in adult patients
 - Scrub insertion site with Chloraprep, or other appropriate product based on age, allergies, or condition
 - Discontinue PIV's in the presence of central lines and use the least number of lines for the job
 - Perform daily assessment for necessity and discontinue central lines as soon as possible
- **[CAUTI](#)** – these infections are associated with increased cost of care per episode. Physicians must document an order **AND** indication for urinary catheter placement. Banner Health has created a "[Nurse Driven Protocol](#)" for the removal of foley catheters. Limit the use of and duration of catheters for all patient care scenarios.
 - Indwelling catheters should only be used in the following situations
 - Urinary retention where clean intermittent catheterization is not feasible
 - Close monitoring of urine output in critically ill, incontinent, or uncooperative patients
 - Fluid challenge in patients with acute renal insufficiency
 - Perioperative use for patients having gynecological, urological, or perineal procedures
 - Urinary incontinence posing a risk to patient, including sacral or perineal pressure ulcer, or current surgical site
 - Patient requires prolonged immobilization, comfort care in terminally ill patients, etc.
 - Perform daily assessment for necessity and discontinue foley catheter as soon as possible.
- **[SSI](#)** prevention – ensuring surgical patients have evidenced-based care which improves patient outcomes.
 - Select and administer prophylactic antibiotics within 1 hour of incision, 2 hours for vancomycin and fluoroquinolones based on surgical procedure, most common pathogens for procedure type, and published recommendations. Use [Banner approved antibiotic list](#) and d/c antibiotics promptly post op (24 hrs. most procedures, 48 hrs. for cardiac).
 - Do not remove hair at the operative site unless it will interfere with the procedure. When removing hair prior to the procedure, do not use a razor.
 - Control temperature and blood glucose levels throughout the perioperative phase of care.
 - Entire surgical team to perform optimal preparation and antisepsis of the operative site and their hands. Ensure proper CHG bathing occurred prior to procedure and that staff assisted where recommended. Adhere to standard principles of OR asepsis including no artificial nails, minimizing OR traffic, and minimizing use of immediate use steam sterilization (IUSS).
- **[SEPSIS](#)** bundle – interventions proven to decrease LOS and improve patient outcomes for those with [Specific Diagnosis](#)/the presence of infection. Interventions must be completed within 180 minutes of the SAFE alert firing in either the ED or inpatient setting.
 - Blood cultures ordered – must be drawn prior to antibiotic administration
 - Lactic Acid resulted
 - Antibiotic administered

Protect Yourself and Your Patients

Ensure key immunizations are up to date: COVID with recommended boosters, Influenza, Hepatitis B, MMR, Tdap, Varicella, etc. Immediately [report workplace exposures](#) to [BBP or OPIM](#) to hospital charge or dept supervisor. If exposed to a communicable disease or condition, please report to your site [Infection Preventionist](#) asap (i.e., pertussis, TB, bacterial meningitis, varicella, etc.). Work with [Occupational Health](#) as needed and required.

Know Your Resources

Our intranet, [Banner Connect](#), has a wealth of information including *Infection Prevention* related policies, isolation standards for common conditions, and excellent [patient resources](#). Please visit it to familiarize yourself with the offerings and [reach out to a member of our team](#) with additional questions.