

## Infection Control

1. Question: What would you do if you have a cut or draining lesion on your hands (such as poison ivy or a burn) and you are assigned to work directly with a patient or with patients' food or supplies?

Answer: Contact your supervisor or Occupational Health before starting work to determine your work status.
2. Question: Why is it important to get the flu shot every year?

Answer: Patients and employees may get the flu from you and this will increase their morbidity and mortality.
3. Question: Were you trained in bloodborne pathogens control before beginning work?

Answer: Yes – May ask supervisor for documentation. This training may happen during the hospital orientation, nursing orientation, and unit specific training based on my job duties.
4. Question: Do you receive training for bloodborne pathogens every year?

Answer: Yes – must ask the supervisor for documentation.
5. Question: Have you had your yearly infection control training?

Answer: Yes – You may ask supervisor for documentation.

6. Question

What bloodborne pathogens risk category are you in, Category 1, 2, or 3?

Hepatitis Vaccine is offered at no cost to persons in categories 1 and 2.

Answer

You carry out tasks that require personal protective equipment (PPE) to be worn to prevent exposure to blood, body fluids, or tissues, or to protect against spills or splashes of blood, body fluids, and tissue – Category 1

You carry out tasks that do not generally involve exposure to blood, body fluids, or tissue, but employment may require performing unplanned Category 1 tasks unexpectedly or on short notice – Category 2

You perform tasks that do not require personal protective equipment (PPE), with no exposure to blood, body fluids, or tissues – Category 3

7. Question

How do you assure there is an approved policy for every patient care practice you perform?

Answer

Review policy before new practice is carried out.

8. Question

How do you know what room to put a patient in when he has active pulmonary TB?

Answer

Check with bed control. Patient should be placed in a negative pressure isolation room that has been checked by Physical Plant.

9. Question

Are patients with Hepatitis A or HIV put into a private room?

Answer

Depends on the situation; a private room should be utilized if the patient's hygiene is poor or body fluids cannot be confined and contained.

10. Question

List at least 3 instances when handwashing is required.

Answer

Before any contact with the patient or patients' food.  
Before eating  
After restroom use  
Immediately after removing gloves  
After contact with patient's blood or body fluid  
When contact with blood or body fluid is anticipated.

11. Question

- a. Where are respiratory isolation rooms located in your unit/department?
- b. How far can I leave the respiratory isolation room door open?
- c. If you lose power for a patient in respiratory isolation, do you need to take action?

Answer

- a. Unit specific. Have supervisor identify room(s).
- b. You can't leave the door open. It must be completely closed to maintain negative pressure.
- c. No action needed. Fans are connected to emergency power.

12. Question

What is the highest risk for nosocomial infection in your area?

Answer

Unit specific Examples:  
medicine floors – pneumonia, IV related bloodstream infections, UTI  
surgical floors/OB – surgical site infections (i.e. C section infections, total joints), UTI  
ICUs – ventilator associated pneumonia, central line related bacteremia, UTI

13. Question

Name one infection control surveillance activity in our facility.

Answer

Hand hygiene compliance, ventilator associated pneumonia, central line associated bacteremia in ICUs, surgical site infections, employee PPD skin test compliance, employee influenza vaccination rates.

14. Question

Name two things your unit is doing to reduce the risk of nosocomial infection.

Answer

Unit specific Examples:  
hand hygiene compliance  
appropriate patient assessment  
practices to prevent nosocomial pneumonia (i.e. oral care, patient turning, coughing, deep breathing)  
using aseptic technique for all patient care

15. Question

You are helping in assisting with moving a patient from a stretcher to an exam table; your clothes become soiled with blood and body fluids. What would you do?

Answer

- a. Take clothes off without contaminating eyes, nose, mouth, etc.
- b. Shower and change clothes.
- c. Send clothes to hospital laundry.
- d. Check with Occupational Health

16. Question

What does PPE mean?

Answer

Personal Protective Equipment, which includes mask, eye covering, splash proof gowns, gloves, etc. (Does not include lab coat or uniform.) One must wear whatever PPE it takes to protect themselves from the patient's body fluids.

16. Question

During the following procedures, what personal protective equipment is used?

- A. Drawing blood
- B. Handling lab specimens
- C. Removing rubber stopper from blood specimen
- E. Handling soiled linen

Answer

- A. Drawing blood: handwashing and gloves (gowns, face mask, and eye protection if splashing anticipated)
- B. Handling lab specimens: handwashing and gloves, (gown, face mask, and eye protection if splashing is anticipated)
- C. Removing rubber stopper from blood specimen: handwashing and gloves, (gowns, face mask and eye protection if splashing anticipated).  
Handling soiled linen: hand washing and gloves (gowns if direct contact with soiled linen)

17. Question

A special procedure tray has been used on a patient. On removing the tray from the room, what action should you take to ensure the tray is ready to be returned to CMS?

Answer

Wearing gloves, sharps should always be removed using forceps from tray and disposed of in sharps container. Used equipment is returned to the dirty area and placed in a covered container or sealed plastic bag. A moist towel is placed in the container to prevent blood or secretions from drying on the instruments. If instruments are immersed in a container of water, the lid must be secured to prevent leaking. Unit employee does no washing or rinsing of instruments. Central Processing personnel decontaminate and reprocess all used instruments.

18. Question

Patient is admitted with a diagnosis of rule out pneumonia. Patient has a productive cough, has lost 20 pound within a month, is coughing blood, and is non-compliant regarding covering the mouth when coughing.

What disease should be suspected?  
What kind of room should this patient be assigned to?  
What precautions should you and other staff take when caring for the patient?  
Patient must go to x-ray. What precautions do you need to take?

Answer

It is important to institute appropriate isolation precautions immediately rather than wait for confirmation of diagnosis.

Tuberculosis  
Private room with negative pressure.  
Personnel should wear a submicron mask (if soiled likely wear gown, gloves, strict hand washing, etc.)  
Notify x-ray of patient being on respiratory isolation. (First, request a portable X-Ray. If a portable X-Ray cannot be done then place a submicron mask on the patient before the patient leaves the room if patient can tolerate mask.)  
After patient is received in area, personnel wear a submicron mask and remove mask from patient. A submicron mask is placed on the patient for return to the unit.

19. Question

A friend has just eaten lunch and disposed of leftovers in the red contaminated trashcan.

- a. Is this action appropriate?
- b. What do you do?
- c. What items go in the contaminated trash?

Answer

- a. No.
- b. Remind health care worker of correct policy, i.e., place in regular trash.
- c. All soiled dressings, trash from room of patients with multi drug resistant augments except MRSA, and disposable items that have been soiled with patient body fluids where the solution can be expressed.

20. Question

List two things to do to reduce TB transmission.

Answer

1. Initially assess all patients with respiratory illness for TB.
2. Teach patients and personnel to cover their mouth when coughing.
3. Provide tissue for patients to use when coughing.
4. Get your annual TB test.

21. Question

What do you do when entering a patient's room when the patient has a resistant organism such as VRE or VISA?

Answer

An isolation sign should be placed on the door/bed.  
Read and follow the isolation sign instructions.  
Gown and gloves are donned before entering the room.  
Additional PPE depends on task to be performed and the resistant microbe. (Refer to Isolation Manual.)

22. Question

Can two patients with pulmonary tuberculosis be isolated in the same room?

Answer

No

<p>23. Question</p> <p>What is an antibiotic-resistant organism?</p>	<p>Answer</p> <p>Bacteria that has become resistant to antibiotics.</p>
<p>24. Question</p> <p>What mask is worn when working with TB patients?</p>	<p>Answer</p> <p>A sub-micron mask.</p>
<p>25. Question</p> <p>Is it necessary to wash your hands after removing gloves? Why?</p>	<p>Answer</p> <p>Yes. Gloves do not give total protection.</p>
<p>26. Question</p> <p>How do you assure that a negative pressure room is indeed negative pressure?</p>	<p>Answer</p> <p>Nursing Service must notify Physical Plant to check the room before a patient is admitted and daily when occupied.</p>
<p>27. Question</p> <p>What is the infection control risk in your unit? What are you doing about it?</p>	<p>Answer</p> <p>Unit specific, may include:  Monitoring of aseptic practices  Monitoring of hand washing practices  Resistant organisms isolation  Nosocomial pneumonia, urinary tract infection, bacteremia</p>
<p>28. Question</p> <p>What are the indications for transferring patients to isolation?</p>	<p>Answer</p> <p>When the patient has body fluids that can't be confined.  When patient has a disease or is suspected to have a disease that is spread via the respiratory system.  When patient has a bacteria of epidemiological importance.</p>

29. Question

How do you report information about infections?

Answer

Notify infection control department whenever you have a patient that has

- a reportable disease. Refer to the Policy for Reporting Communicable and Sexually Transmitted Diseases in the Hospital Policy.
- any type of isolation
- any nosocomial infection, especially bacteremia, post-operative wound infection, and pneumonia.

30. Question

How do you implement strategies to reduce the risks for and/or prevent nosocomial infections?

Answer

Be familiar with and carry out the policies and procedures written in our manuals (i.e. nursing policy and procedure, hospital policy, unit specific policy and procedure, Infection Control BIT.) Be the patient's advocate and monitor the behavior of others involved in the care of your patient.

31. Question

How do you handle a visitor with a cold or flu?

Answer

Ask visitors with an illness not to visit, especially immunocompromised patients. Educate the visitor about risks to the patient and to him/herself. Insist on good hand washing. Provide tissues and a surgical mask.

32. Question

What is infectious waste?  
How do you handle infectious waste?

Answer

Infectious waste is any item so soiled with patient's blood or body fluids that it cannot be confined and contained within that item (it can be expressed out).

The item is placed in a contaminated trashcan. (Red trash can or box with red lining)

33. Question

How do you maintain clean and dirty from being in close proximity?

Answer:

Designate clean and dirty area in the work environment (i.e. area where spec handled is dirty gloves are worn, areas where no gloves are worn is clean, answering the phone, documentation, etc). Clean items are placed far enough away from dirty items to prevent possible splashing of fluids from dirty item onto clean item and to prevent crosscontamination. Partially used items not returned to clean supply room.

34. Question

Who receives a copy of the Infection Control surveillance reports?

Answer

ICU surveillance reports go to the Unit Manager, Unit Medical Director  
Surgical Site Infection reports go to Nurse Director of Surgery, Chief of Surgery, and surgeon specific rates to the individual surgeons  
A comprehensive report goes to Hospital Administration, Quality Management and the Clinical Board.