Reducing the Risk of Infection for Physicians

Purpose:

Hospital-acquired infections occur in health care institutions. Approximately 50% of these infections are preventable when physicians use proper technique.

As the team leader, you make a difference. You are a role model for the health care team; your actions determine your technique.

The following principles of asepsis reduce the risk of infection for your patient and for you.

1. Use standard precautions for all patients-treat all patients as though they have an infectious disease.

2. Review the Hand Hygiene Policy at: http://www.sh.lsuhsc.edu/policies/policy_manuals_via_ms_word/infection/IC%202.0.pdf
   a. Wash your hands before and after each patient contact with soap and water.
   b. Use an antiseptic soap before performing an invasive procedure and when hands have been in contact with blood or body fluids.
   c. Alcohol based hand sanitizer is available and should be used whenever hands are not visibly soiled. Small bottles of hand sanitizer are available and may be carried in the pocket of your lab coats.

3. Wear clean gloves when handling all patients’ body fluids. You never know what infections the patient may have before the work-up. Remove gloves after each patient contact, after contact with a contaminated area of the patient’s body, and before contacting another part of the patient’s body. Wash your hands thoroughly. Do not wash gloved hands.

4. Infection Control Guidelines including the Bloodborne Pathogens Exposure Control Plan, Isolation Guidelines and the TB Control Plan found in the Infection Control Bit are available at http://www.medcom.lsuhsc.edu/cfdocs/policies/IC_Revisions.cfm or in hard copy from the Infection Control Department. It is your responsibility to practice these protective measures.

5. If a patient has a history of coughing, “think TB” and place the patient in isolation. Hospital-related TB epidemics occur when patients are not diagnosed quickly. Ensure that the patient has tissue to use for coughing and teach patients how to cover their mouth. The patient should wear a surgical mask until the patient is placed in a negative pressure room. Monitor the patient closely if the patient has breathing difficulty. You and other healthcare workers should wear an
N95 (duckbill) mask. Place the patient in a single room, preferably with negative pressure, as quickly as possible. If no negative pressure room is available consult Infection Control. If you are exposed to TB, consult Occupational Health for appropriate follow-up.

6. Transmission-based precautions (Airborne, Droplet, and Contact) are based on the method of transmission of the infecting organism. A complete explanation of these precautions, a list of infections that require isolation and the CDC recommendations for isolation are available online at [http://www.medcom.lsuhscs.edu/cfdocs/policies/IC_Revisions.cfm](http://www.medcom.lsuhscs.edu/cfdocs/policies/IC_Revisions.cfm). Become familiar with these guidelines, and use them when ordering isolation. Place the patient in appropriate isolation when you suspect any infectious disease; do not wait until the diagnosis is confirmed. Call Infection Control if you have questions.

7. Perform a surgical scrub and wear sterile gloves when performing invasive procedures, especially when placing central lines. Chlorhexidine and Iodophor surgical scrub are available. Chlorhexidine is the most effective antiseptic. Also when in doubt, consult the nursing manager or the Infection Control Practitioners for the appropriate standard. Review Infection Control Policy IC 2.0 Hand Hygiene and IC 15.0: Invasive Procedures Not Done in the OR using link above.

8. Patients are at increased risk of infection when they have invasive devices. Assess the patient daily for continued need of invasive devices (for example Foley catheters, Central Venous Catheters, and peripheral IV devices), and remove them as soon as they are no longer needed.

9. Stay healthy. If you are sick, take care of yourself and do not work until you are well. When you are ill, you are at risk of causing nosocomial infection. Also, while you are susceptible, you can contract a disease. Do not work if you have cuts, abrasions, or lesions that are leaking body fluid, especially on your hands and arms. You must not perform invasive procedures and/or surgery if you have cuts, abrasions, or infected wounds.

10. If there is a possibility of splashing of body fluids, wear appropriate PPE, (gloves, goggles, mask, and splash-proof gown). If you are exposed to any body fluids, contact the Occupational Health Clinic (5-6281) for appropriate follow-up. After hours and on holidays and weekends, report to the Emergency Care Department for follow-up. Review the Bloodborne Pathogen Standards located in the BIT Manual. See link above.

11. The hepatitis vaccine and the influenza vaccine are recommended for all physicians. Tdap is recommended for all physicians whose patient population includes infants and children. The influenza vaccine should be taken in the Fall, and is offered by Occupational Health when available. These vaccines are available in the Occupational Health Clinic free of charge.
12. Acquaint yourself with the Infection Control policies for each patient care practice. These guidelines are current and approved by the Infection Control Committee. These guidelines are located on each nursing unit.

13. Report any death or permanent loss of function due to nosocomial infection to the Infection Control Department for review as a possible sentinel event.

When you have any questions, consult the Infection Control Practitioners at 5-5110.

Do your part to reduce the risk of nosocomial infection and be careful. Protect your patient, as well as yourself with a conscious-careful attitude.

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References: LSUHSC Shreveport Infection Control Guidelines, the BIT, located online at: http://www.medcom.lsuhse-s.edu/cfdocs/policies/IC_Revisions.cfm