

PREVENTING HOSPITAL ACQUIRED INFECTION (HAI) IN THE NICU

Q&A FOLLOW UP TO NOV 3 WEBINAR

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Hand Hygiene (HH) - Susan Bowles, DNP, APRN-CNS, RNC-NIC and Rachelle Sey, PhD, APRN, CNS, RNC-NIC

Question: It is fairly frequent for us to hear from NICUs that are having outbreaks and have requested CDPH HAI consultation that their adherence to hand hygiene is good, but they do not have observation numbers. How do you address that?

Answer: A NICU cannot state HH is “good” without have data and observation to back that up. I would encourage NICUs to monitor this data through focused and specific HH adherence monitoring as shared in the presentation; use innovative strategies to share the data with staff for real time feedback.

Question: HH observations were only focused in the POD; including HH observations during med prep, prior to getting the clean supplies.

Answer: Targeting HH audits and observations to various processes is an important part of the improvement process and identifying potential gaps.

General Principles of HAI Prevention - Robin Clifton-Koeppel, DNP, CNS, CPNP

Question: Are there any updates to the CDC's National Healthcare Safety Network (NHSN) criteria to be more specific for the NICU?

Answer: I am unaware of specific revisions to the NHSN criteria.

Question: What are your thoughts about gown use in providers?

Answer: Some units do have providers wear a cloth or disposable cover gown over their scrubs when holding an infant to prevent transmission from caregiver clothing during cares. There are some observational references that support this practice.

Question: How do you address environmental bio-burden?

Answer: This can be potentially mitigated by units setting guidelines for routinely cleaning or disinfecting high touch surface areas such as the immediate patient environment/bedside as wells as other high touch areas such as carts, door handles, computer keyboards, charts, etc. For example, our nurses and RCPS disinfect high touch surfaces at the start of each shift – counters, outside of

isolettes, IV poles/pumps, keyboards, chairs, etc. We also have what we call “Code Clean” which is done at 1am and 1pm. All staff at 01/13 stop and take a minute to wipe down other high touch areas in the common space such as unit supply carts, door handles, admission carts, diaper scales, etc.

Skin Considerations and HAI Prevention - Carolyn Lund, RN, MS, FAAN

Question: Is your 10% iodine sterile for site cleansing?

Answer: I would refer to the packaging to identify if a specific povidone iodine product is sterile. Some packaged swab sticks may be included in a sterilized insertion kit or dressing change kit and can be considered sterile.

Question: Are there safety concerns with using clear adhesives and systemic absorption?

Answer: I assume this question is asking about the cyanoacrylate product, Secure Prot IV. As far as we know, this is just a coating that covers the skin, not absorbable.

Question: Where do we get medical grade honey?

Answer: The medical-grade honey products that we use are under the label "MediHoney"; they come as a gel/ointment, also hydrocolloid dressing impregnated with the honey.

Question: I was wondering about infection prevention through fewer POKEs. The less we break the skin in babies the fewer infections we have... Should this be part of the toolkit?

Answer: There is a DIVA (Difficult IV Access) tool in the skin section to help address this.

NICU Quality Improvement and Culture - Nick Mickas, MD

Question: What are your methods for adherence monitoring for environmental services (EVS) staff? We have heard of reluctance to using fluorescent markers.

Answer: Individual units determine their culture, and expectations of team members who work there. These expectations apply not only across discipline, but across employment arrangement. As an example, in my unit the person with the best knowledge about who is performing hand hygiene is our environmental service worker. He is empowered to speak up and we would expect no less of any other member of the team. A traveler or visiting provider is a member of the team and should be oriented as such with a clear expectation of what team members expect of one another as it relates to team checking. This allows for units to continue to sustain zero harm in the face of changing staff composition.

Question: How is your contract staff involved in HAI prevention program?

Answer: Same answer as above.

Antibiotic Stewardship & Multi-Drug Resistant Organisms - Talal Seddik, MD

Question: Any thoughts on provider gowns when picking up patients?

Answer: Provider gowning could be helpful to prevent the spread of infection if a patient is on contact precautions or in the OR per the hospital policy. Some units do have providers wear a cloth or disposable cover gown over their scrubs when holding an infant to prevent transmission from caregiver clothing during cares. There are some observational references that support this practice.

For webinar recording and slides: www.cpqcc.org/engage/event/toolkit-webinar-preventing-hai-nicu