CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTIs)

CAUTIs are the most common type of hospital-acquired infection in U.S. hospitals and account for 35% of all such infections. The estimated cost per year for CAUTIs is $565 million, and the estimated number of deaths per year is 8,205. Yet, the vast majority of CAUTIs are preventable.

URINARY CATHETERS:

- 600,000 patients develop hospital acquired urinary tract infections (UTIs) every year.
- 80% of these infections are from a urinary catheter.
- About half of the patients with a urinary catheter do not have a valid indication for placement.
- Each day the urinary catheter remains in place the risk of urinary infection (CAUTI) increases 5% per day.

URINARY CATHETERS ARE NOT INDICATED FOR:

- Incontinence
- Immobility
- Convenience
- Patient Requests

INDICATIONS FOR URINARY CATHETERS:

- Urinary Tract Obstruction: blood clots; enlarged prostate; urethral problems
- Neurogenic Bladder: retention of urine
- Urologic studies or surgery
- Stage III or IV sacral decubiti in the incontinent patient
- Hospice/Comfort/Palliative Care patient

NEGATIVE URINARY CATHETERS OUTCOMES:

- Increased Infections
- Increased Patient Length of Stay
- Cost
- Patient Discomfort
- Antibiotic Usage
Influenza is an acute respiratory disease caused by infection with influenza viruses. The incubation period ranges from 1 to 4 days. Peak virus shedding usually occurs from 1 day before onset of symptoms to 3 days after. Typical features of influenza include abrupt onset of fever and respiratory symptoms such as cough (usually nonproductive), sore throat, and coryza, as well as systemic symptoms such as headache, muscle aches, and fatigue. The clinical severity of infection can range from asymptomatic illness to primary viral pneumonia and death. Acute symptoms generally last 2–7 days, although malaise and cough may continue for 2 weeks or longer. Complications of influenza infection include secondary bacterial pneumonia and exacerbation of underlying chronic health conditions.

Cold and Flu Symptoms Can Be Virtually Indistinguishable from Each Other

Recognizing Influenza Symptoms

The chart below offers a quick summary of the differences between the cold and influenza.

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Influenza</th>
<th>Cold</th>
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</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Usually present</td>
<td>Rare</td>
</tr>
<tr>
<td>Aches</td>
<td>Usual, often severe</td>
<td>Slight</td>
</tr>
<tr>
<td>Chills</td>
<td>Fairly common</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Tiredness</td>
<td>Moderate to severe</td>
<td>Mild</td>
</tr>
<tr>
<td>Symptom onset</td>
<td>Symptoms can appear within 3 to 6 hours</td>
<td>Symptoms appear gradually</td>
</tr>
<tr>
<td>Coughing</td>
<td>Dry, unproductive cough</td>
<td>Hacking, productive cough</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Uncommon</td>
<td>Common</td>
</tr>
<tr>
<td>Stuffy nose</td>
<td>Uncommon</td>
<td>Common</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Uncommon</td>
<td>Common</td>
</tr>
<tr>
<td>Chest discomfort</td>
<td>Often severe</td>
<td>Mild to moderate</td>
</tr>
<tr>
<td>Headache</td>
<td>Common</td>
<td>Uncommon</td>
</tr>
</tbody>
</table>
Every year, many lives are lost because of the spread of infections in hospitals. Health care workers can take steps to prevent the spread of infectious diseases. These steps are part of infection control.

Proper hand washing is the most effective way to prevent the spread of infections in hospitals. If you are a patient, don't be afraid to remind friends, family and health care providers to wash their hands before getting close to you.

Other steps health care workers can take include

- Covering coughs and sneezes
- Staying up-to-date with immunizations
- Using gloves, masks and protective clothing
- Making tissues and hand cleaners available
- Following hospital guidelines when dealing with blood or contaminated items

**APIC: Mandate Flu Vaccine for Healthcare Workers**

Annual influenza vaccination should be a requirement of employment for all healthcare workers, according to the Association for Professionals in Infection Control and Epidemiology (APIC).

Exceptions would be made only in cases of "compelling medical contraindications," the organization stated in a position paper.

Mandatory vaccination of healthcare personnel is one of the most important strategies to decrease influenza transmission to or from high-risk people, according to the position-paper authors, because those who work in a healthcare setting are at risk for exposure from infected patients and are most likely to come into contact with patients at greatest risk for flu-related complications.

APIC pointed out that studies have shown that vaccination of healthcare workers reduces patient mortality.

"As a profession that relies on evidence to guide our decisions and actions, we can no longer afford to ignore the compelling evidence that supports requiring influenza vaccine for healthcare personnel.

"Individuals exempted from annual vaccination due to medical contraindications must be educated on the importance of careful adherence to all of the non-vaccine related HICPAC prevention strategies, including hand hygiene.

First do no harm

"Primum non nocere"

Protect patients by making sure all staff receive yearly influenza vaccine!
Clostridium difficile (C. diff) is a spore-forming, Gram-positive anaerobic bacillus that produces two exotoxins: toxin A and toxin B. Clostridium difficile is shed in feces. Any surface, device, or material that becomes contaminated with feces may serve as a reservoir for the Clostridium difficile spores. Clostridium difficile spores are transferred to patients mainly via the hands of healthcare personnel who have touched a contaminated surface or item. Clostridium difficile infection be prevented in hospitals by the prudent use of antibiotics; the use of contact precautions for patients with known or suspected Clostridium difficile infection; preventing contamination of the hands via glove use and handwashing; and implement an environmental cleaning and disinfection strategy.

The number of Clostridium difficile infection (CDI) cases is increasing across all healthcare settings in the United States. Nearly half a million Americans acquire CDI every year, and that number climbs by about 10 percent each year. Not only has the incident rate increased, but the death rate has increased, as well. C. difficile infection is associated with a 16.7 percent mortality rate at one year. Therefore, it is important for hospitals, and all healthcare facilities, to take an aggressive approach in order to prevent transmission.

Now that surgical site infections (SSIs) are being targeted for reduction by the U.S. Department of Health and Human Services (HHS) in its Action Plan to Prevent Healthcare-Associated Infections, hospitals have even greater incentive to address orthopedic-related SSIs which present immense costs and significant morbidity and mortality. According to the Guide to the Elimination of Orthopedic Surgical Site Infections, APIC’s latest elimination guide released in January, it is estimated that between 6,000 and 20,000 orthopedic SSIs occur annually, increasing the average hospital stay by two weeks and increasing the costs of these procedures by as much as 300 percent.
Workplace Infection Prevention

Most Americans work outside the home. Whether in an office or in a more non-traditional setting, we come into contact with many different individuals and multiple potential reservoirs for the transmission of infection. So what can we do on a routine basis to protect our health and the overall health of our working environment?

We can start by focusing on how germs are transmitted. Typically germs that can cause infection are transmitted by contact spread, airborne spread or droplet spread. Contact- spread illnesses can be transmitted by touching an ill individual or by contact with their contaminated environment (such as their phone, keyboard or other personal items). Airborne illnesses are transmitted by breathing in germs from the air that has been contaminated by an individual with this type of illness. Droplet transmission occurs when we are exposed to respiratory secretions (e.g., mucus) coughed up by individuals infected with droplet-transmitted germs. Most illnesses that we might be exposed to at work are either contact- or droplet-transmitted, and there are routine prevention methods available for our protection.

Personal hygiene practices

- **Hand Hygiene** - the spread of many illnesses can be prevented with regular hand hygiene. You should thoroughly wash your hands with soap and water for at least 15 seconds after visiting the toilet, before preparing food, and after touching clients or equipment. Dry your hands with disposable paper towels. Waterless hand sanitizers maybe used unless hands are visibly dirty.

- **Skin Integrity** - intact and healthy skin is a major barrier to pathogens. Any cuts or abrasions should be covered with a waterproof dressing.

- **Personal items** - don't share combs, brushes, towels, clothing, razors, toothbrushes, shavers or other personal items.

Cleanliness in the workplace:

- Minimize clutter to enable appropriate cleaning of the environment.

- Regularly wash the floors, bathrooms and surfaces - such as tables and bench tops - with hot water and detergent.

- Mops, brushes and cloths should be thoroughly washed and dried after every use.

- When using disinfectants - always wear gloves, clean the surfaces before using the disinfectant, and always follow the manufacturer's instructions exactly.

Respiratory Etiquette:

- Cover coughs and sneezes with a tissue. If tissues aren't available use the bend of your arm.

- Dispose of contaminated tissues in waste containers.

- Disinfect hands after coughs and sneezes.