

Methods we use to prevent infection

Infection is a real problem that confronts us all whether it is in the community or in the hospital environment. As health care workers we witness firsthand the devastating effects that infection can have on our patients, making them at times critically ill, increasing their hospitalization and adding to the already overburdened health budget. Approximately four years ago in our Neonatal Intensive Care Unit (NICU) we were confronted with a multi resistant organism (MRO) that fast became a major problem to both infants and staff. The source of the infection was difficult to find despite routine swabbing of all babies three days a week, swabbing of all admissions and swabbing of all staff members on two occasions. Infection prevention strategies were reviewed, hand hygiene auditing was introduced, routine cleaning of the patient area by nursing staff become a standard to be completed by each shift. Finally, the source of the infection was found to be drains in the sinks resulting in the removal of six sinks from the clinical area and the introduction of Alcohol Based Hand Rub (ABHR) to be used predominately for hand hygiene.

The measures we implemented following the outbreak of the MRO have drastically reduced our infection rates and made the staff in our unit more aware of the importance of preventing infection, I would like to take this opportunity to share some of our strategies. First, I will have to say we have a good rapport with our Infection Control Staff they were very supportive of us during our stressful time when dealing with the MRO and have continued to be through the introduction of ABHR/placement of products, education, provision of current literature, the Infection Control Link Nurse Programme and regular infection control meetings. They helped us by introducing hand hygiene auditing in our unit and then training some of the staff in the NICU to do the auditing. We do auditing at least three times a day on all staff the results are entered into data and then the results, in graph form, are displayed on the Infection Control Board in our unit every month for the staff to review. We are presently introducing the 5 Moments of Hand Hygiene, recommended by world health organisation (WHO) auditing to our unit; two of our staff are gold standard auditors and are in the process of training twelve other staff how to audit. Cleaning of the patient area is very important in the prevention of infection. We have introduced cleaning schedules that are placed next to each crib in two bays and the remaining bays have a schedule for each side of the room and it is the responsibility of each staff member working in that area to clean the area with a detergent wipe and to remove any unnecessary clutter, they then have to tick off on the chart that they have completed the task. This information is also collected and monthly results are displayed on the Infection Control Board. Because we are now basically a waterless environment some clinical practises have changed instead of doing a surgical scrub and donning sterile gloves/gown when changing fluids for central lines we now apply ABHR then apply sterile gowns, following this change in protocol there has been no increase in infections associated with central lines. We also commenced using disposable gloves/gowns when touching any baby but have since liberalised this practice without any detrimental effects. Education of staff and visitors as to the importance of hand

hygiene is also dealt with by provision of a brochure, (to parents of admissions) regarding the use of hand gels, posters strategically placed throughout the unit and ABHR placed at appropriate and easily accessible points. The introduction of the Infection Control Board enables staff to access current information, review data from cleaning and hand audits and visualise results regarding current infection rates in our unit. Other ways we attempt to prevent infection is through routine swabbing of babies admitted from other hospitals, isolation of proven cases of infection and strict adherence to following standard precautions.

Our “little” patients are very precious to us; we understand that they have enough problems to battle without having to contend with infection. In our unit we faced a serious situation and we approached it by finding the cause, removing the cause, looking for the best alternatives to prevent it from occurring again and continuing to adapt to changes that can prevent infection.