

## Declaring War

CHICA-Canada 2011 Conference  
IP&C Boot Camp  
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OAHPP/RICN

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### Applying the learning: Solve the scenarios

Template to use:

- What? : what's the issue or bug
- So What? What's the risk?
- Then What? Create a prevention, containment or contingency plan

15 minutes to create your plan then report back to group

Resources: hand outs with sample list of control strategies plus outlines of additional precautions  
Scenarios from Acute care , LTC, Community, Primary Care

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Scenario 1: During acute influenza season in winter, Mr. Brown, a resident of a LTC home, is sent to the emergency department with influenza-like illness from an outbreak facility. What IPAC measures are required? [Acute Care](#)

What: Influenza

So What: concerns re spread in your facility- containment required

Then What: Segregate: Placement behind curtain – not with others

Contact and droplet precautions - don't wait to initiate – start right away

Communication to others by flagging chart

Limited transport

Accommodation in private room/ signage or room with 6 ft separation

Face protection

Isolation cart

Dedicate commode and equipment

Vaccine status of resident – did they have their flu shot?

NP swab if indicated- notify public health they are with you

screen for ARO

Ensure staff have access to IPAC policies

Educate Staff on influenza & offer vaccine again

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Scenario 2: Mrs. Jones and Mrs. Ruby present in the emergency department with vomiting and diarrhea and require admission. Mrs. Jones has been diagnosed with C difficile and Mrs. Ruby's diagnosis is currently unknown although C.difficile is suspected. Can you place them in a room together? What additional precautions are required for c difficile? [Acute Care](#)

- **What:** diarrheal disease- c difficile and maybe norwalk or not
- **So What:** Containment so bugs don't spread
- **Then What?** Placement – don't put them together – don't know that they have the same thing
- Dedicate commode if unable to place in single room
- Contact precautions for all diarrhea Droplet precautions when vomiting present–face protection
- Dedicate or clean equipment, audit to determine proper following of contact precautions
- audit to assess cleaning effectiveness
- Hand cleaning- gloves and gowns
- Signage
- Educate patient re Dx and precautions
- Educate visitors re precautions including not to use patient bathroom, and not to visit other patients afterwards
- Double cleaning – specific cleaning protocol with specific products
- Line listing
- Case conferences

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Scenario 3: Mrs. Bunker, a patient with skin lesions, is admitted through the ER department and transferred to ICU. She is moved the next day to a medical floor. On day 3 of admission, she is diagnosed with MRSA, (she was positive on a previous admission). Staff was not notified of this finding and are upset that nothing has been done to let them know. What follow up is required for staff and patients in this scenario. [Acute Care](#)

- **What:** Skin lesions, open areas patient susceptible more likely to have ARO
- **So What:** Containment and reduce spread within facility
- **Then What:** Chart Should be flagged when admitted – known MRSA
- Other rooms contaminated?- follow back to see who else shared room with her and screen them
- Contact precautions
- Dedicate equip
- Signage
- Educate visitors re precautions including not to use patient bathroom, and not to visit other patients afterwards
- Notify family re precautions
- Staff follow up?? – typically no –reinforce importance of hand hygiene and ROUTINE PRACTICES!!! Prevention!
- Protocol b/w hospital and transferring facility/department
- Take advantage of teachable moment and allow staff to vent their frustration
- Try to improve systems of tracking positive patients.

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Scenario 4: Mr. Baht is admitted to a LTC facility with a rash and diagnosed 2 days later with scabies. What follow up is required for staff and residents? How would you decontaminate the room and residents belongings? [LTC](#)

- **What:** rash or skin lesions- usually ARO or other bugs
- **So What:** Containment
- **Then What:** Contact precautions
- Notify MD
- Line listing- assess all residents and staff, inform affected families
- Investigate contacts – who? – risk assess – what contact have people had?
- Treat all contacts with scabicide: provide education and session for venting
- Launder w hot water
- Freezer Tx for other items
- Monitor for additional cases
- Thorough cleaning
- Disinfect shared equip
- Notify other facility if applicable

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Scenario 5: In ambulatory care the patients are healthy but may have particular skin conditions or unexpected respiratory infections. Patients arrive and touch door knobs and sit in a waiting room. The patient hands the card to the receptionist. How can you ensure safety of the staff and other patients in this setting from unknown infections? **Primary Care**

**What:** Micro organisms including flu, AROs etc transmitting

**So What:** hygiene and protection for staff- prevention

**Then What:** Point of care ABHR on entering department, at clerk's desk

- education for patients on hand hygiene when entering the department
- Signage to promote hand hygiene
- Spatial separation to do respiratory assessment
- Social marketing to ensure commitment of patients to do this
- Auditing and feedback to staff and visitors
- Informing patients when they make their appointment regarding need to notify if respiratory problem
- Provide masks and instructions on who should use them

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Scenario 6: A home care nurse, Maia arrives to start IV therapy to Mr. Singh for a cat bite infection. She uses routine practices to start the IV and handle the antibiotic. While completing the paperwork, the client states he is Hep C positive. What IPAC measures are required? Is the home care nurse currently at risk of acquiring a Hep C infection? **Community**

**What :** Blood Borne Pathogens

**So What:** prevention of transmission

**Then What:** use routine practices and assess patient for hygiene and exposure- starting an IV requires hand hygiene and gloves

Ensure point of care sharps container

Routine practices protects for all blood borne pathogens including Hep C

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Scenario 7: At 330 Friday afternoon, a PSW reports 2 residents with flushed skin feeling hot to the touch with noisy breathing. What follow up would you provide? **LTC**

**What :** respiratory outbreak or not? 2 cases

**So What:** Containment or contingency

**Then What:** Assess cases to confirm (Temp and respiratory assessment functional status), seek other cases on that unit and others including staff

- isolate cases in their room
- Droplet precautions: ensure signage and enough PPE
- Line listing of cases and onset and symptoms
- Consult public health- use after hours number if you need to
- Notify physician, ask to screen for flu (NP swab)
- Notify family
- Discuss control measures with interdisciplinary team

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**Thank you---**

**Any Questions**

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