

New guidelines & practical implications for care

Nurse experience

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Background

- ➔ **At the CF- centre in Ghent, Belgium, infection prevention and control has always been a hot topic**
- ➔ **Patient segregation, hand hygiene, patient education were already implemented years ago**
- ➔ **Patients were used to the measures implemented and convinced of the need of it all**

Introduction

- ➔ **In 2014, the new guidelines were published**
- ➔ **Right time to overview our strategy**
- ➔ **The CF – team had several meetings with the team for hospital hygiene**
- ➔ **Aim: discuss the new published guidelines**
- ➔ **Conclusion: Teams agree on implementation of many of the guidelines in the hospital**



- ➔ **Infection control and hospital epidemiology**
August 2014, vol. 35, no. S1

**Cystic fibrosis foundation guideline
Infection Prevention and Control Guideline
for Cystic Fibrosis: 2013 Update**

- ➔ **Published by: The University of Chicago Press on behalf of The Society for Healthcare Epidemiology of America**
- ➔ **Stable URL: <http://www.jstor.org/stable/10.1086/676882>**

Outpatient clinic

- ➔ Segregation based on germs
- ➔ Patient arrives at outpatient clinic: asked to disinfect hands and put on a mask



- ➔ **Waits in waiting room, nurse points out a place to wait**



➔ **Staff wears mask when:**

- ➔ Patient coughs a lot
- ➔ Multi-resistant germs
- ➔ Staffmember has respiratory symptoms (like cold) / herpes labialis

Lung function test

- ➔ **Daily, or more frequent if necessary, disinfection of cabine**

Daily (or more) cleaning and sterilisation of pneumotach





Handhygiene

- ➔ Patient always washes and dries or disinfects hands before and after the test
- ➔ Wash:



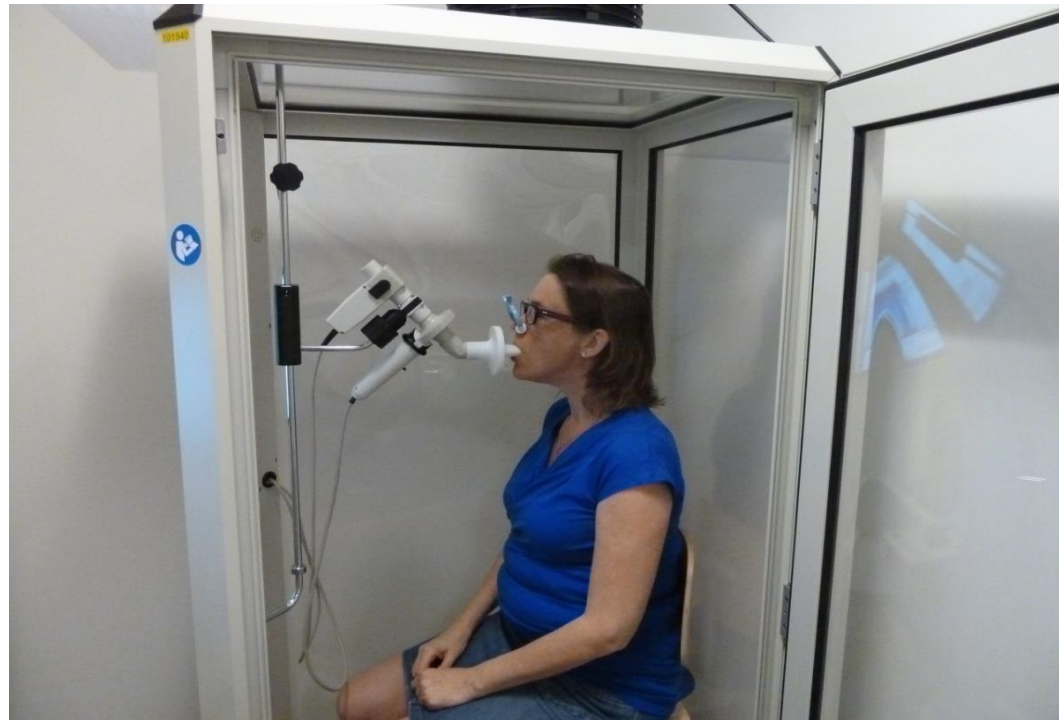
Dry:



Or desinfect:



Disposable anti-bacterial mouth piece and nose-clip



Re-usable recipient for nebulisation

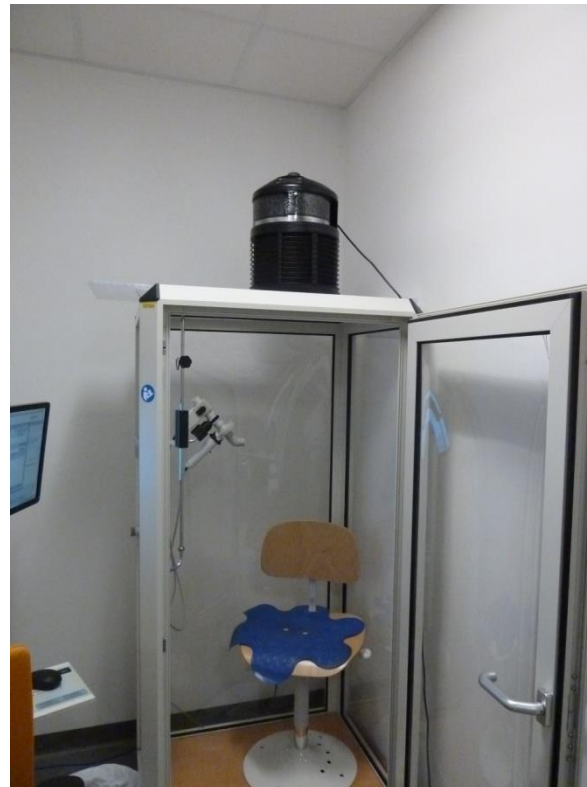


Recipient:

- Washed in dishwasher at 70°C
- Autoclave for sterilisation



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- ➔ **Staff performing lung function test with patient wears mask and gown if patient is a high shedder**

Waiting room

- ➔ **After lung function test: patient waits in waiting room with a new mask at indicated place**
- ➔ **If too crowded: chairs are placed in corridors out of waiting room**
- ➔ **Children are being asked not to use the computers or other toys available in waiting room, bring their own toys**

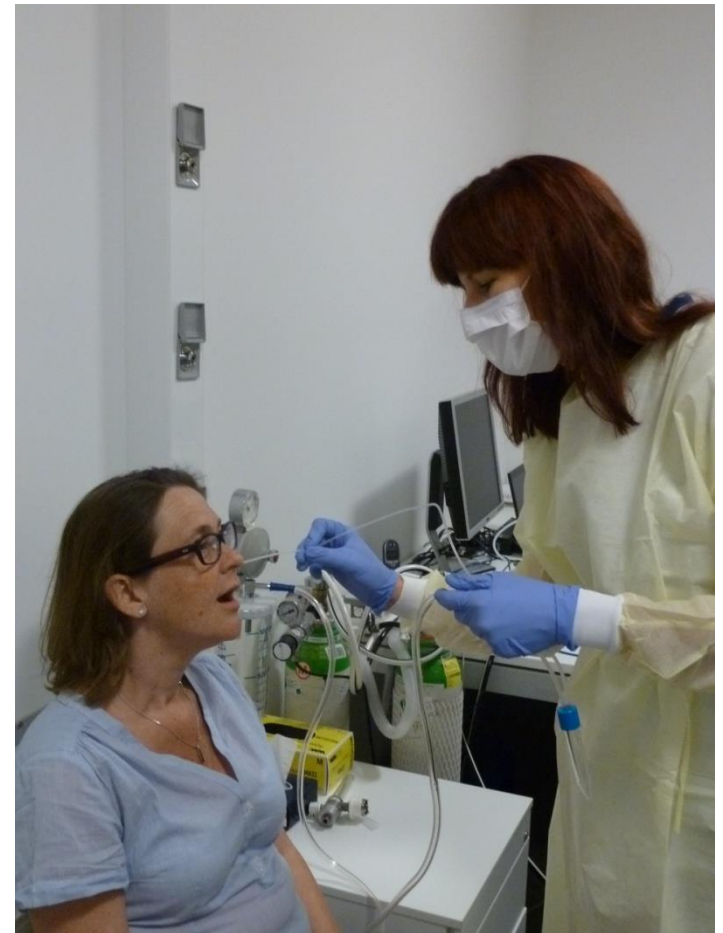
Consultation

- ➔ **Patient takes mask off**
- ➔ **Physician wears mask and/or isolation gown depending on type of germs patient has (multiresistant / MRSA)**
- ➔ **Physician wears mask when suffering from herpes labialis or respiratory symptoms**
- ➔ **Desinfection of material used (eg. Stethoscope), also tables, chairs and doorhandles after each patient**
- ➔ **Strict hand hygiene of physician**
- ➔ **When *Achromobacter Xylosoxidans*: patient stays in one room and several physicians come to the patient**

- ➔ **Patient gets a new mask when leaving the consultation room**
- ➔ **Every consultation room and lung function room has a Filter Queen Defender ®, meaning doors need to be closed at all times. The carbonfilter itself needs to be replaced every 6 months.**

Nasopharyngeal aspiration

- ➔ Risk of contamination :
gown, mask, gloves



- ➔ **Patient desinfects the hands when leaving the outpatient clinic**
- ➔ **Patient can take off the mask outside, when back in the car (during demolition on hospital ground)**
- ➔ **Family also desinfects hands when entering and leaving outpatient clinic**

