

Pioneering paper shows infection control and prevention in clinics is in everyone's hands

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Luis Ostrosky, M.D. Credit: UTHealth

When it comes to the examination room at your health care clinic, you might think that avoiding catching the flu or other more deadly viruses is out of your hands, so to speak. But infectious disease experts at The University of Texas Health Science Center at Houston (UTHealth), who just published a practical guide for infectious disease control in clinics, reveal how we can all help make a difference in infection control.

A first-of-its-kind paper in *Open Forum Infectious Diseases*, a publication of the Infectious Disease Society of America, the step-by-step guide specifies exactly what clinicians need to do to achieve better infection prevention and control as [health care delivery](#) continues to shift from hospital to outpatient settings. Previous prevention recommendations have been broad or issued in the wake of outbreaks and epidemics, but this paper promotes a more proactive and systemized approach.

While the paper is directed to [health care](#) providers, senior author Luis Ostrosky, M.D., professor of [infectious diseases](#) at McGovern Medical School at UTHealth, said patients can do their own part to hold them accountable.

"Our mantra is 'It's OK to ask.' So it's OK to ask your doctor or nurse if they washed their hands and if the instrument they are using on you is sterilized. People need to be their own advocates to make sure they're being taken care of safely," said Ostrosky, who is also vice chair for healthcare quality at McGovern Medical School and associate medical director for infection prevention at UT Physicians, the clinical practice of McGovern Medical School.

Among the key areas of focus are injection safety, cleaning and sterilization, high-level disinfection and something everyone can play a part in practicing—good [hand hygiene](#).

Hand hygiene—Hailed as the cornerstone of infection prevention, this is highlighted as an issue prone to inconsistency and lack of oversight. The paper cautions that hand hygiene facilities must be placed in patient care areas, medication preparation areas and medical equipment cleaning areas.

"Patients should also make use of the hand gel sanitizer dispensers in clinic reception areas. We advocate for the use of these gels for medical professionals before and after they finish an examination," he said. "In addition, using soap and water is necessary when there's visible soiling of the hands because the gel will not wash it away."

Injection safety—The majority of reported viral and bacterial outbreaks caused by dirty syringes in recent years have occurred in outpatient settings. Common culprits were lack of access to hand hygiene facilities, reuse of vials and syringes and medication mixing. In all reported outbreaks, implementing basic prevention measures decreased subsequent transmission. Patients can also see with their own eyes whether the correct procedures are happening.

"People can make sure the injection is drawn in a sterile fashion and that an antiseptic is used. It needs to be a brand new syringe and the little stopper for the vial must be wiped. Think fresh, in front of you, sterile materials and antiseptics," Ostrosky explained.

Cleaning, sterilization, and high-level disinfection—When it comes to cleanliness, order is crucial. Older clinics tend to only have one room for cleaning reusable medical devices, so with smaller spaces it is advised to focus on the separation of clean and dirty processes.

Glucose meters, used to measure blood sugar levels, are singled out especially as needing standardization and training on disinfection. The device is cited as a priority due to its historic association with

transmission of bloodborne pathogens—infectious microorganisms in blood that can cause diseases such as hepatitis. Although all facilities are not required to undergo routine regulatory audits, all clinics providing care are expected to meet [infection prevention](#) standards.

First author Fozia Steinkuller, M.P.H., said, "For example, when your dental or minor procedure surgical instruments are presented to you or opened there should be a chemical indicator in the pack marking whether it has met the sterilization parameters. The other things you can ask are whether their instrument and scopes used to examine inside cavities such as the nose and colon have been reprocessed and if the people reprocessing have been trained? These are simple answers that every provider should have."

By offering clear and realistic advice, the paper aims to help all clinics, including those with more limited resources, to be squeaky clean in areas that are not externally regulated or monitored.

Airborne illnesses, such as measles and tuberculosis, are another issue demanding patients speak up. Clinics need to be notified upon or before arrival of possible infections, so appropriate precautions can be taken. In the event of a patient being known or suspected of an airborne illness, it is recommended to have a room ready and an alternative entry into the space.

"Letting the receptionist know up front should be a patient responsibility, as there's a full procedure for dealing with this. There are masks and tissues we can give the patient and a different area so they're not in the general waiting room," Ostrosky said.

"We want to prevent any transmission of infection, whether it's flu in a pediatric clinic or hepatitis in a gastroenterology clinic," he said.

As medical practice is increasingly moving out of hospitals and into clinics, antibiotic resistance, which occurs when bacteria change in a way that reduces the effectiveness of drugs, is another focus area. Viral infections, for example, do not require antibiotics but some physicians might still order them.

Ostrosky said: "We're working with our doctors and [patients](#) to question the use of antibiotics and we're rolling out guidelines for infections. On the patient empowerment side it's OK to ask, 'Do I really need an antibiotic?' and not demand one."

Provided by University of Texas Health Science Center at Houston

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