

Health & Safety

HEALTH & SAFETY NEWSLETTER

AUG - SEPT 2015

Spotlighting Healthcare Infection Control ...

Local Hospital Infection Risks Publicized

A July 2015 Consumer Reports article on infection rates at 3,000 U.S. hospitals, **“How your hospital can make you sick”** has many feeling jittery about the prospect of a hospital stay after 9 Seattle area hospitals surveyed failed to achieve top ratings on avoiding infections, including Clostridium difficile and methicillin-resistant Staphylococcus aureus. While the data is based on a 2011 study and some hospitals have since made significant improvements, the findings have caught the attention of patients and health care providers, including the School of Dentistry.

Dental infection control may not be center stage in the media but it is equally important. After observing that pre and post doc students and other workforce members don't always strictly adhere to all infection control protocols, therefore we have collaborated with EH&S experts to provide enhanced infection control and safety trainings to focus on the appropriate donning and removal of PPE, use of eyewear and face shields, with special attention to sharps management and appropriate hand washing techniques. See page 2 for **“Tips to Avoid Infection while Hospitalized”**



New Safety Manager

Please welcome Carol Harvey as the School's new, and FIRST, full time Safety Manager. This position was recently approved in order to help the Dean's initiative to improve the safety culture at SOD. Carol is now officially full time in this role and will be dedicating time to monitoring and coaching students about safety practices in D 165 as well as the patient care clinics. Carol is excited about this new position and we appreciate her willingness to assume this responsibility.



On the Job: June & July

The following incidents were reported during June & July:

- ⇒ There were 4 exposures in June; three related to a cleaning unit/sterilization and one treatment-related.
- ⇒ One accident was reported in June involving a fall.
- ⇒ There were eight exposures in July; two treatment related and six cleaning unit/sterilization related. Due to the increase in sterilization incidents, equipment is being checked for safety.
- ⇒ Do you have a **work practice safety tip** from your clinic you would like to share? Please send tips to sandyp@uw.edu

QUOTE OF THE MONTH:

“When food falls on the floor. Little germs: “Let’s get it!” King germs: “No! We must wait for 5 seconds!”

-Author Unknown

INSIDE THIS ISSUE:

Local Hospital Infection Risks Publicized

New Safety Manager

On the Job: June-July

Mark Your Calendars: Upcoming Events

Tips to Avoid Infection while Hospitalized



SCHOOL OF DENTISTRY



✓ Mark Your Calendars for H&S Events

- ⇒ **9/1 & 9/10, Mask Test** Phil Numoto, Occupational Health & Safety Specialist from EH&S has been working with clinics to standardize our PPE and will be assisting the School in selecting the best mask for meeting WISHA standards. Drop in briefly between 12:15-1:15 PM on either Tuesday, Sept. 1st (room B220) or Thursday, Sept. 10th (Room B508) to see the variety of masks and give your feedback.
- ⇒ **9/2 Annual Evacuation Drill in B, C & D wings** (exact times aren't publicized)
- ⇒ **9/30 Violence Prevention and Response Training**, 12:30-1:30 PM, South Campus Center Room 316
- ⇒ **SAVE THE DATE: 11/19 Annual Bloodborne Pathogens Training**, Hogness Auditorium, 12:30-1:20



Tips to Avoid Infection while Hospitalized

Healthcare-associated infections (HAI), also known as nosocomial infections, are primarily caused by micro-organisms such as viruses, parasites, fungi or most commonly, bacteria. Even with the best infection control procedures the risk of infection can never be completely eliminated. Be an advocate for your own health and those you care about:

KNOW YOUR RISK FACTORS Increased infection rates are associated with longer hospital stays or recovery periods, having a wound, surgical cut, burn or ulcer, use of equipment such as urinary catheters, IV drips & infusions, respiratory equipment and drain tubes, and being in high-risk areas such as an intensive care unit (ICU) or high dependency unit (HDU). The very young, very old, and those with compromised immune systems or medical conditions such as diabetes have greater vulnerability.

PRACTICE GOOD HAND HYGIENE Ask for a bedside water sanitizer if one isn't already provided and use it frequently to avoid picking up germs on bed rails, facets, IV poles, door handles, call bells computer monitors, TV remotes, stethoscopes and other "high-touch surfaces."

MONITOR ROOM CLEANLINESS Keep room clutter to a minimum and keep personal items off floors and away from waste containers. Your hospital room and over-the-bed tray should be cleaned daily by staff who put on a new pair of gloves before doing the job. Ask for a wastebasket to put near your bed, and request clean pillow if yours becomes soiled or falls on the floor. Floors have germs: remove slippers, socks or footies before getting into bed.

ADVISE YOUR VISITORS Tell visitors they can participate in your safe recovery by: Not coming to visit when sick or if they have had nausea, vomiting, diarrhea, fever, rash or severe cough within the last three days; Sitting in a chair instead of on your bed; using the restroom in the hall or lobby instead of your room; covering their coughs or sneezes with a sleeve or tissue; keeping their hands away from your face and wounds; throw their trash (especially take-out food containers) away promptly.

DON'T BE SHY WITH YOUR HEALTHCARE PROVIDERS Consider yourself a member of your healthcare team. Don't be shy during visits by your nurse or Environmental Services (ES) cleaning staff. If the needle is not clean and dry at the site of your IV drip or the tubes/catheters don't feel like they're placed correctly let your nurse know. Nicks caused by shaving surgical sites can open the skin to bacteria; ask if necessary.

REDUCE TIME ON CATHETERS, VENTILATORS OR OTHER TUBES The risk of infection increases significantly if urinary catheters are left in place for more than two or three days.. Ask your care provider for the earliest possible removal of catheters, ventilators or other tubes.

AVOID CERTAIN DRUGS WHEN POSSIBLE Hospitals often give patients heartburn drugs such as lansoprazole (Prevacid and generic) or omeprazole (Prilosec and generic) which can increase the possibility of getting an intestinal infection or pneumonia.



To view and compare health data and quality scores for regional hospitals, visit www.wahospitalquality.org