

Infection Prevention and Control: Remember Your ABC's!

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The irony is that more than 450 years after Girolamo Fracastoro proposed germ theory and 150 years after Dr. Semmelweis' death, we are still trying to convince folks about the importance of hand hygiene.

Hand hygiene remains the most critical part of any IPC plan. Over the past 30 years of my professional career, performing hand hygiene has become so easy with the ubiquitous presence of alcohol foam containers for easy access. Yet it is still difficult to convince people of the importance of hand hygiene. I should not belabor the point; I am confident that your IPC practitioners do a great job of constantly reminding you of the importance of hand hygiene.

We have tried to make IPC practices easier with easy access to hand hygiene products, personal protective equipment (PPE), improved signage around the hospital, and reminders everywhere, including on screensavers. But somehow the 100% compliance rate seems elusive, and we have to be happy with “>95%” - really. It is my understanding that at the Intel Corporation, when employees enter the facility where chips are manufactured, they have to go through a process of cleaning and don special suits. If an employee makes a mistake or ignores any part of the procedure, a warning is given. The second mistake results in dismissal. Think about it.

How do we convince people that, yes, you should preform hand hygiene before donning gloves? That there is a reason that masks have two bands? Yes, you have to cover your nose. The belts on the gowns are there for a reason so tie them, and it makes no sense to go in a room with all the PPEs and come out of the room without doffing the PPEs and leaving them in the room. Why do we have to remind folks that when a patient is in isolation there is no such thing as, “Oh I just went in there for a minute to quickly do this or that?”

Make it easy on yourselves remember the “**ABC’s**” of infection prevention and control. Although **s** comes in the end, it is the most important: STANDARD PRECAUTIONS, formerly “universal precautions”. Standard precautions are so named because they are the standard of care, and everyone is expected to follow them all the time. Without going into detail, these are common-sense precautions that **MUST** be followed all the time and every time. If you want a definition, here it is: “Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. IPC measures should be used when providing care to all individuals, whether or not they appear infectious or symptomatic”

(<https://www.dhs.wisconsin.gov/ic/precautions.htm>). Isn't that common sense?

‘A’ is for airborne precautions; ‘B’ is for blood and body fluid precautions (really a subtype of contact precautions); ‘C’ is for contact precautions; ‘D’ is for Droplet precautions. [Dr. Munjal's article in the March issue of *Pediatrics in Review*](#) provides more details, and the CDC's website provides detail about all of this and much more.

Remember the alphabet of Infection Prevention and Control:

- **E**nvironment hygiene: Use of appropriate chemicals and ultraviolet sanitizing machines.
- **F**low of air: Air exchanges, negative or positive pressure rooms and appropriate use of such rooms for isolation.
- **G**loves, **G**owns and **G**oggles: Correct use of the PPEs.
- **H**and Hygiene: Alcohol based or soap and water, before and after and consistently.
- Isolation procedures need to be followed 100% of the time with no exceptions.
- **J**ob number one for everyone is to keep patients and staff safe.
- **K**ing: Need for Kings or Queens of IPC to champion IPC at all levels of healthcare system.
- **L**eadership: Not just C-suite, all must have total commitment and lead.
- **M**asks: Proper fitting and properly used covering the mouth and nose.
- **N**o one is exempted from IPC procedures.
- **O**ffer reminders to each other or staff with clearly written and posted notices.
- **P**PEs: Easily available to everyone and placed for ease of access.
- **Q**uality parameter must be measured and shared with leadership and frontline staff.
- **R**espiratory Isolation: Appropriate fitting masks in appropriate rooms.
- **S**tandard precautions.
- **T**B screening: Annually by PPD or IGRA for all staff. Any patient being evaluated for TB or other potentially contagious diseases such as pertussis.
- **U**niversal precautions not an acceptable term any more.
- **V**accines: For all healthcare personnel free of cost. MMR, Hepatitis B, Varicella, Tdap, and Influenza.
- **W**aiting areas: Need special attention to toys. Separate areas for sick and healthy children when possible.
- **X**it: Exit appropriately, leaving PPEs in the room, and using hand hygiene.
- **Y**ou are the only one who can make a difference take responsibility.
- **Z**ero: Aim for zero hospital acquired infections, zero tolerance for not following IPC procedures and zero tolerance for not performing good hand hygiene.

This is not meant to be a comprehensive list but a starting point. All of us should be thinking about this, and surely, you can add other things to this list to make it your own.

Infection prevention and control did not get much attention (read: respect) for a long time until hospital-acquired infections were associated with penalties and public reporting, like when the US & World Report

made it an important feature for evaluation. No matter what the reason, it is important that all healthcare personnel participate in prevention of hospital-acquired infections.

So go ahead and become the leader to protect patients and your colleagues from hospital acquired infections. Only you can do it!

- [Infection Control and Isolation Considerations for the Pediatric Practitioner](#)
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