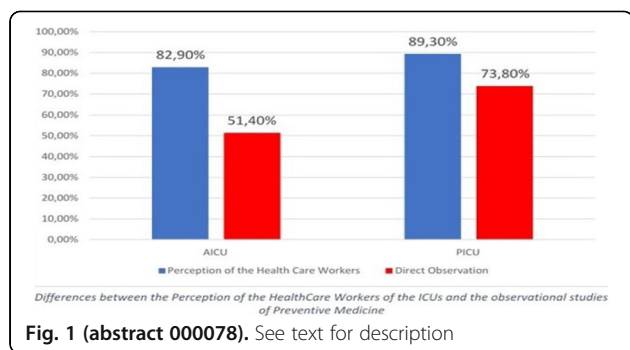


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000080

Adherence to Hand Hygiene in an Adult and other Pediatric ICU

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INTRODUCTION. The World Health Organization (WHO) promotes that proper hand hygiene (HH) is the main practice, with the lowest economic cost and the easiest to perform to reduce the incidence and spread of antimicrobial resistant microorganisms, which improves patient safety in all health areas. However, WHO rates the HH compliance index by health professionals is insufficient (less than <40%).

OBJECTIVES. To know the adherence rates to the HH, between the Health-care workers (HCWs) in an adults ICU (AICU) and other pediatric (PICU).

METHODS. An observational study was conducted on the compliance of HH for the five WHO moments. HCWs were observed during their work shift. The observers also measured the technique of HH through hand washing or HH with alcohol-based disinfectant. HH opportunities and attempts were designated as appropriate or inappropriate per WHO criteria.

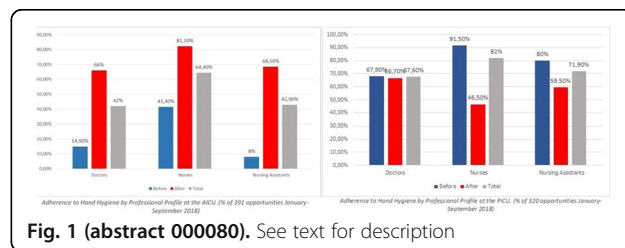
The percentage of adherence was calculated as the number of opportunities of HH (with soap and water or alcohol-based solutions (ABS)) multiplied by 100 and dividing by the total of identified opportunities.

RESULTS. 391 opportunities were identified in the AICU and 320 in the PICU, a HH adherence rate in the AICU of 51.40% and 73.80% in the PICU was determined. By professional profile it was observed that the nursing staff is significantly the most adherent (64% in the AICU and 82% in the PICU). It was found that in the AICU the adherence is greater after being in contact with the patient), unlike the PICU where they perform it predominantly before in all professional profiles.

CONCLUSION. The adherence to hand hygiene in the AICU is low. The adherence to HH is greater before contacting the patient in the PICU, unlike the AICU where it is predominantly carried out afterwards. So it is necessary to implement effective education programs that improve adherence to hand hygiene compliance.

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000124

Stethoscopes- potential sources of cross infections in ICU

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INTRODUCTION. –Emergence of antimicrobial resistance and MDROs has resulted in a global health burden, increasing cost of health care, length of hospital/ ICU stay and mortality. Risk of bacterial transmission through equipment transfer is not given as much importance as hand hygiene.

–Studies have proven contamination of stethoscopes with both non-pathogenic and pathogenic (including MDR) organisms. Jones et al showed that out of 150 stethoscopes used by emergency medical staff, 89% grew staphylococci and 19% S aureus[1]. Marinella et al showed that coagulase-negative staphylococcus was present on 100% of stethoscopes and Staphylococcus aureus on 38% of 40 random stethoscopes examined [2].

–CDC guidelines suggest performing low level disinfection for non-critical patient care surfaces and equipment that touch intact skin e.g. bed rails, blood pressure cuffs and stethoscopes

OBJECTIVES. - To determine whether stethoscopes can be potential sources of cross-infection/cross contamination in our ICU

METHODS. -All 4 adult ICUs (total 73 beds) were surveyed between Nov-Dec 2018 for the number of bedside stethoscopes at random times for a total of 2 weeks. Each bedside stethoscope was also labelled with unique identifier codes, and movement of stethoscopes between bed spaces and patients was tracked on a daily basis.

-A survey questionnaire was also sent to all the ICU medical staff regarding infection control practices with respect to use of bedside stethoscopes in ICU.

RESULTS. -Average number of stethoscopes found in ICU's 1,2,3 & 4 were 71.4%, 66.6%, 77.7% and 110% respectively and number of times stethoscopes were found to be misplaced were 24.4%, 31.7%, 34.92% and 8% respectively

-Unit acquired infection rates from April 2018-March 2019 for ICUs 1,2, 3 & 4 were 17.1/1000, 33/1000, 20.3/1000 & 5.8/1000 respectively

-A total of 210 people responded to the survey questionnaire (23% doctors, 74% nurses). 69% said they share stethoscopes between bedspaces, because of non-availability of 1:1 dedicated bedside stethoscopes (5%), poor