GOJO

HAND HYGIENE TIMES

Your Canadian resource for the latest news in effective infection control program development and best practices.

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Preventing MRSA in Healthcare Settings

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Methicillin – resistant Staphyloccus aureus (MRSA) is a potentially dangerous type of staph bacteria that is resistant to certain antibiotics including methicillin, oxacillin, penicillin, and amoxicillin.[1] MRSA is hardy and can live up to six weeks on environmental surfaces and is easily transmitted by skin to skin contact or sharing items such as razors and towels with an infected person. [2]

According to the Public Health Agency of Canada, at any given time, between 20 to 30 percent of the general population carry staph bacteria on their hands or in their noses, but are not ill. Some of these bacteria can be MRSA. Carriers of the bacteria without symptoms are referred to as colonized. Symptoms of a staph skin infection, including MRSA, often appear as a bump or infected area on the skin that may be [3]:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by a fever

Hand Hygiene is the most important measure for controlling transmission of MRSA with evidence suggesting that even modest increases in Hand Hygiene may decrease MRSA prevalence.[4] Recently there has been an increase in the use of alcohol –based hand rub in healthcare settings, as it takes less time than traditional hand washing and has shown to be as effective as washing with soap and water when hands are not visibly soiled.

Patient's hands have also been shown to be a frequent site of contamination with VRE and MRSA[5]. In addition to hand hygiene, other precautions recommended by Provincial Infectious Disease Advisory Committee (PIDAC) include:

- **Decisions** regarding client/patient / resident placement and movement
- **Safe management** of equipment and environment
- **Appropriate** additional PPE
- **Effective communication** to appropriate departments and other facilities
- **Education** for staff/clients/patients/ residents/and family

1 Center for Disease Control and Prevention. Healthcare-associated Methicillin Resistant Staphylococcus Aureus. Retrieved from: http://www.cdc.gov/ncidod/dhqp/ar_mrsa.html

2 Safer healthcare now! Quebec Campaign. MRSA- preventing harm from antibiotic-resistant organisms. Retrieved from http://www.saferhealthcarenow.ca

3 The Center for Disease Control and Prevention. National MRSA Education Initiative Preventing MRSA Skin Infection. Retrieved from: http://www.cdc.gov/mrsa

4,5 PIDAC Best Practices for Infection Prevention and Control of Resistant Staphylococcus aureus and enterococci. Retrieved from: http://www.gov.on.ca/english/providers/program/infectious/diseases/best_pract/bp_staff.pdf

DATES TO REMEMBER

Infection Control Week
October 18-22, 2010

Canadian Patient Safety Week
November 1-5, 2010
www.asklistentalk.ca

For details on our product offering, please contact us at healthcare@GOJO.com.

THAT'S a FACT!

One study showed that 1) the mean number of additional hospital days attributable to MRSA infection was 14, 2) the attributable cost to treat MRSA infections was $14,360 per patient, and 3) the cost for isolation and management of colonized patients was $1,363 per admission.

- Kim T, Oh PI, Simor AE. The economic impact of methicillin-resistant Staphylococcus aureus in Canadian hospitals. Infec Control Hosp Epidemiol. 2001;22(2):99-104.

Product Feature

POINT OF CARE SOLUTIONS

Healthcare Associated Infections (HAIs) can cause adverse health risks to patients and also cause hospital facilities to incur unnecessary costs. The Ministry of Health and Long Term Care (MOHLTC) and the World Health Organization (WHO) identify key moments in the patient care process when the risk of transmission is greatest and hand hygiene is essential.

Specifically, the MOHLTC and the WHO recommend that healthcare workers clean their hands:

1. Before touching a patient
2. Before clean/aseptic procedures
3. After body fluid exposure/risk
4. After touching a patient
5. After touching patient surroundings

The PIDAC and WHO recommend that a hand hygiene product, e.g. alcohol-based handrub, if available, be easily accessible and as close as possible (e.g. within arms reach), where patient care or treatment is taking place. They should be **accessible without having to leave the patient zone.** [1,2] Availability of alcohol-based hand-rubs at the point of care is usually achieved through **staff-carried handrubs (pocket bottles), wall-mounted dispensers, containers affixed to the patient's bed or bedside table or to dressing or medicine trolleys.**[2] To help facilities maximize the availability of hand sanitizing products for healthcare workers, GOJO has designed a variety of options including **Point of Care Solutions**.

PURELL® for Personal Carriage

PURELL for Personal carriage are products designed to be carried by the HCWs. GOJO has designed the **PURELL PERSONAL™ Gear Retractable Clip**. This portable hand sanitizing system:

- Clips to the belt or pocket
- Enables PURELL access through on-person placement
- Fits the 59 mL and 45 mL PURELL pump bottles

PURELL PERSONAL Gear Retractable Clip

Point of Care Holders

GOJO has several **Bottle Holder Dispensing Solutions**. These delivery systems are designed for desktop placement making PURELL accessible on **patient tables and in reception areas, administrative offices and nursing stations** throughout the facility. All systems hold 236 mL PURELL Instant Hand Sanitizer bottles.

- PURELL PAL
- PURELL Desk Caddy
- PURELL CLASSIC™ Holder

PURELL PAL

PURELL Classic Holder

Point of Care Brackets

GOJO has a variety of **Brackets Dispensing Solutions**. These brackets can be mounted on **bedrails, medical carts, door entrances, walls** and other convenient locations allowing HCWs easy access to alcohol-based hand rubs without having to leave the patient zone.

- PLACES™ Holder
- HOOK-ON Holders
- 535 mL Wall Bracket

535 mL Wall Bracket

354 mL HOOK-ON Holder

Point of Care Solutions	Order Number	Number Pack
PURELL PERSONAL Gear Retractable Clip (Use with 59 mL gel or 45 mL foam bottles*)	9608-24	24
PLACES Holder (use with 354 mL bottle*)	9005-12	12
HOOK-ON Holder for 354 mL bottle*	9007-12	12
HOOK-ON Holder for 535 mL bottle*	5701-12	12
Pump Bottle Wall Bracket (use with 535 mL bottle*)	5700-06	6
PURELL Pal (use with 236 mL bottle*)	9600-PL1-CAN	12
PURELL Desk Caddy (use with 236 mL bottle*)	9600-DC1-CAN	12
PURELL CLASSIC Holder (use with 236 mL bottle*)	9614-12-CAN00	12

*product sold separately

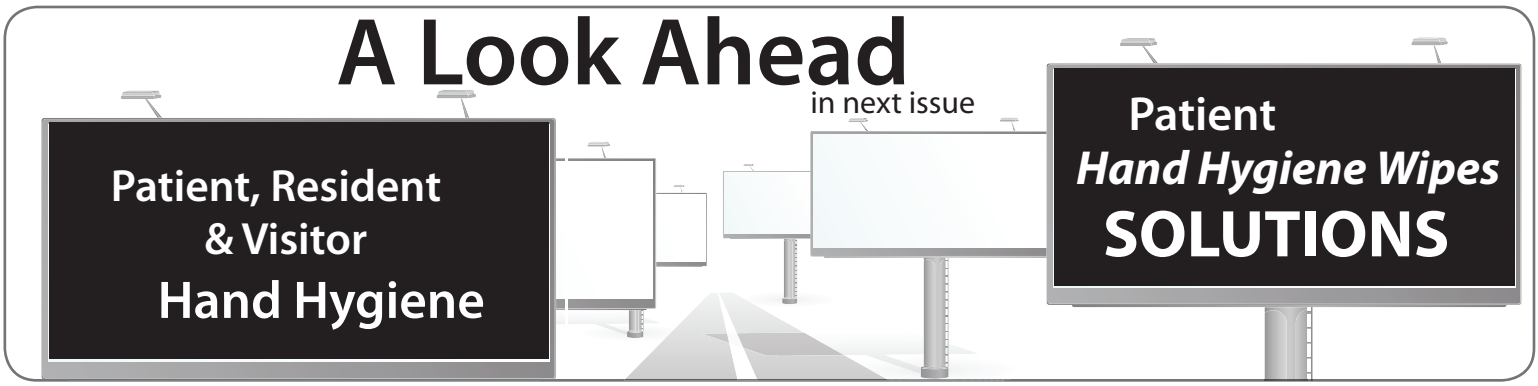
Recommended Point of Care Product Solutions	Order Number	Number Pack
PURELL 70 Instant Hand Sanitizer Moisturizing Foam		
535 mL Pump Bottle	5795-04-CAN00	4
45 mL Pump Bottle	5695-24-CAN00	24
PURELL 70 Instant Hand Sanitizer		
354 mL Pump Bottle	9770-12-CAN00	12
PURELL Instant Hand Sanitizer		
236 mL Pump Bottle	9652-12-CAN00	12
59 mL PERSONAL Pump Bottle	9606-24-CAN	24

1 Provincial Infectious Diseases Advisory Committee (PIDAC). Routine Practices And Additional Precautions In All Health Care Settings. Ministry of Health and Long Term Care. August 2009

2 World Health Organization.. A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy. August 2009. http://whqlibdoc.who.int/hq/2009/WHO_IER_PSP_2009.02_eng.pdf

A Look Ahead

in next issue



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