

INFECTION PREVENTION CONCEPTS FOR HEALTHCARE INTERPRETERS



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OBJECTIVES OF THIS WORKSHOP


- Become a fully competent and safe member of the healthcare team
- Understand how to avoid bringing or passing germs to patients in a healthcare setting by knowing the various ways infection can be transmitted
- Know how to avoid bringing germs from the healthcare setting into your family or community
- Understand ways in which the infection chain can be broken
- Practice hand hygiene effectively and use PPE (personal protective equipment) correctly and under proper circumstances



INTERPRETER ASSIGNMENTS TAKE PLACE IN ENVIRONMENTS GOVERNED BY HEALTH SAFETY STANDARDS

- Department of Health in each state
 - Accrediting body regulations for hospitals and clinics (TJC, AAAHC)
 - Center for Disease Control and Prevention (CDC): Gold Standard for advisory/recommendations
 - Individual rules for each specific health organization
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REGULATIONS ADDRESS:

- Worker immunization and TB testing
 - Hand hygiene required before and after encounters
 - Food and drink regulated in patient care areas
 - Adherence to posted special precautions
 - Screening of visitors and staff before entering vulnerable patient areas
 - Safety related to needle sticks/radiation
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INTERPRETERS ARE RARELY TRAINED IN INFECTION PREVENTION AND CONTROL

- Most direct care health workers are trained in infection control by the facility where they work
- This training is essential to interpreters to build the knowledge, competence and skills expected of all members of the direct care health team.

MEDICAL INTERPRETERS ARE PART OF THE CARE TEAM



PRINCIPLES OF INFECTION PREVENTION



It's In Your Hands

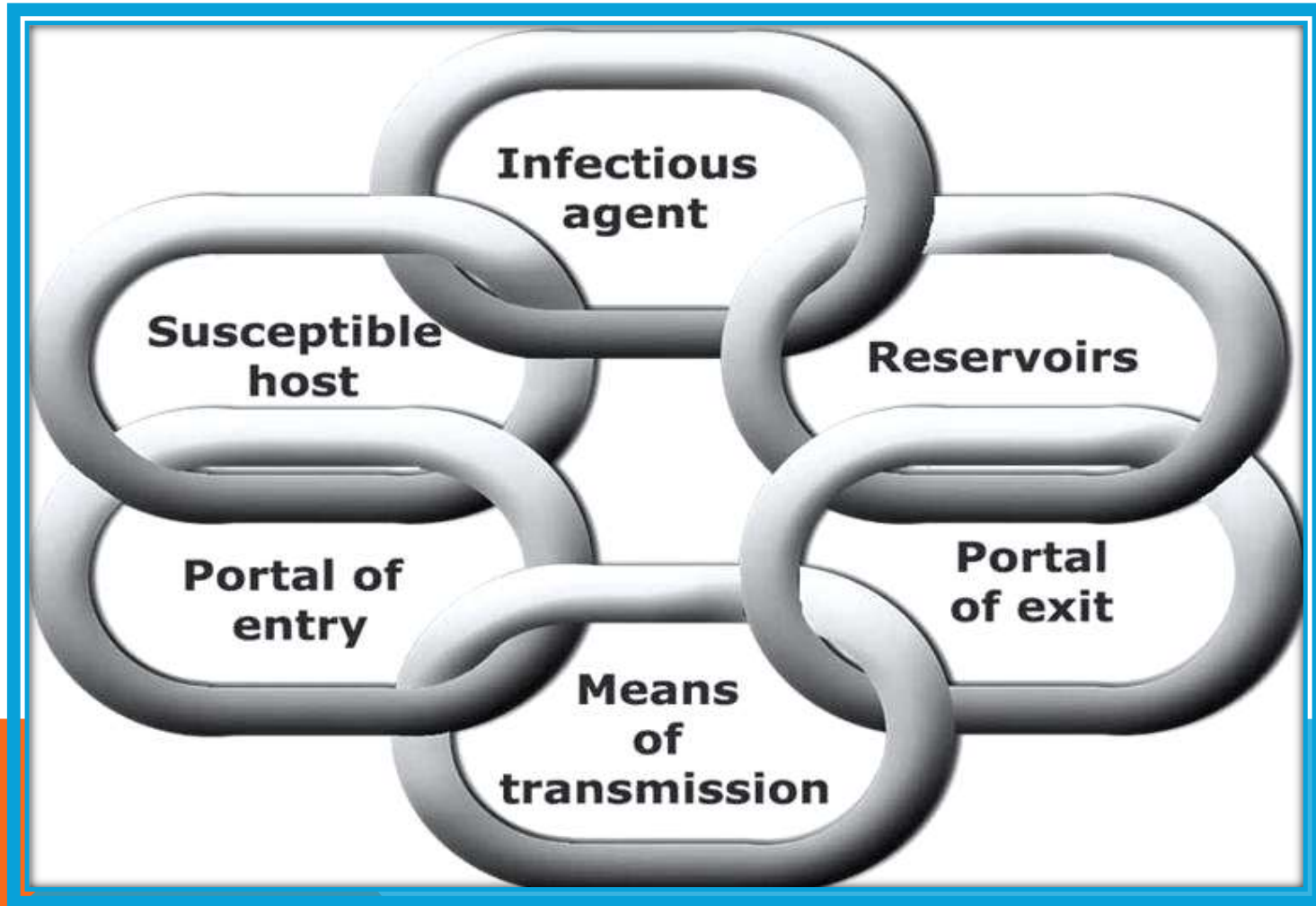


DID YOU KNOW.....

- Hospital-acquired infections (HAIs) affect 5-10% of patients in acute care-that is 1 in 20 patients, or
- 2 million per year
- Cost \$5-10 billion
- 99,000 will die
- Equivalent to a 747 plane crash killing all the passengers and crew every other day



THE CHAIN OF INFECTION



1ST – THE INFECTIOUS AGENT: *ANY DISEASE CAUSING MICROORGANISM (GERM)*

Not all “Germs” are alike

Bacteria: Tuberculosis (TB), MRSA, VRE, *E.Coli*, Pseudomonas

Viruses: Influenza, Human immunodeficiency virus (HIV), Hepatitis B, Varicella (chicken pox)

Fungi: Tinea (ringworm), Candida, Aspergillus

Parasites: Rocky Mountain Spotted Fever, Typhus, Malaria



2ND THE RESERVOIR HOST

This is where the infectious germ lives and grows:



People with an infection



Soil and water may contain pathogens



Raw meat or contaminated foods



Some animals can be reservoirs for disease



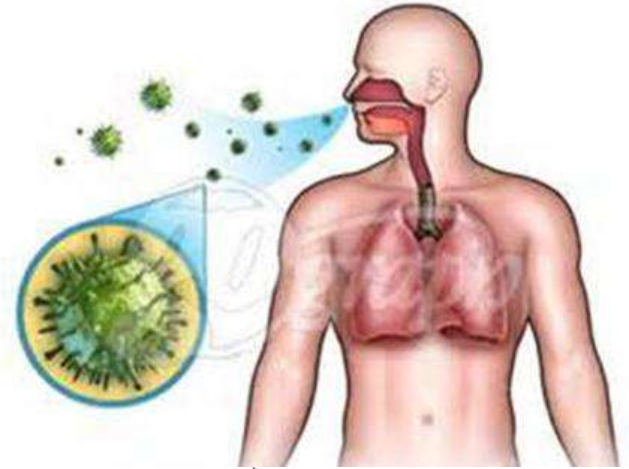
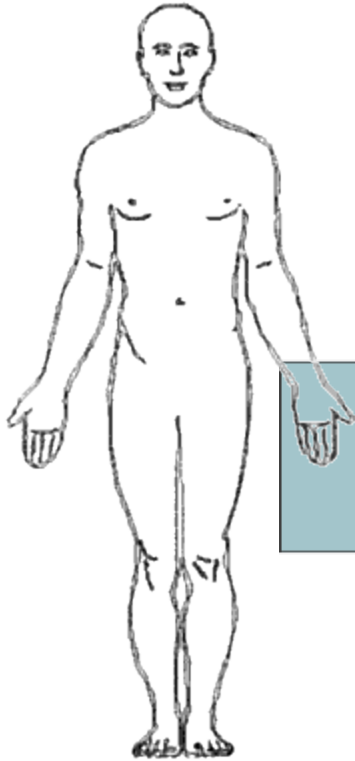
WHAT ARE “CARRIER HOSTS”?

People who may not show any signs or symptoms of a disease but are still capable of transmitting a disease are known as “carriers”

Examples include HIV, Hepatitis, Influenza



3RD – THE PORTAL OF EXIT *HOW THE ORGANISM GETS OUT*



Blood, semen, draining wounds,
respiratory tract, GI tract, skin, mucous
membranes

This is the link of the chain over which we
have the least control; any body fluid may
carry infectious agents out of the body

4TH THE MODE OF TRANSMISSION

The method by which the germs gets from the reservoir to the new host

This is the weakest link in the chain

Most infection control efforts are aimed at preventing the transport of germs from the reservoir to the new host



TRANSMISSION CAN OCCUR THROUGH

Direct Contact



TRANSMISSION CAN OCCUR THROUGH

Indirect Contact



Involves an intermediate person or item between the portal of exit and the portal of entry to the next person

Unwashed hands, soiled medical equipment and a contaminated environment are examples

TRANSMISSION CAN OCCUR THROUGH

Droplet or Airborne Route



Droplets can travel about three to six feet before drying out or falling to the ground

Airborne particles can remain suspended in the air for hours

5TH - THE PORTAL OF ENTRY

The route through which the pathogen enters its new host

Mouth, nose, eyes

Poor skin integrity

Respiratory tract

Needle puncture injuries

Gastrointestinal (GI) tract

Genitourinary (GU) tract

Wounds

Injuries, minor to major

Insect or animal bites

Intravenous sites

Openings with tubes in place



6TH - THE SUSCEPTIBLE HOST

The organism that accepts the pathogen

Everyone is susceptible

The support of pathogen life and its reproduction depend on the degree of the host's resistance



BREAKING THE CHAIN

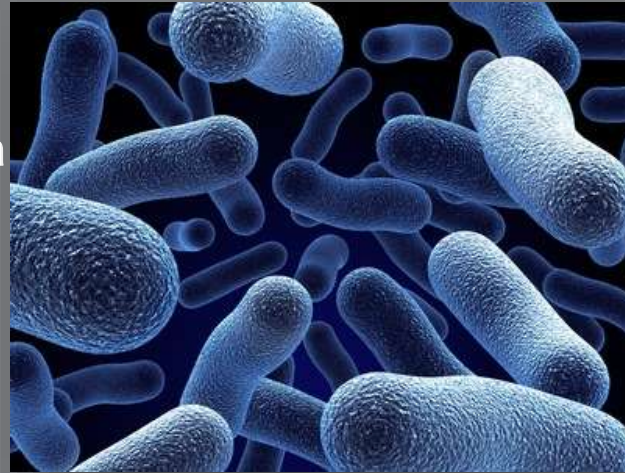
The Essential Part of Safe Care and Self-Protection



BREAKING THE CHAIN: INFECTIOUS AGENT

Diagnose & Treat

Bacteria
Fungi
Viruses



BREAKING THE CHAIN:

RESERVOIR

Education
Environmental sanitation
Disinfection
Aseptic practice

The most important
reservoirs are the patients
and the staff

Equipment and water
are also reservoirs



BREAKING THE CHAIN: PROTECT PORTALS OF EXIT AND ENTRY

Standard and transmission-based precautions
Hand hygiene
Control of drainage, splatters and aerosols
Personal hygiene
Proper wound care

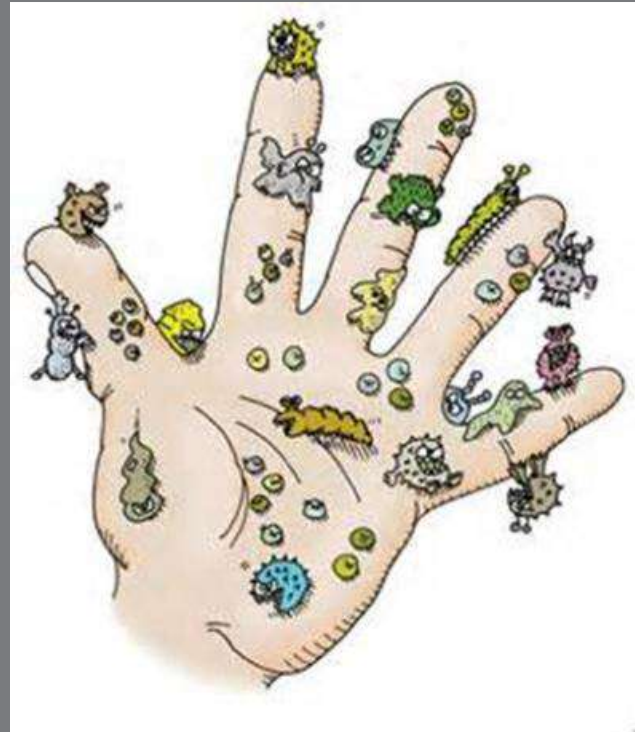
Splatters
Blood/body fluids



Mucous membranes
Respiratory tract
Broken skin

BREAKING THE CHAIN: MODE OF TRANSMISSION

Proper
Hand Hygiene



The hands of healthcare workers can transmit infectious organisms
Proper Hand Hygiene INTERRUPTS the transmission chain

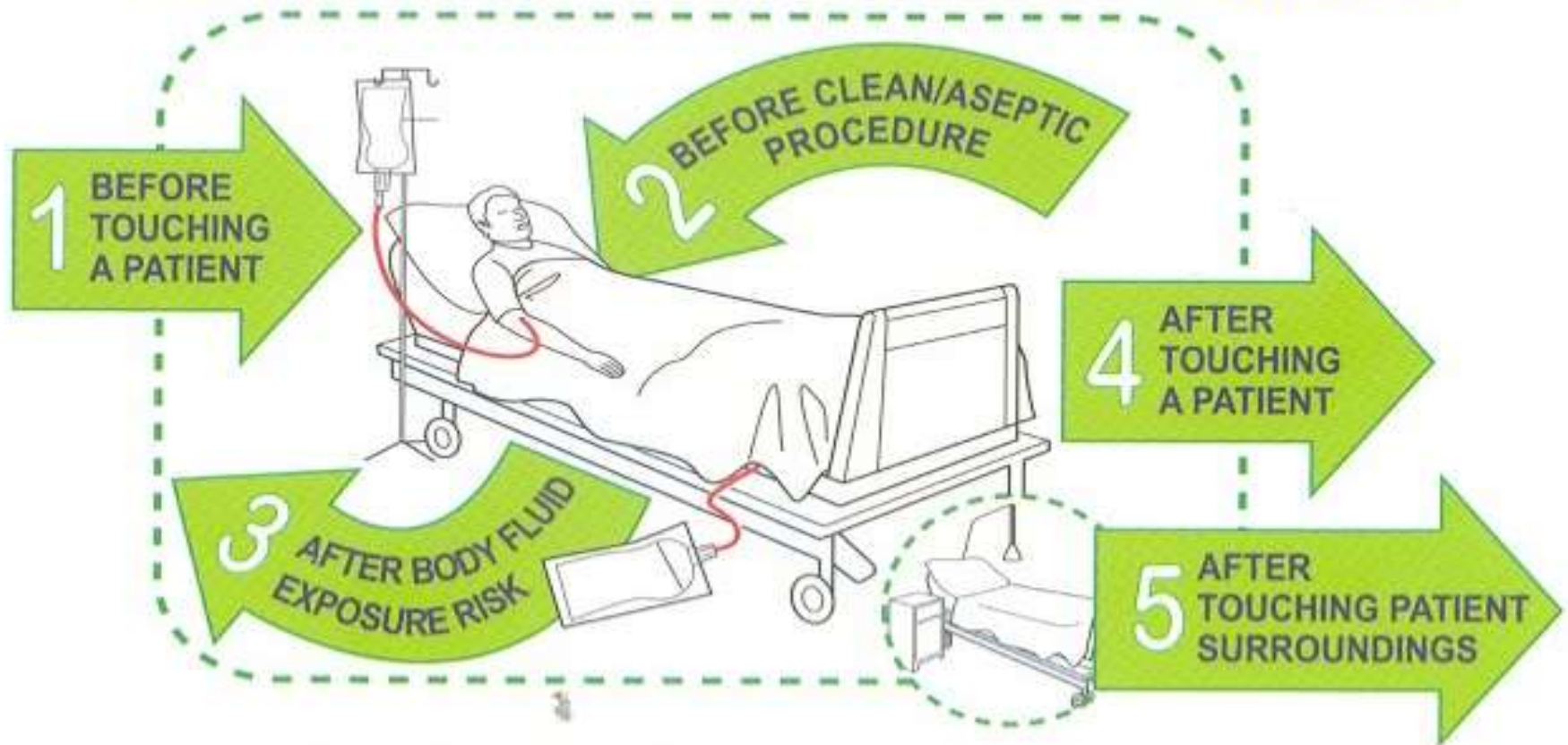
HAND HYGIENE



Cleaning hands is the most important thing you can do to prevent the transmission of infection

WHEN TO CLEANSE?

Your 5 moments for HAND HYGIENE



OTHER OPPORTUNITIES FOR HAND HYGIENE

When arriving at work

Before entering a patient room

After leaving a patient room

After coughing, sneezing, blowing your nose

After using the bathroom

Before donning gloves

Every time you remove gloves

Before and after eating



THERE ARE TWO WAYS TO CLEANSE YOUR HANDS

HANDS VISIBLY DIRTY? WASH WITH SOAP AND WATER

- 1) Turn on faucet
- 2) Wet your hands with warm water
- 3) Apply soap
- 4) Scrub your hands
- 5) Pay attention to all surfaces,
including fingernails and areas
around jewelry (rings and watches).
Rinse thoroughly until “squeaky
clean”
- 6) Dry hands completely with a paper
towel



- 7) Use a paper towel to turn off
faucet

HANDS NOT VISIBLY DIRTY?

1. Apply enough sanitizer to completely cover both hands
2. Rub hands together palm to palm
3. Rub back of each hand with palm of other hand
4. Spread sanitizer over and under fingernails
5. Spread sanitizer between fingers
6. Keep rubbing hands together until they are dry

Do not dry with a towel!



Remember to: “Gel IN..... Gel OUT.....”

PROTECTING YOURSELF ON THE JOB

Healthcare workers must treat all blood & body fluids as potentially infectious

Gowns, gloves, goggles, face shields and masks can all be used to provide protection from contact with blood and body fluid, depending on the situation



These barriers are called personal protective equipment

STANDARD AND TRANSMISSION-BASED PRECAUTIONS

Standard precautions (universal precautions): Assume that every patient is infectious and use standard precautions: hand hygiene, PPE as needed by the situation

Transmission-based precautions (special, extended precautions): The patient is suspected or known to be infected with a specific highly infectious or resistant organism. Take standard precautions PLUS transmission-based precautions against that particular organism.



If it's wet and not yours, use a barrier

PERSONAL PROTECTIVE EQUIPMENT

Proper use of PPE by workers aids infection prevention because:

It helps protect against contamination from blood, body fluids or respiratory secretions

It reduces the chance that healthcare workers will infect or contaminate patients or coworkers

It reduces the chance of transmitting infections from one person to another



USING GLOVES

Do's and Don'ts of Glove Use

Do discard gloves in appropriate receptacle

Do clean hands immediately after glove removal

Don't wash or reuse disposable gloves

Don't touch your face or adjust PPE with
contaminated gloves

Don't touch environmental surfaces except as
necessary during patient care



ADDITIONAL PPE

Gowns or aprons – must be impervious to moisture

Face protection – masks, face shields

Eye protection - goggles



HOW DOES THIS APPLY TO INTERPRETERS?

Interpreters are present at:

Surgical and traumatic wound treatment, births, respiratory procedures, dental procedures, IV placement, catheter placement, scope procedures, vomiting and diarrhea episodes, puncturing of abscesses, lumbar punctures, intramuscular injections and vaccinations....

Interpreters enter:

Surgical areas, intensive care units, cancer and bone marrow transplant units, neonatal ICUs, areas that care for the very ill, very young and very old.



WHAT TO DO WHEN ENTERING AREAS WITH VULNERABLE POPULATIONS:

- ❖ Leave personal belongings outside of room
- ❖ Clean hands well – either soap and water or alcohol hand gel
- ❖ Remove outer street clothing – coats, sweaters
- ❖ Adhere to isolation precautions (if any).
Check with staff if questions
- ❖ Touch nothing in the room
- ❖ Do not touch patient/baby
- ❖ **REFUSE THE ASSIGNMENT IF YOU ARE ILL**

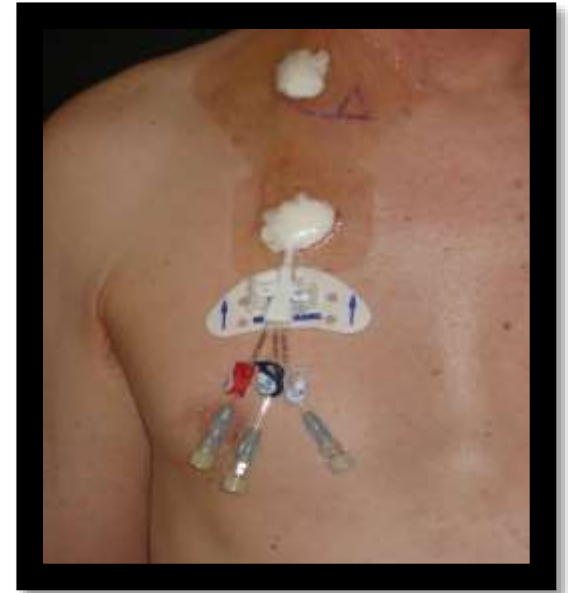


Neonatal Intensive Care
Adult ICU
Cancer/stem cell transplant unit
Organ transplant units
HIV/AIDS patient

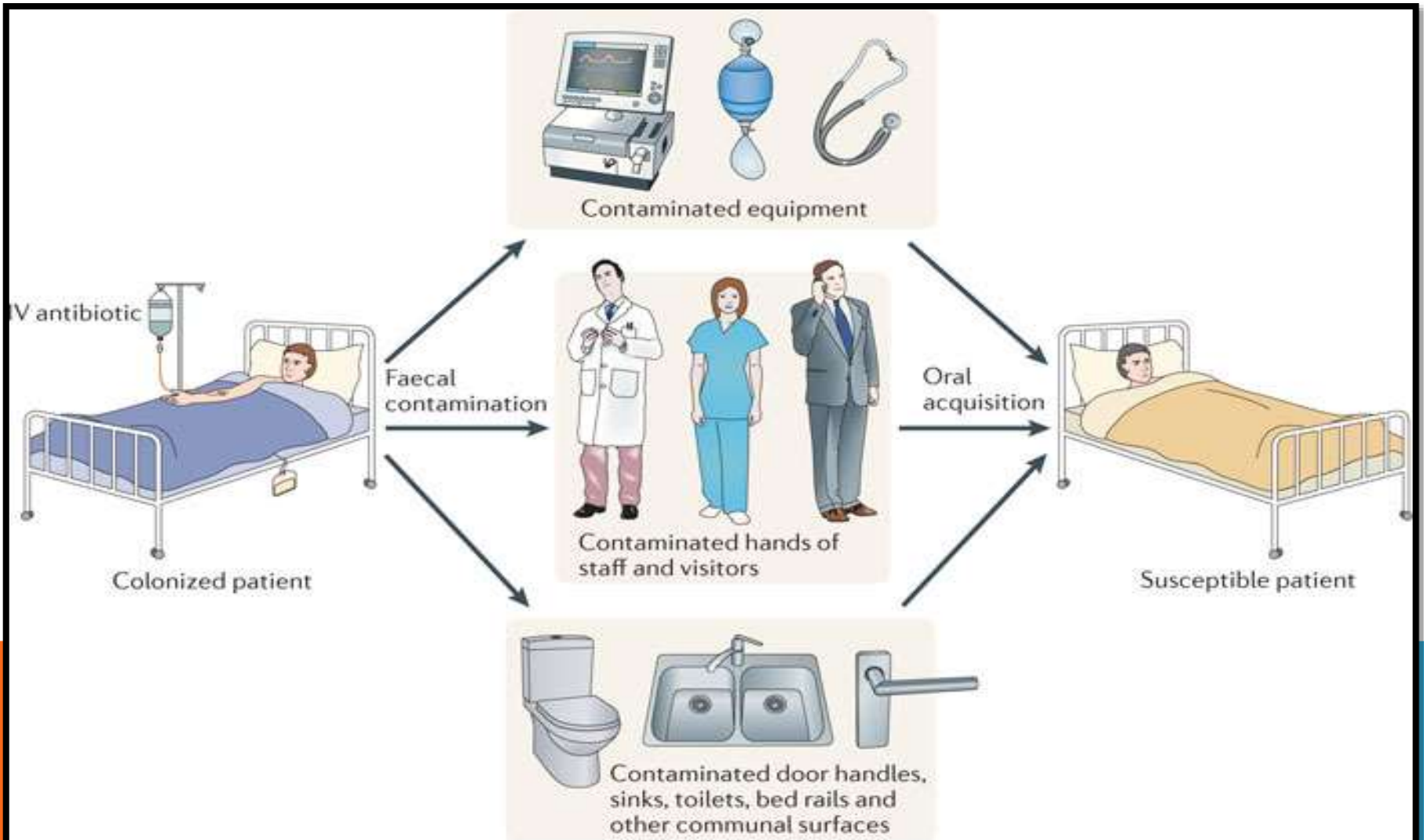
HAI: HEALTHCARE ASSOCIATED INFECTIONS

Patients are at risk for:

- Central line-associated bloodstream infections
- Surgical site infections
- Urinary catheter-associated infections
- Ventilator-associated pneumonia
- MRSA
- *Clostridium difficile* (C-diff) intestinal infections
- Influenza
- Norovirus

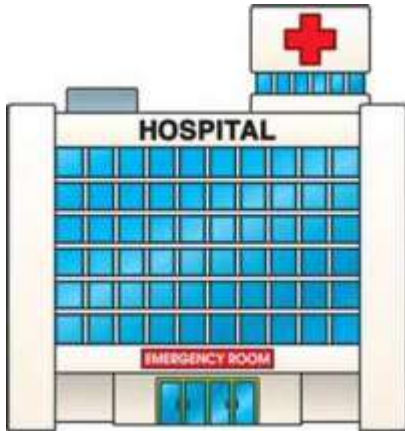


UP TO 80% OF INFECTIOUS DISEASES ARE TRANSMITTED BY TOUCH



RULES VARY BY FACILITY

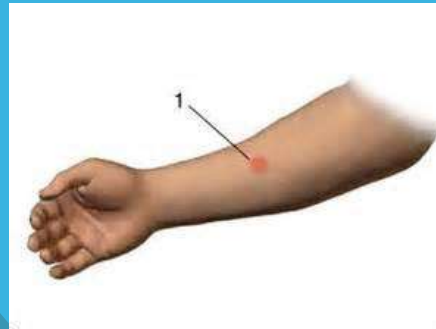
- Medical interpreters operate in hospitals and clinics with very different rules.
- It is essential to know and follow the rules of each organization.
- If there is a placard or sign on the door, check with the nursing staff and get detailed instructions before entering.



ALL HEALTHCARE WORKERS, INCLUDING MEDICAL INTERPRETERS, SHOULD HAVE:

Immunization against vaccine-preventable diseases:

- ✓ MMR: Measles (rubeola), mumps, rubella
- ✓ Varicella (chicken pox)
- ✓ Tdap: (tetanus, diphtheria, pertussis (whooping cough))
- ✓ Annual flu vaccine (influenza)
- ✓ TB screening and testing annually



HEALTH CARE ETHICS: INFECTED PATIENTS

- Some people have dangerous infections – which poses risk for themselves and other patients and at times, staff
- It is essential to treat these patients with the same courtesy and respect as those you are not infected
- Interpreters need to be informed of and know how to use precautions to they can protect the patient(s) and themselves by using PPE
- Interpreters should not refuse to attend patient in precautions out of prejudice or fear



POSTED PRECAUTION NOTICES

Note the word CONTACT

Organisms involved may be all over the surfaces of the patient or their surroundings

You will wear a gown (with your personal items under it) and gloves

Do not bring personal items into the room

All PPE (gowns, gloves, etc. is removed and discarded before leaving the room)



POSTED PRECAUTION NOTICES

Contact Enteric means that germs from the intestinal tract are on patient and surfaces

This usually indicates a diarrheal disease

Alcohol gel may not kill the germ... hands must be washed thoroughly with soap and water on your way OUT in order to physically remove the germs off your hands

Put on gown and gloves before entering room
Do not touch anything in the room, if possible

Take off and discard PPE inside the room before you leave.

STOP **CONTACT ENTERIC PRECAUTIONS** **STOP**
(In addition to Standard Precautions)

Families and Visitors follow instructions from information sheet
If you have questions, go to Front Desk

Everyone Must:

-  Wash or gel hands when entering and wash hands when leaving room
-  Gown and glove prior to entering the room 

Healthcare Providers and Staff Must:

-  Use patient dedicated or disposable equipment
- Clean and disinfect shared equipment with a chlorine-based disinfectant

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1/15/13

POSTED PRECAUTION NOTICES

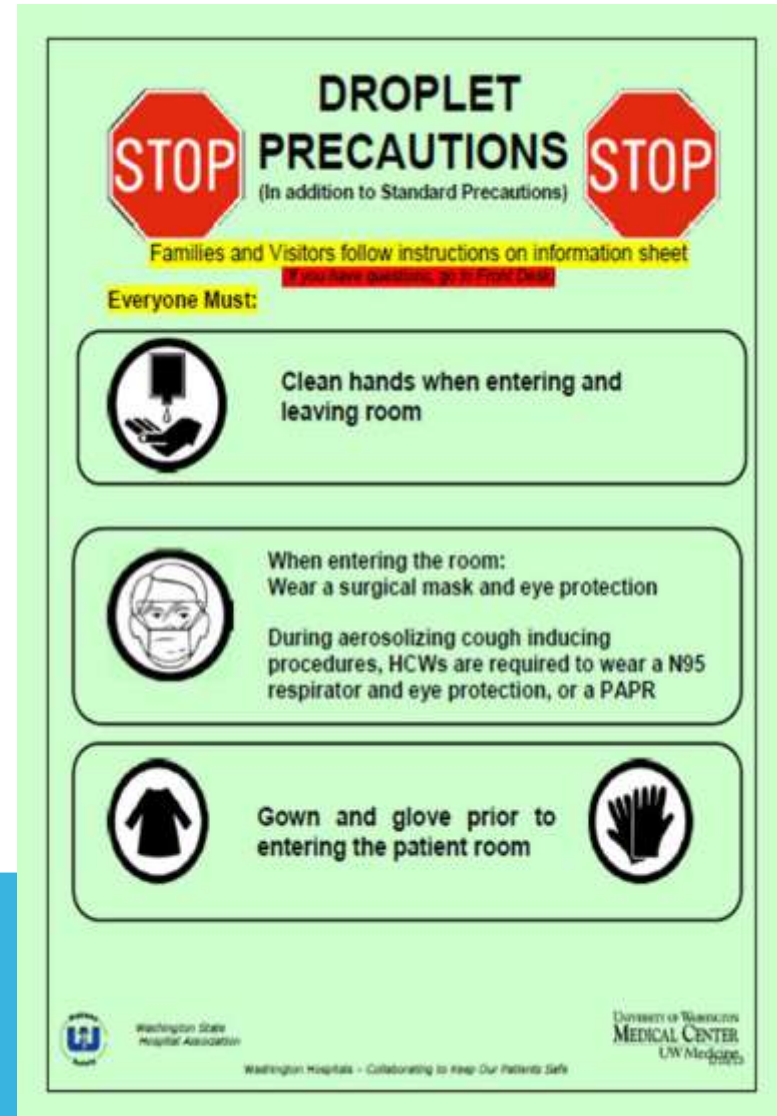
Droplet Precautions usually apply to respiratory illnesses: influenza, whooping cough, meningitis,

Droplets are released through sneezing, coughing, laughing, or procedures... travel through the air and land on surfaces.

Before entering the room: clean hands, put on surgical mask and eye protection

You may need to put on a gown – check with the nursing staff

Remove and dispose of everything in the room before leaving



POSTED PRECAUTION NOTICES

Airborne precautions are required for:
Tuberculosis, chicken pox, measles,
SARS, Avian influenza, other
dangerous viruses

Patient will be in a special negative
pressure room

Respirator protection is required:
either a N95 mask and eye
protection or a PAPR



STOP **AIRBORNE RESPIRATOR PRECAUTIONS** **STOP**

Families and Visitors need approval before entering room
Follow instructions from information sheet
Patients have symptoms, go to their room

Everyone Must:

-  Clean hands when entering and leaving the room
-  Wear an N95 mask and eye protection.
HCWs may wear a PAPR 

Patient Placement:

-  Airborne Infection Isolation Room required (negative pressure)
Keep door(s) closed 

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You must perform a “fit-check” each time you wear an N-95 mask

ASSURE YOU ARE ASSISTED WITH THE USE OF EITHER THE PAPR OR N-95 MASK



STERILE PROCEDURE AREAS OR OPERATING ROOMS

- Change into surgical scrubs or wear a jumpsuit over all clothing.
- Cover hair completely with surgical cap
- Leave all phones, pagers, bags, purses and clothing in locker
- Clean hands WELL – either with gel or soap and water *before* putting on gloves

Interventional Radiology RN and
Interpreter




Two interpreters preparing for C-section in full OR garb. No personal items can go into the OR unless they are under the garb and completely covered.

Jewelry needs to be removed or covered



IN SUMMARY:

- ✓ Interpreters enter every area in healthcare in which there are patients present, including critical and high risk areas
 - ✓ Interpreters have a responsibility to adhere to infection prevention measures for the safety of patients, staff and families
 - ✓ All 6 links in the Chain of Infection must be in place for germs to spread and cause infection
 - ✓ Standard Precautions are used ALL THE TIME, FOR EVERY PATIENT. This is hand hygiene and use of PPE as needed
 - ✓ Transmission-based precautions must be used according to type of germ or infection
 - ✓ Interpreters should be immunized against vaccine-preventable contagious diseases
 - ✓ Interpreters should have yearly TB testing/screening
- 

OTHER HEALTHCARE WORKER RESPONSIBILITIES:

Proper dress for healthcare

- ☐ Closed-toe shoes, full coverage clothing
- ☐ Short, natural nails

Department of Health Rules

- ☐ No food, drink, application of makeup, lip balm, etc. in patient care or specimen processing areas

Private Healthcare Information

- ☐ Adherence to HIPPA rules – all patient information is confidential



LAST BUT CERTAINLY NOT LEAST

CLEAN YOUR HANDS!

PRACTICE HAND HYGIENE OFTEN AND CORRECTLY

PLEASE DON'T COME TO WORK SICK



YOUR JOB IS IMPORTANT TO PATIENTS

LET LAUGHTER BE THE ONLY INFECTIOUS THING THAT YOU SPREAD!



THANKS FOR ALL YOU DO

