Controle de Infecção em TRS

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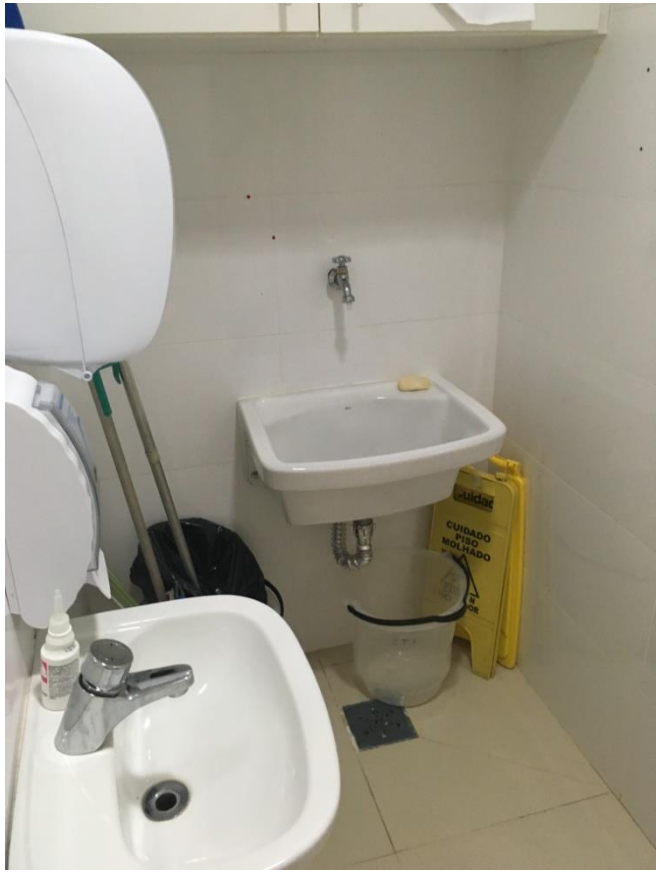
Estrutura Física

- Projeto arquitetônico aprovado pela Vigilância Sanitária – RDC 50/2002.
- Elaborado juntamente com a equipe multiprofissional.
- Visibilidade da equipe de assistência.
- Necessário ambientes de apoio (podem ser compartilhados).
- Climatização.

Lavatórios adequados

Depósito de Material de Limpeza



Sala de utilidades

Reuso – estrutura Física

Reuso

Reuso

- Equipamentos de Proteção Individual
- Exaustor
- Climatização

- Todo recipiente contendo produto químico manipulado ou fracionado deve **ser identificado**, de forma legível, por etiqueta com o **nome do produto, composição química, sua concentração, data de envase e de validade, e nome do responsável** pela manipulação ou fracionamento.

Reuso

- Fita teste concentração do ácido peracético.
- Registro

Dialisadores

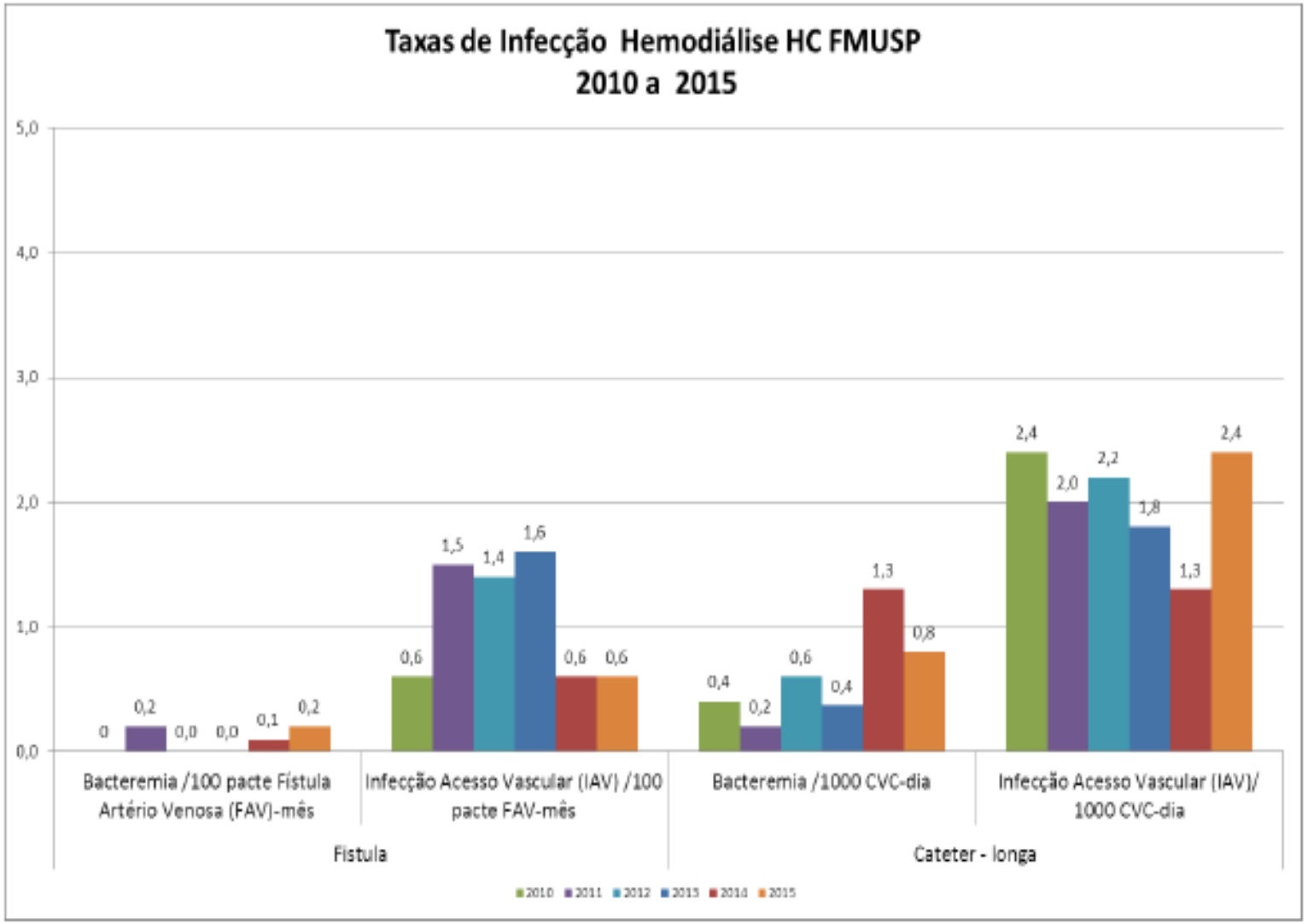
- Uso único
- Reprocessado

Prevenção de infecção relacionada à via de acesso

- **Fístula**

- Principal via de escolha
- Lavar com água e sabão
- Profissional fazer higienização das mãos antes de manipular
- Evitar puncionar áreas já puncionadas recentemente
- Anti-sepsia da pele com gaze estéril com solução anti-séptica.

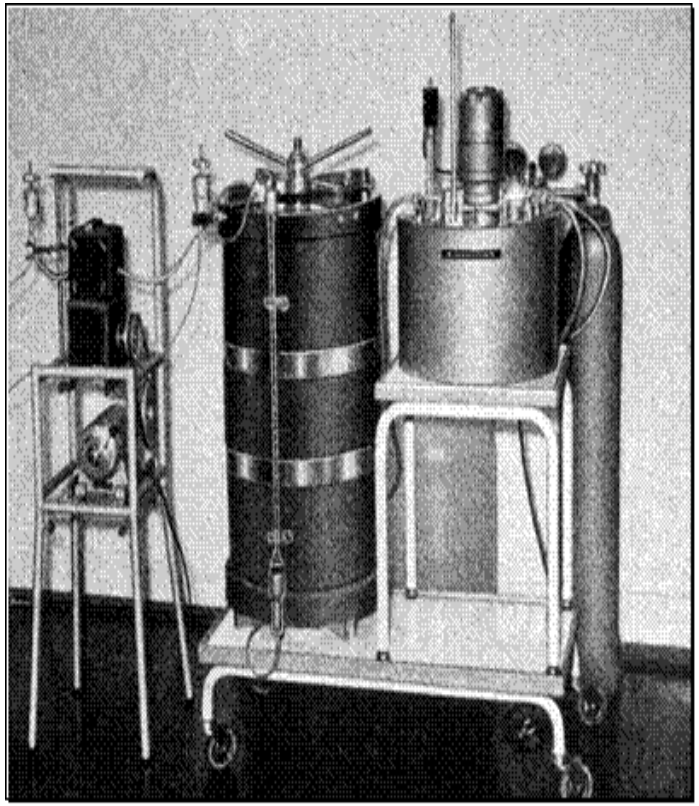
Gráfico 4. Comparação das taxas de infecção da corrente sanguínea e do acesso vascular de 2010 a 2015 por tipo de acesso (pacientes com fístula por 100 paciente-mês e com cateter por 1000 CVC-dia).

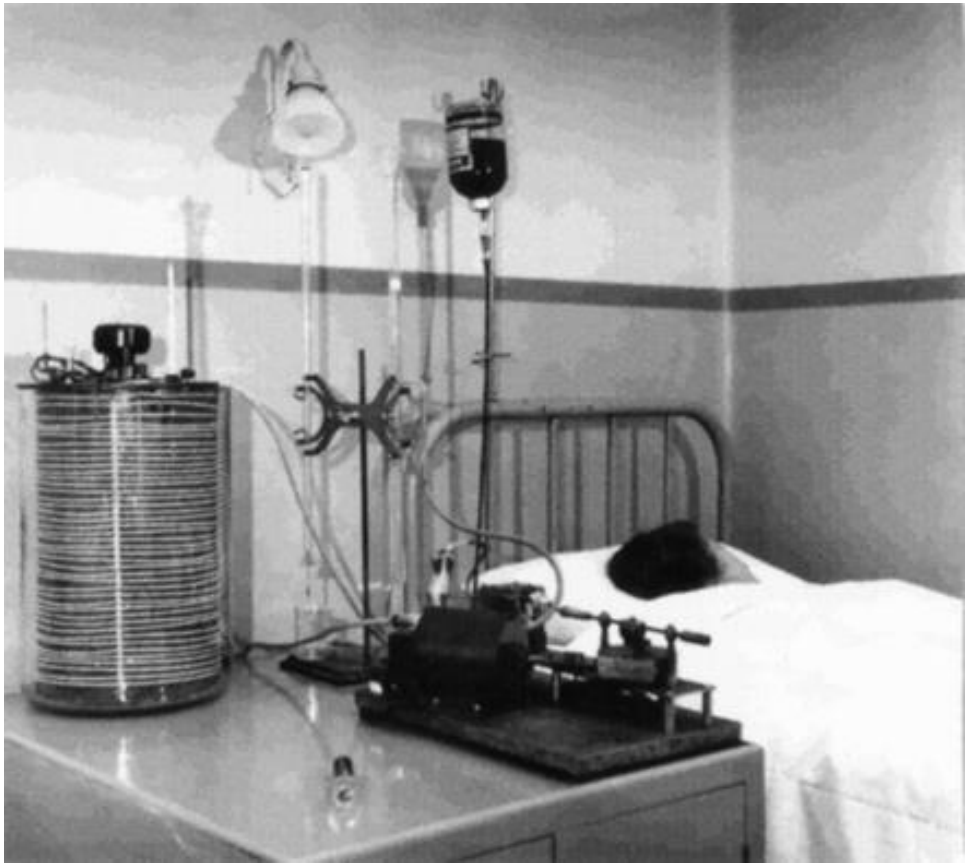


Dra Maura Oliveira, HC 2016

Prontuários

- Registro diário da sessão
- Assinatura do paciente
- Registro no número da máquina
- Prontuário único
- Prescrição de medicamentos





Estação de tratamento

Checklist: Dialysis Station Routine Disinfection

This list can be used if there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection. The proper steps for cleaning and disinfecting surfaces that have visible soil on them are not described herein. Additional or different steps might be warranted in an outbreak situation. Consider gathering necessary supplies[1] prior to Part A.

Part A: Before Beginning Routine Disinfection of the Dialysis Station

- ☐ Disconnect and takedown used blood tubing and dialyzer from the dialysis machine.
- ☐ Discard tubing and dialyzers in a leak-proof container[2].
- ☐ Check that there is no visible soil or blood on surfaces.
- ☐ Ensure that the priming bucket has been emptied[3].
- ☐ Ensure that the patient has left the dialysis station[4].
- ☐ Discard all single-use supplies. Move any reusable supplies to an area where they will be cleaned and disinfected before being stored or returned to a dialysis station[5].
- ☐ Remove gloves and perform hand hygiene.

PART B: Routine Disinfection of the Dialysis Station – AFTER patient has left station

- ☐ Wear clean gloves.
- ☐ Apply disinfectant[6] to all surfaces[7] in the dialysis station using a wiping motion (with friction).
- ☐ Ensure surfaces are visibly wet with disinfectant. Allow surfaces to air-dry[8].
- ☐ Disinfect all surfaces of the emptied priming bucket[3]. Allow the bucket to air-dry before reconnection or reuse.
- ☐ Keep used or potentially contaminated items away from the disinfected surfaces.
- ☐ Remove gloves and perform hand hygiene.

Do not bring patient or clean supplies to station until these steps have been completed.

MAKING DIALYSIS SAFER COALITION

CDC Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases

Audit Tool: Hemodialysis station routine disinfection observations*

(Use a "√" if action performed correctly, a "Φ" if not performed/ performed incorrectly. If not observed, leave blank. All applicable actions within a row must have "√" for the procedure to be counted as successful.")

*This audit tool applies when there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection.

Discipline	All supplies removed from station and prime bucket emptied	Gloves removed, hand hygiene performed	Station is empty before disinfection initiated**	New clean gloves worn	Disinfectant applied to all surfaces and prime bucket	All surfaces are wet with disinfectant	All surfaces allowed to dry	Gloves removed, hand hygiene performed	No supplies or patient brought to station until disinfection complete

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

Duration of observation period: _____

Number of procedures performed correctly = _____

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:

** Ensure the patient has left the dialysis station before disinfection is initiated.

MAKING DIALYSIS SAFER COALITION

National Center for Emerging and Zoonotic Infectious Diseases

Division of Healthcare Quality Promotion

CDC

Vacinas de pacientes

- Hepatite
- tétano
- Pneumococica
- influenza
- Zoster
- PPD

Vacinas profissionais de saúde

- Tríplice viral
- dT
- VHB
- influenza

https://youtu.be/_0zhY0JMGCA

Preventing Bloodstream Infections in Outpatient Hemodialysis Patients

Preventing infections in hemodialysis: An executive summary of the APIC Elimination Guide

Terri Rebmann, PhD, RN, CIC,[a] and Sue A. Barnes, RN, CIC[b]
St. Louis, Missouri, and Oakland, California

AJIC, 2011

Agentes Multirresistentes

- Perfil epidemiológico
- Boas práticas coleta / transporte de culturas
- Fase analítica (qualidade do laboratório)
- Pós analítica – interpretação
- TAT – Turn around time (tempo de resposta do exame).

LIMPEZA X DESINFECÇÃO

- Sempre que houver presença de **matéria orgânica** em superfícies, essa deverá ser **removida**. A seguir, realizar a limpeza e, posteriormente, a desinfecção.
- É imprescindível que o local seja **rigorosamente limpo antes da desinfecção**. As superfícies são consideradas itens **não críticos**, pois entram em contato com a pele intacta das pessoas.
- O uso de desinfetantes no ambiente de assistência à saúde deve ser **criterioso, restrito aos ambientes** e situações onde haja indicação comprovada de sua utilização.

AVALIAÇÃO DA LIMPEZA DO AMBIENTE

- **Observação direta** - o check-list viabiliza a sistematização do processo de limpeza.
- **Culturas do ambiente** - swab da superfície a ser pesquisada (*se tiver um objetivo específico*).
- **Culturas em placas** - contato da superfície com placas com meio Hagar (*se tiver um objetivo específico*).
- **Marcadores fluorescentes** - aplicação de um gel fluorescente que é detectado com lâmpadas de luz negra, após processo de limpeza.
- **ATP bioluminescência** - medição de Adenosina Trifosfato (ATP) orgânico em superfícies com swab padronizado.

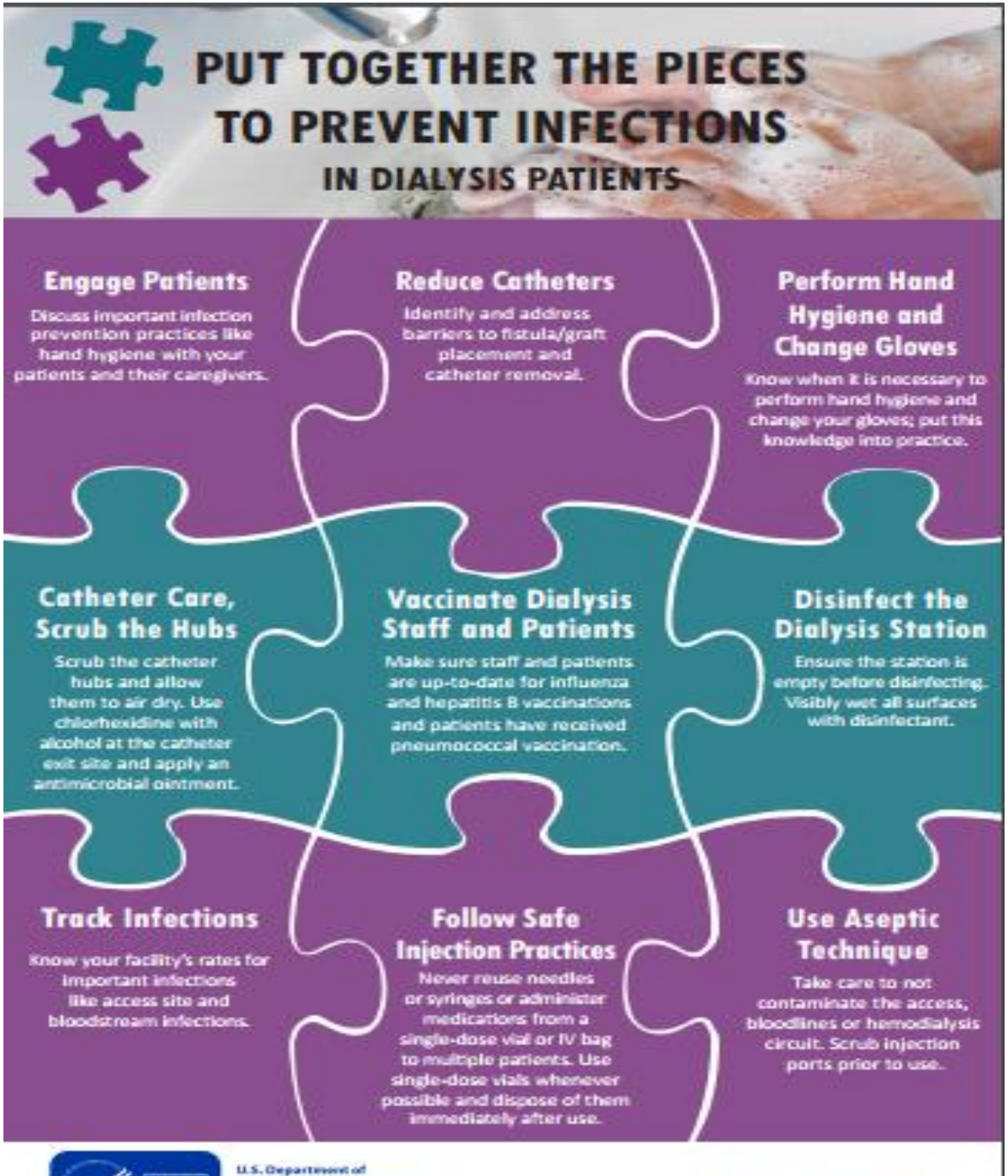
- **Quando monitorar:**

- Quando estiver padronizando processos de limpeza para o serviço.
- Estabelecer um padrão de referência ideal.
- Periodicamente, para assegurar que o padrão está sendo mantido.
- Comparação de uma nova técnica ou produto.
- Treinamentos da equipe.
- Caso de surtos ou necessidade de reduzir infecções relacionadas à saúde.

- Elements of a culture of safety
- Acknowledge the high-risk nature of the activityEstablish safety as a key goal in policies and proceduresEvaluate errors as “system failures,” not as an individual’s failuresCommit needed resources, including time and technologyRecognize that a “safe” environment is not error freeReport “near misses” and events in blame- and retaliation-free environmentDevelop processes for peer review and analysis of root cause

Garrick R, Kliger A, Stefanchik B. Patient and Facility Safety in Hemodialysis: Opportunities and Strategies to Develop a Culture of Safety. *Clinical Journal of the American Society of Nephrology: CJASN*. 2012.

- Reconhecer a natureza de alto risco da atividade;
- Estabelecer a segurança como um objetivo chave nas políticas e procedimentos;
- Avaliar erros como "falhas do sistema", não como falhas de um indivíduo;
- Utilizar-se dos recursos necessários, incluindo tempo e tecnologia;
- Reconhecer que um ambiente "seguro" não é livre de erros;
- Relatório "near misses" e eventos em ambiente sem culpa e retaliação;
- Desenvolver processos de investigação e análise de causa raiz.


PUT TOGETHER THE PIECES TO PREVENT INFECTIONS
IN DIALYSIS PATIENTS
Engage Patients
Discuss important infection prevention practices like hand hygiene with your patients and their caregivers.
Reduce Catheters
Identify and address barriers to fistula/graft placement and catheter removal.
Perform Hand Hygiene and Change Gloves
Know when it is necessary to perform hand hygiene and change your gloves; put this knowledge into practice.
Catheter Care, Scrub the Hubs
Scrub the catheter hubs and allow them to air dry. Use chlorhexidine with alcohol at the catheter exit site and apply an antimicrobial ointment.
Vaccinate Dialysis Staff and Patients
Make sure staff and patients are up-to-date for influenza and hepatitis B vaccinations and patients have received pneumococcal vaccination.
Disinfect the Dialysis Station
Ensure the station is empty before disinfecting. Visibly wet all surfaces with disinfectant.
Track Infections
Know your facility's rates for important infections like access site and bloodstream infections.
Follow Safe Injection Practices
Never reuse needles or syringes or administer medications from a single-dose vial or IV bag to multiple patients. Use single-dose vials whenever possible and dispose of them immediately after use.
Use Aseptic Technique
Take care to not contaminate the access, bloodlines or hemodialysis circuit. Scrub injection ports prior to use.
U.S. Department of

Patients with Fistulas or Grafts

6 TIPS to prevent Dialysis Infections

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/ckd www.cdc.gov/dialysis/patient

TIP 1

Take care of your dialysis access site at home. Avoid scratching or picking it.

TIP 2

Wash your hands often, especially before and after dialysis treatment.

TIP 3

Wash or cleanse your dialysis access site prior to treatment.

TIP 4

Know the steps your healthcare providers should take when using your dialysis access for treatment.

TIP 5

Know the signs and symptoms of infection and what to do if you think you might have an infection.

TIP 6

Know what to do if you have any problem with your dialysis access site.

Patients with Catheters

6 TIPS to prevent Dialysis Infections

TIP 1

Catheters have a higher risk of infection. Ask your doctor about getting a fistula or graft instead.

TIP 2

Learn how to take care of the catheter at home. Do not get it wet.

TIP 3

Wash your hands often, especially before and after dialysis treatment.

TIP 4

Know the steps your healthcare providers should take when using the catheter for treatment.

TIP 5

Know the signs and symptoms of infection and what to do if you think you might have an infection.

TIP 6

Know what to do if you have any problem with the catheter.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/ckd www.cdc.gov/dialysis/patient

Obrigada!!!!

alineschio@gmail.com