

Infection Prevention and Control in Hospital Unit Urgency and Emergency: A Review of Integrated Research

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Abstract

Over the years in Brazil, the nosocomial infection (NI) has provided as a serious public health problem, and it is necessary to government intervention, through the Ministry of Health, establishing health policies for the hospital area, for this was created to control committees of hospital infections (CCIH), with educational activities addressing issues facing healthcare professionals. Objective was to conduct a literature review to describe the elements needed to prevent the infection process in nursing care in emergency rooms. This is a bibliographic study, descriptive and exploratory retrospective analysis with integrative, conducted through surveys of databases Lilacs, Scielo, Medline and Bireme. articles of interest were included in the study, that is, those that made reference in your data, aspects of prevention and control of infection in an emergency care hospital, being used time items from 2008 to 2018, selected materials (books, articles, theses, dissertations and other) on the subject, called anchor - related specific text segments, which gave grounds to the proposed theme, emphasizes the lack of current and further studies on the subject. It is hoped that this study will contribute to further research, leading to a reflection on the appreciation of the nursing team's work in the context of prevention of hospital infections in patient safety and healthcare quality adjustments provided in health services.

Keywords: Nursing; Infection; Urgency; Emergency

Introduction

Over the years in Brazil, the nosocomial infection (NI) has provided as a serious public health problem, and it is necessary to government intervention, through the Ministry of Health, establishing health policies for the hospital area, for this was created to control committees of hospital infections (CCIH), with educational activities addressing issues facing healthcare professionals [1].

Infections have been hitting on a global scale and represent a major causes of death in hospitalized patients. According to the Ministry of Health in Brazil, the average rate of nosocomial infection is about 15% in the US and Europe is 10%. It is worth remembering that the hospital infection rate varies significantly because it is directly related to the level of care and complexity that each hospital offers [2].

THE Ordinance 2616 on May 12, 1998 [3] was launched by the Ministry of Health in order to minimize hospital infection rates that establishes mandatory committee's infection control in health facilities and how they should act. even though its importance, cases of infection both in emergency and in other units still remain.

The Urgency and Emergency Units are at main entry points in the health care system, elected by the population as best place to obtain diagnosis and treatment of health problems, regardless of the level of urgency and seriousness of these events. So, considering the in-

creased risk of cross-infection in service emergency and urgent by the large number of patients and the lack of preparation professionals, lack of human and material resources, non-adherence to practical proposals [4].

In urgent and emergency services the risks inherent to the provision of assistance Nursing greatly increased, as the professionals and customers are exposed to a working environment that facilitates the emergence of infections crossed by the great demand for multiple trauma patients. Hospital infection is associated with contamination of materials and especially equipment, we cannot ignore essential measures to prevent and control these infections such as hand hygiene and use of PPE should be a habit among health professionals [5,6].

The nurse has an important role in the prevention and control infections. Use appropriate barrier precautions, observe the careful hand hygiene and ensure aseptic care of intravenous catheters and other invasive equipment also helps in reducing infections [2].

Objective of the Study

Objective was to conduct a literature review to describe the elements needed to prevent the infection process in nursing care in emergency rooms. Identify how the infection occurs in the health service and in particular the urgency and emergency; Detect the main outcomes and complications; Describe the measures for control and prevention.

Given the high rates of hospital infection focus of this research is directly related to the general health professionals; they are the active subjects of this process. It is expected to understand the forms of prevention and the incorporation of bio-security measures in nursing care. Its relevance permit evaluation of care and if necessary, to institute a review of the current processes thus minimizing possible complications, seen in service quality and patient safety.

Materials and Methods

This is a bibliographic study, descriptive and exploratory retrospective analysis with integrative, conducted through surveys of databases Lilacs, Scielo, Medline and Bireme. The key words used in the research were: Nursing, Infection, urgency and emergency. articles of interest were included in the study, that is, those that made reference in your data, aspects of prevention and control of infection in an emergency care hospital, being used time items from 2008 to 2018, selected materials (books, articles, theses, dissertations and other) on the subject, called anchor - related specific text segments, which gave grounds to the proposed theme, emphasizes the lack of current and further studies on the subject.

Being held exploratory reading and selection of material, began to analytical reading for through the reading of selected works, which enabled the organization of ideas in order of their importance and synthesizing these which aimed to fix the essential concepts for the solution of research problem.

Thus, this work involves reading the articles, so that requires an approach that favors the understanding of the studied phenomenon. Therefore, the analysis document is used as the main technical data of apprehension.

Results and Discussion

In ancient times, a number of people in a confined environment facilitated the transmission of communicable diseases, may lie the origin of hospital infection during this period. Such infections due to lack of therapeutic procedures, presented the same as those broadcast in the communities: airways, water, food; featuring playing and epidemics such as cholera and the plague, eminently exogenous character and specific [2].

Hospital infection is listed as the appearance of any clinical sign of infection from 72 hours after admission and even after discharge the patient in the hospital, or when it may be related with hospital or medical procedures. It manifests as complications critically ill patients as

a result of hospitalization and performing immunosuppressive or invasive procedures that the patient correctly or incorrectly, was submitted (Nogueira, 2009).

Infections related to health care are the most frequent and important complications occurred in hospitalized patients. A hospital infection adds several days to hospitalization. Also, they generate high costs of diagnosis and treatment. Thus, infection control and awareness of the professionals involved in direct patient care should be rigorous to ensure the safety of maintenance in the hospital environment [7]. As Barros, *et al.* [8] are highlighted the following functions of the Control Commission Nosocomial infection (CCIH): epidemiological surveillance infections, including diagnosis, notification consolidation and reporting, evaluating the performance professional by infection rates; investigation outbreaks, in which it reviews the care practices; isolation measures and precautions to avoid the spread of communicable diseases, statement additional protective measures to meet of patients; adequacy and supervision of standards techniques, assessing ducts and standards existing at the hospital, use policy antimicrobials, setting rules for prescription medicines and development of clinical protocols.

As for extrinsic factors, are those related to the external environment, such as hand hygiene, proper invasive procedures, use of correct technique, the use of PPE and others. Hand hygiene (HM) is recognized as the most effective practice to reduce healthcare associated infections (HAIs) by preventing cross-transmission of microorganisms. Detachment hand hygiene is used here as the main extrinsic factor analysis [9].

Through the World Health Organization data, for the year 2014, hundreds of millions of patients are affected by health care (HAI) each year around the world, leading to a significant mortality and enormous financial losses for health systems. Of every 100 hospitalized patients, 7 in developed and 10 in developing countries will acquire at least one IRAS [10].

Hospital infection can be acquired from the emergency service or throughout permanence of the individual in the health unit. However, infections in Emergency undoubtedly represent a major problem making risk factors for patients and for the whole team that shares its assistance, especially the nursing staff that is linked directly with the patient. It was found that the average length of stay is observed from 15.9 days in the emergency room, this is well above the 24-hour limit recommended by the Ministry of Health for such units. Which-ever the use of devices, the high prevalence of mechanical ventilation highlighting (52.4%) and central venous catheters (42.9%), with less significant use of the urinary catheter (4.8%) (Correa, 2010).

Most of the population has regular access to an ambulatory health quality service, this contributes to the poor health of the population, increasing demand for emergency service. Pointing out that the structure of health services in the country generates a priority to emergency services, as they are more agile than the outpatient care [11].

Due to the great demand for the flow of multiple trauma patients with bleeding and secretions eliminations in the emergency, the increased risks inherent in the provision of nursing care greatly increasing the infection rate, for professionals and customers are exposed to an environment of work that facilitates the emergence of cross-infection [12].

A little different from other units or hospital departments, the emergency does not delimit the entry of patients, works in most cases with extra beds or even on stretchers with fixed number of professionals in a restricted physical area and can become unfit for service (Correa, 2010).

Nursing professionals on the front line in direct customer care, being most of the time involved with invasive procedures and consequently exposed [1].

For an effective role in the occurrence and infection control, for the clinical model of intervention, it is necessary to resize the problem beyond their isolated practice and place it in the broader context of the entire health system, allowing to analyze not only their different forms of access and quality of such assistance [2].

According to Coelho, *et al.* (2011) and Souza, *et al.* [9] consider that hand hygiene is the most effective practice for infection transmission control, but non-adherence by the professionals of this practice have hindered the control of this problem. You need preparation and training of all staff and employees who join the health institutions in order to promote awareness and accountability and reduce satisfactorily so the levels of infection.

Given also examine the need for constant training of health professionals to carry out the cleaning technique of the hands correctly. The negligence in not following the protocols of the institutions for hand hygiene compromises the safety of the patients involved in health care at risk of transmission of microorganisms to himself, to the health professional, to other patients and the environment.

Silva (2017) points out that the main factors that make it difficult for the accession of precautionary measures by professionals, especially with the lack of knowledge about the importance of measures, forgetfulness and lack of supply of materials by the institution. The health education for families and visitors in general can help prevent infection and should be performed daily by health any professional available when the presence of people outside the hospital environment.

Continuing education should be considered a strategy means for the training of professionals, incorporating learning into everyday life of organizations and encouraging changes in educational strategies in order to focus on the practice as a source of knowledge and put the professional to work actively in this process [13].

The nurse in the continuing education process is at the forefront to develop actively in improving the quality of care provided to the client and should be used as a method for access control of people, information to visitors, flow organization of patients in hospital environment, awareness of the importance of hand hygiene, and other extrinsic factors that interfere in the control of infections [13].

Nursing as an organization has the possibility of innovation in their work. It is committed to the services it offers, having specific knowledge that can lead their administrative actions seeking the assistance of excellence, through a planned practice with a view to a better job [14].

The emergency unit needs better organization, and much is needed: teams of professionals with fitness and proper training, protocols institution for initial approach, including screening, procurement and deployment of the necessary materials as well as the establishment of interdisciplinarity in the care of critically ill patients [15].

In Ready services Customer demands emerge of users with different needs, from the simplest to the most complex, and the process code work should be organized to meet them. However, the form of organization of services focuses not always comprehensive care in the structuring of hospital services, and deficiencies in this structure, it is up to the user, the right to fight for the service, thus travels alone, at its discretion and risk, different services when this would be the responsibility system as a whole [14].

However, the only alternative to the effective care hospital inpatient units would be an efficient service in the basic units and clarification of the public and health professionals about the real purpose of urgent and emergency services.

The educational process is closely related to the individual subjectivities of each professional, it is known that the health practice, though grounded in a scientific theory, is deeply dependent on the moral, ethical, subjective ideological these professionals, regarding interpretation, judging and personal decision the application of scientific knowledge to the concrete and particular situations. characterizing the social representations of each individual in daily practice [4,16,17].

Conclusion

This study allowed us to verify, the inadequacies of the structure of the health care network is a factor that has contributed significantly to the burden on services. The increased demand for emergency services/emergency unit generates disorganization, poor quality of care and thus creating a poor patient care.

Knowledge of this fact gives us value as needs restructuring of the current health system, the consolidation perspective of SUS principles.

Health professionals who have the knowledge of the risks still has a degree of acceptance less than desirable. For nursing it is believed that there is the challenge of investing efforts to reconfigure the care and management practice in emergency departments and hospital emergency, actively contributing to change the scenario present.

It is hoped that this study will contribute to further research, leading to a reflection on the appreciation of the nursing team's work in the context of prevention of hospital infections in patient safety and healthcare quality adjustments provided in health services.

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