


**A Plea For Simplicity**  
**Dr. Jim Hutchinson, Memorial University of St. John's**  
**A Webber Training Teleclass**

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**A Plea for Simplicity**  
Observations, Opinions and Ramblings of a  
Middle-Aged Infection Doctor

**Jim Hutchinson**  
Memorial University of St. John's

Hosted by Paul Webber  
paul@webbertraining.com

 infectionNet [www.webbertraining.com](http://www.webbertraining.com) April 29, 2010


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I am older than the president of the  
United States

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there is nothing more social than  
infectious disease

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vaccines only work if we all take them

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Tommy Douglas is still right

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we know how bugs are transmitted

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it's the people not the bugs

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My friends, watch out for the little fellow  
with an idea

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principles are everything


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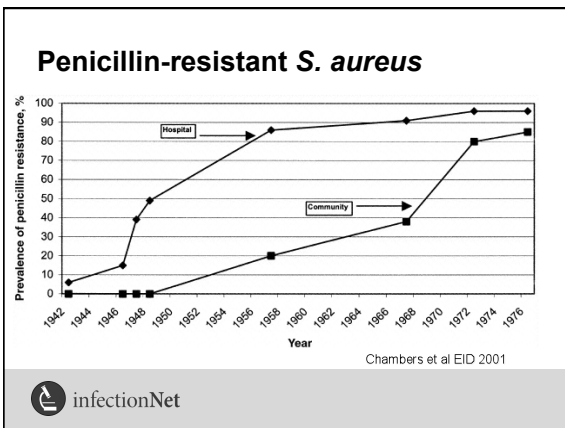
we can't cleanse populations of antibiotic resistant organisms




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it is conceptually silly

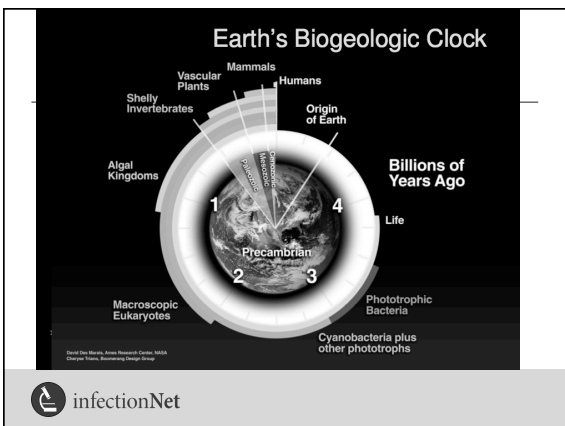





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if everyone had their own toilet we would see little *C. difficile*




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if everyone had their own toilet we would  
see little *C. difficile*


simple



---

if everyone had their own toilet we would  
see little anything


simple



**Simple is better**

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- We need less messages
- We need simpler messages
- The public needs to understand
- The workers need to understand
- The patients need to understand
- The doctors need to understand



**The people not the bugs**

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- Bug specific policy and practice is complicated
- Complicated things are very difficult to explain



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simple  
precautions  
every time


simple



---

simple precautions every time.

simple




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simple precautions ... every time.


simple



### Simple Precautions™

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A safety inspired system of infection control practices based on people and processes, not microorganisms. Use of scarce private rooms is based on patient condition, not microorganism. A large focus is placed on the processes of care with an emphasis on universality.



### All the time

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- Concentration on “the basics” in all areas
- Simplify the decisions
- Clean and Safe



### Simple Precautions

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- Based on “Routine Practices” or “Standard Precautions”
- Focus on re-education
- Easy to understand
- Sensible
- Simple



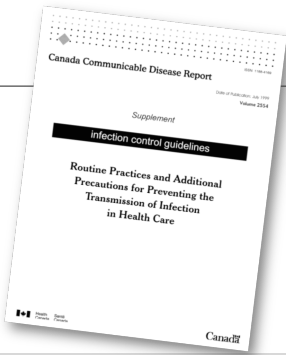
### Simple triage


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- Known tuberculosis or chicken pox (airborne)
- Tuberculosis suspected (airborne)
- Febrile neutropenia
- Large burns
- Large wound(s)
- Large rash esp. if febrile
- Diarrhea
- Uncontrolled respiratory secretions
- Known MRSA with none of the above



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### Routine Practices States

- Hand Washing/Hand Antisepsis Hands must be washed(231,249)**
- after any direct contact with a patient, before contact with the next patient.
    - Direct contact refers to hand contact with the patient's skin.
    - Special considerations: The need for hand washing after casual contact unrelated to patient care should be judged on an individual basis
  - before any contact with immuno-compromised or ICU patients
  - before performing invasive procedures
  - after contact with blood, body fluids, secretions and excretions and exudates from wounds
  - after contact with items known or considered likely to be contaminated with blood, body fluids, secretions, or excretions (e.g. bedpans, urinals, wound dressings)
  - immediately after removing gloves(268)
  - between certain procedures on the same patient where soiling of hands is likely, to avoid cross-contamination of body sites(258,277)
  - before preparing, handling, serving or eating food and before feeding a patient when hands are visibly soiled
  - after personal use of toilet or wiping nose.



before all care. wash.

simple



soap. water.

simple



clean. safe.

simple



wash your hands. all your friends are.

simple



simple precautions prevent infections.

simple




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simple precautions every time.


simple

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help make the hospital neat as a pin.

simple

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clean safe bathrooms. clean.


simple

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everybody can help. clean.


simple

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fight infections. wash your hands.


simple

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**Bare below the elbows**

- An excellent way to symbolize change toward simplicity and universality
- Visible means of workers demonstrating buy in
- A start toward institution laundered uniforms


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elbows out? clean.


simple



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show some skin. elbows are in.

simple



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Page last updated at 11:25 GMT, Tuesday, 16 December 2008

**Doctor's white coat to be banned**

The traditional doctor's white coat is to be dropped under a new NHS dress code unveiled by the Scottish Government.

NHS staff will also not be allowed to wear their uniform out of work and ties will be prohibited in a bid to stop the spread of infections.

Nurses will also be issued with a national uniform to make different types of staff more recognisable.

The Royal College of Nursing (RCN) in Scotland welcomed the move.

White coats have been worn by doctors for more than 100 years, although they have fallen out of favour in recent times.

Health Secretary Nicola Sturgeon said the dress code would give patients greater confidence in the quality of healthcare delivered.

Speaking at the Royal Infirmary in Edinburgh, she said: "I believe that having one uniform across the service which is readily identifiable should help both staff and patients to further ensure good

**SEE ALSO**

- Death of the doctor's white coat 17 Sep 07 | Health
- Nurse uniform to fight infection 23 Jun 08 | Wales
- Nurses' uniform probe concludes 11 Jan 08 | Tayside and Central

**TOP SCOTLAND STORIES**

- Governments fall out over nuclear
- Crash case 'difficult to find'
- Force is strong for Jedi police

**MOST POPULAR STORIES NOW**

SHARED | READ | WATCHED | LISTENED

1. Police 'stop attempt on Morales'
2. Obama publishes 'torture' memos




## NHS Scotland nurse uniforms



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jewellery off? clean.

simple



---

wristwatch off? clean.

simple





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**Specific messaging**

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- Strategically placed
- Rotated
- Repetitive



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gloves off before leaving room? clean.


simple




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blood pressure cuff wiped? clean.

simple




---



stethoscope wiped? clean.

simple



---



take me to your washer

simple



---



take me to your incinerator


simple



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sharps container full? safe.  
simple




---

new mop head? clean.  
simple




---

antibiotic on time? safe.  
simple




---

suctioning? goggles on? safe.  
simple




---

no touch technique? clean.  
simple



---

high touch surfaces wiped? clean.  
simple




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ultrasound gel bottles dated? safe.


simple

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head of bed up? safe.


simple

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disinfectant potency checked? safe.


simple

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scope channels flushed? clean.


simple


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sick? shouldn't visit.

simple

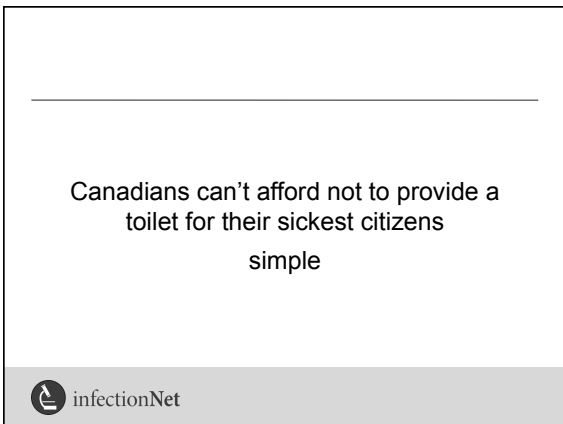
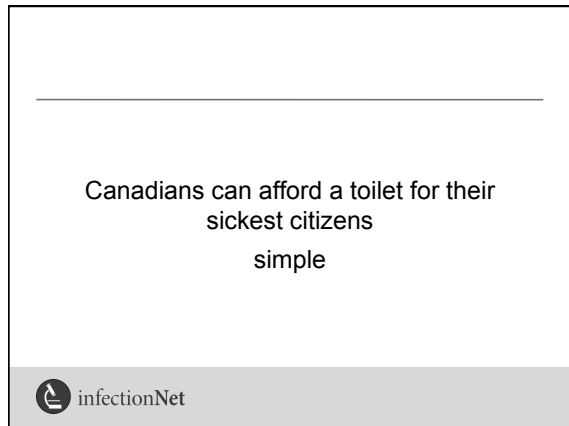
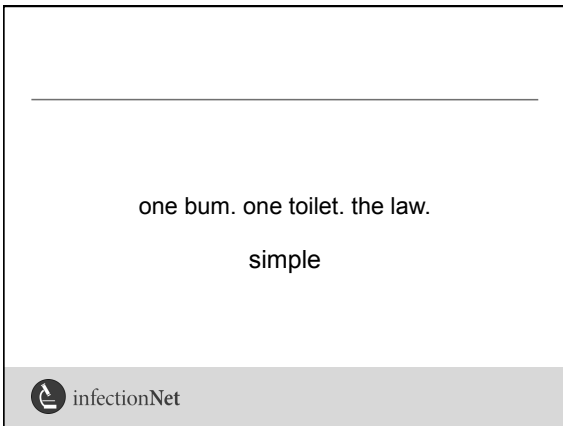
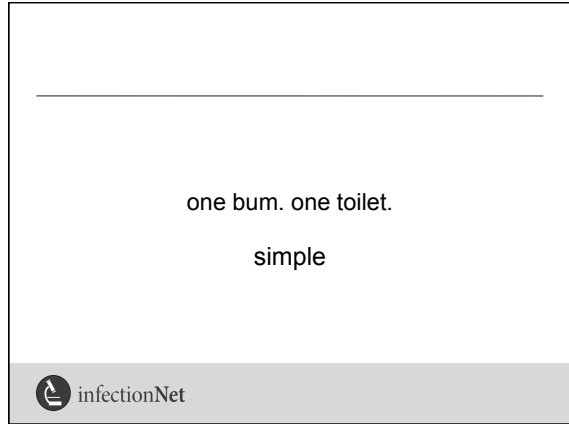
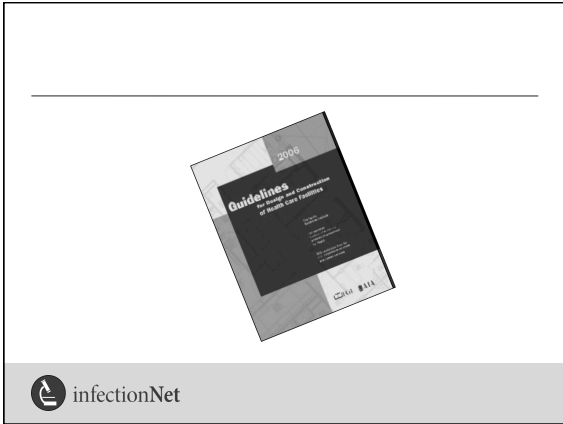
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<b>THE NEXT FEW TELECLASSES</b>	
6 May 10	Disinfection and Sterilization: Special Emphasis on Pediatric Issues Speaker: Dr. William Rutala, University of North Carolina
13 May 10	Multi-Drug Resistant Organisms in a Behavioral Health Setting Speaker Gail Bennett, ICP Associates
20 May 10	Epidemiology of Healthcare Associated Infections in Limited Resource Settings Speaker: Dr. Victor Rosenthal, Medical College of Buenos Aires
31 May 10	(Free Teleclass) Challenges in Reprocessing in Community Settings <i>Broadcast live from the 2010 CHICA-Canada conference</i> Speaker: Gail Meara, Alberta Health Services
2 June 10	(Free Teleclass) Going Green vs. Best Practices: Busting The Myth <i>Broadcast live from the 2010 CHICA-Canada conference</i> Speaker: Ed Rubinstein, University Health Network, Toronto
9 June 10	(South Pacific Teleclass) From Obscurity to "Superbug": The Rise of <i>Clostridium difficile</i> Infection <i>Broadcast live from the 2010 CHICA-Canada conference</i>

[www.webbertraining.com.schedule1.php](http://www.webbertraining.com.schedule1.php)

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