Changes for 2016-2017
Summary of Major Changes
Infection Prevention and Control Manual 2012

No.	Policy #	Brief Descriptions of the Major Changes
1.	IC101	Wash hands with soap and water if exposure to *Clostridium difficile infection (CDI)* is suspected or proven. According to the Association for Professionals in Infection Control, there have been no studies in acute care settings that demonstrate an increase in CDI with ABHRs or a decrease in CDI with traditional hand washing with soap and water. The use of soap and water for hand hygiene over the use of ABHRs after caring for a patient with CDI is **not** recommended in non-outbreak settings. The recommendation to use soap and water preferentially in outbreak settings after caring for a patient with CDI is recommended based on the theoretical benefit of the physical removal and dilution of spores from the hands by washing, rather than killing the spores. CDC does not recommend one cleaning method over another for general prevention of CDI. DHS competency exam requires use of soap and water for CDI. Practice change so that there is not a discrepancy between Rancho policy and DHS competency.
2.	IC103B	Dedicate use of non-critical patient care equipment to a single patient. If use of common equipment or items is unavoidable, equipment or items coming in contact with the patient will be disinfected with a hospital-approved disinfectant or placed in the *designated* bin located in the dirty utility room and sent to Central Service for decontamination. Changed from gray to *designated*.
3.	IC103E	All mentions of medical record were changed to electronic medical record.
4.	IC103F	If a patient is found to have MRSA colonization ONLY as a result of a nasal culture(s) then the patient does NOT need to be placed into Contact Precautions on admission or re-admission. All other patient with MRSA found on any culture for ANY other reason must be placed on Contact Precautions.
5.	IC 104	Updated list of reportable diseases and conditions