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PROPHYLACTIC OF NOSOCOMIAL INFECTION

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In recent years, nosocomial infection has been one of the central problems in medical practice. Prevention of nosocomial infections is an important component of providing quality treatment and a safe stay for patients, work of personnel in the conditions of organizations engaged in medical activities.

An infection can be considered nosocomial if the first manifestations appeared at least 48 hours after the patient's admission to the medical organization, it should be borne in mind that at the time of admission there were no clinical manifestations of the disease, and also with the exclusion of the likelihood of incubation period.

One of the points in the framework of the prevention of nosocomial infection is vaccination and periodic medical examinations by employees of healthcare facilities, monitoring for the state of their health, timely detection and treatment of diseases associated with professional activities.

Prevention of infection in the surgical site is important. These infections can occur up to 1 year after the operation. Prevention consists in the correct conduct of preoperative and postoperative measures, compliance with aseptic and antiseptic measures.

A significant role in the prevention of nosocomial infection is the correct disinfection and disposal of waste. Depending on the degree of their epidemiological and toxicological hazard, negative impact on the environment, medical waste is divided into five classes: class A - epidemiologically safe waste, close in composition to municipal solid waste; class B - epidemiologically dangerous waste; class B - extremely epidemiologically hazardous waste; class G - toxicologically hazardous waste of I-IV hazard classes; class D - radioactive waste. The modern and recommended methods of waste disinfection in healthcare facilities include technology Microwave, steam sterilization, steam sterilization followed by grinding, protein lysis.

One of the key points of prevention is the systematic cleaning of the premises of the hospital. Wet cleaning should be carried out at least twice a day, and when necessary - more often, with the use of disinfectants. Mandatory general cleaning at least once a week. It is also necessary to ventilate the premises. Only professional cleaners, detergents and disinfectants approved for use in the presence of patients should be used for disinfection. The problem of cleaning in a hospital at the present stage is the difficulty of controlling the quality of the disinfection carried out - the subjective visual method does not give an accurate assessment, it has a predominant influence of the human factor, while microbiological monitoring is quite expensive, despite their effectiveness.

Air disinfection in the premises of medical organizations has a significant impact on the spread of pathogens of nosocomial infections. The most common methods of air purification include filtration, the use of ultraviolet radiation, decontamination with aerosols of chemical disinfectants and ozonation.

Economic analysis is a new direction in the field of prevention of nosocomial infections. This method includes supporting the development of infection control programs. The analysis requires three main elements: the cost of new infection prevention policies (compared to others), cost savings from averted infections, and clinical benefit.

All in all, there are a large number of methods and means of preventing nosocomial infections. Most of them have been formed since the beginning history of asepsis and antiseptics and continue to develop until now. The main attention is given to the correct treatment of surfaces in contact with the patient, as well as air purification in the premises of a medical organization.