

# JAM Session 10: Who We Love, We Protect



## *Protecting the Immunocompromised Patient*

### Why This Matters

Immunocompromised patients cannot fight infection the way others can. For them, what feels minor to us can become severe, life-threatening illness. When we follow infection prevention practices consistently, we protect those who are least able to protect themselves.

Who May Be Immunocompromised?  
Not all vulnerable patients look vulnerable.

Examples include:

- Oncology patients receiving chemotherapy
- Transplant recipients
- Dialysis patients
- Patients on long-term steroids
- Advanced diabetes
- Patients with HIV
- Premature infants
- Elderly patients with multiple comorbidities

What Is Low Risk for Us Can Be High Risk for Them

- A mild respiratory virus → severe pneumonia
- A small break in the skin → bloodstream infection
- Shared equipment not disinfected → sepsis
- Working while ill → prolonged hospitalization

Their immune system cannot do the heavy lifting.  
So we must.

### High-Impact Behaviors That Protect

#### Hand Hygiene

- Before entering the room
- Before aseptic tasks
- After glove removal
- After touching the patient environment

Consistency is critical.

#### PPE & Isolation Precautions

- Follow posted precautions exactly
- No “quick entry” without proper PPE
- Don and doff correctly
- Protect from droplet and contact exposure
- Restrict fresh fruits and flowers at bedside for severely immunocompromised patients.

#### Clean Shared Equipment

- Disinfect equipment before use
- Treat mobile devices as potential transmission sources
- Be mindful of high-touch surfaces

#### Staff Health Awareness

- Do not work while ill
  - Report symptoms appropriately
  - Protect vulnerable patients from staff-borne infections
- Protection begins before entering the unit.

### Key Takeaway

Shortcuts disproportionately harm immunocompromised patients.

When we follow infection prevention practices consistently, we protect those who cannot protect themselves.