WELCOME TO INFECTION CONTROL ORIENTATION
Everyone has a role to play in preventing INFECTION
Aim and objectives of this Presentation

- At the end of reading this presentation the staff member will be able to:
  - Access infection control and related policies on the intranet
  - Apply the use of Standard Precautions
  - Have an understanding of Staff Health Information
  - Have an understanding of restrictions around the isolation of a patient.
  - Be aware that infection control and environmental audits are conducted and reported to the highest level of governance.

- In addition to this, training in hand hygiene must also be completed, this will be assigned to you.
All hospitals in Australia have to comply with:

**Standard 3 Preventing and Controlling Healthcare Associated Infection**

The criterion of this standard are:

- Governance and systems for infection prevention control and surveillance
- Infection prevention and control strategies
- Managing patients with infections/colonisations
- Antimicrobial stewardship
- Cleaning, disinfection and sterilisation
- Communicating with patients and carers
Healthcare Associated infections

- The most important measure that can be taken to prevent HAI’s is effective hand hygiene
- There is approx 200,000 Acute Healthcare associated infections (HAI’s) in Australia each year.
- They Cause:
  - unnecessary pain and suffering to our patients
  - Prolonged hospital stay
  - Can impact on patients’ Work, Home and Social life
  - Increasing financial burden on patients and hospitals
Risk of Healthcare Associated infections

- Patients’ immune systems may be lower because of their health situation.
- Many healthcare workers are involved in patient care and these people travel from one patient to another, therefore:
  - opportunities for cross-infection are multiplied
  - mostly to the patient but also to others in the hospital, including staff, visitors and their families.
Managing Infection risks in Hospital

In MHAACCQL hospital’s, there are policies and procedures that staff must follow in order to reduce risk, for example:

- **Use of Standard Precautions** –
  - Hand hygiene
  - Personal protective equipment
  - Waste management
  - Linen management
  - Environmental cleaning
  - Sharps disposal

- **Transmission based precautions**
- **Staff health and immunisation**
- **Food safety plans**
- **Maintenance of equipment**
- **Supply and storage of sterile/non-sterile stock/consumables**

Mandatory training in infection control must be completed every year by all staff.
Infection Control Policies and Procedures

- Are available on the Hospital Intranet

To access infection control policies; from the intranet page, click on policies and procedures, corporate, infection control.
Infection Control Policies

- Are based on Best Practice guidelines from:
  
  - Australian guidelines for the prevention and control of infection in healthcare NHMRC 2010
  - ACORN Standards
  - ANZ Food Safe Guidelines
  - Australian Standards such as AS 4187
  - Gastroenterological Nurses College of Australia (GENCA)
Transmission Based Precautions

- There are instances under transmission based precautions where it is necessary for patients to be nursed in Isolation because they have a condition that is considered infectious. Some patients can be placed in isolation to protect themselves because their immune system is depleted – this is called protective isolation.

- Although Standard Precautions will prevent the transmission of most infections, sometimes additional precautions may be added to prevent cross-infection.

- The application of Transmission Based precautions is particularly important in containing multi resistant organisms.

- Patients in isolation will have a sign on their door providing information on what additional precautions are need to be taken.

If in doubt, always ask the Nurse in charge before entering the room.
Reducing the Level Of Risk

The next section discusses the basics for Infection Control

- Standard Precautions
- Transmission Based Precautions
- Staff Health
Standard Precautions

- Standard precautions are the basic infection control measures that should be taken by all people, for ALL people, regardless of what we think we know about them or how infectious they might be.

These Precautions were introduced in the early 1980’s by the Centre for Disease Control as a response to the rise in instances of the blood borne disease e.g. HIV, Hepatitis B & C. They were originally called Universal Precautions

Correctly performed, Standard precautions protect from ALL blood borne viruses and well as many other diseases.
Standard Precautions

- **Hand Hygiene**
- **PPE**
- **Cough etiquette**
- **Cleaning**

- **Waste management**
- **Linen handling**
- **Asepsis**
- **Sharps**
- **Reprocessing**
All staff must show that they are competent in hand hygiene technique, and must read and pass the relevant Hand Hygiene Australia online training package at the following web site:


The evidence of learning certificate must be handed in to the education department as proof of learning.
Personal Protective Equipment

- **Must** be used/worn when performing exposure prone tasks

- Assessment to be made prior to task or patient contact to determine what PPE (Personal Protective Equipment) is required.

- Goggles, masks, face shields, plastic aprons, gloves and over shoe covers are available to use.
Cough Etiquette

- Anyone having a disease/condition that is transmitted through the air must use or be shown cough Etiquette.
  
  - Cough into tissue to cover mouth/nose
  - Turn head away from people near you
  - Dispose of used tissue into rubbish bin
  - Use hygiene hand after using tissue
Cleaning — an integral part

The environment is a key factor in the transmission of infection; dust, dirt and liquid residues, can increase the infection risk.

Any one taking on the responsibility of cleaning must be aware of the following:

- Know where the Material Safety Data sheets are kept
- Know the precautions and use of PPE where using the different chemicals
- Use the correct dose, chemical, timeliness and also the correct equipment for the different jobs. Know how to clean.
- Know how to maintain the cleaning equipment
- Know the various differing routines in the cleaning schedule
- Learn the requirements of cleaning at discharge, daily and of an Isolation room
Waste Management

Any personnel handling waste must be aware of the following:

- Removal of waste is costly both monetary and to the environment, therefore staff must be diligent in the placement of waste into the correct receptacle.
- Various waste streams in relation to colour and symbol coding
  - e.g. Yellow bag with biohazard symbol for clinical waste
- Use of PPE when handling various types of waste
- Safe handling/transporting of the waste to point of storage
- Secure storage when waiting for removal vehicle
- How to clean up a waste spill
- Be involved in any recycling that the hospital partakes in
Linen Management

- Clean and Dirty linen should never mix
- Check for foreign objects before placing used linen into linen skip
- Linen must be placed into skip at point of generation
  Do not carry used or clean linen down hallways
- Any bulk organic matter must be removed from linen prior to placement into plastic bag lined linen bag.
- Any body fluid stained linen must be placed into plastic bag lined linen bag
- Linen Bags are only to be filled to ¾ level to reduce the risk of workplace injury
Sterile Storage

Conditions for storage:

- Packaging is dry and intact.
- Do not place sterile items on the floor, no liquid above dry stock.
- Do not place sterile packages on wet surfaces.
- Storage areas must be secure, clean, and be at correct temperature, protected from sunlight, shelf design restrictions.
- Sterile stock must be separate from unsterile stock.
- Avoid overstocking so there is less chance for packaging to be damaged whilst in storage.
- Stock rotation.
The person who generates the sharp is the person responsible for its handling, transport and disposal.

Where possible a sharp must be disposed of at the point of use.

Insulin dial up devices are NOT to be handled by nursing staff. If the patient is not independent with device, then insulin should be given in the conventional manner.

All sharps containers must be securely attached to prevent tipping.

Only filled to the designated line

Must be placed into the yellow waste stream for disposal.
Blood and body fluid exposure incidents can involve
• Sharps injury from needles or other sharp instruments
• Body fluid splash into worker mucous membrane. e.g. Eye or mouth

Policies and procedures are in place in prevent and manage such incidents

In the event of such an incident then the following applies
• First Aid, accessing a Body Substance exposure kit, consultation, base line blood tests and follow-up blood tests, counselling, reporting, documentation.
Blood and Body Fluid Exposure Management

Step 1

- First aid – within 5 minutes
- Wash affected area
  - Rinse mouth or eyes with lots of water or normal saline
  - Soap and water for skin
Blood and Body Fluid Exposure Management

Step 2

- Report in person within 15 minutes to Area Manager/Infection Control/Hospital Supervisor
- B&BF exposure kit
- Initial assessment is completed within 2 hours if incident
- Complete an incident report (Riskman) as soon as possible, definitely before leaving hospital for that day.

NEVER JUST LEAVE MESSAGES
Always talk to the person you are reporting to
Blood and Body Fluid Exposure Management

Step 3
Blood test/Counselling

- An explanation of the recommended blood tests is to be given to both the source patient and the recipient if the needle stick or body fluid exposure.
Blood and Body Fluid Exposure Management

Step 4

- Follow-up by infection control will always occur within a week of the incident
  - To explain the results of blood tests
  - Discuss any concerns
  - To analyse how the incident happened

It is very important that ALL body fluid incidents are reported, both for the management of the incident itself, and also so the hospital can assess the causes of the incident and prevent it happening to you or another person.

Staff should not accept exposure to blood or body fluids as part of their normal work experience!
Health and Hygiene

Please ensure that the Health Risk Assessment Form has been Completed and returned.

Basic Hygiene
- Shower before and after work and dress in Clean Uniform
- If you are sick - Notify supervisor, See Doctor if necessary
- Know where the first aid station is in your facility
- Clean as you go – don’t leave tidy up and cleaning until end of shift
- Report Contact with infectious illness
- Report unresolving dermatitis
**Immunisations**

- **Hepatitis B**
  - Necessary for all healthcare students prior to first clinical placement
  - Offered to all staff Mackay
  - Offered to all at risk Staff Rockhampton, Yeppoon, Gladstone
  - Staff obtain from GP - Bundaberg
  - Necessity for staff handling blood or body substances
  - Course of 3 needles over 6 months

- **Influenza**
  - Annual injection – March/April each year

- **TB screening** – if you have been working in a TB prone area
Infection Control and Grooming

As per Policy and Code of Conduct:

- Hair To be worn off the collar. (long hair to be tied back)
- Uniform must be Neat, Clean and Tidy and in good repair - at all times.
- Beards and moustaches to be well groomed and trimmed.
- No acrylic finger nails, only clear unchipped nail varnish. Nails must be short, clean and neatly trimmed.
- Jewellery
  - For safety and infection control- Should not be worn from below the elbows.
  - Earrings should be studs.
  - Rings should be flat bands x1 ie wedding band only
  - Wristwatches should not be worn during clinical procedure and patient contact.
- No waist carry bags or lanyards to be worn by clinical staff.
- Strict personal hygiene at all times.
Reference for this overview

- NHMRC: Australian Guidelines for the Prevention and control of infection in healthcare 2010

- National Safety and Quality Health Service Standards, Commonwealth of Australia September 2011

- Chrisp website.