DATSS
Dignity + Transition Support Services

INFECTION CONTROL

OVERVIEW

The purpose of infection control is to reduce the occurrence of infectious diseases. These diseases are usually caused by bacteria or viruses and can be spread by:

- Human to human contact
- Animal to human contact
- Human contact with an infected surface
- Airborne transmission through tiny droplets of infectious agents suspended in the air
- Finally, by such common vehicles as food or water

Diseases that are spread from animals to humans are known as zoonoses. Animals that carry disease agents from one host to another are known as vectors.

SCOPE

This policy covers a range of infection control principles that minimise the risk of spreading infection to DATSS staff and Service Users. This policy applies to all DATSS staff including field staff and administrative staff.

THE POLICY

It is the policy of DATSS that all efforts shall be implemented as far as is reasonably practicable to minimise the risk of spreading infection to staff and service users, both within the community/ facility setting and within the offices of DATSS.

Infection control is part of the clinical governance of DATSS, incorporating strategic direction, accountability and risk management. DATSS is committed to minimising the risk of infection by educating staff, undertaking staff competencies and assessing staff performance in the field. This policy is based on the NSW Health Infection Control Policy.

STANDARD PRECAUTIONS

Standard Precautions are designed to reduce the risk of transmission of micro-organisms from both recognised and unrecognised sources of infection in health organisations. Standard Precautions involve the use of safe work practices and protective barriers including:

- Hand hygiene
- Appropriate device handling
- Appropriate use of gloves
- Use of facial protection
- Use of masks
- Use of gowns/aprons

Standard Precautions apply to:

- Blood (including dried blood
- All body substances, secretions and excretions (excluding sweat), regardless of whether or not they contain visible blood
- Non-intact skin
- Mucous membranes including eyes

HAND WASHING

Hand hygiene is the single most important practice to reduce the transmission of infectious agents.

When you should wash your hands:

- Starting and finishing work
- Before and after going to the toilet, smoking and eating
- If skin is contaminated or visibly soiled with body substances
- Following contact with own mucous membranes (e.g. blowing nose, sneezing or coughing into hands)
- Following contact with non-intact skin, and/or abnormal skin conditions (rashes)
- Before donning gloves and after removing gloves
- Before and after removing facial and eye protection (e.g. mask, shield or visor)
- After removing a gown or apron
- Before and after patient care procedures
- Between different procedures on the same service user
- Before and after direct service user contact
- After touching inanimate objects that are likely to be contaminated (e.g. computer keyboards, medical record notes, telephone, bed rails, urinals, bed pans)
- Prior to food preparation, handling service user's food or feeding a service user
- After touching animals

5.1 **Hand washing technique**

http://education.qld.gov.au/health/pdfs/healthsafety/handsgloves.pdf

- Use soap and water
- Vigorously wash hands for 20 to 30 seconds, using the following pictures as guides
- Rinse hands with water
- Dry hands thoroughly

Figure 1: How to wash your hands



Wash palms



Wash between fingers



Wash back of hands



Wash wrists

- **PERSONAL PROTECTIVE EQUIPMENT**

- **Glove use and hand hygiene**

The wearing of gloves does not eliminate the need for hand hygiene. Gloves cannot be guaranteed to provide complete protection against viral or bacterial contamination of the hands. If gloves are torn or compromised in any way during service user care or procedures they must be removed and hand hygiene performed before donning a new pair of gloves.

Gloves must be worn on both hands and must be used in situations where the DATSS worker is potentially exposed to blood and/or body substances, in particular:

- During any procedure where direct contact is anticipated with a service user's blood or body substances, mucous membranes or non-intact skin
- While handling items or surfaces that have come into contact with blood or body substances
- While performing an invasive procedure, venepuncture or a finger or heel stick

- **Changing and discarding gloves**

Gloves must be changed and discarded:

- As soon as they are torn or punctured or when the integrity has been altered
- After contact with a service is complete and before care is provided to another service user When performing separate procedures on the same service user
- After completing a task not involving service users but requiring gloves
- Before touching environmental items and surfaces
- Before or on leaving a service user's room
- Before writing in the medical notes, answering the telephone, using the computer and moving or touching equipment

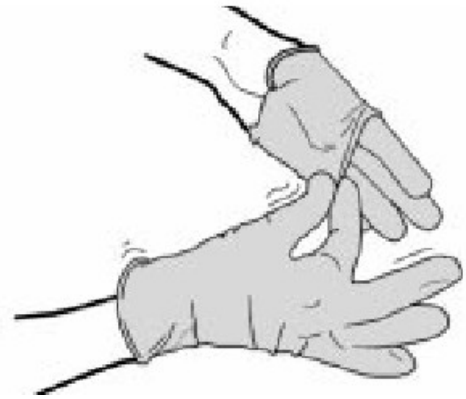
Hand hygiene is performed immediately after removing gloves to avoid transfer of micro-organisms to other persons or environments.

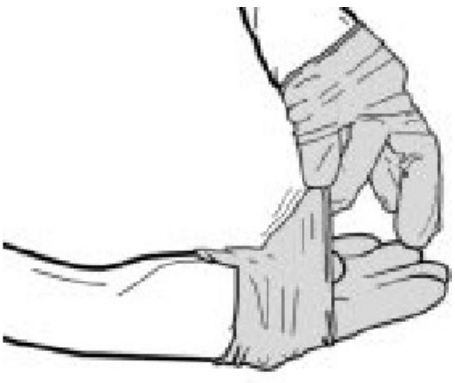
Disposable gloves must never be reused

- **Removal of gloves technique**

http://education.qld.gov.au/health/pdfs/healthsafety/handsgloves.pdf

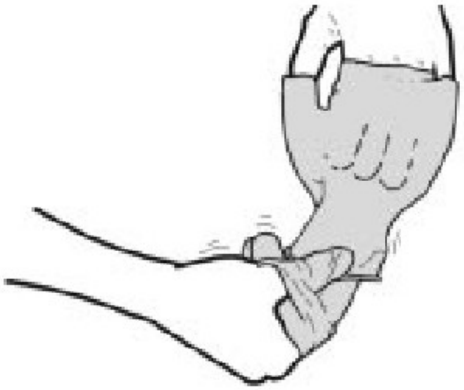
- Use the following pictures as a guide to help you remove gloves safely
- Avoid touching the outside of the gloves. Only touch the inside
- Wash hands after removing and disposing of gloves in a sealable bag

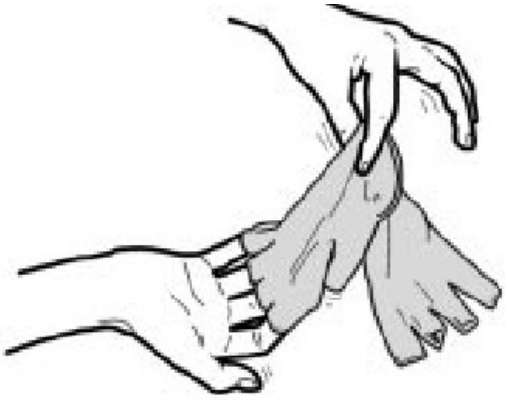




Grasp one glove at wrist
of one and pull down to knuckles
the

Grasp other glove at wrist and
gloves and pull it down to





Grasp wrist end of one glove

and pull it down completely

Remove other Glove in a similar way

Touching only the inside of the gloves



Dispose of gloves in sealable plastic bag



Wash hands after removing and disposing gloves

- Wash hands together making sure you wash your thumbs, between your fingers and the backs of your hands
- Wet hands with water and soap and rinse hands with water
- Dry thoroughly with a single use towel

Face Masks

As part of standard precautions, a fluid-resistant mask or face shield must be worn while performing any procedure where there is a likelihood of splashing or splattering of blood or body substances.

A fluid resistant surgical mask must be worn in surgery or for invasive and dental procedures, to prevent blood or body substance splashes. A mask must:

- Be worn and fitted in accordance with the manufacturer's instructions
- Not be touched by hands while worn
- Cover both the mouth and nose while worn

- Not be worn loosely or folded down around the neck

A mask must be discarded once it has been worn, or becomes visibly soiled or moist, and must not be used again.

When the mask becomes moist from the wearer, or from contamination, the barrier has been breached and the mask is no longer effective. A mask must be removed by touching the strings/ties or loops only.

Protective eyewear (goggles, face visors, shields)

As part of standard precautions, protective eyewear or a face visor/shield must be worn while performing any procedure where there is a risk of splashing or splattering of blood or body substances.

Eyewear must be optically clear, anti-fog, distortion free, close fitting, shielded at the side and conform to AS/NZS 1336 and AS/NZS 1337. Protective eyewear must be worn and fitted in accordance with the manufacturer's instructions.

General prescription glasses do not comply with these standards and, therefore protective eyewear must be worn in addition to prescription glasses if there is a likelihood of being splashed with blood or body substances, and for implementation of droplet precautions.

Reusable protective eyewear and face visors/shields must be cleaned in accordance with the manufacturer's instructions after use and stored clean and dry. Protective eyewear labelled single use must not be reused.

G**own and plastics aprons**

A fluid-resistant gown or apron made of impervious material provides a barrier to reduce opportunities for transmission of pathogens in healthcare settings.

A fluid-resistant gown or apron made of impervious material must be worn:

- During any procedure where there is a likelihood of splashes or contamination with blood or other body substances
- As a clothing protector when showering a service user

OUTBREAK

Qld Health has prescriptive guidelines for outbreak within aged care facilities. All aged care facilities should have a Gastro outbreak manual and a designated outbreak coordinator. To view this manual, please follow the link below:
http://www.health.gov.au/internet/main/publishing.nsf/Content/1CCC8DEACA023751CA2574FD00

824 8EC/$File/H HYPERLINK "http://www.health.gov.au/internet/main/publishing.nsf/Content/1CCC8DEACA023751CA2574FD008248EC/%24File/H" EA5384%20Gastro%20Handbook%20WEB.pdf

To view the influenza outbreak in aged care facilities fact sheet, please follow the link below: http://www.health.qld.gov.au/factsheets/infectious/flucontrol_cdfs.html

There is also a manual for gastroenteritis outbreaks in camp facilities. A comprehensive copy of this manual from the Queensland GOVT can be accessed by clicking onto the link below: http://www.health.qld.gov.au/ph/documents/cdb/gastro_camp_community.pdf

It must be noted that it is the responsibility of facility/hospital management to direct infection control and report the outbreak status to the health authorities.

Staff must immediately report any outbreaks that occur within the facilities they are working to DATSS. Staff must follow infection control guidelines and observe the standard precautions documented in this policy irrespective of whether an outbreak has occurred.

Service users within the community setting who have exhibited signs of colds or flu symptoms, or who have complained of nausea, vomiting or diarrhoea must be reported to DATSS immediately.

Any person who has had gastroenteritis is considered to still be infectious up to 48 hours after their last bout of vomiting or diarrhoea.

RESPIRATORY HYGIENE/ COUGH ETIQUETTE

All people with signs or symptoms of a respiratory infection, regardless of presumed cause, should be instructed to:

- Cover the nose/mouth when coughing or sneezing with a tissue
- Use tissues to contain respiratory secretions spit into tissue, if spitting is necessary dispose of tissues in the nearest rubbish bin after use.
- Perform hand hygiene after contact with respiratory secretions and contaminated objects or materials

PREVENTION OF NEEDLE STICK INJURIES

- **Non-reusable sharps**

Non-reusable sharps must:

- Be safely managed
- Not be re-sheathed
- Be disposed of in a puncture resistant container immediately or as soon as practical following use

- **Glucometer**

Particular care must be taken when using equipment for monitoring blood glucose levels as this type of equipment has been implicated in the transmission of blood borne viruses.

To prevent transmission of blood borne viruses between patients, healthcare workers must:

- Dispose of the glucose lancets after each use
- Not store used lancets with unused lancets
- Wear gloves when performing finger sticks
- Perform hand hygiene between patients

NEEDLE STICK INJURIES

Needle stick injuries must be reported to DATSS immediately and an incident form completed.

ASEPTIC TECHNIQUE

Aseptic technique is a set of specific practices and procedures performed under carefully controlled conditions with the goal of minimizing contamination by pathogens.

Aseptic technique is employed to maximize and maintain asepsis, the absence of pathogenic organisms in the clinical setting. The goal of aseptic technique is to protect the patient from infection. All service users are potentially vulnerable to infection. Certain situations further increase vulnerability, such as disturbance of the body's natural defences, such as occurs with extensive burns or an immune disorder. Typical situations that call for aseptic measures include surgery and the insertion of intravenous lines, urinary catheters, and drains.

http://www.enotes.com/nursing-encyclopedia/aseptic-technique

PROCEDURE FOR ASEPTIC TECHNIQUE IN WOUND CARE

Wounds that need to be dressed using an aseptic technique are deep wounds that involve muscle and/or bone, and post-operative wounds.

The aim of an aseptic technique is to prevent secondary infection of the wound during the dressing. This can be achieved by using a sterile pack containing basic requirements and adding other sterile equipment, as required, for each individual wound.

PROCEDURE FOR WOUND CARE IN THE COMMUNITY

- Assemble all necessary equipment and prepare the service user
- Prepare appropriate working surface
- Decontaminate hands with alcohol gel or wash hands using an antiseptic solution
- Open dressing pack (use plastic / paper sheet as sterile field)
- Remove existing dressing (with hand inside clean plastic bag or clean glove, remove glove)
- Decontaminate hands with alcohol rub or wash hands using an antiseptic solution
- Put on sterile gloves and complete dressing
- Dispose of protective clothing and other clinical waste 9. Wash hands

Removing the old dressing can be achieved by using the bag technique. This means using the clean bag from the dressing pack like a glove to remove the old dressing.

- Place your hand inside the bag and carefully grasp the old dressing. If the dressing is large you may need to use two hands inside the bag, one in each corner
- Carefully turn the bag inside out to contain the old dressing
- The bag is then used for the remaining waste

Where necessary, irrigation of the wound can be achieved by using tepid sterile 0.9% saline. The working surface must be cleaned with hot water and detergent or disinfectant after use.

URINARY CATHETERISATION

Healthcare workers responsible for the insertion or management of indwelling urinary catheters must understand the risks of infection, and the rationale for procedures designed to prevent infection, and be trained in the correct techniques of aseptic catheter insertion and management.

Measures to minimise the risk of infection associated with indwelling urinary catheterisation include:

- Use of aseptic technique for urinary catheter insertion
- Use of sterile equipment and sterile gloves when inserting a urinary catheter
- Connecting the urinary catheter to a closed drainage system
- Obtaining urine samples from a sample port, or by aseptic aspiration

- Use of a dedicated receptacle for measuring or emptying a urinary catheter bag, and decontaminating the receptacle appropriately between each patient use
- Ensuring the urinary drainage bag is not allowed to lie on the floor

Facial protection must be worn if the risk of splash injury is likely. Hand hygiene must be performed and gloves worn before any manipulation of the catheter system.

REFERENCES Encyclopedia of Nursing and Allied Health, Aseptic Technique http://www.enotes.com/nursing-encyclopedia/aseptic-technique HYPERLINK "http://www.enotes.com/nursing-encyclopedia/aseptic-technique" Gastro Handbook, NSW Health http://www.health.gov.au/internet/main/publishing.nsf/Content/1CCC8DEACA023751CA2574FD00824 8EC/$File/H HYPERLINK "http://www.health.gov.au/internet/main/publishing.nsf/Content/1CCC8DEACA023751CA2574FD008248EC/%24File/H" EA5384%20Gastro%20Handbook%20WEB.pdf Gastroenteritis Outbreaks in Camp Facilities, Queensland Government http://www.health.qld.gov.au/ph/documents/cdb/gastro_camp_community.pdf HYPERLINK "http://www.health.qld.gov.au/ph/documents/cdb/gastro_camp_community.pdf" NSW Health, Policy Directive, Infection control Policy, May 23, 2007 http://www.health.nsw.gov.au/policies/pd/2007/PD2007_036.html HYPERLINK "http://www.health.nsw.gov.au/policies/pd/2007/PD2007_036.html" NSW Health, fact sheet influenza control http://www.health.nsw.gov.au/factsheets/infectious/flucontrol_cdfs.html HYPERLINK "http://www.health.nsw.gov.au/factsheets/infectious/flucontrol_cdfs.html" Occupational Health and Safety Act 2000 (NSW) http://www.austlii.edu.au/au/legis/nsw/consol_act/ohasa2000273/ Queensland Health, Hand washing technique and Removal of Glove Technique http://education.qld.gov.au/health/pdfs/healthsafety/handsgloves.pdf