INFECTION CONTROL

Greater emphasis has been given to infection control in recent years due to a number of issues from Hospital Acquired Infection to recent global pandemics. It is widely recognised that everyone has a part to play in the reduction of cross-infection. By following basic standards of infection control precautions it is possible to reduce the level of infection in the wider community.

PREVENTING INFECTION

To ensure the safety of patients/clients and carers/health workers, it is necessary to implement standard infection control precautions. There needs to be a common, consistent approach to infection prevention and control in order to help prevent and control cross-infection.
THE CHAIN OF INFECTION

There are six known links in the chain of infection:

1. Micro-organisms (bacteria, virus, fungus, yeast)
2. Reservoirs (places where organisms can live and survive)
3. Portal of Exit (the way microbes leave the body)
4. Method of Spreading (unwashed hands, ingestion, sexual, airborne, injection)
5. Susceptible Person (those with a compromised immune system)
6. Portal of Entry (how the microbe enters the body)

BREAK THE CHAIN OF INFECTION THROUGH:

- ERADICATION BY CLEANING
- HAND WASHING
- CORRECT WASTE DISPOSAL
- IMMUNISATION
- WEARING PERSONAL PROTECTIVE EQUIPMENT
IMPORTANCE OF HAND WASHING

Microbes living in body fluids may come into contact with hands and so be passed onto next person. Good hand hygiene should remove and destroy any bacteria picked up by the hands.

TIPS ON HANDWASHING

- Wash hands under running water
- Use a liquid, and not bar soap
- Wash hands between tasks and clients
- Wash hands after handling pets or food or waste
- Wash hands after any cleaning activity
- Do not open bin with hands
- Use disposable towels
- Visibly clean hands can use an alcohol rub
- Do not use a communal pot of moisturiser

UNWASHED HANDS IS THE MOST COMMON WAY TO SPREAD INFECTION
GOOD HAND WASHING TECHNIQUE

Hand-washing technique with soap and water

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm
4. Rub back of each hand with palm of other hand with fingers interlaced
5. Rub palm to palm with fingers interlaced
6. Rub with back of fingers to opposing palms with fingers interlocked
7. Rub each thumb clasped in opposite hand using a rotational movement
8. Rub tips of fingers in opposite palm in a circular motion
9. Rub each wrist with opposite hand
10. Rinse hands with water
11. Use elbow to turn off tap
12. Dry thoroughly with a single-use towel
13. Hand washing should take 15–30 seconds
PERSONAL PROTECTIVE EQUIPMENT

Protective clothing is an important and essential part of health and social care and plays a vital role in prevention of infection. It is used to protect the clients and carers from micro-organisms and protects clothing from contamination.

GLOVES
Gloves are not an alternative to hand hygiene. Hands must still be washed before and after each procedure. Gloves can be safely removed by grasping wristband and pulling forwards over the hand and fingers, inverting the glove. Do not wash gloves as it may damage the glove.

APRONS
Aprons should be worn when assisting clients to the toilet, during bathing, cleaning equipment, during bed-making, and during food handling.

UNIFORMS
Uniforms are not personal protective equipment. They should have short sleeves and no buttons. They should be washed at 60c or higher. If uniforms are worn to and from work, then an outer layer should cover the uniform.
PATIENT CARE

CATHETER CARE

Principles in catheter care:

- Good catheter care will help avoid UTI
- Careful hand washing must be carried out before and after catheter care. Always wear gloves
- Clean area around catheter with mild soap and water. Rinse and dry with care. Men should clean under foreskin.
- Empty bag frequently to prevent reflux
- Keep drainage bag above floor but below bladder level
- Inform doctor if patient has a temperature or urine is blood stained
- Encourage 2-3 litres of fluid a day
- Prevent constipation by providing a balanced diet
- Keep the system closed

Attending to patients hygiene needs should be a high priority for the carer. Good practise in washing and bathing, eye care, ear care, foot care will all play an important part in reducing and preventing infection.
WASTE DISPOSAL

We have a “Duty of Care” to properly dispose of waste.

Clinical and household waste should be kept separate at all times.
Pedal operated bins are recommended although open bins can be used for paper towels
Non infectious waste can go into black household waste bags but if it is deemed “infectious” they should be disposed of in orange waste bags and collection to be arranged with the local authority.

SHARPS DISPOSAL

Patients who use needles at home should be provided with a sharps disposal box. The container should be returned to the hospital for disposal.

- Never try to retrieve items from a sharps box.
- Discard when ¾ full or after three months.
- Never re-sheath needles
- Never hand sharps from one person to another
- Do not store container on floor.
- Keep container temporarily closed until disposal.
- Do not put sharps box in household waste
HANDLING USED LINEN
Infection control precautions should be taken when handling linen contaminated with blood, bodily fluids, secretions and excretions.

**USED LINEN**
- Always wash hands after handling linen.
- Do not shake linen when changing beds to avoid creation of dust and dissemination of skin scales.
- Laundry must not be sorted on the floor and foul laundry should not be washed alongside used linen.
- Do not overload the washing machine.
- Run a hot cycle once a week to disinfect washing machine.

**FOULED LINEN**
- Use gloves when dealing with fouled linen and wash hands well.
- Remove solid matter with paper towels and flush in WC.
- Do not sluice fouled linen by hand
- Do not wash soiled linen with used linen. They must be washed separately.
- Wash fouled linen on hottest cycle possible.
- Laundry baskets should be cleaned with detergent and water after containing soiled linen
**BLOOD SPILLAGE**

Blood spillage is deemed as high risk and should always be dealt with promptly and effectively. Always wear gloves and an apron and wash hands before and after task. Use disposable cloths and take care to discard gloves without contamination of hand. Blood spillage on soft furnishings and carpets can be cleansed with detergent and water, well rinsed and dried. Other surfaces can be cleaned with Haz tabs. A solution should be made up of 10,000 ppm for a contact time of 3-5 mins followed by cleaning with detergent and water.

**BODY FLUID SPILLAGE**

Low risk body fluid is urine, vomit, faeces. Health care worker should wear apron and gloves and wash hands before and after procedure. Remove soil and wash contaminated area with detergent and water. Rinse and dry well. Non-infectious waste can be placed in a tied plastic bag and disposed of in household waste.

Always wash your hands after dealing with any type of body fluid or blood spillage.