

Infection Prevention and Control Information Leaflet for Agency Health Care Workers

This leaflet is to be used in conjunction with St. James's Hospital Infection Prevention and Control Service Policies, Protocols and Guidelines, which can be accessed through the hospital website: <http://www.stjames.ie/intranet/PoliciesGuidelines/ClinicalSupportServices/InfectionPreventionControl>. This leaflet outlines standard and transmission based precautions that must be adhered to when dealing with patients

Hand Hygiene

Hand hygiene is the most important measure in preventing the transmission of organisms. In St. James's Hospital, there are 3 products used for hand hygiene:

- Antiseptic hand wash solution (Chlorahexidine 4%)
 - Non medicated liquid soap
 - Alcohol hand gel
- It is imperative that hand hygiene opportunities are carried out as per SJH 5 key hand hygiene moments. (See figure 1)
- Alcohol hand gel should not be used on soiled hands or when dealing with a patient with *Clostridium difficile*, please wash your hands



Figure 1

Standard Precautions

- Standard precautions should be applied to all patients in the health care setting
- Always risk assess your task and apply appropriate personal protective equipment (PPE), if you come in contact with blood/bodily fluids, non intact skin, mucous membranes
 - Apron/long sleeve water repellent gown
 - Fluid shield visor mask
 - Gloves
- Any cuts/abrasions to be covered with waterproof dressing
- To use safe injection practices

Example of Personal Protective Equipment



Who to isolate in SJH

- Patients with potentially infectious diarrhoea/ vomiting.
- Suspected/ confirmed Open Pulmonary Tuberculosis
- Suspected/Confirmed Influenza
- Multi resistant organisms
- Surgical Ward-All MRSA cases
- Medical Ward – (Isolate/Cohort) MRSA cases
- Pts with external fixators
- Chicken pox/shingles while infectious
- Scabies/Lice for 24 hrs post treatment
- Bacterial meningitis for 24 hours post treatment
- On the advice of Infection Prevention and Control
- Transfers from other facilities

Transmission Based Precautions (TBP)

- TBP are required when the transmission of an organism is not prevented by standard precautions alone
- Used for pathogens that are transmitted in whole or in part by:
 - Contact
 - Droplet
 - Airborne

TBP are always used in conjunction with standard precautions

Patients requiring Contact Based Precautions

- Isolate in side room with ensuite facilities
- Display yellow contact isolation sign at eye level on patients door. Keep door closed
- Prior to entering – perform hand hygiene, apply apron and risk assess need for additional PPE
- Do not sit on beds
- Use diagnostic equipment in room
- Prior to exiting, remove PPE and perform hand hygiene.
- If any equipment is being removed from room, it must be cleaned and disinfected.
- If on rounds leave isolation room until last on round.



Patients Requiring Respiratory airborne based precautions

- Isolate patient in negative pressure room
- Inform Infection Control team
- Display blue respiratory/airborne isolation sign on door at any level
- Apply and seal check respiratory mask (PFRP2/ FFP2/ FFP3) in ante room and perform hand hygiene
- Enter patient room, always ensure door is kept closed
- On exiting patients' room, perform hand hygiene.
- Remove respiratory mask in ante room, holding by straps and discard into risk waste bin. Perform hand hygiene
- Exit room
- In the event of Influenza adhere to Policy



Droplet Based Precautions

- Transmission occurs within approx 3 feet
- Staff must wear fluid shield visor mask when entering and apply apron and gloves

Patients Requiring Clostridium difficile precautions

- Isolate patient in room with ensuite facilities
- Display pink isolation sign on door
- Hand wash with antiseptic solution, alcohol gel must not be used
- Apply apron and gloves



SJH- Special Registers

Ward Census Screen (patients with known history of certain organisms are placed on the Infection Control Register)

# MRN	MRSA
> MRN	VRE
\$ MRN	MRSA and VRE
@ MRN	At Risk TSE

The ICN is the only person who places/removes patients from this register

Invasive Device e.g. Peripheral Venous Cannula (PVC), Central Venous Access Device (CVAD), VasCath, Enteral Feed, Wound Drains

- The requirement for invasive devices must be assessed daily and documented accordingly.
- Use aseptic non-touch technique (ANTT ©) for all insertion manipulations
- Prompt removal when no longer required or sooner if infection suspected



Peripheral Venous Cannula (PVC)

- ANTT © for insertion and manipulation.
- Assess need daily
- Replace PVC every 72hrs or sooner if infection suspected.
- Apply sterile transparent semi permeable dressing, label with date and time of insertion.
- Any intervention to be documented.

Waste/Sharps/Linen refer to SJH Waste/042 Policy - Waste

- Waste non sharp that is contaminated with blood/ bodily fluid must be discarded into risk waste.
- All other waste (non-sharp) is discarded into non-risk waste bags.

Waste/Sharps/Linen refer to SJH Waste/042 Policy - Sharps

- Safe disposal of waste
- Sharp bins must be signed, dated and tagged on assembly.
- Placed into appropriate trolley.
- When not in use, aperture to be closed.
- Fully close when ¾ full and place in collection

Waste/Sharps/Linen refer to SJH Waste/042 Policy - Linen

- Please refer to poster.
- Bring linen skip to bay/outside room.
- Do not carry used linen.
- Laundry bags to be left ready for collection when ¾ full.
- Adhere to standard/TBP precautions when dealing with used linen.



Patient Equipment

- Patient equipment must be cleaned daily and between each patient contact. This can be achieved by:
- Using neutral detergent, warm water and dry.
 - For smaller items e.g. dressing trolley, blood pressure cuffs, once visibly clean, wipe with alcohol 70% wipe
 - Blood spills must be decontaminated with Klorsept 87 (1tab to 500mls water, 10,000ppm)
 - Equipment used on patient with known/suspected transmissible organism must be disinfected with Klorsept 17 (1 tab to 1 litre water, 1,000ppm) post cleaning
 - Bedpans, urinary catheter jugs, urinal must be processed in bedpan waste post emptying after each use.
 - Crockery and cutlery is processed through the dishwasher located in ward pantry.
 - Single use items must be disposed post use.
 - Items for repair must be decontaminated and red tag applied.
 - Clean indicator tag is placed on equipment post decontamination.

Staff Health

If you have any of the following you must not present to work, contact relevant personnel

- Diarrhoea/vomiting.
- Respiratory illness e.g. flu, TB
- Chickenpox, shingles.

You are advised to avail of annual influenza vaccination.

Infection Prevention and Control Team

Can be contacted on ext 3378/3380/4341/3376/2961

Bleep 254/324/863/583.

Remember IPC is everyone's business.
Your actions are fundamental in the Prevention and Control of Infection in St. James's Hospital.

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