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 (Chlorhexidine 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.

**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
**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 disinfected 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.

**SJH- Special Registers**

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

<table>
<thead>
<tr>
<th>#</th>
<th>MRN</th>
<th>MRSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;</td>
<td>MRN</td>
<td>VRE</td>
</tr>
<tr>
<td>$</td>
<td>MRN</td>
<td>MRSA and VRE</td>
</tr>
<tr>
<td>@</td>
<td>MRN</td>
<td>At Risk TSE</td>
</tr>
</tbody>
</table>

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.

**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.

**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.

Infection Prevention and Control Services
St James’s Hospital
Dublin 8
2011

**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.