

Standard Precautions and Infection Control

Procedures and Guidelines



SCHOOL HEALTH AWARENESS RAISING PROJECT (SHARP)
GROUP
COUNTIES MANUKAU HEALTH

Introduction

One of the primary risks facing health care personnel is the risk of exposure to transmittable diseases. To counter this risk, a set of basic work practices have been developed to protect healthcare personnel. These are called Standard Precautions.

Standard Precautions are basic infection control practices that apply to all clients all the time regardless of their diagnosis or presumed infection status. To be effective, Standard Precautions need to be incorporated into all patient related activities.

Current Health and Safety legislation directs employers to minimise workplace hazards for their employees. Furthermore, the employer shall take all reasonable steps to minimise workplace hazards. This includes the provision of safety equipment e.g. personal protective equipment (PPE) such as gloves, gowns, masks, sharps containers, and the education of personnel in the correct use of this safety equipment. In addition, safety equipment shall be accessible at all times to all personnel.

To ensure your safety, the practices covered in this document must be applied to ALL clients ALL the time

This document is intended as a guide to Standard Precautions and Infection Control and all staff should familiarize themselves with both sections. Individual school processes and requirements should be appended.

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Original Documents from Papatoetoe High School and CMDHB Infection Control documents. Advice sought from Terry Rings, Infection prevention and Control, Counties Manukau Health.

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Standard Precautions

What are Standard Precautions?

Applying Standard Precautions means that you intentionally place a barrier between you and someone else's blood, body fluids, mucous membranes and non-intact skin.

When should Standard Precautions apply?

Standard Precautions must be applied at all times when there is expected or anticipated contact with

- BLOOD and ALL other body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood
- Non-intact skin
- Mucous membranes



Why do Standard Precautions apply?

All persons are potential carriers of transmissible organisms or diseases. It is not always possible to identify these situations before cross transmission occurs. Consistent application of Standard Precautions ALL the time is the best way to ensure that exposure to a disease or disease causing organisms is limited as much as possible.

**YOU CAN'T TELL BY LOOKING AT A PERSON IF THEY
HAVE AN INFECTIOUS DISEASE.**

Practices Associated with Standard Precautions

- Hand hygiene
- Personal Protective Equipment (PPE)
- Sharps management
- Respiratory etiquette
- CPR
- Spill management
- Equipment management
- Environmental management
- Waste management
- Linen management

Recommended e-learning opportunity:

Via Ko Awatea LEARN:

Infection Prevention and Control Principles in Practice - For those with patient contact 2017

Clean Practice

Within your school health clinics you will need to consider the safe management of your environment and consumables in order to reduce/minimize the risk of spreading infection from person to person, both staff and students.

Areas to consider include but are not limited to:

- ❖ Clean/dirty areas-
 - Clean areas include:
 - storage areas for materials and equipment
 - medical storage and preparation areas
equipment/materials/dressings/medicines
 - medical record and administration areas
 - clean linen storage areas (including drying and folding areas)
 - food and drink storage and preparation areas.
 - Dirty areas may be
 - areas for processing dirty equipment
 - an area that has become contaminated during a treatment procedure
 - rinsing, holding, cleaning and decontamination of used instruments and equipment
 - cleaning equipment storage areas
 - areas for disposal of blood and body fluids including measurement and testing
 - temporary holding of waste and soiled laundry
- ❖ Separation of hand washing area, and dish washing, drinking water source
- ❖ Fridges - storage of lab specimens, medicines and food separately
- ❖ Protection of bed linens
- ❖ Frequency of cleaning - dressing trolleys
 - work surfaces
 - furniture
- ❖ Practices of other staff e.g. cleaners
- ❖ Health care workers may be exposed to, and transmit, vaccine-preventable diseases such as influenza, measles, rubella and pertussis. Immunisation helps prevent transmission of vaccine-preventable diseases to and from health care workers, school staff and students.

Hand Hygiene

Hand hygiene is easy to do and it's one of the most effective ways to prevent infection/colonization.



Hand Hygiene is necessary immediately:

- Before and after: patient, procedure, patient environment and use of gloves
- After touching contaminated items
- After waste handling
- Before and after collecting specimens
- Before handling/preparing food
- After personal hygiene

Hand hygiene can be performed using an alcohol based hand gel, or by soap and water when hands appear visibly soiled.

How should we decontaminate our hands?

Alcohol-based hand rubs (ABHR) can be used as an excellent alternative to handwashing. However, if your hands are visibly soiled or in some isolation situations they must be washed using soap and running water.

- Hand washing agents should be non-irritant and dispensed in a hygienic manner. Liquid soap contained in internal bladder pouches and dispensed from units fitted on the wall is preferred.
- Specific antibacterial soaps should be available in all treatment rooms.
- Hands should be well cared for. Skin should be intact with regular use made of a barrier moisturising cream.
- Nails should not protrude over the ends of the fingers.
- Jewellery – it is recommended that no jewellery other than a plain wedding band should be worn.

Wash hands PROMPTLY in between patient contacts and between the handling of items used between patients.

Hands may have alcohol gel/rub applied up to 6 consecutive times before a hand wash to remove any potential emollient build up.

Procedure

ABHR

- Dispense one pump of ABHR into palm of one hand.
- Rub over all surfaces of hands ensuring web spaces, nails, all digits and the back of the hands are covered. Rub until ABHR has evaporated.



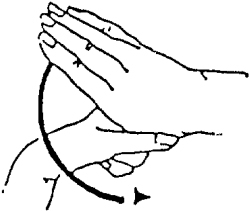

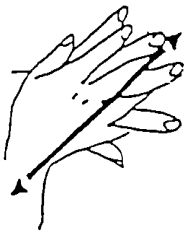
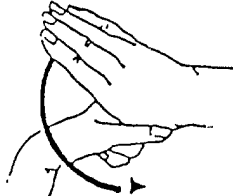
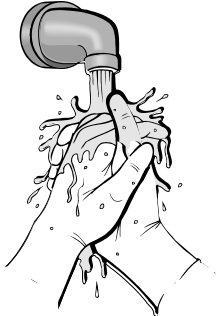
Soap and Water

- Remove wristwatch and any finger jewellery.
- Wet hands and wrists under gentle running water.
- Keep hands away from the running water and apply one pump of liquid soap or foam.
- Wash for at least 15 seconds, being sure to include backs of hands, web spaces between fingers and the wrists.
- Return hands to running water and rinse thoroughly for approximately 10 – 15 seconds.
- With one to two paper towels dry hands, not forgetting in between the fingers.
- Turn off hand operated tap(s) using the same paper towels.
- Discard paper towels into rubbish.

Workers who have cuts, abrasions or non-intact skin should use an occlusive waterproof covering over the affected area.

For those health care personnel involved in direct patient care please remove all jewellery (with the exception of a wedding band) and keep nails free of polish and nail jewellery, and trimmed short.

Hand Hygiene / Hand washing - Procedure

<p>1. Palm to palm fingers interlaced rubbing backwards and forwards</p> 	<p>2. Right palm over back of left hand rubbing backwards and forwards</p> 
<p>3. Rotational rubbing of left thumb clasped in right palm</p> 	<p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm</p> 
<p>5. Left palm over back of right hand rubbing backwards and forwards</p> 	<p>6. Rotational rubbing of right thumb clasped in left palm</p> 
<p>7. Rotational rubbing, backwards and forwards with clasped fingers of left hand in right palm</p>	<p>8. Rinse hands under running water and dry thoroughly</p> 

Personal Protective Equipment (PPE)



Gloves (non-sterile)

- Gloves **MUST** be worn when in contact, or when contact is anticipated with:
 - Blood and other body fluids- secretions and excretions
 - Mucous membranes
 - Non-intact skin
 - Contaminated items
- Disposable, non-sterile, powder-free, vinyl gloves are the preferred gloves.
- Gloves do not replace the need for hand hygiene procedures. Always perform hand hygiene before putting on, and immediately after removal of gloves.
- Cover any skin lesion (abrasions, cuts, rash etc) on hands and fingers with a waterproof dressing before work and wearing gloves.
- Change gloves between tasks and procedures on the same patient after contact with soiled material and/or parts of the body that are soiled. Always change gloves that are torn.
- Remove gloves promptly after use, before touching non contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.
- Gloves are single use items and not to be reused. Do not use non-intact or discoloured gloves

Failure to change gloves and perform hand hygiene between patient contacts is an infection control hazard.

Donning and removing gloves (non-sterile) – Procedure

- Ensure hands are dry.
- Don disposable gloves, one on each hand.
- Ensure glove cuff is not falling forward (this indicates that the glove is too big and potentially able to fall off during procedure).
- Once soilage aspect of task has been cleaned up remove gloves taking care not to contaminate hands with outside of gloves as you are removing them.
- Dispose of used gloves appropriately - in accordance with the practice waste management procedure.
- Promptly wash hands.

Plastic aprons/Disposable fluid repellent gowns

- The purpose of an apron/gown is to protect clothes from being contaminated and acting as a source of infection.
- Gowns or plastic aprons are worn to protect personnel's clothing and skin from soilage with body fluids.
- A plastic barrier is fluid proof and a fluid-repellent fabric gown repels fluid soakage away from the body and clothing worn underneath it. A standard cloth gown has minimal to nil fluid resistant qualities.
- Gowns are single use items.
- Remember to remove a soiled gown or apron as promptly as possible and to decontaminate hands immediately to avoid cross contamination.
- Dispose of gowns in accordance with waste management procedure for the practice. If heavily soiled with gross body fluids, dispose of item as infectious waste as it is likely that the gown will leak body fluids when compacted.
- Gowns are to be worn tied at the back of the neck and again at the center back. This ensures well-fitted protection with no gaping or open areas that can be inadvertently soiled.

Facial and eye protection

- Wear a mask, eye protection or a face shield to protect your eyes, nose and mouth during client care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
- A surgical mask is a single use item to be used to provide protection against the spread of infectious large-particle droplets that are transmitted by close contact and generally travel only short distances (up to 3ft/ 1m) from infected clients who are coughing or sneezing.
- A disposable paper mask is efficient until it becomes moist. For some, it is moist in only a few minutes. For others, it may take longer.
- The mask should cover the mouth and nose completely and be tied so that it does not gape at the sides.
- Used disposable facial-protective apparel is disposed of as Infectious Waste.
- A high-efficiency particulate air mask (N95) must be used for clients requiring airborne isolation.
- If using a headband with detachable visor, wipe down the headband and visor with a detergent, followed by an alcohol wipe before re use. Replace the disposable visor when it becomes scratched or murky.
- Prescription glasses alone do not provide protection from blood and/or body fluid splatter and splashes.

Needles/Sharps Management

Special care must be exercised by all healthcare personnel in the handling and disposal of sharps. Needlestick or sharps injuries present a significant occupational health risk.

It is the responsibility of the person generating a sharp to ensure that it is managed and disposed of in a correct manner.

The following practices must be observed when handling or disposing of sharps:

- **Do NOT** - Recap, bend, break or use any other form of hand manipulation on used needles. Discard these items intact.
- **Do NOT** - Remove needles from disposable syringes by hand.
- **Do NOT** - Discard needles into soft-sided bins or bags.
- **Do NOT** - Overfill sharps containers or their trays.
- **Do NOT** - Pass sharps hand to hand.



The following are the DOs

- **DO** - Use puncture resistant sharps containers that meet NZ Standard specifications.
- **DO** - Dispose of used needles immediately after use, into an approved sharps container, as close to the point of use as possible.
- **DO** - Provide staff education on risk reduction of needle stick injuries.
- **DO** - Place sharps containers out of reach of children (ideally affixed to the wall at a height of approx. 1.2 metres).

Respiratory Hygiene/Cough Etiquette

Cough and respiratory etiquette have become key components in the prevention of respiratory illness.

Implement the following measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter in the clinic setting (e.g. reception, waiting areas and consultation rooms).

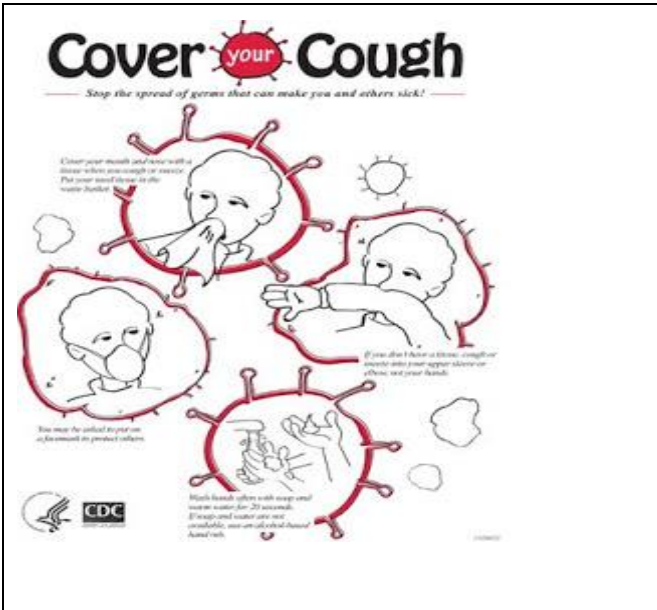
Post signs at entrances and in strategic places (e.g. waiting room, consultation room) with instructions to clients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.

Provide tissues and no-touch receptacles (e.g. foot-pedal operated lid or open, plastic-lined waste basket) for disposal of tissues.

Provide resources and instructions for performing hand hygiene in or near waiting areas; provide conveniently-located dispensers of alcohol-based hand rubs and, where sinks are available, supplies for handwashing.

During periods of increased prevalence of respiratory infections in the community (e.g. as indicated by increased school absenteeism, increased number of clients seeking care for a respiratory infection), offer masks to coughing patients and other symptomatic persons (e.g. persons who accompany ill patients) upon entry into the clinic and encourage them to maintain special separation, ideally a distance of at least 3 feet (1-2 m), from others in waiting areas.

You may find it logistically easier to institute this recommendation year-round as a standard of practice.

	<ul style="list-style-type: none">• Cover nose and mouth with elbow/shoulder or tissue to limit dispersal• Dispose of used tissues promptly• Perform hand hygiene following coughing or sneezing• Use a surgical mask to provide protection where appropriate• Practice social distancing (1-2 metres distance to limit transmission).
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CPR- Mouthpieces, resuscitation bags or other ventilation devices **MUST** be used for mouth to mouth resuscitation.

Spill Management - Body Fluids - Procedure

All spills of blood or body fluids are to be cleaned up promptly using the appropriate PPE and recommended product e.g. a detergent such as Nature Clean followed by a disinfectant e.g. Viraclean. All body fluid spills are to be pre-cleaned, then disinfected.

Clinics should have a workplace spill kit in readiness for confining and containing a body fluid/substance spill. Caretakers and cleaners should be aware of how to manage spills within the clinic area.

Spill Kit



Kit to contain:

- plastic scoops (large and small)
- plastic supermarket bags
- paper towels
- disposable gloves
- plastic apron
- alcohol hand gel
- bleach or VIRACLEAN disinfectant (or similar)

Sequence:

Non-carpeted area

- Take “spill kit” to site of spill.
- Don disposable latex powder-free gloves and plastic apron.
- If spill is liquid absorb spill by placing paper towels on total surface area of spill.
- If spill is non-liquid scoop up excess spill with scoop/plastic spoon provided and place contents of spill into plastic bag provided in kit.
- Dispose of soiled paper towels and scoop into plastic bag.
- Wipe up remaining spillage with more paper towels and discard into plastic bag.
- Apply a 1:100 dilution of household bleach (500 – 615ppm) to area and leave wet e.g. 5mls bleach in 95mls water dispensed in a 500ml squeegee bottle.
- Remove plastic apron and gloves and place into rubbish bag.
- Tie off rubbish bag and place into yellow plastic rubbish bag or other suitable receptacle. (Refer to ‘Waste management of items heavily contaminated/saturated with blood or body fluids’, page 17).

If area is carpeted

- Take spill kit to site of spill.
- Don disposable latex powder-free gloves and plastic apron.
- Absorb spill by placing paper towels on total surface.
- If spill is liquid absorb spill by placing paper towels on total surface area of spill.
- Apply additional paper towels to spill and press down on paper towels to further absorb spill.
- If spill is non liquid, scoop up excess spill with scoop provided and place contents of spill into plastic bag provided in kit.
- Dispose of soiled paper towels and scoop into plastic bag.
- Wipe up remaining spillage with more paper towels and discard into plastic bag.
- Do not apply household bleach to carpet as it will bleach out the colour.
- Apply a spot carpet cleaner and follow instructions found on the container.
- If spill continues to be troublesome, consider getting carpet commercially cleaned.
- Remove plastic apron and gloves and place into rubbish bag.
- Tie off rubbish bag and place into yellow plastic rubbish bag or other suitable receptacle.
(Refer to 'Waste management of items heavily contaminated/saturated with blood or body fluids', page 18).

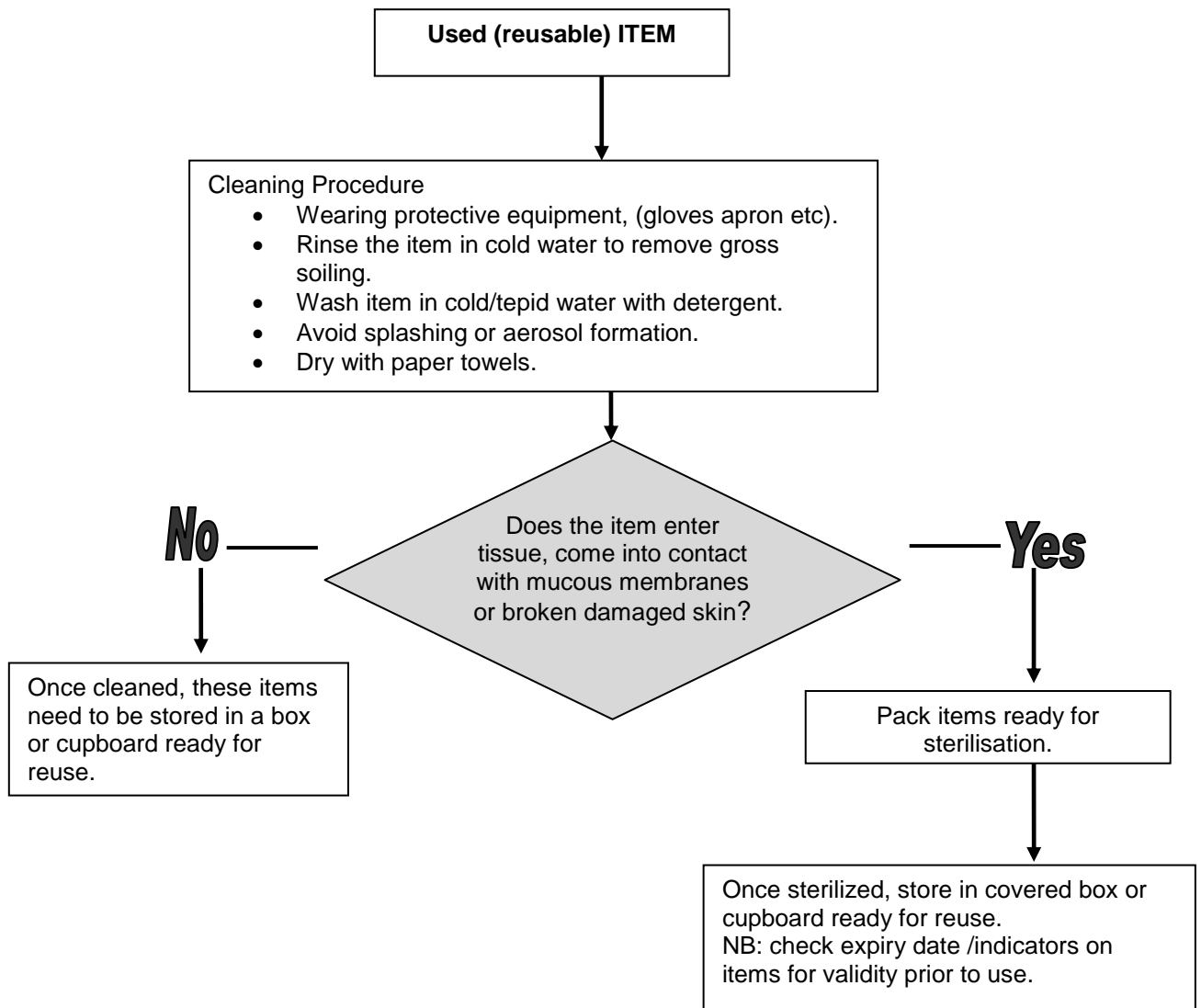
NB: When finished task, restock spill kit ready for next use.

Decontamination of reusable patient equipment, excluding medical instruments

Recommended / Best Practice

A regular schedule shall be implemented for the cleaning of reusable patient equipment. The schedule of cleaning shall be documented. A domestic detergent (for detergent and water solutions) may be used ONLY when the item does NOT require additional disinfection or sterilization / autoclaving.

The following flow diagram shall be referenced when deciding on the need for additional disinfection or sterilisation.



Decontamination / Cleaning of Environmental Surfaces

The transmission of microorganisms from surfaces to clients generally occurs through hand contact with contaminated surfaces. Environmental surfaces may be classified into low-risk or high-risk depending on the surface's intended use, microbial loading, the pathogen involved, the amount of organic soil present and the client's immune status.

1. A detergent / disinfectant product is to be used for bench top surfaces and medical equipment surfaces where:
 - Body fluids have been handled
 - Likely soilage has occurred from body fluids
 - High-touch surfaces e.g. door knobs, bed rails, light switches and light handles, surfaces around toilet areas.

For example

- VIRACLEAN (available from PROTEC SOLUTIONS)
 - TRICLOSAN (available from 3M distributor).
2. Frequency of cleaning surfaces as outlined above shall be performed daily, at a minimum, and more frequently if visibly soiled.
 3. Do not use alcohols to disinfect large environmental surfaces e.g. bench tops.
 4. Barrier protective coverings can be used for surfaces that are:
 - Touched frequently with gloved hands during the delivery of patient care.
 - Likely to become contaminated with blood or body substances.
 - Difficult to clean e.g. computer keyboards.
 5. Use disposable cloths for cleaning e.g. Chux.
 6. Disposable latex powder-free gloves are to be worn when undertaking cleaning activities.
 7. Minimise and clean up spills of body fluids promptly.

Individual procedures and processes should be developed to fit with manufacturer's instructions and safety data for the solutions used within your setting. Dilution of any solutions should be at manufacturer's recommended rates.

Standard Precautions and **Infection Control**

Procedures and Guidelines



Infection Control

Maintaining personal, patient and environmental hygiene is a basic clinical skill. All health workers have a duty of care to their patients that must ensure adequate infection control measures are in place and complied with in any healthcare setting.

Infection control refers to the prevention and control of infections and infectious diseases, and involves a range of procedures and practices designed to minimise the spread of infection.

Some of the ways we can prevent the spread of infection include:

- Regular hand washing with soap and water
- Environmental cleaning – collecting and removing soils and dust containing harmful microbes
- Staff may have regular vaccinations for viruses such as the flu virus
- Standard precautions – we assume everyone is infectious and we implement hygiene procedures.

Chain of infection: The chain of infection is the steps that occur for an infection to spread from one person to another. Breaking any link in this process can stop the spread of infection.

Links in the Chain:

(1) The person (reservoir or source): Humans are the major reservoir for many human pathogens.

(2) A way out: how the pathogen leaves the person in step (1).

(3 and 4) A method of travel (transmission): The pathogen is then passed from person to person.

Transmission from person to person can occur through:

- being present on the hands of health care workers
- cleaning staff if they are not following infection control procedures when cleaning
- contact with the body fluids of an infected person
- breathing in the exhaled droplets when an infected person coughs or sneezes
- touching contaminated surfaces – such as taps, toilet handles, desks, chairs, key boards.

**Germs...
Masters of
Disguise**



Cleaning, Disinfection and Sterilization

Decontamination & cleaning of medical instruments used for aseptic procedures.

Cleaning of medical instruments should take place in a designated area to prevent cross contamination of dirty and clean areas.

To facilitate maximum effectiveness of the designated cleaning area equipment for this area should include:

- separate hand-washing facilities
- adequate bench space
- smooth surfaces without crevices
- good lighting
- efficient ventilation
- adequate storage space for materials and equipment
- waste container bin(s)
- non-slip flooring
- sink suitable for the disposal of liquid waste
- cleaning sink
- drying facility/area
- work surfaces made of non-porous materials, which allow for efficient cleaning
- directed traffic flow - from dirty ► clean.

A check of instrument defects/damage shall be made during cleaning. Damaged or malfunctioning instruments should be withdrawn from use.

Cleaning techniques shall avoid generation of aerosols.

Single-use suction tubing shall be used once and disposed of (not reprocessed).

Personnel undertaking cleaning procedures shall wear Personal Protective Equipment.

Abrasive cleaners such as steel wool or cleaning powders and pastes shall not be used as these may damage the surfaces of instruments or leave residues.

A mild alkaline detergent should be used to clean medical instruments. In addition it is desirable for this product to be:

- biodegradable, non-corrosive, non-toxic, non-abrasive, low foaming, free rinsing
- preferably liquid.

Warm water must be available to assist in the removal of soilage.

Effective cleaning ensures that instruments are clean to the naked eye.

Cleaning brushes, if used, shall be kept clean and stored dry when not in use.

Single use items (items labelled as single use only)

This policy statement applies to all.

- All items must be checked for manufacturers instructions.
- Single use items are not reprocessed.

Single use items may include, but is not limited to:

- vaginal speculum
- nebuliser masks
- oxygen masks
- ear pieces
- ANY other equipment labeled single use only item.

Items deemed single use, in accordance with the manufacturer- should only be used for single use.

Some items are deemed single patient use only. These may include but are not limited to:

- small volume spacer (220 ml; 510ml)
- Volumatic spacers - may be used for multiple patients but consideration must be given as to how to clean the spacer between different users. Rinsing in hot soapy water will prime the device, but may not clean it.
- peak flow meters without a one-way valve. To minimize the risk of cross-infection, it has an integral one-way valve that prevents the patient from breathing in any of the previous patient's exhaled breath that could remain in the meter.

Disposable cardboard mouthpieces do not prevent the patient from inhaling through a peak flow meter, unless the design of the meter includes a one-way valve (e.g. Mini-Wright). They are discarded after use.

Sterilizable plastic mouthpieces do not prevent the patient from inhaling through a peak flow meter unless the design of the meter includes a one-way valve (e.g. Mini-Wright). They are sterilized after use.

Cleaning of peak flow meters

1. Detach mouthpiece (if applicable) from Peak Flow Meter and immerse both pieces in warm (not hot) water and washing-up liquid for 2 – 3 minutes (maximum 5 minutes as some detergents have an adverse effect on the scale adhesive). Agitate the meter to ensure thorough cleansing. Do not insert any object, such as a washing-up or bottlebrush, into the meter when cleaning as damage may occur.
2. Rinse in clean water and shake gently to remove any excess water. Put to one side and allow to dry naturally before using again. Do not insert cloth or paper towels into the meter to speed up the drying process.

Waste Disposal Pathway for Non-Hazardous Waste

DO YOU COLLECT RECYCLABLE WASTE?

YES

- Recyclables
- Place in designated container(s).
 - Follow school process for collection.

NO

Place waste into local council rubbish bag and manage as for "general waste".

DO YOU GENERATE 'GENERAL RUBBISH?'

YES

GENERAL WASTE	
SOLID	LIQUID
Place into local Council rubbish bag.	Dilute with running water during disposal into sewer e.g. toilet/ kitchen drain.

Waste management of items heavily contaminated/saturated with blood

Waste management of items heavily contaminated/saturated with blood or body fluids should be placed in a yellow bag or suitable receptacle e.g. no-touch sanitary disposal unit, for appropriate disposal.

Wound Dressing Management

This procedure is applied to wounds that are open and are healing by secondary intention. Infection may or may not be evident.

Equipment

- Disposable dressing pack.
- Extra cotton gauze.
- Distilled water/Water for irrigation.
- Cover Dressing.
- Disposable latex powder-free gloves.
- Small rubbish bag (paper or plastic).
- Alcohol hand gel.

Infection Control Principle

The wound is not considered sterile, however instruments and equipment used to dress the wound must be free from pathogens, hence sterilized items ensure that there is no contamination by pathogens on these items. A sterile field is not mandatory although care should be taken to prevent cross contamination of the working field.

Sequence

1. Gather items and position patient and environment so that risks of contaminating the working field are minimised.
2. Apply alcohol hand gel and cleanse hands thoroughly.
3. Set up working field.
4. Don non-sterile, latex, powder-free gloves.
5. Remove dressing and dispose of in rubbish bag.
6. Remove gloves and dispose of in rubbish bag.
7. Wash hands using alcohol hand gel/rub.
8. Continuing with “non-touch” technique; commence cleansing of the wound using forceps and gauze and / or irrigate with cleansing solution.
9. Discard used gauzes directly into rubbish bag. Do not place these on your working field.
10. If not using forceps or ampoule for irrigating the wound, don a new pair of gloves prior to cleansing wound and continue as outlined in point 8.
11. If irrigating the wound, ensure that the run off is absorbed into a disposable pad / sheet.

12. If a swab of the wound is required, it is best taken after the wound has been cleansed. Swab the areas of the wound that are deeper and appear to be the “floor” of the wound.

13. Apply cover dressing.

14. Wrap up used items and discard into rubbish bag.

15. Discard rubbish bag into large plastic “general” rubbish bag.

16. Wash hands.

Linens Management

It is important to handle, transport and process used linen appropriately to avoid transfer or cross contamination to persons or environment.

Linens should be laundered by a service that is able to wash it at an acceptable standard of temperature.

This may be an on-site designated washing machine, laundromat or a commercial service. Clinic linens should not be washed with any other linens or clothing.

Domestic laundering is not considered best practice.

If a clinic is using material linens on consulting room beds, best practice is to either:

- use a paper roll to cover the linens, including the pillow, that is changed between patients
- impervious disposable paper sheet under the patient should be used, and a disposable paper towel to cover the pillow. These should be changed between patients.

Avoid any contact (including personal clothing and your body) with contaminated/used/soiled linens that is being handled.

Never place contaminated/used/soiled linens on the floor.

Soiled linens should be soaked and then placed in a separate bag awaiting transfer to the laundry.



Health and Safety

Blood and Body Fluid Accidents

Recommended / Best Practice

Staff **must** be encouraged to report any body fluid exposure that they experience during the course of their work. An incident form must be completed for each exposure episode. Types of body fluid exposures that should be documented and followed up on are:

- (i) **Penetration injuries** involving needles and sharps that have come into contact with tissue prior to the exposure occurring.
- (ii) **Human bites** that break the surface of the skin.
- (iii) **Splashes of body fluids** into the eye, nose, mouth and all skin blemishes (any wound or mucosal surface).

In the event of concern about the possible transmission of HIV from a known or a suspected HIV positive source, please discuss with your own GP or via an Accident and Medical Clinic.

In the event of concern about the possible transmission of Hepatitis B from a suspected / unconfirmed carrier of Hepatitis B, and where the staff member has no immunity to Hepatitis B discuss with your own GP or via an Accident and Medical Clinic.

Where possible, both the recipient (injured) and the donor (source) need to have blood tests taken to screen for blood borne viruses. An ACC form should be completed and a school incident form.

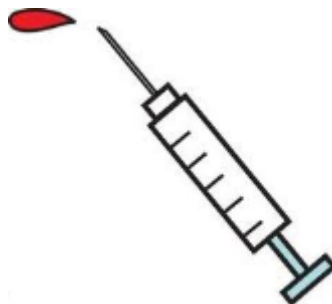
NB. Parents should be contacted and advised of need to see GP for advice and support, and to have bloods collected and reported back to exposed person and their selected medical support.

It is also applicable to screen for Hepatitis C.

It is important to promptly follow up all blood and body fluid accidents.

Leaving it for 2 - 3 days may be detrimental to the final prognosis of the recipient.

All body fluid exposure incidents should be processed in a confidential manner.



FIRST AID MANAGEMENT OF A PENETRATION INJURY

from an object contaminated with a body fluid

FIRST AID MANAGEMENT OF A SPLASH INJURY

from a body fluid



Every eye splash incident must be followed up by a GP within 48 hours of the event having occurred. In this way a visual examination can be made to confirm whether any eye damage has occurred.

If the penetration injury has been deep or there is any suspicion of nerve damage or complicated bleeding, the incident must be followed up by a GP ASAP.

Rinse site continuously with fresh tap water for at least 5 minutes. If splash is to the eye irrigate eye with fresh tap water continuously for at least 5 minutes.

Assess and repeat if necessary.

- Document injury event on:
- Incident form.
 - Accident Register.
 - Blood and Body Fluid Exposure Record form.
 - ACC form.

Notify school line manager

Step back from point of contamination.

Step back from point of contamination.

Express site continuously under running water for at least 5 minutes.

Disinfect injury site with skin disinfectant e.g. iodine. Seal with BAND AID and ensure plaster covers the complete area of injury.

FIRST AID MANAGEMENT OF AN INJURY/EXPOSURE with an object contaminated with a body fluid

After percutaneous exposure (Needle-stick injury, human bite)

- Allow the wound to bleed freely.
- Do not squeeze or rub the injury site.
- Wash the site immediately using soap and water or a mild solution that will not irritate the skin.
- If running water is not available, clean the site with hand cleaning solution or gel.
- Cover with an occlusive waterproof dressing.

After a splash of blood or body fluids onto non-intact skin

- Wash the area immediately with running water.
- If running water is not available, clean the area with any hand cleaning solution.
- Do not use alcohol based antiseptics.
- Do not rub the skin.

After an exposure of the eye

- Use an eye bath to irrigate the exposed eye immediately with water or normal saline.
- If an eye bath is unavailable sit on a chair, tilt head back and have someone gently pour water or normal saline over the eye, gently pulling the eyelids up and down to make sure the eye is cleaned thoroughly.
- If wearing contact lenses, leave them in place while irrigating, as they form a barrier over the eye and will help protect it. Once the eye has been cleaned, remove the contact lenses and clean them in the normal manner. This will make them safe to wear again.
- Do not use soap or disinfectant on the eye.

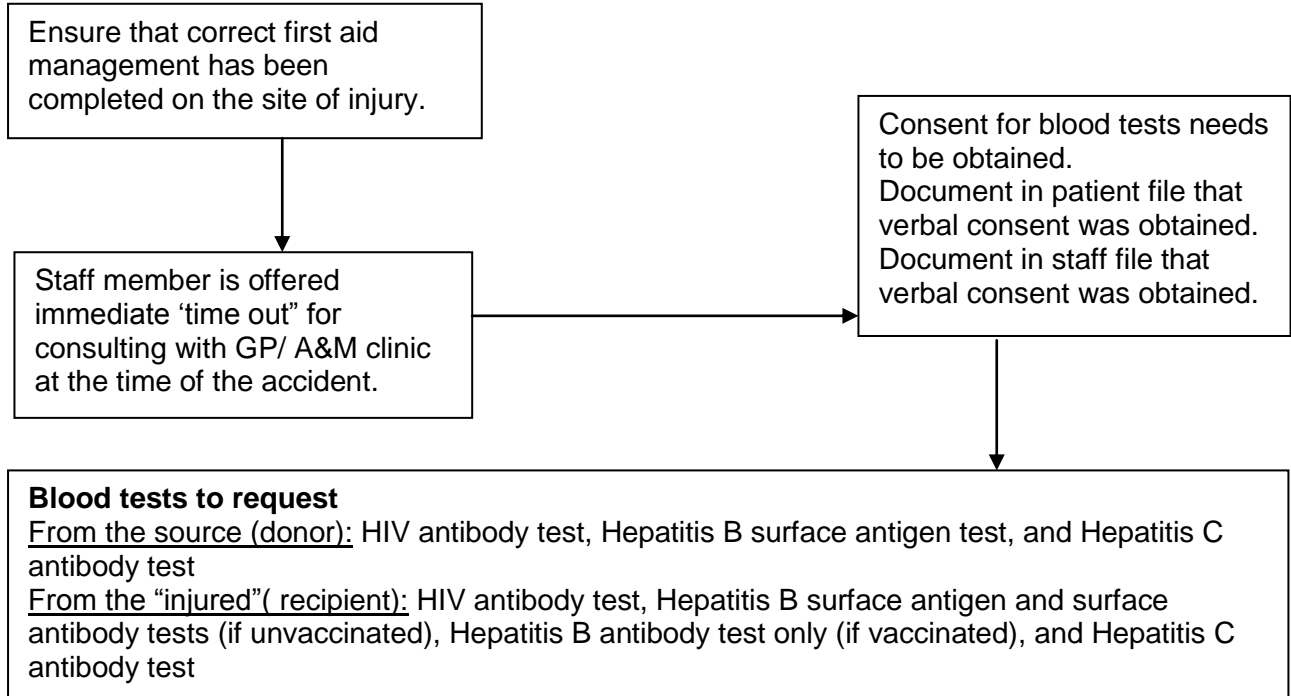
After an exposure of the mouth

- Spit the fluid out immediately.
- Rinse the mouth thoroughly, using water or normal saline, and spit out again. Repeat this process several times.
- Do not use soap or disinfectant in the mouth.

Blood and Body Fluids Accident Pathway

(After administration of First Aid)

Applicable to those accidents involving blood and body fluids containing blood
 Note: Anyone who suffers a blood accident requires counseling, blood tests and follow - up.



EXAMPLE OF INFORMED CONSENT FROM SOURCE PERSON OR REPRESENTATIVE FOR A BLOOD TEST:

1. A staff member has been exposed to your blood/body fluid. We would appreciate it if we could undertake testing to ensure that the staff member is safe. Your test results will be released to the staff member's GP.

I understand tests for Hepatitis B, Hepatitis C and HIV will be performed on my blood specimen.

Name of source person: _____

Consent signed by patient: _____ Date: _____

2. A staff member has been exposed to your child's blood/body fluid. We would appreciate it if we could undertake testing to ensure that the staff member is safe. Your child's test results will be released to the staff member's GP.

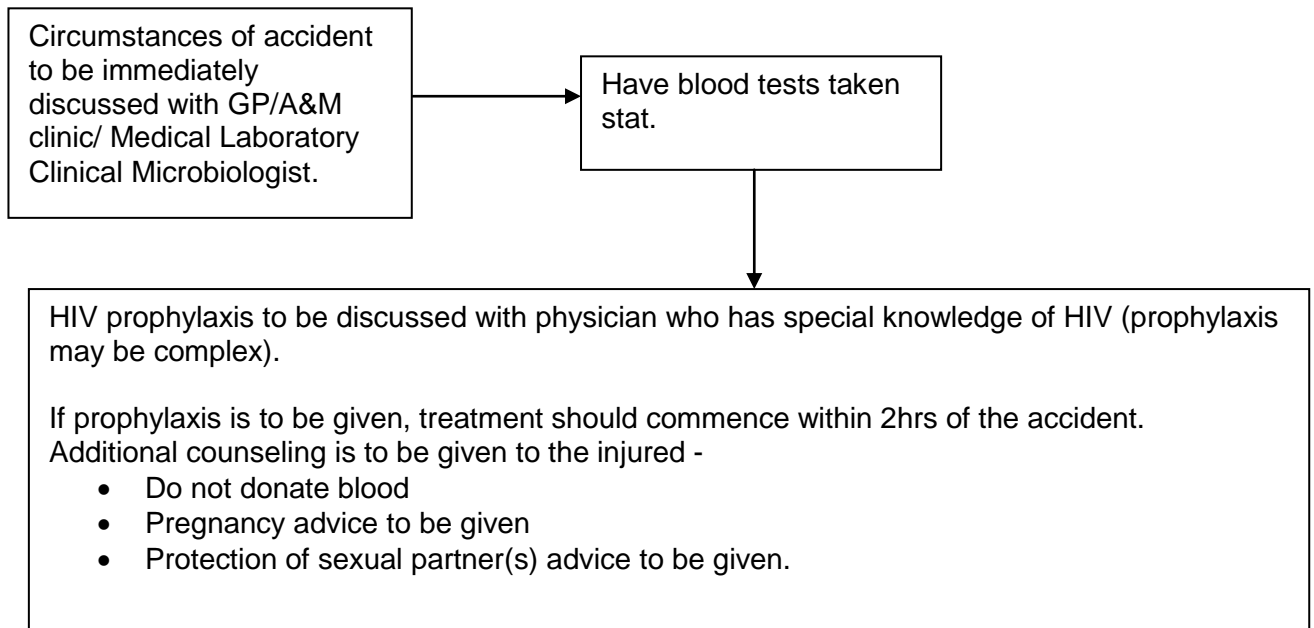
I understand tests for Hepatitis B, Hepatitis C and HIV will be performed on my child's blood specimen.

Name of source person: _____

Consent signed by child's representative: _____

Relationship: _____ Date: _____

Exposure to suspected or positive HIV source



To request an HIV test

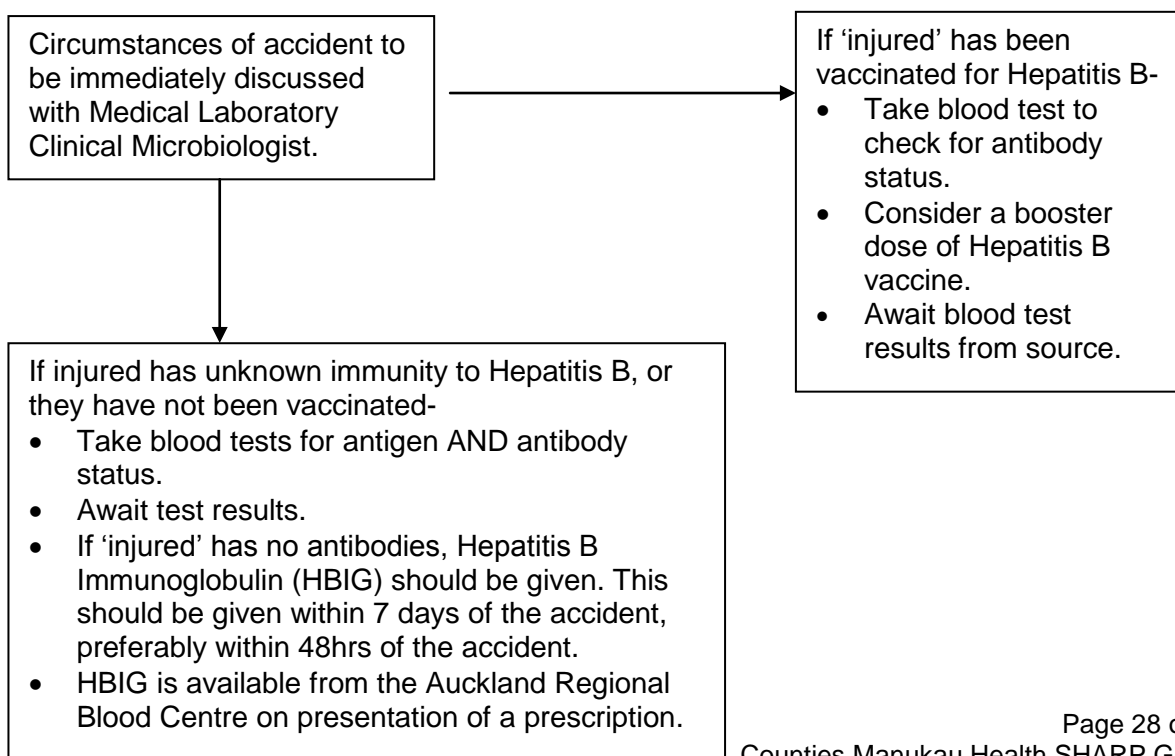
Do not identify the person by name or address. Confidentiality of the child and staff member must be maintained.

Use the first two (2) letters of the surname, first initial or given name, gender (M or F), and date of birth. If the name begins with 'Mac', 'Mc', 'Van der' etc., do not include these letters (for example, a person James McCullum born on 2nd June 1959 would appear as CUJM020259

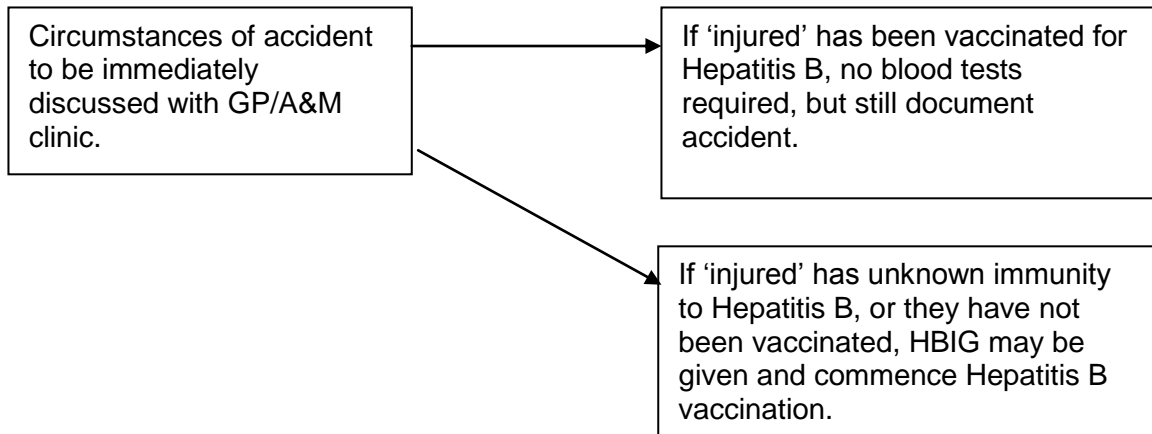
Follow up for HIV testing of 'injured'

If the source is HIV positive or strongly suspected of being HIV positive, retest the 'injured' for HIV antibodies at 6 weeks, 3 months and 12 months after the blood accident.

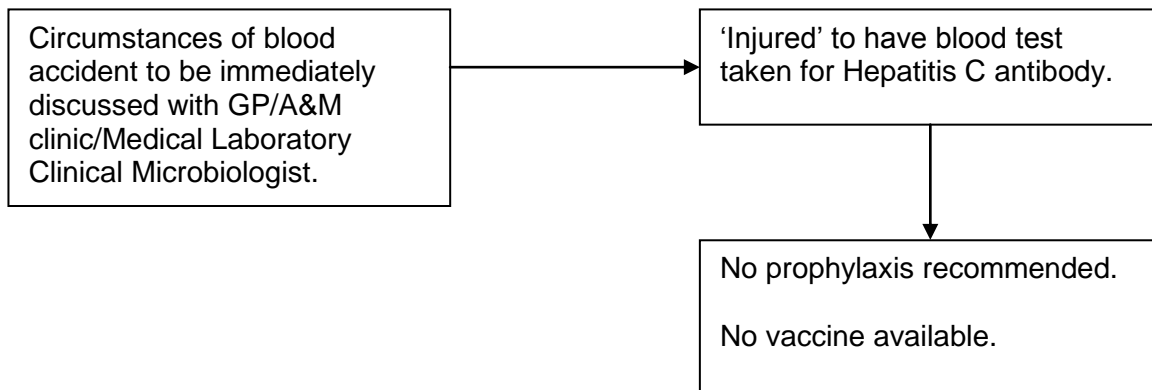
Exposure to suspected or confirmed antigen positive Hepatitis source



Exposure to unknown, low risk suspicion, Hepatitis source



Exposure to known Hepatitis C anti-HCV source



Follow up for Hepatitis C testing of 'injured'

If the source of the accident is positive for antibody Hepatitis C, the 'injured' should be tested again and then again at 6 months after the accident.

Consultation with an Infectious Diseases physician is strongly recommended.

Blood or Body Fluid Exposure Record/Checklist

Last name: _____ First Name: _____ School: _____
Exposure Information: Date of exposure: _____ Time: _____ Where exposure occurred: Clinic <input type="radio"/> Other area in school(specify) <input type="radio"/> _____ Type of body fluid: Blood <input type="radio"/> Saliva <input type="radio"/> Unable to identify body fluid <input type="radio"/> Other (specify) <input type="radio"/> _____ Anatomical site(s) affected: _____
Person whose blood or body fluid you were exposed to (Source person): Last name: _____ First Name: _____ Date of Birth: _____ School ID: _____ Address: _____ Phone: _____ GP name: _____ NHI: _____ Blood collection and results to be managed by named GP? Y <input type="radio"/> N <input type="radio"/> Other _____
Tick the circle(s) that describe how the exposure occurred: <input type="radio"/> Skin broken with a contaminated needle or object <input type="radio"/> Eye, mouth or other mucous membrane exposure <input type="radio"/> Non-intact skin exposure <input type="radio"/> Other (specify) _____
Details of accident: Describe what happened e.g recapping needle, venepuncture mishap, splashed with body fluids, bite: _____ _____ _____ _____
Medical assistance sought (Staff member): Name of Doctor: _____ Name of Practice/A & M/Emergency Dept: _____ ACC Number: _____ Worksafe NZ notification required? Y <input type="radio"/> N <input type="radio"/> Treatment/Advice: _____ _____ _____ _____
Review of results and follow up planned: _____ _____ _____

Follow up testing: 6 weeks _____
3 months _____
6 months _____

Medical assistance sought(Source person):
Name of Doctor: _____
Name of Practice/A & M/Emergency Dept: _____
Blood collected Y N
If no why not? _____
Treatment/Advice:

Review of results and follow up planned:

Glossary of terms:

Aseptic technique	Practice that prevents access of micro-organisms onto a sterile work surface, or into human sterile tissue or movement from one location to another. This technique can be applied in a number of different ways but has a “no touch” approach as the common feature. Aseptic technique is not directly applicable to health support staff in their daily duties.
Cross contamination	Any event that permits the transfer of micro-organisms from one person to another, or from one item to another item.
Sharps	Any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and or body substances. This includes needles and any other sharp objects or instruments designed to perform penetrating procedures.
Source of infection	The original person, fomite or material from which an infection was transferred to infect another person, fomite or material. Sick (infected) people, healthy carriers, contaminated equipment or instruments, contaminated food or water can all act as a ‘source of infection’.
Susceptible person	Person who may develop an infection when subjected to a source of infection. The susceptibility may be due to a suppressed immune system (can be due to an illness or medical treatment) or due to age or another medical condition.
Microbes (or microorganisms)	Life forms which are too small to be seen with normal eye-sight. Microbes can only be seen using a microscope or similar form of magnification (enlargement).
Fomites	An object or surface which is contaminated with microbes and from which object or surface the microbes can be transferred onto hands for cross infection of another surface or object.

Cleaning versus disinfection and sterilisation

Cleaning	A process to reduce the number of microbes.
Sanitising	A process to reduce the number of microbes to an acceptable (measurable) level. A sanitising process kills some microbes. Normally related to kitchen and food hygiene.
Antisepsis	Destruction and inhibition of living microbes on the skin. Kills some microbes but does not kill all microbes.
Disinfection	A process using a disinfectant which causes the destruction of bacteria, fungi and most viruses but not including bacterial spores.
Sterilisation	The anti-microbial process during which all microorganisms are killed or eliminated in or on a substance by applying different processes.

REFERENCES

Counties Manukau District Health Board

- Standard Precautions Booklet
- Hand Hygiene Procedure
- Dress Code Policy
- Sharps management- Procedure
- Waste management clinical procedure
- Cleaning/Disinfection in Clinical settings. Recommended Process

Occupational Safety and Health Service (2002). Health and Safety Guidelines for Home-Based Health Care Services. Dept. of Labour, Wellington: 76-77.

- Appendix Four: Blood/Body Fluid Incident Assessment Aid

Papatoetoe High School Infection Control Policies and Procedures.

- **Morganic Ltd., Francie Morgan**, Infection Control Nurse Specialist.
Communicable Diseases amongst Staff - Policy.
Ref 1: Benenson A S, *Control of Communicable Diseases in Man 15th Edition 1990* © **Ref 2:** Communications Dept of Microbiology Medlab Diagnostic Laboratories, Panmure, Auckland.
- **Decontamination of Reusable patient equipment excluding medical instruments - Policy and Procedure.**
Ref 1: Schulster L, Chinn R. *Guidelines for Environmental Infection Control in Health-Care Facilities Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)*, June 6th 2003
- **Decontamination and Disinfection of communal Children's Toys - Policy**
Ref 1: Schulster L, Chinn R. *Guidelines for Environmental Infection Control in Health-Care Facilities Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)*, June 6th 2003
Ref 2: Donowitz L, *Infection Control in the Child Care Centre and Preschool* © 1991 Williams and Wilkins
- **Decontamination / Cleaning of Environmental Surfaces - Policy**
Ref 1: Schulster L, Chinn R. *Guidelines for Environmental Infection Control in Health-Care Facilities Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)*, June 6th 2003
- **Hand Hygiene - Policy and Procedure**
Ref 1: Boyce J, Pittet D. *Guideline for Hand Hygiene in Health-care Settings, Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hygiene Task Force* October 25th 2002
- **Spill Management - Body Fluids - Procedure**
Ref 1: Schulster L, Chinn R. *Guidelines for Environmental Infection Control in Health-Care Facilities Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)*, June 6th 2003
- **Waste Management: Policy**
Ref 1: Standards New Zealand: New Zealand Standard NZS 4304: 2002 *Management of Healthcare Waste*
- **Wound Dressing Management - Policy and Procedure**
Ref 1: Gould D, Brooker C, *Applied Microbiology for Nurses* © 2000 Macmillan Press Ltd Chapter 8
Ref 2: The Joanna Briggs Institute. *Best Practice Sheet: Solutions, techniques and pressure for Wounds*, Volume 7 Issue 1 2003
- **Decontamination / Cleaning of Medical Instruments - Policy and Procedure**
Ref 1: Standards New Zealand: Australian/New Zealand Standard; AS/NZS 4815:2006 *Office-based health care facilities not involved in complex patient procedures – Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of the associated environment*
- **Sue Fenwick, Infection Control Consultant**