Singleton Training

Singleton
Training Services Ltd

Infection Control Handbook

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Introduction

The fear of ‘catching’ a life-threatening infectious disease whilst working has caused misunderstanding of the risks of transmission among staff in the care sector.

Contact with infectious diseases can be split into two categories; those cases where contact occurs in an emergency situation and those from the routine care of a person carrying the disease. Obviously, the emergency situation carries much more risk as the hazards cannot be controlled in a logical manner, whereas in routine care, the hazards are clearly defined and can be quantified with some accuracy. Education and training will help to overcome the fear and actual risks of disease transmission.

Many situations present the potential for the presence of infectious disease and proper precautions should be taken at all times. Employers must recognise the potential for care staff to be exposed to infectious disease and carers and emergency staff should understand and manage the hazards found in their particular environment.

Safe systems of work should be used to prevent contact with all body fluids, and protocols should be established to prevent the transmission of infectious agents via other routes.

The course aims to encourage good practice and to offer advice based on information from the NHS. Where recommendations are made in the text, it should be considered as a basis upon which to further develop your own safe systems of work and specific protocols, which should always be verified with your Local Health Authority.

Infections and Diseases

Infections Caused by Viruses

- HIV
- Hepatitis A
- Hepatitis B and Hepatitis C
- GB Virus – type C (Hepatitis G virus)
- Influenza Virus
- Respiratory Sincitial Virus RSV
- Herpes simplex
- Viral Meningitis

Infections Caused by Bacteria

- Syphilis (SIF-I-LIS)
- Legionella (LEGION-ELLA)
- Salmonella (SALMON-ELLA)
- Proteus and Pseudomonas (PROT-E-US and SU-DO-MO-NAS)
- Clostridia (CLOS-TRID-IA)
- Staphylococci (STAF-Y-LO-COCK-EYE)
- MRSA
- Streptococci (STREP-TOE-COCK-EYE)
- E. coli 0157 (E. COAL-EYE)
- Shigella (SHIG-ELLA)
- Tuberculosis (TUBER-CUE-LOSIS)
- Meningitis (MEN-INJ-ITIS)
- Whooping Cough

PPE
What should we use?

	**Gloves**
	**Aprons**
	**Safety Goggles**
	**Face shields**

Method of leaving the source

The micro-organism may leave the body in droplet form when a person coughs or sneezes or in the phlegm when a person spits. This would be so in the case of a respiratory tract infection. They may leave the body by several methods, i.e. directly from the skin, as in a skin infection; through the faeces, as in food poisoning: via the urine, as in a urinary tract infection; or via the blood, as in a blood borne infection – e.g. hepatitis or H.I.V.

Respiratory Tract Infection	⇨	**Coughing, sneezing and phlegm**
Skin Infections	⇨	**Skin**
Food Poisoning	⇨	**Faeces**
Urinary Tract Infections	⇨	**Urine**
Blood Borne	⇨	**Blood Infections**

Modes of Spread

Infection is spread amongst people by one of two methods:

Direct route → Oral Thrush → Kissing

OR

Indirect route → Salmonella → Eating contaminated food

Another indirect route would be by droplets being expelled into the air. These dry up and are held in the dust. This dust can then enter the body through inhalation; a break in the skin etc. Dust can also be contaminated by soiled clothing or bed linen or can be infected by tiny skin particles and then taken into the body.

Direct route
↓
Kissing
↓
Oral Thrush

Indirect route
↓
Sneezing
↓
Droplets in dust
↓
Dust inhaled

Entry into the body

The infection may enter into the body by one of three methods:

1. Inhalation 2. Ingestion 3. Through open wounds

Protection

No matter what the task, even if it is an emergency,

YOU SHOULD NEVER PUT YOURSELF AT RISK.

Always wear gloves; this is for any service user contact.

Wash hands regularly

If there is a spillage then do you need to use a

Biohazard Kit?

If you are going to perform mouth to mouth CPR do you need a barrier? Is there one nearby?

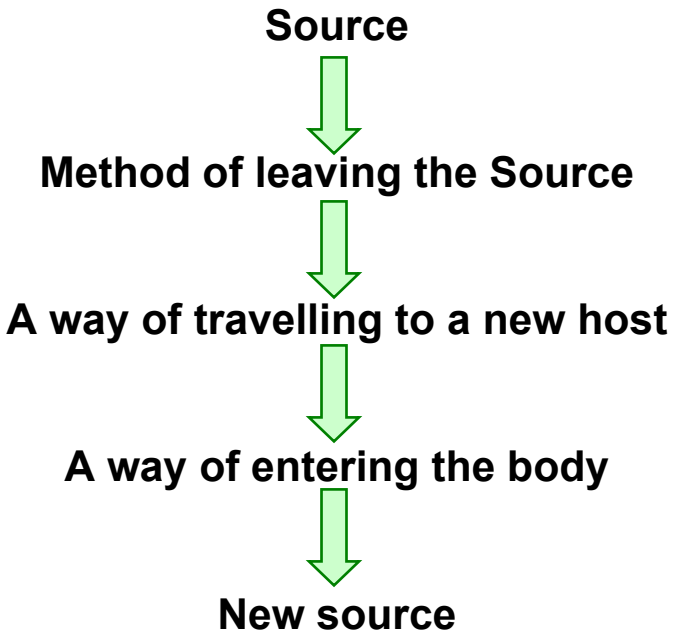
If you are using gloves, then you should also have an apron on.

These suggestions should be used as a guide and added to as appropriate.

Method of Transmission

All micro-organisms e.g. bacteria, virus & fungi have a source (where they originate from).

There is different way in which the source transmits to the host, once the source has transmitted to new source or entered the body; the host becomes a new source.



A person who is infected may or may not show signs of having an infection

Signs and symptoms → **Host**

No Signs and symptoms → **Carrier**

Duty of Care

We cannot refuse to look after anyone in our care. With this in mind, knowledge and training in infection control can help us to protect ourselves and to protect others in our care. It is important for us to understand the disease process and the factors that can put us at risk. These issues sometimes can have a legal response, hence their importance.

What Are the Risks?

No matter what area we work in there is always a risk of infection. In the care setting there is a vital need to minimise infection, due to the nature of the business. If one of your residents becomes ill, the infection could kill due to them being higher risk.

This has a knock-on effect to the rest of the business; reputations will suffer and there may be an insurance claim. These pressures could lead to the business going under!

With this in mind infection control is vital to a good, *healthy* business.

There is no such place as an infection free environment but the HSE requires that we are all offered a workplace that reduces the risk of exposure.

Tasks and Procedures

During an Emergency

- Performing CPR,
- Conducting Assessments,
- Providing Oxygen Therapy,
- Maintaining Airway Control,
- Suctioning,
- Cannulation,
- Obtaining blood samples,
- Chest Decompression,
- Controlling Haemorrhage,
- Splinting Fractures,
- Moving and handling patients,
- Defibrillation.

During Non-Emergency

- General Housekeeping procedures,
- Moving of biohazardous waste,
- Medical procedures – changing of wound dressings,
- Cleaning potentially infectious areas,
- Routine maintenance procedures.

HAND WASHING

FACTOID: Germs are in us, on us, and around us and may cause disease. (For example, germs that are normal in the bowel cause severe infections in the bladder.)

GOAL: Reduce germ population on hands to reduce chance of infections.

PROCEDURE: Wash hands well and avoid unnecessary recontamination.

STEPS:

1. **Think ahead** to avoid immediate recontamination.
2. **Prepare towel first** to avoid touching dirty handles after washing.
3. Wash with soap and warm water using **much friction** and paying close attention to jewelry, fingernails, knuckles, and other cracks and crevices.
4. Dry hands thoroughly and **use paper towel to shut off water** (and open door to restroom, if applicable).
5. Prevent chapping. Use **hand lotion**.
6. Be aware of recontamination from toilet procedures, coughs, sneezes, infected people and their products, garbage, etc. **Wash again.**

EXAMPLES: Health care workers should wash between patient contacts. Food service workers should wash once per hour at a very minimum. Everybody should wash after using the toilet and before eating.

IT'S O.K. TO BE ALL WASHED UP. FEELS WONDERFUL, TOO.

Other courses we offer include:

Basic Food Hygiene

Food Hygiene Plus

Intermediate Food Hygiene

Advanced Food Hygiene

Emergency First Aid at Work

First Aid at Work

Basic Health & Safety

Intermediate Health & Safety

COSHH

Manual Handling

Risk Assessment

Understanding Strokes & Diabetes

For details of our quality assurance, please visit our web site:
http://www.singleton-associates.org/services/quality-assurance/

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