

INFECTION CONTROL

Volunteer Training 2019

INFECTION CONTROL

LEARNING OBJECTIVES

- Learn the importance of handwashing and other health guidelines
- Understand the guidelines to knowing when to stay home
- Learn the best line of defense
- Learn how to properly follow isolation procedures



HANDWASHING

When to wash your hands



- Before and after your volunteer contact—use soap and water or gel/foam
- Whenever hands become obviously soiled—use soap and water
- Before eating, drinking, or handling food—use soap and water
- After blowing your nose, covering a sneeze, or using the restroom—use soap and water
- Before and after physical contact with a patient—use gel/foam
- Wearing gloves does not replace hand hygiene

7 STEPS TO CLEAN HANDS



INSTRUCTIONS FOR WASHING YOUR HANDS WITH SOAP AND WATER

- Apply soap to hands and make a good lather.
- Work lather into all parts of the hands and up to the wrists.
- Wash hands with soap for 15 seconds for ordinary contacts.
- Pay careful attention to areas around and under the nails and in-between the fingers.
- Rinse hands—let water run until you can turn off faucet with a paper towel.
- Dry hands well with paper towels or under hand dryer.
- Turn off water with a paper towel. Faucets are considered contaminated.
- Use only hospital-approved lotions (available from Volunteer Services) if skin is dry—and you are working with patients and/or patient equipment.

YOUR BEST LINE OF DEFENSE

Hand washing

Your own skin. Make sure to take care of yours. Breaks, sores, or rashes all create openings in your best defense; your skin. Bandage or cover open areas when volunteering.

HANDWASHING WITH FOAM OR ALCOHOL RUB



Preferred and most effective method if hands are not soiled.

- Apply product to one hand using amount recommended by manufacturer
- Rub hands together covering all surfaces of the hands and fingers, focusing on the fingertips and fingernails , until hands are dry

PREVENTATIVE MEASURES



- Standard Precautions assume that areas of the body have germs which, if transmitted to others, could cause disease.
 - ❖ These areas include mucous membranes, moist areas of body, broken skin, anything wet coming from the body, and any medical devices that drain fluids from the body.
- The intent of Standard Precautions is to protect healthcare workers **and** patients from disease causing germs.
- Standard Precautions do not protect against airborne diseases.

TRANSMISSION-BASED PRECAUTIONS

- For patients who may have infections that are highly contagious.
- They are used in addition to standard precautions.
- Use the appropriate equipment when entering a patient's room in isolation by following the guidelines on the isolation signs.
 - ❖ Personal Protective Equipment (**PPE**) including gloves, gowns, and masks.



TRANSMISSIONS-BASED PRECAUTIONS

Protective



- Does not require personal protective equipment
- Does restrict staff or visitors with any signs of illness (colds or other minor infections).

TRANSMISSIONS-BASED PRECAUTIONS

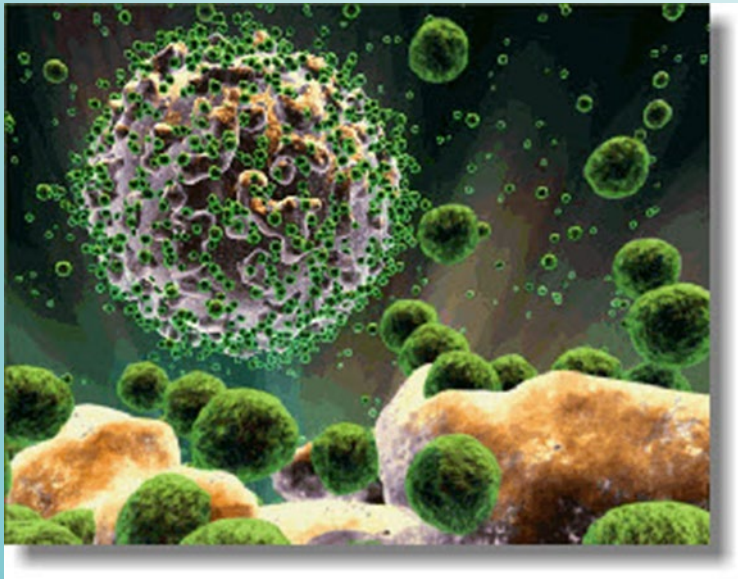
Contact Precautions



- Used for MRSA, VRE, RSV, chickenpox, shingles, lice, *C. difficile* diarrhea or any uncontrolled drainage.
- Wear gloves and a gown whenever entering the room
- Remove them and wash your hands before leaving the room.
- Always use dedicated patient equipment (stethoscope, thermometer, etc.) or immediately decontaminate the equipment after use.

TRANSMISSIONS-BASED PRECAUTIONS

Multi-drug Resistant



- Isolation precautions used for patients infected or colonized with MRSA, VRE, or resistant gram-negative infections.
- Wear gloves to enter the room. Wear a gown for direct contact with the patient or contaminated items.
- Wear a mask if the patient has a resistant organism in the respiratory tract.
- Remove gloves and perform hand hygiene before leaving. Use dedicated equipment (stethoscope, thermometer, BP cuff).
- Clean and disinfect any common equipment (wheelchair, scale, x-ray machine) after use when removing from the room.

TRANSMISSIONS-BASED PRECAUTIONS

Droplet



- Precautions are used for meningitis, pertussis, influenza, mycoplasma, and adenoviral diseases.
- Wear a standard isolation mask for patient care.

TRANSMISSIONS-BASED PRECAUTIONS

High Risk Isolation



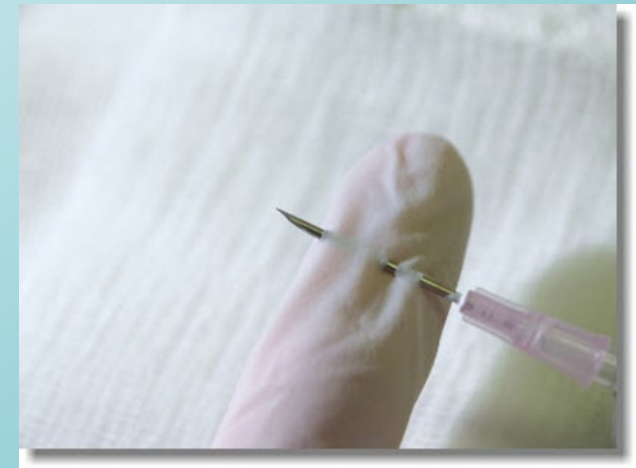
- Emerging infectious diseases that have newly appeared in a population or is rapidly increasing in incidence and requires immediate and extensive control measures to limit morbidity and mortality.
- Staff entering the high risk isolation rooms are required to complete training competency evaluations in high risk precautions, and use of and removal of PPE including but not limited to:
 - ❖ Double gloves
 - ❖ Impervious disposable isolation gowns or suits
 - ❖ Disposable full face shields
 - ❖ Masks
 - ❖ N95 or PAPR respirators
 - ❖ Head/hair covers
 - ❖ Disposable shoe or boot covers
- Information on High Risk Isolation can be found on the BRAIN under Resources, Emergency Preparedness.

PPE-GLOVES

- Put on clean gloves before touching any patient's mucous membranes or non-intact skin.
- When performing several invasive procedures on same patient, change gloves between each procedure to prevent contaminating another:
 - ❖ Body part
 - ❖ Piece of equipment
 - ❖ Environmental surface
- Wear gloves any time you have contact with blood or other body fluids (when you treat an open wound, draw blood, or handle dirty laundry).

A WORD OF CAUTION

- ❖ Remember that wearing gloves does **NOT** replace hand hygiene, the most basic element of infection control.
- ❖ Gloves may be perforated during use and bacteria may multiply rapidly on gloved hands.



PPE MASKS

- Wear a mask that covers your nose and mouth as well as goggles or a face shield when you are performing a procedure that may create splashes or sprays of blood or whenever you handle body fluids (for example, procedures involving Foley catheters, suction canisters, etc.)
- Wear a surgical mask for protection against infectious large-particle droplets (for example, from coughing or sneezing).
- Surgical masks are not an adequate substitute for respirators when treating tuberculosis, measles, disseminated herpes zoster, SARS or chickenpox patients.



PPE-GOWNS

- Wear a gown when your clothing could be soiled with blood or other body fluids.
- Choose the correct gown for your purpose (i.e., fluid resistant).
- Use correct technique when removing the gown.
- Sometimes gowns are worn to keep from transmitting pathogens from a patient's room to another area of the hospital.
- Always remove gown before leaving patient's room and perform hand hygiene with soap and water or alcohol products.

SEQUENCE FOR PUTTING ON PPE

1. Gown

- There are 2 sizes of the 3 hole isolation gowns:
 Gray collar fits most Green collar is XXXL
- The gown wraps around, there are no ties
- Should fully cover torso front & back from the neck to knees, arms to ends of wrists

2. Mask or Respirator

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit check respirator

3. Goggles or Face Shield

- Place over face and eyes and adjust to fit

4. Gloves

- Extend to cover wrist of isolation gown

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SEQUENCE FOR REMOVING PPE

1. Gloves - outside of gloves are contaminated!

- Grasp outside of glove with opposite hand and peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard in waist container

2. Goggles or face shield-outside of goggles or face shield is contaminated!

- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

3. Gown - front and sleeves are contaminated!

- Pull away from neck and shoulders, touching inside of gown only
- Turn inside out
- Fold or roll into a bundle and discard
- Do not remove your gloves and leave inside the gown

4. Mask or respirator-front of mask/respirator is contaminated! DO NOT TOUCH!

- Grasp bottom, then the top ties or elastics and remove
- Discard in waste container

5. Hand hygiene

WHEN SHOULD I CALL IN SICK

This is a reminder that volunteers should follow the same communicable disease precautions as employees.

The Blessing Human Resources Policy on Communicable Disease Regulations states that persons with these symptoms will be restricted from duty:

- Conjunctivitis (pink-eye)
- Fever over 100 degrees Fahrenheit.
- Acute respiratory illness or bacterial infection of the throat (such as strep throat, mumps, influenza, pneumonia, pertussis). Volunteers who have influenza should stay off duty until they have been fever free for at least 24 hours. They should not enter Protective Isolation rooms until they have been fever free for seven days.
- Cough lasting longer than seven days.
- Draining skin wound or rash
- Gastroenteritis (diarrhea more than 4 times per day)
- Head lice or scabies
- Hepatitis A
- Measles
- Chickenpox (varicella)

INFLUENZA: AN OUNCE OF PREVENTION

- The single best way to protect yourself and others against influenza is to get a flu vaccination each year.
- The flu vaccine will be available at no cost at the hospital every fall.
- Flu shots are mandatory for BHS staff and volunteers.
- Volunteers who decline the flu shot will need to wear a mask in the event a flu outbreak is declared.

The following steps help to prevent the spread of respiratory illnesses such as the flu:

- Cough into your shoulder or sleeve if possible—If you cover your nose or mouth with a tissue when you cough or sneeze—be sure to dispose of the tissue. Follow up with proper hand hygiene.
- Wash your hands often with a 15 second soap and water hand wash, or use an alcohol-based hand cleaner (foam or gel). This is important especially after you cough or sneeze.
- Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- Try not to touch your eyes, nose, or mouth. Germs often spread this way.
- If you get the flu, stay home. In this way you will help prevent others from catching your illness.

ADDITIONAL THOUGHTS

Always check with the Volunteer Coordinator to see if any safety precautions are needed.

- For the most part, volunteers will not have direct contact with blood borne pathogens or bodily fluids with one exception; you may share a person's hand. Also secondary contact would be touching exposed surfaces.
- Always consider when you meet with a patient you may not touch anything, but you may have laid your purse down or bag, an/or your shoes may have come in contact with a contaminate.

SUMMARY



Frequent hand hygiene is the foundation of infection control.

Be familiar with key elements of the infection control program.

Understand hospital environmental control issues.

Use good workplace practices and follow Standard Precautions.

Wear PPE and use respiratory protection as indicated.

Receive the hepatitis B vaccination and other vaccinations when they are offered.

The first step to prevent MRSA, is to prevent healthcare infections in general.

If you are exposed to blood or other potentially infectious materials wash the area for 10-15 minutes with water and contact your Hospice immediately.

For more information, call the Infection Prevention staff.

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