

Infection, Prevention and Control

3rd year Nursing student 2022

Covid - how to keep safe IPC principles

- Stay home if you are sick
- Keep track of where you have been
- Wear a face covering
- Wash your hands or use hand sanitiser
- Cough or sneeze into the elbow
- Clean or disinfect shared surfaces regularly
- Improve ventilation
- Keep your distance from people you do not know

Standard Precautions

- Group of **basic infection control measures** that apply to all patients, all the time.

- Includes:

Hand hygiene, PPE use, sharps safety, environment cleaning, waste disposal, linen management, cough etiquette, etc.

WHEN to do Hand Hygiene?

Before eating

After toileting

Entering and leaving workplace

5 moments of hand hygiene

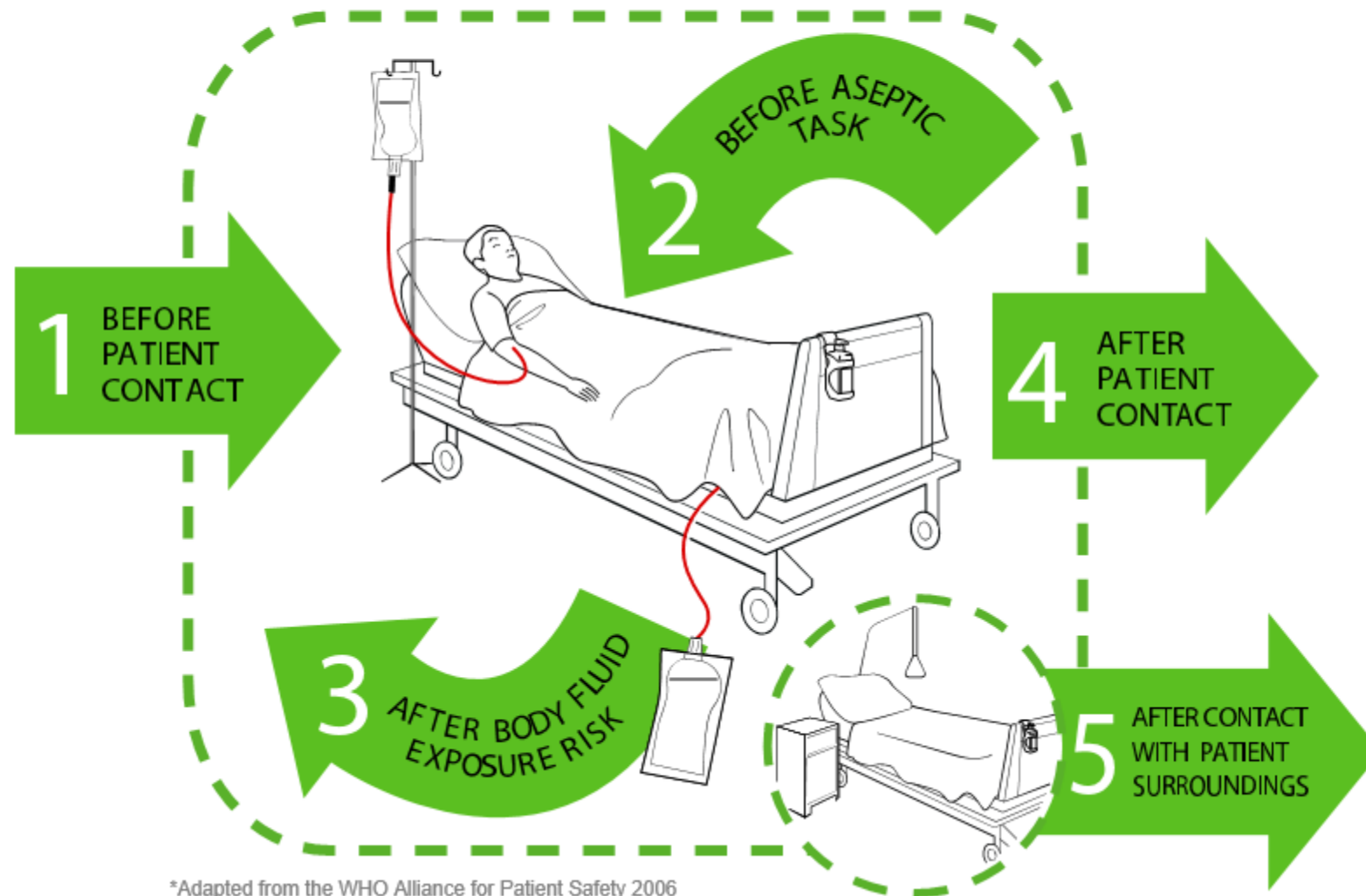
Sanitiser or soap and water – which is better?

What if I am using gloves?

What hand cream and when?



Your 5 moments for hand hygiene at the point of care*



*Adapted from the WHO Alliance for Patient Safety 2006

HH – How to

IMPORTANT TIPS:



- Remove all wrist and hand jewellery other than a wedding band.
- Use hand lotion regularly to prevent dry, cracked hands, ie, before and after work and before breaks.
- Cover minor cuts and abrasions on hands and arms with a waterproof dressing before starting work.
- Contact occupational health and safety if you have any dermatitis, skin allergies or infected lesions on your arms or hands.



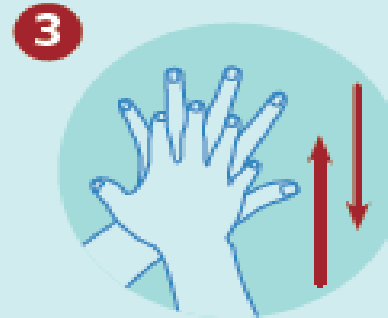
Use hand rub to clean hands. Wash hands only when visibly soiled.



Apply one squirt of hand rub
in a cupped hand



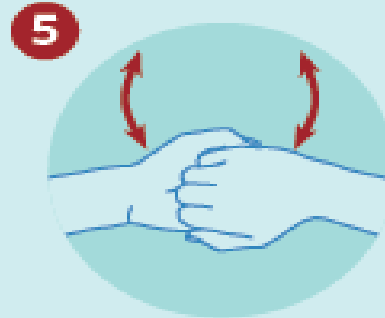
Rub hands palm to palm,
up to and including wrists



Right palm over back of
left with linked fingers
and vice versa



Palm to palm with
fingers linked



Backs of fingers to opposing
palms with fingers interlocked



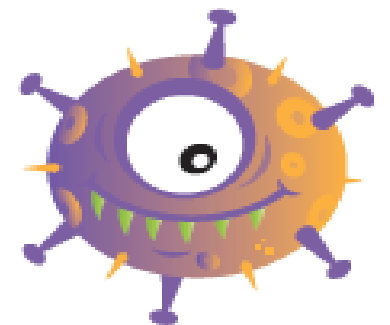
Rotational rubbing of left
thumb held in right palm
and vice versa



Rotational rubbing firmly, with
closed fingers of right hand in



Once dry, your hands
are safe



Cleaning patient equipment and the environment

What do we use to clean?

detergent wipes

When do we clean equipment?

between patient use. Store equipment clean

What equipment do we clean?

everything that a patient touches, that is not disposable. E.g. procedure trolley, IV poles and pumps

Who cleans the environment?

Cleaners. HCAs. Nurses

Transmission based precautions

- When standard precautions is not enough
- These signs instruct staff about what to do: PPE, cleaning, transfers etc.
- More information is available for staff on the back of sign.

STOP! CONTACT PRECAUTIONS & STANDARD PRECAUTIONS

STOP! AIRBORNE PRECAUTIONS & STANDARD PRECAUTIONS

STOP! DROPLET PRECAUTION & STANDARD PRECAUTIONS

VISITORS PLEASE REPORT TO THE NURSES STATION

Clean Hands, Clean Equipment

- Clean hands before and after patient contact
- Clean hands before and after mask is put on, and removed
- Clean equipment between patient use

Personal Protective Equipment

- Surgical Mask worn to enter room and removed on exit
- N95/P2 Respirator worn if aerosolising procedure involved
- Wear gloves/apron if required as per standard precautions

For whom?

D+V, bad skin condition

Some diseases eg scabies

Some MDROs

Overseas in last 12 months

What is the most important thing?

Hand hygiene

What else is important?

Cleaning equipment

Discharge iso clean

Own toilet

When to use PPE?

Risk of blood or body fluid contact

STOP!

CONTACT PRECAUTIONS & STANDARD PRECAUTIONS

VISITORS PLEASE REPORT TO THE NURSES STATION



Hand Hygiene

- Clean hands on entering the room
- Staff bare below the elbows
- Clean hands up to elbows on leaving the room



Cleaning and Environment

- Own room, single toilet
- Equipment must stay in the room, otherwise clean it thoroughly
- Contact isolation clean on discharge (see back for cleaning tasks)



Personal Protective Equipment (PPE) as required

- As per standard precautions
- Gloves and aprons/gown only required if risk of body fluid contact
- Clean hands before putting on and after taking off gloves



Transport

- Limit transport of patient
- Transport in own lift or ambulance
- Patient can walk outside room if clean, no drains or open wounds
- Hand hygiene and PPE as required

Please turn over for further instructions

Droplet Precautions

For organisms spread from coughs and sneezes e.g. colds and flu

Key elements:

- Surgical mask be worn to enter the room and for transport.
- N95 mask to be worn if patient on nebulizer or NIV.
- Control spread of cough/sneeze

DROPLET PRECAUTIONS

(USED IN CONJUNCTION WITH STANDARD PRECAUTIONS)

Used to prevent transmission of known or suspected disease spread by coughing or sneezing	These conditions include and are not limited to:
Respiratory viruses	Influenza, Rhinovirus, Adenovirus (+ contact)
Bacterial illnesses	Bordetella pertussis, Neisseria meningitidis, Mycoplasma pneumonia

PROCEDURE

PPE required:	Surgical mask required to enter room (or within 2 metres of patient) Only wear gloves, gown and eyewear if body fluid exposure risk exist (See Standard Precautions).
Put on PPE	Prior to entering room. Hand hygiene prior to putting on surgical mask.
Remove PPE	Outside room and dispose of in yellow waste bag. Hand hygiene before and after removing surgical mask. Hand hygiene to elbows.
Hand hygiene	Before and after all patient contacts. (5 Moments) Usually with alcohol-based hand rub, soap and water if hands soiled.
Standard Precautions apply	Gloves, gown and eyewear if body fluid exposure anticipated Cough etiquette: provide tissues, alcohol rub (if appropriate), and waste bag. Teach coughing into elbow.
Staff requirements:	Immunity to childhood diseases required to care for these conditions. Annual influenza vaccine recommended.
Patient requirements:	Patient should remain in room.
Well visitors only:	House hold members not required to wear PPE, as previously exposed. No children. Other essential visitors should wear PPE and discuss visiting with staff. Hand hygiene taught for entry and exit.
Transport/ Transfers:	Prompt and essential movement only. Notify new area and transport staff of Droplet Precautions required. PPE as above for transport staff. Patient to perform hand hygiene on exit of room and wear surgical mask. Transit nurse required. Transport separately (lift/ ambulance). Linen changed and trolley wiped down after use.

Airborne Precautions

Back of Airborne Precautions Stop Sign

Used to prevent transmission of known or suspected disease spread by the airborne route.

For organisms we breathe out
e.g. TB, chickenpox, measles

- **N95/ P2 respirator worn in the room and for transport by staff.**
- **Negative pressure room.**
- **Doors closed.**

Back of Airborne Precautions Stop Sign

Used to prevent transmission of known or suspected disease spread by the airborne route.

These conditions include but are not limited to:

Tuberculosis - pulmonary or laryngeal, Chicken pox (Varicella) and measles (Morbilli).

PROCEDURE

Room:	Single with own bathroom Door: closed. Shift Check: Negative Pressure Gauge is > 2.5 Pa
PPE required:	N95 / P2 respirator to enter room Only wear gloves, gown and eyewear if body fluid exposure risk exists (See Standard Precautions).
Put on PPE:	Prior to entering room. Hand hygiene prior to putting on N95 / P2. Fit test respirator: Ensure seal around mouth/ nose and that respirator moves in and out with breathing.
Remove PPE:	Outside patient room and dispose of in yellow waste bag. Hand hygiene before and after removing N95 /P2 respirator. Hand hygiene to elbows.
Hand hygiene:	Before and after all patient contacts. (5 Moments) Usually with alcohol-based hand rub, soap and water if hands soiled.
Standard Precautions apply: gloves, gown and eyewear if body fluid exposure anticipated	
Cough etiquette: provide tissues, alcohol rub (if appropriate), and waste bag. Teach coughing into elbow.	
Staff requirements:	Immunity to chickenpox and measles required to care for these conditions.
Patient requirement:	Patient must remain in room.
Well visitors only:	House hold contacts not required to wear PPE, as previously exposed. No children. Other essential visitors should wear PPE and discuss visiting with staff. They should be immune to chicken pox or measles as required. Hand hygiene taught for entry and exit. Visitors to avoid kissing patient.

icella) and measles (Morbilli).

tive Pressure Gauge is > 2.5 Pa

r if body fluid exposure risk exists (See Standard

ie prior to putting on N95 / P2,
nd mouth/ nose and that respirator moves in and out

if in yellow waste bag,
oving N95 /P2 respirator.

s. (5 Moments)
, soap and water if hands soiled.

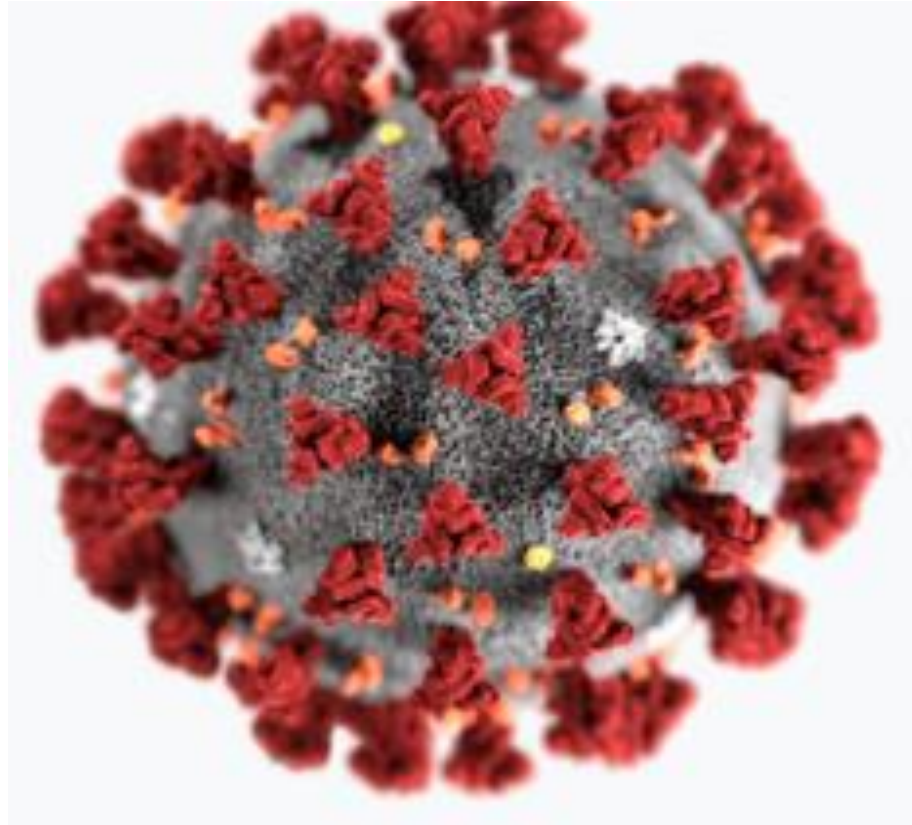
fluid exposure anticipated

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Covid-19



Working in a hospital during covid

How to keep safe – it's all about the mask

- Its all about the mask
 - seal check
 - sanitise hands if any breach
 - change if soiled
- MUST Wear a mask at all times
- Do not eat or drink in clinical spaces
- Tea room highest risk for all staff– tea room etiquette
- Do not come to work unwell

N95 respirators

Wear a fit checked N95/
FFP2 respirator for all
probable/confirmed
Covid-19 care.

Seal Check each time
you use a new mask



Perform a User Seal Check

Check the seal of your
respirator each time
you use the respirator.

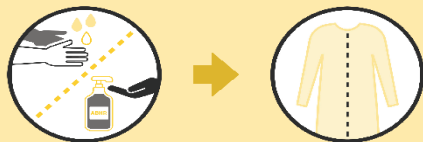
Place one or both hands completely over the middle panel. Inhale and exhale sharply. Be careful not to disturb the position of the respirator. If air leaks around your nose, re-adjust the nosepiece as described in Step 6. If air leaks around respirator edges, adjust panels and position of straps and make certain respirator edges fit snugly against the face. **If you cannot achieve a proper seal, do not enter the contaminated area. See your supervisor.**



Donning and Doffing PPE in the Covid context

Steps To Donning PPE Safety

1.



2.



3.

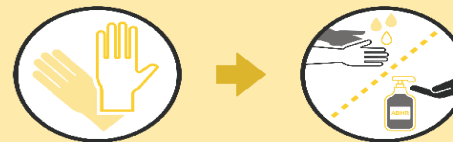


4.



Steps To Remove PPE Safety

1.



2.



3.



4.



“Mask up”

July/ August 22”



Protect yourself and whanau:
Mask up!



ID NOW daily test numbers Kenepuru and Wellington hospitals: 7 day moving average



RVS tool July update.

- If patient has flu symptoms and has had COVID in last 3 months then actions as below

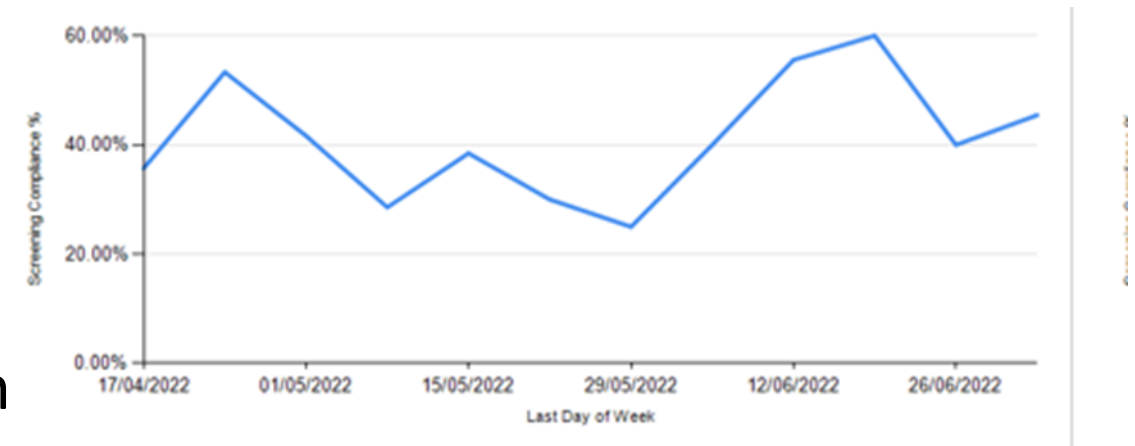
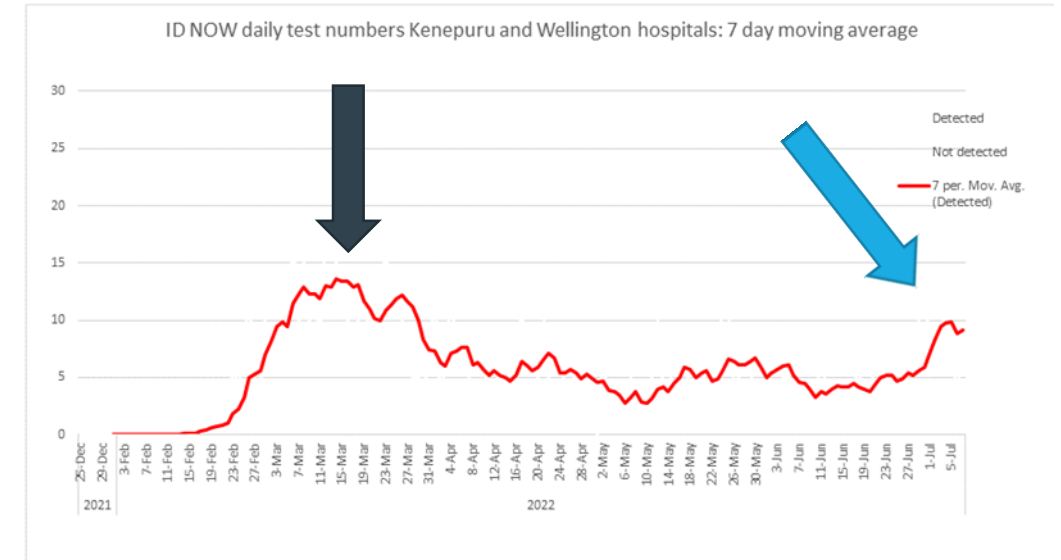
COVID Status:	Recovered from COVID in the past 3 months
Acute Respiratory Infection:	Likely (based on clinical impression) For planned procedures see procedure decision support .
Respiratory Virus Testing:	Influenza test. If COVID recovered <1 month then no COVID test. If COVID recovered 1-3 months then test with RAT (not PCR).
Inpatient Bed Placement:	If COVID recovered <1 month then single room or shared room with Bedside Droplet Precautions (single room if 5 North or Maternity ward) If COVID recovered 1-3 months then bed placement based on RAT result: RAT positive: Designated COVID room. RAT negative: Single room or shared room with Bedside Droplet Precautions (single room if 5 North or Maternity ward)
PPE Required:	If COVID positive use Enhanced Airborne PPE, otherwise use Droplet PPE

Close and Update Clinical Documents



Background

- C19 tests on entry showing numbers trending up in C19 levels
- Use of RVS tool on entry very mixed.
- Some areas below 50 % done.
- Aim for > 85 % of all admissions with RVS tool done.
- Number of patients who developed C-19 in hospital? 100-200.



Refreshed masks campaign Poster

Aim: Normalise mask use for all until
end of August.

Not add to burden of staff by
presenting information visually/ and in
written form to patients and visitors.



Protect yourself and whanau:
Mask up!



Visitor Poster

State clear expectations for visitors on mask use and patient protective behaviour.

(Pictures will be updated as they become available).



Visitors: mask up!

- Keep your mask on during entire visit
- Do not visit if you are unwell or a COVID contact
- Inform the ward if you become unwell after your visit
- Get vaccinated against influenza and COVID-19
- Use the hand sanitiser

NB: special circumstances should be discussed with ward staff.



Info for patients

A5 on dx bed

- Written info for patients
- Cleaning company approached about putting on patient dx beds.

Patient information: Winter viruses

Please follow these recommendations as able:-

Mask wearing

Wear a mask when you leave your room, or bed- space.

Wear a mask when you have visitors.

Visitors

Ask visitors to wear a mask for all of their visit.

Where possible communicate with visitors by phone.

Visitors must be well and not be a COVID contact.

Visitors should inform the ward if they become unwell with COVID or influenza after visiting.

Visitors who have mask exemptions will only be able to visit under certain circumstances.

Monitor your own symptoms

Tell staff if you develop cold or flu symptoms. Symptoms include: a new cough, sneeze, runny nose, fever, loss of smell or taste, sore throat, or shortness of breath.

Hand Hygiene

Please sanitise your hands when you leave and return to your bed space. Inform staff if you need another mask or sanitiser.

Thank you, Infection, Prevention and Control. CCHV



Any Questions

THANK YOU 😊

