INFECTION CONTROL MEASURES

AIM: To maintain standards in infection control measures and minimize hospital acquired infections

RATIONALE: labelling and segregation of individual patient items will prevent accidental exchange of patient care items, labelling of invasive lines help the staff to know when the articles have to be changed, maintaing equipment in a neat and clean way minimises spread of infection and helps in ward organization.

General instructions to nurses:

1) Airways of patients are to be kept separately in a plastic bag. (STRICTLY DO NOT keep airways in injection tray or any other place)
2) Airway plastic bag has to be labelled with patients name
3) Bedside injection tray of patient has to be cleaned (inside and outside) with spirit swab. Injections have arranged neatly and any loaded syringe should be labelled.
4) For every round of suctioning (oral as well as tracheostomy) NEW,STERILE cannulas must be used.
5) suctioning bottles should be labeled "ORAL" or "TRACHEOSTOMY" and should never NEVER interchange the bottles.
6) Wear masks in OT,ICU and RICU. All nurses should have masks with them at all time.

7) ALL invasive cannulas, tubings must be labeled with date of insertion.

8) Foleys catheter should be changed after 7 days and silicon one put after that.

9) IV line/ vasofix should be changed after 48hrs. Must be labeled with patients name and date.

10) NG tube must also be dated. It should be kept clean and clear at all times.NG /RT tube has to be flushed after every feed/aspiration.

11) Plastic basins should be disinfected with savlon/dettol after giving sponge bath to patient.

12) All solution bottles, e.g.: spirit, betadine etc should be labeled.

13) Chittal forceps should be sent for autoclaving sterilisation every week, and savlon should be changed and labeled with date.

14) Collect all needles in needle box (do not throw glucostrips, cotton in needle box)

15) Damp bacillocid dusting of equipment must be done every morning.

POLICIES TO PREVENT NOSOCOMIAL INFECTION:

I. Prevention of infections associated with Urinary catherization:

AIM: To have a uniform policy for Catherisation and Catheter care.

RATIONALE: Catheter related urinary tract infection is the most common hospital acquired infection in hospital set-up. The risk of acquiring bacteriuria increases with time, from (approximately 5% per day) during first week of hospitalization. therefore proper procedure is necessary to prevent infection.

PERSONNEL INVOLVED:

Nurses

Physicians

OT staff

(a) Consideration prior to Catherisation

*Aseptic techniques to be maintained throughout the procedure.

*Sterile set in catherization tray to be used

(b) Catheter material

For short term catheterization (<7days) latex material can be used

Silicon catheters can be used for long term (approx 21 days)

(c) Maintenance of Catheter

After insertion, regular inspection of catheter and drainage system to be checked.

Catheter care to be done twice a day (with sterile gauze soaked in betadine solution)

INSERTION OF CATHETER

Catheter must be inserted using an aseptic technique and sterile equipment

After thorough hand-washing, gloving, drape the area properly

Area is cleaned appropriately using betadine solution and xylocaine gel is used as lubricant.

Gently insert the catheter and advance it by holding the inner sterile sleeve, avoiding contact with non-sterile surface.

Inflate balloon

Connect catheter to closed drainage system

The site is to be dressed properly

DRAINAGE BAG

Sterile urobag should be positioned in a way that it prevents backflow of urine

The bag and urine, must at all times be lower than the level of bladder

The bag should be emptied in designated container

Urine recptacle should be disinfected and stored dry after each use

The bag to be changed after 5 days

SAMPLE COLLECTION

Do not obtain sample for bacteriological culture from drainage bag

Catheter to be clamped before 15minutes of collection time

Urine sample to be collected from connection of drainage bag

Before sample collection, the connection site to be wiped or disinfected with spirit swab

Urine to be collected in sterile container directly

II. PREVENTION OF BLOODSTREAM INFECTION

AIM: To have uniform policy of Intravenous catheter insertion and care

RATIONALE: Use of vascular catheter often leads to phlebitis and bloodstream infections

PERSONNEL RESPONSIBLE:

Doctors

Nurses

PROCEDURE:

Two different types of catheter are-

*short peripheral intra-venous catheter

(a) Site preparation

*Peripheral site to be assessed first

*Bony prominence and joints to be avoided

(b) Hand hygiene

Thorough hand washing technique must be followed and use of alcohol hand rub

(c) Skin Preparation

Selected area to be wiped with spirit swag

Disinfect the part with betadine solution, but the stroke is to be given in one direction -center to periphery(once the site is prepared it should not be palpated)

(d) Insertion of catheter

Do not touch the shaft of the catheter with fingers during insertion

Select correct size catheter,which will fit easily in veins.

Insert catheter using "no-touch-technique"

Do not attempt repeated insertion with same catheter

(f) Dressing,Types and Frequency of change

After securing the catheter with adhesive tape,make sure to label DATE of insertion

Connect to intravenous administration set, label regulator with date and name of patient.

(g) Replacement of administration of sets

Intermittent infusion sets to be changed in every 24 hours

Continuous infusion sets to be changed in every 48 hours

Plasma sets and blood sets to be changed in 4 hours. If it is a prolonged infusion then the same set can be used upto 24hours but not more than that.

(h) Stopcock and side ports

Catheter with injection side ports can be safely used with standard hygienic precautions.

Clean injection ports with 70% alcohol before access

Side port to be kept closed when not in use

(i) Anti coagulant flush

Sharp Disposal

After insertion of catheter all the sharps, including the stillet is to be disposd in the designated PPC.

Test / Exam Question Bank

1. When should hand hygiene be performed?
2. What is different Colour coding for Categories of waste?
3. What are application of Standard Infection Control Precautions when
4. What Precaution against Blood Borne Transmission?
5. What are policies and procedures for linen and laundry management?
6. What is procedure for routine handling of solid linen?
7. What is the procedure for Autoclaving?
8. What is procedure for sterilization outbreak?
9. How to test validity of the sterilization?
10. What is the procedure of sterilization of the equipment using formalin fumes?
11. Policy and Procedure for Fumigation?
12. What are the steps for preparation for Fumigation?
13. What are the Precautions to be taken for Fumigation?
14. How to prepare of disinfectant solution?
15. How to prevent occupational exposure?
16. List body fluids to which universal precaution apply?
17. List body fluids to which universal precaution do not apply?
18. List protective barriers for low risk exposure with examples.
19. List protective barriers for medium risk exposure with examples.
20. List protective barriers for high risk exposure with examples.
21. List steps to be followed after the prick.
22. What are the responsibilities of Infection Control Nurse in relation with Needle Stick Injury?
23. How to prevent infections associated with Urinary catherization?
24. What is consideration prior to Catherisation.
25. When type of catheter material for short term catheterization?
26. When type of catheter material for long term catheterization?
27. How to Maintenance of Catheter?
28. List process for insertion of catheter.
29. List process for sample collection.
30. How to prevent Bloodstream infection?