

- 4.2. Red - Solid Waste (Items contaminated with blood and body fluids including cotton, dressings, soiled plaster casts, line beddings, other material contaminated with blood)
- 4.3. Black- Discarded Medicines and Cytotoxic drugs, wastes comprising of outdated, contaminated and discarded medicines. Chemical Waste, chemicals used in disinfection, as insecticides, etc
- 4.4. White - General waste, stationary, paper, non infectious plastic, etc.
- 4.5. Puncture Proof Container (PPC) - Waste Sharps (needles, syringes, scalpels blades, glass etc. that may cause puncture and cuts. This includes both used & unused sharps)
- 4.6. Green-Kitchen waste and food.

5. Staff Responsibility

- All the staff follow the colour coding systems for different wastes, ensure before discarding anything that you are using the right bin.
- The syringes should be cut and the needle should be burned before discarding.
- Training of a new staff will be responsibility of the in-charge sister.
- The biomedical waste management chart should always be displayed on the wall of every nursing station.
- There should be a display on the bin also.
- The infection control nurse will supervise all the staff for following biomedical waste management policy.
- Guiding the patient and the relatives will be duty of the ward staff.

POLICY AND PROCEDURE FOR ISOLATION

1. Aim:

- 1.1. To guide the staff for procedure to be followed when a patient requires isolation / barrier nursing.
- 1.2. To prevent the transmission of pathogenic microorganisms within the hospital.
- 1.3. To recognize the importance of all body fluids, secretions and excretions in the transmission of nosocomial pathogens.
- 1.4. To practice adequate precautions for infections transmitted by airborne droplet and contact.

2. Rationale:

- 2.1. Isolation / barrier nursing is the use of infection control practices aimed at controlling the spread of and eradicating pathogenic organisms from the patient to others or another susceptible person.
- 2.2. To review the provision and use of the necessary resources and facilities to ensure appropriate management of isolation facilities.

3. Personnel Responsible

Doctor

Nurses

Patient assistants

Technicians

4. Isolation / Barrier Nursing Considerations

- 4.1. Advice should be sought from the Infection Control Team on the appropriateness of isolating / barrier nursing patients
- 4.2. Before deciding to isolate / barrier nurse a patient, careful consideration must be given to
- 4.3. Emotional well-being of the patient e.g. mental health or patient safety
- 4.4. Mode of transmission of the infection e.g. air-borne, faecal-oral route etc
- 4.5. The availability of facilities
- 4.6. Assess the risk of spread to other service users / healthcare worker
- 4.7. Consider the implementation of protective isolation / Universal precautions for immune compromised patients. Please contact the Infection Control team for advice and risk assessment
- 4.8. The application of Standard Infection Control Precautions is all that is required for the majority of infections.

5. Application of Standard Infection Control Precautions when Isolating / Barrier Nursing a Patient:

- 5.1. Hand Hygiene: (please refer to Hand washing policy)
 - Regular, thorough, hand hygiene is essential to prevent the spread of microorganisms
 - Hand wash with liquid soap and running water when hands are visibly soiled / dirty

- Alcohol hand-rub is used for routine hand decontamination when hands are visibly clean
- Alcohol hand-rub should not be used when caring for patients experiencing vomiting and / or any diarrhoeal illnesses e.g. Norovirus and not recommended in outbreak situations
- For patients with Clostridium-difficile and any other type of diarrhoea (confirmed or suspected infection) hands should be washed with warm water and liquid soap. Alcohol hand rub should not be relied on solely in place of hand washing with liquid soap and water, as alcohol hand rub does not kill Clostridium-difficile spores.

5.2. Protective Clothing - Protective clothing (also known as personal protective equipment or PPE) is designed to provide a barrier between the patient and HCW to protect against transmission of infectious agents. In the community setting, PPE comprises gloves, aprons and face protection.

5.2.1. Gloves

- Disposable gloves should be worn when in contact with body fluids, e.g. blood, urine, faeces, vomit. They should be disposed of in clinical waste stream as per Waste Management Policy

- Gloves should be worn as single use for one procedure and then be disposed of into the appropriate waste stream
- Gloves should be changed between procedures
- Hands should be washed before wearing and following glove removal
- Gloves should not be washed
- Gloves should not be worn unnecessarily

5.2.3. Removal of gloves

- When removing gloves, the following technique limits the risk of exposure to potentially infected material:-
- Grasp the palm of the first glove just below the wrist
- Roll the glove towards the fingertips so that it turns inside out
- Place two fingers of the bare hand inside the cuff of the remaining glove
- Roll the second glove towards the fingertips with the bare hand until the first glove is inside the second glove
- Continue to remove until both gloves are inside out
- Dispose of used gloves in the appropriate healthcare waste bin
- Wash and dry hands.

5.2.4. Disposable Plastic Aprons

- These should be worn wherever there is a possibility of contamination of the clothing with body fluids or from direct contact with the patient's clothing or bedding.
- They should be single use and be disposed of after each procedure, in the appropriate healthcare waste bin
- Aprons should not be used again on the same patient.

5.2.5. Masks, Visors and Eye Protection

- These should be worn for procedures where there is a likelihood of splashing of body fluids or substances into the eyes, face or mouth
- Disposable equipment should be disposed of after use
- Re-usable equipment should be appropriately decontaminated

5.3. Uniform / Clothing worn for work:)

- Staff should wear a clean laundered uniform clothing every shift.
- Staff uniforms should be washed separately from other items at 60 degrees.
- Clothing worn for work should be washed separate to other items on the highest temperature.
- Using the appropriate personal protective equipment when undertaking clinical procedures protects the uniform / clothing from potential contamination.
- Where changing facilities are provided, staff should not travel to and from work in uniform.

5.4. Daily Clean –The housekeeping staff will undertake cleaning of affected patient's room/s, surfaces, flush handles, door handles etc on a daily basis with a mild detergent/antiseptic solutions in a following strengths

5.4.1. Appropriate strength of

Floor-

Bed/trolley/ Wheelchairs-

Toilet-

Door/door handle-

Curtains-

Urinals / bedpans/ commode buckets-

5.5. Movement of Staff:

Allocate one staff nurse for affected patients only. This is to reduce the risk of transmission / further spread of infection.

5.6. Food handling:

Staff who have nursed the affected patient should not give out food

5.7. Separate Room Isolation

- Wherever possible the patient should be cared for in a single room with en-suite facilities. A risk assessment should be undertaken to determine the appropriate isolation / barrier nursing precautions required, for the suspected or confirmed organism / infection.
- An appropriate colour-coded isolation precaution sign (according to the suspected or confirmed infection) must be displayed outside the room on the door.

- Gloves and aprons should be available in the room and used to provide care to the patient. Please take care not to over stock the affected resident's rooms with Personal Protective Equipment
- Alcohol hand rub should be available at the 'point of care'
- Patients requiring therapy in their rooms should be seen last where possible and the equipment cleaned in-between patient use
- On transfer or discharge to another Health Care Facility or to the services of a Health Care Professional the Inter HealthCare Infection Control Transfer Form should be used.

5.8. Visitors

- Visitors of the patients should be encouraged to practice hand hygiene when entering and leaving the room.
- Visitors who wish to participate in personal care, should be instructed to use gloves & aprons, and be given advice on how to correctly dispose of such items

6. Patient:

Patients are isolated when,

- a) Suffering from highly transmissible disease e.g.: chickenpox, patient is placed in a separate room, visitors are restricted.
- b) Viral Hepatitis, Tuberculosis etc.

7. Concepts of Standard Precautions:

They are a set of precautions designed to protect health care workers from exposure to blood borne pathogens. Since the majority of patients infected with HIV/HBsAg/ HCV are asymptomatic at the time of presentation, all patients are approached as having potentially infectious blood and body fluids.

8. Features of Universal Precautions:

- a) Use of PPE
- b) Prevention of injury with sharps.
- c) Hand-washing (as mentioned above)

9. Disinfection of Equipment

Re-use instruments, tubings etc, only after decontamination and sterilization of decontamination, as appropriate.

Do not touch equipment with soiled gloves or gloves used for patient care.

Spill cleanup: Cover spills of blood or body fluids with 1% of freshly prepared sodium hypochlorite for 10 minutes. Then mop dry. A second decontamination may be done, if required. Wash the area with detergent and water. Gloves must be worn during clean up and decontamination process.

10. Precaution Against Blood Borne Transmission:

Admission:

Patients with HIV/HBV/HCV disease but presenting with unrelated illnesses may be admitted in any ward .Confidentiality shall be maintained with appropriate precautions to prevent nosocomial transmission

Preparation of patients:

In case of patient testing positive, attending physician should ensure that patient and/or significant others are informed about result and receive counselling.

The nursing staff will explain to patients, attendants and visitors (when necessary), the purpose and methods of handwashing, body substance precautions, etc.

Specimens:

Adequate precautions are to be taken while collecting specimens. The specimens are to be transported in leak-proof containers. Attach a bio hazard label.

11. Precaution Against Airborne Transmission:

These precautions are designed to reduce the risk of airborne and droplet transmission of infectious agents, and apply to patients known or suspected to be infected.