



POLICY & PROCEDURE

PREVENTION & CONTROL OF INFECTION

POLICY STATEMENT

In the provision of Emergency Medical Care the importance of all body fluids and secretions in the transmission of nosocomial infection is recognised and mechanisms are implemented to minimise the risk of disease transmission by providing adequate information, training and application of Standard Precautions.

PURPOSE

This policy serves to provide information and direction to paramedics with regards to the recognition, prevention and control of infection in rendering Emergency medical Care.

DEFINITIONS

Standard Precautions can be defined as a means of precautions to reduce the risk of transmission of micro-organisms from both recognized and unrecognized sources of infection.

SCOPE

The policy only applies to paramedics employed or contracted by Atlantis The Palm Limited to render emergency care at any of its appointed facilities and activities.

RESPONSIBILITIES

Paramedic

1. Ensure they are familiar with this policy and understand all of its contents
2. Ensure that policy is strictly adhered to

POLICY

Standard Precautions will be implemented when you anticipate or when there is contact with any of the following:

1. Blood
2. All body fluids, secretions, and excretions, regardless of whether or not they contain visible blood.
3. Non intact skin
4. Mucous membranes

Standard Precautions requires the use of:

1. Hand hygiene
2. Mask, eye protection or face shield
3. Patient care equipment
4. Environmental control
5. Proper disposal of waste, sharps and linen
6. Occupational health and blood borne pathogen

Procedure

1. Hand Hygiene
2. Wash hands immediately after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn.
3. Wash hands after gloves are removed.
4. Use alcohol based hand rub when hands are not visibly soiled between patient contacts and when otherwise indicated to avoid transfer of micro-organisms to other patients, staff or environment.
5. Wash hands between tasks and procedures on the same patient to prevent cross contamination of different body sites.
6. Use a plain soap for routine hand washing.
7. Whenever contact with blood or other potentially infectious material is reasonably anticipated, personal protective equipment must be worn. Protective gloves (non-sterile examination gloves, sterile gloves or utility gloves) are used to protect the hands.
8. Clean gloves must be worn when touching blood, body fluids, secretions, excretions, and contaminated items and when performing venepuncture and other vascular procedures.
9. Clean gloves must be put on before touching mucous membranes and non-intact skin.
10. Gloves must be changed between tasks and procedures on the same patient and after contact with material that may contain a high concentration of microorganisms.
11. Gloves will be replaced as soon as practical when contaminated or when their ability to function as a barrier has been compromised.
12. Gloves must be removed promptly after use, before touching items and surfaces that are not contaminated and before going to another patient.
13. Mask, Eye Protection/Face shield
14. Wear mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during either procedures or patient care activities that are expected to generate splashes or sprays of blood, body fluids, secretions or excretions.
15. Wear mask if there is a contact with a person who is coughing extensively.
16. Use mask only once for a single patient contact, unless otherwise stated by manufacturer.
17. Wear/use special respiratory masks when in contact with patients suspected to have airborne infectious diseases, such as pulmonary tuberculosis, chicken pox, or measles.
18. Patient Care Equipment
19. Handle any patient care equipment that has been soiled with blood, body fluids, secretions, or excretions in a manner that prevents skin and mucous membrane exposure, contamination of clothing and transfer of micro-organisms to other patients, yourself, and the environment.
20. Clean reusable equipment that has been in contact with broken skin, blood, body fluids, or mucous membrane with a disinfectant before it is used for the care of another patient.
21. Do not relocate equipment to other patient room or clean utility areas until it has been cleaned.
22. Environmental Control
23. Ensure all patient care areas have adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces, and ensure that these procedures are being followed.

24. Housekeeping surfaces can be divided into two groups, 1) those with high-hand contact (bedrails, beds, over bed tables), and 2) those with minimal hand-contact (floors and walls). High-touch surfaces should be cleaned/or disinfected more frequently than surfaces with minimal hand-contact.
25. Proper disposal of waste, sharps and linen
26. Waste segregation to be done at all sites of generation according to colour coding to ensure safe and hygienic environment, and to prevent needle stick injuries.
27. Imposes strict controls over the disposal of waste, so that clinical and non-clinical waste is disposed of in the correct coloured waste bags and environmental pollution is prevented.
28. All waste segregation must be done at the point of generation, handled by avoiding bodily contact and stored in a secure, locked collection area
29. Medical waste bags which are already securely tied, sealed and labelled with the generators name should not be re-bagged, except under supervision in the event of a bag failure. This will be sent for incineration.

Colour coding for waste disposal bags: The two types of waste will not be mixed.

Yellow for medical waste or infectious waste (such as soiled dressings, used gowns, gloves, and other items contaminated with blood or body fluids)

White/Black for non – clinical waste (such as general waste, commercial waste)

Sharps containers: All sharps including needles with syringes, scalpels, guide wires, broken ampoules, tips of IV giving sets, and any other sharp item that has the potential to cause an injury.

Disposable syringes with needles, scalpel blades, and other sharp items capable of causing injury will be placed intact into the puncture proof containers provided in the areas where such items are used. To prevent Needle stick injuries, needles will be promptly placed in such containers and not recapped, purposely bent or otherwise manipulated by hand.

Once sharps containers are filled up to the mark they will be sealed and stored in a designated dirty utility area. (opening and closing dates shall be indicated on the label)

1. Handle linen soiled: With blood, body fluids, secretions, and excretions in a manner that prevents skin or mucous membrane exposure, contamination of clothing, and transfer of micro-organisms to other patients, yourself and the environment.
2. Wear gloves and aprons when handling soiled linen.
3. Handle linen soiled with body fluids with minimum agitation/contact.
4. Bag linen at the location where it is used.
5. Do not sort or rinse linen in patient care areas.
6. Do not place soiled linen on the floor or on any clean surfaces.
7. Place the soiled and infectious linen in a separately marked laundry bag.
8. Occupational health and Blood Borne Pathogens.
9. Take extreme caution to prevent injuries when handling needles, scalpels, and other sharp instruments or devices by promptly disposing them into approved sharps containers.
10. Do not recap needles or any other technique that involves directing the point of a needle or sharp towards any part of the body. If recapping is clinically necessary, use the one handed “scoop” technique or a mechanical device designed for holding the needle sheath.
11. Used needles will not be removed from disposable syringes by hand.
12. Do not bend, break or otherwise manipulate used needles by hand.
13. Use disposable syringes and needles, scalpel blades and other sharp items in appropriate puncture resistant containers located as close as practical to the area in which the items are used.
14. Place reusable sharps in a puncture resistant leak proof container labelled with a biohazard symbol warning.
15. Report any needle-stick injuries, sharps injuries or any splashes of blood or other potentially infectious material that have entered the mouth, eyes or any mucous membrane or into a cut

wound, immediately.

16. Discard gloves, mask and gown (if worn), and wash hands.

REFERENCES

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www.uiowa.edu/~shs/standards.htm

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