

# [The principles of infection and prevention and control essay sample](https://assignbuster.com/the-principles-of-infection-and-prevention-and-control-essay-sample/)

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Employee’s rights and responsibilities in the relation to the prevention and control of infection are to follow company policies and procedures; keep themselves safe and others, report any hazards which could lead to infection, attend relevant courses, use the PPE provided, keeping the work environment clean and tidy and to maintain good personal hygiene. Employers responsibilities in the relation to the prevention and control of infection are to keep everybody safe and to provide a safe work place, they do this by following current legislation such as,

The health and safety at work act 1974,

There is a great deal of law that care workers need to comply with to ensure that they deliver the best possible care to their service users, including:   
•Health and safety at work act 1974   
•Management of health and safety at work (amended 1999)   
•Control of substances Hazardous to health – COSHH regulations – RIDDOR 1995   
•The public Health (control of diseases ) Act 1988   
•The Food Hygiene Regulations 2006   
•The Environment Protection ( Duty of Care ) Regulations 1991   
•Health Protection Agency Act2004   
•Hazardous Waste Regulations 2005   
•The Health and Social care Act 2008   
•Code of practice for health and adult social care on the prevention and control of infections and related guidance.

The duty of employer is to ensure as far as reasonably practicable, the health, safety and welfare at work of all employees. Working to this their main responsibilities, with regards to infection control are:-   
•To ensure a clean environment – Your employer must ensure that the area that you work in is keep clean.   
•Ensure safety of all staff – your employer must not put you at any undue risk and thus keep you safe.   
•Provide staff with necessary training – Training for infection prevention and control should be updated on a regular basis.   
•Follow COSSH and RIDDOD legislations – They must deal with substances that are hazardous to your health and if any problems occur they must notify the relevant organization under RIDDOR.   
•Carry out Risk assessments and ensure control of hazards – Risk assessments must be put in place for any hazard that any service user or staff member may come into contact with.   
•Provide staff with Personal Protected Equipment (PPE) – Suitable and sufficient PPE must be provided for all staff in the workplace in line with the hazards identified during the risk assessment. Infection Prevention and Control

What is Infection

Infection is a term that everyone they understand, however when the try to define the word, it is often difficult to sum up. However the following statement briefly describes what infection is: ‘ Infection is the presences of micro organisms in the body that cause illness. The National Instituted for Clinical Excellent (NICE) in their launch of ‘ Guidance on prevention on healthcare association infections in primary and community care’ point to the 320, 000 healthcare associated infections that occur every year (almost 3 million in the last decade) costing the NHS an estimated £1 billion annually. NICE estimate that about one third of these infections could probably been prevented. In 2009 there were 3933 deaths attributed to Clostridium Difficile in England and Wales. In 31 weeks of 2010 the confirmed numbers of outbreaks of Norovirus in the NHS were 1464. It cost the NHS £4 0000 on each case of infection caused by Clostridium Difficile. Experts say that every case of MRSA cost the NHS an extra £9, 000.

Preventing Infection

For more then 100 years, research has shown that hand washing is the most important way to reduce the spread of infection; however healthcare workers only wash their hands half as much as they should. Although hand washing is a straight forward procedure, lots of people fail to do it thoroughly enough to be effective. Many people are guilty of a quite rinse under the cold tap or rubbing our hands down our cloths when the hot air drier takes to long. Water temperature is also important as it needs to be warm, but not to hot.

When should you wash your hands.

•When you arrive at work.   
•Before and after attending to each service user personal needs.   
•Before and after taking off gloves.   
•After touching any object that might contain blood, or other body fluids or after touching mucus membranes.   
•After you handle blood, urine, or other specimens.   
•After using the toilet.   
•Before leaving work.   
•Before and after handling food.   
•After touching pets.

How to wash your hands

It is vitally important to consider the correct way of washing your hands, but before you do this, you should remove jewellery watches and roll up any long sleeves. Soap from a dispenser should be used at all times, in preference to a bar of soap-as that harbours infection

To wash your hands you follow the following steps:-

1. Wet hands with water apply cleaner and rub palm to palm.   
2. Right palm over the back to the left fingers interlaced and vice versa   
3. Palm to palm fingers interlaced.   
4. Back of fingers opposing palms with fingers interlaced.   
5. Rotational rubbing of thumbs enclosed by palm   
6. Rotational rubbing backwards and forwards with fingertips of right hand in palms of left and vice versa do not forget the wrist.

Following washing your hands it is equally important that they are dried effectively, preferably with disposable paper towels.   
The Importance of appropriate protective equipment (PPE)

This refers to any protective equipment including uniforms, gloves, aprons, face masks etc.

You should change into these when you arrive at work, and change if your uniform becomes contaminated during your shift, you should also remove any jewellery.

If you launder your own uniform you should be given guidance on the appropriate in temperature in which to wash it, and usually this is 60°c.

If you are dealing with contaminated dressing, body fluids and blood or you go into a room where the individual is being “ barrier nursed”, disposable gloves and aprons should be worn and immediately after you have finished, you should dispose of all materials, gloves and aprons by placing them in a yellow clinical waste bag (unless you work to a different protocol to this) and then your hands should be washed thoroughly.

General cleanliness

To avoid infection you also need to maintain high standards of personal hygiene. The primary means daily washing and good drying, uniforms only being used for one shift and changed if contaminated throughout. If you become ill, you must report it to you manager and if you have gastric-intestinal symptoms you must not go to work. This can be summarized by thinking about universal precautions’ and the four main areas are:

1. Hand Washing   
2. Awareness   
3. Cleaning   
4. Protective barrier

And it is important that all these work together.

As a large part of your role is to ensure the personal cleanliness of the people you care for, when bathing service users or assisting them to wash, ensure that the face is washed with a separate cloth and also that towels are separate for the upper and lower parts of the body. Take care when cleaning around catheters and if washing the groin and virginal areas, wipe once from front to back to avoid bacteria being pushed from the urethra. Ensure a good supply of tissues, urinals and containers with lids for sputum collection and these should be disposed of regularly and your hands washed after each time you do this.

Principles of barrier nursing

If an individual in your care is thought to be infectious they must be placed in a single room, which is known as being placed in isolation. There are 2 types of barrier nursing:-

1. Source isolation – this segregates the infected person to prevent the spread of infection to other individuals 2. Protective isolation – segregates the susceptible person to prevent them from acquiring an infection from other people

With the exception of used bedpans / urinals, any materials or objects that are taken into the room must stay there until the infection has passed and so wherever possible disposable articles should be used. If the infection is air born masks must be worn and bed linen not shaken during changing. Any regular items to help with care and treatment of the individuals should remain in the room and then disinfected or discarded after use.

Infectious waste is placed in yellow clinical waste bags and contaminated bed linen is placed in separate laundry bags, which are usually red and often alginate so they can go straight in the washing machine to reduce the risk of cross contamination.

The part immunisation plays in infection control

Immunisation works by creating protection against pathogens and these can be divided into 2 main types:-

1. Active Immunisation – is by a tiny amount of a pathogen into the bloodstream (usually by injection) which prompts the body to produce antibodies, so that exposure to large numbers of antigen in the future will trigger the appropriate antibody to fight the pathogens thereby preventing the disease   
2. Passive immunisation – an example of this is artificially made antibodies which are designed to give short term protection as in the case of the influenza vaccine and this is why vulnerable people receive this annually

In the UK there is a program of immunisation from early infancy as well as their being immunization advised prior to travel.

Environment equipment and materials

Every area within a care setting requires identification of hazards and risk, which involves a risk assessment.

This risk assessment will consider such things design of the setting, the building material’s used, how often to clean areas and which kind of spillages and contamination may occur.

From this they can establish the safest way of disposal of spillages and waste products. Daily routines would also be considered and areas assessed as low risk, medium risk and high risk and from this appropriate action taken.

For example clinical areas will require a deeper and more frequent cleaning then other areas.

All this will be recorded as evidence that it has been completed and action taken.

How to manage domestic cleaning

Healthcare premises should have a high standard of domestic cleaning and there should be an in house monitoring system in place to ensure that the cleaning is adequate an that high standards are maintained. Basic guidelines are as follows: –

Mops and buckets should be colour coded   
a) Yellow – kitchen   
b) Red – toilet areas /dirty utility room area   
c) Blue – all other areas   
Mopping – mop heads should be detachable and laundered, preferably daily and stored dry. Mop buckets emptied, washed and dried after each use. Floors – Where possible all flours, wherever carpeted or not should be cleaned with a vacuum cleaner that contains a filter. Hard floor surfaces should be mopped daily with hot water and detergent and hard floor should not be polished as these may become a hazard to servicer users

How to manage outbreaks of infection

There are a number of practices that organisations and individuals can adopt to prevent an outbreak of infection and these include: –

Continual attention to personal and environmental cleanliness – Hand washing is essential for cross infection between service users and staff, but equally important is the cleanliness of the environment   
Strict procedures for the prevention to cross contamination – procedures have to be in place for the prevention and control of infection so that staff know what to do.   
Isolation of individuals with suspect or indentified infection disease – If an infection is suspected then it is important to isolate and individual as a precaution to minimise the risk of it being spread   
Thorough training for all staff on infection control- A yearly update on infection prevention and control means that the importance of infection control and prevention is at the forefront of all staffs minds   
Regular meetings with the infection control team – it is important to share information with all members of the multidisciplinary team to keep all areas up to speed with the latest infections and management ideas.

However despite best practice at times you may still faced with an outbreak of an infection, in which case you would ensure the following: –

Appropriate records are completed – maintaining records will ensure that all parties know what actions have been taken to manage the outbreak, and will assist in future plans for outbreaks   
Specimens may need to be sent to the laboratory – adequate access to the laboratory is essential to check specimens to ensure the right treatment is given   
Isolation of services users – In order to prevent the spread to others in care it is essential to either isolate the source of infection or to isolate those that have had it   
Review admissions / transfers – Depending on the type of the infection it may be critical to stop traffic of admissions and transfers until the outbreak is clear   
Contact the appropriate authority – if it is food born outbreak – the environmental   
Health officer, for all outbreaks care quality commission and if appropriate the consultant in communicable disease control   
It is also important at this stage to ensure that the housekeeping is of high standard – Contamination can occur through contaminated objects and areas, so it is essential to manage the cleaning to prevent this from happening

Legislation Governing Infection Control

The Health and Safety at Work Act 1974

Like with all aspects of care, infection control is governed by legislation. Under the legislation employers and senior managers have a legal duty to provide guidance to their staff on infection control techniques as they could face prosecution if they fail to identify and assess risks to staff and don’t take the necessary precautions.

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Management of health and safety at work (amended 1999)   
Control of Substances Hazardous th Health – COSHH regulations 2002 Reporting of injuries, Disease and Dangerous Occurrences Regulations – RIDDOR 1995 The Public Health (control of diseases) Act 1984   
The Public Health (infection diseases) Regulations 1988   
The Food Hygiene (England) Regulations 2006   
The Environment Protection (duty of care) regulations 1999 Health Protection Agency Act 2004   
Hazardous Waste Regulations 2005   
The Health and Social Care Act 2008   
Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

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Provide staff with Personal Protective Equipment (PPE) – suitable and sufficient PPE must be provided for all staff in the workplace in line with the hazards identified during the risk assessing.

The employee has a duty to: –

Keep knowledge current with regular training   
Report hazards and potential risk   
Use equipment only for the purpose for which it is intended   
Keep the working environment safe – e. g. clean as you go   
Be accountable for your own and others safety (check equipment)   
Co-operation with policies and procedures

The Management of Health and Safety at Work Act (amended 1999)

This act introduced risk assessment as a legal requirement for organisations. It requires both employers and employees to think about the risk involved in their work and to plan to avoid these risks by: –

Assess the risk to health and safety   
Decide whether you can remove or reduce the risk   
If so, develop a workable plan to put this practice   
Having done this, review your actions so that you know it works or try other measures to control the risk

COSHH 2002

COSHH regulations are intended to protect employees who come into contact with hazardous substances in the workplace. Within the health and social care setting this includes cleaning materials disinfectants as well as body products. COSHH regulations focus on how hazardous substances are used in the workplace, e. g. where they are kept, how they are labelled their effects and how to deal with an emergency involving one of them.

The regulations require that you: –

Store hazardous substances properly   
Understand labelling, expiry dates, instructions for use and warnings   
Know how to deal with spillages and accidents involving hazardous substances   
Understand the hazards i. e.   
From the cleaning fluids, waste, blood and urine

Hazardous Waste Regulations 2005

Under these regulations, organisations disposing of hazardous waste need to register with the Environment Agency as if this is not done the waste will not be collected. The legislation also includes a list of hazardous waste products so that organisations can discuss correct procedures. In 2006, the Department of Health Environment Agency introduced new European standard: “ The Safe Management of Healthcare Waste”

The Health and Social Care Act 2008 Code of Practice

The main purposes of the code of practice are:

To make the registrations requirement for cleanliness and infection control clear to providers of health and social care services   
For staff of CQC to assist in judgement of cleanliness   
To give information relating to cleanliness and compliance to service users, PCT, s (primary Care Trust) and councils and for the general public

There are ten areas for compliance under the code practice and they are as follows:

1.–Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risk that their environment and other users may pose to them.   
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection.   
3. Provide suitable accurate information on infections to service users and their visitors.   
4. Provide suitable accurate information on infections to any person concerned with providing further support or nursing / medical in a timely fashion.   
5. Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people   
6. Ensure that all staff and those employed to care in all settings are fully involved in the process of preventing and controlling infection.   
7. Provide or secure adequate isolation facilities   
8. Secure adequate access to laboratory support as appropriate   
9. Have and adhere to polices, designed for the individual’s care and provide organisations, that will help to prevent and control infections   
10. Ensure, so far as is reasonably practicable that care workers are free and are protected from exposure of infection that can be caught at work and that all staff are suitable educated in the prevention and control of infection associated with the provisions of health and social care.

Each care worker must be responsible for their own actions at work with regards to protecting both themselves and others from infections. It is irresponsible and unprofessional to disregard the potential risk to health of subject of infection Care staff have a responsibility to themselves, their colleges, the individuals in their care and visitors to keep the risk of infection to an absolute minimum Healthcare associated infections remain high and it is our job while practicing in the care sector to try to reduce this through a range of different approaches of which the easiest are more effective to change is good hand washing It is also imperative that at all times to adhere to your organisations infection control policy.