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Wound management

Module 1: Overview of infection control

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Module 1 – Training outline

	Estimated time to deliver
A: Health Care Associated Infection	15 min
B: Aseptic technique	45 min
C: Cleaning and waste management	15 min

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A: Health-care associated infection (HCAI)


- HCAI is an infection that a person gets while receiving care in a hospital or other health care facility.
- Each year, hundreds of millions of person around the world are affected by HCAIs (6).
- The impact of HCAIs include:
 - Longer hospital stay
 - Long-term disability
 - Increased cost of care
 - Preventable deaths (7).

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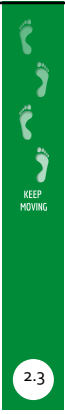
Aseptic and sterile

HCAIs can be prevented through the use of aseptic or sterile techniques:


- **Aseptic:** Protection against germs that cause disease (pathogenic microorganisms).
- **Sterile:** Absence of and continued protection against ALL microorganisms (germs).

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B. Aseptic technique

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Aseptic technique


- Aims to prevent germs from being introduced to the person's body by our hands, clinic surfaces and/or equipment.
- This includes:
 - Hand hygiene
 - Using personal protective equipment e.g. gloves
 - Proper cleaning/sterilisation of reusable instruments and equipment
 - Safe disposal of sharps/needles
 - Safe handling of waste and linen
 - Cleaning and spills management.

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Aseptic technique: Key parts and key sites

- Identify and protect key parts and sites (8):
 - A 'key part' is the part of the equipment that must stay sterile, such as a scalpel blade
 - A 'key site' is the area of the person, such as a wound that must be protected from germs.
- Do not touch key parts or sites with anything that is not sterile.

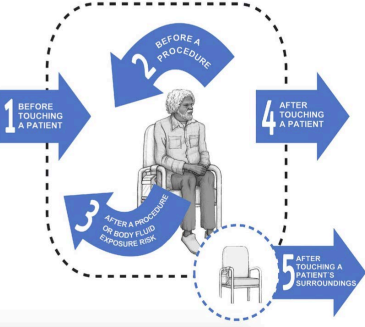


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Aseptic technique: 5 moments for hand hygiene (9)



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Aseptic technique: Hand hygiene

Hand hygiene can include:

- Washing hands with soap and clean water when the hands are visibly dirty.
- Using alcohol-based hand rubs, which:
 - Are more effective against most germs than soap
 - Take less time to use
 - Cause less irritation to the skin
 - Are easily accessible
 - Are cost effective (10).

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Aseptic technique: Hand hygiene continued..

Hand hygiene and medical glove use (11):

- ✓ Clean hands before putting gloves on
- ✓ Clean hands after removing gloves
- ✓ Throw gloves away immediately after using them as they carry germs
- ✓ Always use new gloves for each person
- ✓ Only wear gloves when needed.

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Aseptic technique: The glove pyramid (11)

STERILE GLOVES INDICATED
Any surgical procedure, vaginal delivery, invasive neurological procedures, performing vascular access, and emergency intubation, and chemotherapy agents.

EXAMINATION GLOVES INDICATED IN CLINICAL SITUATIONS
Potential for touching blood, body fluids, secretions, excretions and items visibly soiled by body fluids.
DIRECT PATIENT EXPOSURE: Contact with blood; contact with mucous membranes and with non-intact skin; potential presence of highly infectious and dangerous organisms; epidemic or emergency situations for triage and rapid examination; suction; discontinuation of venous line, pelvic and vaginal examination; suctioning non-closed systems of endotracheal tubes.
INDIRECT PATIENT EXPOSURE: Emptying emesis basins, handling/cleaning instruments, handling waste, cleaning up spills of body fluids.

GLOVES NOT INDICATED (except for CONTACT precautions)
No potential for exposure to blood or body fluids, or contaminated environment.
DIRECT PATIENT EXPOSURE: Taking blood pressure, temperature and pulse; performing SC and IM injections; cutting and cleaning the patient; respiratory patient; caring for eyes and ears (without secretions); any vascular line manipulation in absence of blood leakage.
INDIRECT PATIENT EXPOSURE: Using the telephone; writing in the patient chart; giving oral medications; distributing or collecting patient dietary trays; removing and replacing linen for patient bed; placing non-invasive ventilation equipment and oxygen cannula; moving patient furniture.

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Aseptic technique: The glove pyramid continued..(11)

STERILE GLOVES INDICATED
Any surgical procedure
When touching a key site or part

When might you need to wear sterile gloves for diabetic foot care?

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Aseptic technique:
The glove pyramid continued.. (11)

EXAMINATION GLOVES INDICATED IN CLINICAL SITUATIONS
Potential for touching blood, body fluids, secretions, excretions and items visibly soiled by body fluids;
Direct patient exposure: Contact with blood and non-intact skin, potential presence of infection;
Indirect patient exposure: Handling / cleaning instruments, handling waste, cleaning spills of body fluids.

When might you need to wear examination gloves for diabetic foot care?

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Aseptic technique:
The glove pyramid continued.. (11)

GLOVES NOT INDICATED (except for CONTACT precautions*)
No potential for exposure to blood or body fluids, or contaminated environment;
Direct Patient exposure: Taking blood pressure, temperature and pulse etc.

When might you not need to wear gloves for diabetic foot care?

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*Contact precautions: Used in the care of people known or suspected to have a serious illness that is easily spread through contact.

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Aseptic technique: Personal Protective Equipment (PPE)

- Use PPE when cleaning and debriding wounds.
- PPE includes:
 - Face and eye protection:
 - For procedures where there is the risk of splashes or sprays of blood or other body fluids
 - Change surgical masks when they become damp or humid.
 - Gowns / Aprons:
 - Worn when there is a risk of contamination with blood or body fluids
 - Must be changed between people.


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Aseptic technique: Sterilization

- Any instrument or material that enters the body or makes contact with broken skin should be **sterilised**.
 - Nippers, forceps, scalpel handles, wound dressings, cleaning gauze etc.
- Sterilisation should occur through an appropriate hospital service.



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Aseptic technique: Disinfection

- Any instrument or equipment that may come in contact with body fluids should be **disinfected**.
 - Orthotic / plaster scissors, clinic furniture, linen etc.
- Visible soiling should be cleaned with soap and water **before disinfecting**.
- Disinfection can include:
 - Applying disinfectant such as alcohol/ chlorohexidine
 - Soaking in disinfectant.

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C. Cleaning and waste management

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Safe disposal of sharps

- Place all used needles, lancets and scalpel blades in a sharps disposal container **immediately** after they have been used.
- Disposal containers should be taken to where the sharp is being used. **Do not walk around with a sharp instrument.**



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Safe disposal of sharps

- If a proper sharps container is not available, use a container that is:
 - Puncture proof (metal or thick durable plastic)
 - Able to be sealed with a lid, preferably one that cannot easily be opened
 - Waterproof
 - Clearly marked with the word SHARPS.

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Safe handling of waste

- Should be in accordance with hospital / health service guidelines if available.
- Infectious waste:
 - Waste that contains body fluids or tissue
 - Should be disposed of in a specially marked bin or bag where the treatment is taking place
 - Should be stored away from clients and general public.
- General waste:
 - Always put straight into the bin
 - Should not contain sharps or anything that is covered in blood, other body fluids or tissue.

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Safe handling of dirty linen

- Should be in accordance with hospital guidelines.
- Linen that is covered in a lot of blood or bodily fluids may need to be treated in a special way. Discuss with hospital laundry service the best process for these items.

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Cleaning and spills management

- Any spills or messes should be cleaned up immediately.
- For spills of blood or bodily fluids soak up excess fluids using disposable paper towels. If these aren't available use linen, but immediately send for cleaning.
- After all body fluids have been wiped up the area should be disinfected.

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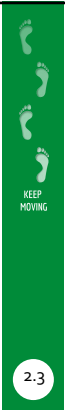
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