Whatever your First Aid, Fire Safety or Health & Safety requirement, we are here to help you.

There is a degree of flexibility in all course programmes to allow us to accommodate any specific requirements you may have.

Please contact us for further information.
The chain of infection provides an overview of the process by which a resident acquires any type of infection. The characteristics of each link show how organisms are transferred. Breaking the link or cycle is necessary to prevent the spread of any infection.

- MRSA
- Clostridium difficile
- Pseudomonas aeruginosa
- Norovirus
- Influenza

**Person at risk:**
- Susceptible People
- Elderly
- Immunocompromised

**Organism:**
- Virus, bacteria & fungus

**Reservoir:**
- Humans
- Animals
- Environmental surfaces
- Equipment
- Food/water

**Way into the body:**
- Break in skin (wound) cut or needlestick injury
- Mucous membranes (mouth, eyes, nose)
- Inhalation - (breathing)

**Way out of the body:**
- Faeces
- Urine
- Wound drainage
- Blood
- Vomit
- Sneeze

**Method of spread:**
- Contact - Hands
- Contact - Equipment
- Droplet - Influenza
- Airborne - TB

**Examples of reservoirs/hosts:**

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**Chain of infection**

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**SIRIUS BUSINESS SERVICES LTD**
**TRAINED FOR SAFETY**
Standard infection prevention & control precautions

A simple, consistent and effective approach to infection prevention & control

- Hand hygiene
- Use of gloves
- Personal protective equipment
- Safe handling of sharps
- Safe handling of waste
- Safe handling of soiled linen
- Environmental Cleaning
- Use of gowns/apron

Minimise contact with blood and body fluids by ensuring safe working practices, protective barriers and a safe working environment.
Hand washing technique with soap and water

Wash hands when visibly soiled! Otherwise, use hand rub.

Hands should be washed before and after all care procedures, and handling food. Also after dealing with used linen, waste and body fluids or contaminated equipment and after removing gloves.

1. Wet hands with water;
2. Apply enough soap to cover all hand surfaces;
3. Rub hands palm to palm;
4. Right palm over left dorsum with interlaced fingers and vice versa;
5. Palm to palm with fingers interlaced;
6. Backs of fingers to opposing palms with fingers interlocked;
7. Rotational rubbing of left thumb clasped in right palm and vice versa;
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
9. Rinse hands with water;
10. Dry hands thoroughly with a single use towel;
11. Use towel to turn off tap;

Your hands are now safe.

Adapted from World Health Organisation ‘Clean Care is Safer Care’ About Save Lives: Clean Your Hands
http://www.who.int/gpsc/5may/background/5moments/en/
Asepsis and aseptic technique

The principles of asepsis play a vital role in the prevention of infection in all environments and is the responsibility of all care staff to understand these incorporating them into their everyday practice where it is relevant.

The principles of asepsis/aseptic technique require that:

- Exposure of any susceptible areas is kept to a minimum.
- Correct hand decontamination should be carried out.
- Correct type of gloves are used as appropriate.
- Uniform and clothing is protected with a disposable plastic apron.
- All fluids and materials used are sterile.
- Sterile packs are checked for damage, expiry or moisture penetration.
- Contaminated non-sterile items are not placed in the sterile area.
- Single use items are never reused.
The ‘My 5 moments for Hand Hygiene’ approach defines the key moments when health care workers should carry out hand hygiene.

This evidence based, field tested, user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings.

This approach recommends health-care workers to clean their hands:

1. before touching a patient,
2. before clean/aseptic procedures,
3. after body fluid exposure/risk,
4. after touching a patient, and
5. after touching a persons surroundings.

Adapted from World Health Organisation ‘Clean Care is Safer Care’ About Save Lives: Clean Your Hands
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Alcohol hand-rub hand hygiene technique for visibly clean hands

Rub hands for hand hygiene! Wash hands when visibly soiled.

Alcohol hand rubs are an effective and rapid means of hand decontamination and should only be used on visibly clean hands.

1a. Apply a palmful of the product in a cupped hand, covering all surfaces;
1b. Rub hands palm to palm;
2. Backs of fingers to opposing palms with fingers interlocked;
3. Right palm over left dorsum with interlaced fingers and vice versa;
4. Palm to palm with fingers interlaced;
5. Rotational rubbing of left thumb clasped in right palm and vice versa;
6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
7. Once dry, your hands are safe.

Adapted from World Health Organisation ‘Clean Care is Safer Care’ About Save Lives: Clean Your Hands.  
http://www.who.int/gpsc/5may/background/5moments/en/
Outbreaks of communicable infection or an infection control incident

A number of infectious diseases may spread readily to other patients and cause outbreaks within any healthcare environment.

The commonest outbreaks are due to viral respiratory infections and gastroenteritis. The organisms may be spread by hand contact and on occasion by other routes which may include food.

- an outbreak is defined as two or more related cases of infectious disease.

Definition of an outbreak

- Manager/owner
- Health Protection Unit
- Infection control lead
- All staff
- Patients/relatives
- General practitioner

When and who to inform

- Ensure relevant persons have been informed.
- seek advice as appropriate re collection of microbiological specimens.

Outbreak plan and response

- It is important to start a record keeping file and collect all data for future reference.

Record keeping

- By using standard precautions the risk of spreading infectious disease is reduced.

General control measures

- Consider stopping transfers between Healthcare settings until considered safe to do so.

Admissions, discharges.
My 5 Moments for Hand Hygiene

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Safe handling and disposal of sharps

Staff should be trained in the safe handling and disposal of sharps. Venepuncture and injections should only be carried out by trained and competent staff.

Risks
- Inoculation, cuts and other injuries.
- Transmission and exposure of blood borne viruses (BBVs).
- Bacterial infections.

Injury
- If an injury occurs then bleed it, wash it and report it.
- Use a waterproof dressing.
- Complete an incident form.

Disposal
- Never overfill a sharps bin.
- Correct disposal should be immediate.
- Ensure proper closure and complete labels of containers.

Safety
- Sharps must not be passed from hand to hand.
- Never re-sheath used needles.
- Sharps safety begins with you.

Position
- Ensure correct container is available at point of use.
- Located at correct height in safe position.
- Available at point of use.

Container
- Always assemble and label containers correctly.
- Available at point of use.
- Ensure appropriate size is used for activity.
Linen and laundry

- The provision of clean linen is a fundamental requirement of care.
- Incorrect handling and storage of linen can pose an infection hazard.
- Ambulances use a variety of different laundry systems and equipment, therefore it is important to understand the system being used and why.

**Used**
- Used linen and clothing must always be kept in laundry bags or baskets and not loose on the floor.

**Washed**
- Items should only be washed in a dedicated laundry room using the correct process.

**Handling**
- When handling laundry you should always wear gloves and an apron and carry out hand hygiene.

**Segregate**
- It is the responsibility of the person handling linen to ensure it is segregated appropriately.

**Storage**
- Clean linen should be stored in a dry area above floor level.
- It must not be stored with used linen.

**Trolleys**
- Separate Trolleys should be used for clean, used and soiled laundry to avoid cross contamination.
Decontamination of equipment

Decontamination can be achieved by a number of methods, which fall into the following three categories.

- **Cleaning**
  - **Physically** removes contamination.
  - **Prerequisite** to effective disinfection/sterilisation.
  - **Most common** choice of decontamination in ambulances

- **Disinfection**
  - **Reduces** the number of viable micro-organisms.
  - **May not** inactivate certain viruses and bacterial spores.

- **Sterilisation**
  - **Renders** an object free from viable micro-organisms including viruses and bacterial spores.

The choice of decontamination method depends on the risk of infection to the person coming into contact with equipment or medical device.

- **Low Risk**
  - **Items** that come into contact with intact skin.
  - **Items** that do not come into contact with the patient.
  - **Items** require regular cleaning.

- **Intermediate Risk**
  - **Items that come into contact** with intact skin & mucous membranes.
  - **Items require cleaning** followed by disinfection or sterilisation.

- **High Risk**
  - **Items** used to penetrate skin, mucous membrane, vascular system or sterile spaces.
  - **Single use items** are preferred but must be sterilised if reusable.
Glucose monitoring

Routine diabetes care involves monitoring blood glucose levels by taking a sample of capillary blood with a fingerprick lancing device and testing it with a glucometer.

Which Device?

- Single use unit
- Disposable
- Used once only
- Complete unit to be discarded after use.

Disposable

- Firing mechanism is separate from lancet & endcap.
- Endcap & lancet are discarded after each use.
- Units should be cleaned using a mild detergent and disinfected according to manufacturer guidelines.

Reusable

- Wear well fitting and correct size gloves.
- Always change gloves between resident contact.
- Ensure hand hygiene before and after use of gloves.
- Use standard infection prevention and control precautions

Hand hygiene & glove use