



PURPOSE

The goal of the infection control policies are to identify and reduce risks of acquiring and transmitting infections among patients, staff, students, volunteers, contract service workers, and visitors.

The purpose of this policy is to outline the broad principles of infection control for the school clinic public care settings. This Policy will be used as a framework to develop detailed operational policy/procedures and appropriate guidelines.

POLICY STATEMENT

- Infection prevention and control is a major indicator to improve the quality and outcome of patient care and the occupational related risks among health care workers and staff.
- The school clinic must implement infection prevention and control policies, procedures and guidelines based on best practice models in their health care settings, which is supported by the institutional management.
- The school clinic staff should participate in the prevention and control of infection by adopting consistent and best practice guidelines wherever health care interventions takes place.
- The overall approach to an infection prevention and control policy at the school clinic should be based on the following infrastructure:
- Infection prevention and control policies and procedures should be in place with a committee and a person dedicated for infection control.
- The school nurse should ensure adoption of best practices standards, standard precautions, pre-service training, in service training, and mass awareness.
- The school nurse should ensure availability of essential equipment and supplies, forecasting needs, procurement, inventory control and stock management and maintenance.
- The school nurse supervises continuous monitoring, feedback, outbreak investigation, evaluation using indicators of structure, process/practices, outcomes/incidence of infections.
- Other interventions should include: health care worker protection, safe and appropriate use of injections and infusions in case of use.
- HAAD requires the school nurse to have an Infection Control program for the school clinic based on the above statements and criteria.
- HAAD will monitor and audit the school clinic for its IC policies, procedures and guidelines and review outcome of the IC program and impact on patient care and outcome.

SCOPE

Prevention and control of infection in the health care facilities.

TARGET AUDIENCE

The school clinic management and health care staff.

RESPONSIBILITY

The school clinic management /administrators ensure implementation of the policy to include patients, their family members; close contacts and visitors comply with the policy and infection control guidelines.





PROCEDURE

Some steps are used to implement the IC program:

- Strict attention to hands washing.
- Handle with care all needles and sharps instruments.
- Use injection tray to carry sharps.
- Do not recap needles.
- Discard all sharps into sharp containers.
- Cover cuts and skin lesions with dressing.
- Wear protective clothing: gloves, eye goggles, apron and mask if exposure/splashing is likely to blood and body fluids. The type of protective clothing should be appropriate for the procedure being performed and the type of exposure anticipated.
- Wash immediately hands and other skin surfaces that become contaminated.

Therefore, health workers should, as a matter of good practice, using routinely appropriate barrier methods, which will prevent contamination by blood/body fluids, since it has been recommended that every patient be regarded as a potential biohazard.

Health care workers who encounter patient's blood/body fluids may be exposed to occupational risk from borne viral infections such as HIV or Hepatitis B Virus.

The most likely means of transmission of these viruses to health care workers is by direct percutaneous inoculation of infected blood by sharp injury or by blood splashing onto broken skin or mucous membrane since it is impossible to identify all those who are sero-positive to HIV or HBV.

SKIN:

Cuts or abrasions in any area of exposed skin should be covered with a dressing that is waterproof and an effective viral and bacterial barrier.

GLOVES:

Wear disposable latex or vinyl gloves and a plastic apron. Spillage should be covered with disposable towels to soak up excess. The spillage should be cleared up with the gloved hand and debris treated as clinical waste. The area should then be cleared with the appropriate disinfectant for that surface.

HAND WASHING:

The use of gloves does not preclude the need for thorough hand washing between procedures.

APRONS:

Disposable aprons may be worn if there is a possibility of splashing by blood/body fluids.

EYES:

Where there is a danger of flying contaminated debris or blood splashes, eye protection is necessary.

SHARPS:

Extreme care must be exercised during the use and disposal of sharps. Needles are not to be recapped prior to disposal into approved sharp containers.





NEEDLE STICK INJURIES:

Concentrate on the procedure to avoid this happening. In the event of sharps or needle injury:
Encourage bleeding from the puncture wound. Do not suck.
Wash the area thoroughly with soap and water.
Cover with a waterproof dressing.
If known, not the name of the patient.
Report the incident and document the incident.
Notify the infection control officer.

CONJONCTIVA / MUCUS MEMBRANE

If splashed with blood/body fluids, irrigate with copious amount of water.

SPILLAGES

Spillages of blood and body fluids must be dealt with immediately. Disposable gloves and an apron should be worn when clearing up spillages. The spilled blood should be completely covered by disposable towels. These towels should be considered as clinical waste.

WASTE:

All contaminated waste (medical waste) must be placed into yellow clinical sacks in order to be treated.

CROSS REFERENCE

HAAD Policy for Infection Control in the Health Care Facilities.
Reference Number: PPR/HCP/P0010/07

