

2016

Use Standard Precautions for ALL Residents at ALL times

#safepatientcare

Occupational Health Aspects of Infection Prevention and Control

- Occupational Health Program
- Immunisations
- Sharps injury prevention and management
- Reporting

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Occupational Health Program

- Pre-employment health assessments
 Making sure that staff joining the organisation
 do not pose a risk to themselves or others
- Immunisation Programs
- Ruling out active infections in staff
- Contact tracing and treatment/immunisation
- Assessing problematic health conditions ENT, skin, Respiratory, Gastrointestinal

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Immunisations

- Hepatitis B (immunity –infectivity also if EPP)
- Chicken Pox
- BCG
- Measles Mumps Rubella
- Influenza

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Sharps Injury Prevention and Management







Prevention of Sharps Injuries in the Healthcare Sector Regulations 2014



- Aims
 - -To achieve the safest possible working environment
 - To prevent workers' injuries caused by all medical sharps
 - -To protect workers at risk
 - To set up an integrated approach establishing policies in risk assessment, risk prevention, training, information, awareness raising and monitoring
 - To put in place response and follow up procedures



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Preventive measures

- Hepatitis B vaccination
- Standard precautions
- Safer techniques
- Disposing of used sharps correctly
- Safety devices designed to prevent injuries
- Appropriate barriers such as gloves, eye and face protection, or gowns when contact is possible
- Care during removal of waste.



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EMI guidelines





Risk of Infection Following a Needlestick Exposure

3 main viruses

- 1. Hepatitis B: 1.9% > 40% (3 to 30%)
- 2. Hepatitis C: 2.7% 10% (about 3%)
- 3. HIV: 0.2% 0.44% (about 0.3%)

Lower risk from mucous membrane exposure

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Manageme	nt of injuries where there is risk of b	
	Exposure incident needlestick, sharps, bite, splash, sexual	High risk materials: blood, semen, vaginal secretions, body fluids with visible blood
	Initial wound management	Low risk materials: urrine, nassl secretions, salva", sputum, faeces, venit, soeat, tears— unless viable blood
	Wound: Encourage bleeding, wash, don't scrub, cover. Eye splash: irrigate with water	tine ces venut, sovent, tears— unless viable blood Significant injury: percutaneous human bite"
	Is exposure significant?	
No further	No i.e. high risk material and significant injury Yes	broken skin or miscous membrane to bload or bady fluids, sevaral exposur e jump rotected)
action. Reassure and discharge	Assess BBV status of source?	"If human bite with no visible
Source known: Test fo	or BBVs or Source unknown or	Non-significant injury: superficial grace, exposure of intact dain, exposure to sterile sharps
confirm previous resul	ts – with consent based on circumstan	res and likelihood of BBV Source testing: HBsAg, anti- HCV, HN Ag/Ab. if HBsAg pos, test HBsAg anti-HBe and viral
	Assess BBV status of recipient: History of HBV vaccination, previous tests for BBVs.	load, it anti-HCV pos, test HCV RNA and viral load.
If in primary care and HIV PEP being	blood to test for BBVs or store	McV, MV Ag/Ab, ± anti-HBs
considered, refer to ED or ID/HIV	Clinical management of recipient based on risk assessment	Clinical management of recipientmay include: HBV PEP (function & HBIG); HIV PEP; Emergency contraception;
specialist care	Counselling and follow-up	Chlamydis prophylaxis, tetanus, antibiotics Follow-up/referal may be: GP.
Level of ris	k, precautions, follow-up for tests, vaccination, PEP, cou	
If an ex	xposure occurs	
• First Ai	d	
	taken from source patient	
Bloods	taken from staff member	
 Bottles 	sent to microbiology	
• Marked	d urgent	
	yellow BBFE form	
	-up with Occupational Healt	h
• Hospita	al and community resources	
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Treatn	nent post known pos	itive source
exposi	ure	
• HBV:	If vaccinated none requir	
	Hep B immunglobulin an	

• Within 24 hours no later than 7 days

• Much better tolerated antiviral regimes

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If known positive source - PEP
• Begin asap within hours

No available vaccine
• Importance of prevention
• Much improved treatment options

• HCV:

• HIV:

4

Unknown Source		
 Exposure risk Whether source is likely to be positive 		
Baseline bloods Follow-up bloods		
• 6 weeks, 3 months	Carp Carp	
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Reporting of Accidents, Incidents and Dangerous Occurrences		
 To the person in charge any work related accident, 		
incident or near miss event, without unreasonable delay. This includes sharps injuries and near miss events		
• Safety, Health and Welfare (General Application) Regulations where a work related injury results in		
an employee being absent from work for 3 consecutive days or more, the employer must report it to the Health and Safety Authority (HSA)		
on line or by using an Form IR1	***	
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Reporting of Accidents, Incidents and Dangerous Occurrences		
Biological Agents Regulations		
 the employer must inform the HSA of any work related sharps injury where the circumstances of the event are such that the incident could cause 		
severe human infection/human illness e.g. a percutaneous injury with a contaminated sharp where the source patient is known or found to be		
positive for hepatitis B, hepatitis C or HIV. (Form IR3)		
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