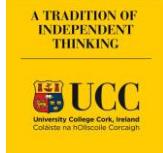




Infection Prevention and Control

A Foundation Course

2015



Occupational Health Program

Making sure candidates are fit for work, do not pose a risk and remain protected

This is achieved by:

- **Health Assessments**
Skin diseases, open wounds, infection
 - **Immunisation Programs**
 - **Sharps injury prevention and management**
Also:
 - **Fitness to use Personal Protective Equipment**
 - **Chemical Agents and Disinfectants protection**
 - **Education Programs**

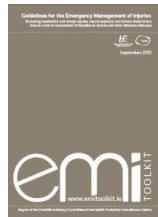


Immunisations

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



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



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.



EMI guidelines



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Risk of Infection Following a Needlestick Exposure

3 main viruses

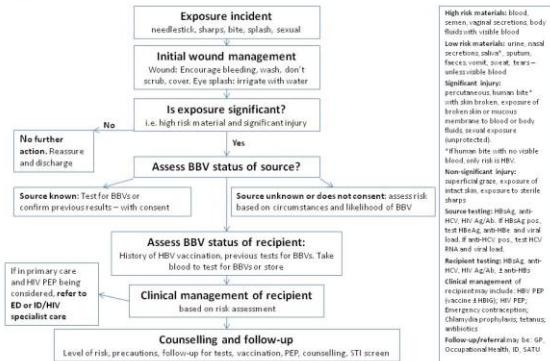
1. Hepatitis B: 1.9% - > 40% (3 to 30%)
2. Hepatitis C: 2.7% - 10% (about 3%)
3. HIV: 0.2% - 0.44% (about 0.3%)

Lower risk from mucous membrane exposure

Gerberding. New Engl J Med 1995

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Management of injuries where there is risk of bloodborne virus (BBV) transmission



If an exposure occurs

- First Aid
- Bloods taken from source patient
- Bloods taken from staff member
- Bottles sent to microbiology
- Marked urgent
- Fill out yellow BBFE form
- Follow-up with Occupational Health



Treatment post known positive exposure

- HBV: If vaccinated none required and if not Hep B immunoglobulin and/or vaccination
 - Within 24 hours no later than 7 days
- HCV: No available vaccine
 - Importance of prevention
- HIV: If known positive source - PEP
 - Begin asap within hours.



Unknown source

- Exposure risk
- Whether source is likely to be positive
- Baseline bloods
- Follow-up bloods
 - 6 weeks, 3 months



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
 - Part X of the Safety, Health and Welfare (General Application) Regulations 1993, 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



Reporting of Accidents, Incidents and Dangerous Occurrences

- Biological Agents Regulations 1994 and amendment Regulations 1998, 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)