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Barriere Management

Barriere Management

- Transmission of contagious diseases:
 - Direct contact
(Close contacts)
 - Airborne
 - Droplet

Barriere Management

- Transmission of contagious diseases:
 - indirect contact
 - Contaminated hands and objects,
 - Food and water
 - vectors

Infection Control Goals

- **Detect early any suspected cases**
- **Implementation of appropriate isolation measures**
- **Protect healthcare personnel**
(PPE and Training)
- **Protect other patients**
- **Protect family and community members**

Components of Isolation

- Principles of Isolation
- Facility
- Administrative Controls
- Clinical Surveillance of Staff
- Management of Isolation
- Protective Equipment
- Standard Precautions

Principles of Isolation

:

- **Suspect cases**
- **Probable cases**
- **confirmed cases:**

Principles of Isolation

If possible, there should be separate wards/areas for each of the following categories :

- **Suspect cases**
 - Place in a single room
- **Probable cases**
 - Place in a single room
- **confirmed cases:**
 - may be in one room

Principles of Isolation

Barrier nursing techniques are designed to prevent either :

- The patient **infecting** other people (routine B/N)
- or**
- The patient **being infected** by others (reverse B/N)

Principles of Isolation

Strict isolation and routine barrier nursing must be used for all

Patients with highly contagious diseases and **have priority before all other undertaken measures in the isolation unit even when the Patients are under **life threatening condition** to prevent transmission to HCW's and others !!!**

Components of Isolation

- Principles of Isolation
- Facility

Facility

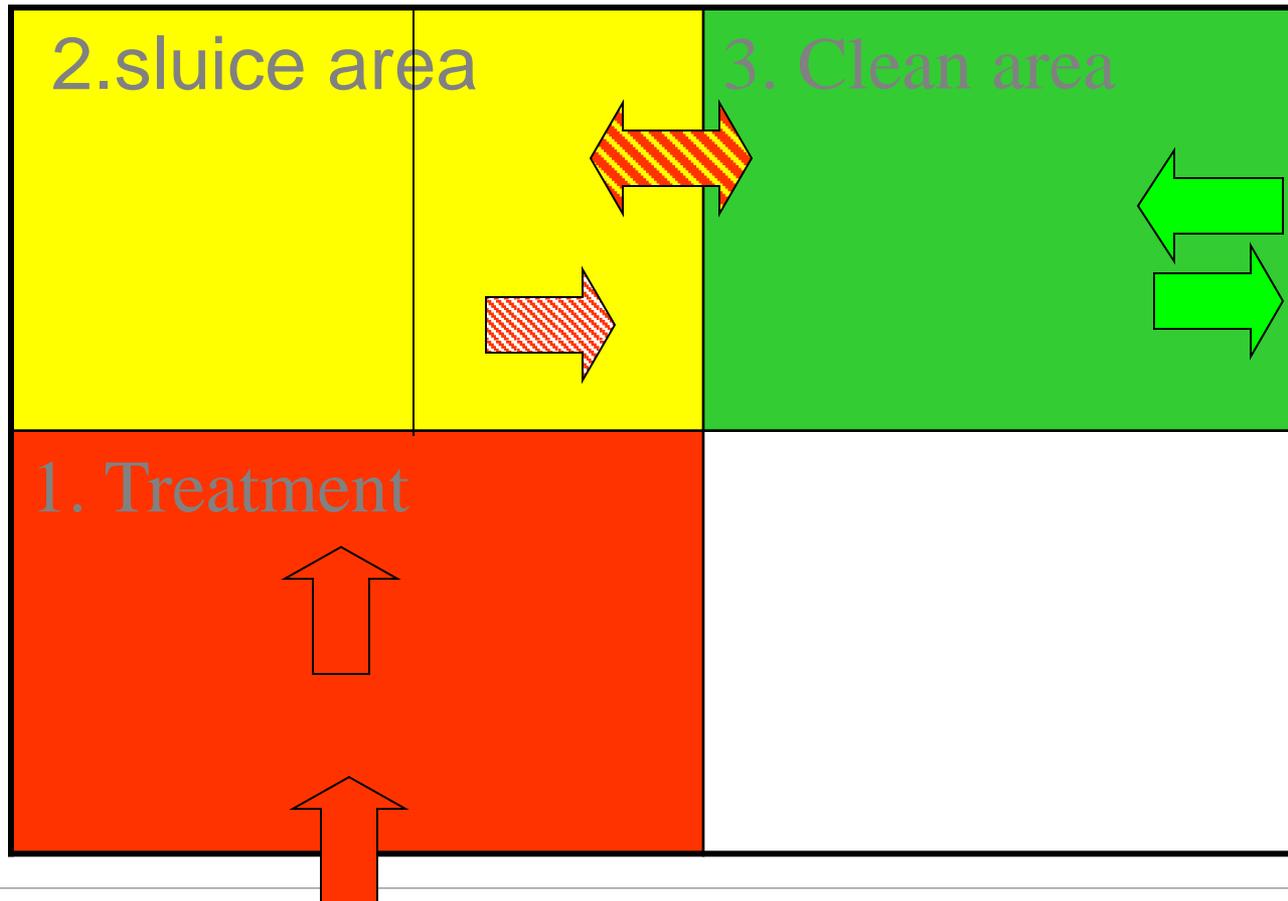
- **Isolated from other patient / staff movement**
- **Good ventilation**
 - **Air movement: corridor to room to outdoors**
 - **Turn off central air-conditioning systems unless the room can be isolated from the system.**
 - **Sinks and running water**

Facility

- **Adequate bathroom facilities**
- **Capacity to handle waste and laundry**
- **Sufficient rooms for expected number of patients**
- **Contingency plans for converting other areas to isolation facilities**

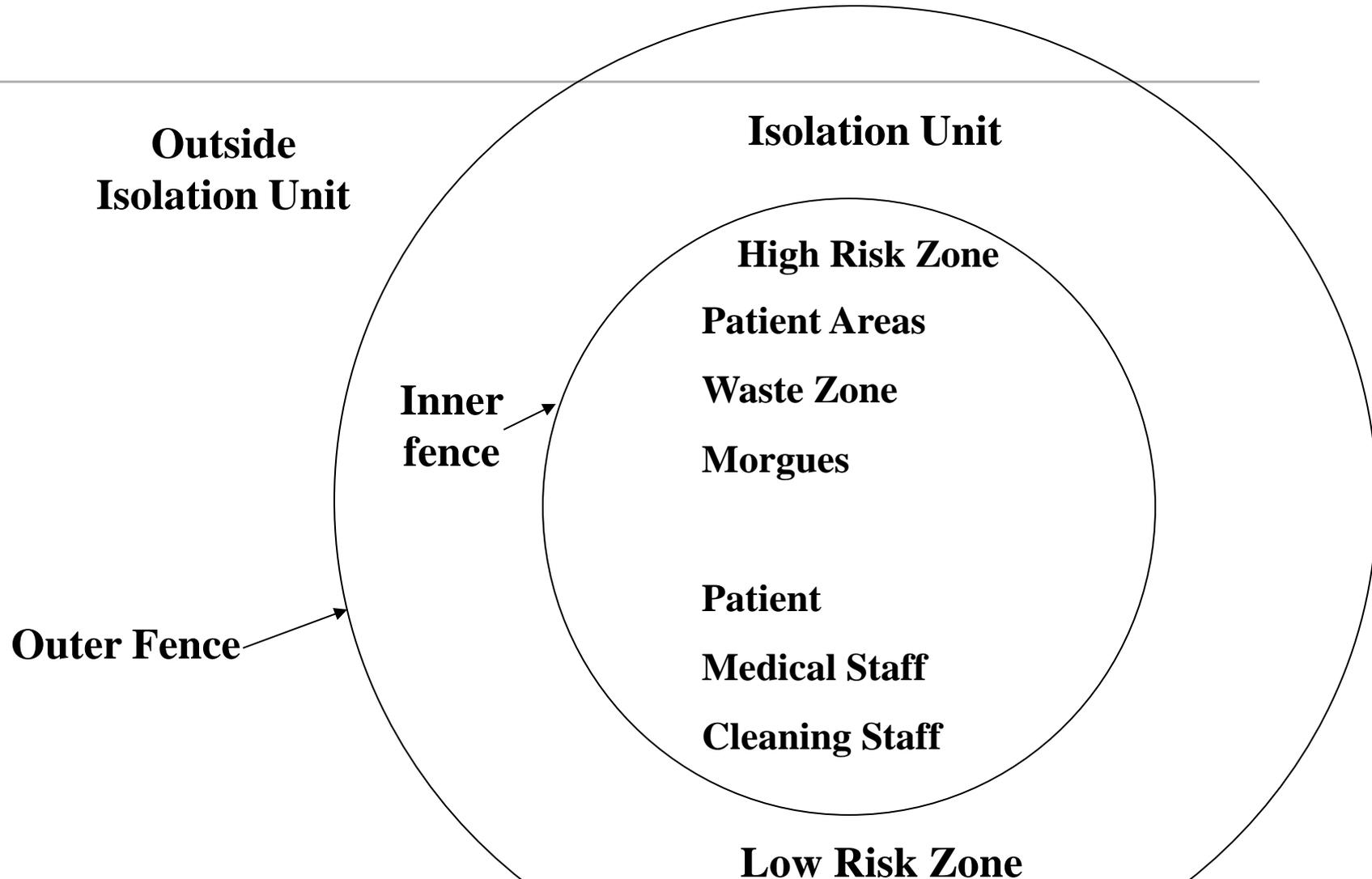


Isolation unit:

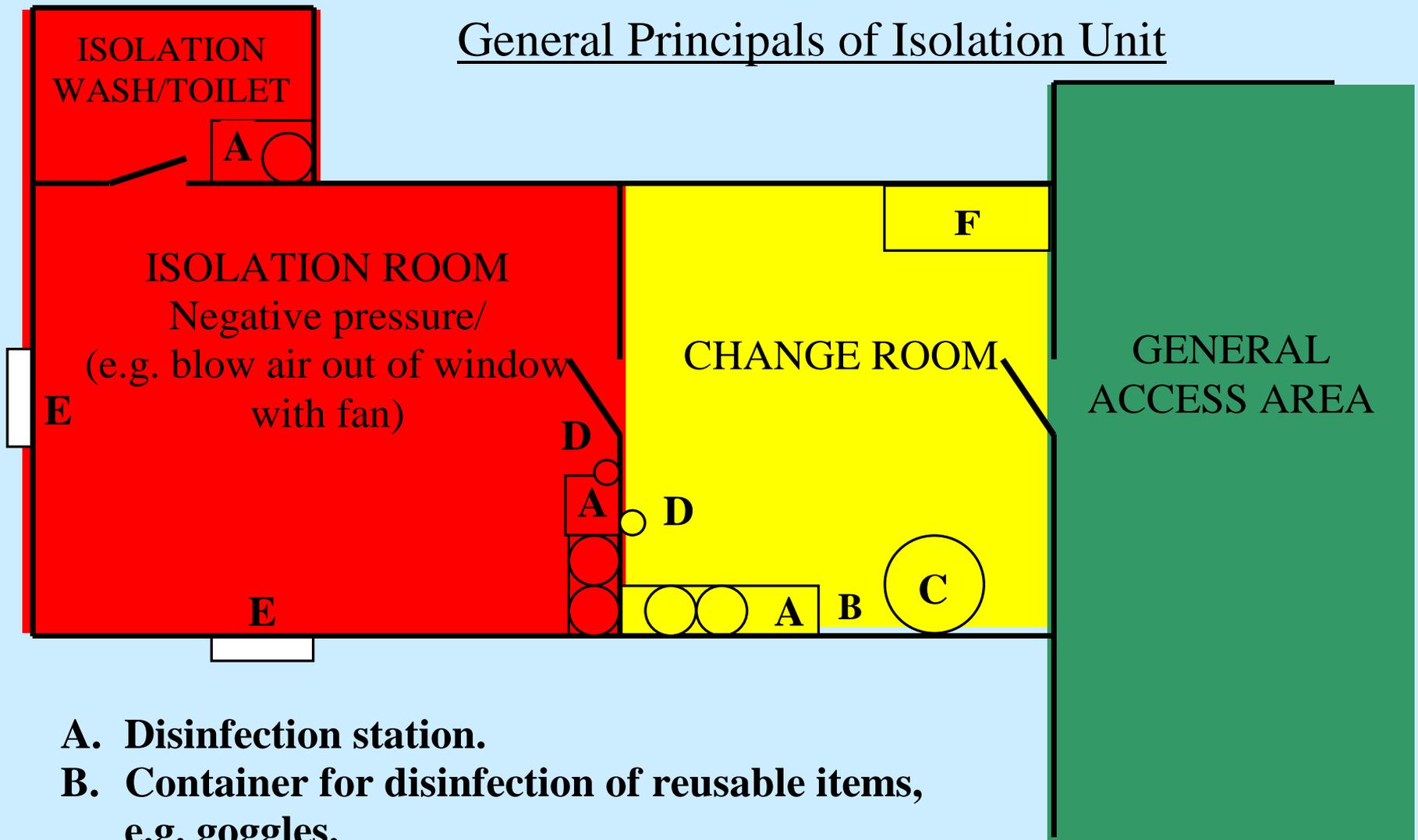


Isolation Unit MSF Briefing

Guideline: Risk Zones



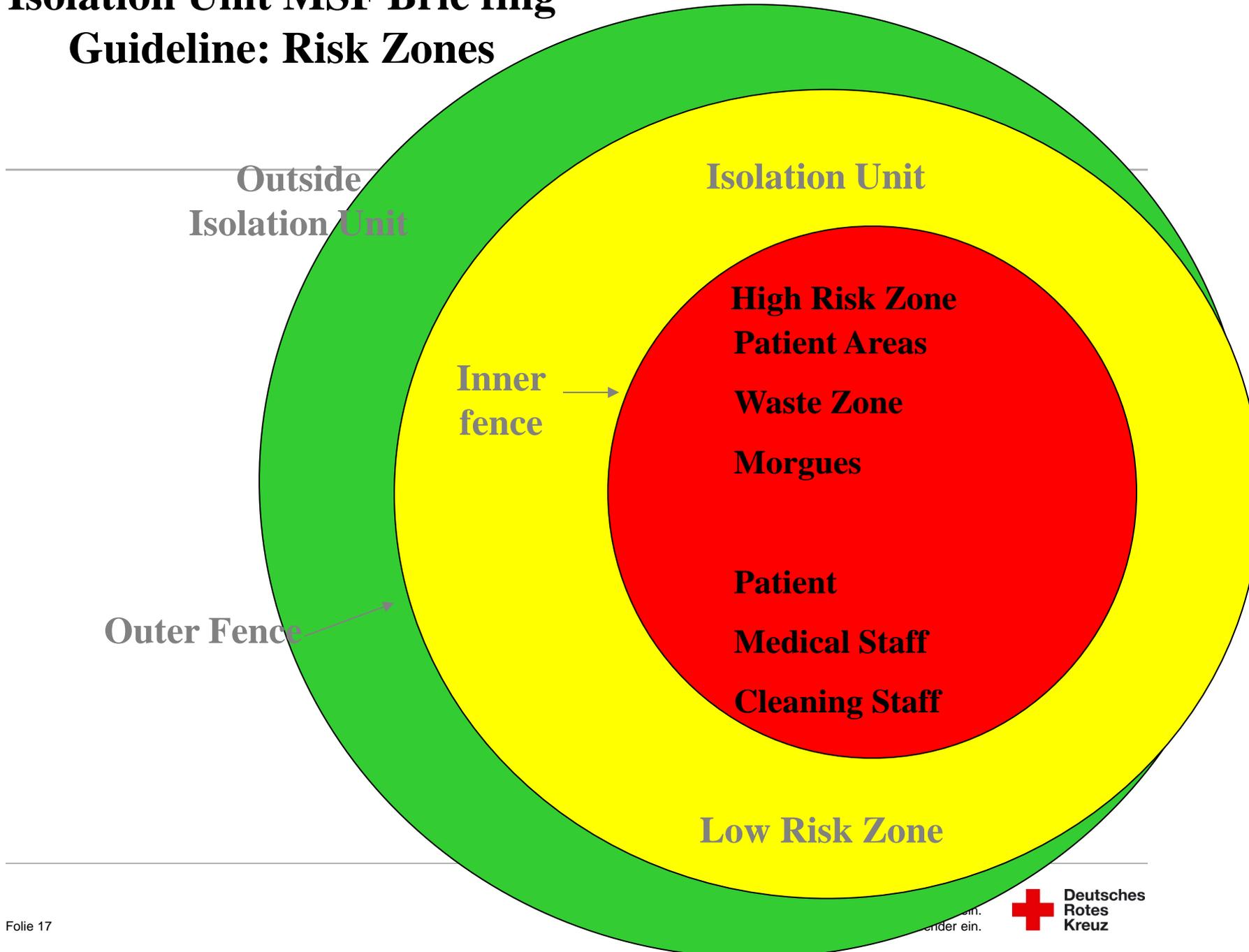
General Principals of Isolation Unit



- A. Disinfection station.**
- B. Container for disinfection of reusable items, e.g. goggles.**
- C. Biohazard bag for used PPE disposal.**
- D. Wall-mounted alcohol hand-wash dispensers.**
- E. Windows – external only. Keep clear of public.**
- F. Storage for general ward clothes, new PPE.**

Isolation Unit MSF Briefing

Guideline: Risk Zones







Components of Isolation

- Principles of Isolation
- Facility
- Administrative Controls

Administrative Controls

Limit and control points of entry to isolation unit

- **One entrance**
- **“Guard” to control entrance**
- **Log of permitted visitors (staff & visitors)**
- **Visitors must be restricted or preferably forbidden with NO EXCEPTIONS**
- **Limit patient travel/transport outside unit**
- **Minimize the number of staff exposure to cases**

Administrative Controls

Assignment of responsibility:

- **Determining patient placement**
- **Overseeing implementation and enforcement of infection control measures**
- **Enforcing access restrictions**
- **Supply acquisition and distribution**
- **Surveillance of Health Care Workers (HCWs)**

Components of Isolation

- Principles of Isolation
- Facility
- Administrative Controls
- Clinical Surveillance of Staff

Clinical Surveillance of Staff

- Check temperature twice a day
 - before and after shift
- Avoid buddy system

Components of Isolation

- Principles of Isolation
- Facility
- Administrative Controls
- Clinical Surveillance of Staff
- Organization of Isolation

Triage for Admissions

Triage for Admissions

a specific area for triaging patients in an outbreak scenario is mandatory:

- Handwashing at the gate (chlorine 0,05 %)
- Screen at the gate
(Separate feverish patients from the others)
- Establish separate reception area for patient triage

Triage for Admissions

Screen patients by closely questioning them about symptoms, close contacts and travel history

Admit if they meet the case definition

Staff must wear full personal protective equipment if distance is to low

Triage for Admissions

- Patients must be given a FFP or surgical mask for the transfer to the ward (**no exp. valve**)
- **Transfer routes have to be disinfected immediately**



Organization of the Isolation Area

- **Signs: Isolation Area**
- **Designated area for clean protective equipment**
 - Instructions for using protective equipment
 - Accessible to personnel
 - Sufficient inventory to meet daily needs
- **Separation of clean and dirty supplies including an area for containment of waste and soiled linen**
 - Color-coded bags and containers for contaminated waste and laundry
 - Containers for laundry and all waste should have **foot-operated lids**

Infection Control Practices

- **Exposure Risks**
- **PPE**
- **Patient transport**
- **Laboratories / Specimens**
- **Mortuary Care**
- **Waste and Linen Handling**
- **Cleaning & Disinfection**

Exposure Risks

Health Care Staff:

- **Respiratory secretions**
- **Blood**
- **Body fluids including excreta**
- **Mucous membranes**
- **Skin lesions**
- **Sharps**
- **Visitors**

Exposure Risks

● Patient:

- **Respiratory secretions**
- **Blood**
- **Body fluids including excreta**
- **Skin lesions**
- **Staff**
- **Visitors**



Working hours under the personal protective equipment:

Max. 45 – 60 Minutes because:

- the respirator creates an inspiratory resistance
- the loss of fluid due to sweating
- The time for doffin takes at least 15 minutes

Waste

- **Wear full PPE when handling waste.**
- **Clinical waste: all items from treatment areas**
 - **Soiled surgical dressings**
 - **Swabs**
 - **Masks**
 - **Gowns**
 - **Other contaminated waste**

Waste

- **Sharps Containers**
- **Collect waste in designated color-coded plastic bags for incineration.**

Sharps Disposal

- **Do not overfill container**
Max. fill 75 %
- **Do not reach into container**
- **Disposal containers should be puncture-resistant and leak-proof**
- **Dispose of used sharps into the sharps container**



Waste

- **Double bag for transport**
- **Contact the local authorities for assistance if the health care facility does not have incineration facilities**

Waste



Waste



Laboratories

- **Laboratory staff must ensure that their practices are meticulous.**
- **Advance planning in each designated laboratory is essential to ensure that specimen handling, transportation and storage is managed according to the recommendations**

Patient Specimens

- Treat all patient specimens as highly infectious
- Use leak proof containers for collection



- Do not contaminate outside of container
- Transport specimens in leak-proof outer containers e.g. a sealed plastic bag

Specimen Collection

- **Wear full PPE**
- **Write clinical details on the request form**
- **Samples should be collected by clinical staff**

Specimen Collection

- **Label the clinical samples clearly in the green zone**
- **Change PPE between patients (new gloves)**
- **Discard all disposable materials in a biohazard bag**

Transport of diagnostic probes:

- Assisting person in yellow zone gets sample from staff working in the red zone in the 1st plastic bag.
- Assisting person overgives the complete 1st bag in an other closeable bag to the staff in the green zone

Caution: avoid contact with the specimen and the outside of the bag !!!

Cleaning & Disinfecting the Hospital Environment and Equipment

- **DO NOT** only spray to clean the room / area
spraying is not effective as a surface disinfectant
always use scrub disinfection additional
- **Disinfect immediately after contamination**



Desinfektion with Chlorine

Solution	Uses
0.5%	Disinfection of body fluids; Disinfection of corpses; Disinfection of toilets & bathrooms; Disinfection of gloved hands; Disinfection of floors; Disinfection of beds & mattress covers; Footbaths;
0.05%	Disinfection of bare hands and skin; Disinfection of medical equipment; Disinfection of laundry; Washing up of plates and eating utensils;

Patient decontamination

- **Happy shower for 15 minutes**
- **Patient belongings 30 minutes**
- **Clothes preferable new, otherwise 30 minutes, then drying in the green zone**

Laundry and linen management

- **Health care and laundry workers must understand the importance of handling linen correctly to prevent the spread of potentially infectious microorganisms**
- **Linen can be washed using routine disinfection and laundry practices.**
- **The health care facility should follow routine waste management practices but all waste must be incinerated.**

Laundry and linen management

All contaminated or soiled linen is potentially highly infectious therefore:

- Wear full PPE when handling linen.
- Separate grossly contaminated linen from non-contaminated linen in the patient's room for ease of handling in the laundry



Death body management

Burial teams must...

- **wear full PPE**
- **take a swab**
- **decontaminate the body**
- **Place in a body-bag**

Burial team – early priority



Folie 55



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Ambulance



Take Home Messages

- **Isolation is essential**
- **Full PPE for all patient contacts**
- **Double glove is necessary**
- **Protect yourself and each other**

Take Home Messages

- **Avoid buddy system for observing barrier nursing practice**
- **Have sufficient PPE supplies available**
- **Cleaning is essential**
- **Disinfect after cleaning**

Thank you for listening
