**ASSIGNMENT BRIEF 2023-2024**

|  |  |
| --- | --- |
| Course Title: Health Service Skills | Module Title: Infection Prevention & Control |
|  |  |
| Course Code: 5M3782 | Module code: 5N3734 |
|  |  |
| Class: STA 1144 | Tutor: Suzanne Fitzpatrick |
|  |  |
| Title: Skills Demonstration | Weighting: 40% |
|  |
|  |
| Guidelines;  The skills demonstration will be completed while the learner is on work experience placement or where they will be observed undertaking specific tasks in settings designed to examine abilities in hand washing, safe disposal of linen, and safe management of sharps. The learning outcomes this will assess are:   |  |  |  | | --- | --- | --- | | Assessment Criteria | Allocated Marks | Student  Mark | | Demonstration of hand hygiene, using recognized technique | 10 |  | | Differentiate between social hand hygiene, antiseptic hand hygiene, and surgical hand hygiene to include the correct use of alcohol hand gels and the need for good personal skin care and efficient hand washing. (LO9). | 10 |  | | Investigate the terms cleaning, disinfection, and sterilization to include cleaning standards, procedures, and frequencies while paying special attention to decontamination of equipment, including patient care equipment (LO6). | 10 |  | | Apply appropriate management of blood and body fluid spillages to include policies for dealing with clean and soiled linen, the disposal of sharps, and the correct management following inoculation, injury or accidental exposure to bold and body fluids. (LO11). | 10 |  | |  |  |   **Learners are required to complete a skills demonstration record of events.**  Evidence of this assessment technique may take the form of written or graphic or any combination of these. Any evidence must be provided in a suitable manner.  Pass A student must achieve a minimum of 50% to achieve a Pass.  Merit A student must achieve a minimum of 65% to receive a merit .  Distinction A student must achieve a minimum of 80% to achieve a distinction. | |
| **Issue Date: 12/03/24 Draft date: 26/03/24** **Submission Deadline: 11/04/24**  I confirm that I understand the assignment details outlined above and undertake to submit the assignment on or before the deadline given and to keep a copy of any written assignment submitted.  **Student signature: Happines Malinga Date: 12/03/24**  **ASSIGNMENT SUBMISSION**  **NB Assessments must not be submitted using poly-pockets.**  **I confirm that the work I hereby submit is my own unaided work.**  **Student signature:**  **Happines Malinga**  **Tutor Signature**  Suzanne Fitzpatrick | |
|  | |
|  | |

|  |  |  |
| --- | --- | --- |
| **Skills Demonstration Marking Scheme 40%** | **Allocated Mark** | **Student**  **Mark** |
| **Step 1- Hand Hygiene** |  |  |
| Demonstration of Hand Hygiene Technique – Recordings starting on the week of the 06/11/23. | 10 |  |
| Why it is important that we wash our hands before coming into contact with Clients? | 1 |  |
| What are the 5 moments for handwashing? | 2 |  |
| Describe the 3 levels of Hand Hygiene and for each type give an example of where it can be used.  Explain the need for good personal skin care?  Reflection on Hand Hygiene | 3  1  3 |  |
|  |  |  |
| S**tep 2, Management of Blood & Bodily Fluid Spillages/Sharps/PPE/ Disposal of linen/ Cleaning policies** |  |  |
| Identify the Personal Protective Equipment you would use in the workplace? | 1 |  |
| Describe the different types of Linen Segregation. | 1 |  |
| Explain what each of these terms mean. Cleaning, Disinfection, Sterilization and give an example of when you would use them in the workplace. | 3 |  |
| What PPE do you use when handling sharps and why? | 1 |  |
| Explain how you would dispose of a sharp. | 1 |  |
| List four things you must never do with a sharp. | 1 |  |
| Demonstration of the appropriate way to manage blood and body fluid spillages recordings starting on the week of the 20/11/23. | 10 |  |
| What is the appropriate way to manage blood and body fluid spillages? | 1 |  |
| Describe what you would do following accidental exposure to blood and bodily fluids? Needle stick/ razor injury | 1 |  |
| **Total** | **40** |  |

Step 1 – Hand Hygiene – Total = 20%

Demonstration of Hand Hygiene Technique 10%

The Learner will demonstrate the 7 techniques of hand hygiene this will be recorded/video.

**Discuss the importance of washing our hands before coming into contact with a client**.

*Hand washing is the most important and affective method in preventing and stopping the spread of infections and protecting the client against micro-organisms, that’s why it is very important to wash my hands before and after meeting a client. By performing proper handy hygiene, I am preventing the spread of infections from my hands to the patient. The spread of infections can cause a huge impact on the health care system (financial) and on patient and the patient’s family financial losses.*

**What are the 5 moments for hand hygiene? give examples of when you would use these in the workplace with a client**?

***1.Before touching a client:*** *to prevent the patient from being colonized with health care-associated microorganisms, hand wash must take place before touching the patient or entering the client zone. The patient zone contains the patient and his /her immediate surroundings, including surface touched by the patient such as the bed rails, infusion tubing and surfaces frequently touched by staff such as monitors, knobs, and buttons.*

***Examples*** *after touching a person’s skin, after helping a patient with personal care, after taking a pulse and blood pressure.*

***2. Before a clean/aseptic procedure****: hands hygiene is critical to prevent HCAI. Hand hygiene should take place between the last exposure to a surface and immediately before access to a critical site with combined infectious risk. Example before catheter insertion, wound dressing, food preparation and medications.*

***Examples*** *when providing skin lesion care, changing wound dressings or giving injections, catheter insertion, opening a vascular access system or drainage system aspiration secretions.*

***3. After body fluid exposure risk:*** *After performing**a task associated with**exposing hands to body fluids, hands hygiene must take place instantly and before a new hand-to-hand-surface exposure, even if you stay within the patient zone. This action reduces both risk within the patient zone, it reduces both risk of being colonized or infected by infectious agent and the risk of transmitting microorganisms from a colonized to a clean body site within the same patient. examples: after drawing and manipulating blood, clearing up urine, feces, and handling waste.*

***Examples*** *when providing oral/dental care, instilling eye drops, cleaning up urine, faeces or vomit, handling waste and visibly soiled equipment or surfaces, soiled bed linen, lavatories, urinals, bedpans and medical instruments.*

*4.* ***After touching a patient****: after touching the patient and before touching the object in an area outside the patient, hands hygiene is important to minimize the risk of dissemination to the healthcare environment. This action also protects you by significantly reducing contamination of your hands with the flora from the patient. Examples after shaking hands, helping a patient to move around, clinical examination.*

***Examples****, after helping a patient get washed, dressed. helping a patient move around. After shaking hands or touching person’s skin*

*5.* ***After touching patient surroundings****: the final moment for hands hygiene occurs between hands exposure to a surface in the patient zone and subsequently hand exposure to a surface in the area outside the patient, but without touching the patient. Hand hygiene is required in this moment since exposure to patients, even without physical touch with the patients, is associated with hand contamination. Examples after changing bed linen, perfusion speed adjustment.*

***Examples*** *when I am leaving the patient immediate surroundings such as bed space, bedroom or home, after touching any object or furniture personal items belonging to the patient am taking care of, even if I didn’t directly touch the person.*

The three levels of Hand hygiene

**Describe the 3 levels of Hand Hygiene and for each type give an example of where it can be used in your workplace**.

*There are three different levels of hand hygiene which can be utilized in the health care environment which are social hand hygiene, antiseptic hand hygiene and surgical hand hygiene.*

***Social Hand Hygiene****: is used to remove dirt, organic material, dead skin and most transient micro-organisms from the hands. It can be used following most daily tasks such as washing hands with soap and warm water, alcohol hand gel can be only used if hands are visibly clean.*

***Antiseptic Hand Hygiene***: *is used**where a higher level of cleanliness obtained from social hand hygiene is required.**For examples if a client is immunocompromised. When carried out correctly, it will remove the most transient micro-organisms. It involves cleaning the hands with an alcohol hand gel or rub. This technique should only be used when the hands are visibly clean. An antiseptic liquid soap can also be used to wash hands to achieve antiseptic hand hygiene.*

***Surgical Hand Hygiene:*** *is used before all surgical procedures and removes all transient and resident micro-organisms. This level of hand hygiene is rarely required within community settings.*

***Explain the need for good personal skin care?***

*Hands hygiene is critical to help control and prevent the spread of microorganism, this can also end up putting mega stress on hands, the hands can become dry or irritable with the frequent cleaning and scrubbing. And antimicrobial cleaners can often be more drying to your hands, and sanitizing gels containing alcohol that can strip the skin’s naturally moisturizing oils, every time after washing your hands or using the hand sanitizer gel, it is important to use an approved moisturizer.*

Hand Hygiene/ Reflection

***Now that you have demonstrated the 7 stagehand-washing techniques and learnt about the importance of washing your hands, have you any thoughts or insights that hadn’t thought about before?***

*Step one: wet the hands with clean water, preferably running water.*

*Step two: apply enough soap to cover all surfaces of your hands and wrists, rub the palms together.*

*Step three: rub the back of your hands.*

*Step four: rub the back of the fingers.*

*Step five: rub and clean the thumbs.*

*Step six: rub and clean the tips of the fingers.*

*Step seven: rub and clean your wrists and rinse your hands with warm water and dry your hands.*

## Step 2/ Management of Blood & Bodily Fluids & Spillages/ Sharps

## Total = 20%

**What Personal Protective Equipment would you use in the workplace?**

*To minimize exposure to hazards that cause serious workplace injuries and illnesses, I would use clean disposable gloves, to protect my hands from getting soiled and picking up micro-organisms. I would use a disposal apron to ensure that my uniform or clothing doesn’t get contaminated. And I would also use facial protection such as eye protection, when providing care for the patient where there is a risk of blood or bodily fluids splashing into the eyes, and face mask for respiratory protection for example when a patient has a serious infectious respiratory disease such as tuberculosis (TB), pulmonary, pandemic flu or SARS. I would perform hand hygiene before putting on personal protective equipment and would then safely remove my personal protective* *equipment in the correct procedure and discarding it in a healthcare risk bag.*

**List and describe the different types of linen segregation**?

***Clean/unused linen*** *is any linen that has not been used since it was last laundered, it should be stored in a clean designated area, preferably an enclosed cupboard. It must be segregated from dirty/used linen. Linen cupboard doors must be kept closed to prevent airborne contamination. Clean /unused linen should be delivered to the wards in clean containers, these containers should not be used to collect the used lines.*

***Dirty/used linen*** *is any linen that’s dirtier from blood, fluids from human body, including saliva and vomit. Dirty/used linen must be handled with care and to minimize the transmission of micro-organisms via skin scales and dust. Laundry bags must never be more than two-thirds full to avoid the spillage of dirty/used linen, plastic apron must be worn when there is potential for contamination of clothing, for example when changing beds, and hands must be washed immediately after handling of any dirty /used linen. It is essential that I bring the laundry skip to the bedside to place the dirty/used linen into the appropriate bag and be placed carefully and directly into the (white bag) on removal from the bed or patient/client. Vehicle or trolleys used to transport dirty/used linen must be easy to clean and never be used to transport clean linen.*

***Foul/infected linen*** *are bed lines that are soiled with blood or any other body fluids. Or bed linen that has been used by a patient/client with an unknown infection (soiled or not) to minimize transmission of micro-organisms all infected linen must be handled with care via skin scales and dust. All infected linen must be placed into a water-soluble alginate stitch bag. Linen bags must never be more than two-thirds full, the water-soluble alginate bag must be placed directly into the washing machine and not opened before washing, plastic apron and gloves must be worn when handling infected linen. And hands must be washed immediately after handling foul or contaminated linen.*

**Identify what personal protection equipment (PPE) is required when discarding linen in line with the Infection Prevention and Control policy.**

*Plastic aprons and gloves must be worn when handling infected linen, the infected linen must be placed into a water-soluble alginate stitch bag. And then put into a red linen bag for transportation, hands hygiene must be performed immediately after handling infected linen.*

**Explain below what each term means and give examples of when they are used in the workplace.**

***Cleaning*** *is a process of physical removes dust and dirt; it does not kill micro-organisms. Cleaning detergents will only remove dirt, but it doesn’t destroy any micro-organisms present on the surfaces, cleaning must take place prior to disinfection.*

***Examples*** *when there is body fluids or blood spillage.*

***Disinfection*** *is a process that reduces micro-organisms to a safe level, but it does not kill all the micro-organisms. Disinfectants may not kill bacteria spores, disinfectants are used in a health care sector to deal with spillages of body fluids, disinfectants are not affective if cleaning has not taken place beforehand. Disinfectants are only necessary to decontaminate when potential infection is suspected and after spillage of organic matter, blood, pus etc.*

***Examples*** *alcohol, chlorine compounds and hydrogen peroxide.*

***Sterilization*** *is a process that kills all micro-organisms, including viruses and bacterial spores.*

Sharps

A yellow and orange bucket with a red lid

Description automatically generated

What PPE would you use when handling sharps, explain why?

*Cut-resistance gloves, full length lab coats/gowns and face shield/safety goggles. To provide protection of skin, including forearms, fingers and eyes.*

Explain how you dispose of a sharp?

List 4 things you must never do with a sharp

*Never discard needles, syringes or sharps in polythene bags.*

*Never leave sharps lying around.*

*Never attempt to decant contents of small sharps containers into a large container.*

*Never insert finger/hand past the level of the lid on a sharp container.*

The Learner will demonstrate the appropriate way to manage blood and bodily fluid spillagesthis will be recorded/video. 10%

Discuss the appropriate way to manage blood and body fluid spillages?

*Wash my hands before putting on disposable apron, musk and gloves, put on the warning sign, examine the spillage, get the towel, cover it with the towel to soak up the spill, leave it for two minutes, carefully remove and dispose of the paper towel directly into a plastic bag. Clean the spill area using a neutral detergent, and then disinfect the area using a low concentration of household bleach. After cleaning and disinfecting I will then dry the area. After finishing, I will remove all used personal protective equipment in the correct procedure and discard it in a healthcare risk bag.*

Describe what you would do following accidental exposure to blood and bodily fluids? For example, what would you do if you had a needle stick injury in your workplace.

*If I get a needle stick injury in my workplace, I will wash the wound using plenty of soap and water, encourage the wound to gently bleed, ideally holding it under running water. Dry the wound and cover it with a waterproof plaster or dressing, seek urgent medical advice for examples from my occupational health service as effective prophylaxis (medicine to help fight infection.*

**Bibliography**

*College of Progressive Education. (2008) Healthcare Support: A Textbook for Healthcare Assistants. Dublin: Gill & Macmillian*

*Fitzpatrick, S. (2024) Care Skills/ Care provision & Practice {Class notes}, Colaiste Ide College of Further Education*

*Fitzpatrick, S. (2024) infection prevention and control [Class notes] Dublin; Colaiste Ide College of Further Education*

*O’Sullivan, F. (2013) infection prevention and control & Health Services. Dublin: Gill & Macmillian.*