Universal Precautions for Infection Prevention & Control In Hospitals
Increased catabolism and infectious diseases weaken the body's ability to fight infection and cause malnutrition.

Reduced intestinal absorption.

Effect of nutrition on immune system.

The relationship between nutrition and infectious disease.
10 Principles of Safe Food Handling & Hygiene

- Sanitize: all equipment & tools before preparing
- Food Storage: Cleanliness/Temperature
- Procure from safe Sources
- Develop & follow HAACP program - Hazard Analysis Critical Control Points
- Training & Development
- Heat/cool food properly
- Control time & Temperature
- Prevent cross contamination
- Practice Proper Hygiene
- Cooking: Appropriate Temperature/Procedures
5 STEPS TO FOOD SAFETY

1. Be Clean, Be Healthy
   - Never touch food with unwashed hands.
   - Wash hands frequently if you are sick.
   - Wash hands when necessary.

2. Keep it Cool, Keep it Hot
   - Keep cold foods at 41°F / 5°C or below.
   - Keep hot foods at 140°F / 60°C or above.

3. Don’t Cross-Contaminate
   - Do not have raw foods in the same container as cooked foods.
   - If you have used a utensil or cooking surface for raw meat, wash it before using it with anything else.

4. Wash, Rinse, and Sanitize
   - Wash everything you use while cooking or eating in hot water and soap.
   - Rinse in hot water.

5. Cook It and Chill It
   - Cook food until it is ready. For meats, there may be a longer cooking time to reach internal temperature.
   - If you have leftovers, store them in a 5°C / 41°F.
Your 5 Moments for Hand Hygiene

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings
Hand Rub Vs Hand wash

WHEN TO USE HAND RUB?

- Hands not visibly soiled
- Between patient contact

WHEN TO WASH HANDS?

- Before & after each procedure
- When hands are visibly dirty
- Soiled with blood/ body fluids
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a. Apply a palmful of the product in a cupped hand, covering all surfaces;
1b. Rub hands palm to palm;
2. Right palm over left dorsum with interlaced fingers and vice versa;
3. Palm to palm with fingers interlaced;
4. Backs of fingers to opposing palms with fingers interlocked;
5. Rotational rubbing of left thumb clasped in right palm and vice versa;
6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
7. Once dry, your hands are safe.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;
1. Apply enough soap to cover all hand surfaces;
2. Rub hands palm to palm;
3. Right palm over left dorsum with interlaced fingers and vice versa;
4. Palm to palm with fingers interlaced;
5. Backs of fingers to opposing palms with fingers interlocked;
6. Rotational rubbing of left thumb clasped in right palm and vice versa;
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
8. Rinse hands with water;
9. Dry hands thoroughly with a single use towel;
10. Use towel to turn off faucet;
11. Your hands are now safe.
Hand Wash

• Hand wash: Bactoscrub: (Chlorhexidine gluconate 4% w/v)

**Routine**
- Plain Soap
- Personal Hygiene
- Mechanical
- Removal of microbes
- 30 seconds

**Medicated**
- Antiseptic
- Routine clinical work
- Antiseptic removal of transient microbes
- 40-60 seconds

**Surgical**
- Antiseptic
- Prior to surgical process
- Antiseptic removal of transient flora & inhibit resident flora
- 3 minutes
Standard Precautions

- All Patients
- All assumed to be infected
- Components:
  1. Hand Hygiene
  2. Respiratory etiquette
  3. Use of PPE
  4. Appropriate disposal of sharps
  5. Prevention of needle stick injuries
  6. Appropriate segregation of infected waste.
  7. Safe Injection Practices
Respiratory Etiquette

- Cover nose & mouth when coughing or sneezing
- Tissue or surgical mask
- Dispose in no touch receptacles
- Hand Hygiene
- 3ft spatial separation
Personal protective equipment (PPE)

- **Gloves**
  - Before contact with body fluids
  - Contaminated environment

- **Gown**
  - Before body fluid contact

- **Mask, Face & Eye shield**
  - Aerosol generating procedure
Air Borne Isolation

DISEASES

- Tuberculosis
- Varicella
- Herpes zoster
- Measles

STRATEGY

- Negative isolation room
- N-95 masks
- Hand hygiene
- Limit patient transport
- Chicken pox & measles: immune staff

Perform a fit check for N-95 –
Inhale – respirator should collapse
Exhale – check for leakage around face
Droplet Isolation

DISEASES

- Influenza
- Meningitis
- Pneumonia
- Pertussis, Streptococcal pharyngitis
- Mumps, rubella

STRATEGIES

- Private Room spatial separation
- Hand hygiene
- Surgical masks
- Limit Patient transport
Contact Isolation

**DISEASES**
- GI illnesses: by faeco Oral Route
- Skin Infections
- Wound Infections
- MDR organisms: MRSA, VRE

**STRATEGIES**
- Gloves
- Gown before contact
- Gloves & Gown discarded before leaving patient area
- Hand hygiene
- No touching surface/patient care area after removing gloves
- Limit Transport
Infection Control

Emergency

Closing and limiting the hospital entry

Screening & identifying potential cases

Emergency to handle such cases at all times.

Cohorting and following isolation precautions (as applicable)

Get vaccinated or post exposure assessment/treatment as advised

Follow all specific instructions on Infection control

What is to be done?
# BMW segregation at the point of generation

<table>
<thead>
<tr>
<th>Colour Coding</th>
<th>Categories</th>
<th>Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td><strong>Non plastic Biomedical waste</strong> : Soiled cotton, bandages, gauze, dressings, anatomical waste, surgical specimens, Casts, cytotoxic medicines, drapes, discarded medicines, cap, mask, Microbiology and clinical laboratory waste</td>
<td></td>
</tr>
<tr>
<td>Red</td>
<td>Plastic and rubber biomedical waste: Foley's, RT, Drain tubes, cannulas, Syringes, all contaminated plastics, IV bottles, IV sets, administration sets, hand gloves.</td>
<td></td>
</tr>
<tr>
<td>Cardboard boxes with blue bag</td>
<td>Vials and glass bottles, broken ampoules</td>
<td></td>
</tr>
<tr>
<td>White sharp container</td>
<td>Needles, syringes with fixed needles, blades, suturing needle, any sharp ended items including metals which can protrude through bag</td>
<td></td>
</tr>
<tr>
<td>Black Bag</td>
<td>General municipal waste</td>
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</tbody>
</table>
Cytotoxic Waste

Dedicated Yellow liner with BIOHAZARD sticker as shown in the image
Accidental blood/body fluid exposure

If you prick yourself with a used needle, hold the affected limb down low to get it to bleed. Do not squeeze the wound.

If you are splashed with blood or body fluids and your skin has an open wound, healing sore, or scratch, wash the area well with soap and water. If you are splashed in the eyes, nose or mouth, rinse well with water. If you have been bitten, wash the wound with soap and water.

If you have come into contact with blood or body fluids in any of the ways described above, you may need treatment (such as a vaccine or medication)

Remember: It is important that you are assessed as soon as possible after the contact.

Report immediately
Disclaimer:
All information provided is only for guidance. Please do read up on other authentic references for additional information. All dieticians are urged to follow their hospital infection control guidelines and policies. For further information or guidance please to write to rdboardida@gmail.com