Inspired

Behind this presentation is an idea that will improve patient care

Infection Control and Accreditation

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Standard 3

The Preventing and Controlling of Hospital Acquired Infections
Criterion 1

Governance and systems for infection prevention, control and surveillance.

Effective governance and management systems for healthcare associated infections are implemented and maintained.
3.1-3.4: Infection Control Policy and Procedures

Policy and procedures (P&P) are based on a risk management approach.

There are P&P that are relevant for all healthcare facilities.
- These will be part of the overall organisation P&Ps.
- Develop specific dental P&P such as management of waterlines, instrument management and zones, asepsis and antimicrobial stewardship.

Use of P&P are to be monitored through regular auditing
- Is staff practice in line with the appropriate P&P.
- Are all the required equipment available.
- Are hand hygiene practices correct.
3.2-3.3: Surveillance

– Dental does not fit the criteria for HAIs as there are no inpatients and no pathology undertaken.
– Undertake a risk assessment reviewing and classifying high risk procedures e.g. implants.
– Review a period of one month for representation data for infection.
– Collect and analyse.
– Link with prescribing practices for antimicrobials for these procedures
3.4: Quality Improvement (D)

Implement quality improvement/changes

– Implementation of point prevalence survey of at risk procedures, review the data
– Assess if any changes can be introduced to decrease infections.
– Educate and implement asepsis, review the practice and make changes if required.

Document all the processes
Criterion 2

Infection prevention and control strategies

Strategies for the prevention and control of healthcare associated infections are developed and implemented.
3.5: Hand Hygiene

• Comply with the National Guidelines of ‘5 moments of hand hygiene for dental practices’
• Hand hygiene education as part of education calendar
• Audits either
  – Observational
  – Product use
  – Patient questionnaire
• Audit results presented at infection control meetings.
• Poor performance or decrease in product use is managed appropriately i.e. further education.

Audit results are reported to Clinical Managers - Executive - Board.
3.6: Immunisations

Workforce immunisation program complies with national and state guidelines.

– Staff are requested to provide their immunisation status
  • Vaccination status of all staff is known
  • Vaccinations can be placed in data base and analyse % staff vaccinated
  • Records are kept in a safe place and accessible to the designated staff

– Offer annual flu vaccination

– Increase staff knowledge and importance of vaccinations

Dept. of Health Vaccination Guidelines for Healthcare workers. revised 2007
NHMRC Australian immunisation guidelines 10th Ed. 2013
3.7: Collaboration with OH&S

- Occupational allergies
- Personal protective equipment
- Work restrictions
- Involved in evaluation of new products and specific procedures
- Maintain a safe working environment adhering to safe OH&S and infection control practices
3.9: Invasive Devices (D)

Invasive devices are items such as

- Central Venous Catheters
- Arterial lines
- PICC lines
- Indwelling urinary catheters.

There are no such devices used in Agencies.
3.10: Aseptic Technique (D)

Understand what asepsis is and how to implement within the agency

- Asepsis
- Key parts
  - appropriate use of sterile and non sterile gloves
- Aseptic field: general and critical
- Standard Asepsis
- Surgical Asepsis

Establish baseline
Develop policy and procedure
Educate and implement
Evaluate
Criterion 3

Managing patients with infections or colonisations

Patients presenting with or acquiring an infection or colonisation during their care are identified promptly and receive the necessary management and treatment.
3.11: Implementing Standard and Transmission-based precautions

Standard and transmission based precautions are consistent with the National Guidelines. This is monitored by

- Clinical compliance audit
- Environmental; and cleaning audits
- Hand hygiene audits
- Waste audits
- Linen use

Results reported to infection control meeting

Audit results are reported to

Clinical Managers - Executive - Board
3.12: Assessing need for patient placement based on the risk of infection transmission

Patients who present with an infectious disease such as
- Hand, foot and mouth disease
- Slapped face
- Gastroenteritis
- Influenza like illness

Should have treatment delayed unless it is an emergency. Importance of taking the time to obtain accurate history and updates.

The clinic will not be aware of all infectious diseases that go through the clinic as patients may be in the prodromal stage. Any referrals should include relevant infectious history.
Criterion 4

Antimicrobial Stewardship

Safe and appropriate microbial prescribing is a strategic goal of the clinical governance system
3.14: Antimicrobial Stewardship

Develop an Antimicrobial Stewardship (AMS) program

– Undergo a patient treatment audit to review the appropriateness of antibiotic prescribing
– Develop guidelines based on latest version *Therapeutic Guidelines for Oral and Dental*.
– Educate all clinical staff on the new process
– Monitor usage of antimicrobials by undertaking regular audits
– Feed back results to clinicians and infection control committee
– Take action i.e. education to increase compliance.

Audit results are reported to
Clinical Managers - Executive - Board
Criterion 5

Cleaning, disinfecting and sterilisation

Healthcare facilities and the associated environment are clean and hygienic. Reprocessing of equipment and instrumentation meets current best practice guidelines.
3.15: Cleaning

• Infection control policy and procedures are current for environmental cleaning

• The cleaning contract complies with infection control guidelines and *Dept. of Health Victorian Cleaning Standards 2012.*
  – Clinical area
  – Non clinical areas
  – Frequency of cleaning
  – Modes of cleaning

• Regular audits are undertaken

  Audit results are reported to

  Clinical Managers - Executive - Board
3.16-18: Reprocessing reusable medical equipment

- All reusable equipment is reprocessed to the required level according to Spaulding Classification.
- There is a tracking system for critical items in place.
  - A tracing, look back system is in place.
- Staff who are involved or undertaking reprocessing are trained in in a competency based program.
- Training is provided to ensure all staff are current with any changes
- The steri room and equipment are compliant with AS/NZS Standards.
Criterion 6

Communicating with Patients and Carers

Information on healthcare associated infections is provided to patients, carers, consumers and service providers.
3.19: Consumer information

Information on infection control is provided or made available
Information brochures or posters on
  – hand hygiene
  – cough etiquette
  – infectious disease
Quality of care report is available.