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PROTECTING STAFF



Clinicians, support workers and care staff, in the line of their duties, are routinely put at risk of infectious diseases.

These infections are, for the most part, diarrhoea causing viruses and bacteria but some are far more serious and even life threatening.

In the UK the NHS puts the infection rate for all instances of infection (including needlestick injuries) at around 30 per 100,000 nurses a year. Although the health service is also of the opinion that infections are going unreported or incorrectly logged so the number is likely to be higher.

Infection control processes exist to keep clinicians and other care workers safe from potentially harmful substances such as human waste and contaminated blood. However, no matter how robust your processes are or how rigorously they are observed, your staff are still at risk (albeit a reduced risk) of contracting an infectious disease.

Our primary focus is both the contact and vehicular transmission of infectious disease as handling contaminated objects or improper containment of spilled blood or human waste pose a real threat to individuals safety.

Effective infection control procedures are considered the first line of defence against infection or outbreak, but what more can be done to reduce the risk to your staff, regardless of setting?

Dehydration Is the enemy

There is a correlation between malnutrition, dehydration and hospital admittances. When the body becomes malnourished or overly dehydrated the immune system is compromised and the risk to infectious disease grows.

According to the Royal College of Nurses, one in three patients admitted to hospital have some form of malnutrition. They are also more likely to experience complications and stay in hospital 30% longer than properly nourished patients.

This puts patients at greater risk of infection and, by extension, clinicians. Especially as the clinicians are commonly neglecting themselves due to the high pressure, fast paced environment.

Our immune systems are dependent on nutritional status so neglecting your diet puts you at far greater risk of infection.

Equally, malnourished patients are at risk of complications from antibiotics including oral fungal infections and antibiotic associated diarrhoea. These unexpected conditions can put clinicians at further risk, especially if they themselves have a weakened immune system.

Ensuring your colleagues as well as your patients are properly hydrated and nourished can significantly curtail or prevent the spread of an infectious disease.

Returning to work

Individuals who are already unwell or have recently returned to work following sickness are particularly vulnerable to infectious diseases.

Their immune systems are weakened or in some cases compromised depending on the severity of the illness. If they have been unwell with vomiting or diarrhoea then they are also



more likely to be experiencing dehydration and malnutrition which increases the probability of contracting an infectious disease.

Where possible, take steps to isolate these individuals from potential risks to avoid them from falling victim to a second instance of sickness.

If contact is unavoidable, which in a busy ward is likely, employ enhanced infection control procedures such as contact precautions to minimise the risk to that individual such as mouth and eye protection.

Enhanced protection

Vulnerable patients require additional protection against infectious diseases. The more protections put in place, the lower the risk to the patient. This also has the added benefit of providing added protection to clinicians as well.

Making sure disposal of infectious material using a well-designed, well maintained sluice/dirty utility room is a good first step. Making sure your infection control procedures are detailed and include robust protection against handling improperly cleaned re-useable bedpans, for example.

Effective spillage control and disposal procedures contain hazards before they have a chance to propagate. Also, effective decontamination or disposal of cleaning implements has to be part of the process too.

Inadvertently using a contaminated mop can pose a grave risk to patients and clinicians. Part of the process needs to be communicating the contamination to the rest of your team to prevent further use until it can be properly sterilised.

Donning gowns and gloves and observing contact precautions creating a barrier between patients and clinicians where possible reduces the chances of transference.

Microbiological surveillance in more severe cases tracks infection rates and informs containment strategy.

Frequent room cleaning eliminates any microbes that have migrated onto other surfaces.

Regardless of the kind of facility you operate in, keeping patients or residents' safe from infection starts with well planned, thoroughly trialled procedures. This has to include everything from their health and maintenance to how your sluice room is designed and whether you have chosen to use reusable bedpans or single use pulp.

DDC Dolphin is a specialist sluice/dirty utility room provider with decades of experience working in partnership with medical and care facilities to devise a complete infection control solution.

For more information about how we can support you, contact us today.

Contact Details: -

Tel: +44 (0)1202 731555

E-mail: info@ddcdolphin.com

Website: www.ddcdolphin.com



DDC Dolphin Ltd, The Fulcrum, Vantage Way, Poole, Dorset, BH12 4NU, United Kingdom.