

# When it Comes to Infection Control, Knowledge Really IS Power

Imagine that your mother, who has been living in a long term care home, has just had routine surgery at the local hospital. The surgery was a success and your mother is recovering. But several days after the surgery, for no apparent reason, she takes a turn for the worse. Your mother has been exposed to a MRSA infection, which is serious and potentially life-threatening. How would you react? Two bets that your heart would have started pounding, your hands would be sweating and your face would flush — all natural reactions of fear. I would also bet that the first thing you would do when you got home is search the Internet to find out everything you could about MRSA and how your mother could have contracted it. You wanted to educate yourself because knowledge is power.

In a 1998 article in the Center for Disease's (CDC) *Emerging Infectious Diseases* journal, it was estimated that hospital-acquired infections cost \$4.4 billion and contributed to more than 88,000 deaths — one death every six minutes — in 1995 alone. In 2000, the *Chicago Tribune* conducted an investigative report of hospitals and found that 75 percent of an estimated 103,000 patient deaths were linked to hospital-acquired infections — mostly as a result of unsanitary facilities, unwashed hands and/or dirty instruments. The same report also found that housekeeping staff were often inadequately trained.

Additionally, several published studies have found that housekeeping staff have a higher rate of occupational-acquired diseases than nurses. Studies have also found

a correlation between a lack of formal training of housekeeping staff and poor infection control intervention strategies.

## Overcoming the fear factor

Controlling infectious diseases is everyone's business. And in the health care sector, where it is not uncommon for housekeeping staff in a hospital to also work in a long term care setting — given that many facilities use part-timers — and where long term care residents may from time to time require surgery at a hospital, housekeeping staff do play an important role in the infection control battle.

But to be effective, they need to have some basic training — which is the key to overcoming **the fear factor**.

The basic human response to the unknown is fear, anxiety or apprehension, but how often do we actually reflect on the meanings of these words?

### FEAR

The feeling of anxiety, an unpleasant feeling of anxiety or apprehension caused by the presence or anticipation of danger

### APPREHENSION

The ability to understand, the power or ability to grasp the importance, significance or meaning of something

### UNDERSTAND

To grasp the meaning of something, to know or be able to explain to yourself the nature of something, or the meaning or cause of something

## A little knowledge goes a long way

The goal of any housekeeping department in a health care facility should be to prevent the spread of infectious agents among patients/residents and staff through the meticulous cleaning and disinfection of surfaces. To attain this goal, housekeeping staff need to take part in a comprehensive training program, the objective of which is to provide them with the information they need to do their jobs safely.

A training program begins, first and foremost, with providing the right information. There is a lot of information already out there about hospital-acquired infections. Even by paying only passive attention to daily news, we can't help but learn a little about things like *Clostridium difficile* — which received a lot of media hype this past summer when a major outbreak occurred in Montreal.

While any training program should be a part of the big picture — "how to protect yourself" — at a minimum, it should include a formal written plan that covers each of the following eight areas:

- identifying occupational risks and hazards associated with handling infectious waste;
- using sharps safely;
- blood-borne pathogens;
- infection control training (microbiology and transmission);
- hand hygiene;
- personal protective equipment, including donning and doffing;
- MSDS and hazards associated with using chemicals (cleaning agents, disinfectants, etc.); and
- training in product use, including proper cleaning and disinfection techniques.

The person who is handling the training program should involve staff from other departments, such as infection control or occupational health and safety. Staff from other departments might even

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be better suited to writing a section or giving the training about handling sharps safely, for example. Also, splitting up the eight sections into training chunks makes it easier for staff to learn the material (you don't run the risk of overwhelming staff with too much information at one time).

It is also advisable to tailor the training program to the size, topic and needs of the group. Ask yourself if every section should be taught in a classroom setting? Can you use CD- and video-based programming or self-study modules for some of the sections? For example, training about the use of a particular infection control product might be better suited to a traditional classroom setting — where staff can observe someone performing the task — while other sections such as blood-borne pathogens could be taught through the use of videos (see the table on the following page for an explanation of the topics that should be covered in each of the eight sections).

If you are charged with the task of developing a training program for your housekeeping staff, it is normal to feel overwhelmed. Don't panic. There is a lot of information out there (a Google search of the topic "sharps safety training in Canada" offered 91,100 hits). Remember to delegate, and ask your infection control practitioner for help in writing the infection control and hand hygiene segments of your program. Contact the sales representative at the company that supplies your needles and other sharps (guaranteed that the company has developed a training program!). Do the same for the companies that supply your cleaning and disinfection products; they too will certainly have information on how to handle, clean and disinfect blood-borne pathogens. Ask your occupational health

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## Section

## Checklist

1. Occupational Risks and Hazards
  - Hazards likely to be encountered
  - Identifying an exposure to an infectious disease
  - What is a body fluid or blood-borne pathogen?
  - What are sharps?
  - Recognizing latex allergies or other potential sensitizers
  - Common workplace injuries (slips, falls and heavy lifting)
2. Sharps Safety
  - How to properly dispose of a sharp
  - How to safely replace a full sharps container
  - How to report a sharps injury (e.g. needle stick)
  - Why is it important to report all sharps injuries
  - What is the injury rate at your facility and who or what group seems to be the most prevalent?
3. Blood-Borne Pathogens
  - How to identify a blood or body fluid
  - How to properly contain a spill
  - Who to notify in case of a spill
  - Who is responsible for cleaning up the spill?
  - What tools are needed to contain and clean up the spill?
  - What personal protective equipment is required?
  - What to do if the personal protective equipment is torn or soiled
- 4a. Infection Control — Methodology
  - What are the bacteria, viruses and other common micro-organisms that cause disease?
  - What are antibiotic-resistant organisms?
  - What does incubation mean?
- 4b. Infection Control — Transmission
  - What are the five routes of infection transmission?
  - Why are some people at risk more than others?
  - How does the environment affect infection transmission?
  - What is isolation?
  - What does "isolation precautions" mean?
  - Why are there different isolation precautions?
5. Hand Hygiene
  - When and why does hand hygiene need to be performed?
  - What is the proper technique for washing hands using soap and water?
  - How and when should alcohol hand sanitizers be used?
6. Personal Protective Equipment
  - What is the standard personal protective equipment used?
  - How to identify the appropriate circumstances for which each type of personal protective equipment is indicated
  - Describe and demonstrate the proper way to don and doff personal protective equipment
  - How and where should used personal protective equipment be disposed of?
7. MSDS
  - How to detect the presence or release of a hazardous chemical in the workplace
  - What are the physical and health hazards for each of the chemicals used?
  - How can staff protect themselves, including through safe work practices and emergency procedures?
  - How to read workplace (and other) labels
  - What information is provided on a MSDS and how to use that information?
8. Product Usage
  - What is the product name?
  - What type of chemical is the produce manufactured from?
  - What are the safety measures for working with the product?
  - Does the product require diluting? (If so, how is it diluted?)
  - What is the shelf-life of the product?
  - How to dispose of the unused product
  - How to use the product (cleaning procedures, contact time, etc.)
  - Hands-on demonstration of how to use the product

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and safety representative to help you create the training segments on occupational risks and hazards, MSDS and personal protective equipment.

With a few phone calls and collaboration, your training program is done.

### Conclusion

A basic understanding of the eight areas doesn't require a stethoscope, coke-bottle glasses or even the ability to squint. All anyone needs are a mixture of *knowledge*, *imagination* and *responsibility*:

- *Knowledge* to know about bacteria, viruses and other microbes (where they are found and how they cause disease); to know how cleaning and disinfectant products should be used; to know how to protect against potential exposure to blood-borne pathogens, sharps injuries and the proper use of personal protective equipment.
- *Imagination* to be able to actually picture the microbes all around us.
- A sense of *responsibility* to take reasonable action to prevent disease.

Only then can we overcome the fear factor. LTC

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