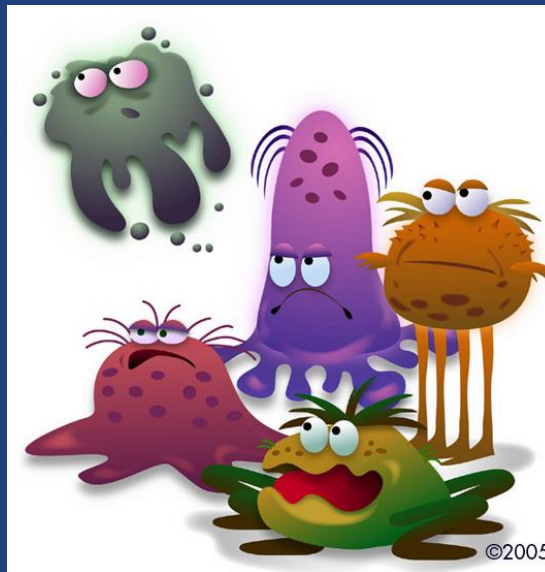


CHNC Conference 2018

Infection Prevention & Control in Community Care:
Refreshing the knowledge and Practice in
Community Clinic Setting

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Objectives

The learner will be able to:

- Raise awareness of the difference in Infection Prevention and Control Practices between client homes and nursing clinics.
- Identify the strategies used to engage and collaborate with Managers, Educators and Nurses in the development of IP&C checklists to support the delivery of safe care in clinics.
- To share practical tools/strategies to refine nurses IP&C practice and to audit IPC resources and practices in clinics.

Context

- IP&C audits of nursing treatment clinics were conducted to identify the current state of practices.
- A number of areas were identified for improvement
- IP&C principles and skills are taught in basic nursing programs; however application of these must be learned
- Nursing staff are often assigned to both home visits and clinics

Why is Infection Prevention & Control Important for Community Health Nurses

- Increase in harmful germs
- Don't always know which clients carry harmful germs
- You may be assigned to a client with an infectious illness
- You may encounter a client who has a new infectious illness
- You may be asked to provide care that puts you in contact with blood & body fluids
- **You need to be alert and know how to protect yourself!!**

Germs

What are the stories/situations ?

- Practice Consultants provide practice reviews in variety of settings. VON has ambulatory care clinics.

- Nurses were not always aware of the risks for spread of infections when multiple clients come into the care area.
 - Aseptic Technique / Cross contamination issues
 - Setting up Supplies for Dressing Care
 - Environmental cleaning between client visits
 - Hand Hygiene 4 moments differences
 - Dirty and Clean Zones (clinic need to be aware)
 - Access to Supplies (stock supplies)

Gaps Identified

Nursing practices identified for improvement included

- reprocessing equipment, medical supply use / storage,
- environmental cleaning, and aseptic technique.

Clinic procedures and resources identified for improvement:

- include the use of sterile/single use supplies,
- screening,
- reprocessing,
- and environmental cleaning

Process

Practice Consultant started a working group with Managers/ Educators and nurses to review evidence and make improvements.

- Nurses identified need for education and practice support tools
- Managers identified need for audit tools to use to ensure compliance with standards and do practice review
- Looked for evidence from Public Health and evidenced based information to guide development of new tools (PHO,PHAC)
- The group co developed tools and provided input to Nursing Education for Orientation
- Reusable Medical Equipment – *Our Eyes were Opened !*
 - Semi critical tools in NP clinics and wound care programs

Education

Topics for Education include:

1. Routine Practices - Back to Basics think differently in clinic – higher risks
2. Additional Precautions
3. Screening and Assessing for Risk
4. Hand Hygiene
5. Personal Protective Equipment
6. Reusable Medication Equipment Cleaning
7. Aseptic Technique
 1. Focus on setting up clean and dirty work areas

New Tools Co Developed with Nurses

- Clinic IPC Practices Audit Tools
 - Environmental Cleaning
 - Clinic required practices and Resources
 - Nurses doing the practice
 - Screening
 - Waster Management
- Learning Observation Tools
 - for PPE (putting on and removal)
 - Aseptic Technique
- Practice Pearls Developed
 - Short messages that can be shared at team huddles, meetings or in email

Learner Observation Tools



GUIDELINE/TOOL/REFERENCE

Standard: PQRS Standard 1

Policy: ADVANCED COMPETENCIES FOR NURSES (# 01-38-01)

Learning/Observation Tool

Clinic Infection Prevention and Control (IP&C) Practices

Nurses may use this as personal learning resource to:

- Guide IP&C practice and knowledge development
- Observe IP&C practices in order to identify ways to improve education, processes, procedures, systems and resources and to provide a supportive practice environment.
- Information provided in this tool is not inclusive and is not intended to be a prescriptive procedure. The practices identified in this tool are based on the IP&C Policy, Guidelines, Tools and Resources

Personal Risk Assessment

Performs an IP&C risk assessment:

- For each client
- Before each task to identify likely exposure to client blood & body fluids, non-intact skin, mucous membranes.

Screening for Infectious Illnesses or Infestation of Pests

- Employees self screen each day before working in the clinic using the *Infectious Illness Screener by Employees and Volunteers of Self*
- Clients are screened for signs & symptoms of infectious illnesses when they arrive for booked visits using the *VON Infectious Illness Screener of Clients by Employees*

Risk Management/Occupational Health and Safety

- Knows current immune status/vaccination history and keep vaccinations up to date.
- Promptly moves clients with respiratory illnesses away from other clients/employees
- Makes requests to change the visit location to the home for clients with infectious illnesses until signs & symptoms have resolved; this is communicated to the funder.
- Discusses with funder how to manage clients with infestation of pests
- Follows Routine Practices to protect against exposure with blood and body fluids
- Identifies location of spill kit for managing blood/body fluid spills and leaks and knows how to prevent and manage blood and body fluid spills according to *Preventing and Managing Blood and Body Fluid Spills and Leaks*
- Knows where to access the following guidelines and actions to take
 - *Accidental Exposure and/or Needlestick Injury*
 - *Decision Tree on Blood/Body Fluid Contact*
- Does not eat or drink in the clinic areas where care is being provided or in reprocessing areas

Audit Tool



CANADA

GUIDELINE/TOOL/REFERENCE

Standard: PQRSM Standard 1

Policy: Infection Prevention & Control(01-19-01)

Guideline: Clinic Infection Prevention and Control (IP&C) Practices & Resources

This guideline/checklist outlines the recommended IP&C practices to prevent spread of infection in Nursing Treatment and NP Clinics. This tool is used to set up new clinics or review current clinic setup and practices

Organizational Risk Assessment

The National IP&C Committee conducts an Organizational Risk Assessment at regular intervals to identify changing risks (PPE, emerging infections, supply changes and equipment provided) and to take action to address risks

Clinic IP&C Oversight

- An individual is designated to provide oversight of IP&C practices in clinics

Met	Unmet	N/A

OH&S vaccinations, immunity status, TB

- Employees are encouraged to know their immunity status and keep their vaccinations up-to-date according the VON policy *Immunizations: Employees/Volunteers -01-05-01*
- Employees are expected to eat or drink in designated employee areas/not in the clinic areas, where care is being provided, or in reprocessing areas

Met	Unmet	N/A

Screening Processes (according to Guideline - Infectious Illness Screening in Clinics)

- Employee and Volunteer Self Screening for infectious illnesses processes established using the [Infection Illness Screener by Employees and Volunteers of Self, Your Household Members or Visitors](#)
- Client Screening process established using the [Infectious Illness Screening of Clients by Employees](#)
- [VON Infectious Illness Sign](#) is posted at entrances in a visible location
- Posters for hand hygiene and cough protocols are posted where clients can see them, using [Toronto Public Health Hand Hygiene Posters](#). A supply of masks, tissues and ABHR and a garbage container is provided for clients
- An area is identified where clients with respiratory infections and other communicable diseases can be moved away from other clients/employees (e.g. behind a screen, exam room).

Met	Unmet	N/A


Management of exposures to blood & body fluids/sharps injuries

Met	Unmet	N/A

Working Group Feedback

- Learner Observation Tools helpful for Orientation of new staff to VON and clinic work
 - Clear expectations
- Manager/ Educator can use Learning Observation Tools as part of Practice Review with staff (e.g. If a complaint or for ongoing professional development planning)
- Learning experience for Nurse Practitioner Clinic NPs ... Learned so much to help adapt to my clinic setting, consistent adherence to best practice and engagement in how to make changes to clinic processes / set up.
- Identified other process /gaps and area in IPC that new policies / process need to be improved (reusable medical equipment / semi critical equipment use)

Next Steps

- New tools were piloted with a few large clinics in nursing contracts and NP led clinics
- Tools still being tested and will be finalized and rolled into IPC Policy
- NP clinics will take part in first Accreditation and this will test if we need any further improvements
 - Engaged staff in Accreditation when looking at Standards for Accreditation around IPC in clinic (*Important Client Safety ! Standard in Accreditation*)





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References

Public Health Ontario. (2017). IPAC Core Competencies Course.

<http://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/InfectiousDiseases/IPACCore/Pages/default.aspx>