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Infection control and patient safety measures at

Narayana Medical College and Hospital

Aims.

 To reduce the risk of transmission of blood - bone and other pathogens from both recognized and un recognized sources.

Objectives

- · To practice hand hygiene
- To Where personal protective equipment for personal and patient safety ofter risk assessment when ever necessary.
- To follow respiratory hygiene/ cough etiquette, developed during the severe acute respiratory syndrome.

Key elements at a glands

1) Hand hygiene

Technique

- Hand washing (40-60sec): wet hands and apply soap, rip all surfaces, rinse hands and dry thoroughly with a single use towel, use towel to torn off faucal.
- Hand rubing (20 -30 sec): apply enough prodect to cover all areas of the hands, rup hands untill dry.

Indications

Before and after any direct patient contact and between patients. Whether or not dloves are done.

- Immediately after gloves are removes.
- Before handing an invasive devise.
- after touching blood, body fluids, secrections, excretion, non intact skin nad contaminated items, even if gloves are worn.
- During patient care, when mpveing from a contaminated to a clean body site of the patient.
- After contact with inanimate objectives in the immediate vicinity of the patients.

2) Gloves

- Water when touching blood, body fluid, recreations excretion, mucus membranes nonintact skin.
- Change between tasks and procedure on the same patient after contact with potentially infection material.
- Remove after use, before touching non contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal.

3) Facial protection (eye, nose and mouth)

Wear a Surgical Or procedure mask and eye protection (face shield, goggles) to protect
mucus Membranes of the eyes, nose and mouth during activities that are likely to generate
splashes or sprays of blood, body fluids secretions and excretions.

4) Gown

- Wear to protect skin and prevent soiling of clothing aduring activities that are likely to generate slashes or sprays of blood fluids secretion or excretions.
- Remove soiled gown as soon as possible and perform hand hygiene.

5) Prevention of needle stick injuries

- Use care when
- Handling the needles scalpels, and other sharp instruments or devices.

· Cleaning used instruments.

Disposing of using needles.

6) Respiratory hygiene and cough etiquette

Persons with respiratory symptoms should apply sources control measures :

Cover their nose and mouth when coughing / sneezing with tissue or mask, dispose of used

tissues and masks, and perform hand hygiene after contact with respiratory secretions

• Place acute febrile respiratory symptomatic patients at least 1 meter (3 feet) away from others

in common waiting areas, if possible.

Post visual alerts at the entrance to health - care facilities instructing persons with respiratory

symptoms to practice respiratory hygiene/ cough etiquette.

Consider making hand hygiene resources, tissues and masks available in common areas and

areas used for the evaluation of patients with respiratory illnesses.

7) Weast disposal

Ensure safe waste management.

Discard single use items properly.

8) Patient care equipment

• Handle equipment solled with blood, body fluids, secretions, and excretions in a manner that

prevents skin and mucus member exposures, contamination of clothing, and transfer of

pathogenesis to other patients or the environment. Clean, disinfect, and reprocess reusable

equipment appropriately before use with other patient.

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