

Basic Infection Prevention & Control Principles related to Fluid and Medication Therapy

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Purpose

To outline the infection prevention & control principles that must be adhered to minimise infections associated with fluid and medication therapy

Policy

Staff and approved persons will minimise the risk of infection associated with fluid and medication administration by implementing basic infection prevention strategies.

Scope

Staff and approved persons

Associated documents

[Infection Prevention & Control Manual Vol 10](#)

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Infection Prevention & Control Measures

Hand hygiene practice

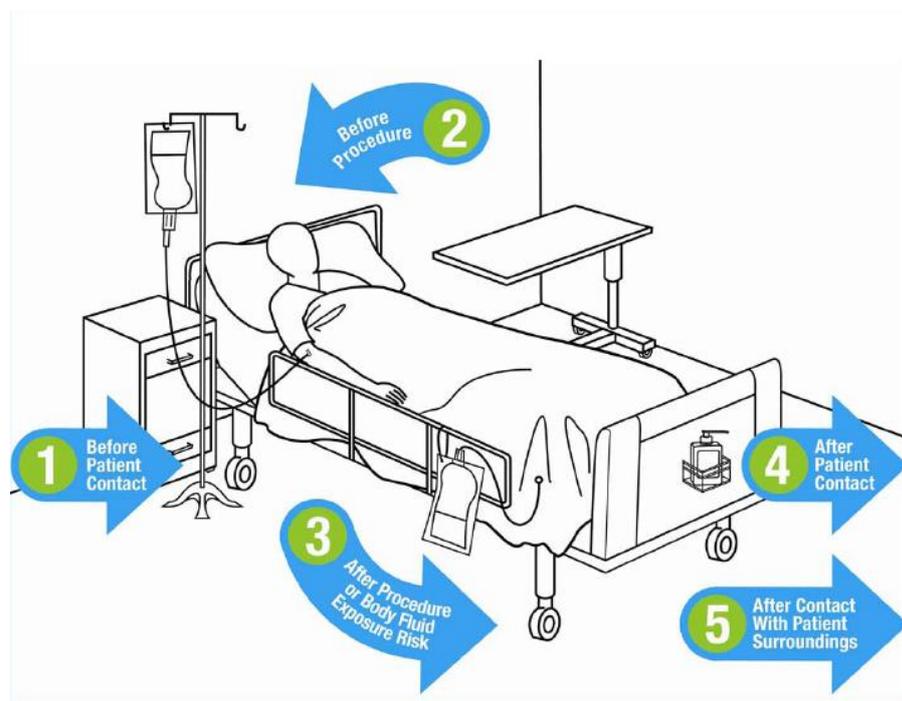
Hand hygiene is a general term that applies to hand cleansing either using an alcohol-based hand rub/gel or washing with a plain liquid soap or an antimicrobial liquid soap (e.g. chlorhexidine 2%).

Hand hygiene must be performed prior to preparing medications or IV fluids.

Hand hygiene must be performed at each patient care opportunity as identified in the 'The 5 Moments for Hand Hygiene' (see diagram):

1. Before patient contact
2. Before a procedure or aseptic technique
3. After a procedure / aseptic technique or body fluid exposure risk
4. After patient contact
5. After contact with patient surroundings

Prior to undertaking a procedure or aseptic technique hand hygiene must be performed using the alcohol hand gel or hands washed using an antimicrobial soap.



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Standard Precautions

- Non-sterile gloves should be used when there is potential for contact with blood or body fluids e.g. inserting a cannula or changing a dressing. Hand hygiene must be performed prior to donning and following removal of gloves.
- Other personal protective equipment e.g. mask, eye protection, disposable gown/apron should be used as part of Standard Precautions
- Sharps must be disposed of safely at point of use. Safety engineered devices are provided to minimise needle stick injuries or blood and body fluid exposures.

Aseptic Non-Touch Technique

- ANTT is a standard for safe and effective aseptic practice which aims to prevent the contamination of susceptible sites, by ensuring that only uncontaminated equipment, referred to as 'key parts' or sterile fluids come into contact with susceptible or sterile body sites during clinical procedures.
- ANTT should be used during any invasive procedure that bypasses the body's natural defences, e.g. cannulation, venepuncture, administration of intravenous (IV) medication, central and peripheral line management.

The key principles of ANTT are:

- **Always** clean hands effectively
- **Never** contaminate 'key parts'
- Touch non 'key parts' with confidence.
- Take appropriate infection prevention precautions (use of standard precautions)

- Staff must always decontaminate hands before and after a procedure using ANTT and when putting on and removing gloves. If hands are contaminated during a procedure then gloves must be removed and hands decontaminated prior to donning new gloves.
- Staff must consider whether the procedure can be performed with or without touching the key parts of the equipment or the key sites of the patient. If it is possible to undertake the procedure without touching the key parts/sites then non sterile gloves can be used. If it is not possible to perform the procedure without touching the key parts/sites then sterile gloves must be used.

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- Examples of procedures that usually require non sterile gloves include I.V. medicine administration, venepuncture, and cannulation.
- A non-touch technique must be used. Only non-key parts of the equipment must be handled.
- Only sterile items come in contact with the susceptible site. Sterile items do not come in contact with non-sterile objects
- Appropriate infection prevention and control precautions must be taken. Personal protective equipment must be worn following an individual risk assessment of the clinical procedure, the patient, the level of exposure and risk of splashing of bodily fluids.

ANTT Key Principles

Always clean hands effectively

Never contaminate 'key parts'

Touch non 'key parts' with confidence.

Take appropriate infection prevention precautions
(use of standard precautions)

Skin antisepsis prior to injection

Therapeutic intramuscular injection - cleanse with a chlorhexidine and alcohol swab and allow to dry prior to injection

Measurement/Evaluation

Compliance with this policy will be measured through quality improvement and infection prevention & control audits.

References

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WHO Best practices for injections and related procedures toolkit,
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http://www.who.int/injection_safety/9789241599252/en/index.html

The Association for Safe Aseptic Practice, ANTT. Accessed 16th
June 2014, <http://antt.org>

Policy Owner	Infection Prevention & Control CNS
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