INFECTION CONTROL NURSES AS THE PROFESSIONAL
VOICE OF INFECTION CONTROL NURSING

USHAPRABHAKAR

As clinical nurse specialists and individual nurse practitioners, ICNs are accepted and respected by all hospital staff as well as patients. ICNs led the field in the production of standards for infection control and quality assurance and were instrumental in developing audit tools to measure outcomes as indicators of the quality of health care.

Many ICNs are involved in the wound care, tissue viability, pressure sore prevention and intravenous therapy groups. Added to this is the prominent role that ICNs play in the nursing management of AIDS patients and also in the promotion of public health and health education for the general public. The ICNs frequently carry out a dual role in both hospitals and community patient care facilities.

Infection Prevention in the Home Health Setting:

The rapid growth of the home health care industry has been stimulated by financial and technological change. The emphasis is on speedy hospital discharges. Today's home health industry has taken care of many patients who would have been cared for in hospitals in the past. The major types of patients in home health care are home infusion therapy patients, home respiratory care patients, home dialysis patients and other patients such as those requiring wound care.

Infection control risks for the home health setting exist both for patients and health care personnel. Home health patients have a number of underlying medical conditions that predispose them to infectious complications, including chronic obstructive pulmonary disease, cancer, AIDS, diabetes, renal failure and pressure ulcers. Like the hospitalized patient, these individuals also have a number of invasive devices associated with home health treatment, such as intravenous devices, nasogastric tubes, tracheostomies, urinary catheters, ostomy irrigation, pressure ulcer and peritoneal dialysis etc.

Role of the ICN: Prevention, Education, Multi-Agency link

1. The role of the community ICN is diverse and multifaceted. A major part of this role is raising awareness concerning the risks of cross infection among staff, patients, equipment and environment. Additional duties include acting as a resource for information, guidelines and policy-making decisions. Prompt proactive detection of problems is preventive in its own right and helps to clarify the role and safety function within any care setting.

2. Waste disposal from the Home/Hospital

Health care workers need to be provided with suitable protective clothing, personal protective equipments (PPEs) and use universal precautions to protect themselves and their clients. The law requires for proper waste collection, transportation and disposal from each home/hospital.
3. Role of equipment at Home/Hospital

Clinical equipment i.e. IV stands, feeding lines, catheters, cannulas, dressings, etc. (or) non-clinical equipments i.e. pressure-relieving aids and mechanical lifting aids must be kept clean, tidy and safe with a reporting mechanism for ongoing maintenance, service and repair. Any items, which are split or torn, may harbor microorganisms, and therefore must be incinerated.

4. Laundering Clothes and Bedding

Proper disinfections and suitable laundry arrangements must also be made for soiled clothing and bed linen at home/hospital setup.

5. Specimen Collections and Transportation

Safe collection and transportation of specimens is also essential. Containers must be sealed securely and placed in sealable bags, with the microbiology form placed in a separate pouch.

6. Written policies and procedures

Each care sector should draw-up policies and procedures to facilitate compliance within the law and promote safety for each employing authority. Procedures should include these areas: reporting, resources, record keeping, health and safety control of substances hazardous to health, accident/incident spillages, equipment, outbreaks and the importance of teamwork.

Ongoing need for education

In order to keep all staff up-to-date, an induction programme should be in place. It includes vital details concerning staff health, routes of transmission of infection, use of PPEs, accident/incident reporting and record keeping to facilitate quality in care and safety at work.

Conclusion:

Infection control nurse’s association and infection control nurses as the professional voice of infection control nursing, education for ICNs is becoming well established with certification courses in three centers in England - advanced nursing diploma course in Scotland and Ireland and an honours degree course in London and many post-graduate studies for nurses that include infection control. In India also we should be provided certificate courses and Postgraduate courses in Infection Control.

REFERENCES


NOTICE

The TNAI Executive Committee Meeting will be held during May 11-12, 2004. State Branches and Council Members are requested to send their agenda items to TNAI Headquarters latest by March 31, 2004. Please include only those items which will require national level action.

Individual, if any, may also route their points for discussion in Executive Committee through their respective State/UT Branches only. The venue for the EC Meeting will be announced later.

Secretary-General

THE NURSING JOURNAL OF INDIA