



EQUALS
international

CLINICAL SKILLS LABORATORY STUDENT MANUAL

Nursing & Community Services



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Introduction

This Manual is intended to provide you with information, policies and guidelines to ensure a safe environment for everyone during your Clinical Skills Laboratory sessions. The information contained in this Manual is based on National Health and Medical Research Council's [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2010\)](#). It also draws on information from [SA Health's Guidelines](#) for the prevention and management of infection in healthcare settings.

All students using the Clinical Laboratories will have electronic access to this Manual and the Rules of Use. All students are required to acknowledge their understanding and acceptance of the **Clinical Laboratory Rules of Use** via EQ-Online prior to participation in laboratory sessions.

Scope

This Manual applies to all students enrolled in nursing and community services programs at EQUALS International. All nursing and community services students will participate in Clinical Skills Laboratory ("Lab") learning and assessment throughout their program of study. EQUALS Labs are simulated healthcare environments and compliance with risk management and infection control policies and procedures is mandatory.

Important:

The current version of this Manual is available in electronic copy. Students may choose to download and/or print a copy however they are responsible for compliance with the most up to date version at all times, available on EQ-Online.

Admittance to Clinical Skills Laboratories

All students using any EQUALS Lab must comply with the following requirements:

- ✓ Clean and ironed EQUALS uniform
- ✓ Hair neatly tied back
- ✓ Flat closed-in shoes
- ✓ No jewellery (wedding bands are permitted)
- ✓ No food or drinks to be brought into the Lab
- ✓ Nursing kits must be brought to each Lab session (nursing students only)

General conduct

- ✓ No student is to enter or remain in a Lab without the supervision of an Educator
- ✓ Students must follow all reasonable directions given by their Educator at all times
- ✓ Students are expected to actively participate in Lab learning and assessment activities
- ✓ Students must demonstrate ethical and appropriate conduct at all times, as outlined in the EQUALS Student Code of Conduct
- ✓ In case of an emergency, students are to follow emergency evacuation procedures under the direction of relevant staff members
- ✓ All equipment and materials in the Lab must be used solely for their intended purpose, and must not for any reason be removed from the laboratory
- ✓ All workspaces are to be left clean and tidy, including but not limited to:
 - All wrappers, gloves and other supplies are to be placed in bins
 - All equipment to be switched off
 - All equipment and supplies to be returned to their designated storage areas as appropriate
 - Proper disposal of sharps into designated containers
 - Beds made and lowered
 - Area to be left generally clean and free of clutter and paperwork

Important:

Failure to comply with any of these directions may result in removal of access privileges to EQUALS Labs and/or disciplinary action.

Risk Management & Infection Prevention and Control

EQUALS undertakes to conduct regular risk assessments on Clinical Skills Laboratories in line with our risk management policy. EQUALS' risk management approach seeks to identify and assess potential risks, and to act swiftly in mitigating risk impact through consultation with key stakeholders and measurable action.

Infection prevention and control is integral to clinical care and the way in which it is provided. It is not an additional set of practices. Your participation in Clinical Skills Laboratory sessions simulate the work environment, and the infection prevention and control practices you apply in the LAB are expected to meet the requirements of real healthcare settings.

Standard Precautions

Standard precautions are work practices required to achieve a basic level of infection control. The use of standard precautions for all patients is the primary strategy for minimising the transmission of infections in health care settings.

The practices that form part of standard precautions include:

1. hand hygiene according to the "5 moments" for hand hygiene
2. appropriate use of personal protective equipment
3. use of aseptic technique where required
4. appropriate reprocessing of re-useable instruments and equipment
5. safe handling and disposal of sharps and potentially infectious material
6. safe handling of waste and linen
7. environmental controls including cleaning and spills management.

1. Hand Hygiene

Hand hygiene is one of the most effective measures to prevent the spread of infection. The most common way that harmful organisms are spread between patients in health care settings is on the hands of health care workers. Studies show that effective hand decontamination can significantly reduce the rate of healthcare associated infection.

5 Moments for Hand Hygiene (World Health Organisation):

1. Before touching the patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings

Non-clinical situations where hand hygiene should be performed:

1. Before starting or leaving work or simulated work
2. Before and after handling food (your own or your patient's)
3. Before and after using a computer in a clinical area
4. After hands are visibly soiled
5. After visiting the toilet
6. After removing gloves
7. After handling laundry, equipment or waste
8. After blowing your nose or wiping/touching your mouth

Use of alcohol-based hand rub

- ✓ Apply the amount of alcohol-based hand rub recommended by the manufacturer onto dry hands.
- ✓ Rub hands together so that the solution comes into contact with all surfaces of the hand, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
- ✓ Continue rubbing until the solution has evaporated and the hands are dry.

Using soap and water

- ✓ Wet hands under tepid running water and apply the recommended amount of liquid soap.
- ✓ Rub hands together for a minimum of 15 seconds so that the solution comes into contact with all surfaces of the hand, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
- ✓ Rinse hands thoroughly under running water, then pat dry with single-use towels.

2. Appropriate use of PPE

Personal protective equipment (PPE) refers to a variety of barriers, used alone or in combination, to protect mucous membranes, airways, skin and clothing from contact with infectious agents. PPE used as part of standard precautions includes aprons, gowns, gloves, surgical masks, and protective eyewear and face shields. Selection of PPE is based on the type of patient interaction, known or possible infectious agents, and/or the likely mode(s) of transmission.

Surgical Masks

Surgical masks are loose fitting, single-use items that cover the nose and mouth. They are used as part of standard precautions to keep splashes or sprays from reaching the mouth and nose of the person wearing them. They also provide some protection from respiratory secretions and are worn when caring for patients on droplet precautions. Surgical masks can be placed on coughing patients to limit potential dissemination of infectious respiratory secretions from the patient to others.

Considerations when using a surgical mask include:

- ✓ masks should be changed when they become soiled or wet
- ✓ masks should never be reapplied after they have been removed
- ✓ masks should not be left dangling around the neck
- ✓ touching the front of the mask while wearing it should be avoided
- ✓ hand hygiene should be performed upon touching or discarding a used mask

Gloves

Gloves can protect both patients and healthcare workers from exposure to infectious agents that may be carried on hands. As part of standard precautions, they are used to prevent contamination of healthcare workers' hands when:

- ✓ anticipating direct contact with blood or body substances, mucous membranes, non-intact skin and other potentially infectious material
- ✓ handling or touching visibly or potentially contaminated patient-care equipment and
- ✓ environmental surfaces

When gloves are worn in combination with other PPE, they are put on last.

International guidance suggests that changing of gloves is necessary:

- ✓ between episodes of care for different patients, to prevent transmission of infectious material
- ✓ during the care of a single patient, to prevent cross-contamination of body sites
- ✓ if the patient interaction involves touching portable computer keyboards or other mobile
- ✓ equipment that is transported from room to room

Precautions:

- ✓ Prolonged and indiscriminate use of gloves should be avoided as it may cause adverse reactions and skin sensitivity.
- ✓ Hand hygiene should be performed before putting on gloves and after removal of gloves.
- ✓ Healthcare workers with latex allergies should inform their managers to ensure that their work areas can be latex free.
- ✓ Gloves (other than utility gloves) should be treated as single-use items. They should be put on immediately before a procedure and removed as soon as the procedure is completed.
- ✓ When removing gloves, care should be taken not to contaminate the hands. After gloves have been removed, hand hygiene should be performed

3. Use of aseptic technique where required

Aseptic technique protects patients during invasive clinical procedures by employing infection control measures that minimise, as far as practicably possible, the presence of pathogenic microorganisms. Aseptic Non-Touch Technique (ANTT) was developed in the UK in the 1990s and is becoming widely used internationally. It is a framework of principles for aseptic technique. The use of ANTT is based on a risk-assessment approach to clinical procedures. Complex, invasiveness, size of key sites and duration of procedure all influence how ANTT is employed.

The ANTT Approach includes **6 Actions for Safe Aseptic Technique:**

1. Risk assessment: either standard or surgical ANTT
2. Manage the environment: avoid or remove contamination risks
3. Decontaminate and Protect: hand cleaning, PPE, disinfecting equipment/surfaces/key parts
4. Use Aseptic Fields: general, critical and micro critical aseptic fields and protect key-parts and key-sites
5. Use Non-Touch Techniques: key-parts must only come into contact with other key-parts and key-sites
6. Prevent Cross Infection: safe equipment disposal, decontamination and hand-cleaning

4. Appropriate reprocessing of re-useable instruments and equipment

Items marked "single use only" must not be reprocessed. However, if the item is labelled "single patient use", then it can be safely re-used on the same patient with some form of re-processing according to the manufacturer's instructions. Health care workers must ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately.

Cleaning is the essential first step for any form of reprocessing:

- ✓ thorough cleaning should commence as soon as practicable after use
- ✓ if an item cannot be thoroughly cleaned, it cannot be adequately reprocessed
- ✓ failure to achieve adequate cleaning may result in ineffective disinfection or sterilisation of instruments or equipment.

5. Safe handling and disposal of sharps and potentially infectious material

The use of sharp devices exposes healthcare workers to the risk of injury and potential exposure to bloodborne infectious agents, including hepatitis B virus, hepatitis C virus and human immunodeficiency virus. Sharps injuries can occur in any healthcare setting, including non-hospital settings such as in office-based practices, home health care and long-term care facilities.

It is important that all staff are aware of the inherent risk of injury associated with the use of sharps such as needles, scalpels and lancets. When handling sharps the following principles apply:

- ✓ the person using the sharp is responsible for its safe disposal
- ✓ dispose of the sharp immediately following its use and at the point of care
- ✓ dispose of all sharps in designated puncture resistant containers that conform to relevant Australian Standards
- ✓ dispose of sharps disposal containers when they are $\frac{3}{4}$ full or reach the specified fill line, seal appropriately and place in the clinical waste stream
- ✓ never pass sharps by hand between health care workers
- ✓ never recap used needles unless an approved recapping device is used
- ✓ never bend, break or otherwise manipulate by hand a needle from a syringe.

6. Safe handling of waste and linen

Waste

It is important that all staff dealing with waste adopt procedures that minimise risk to both themselves and to their environment.

Medical waste is defined as waste consisting of all sharps, human tissue including bone, any liquid body fluid, and laboratory specimens.

Appropriate personal protection equipment (PPE) must be worn when handling all waste, with due care to protect against exposure to blood and body fluids, and injury.

Dressings and bandages, materials that are only stained or have had minimal contact with body substances, disposable nappies, incontinence pads or sanitary napkins are not regarded as medical waste and can be disposed of in general waste.

Linen

All used linen should be handled with care to avoid dispersal of microorganisms into the environment and to avoid contact with staff clothing. The following principles apply for linen used by all patients regardless of their infectious status:

- ✓ all used linen is considered contaminated therefore minimal handling is recommended
- ✓ appropriate PPE must be worn during the handling of soiled linen to prevent skin and mucous membrane exposure to blood and body fluids
- ✓ dispose of all linen into an appropriate linen container at the point of care
- ✓ linen which is heavily contaminated with blood and/or other body fluids which could leak must be contained by a leak-proof bag and secured prior to transport
- ✓ hand hygiene must be performed following the handling of all used linen.

7. Environmental controls including cleaning and spills management

Blood and body fluid spills

Prompt removal of spots and spills of blood and body substance followed by cleaning and disinfection of the area contaminated is a sound infection control practice and meets occupational health and safety requirements.

Strategies for decontaminating spills of blood and other body substances (e.g. vomit, urine) differ based on the setting in which they occur and the volume of the spill:

- ✓ in patient-care areas, healthcare workers can manage small spills by cleaning with detergent solution
- ✓ for spills containing large amounts of blood or other body substances, workers should contain and confine the spill by:
 - removing visible organic matter with absorbent material (e.g. disposable paper towels)
 - removing any broken glass or sharp material with forceps
 - soaking up excess liquid using an absorbent clumping agent

Appropriate PPE should be worn at all times.

If spillage has occurred on soft furnishings, a detergent solution can be used to clean the area thoroughly. Alcohol solutions should not be used to clean spillages.

Routine environmental cleaning

General surfaces can be divided into two groups—those with minimal hand contact (e.g. floors and ceilings) and those with frequent skin contact ('frequently touched' or 'high risk' surfaces). The methods, thoroughness and frequency of cleaning and the products used are determined by risk analysis. Frequently touched surfaces in patient-care areas should be cleaned using a detergent solution and more frequently than surfaces with minimal hand contact.

EQUALS uses a risk-assessment approach to identify frequently touched surfaces and then coordinates an appropriately thorough in-house cleaning strategy.

What to do if there is a problem?

Students who observe non-compliance with standard precautions in Clinical Skills Laboratories are asked to immediately notify their supervising Educator in the first instance. Alternatively contact the Clinical VET Coordinator (details below). Supervising Educators and/or the Clinical VET Coordinator may require students to complete a Critical Incident report. Critical Incident forms are also available from Reception.

In case of an emergency

Normal emergency evacuation procedures apply.

Student acknowledgement

All students must confirm their understanding and acceptance of the **Clinical Laboratory Rules of Use** via EQ-Online prior to participation in laboratory sessions.

Any students who fail to do so will be prevented from attending Clinical Skills Laboratory sessions until such time as the acknowledgement and acceptance is recorded.

Who to contact

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