



Infection Prevention and Control - Article No 4

Date 2nd April 2020

1. Risk Management in Infection Control
2. Use of Air diffusers in the clinic and the home.

Greeting everyone. I do hope that you are not finding the self-isolation too hard. It is for our own safety. After this our 4th article we have a few editorials that we hope will keep you occupied during the weeks ahead. Today I am discussing Risk management and Infection control. The information will help you update your own QA policies on Clinic room Practices.

Risk Management in Infection Control.

Management in relation to a “Risk” is a practical approach to reduce and minimise damage taking place.

“Risk” is the chance of encountering hardship, damage and or an infection. We need to review our clinic and home policies and procedures on infection prevention and control. These can be reviewed under:

- Risk Identification
- Risk Analysis.
- Risk Control
- Risk Monitoring

1. Risk identification: These are activities that put you, your clients / patients / visitors / any member of your staff and or your household at “Risk”

The procedure of recognising the agent that is causing the “Risk” is important.

As clinicians it is our responsibility to identify practises that may cause infection or cross-infections to any person in our clinic. When a problem / risk is identified in a clinic, the information must be recorded by the therapist responsible for Infection Prevention and Control (IPC) in the clinic. It is the responsibility of the IPC therapists to link with the responsible person in the HSE if the risk is caused by any contagious organism. If the organism is not known advice can be obtained from the HSE control of infection section re how to proceed.

Risk Analysis:

Once the risk has been identified, the IPC therapists shall review the risk under for infections.

- **Why the infections are occurring and the type of organism:** Bacteria Virus Fungus The IPC therapist may require further training if not qualified to complete same.
- The IPC therapist should track the frequency of the infection and be able to give this to the HSE when requested. How to do same should be in the clinic QA document on IPC
- It is important that the IPC therapists can identify and analyse failure of compliance with the QA policy.

These may be:

- Failure to comply with professional standards of accepted standards in infection prevention and control.
- Lack of the understanding of the different microbes in infections.
- Methods to prevent cross infection and or cross-contamination.
- A more worrying failure would be a lack of commitment on the therapists to follow the Clinics QA policies and procedures on IPC.

Risk Control

- Prevention of Cross-infection in your clinic room is important and a good QA procedure is required.
- When an infection occurs, it is vital to review all possible solutions and try to ascertain where it started.
- After each treatment the clinic room utilised should have a procedure for decontamination,
- Equipment used during the treatment should be cleaned as per the equipment guidelines.
- All linen used during the treatment shall be changed after each treatment.
- Daily, weekly routines, general and deep cleaning of the therapy rooms should be recorded. This should make up part of the Clinic Room QA policy.
- After spillage or contamination, shall be cleaned immediate.
- There should be clinic room ‘dress protocols’ for therapists when working.
- The HSE has outlined three levels of decontamination which shall be adhered to in all health care environments.
 - Cleaning – physical removal of contamination.
 - Cleaning followed by disinfection - the process by which the number of viable micro-organisms is removed but not inactivate all the micro-organisms.
 - Cleaning followed by sterilisation. – This process removed all viable organisms.

The above procedures are straightforward procedure.

But how do we act or react when we leave the clinic and head to our home. This is especially relevant when an infection that can be transmitted needs to be contained.

- Do not wear the clinic uniform home or outside the clinic.
- Where possible have a shower before you leave the clinic.
- Always have different footwear for the clinic and for going home.
- When you get to you home, change your footwear into you home footwear, this prevents bringing into your home any unwanted infectious organisms.
- Leave your coats on the coat hall stand before entering your home or in a designated area in the house.
- If you have not had a shower before you leave your clinic, have one immediately and change all your clothes.
- Wash all clinic room or outside clothes immediately, only you should handle your clothes until they have been placed in the washing machine.
- Many washing powders have fragrances of Lavender and Tea Tree etc in them, only pure Essential oils have any therapeutic values.
- I have made my own washing soaps with pure essential oils for years.

Risk Monitoring:

Once procedures are in place to reduce risks; it is important to monitor their effectiveness. For those of us who work with teams and work at different venues we need to review the Risk of Infection

Prevention and Control at all these venues needs constant assessment. This procedure should be in the clinic QA policy.

The Aim of infection control policies is to identify any gap's in the clinic practice in IPC that may need to be addressed and updated. The Key to this review is that all persons in the practice need to give feedback if they see any issues that need addressing. The main issue may be the lack of training in the area of IPC.

2. Use of Air diffusers in the clinic and the home.

- I use an Ultrasound Diffuser in all Temporary Clinic Room when travelling with teams.
- I also use the diffuser in the reception areas of the clinic room.

The following method can be carried out in all clinic rooms or in one's own home.



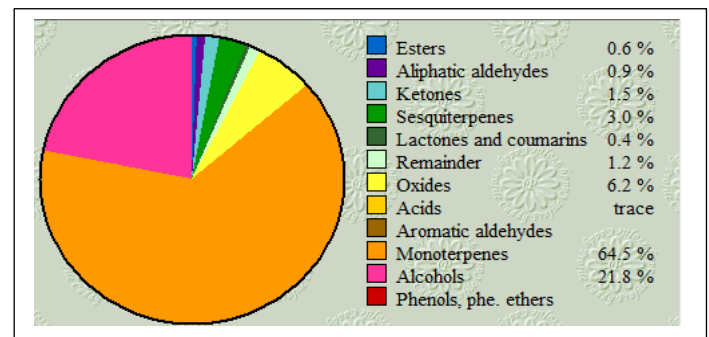
These are only sample of diffusers. Bomar in Wiclow, Argos and Lidil often have these for sale during the year. It is important you follow the instructions when using these machines. Make sure you can use Pure Essential oils in them. Oils for fragrances are of no therapeutic value.

Where to place the Diffusers in you home for best value varies. I have a diffuser in the kitchen and occasionally in the hall at the front door. I do not leave on overnight. I run a diffuser in the clinic throughout the day.

I place the diffuser in the bedrooms once a week. I use different Essential Oils and combinations of oils. The following combinations are only examples. Check the diffusers instruction before using.

To **Cleanse** the air, I use:

1. Tea Tree *Melaleuca alternifolia* 4 Drops
2. Grapefruit *Citrus paradise* 4 Drops
3. Lemon *Citrus Limon* 1 Drop
4. Lavender Spike *Lavandula lactifolia* 1 Drop



You need to make sure that there is no contra-indication to the use of any of these Essential oils. Caution need to be taken if there are any cats or dogs in the house. For clinical aromatherapists the diagram gives them the chemistry of the synergistic blend. This blend is high in monoterpenes which are high in anti-viral, anti-bacterial etc properties. It also contains Oxides that are known for their decongestion properties, suitable for respiratory problems.

I also use the combination of the above oils with Distilled Water 500mls, Castile soap 45mls and White vinegar 5mls in a spray bottle to disinfect the counter tops in my kitchen. 20 drops of Tea tree and Grapefruit and 5 Drops Lemon and Lavender. For a deep clean I use a higher concentration of essential oils.

You can add the number of drops into the water in your diffuser.

A **relaxing** blend in the diffuser could be:

1. Lavender *Lavandula agustifolia* 5 Drops or 10 drops when this oil is used on its own.
2. Ylang Ylang *Cananga odoranta* 3 Drops

I find the following combination good to **reduce anxiety** in the diffuser.

1. Bergamot *Citrus bergamia* 4 Drops
2. Orange Petitgrain *Citrus aurantium amara* 2 drops
3. Vetiver *Vetiveria zizanoides* 2 Drops

To boost the **immune system** the following combination can be used in the diffuser

1. Lavender *Lavandula agustifolia* 5 drops
2. Ravintsara *Cinnamomum camphora* 3 drops

There are many combinations that I utilise to boost the **respiratory system** for example.

1. Ravinsara Aromantic *Ravinsara Aromantica* 3 Drops
2. Eucalyptus *Eucalyptus Globulus* 3 Drops
3. Tea Tree *Melaleuca alternifolia* 2 Drops

All the above combinations are utilised following reviewing any contraction in the home or clinic room for any person who may have a reaction to any of the given EO. Please review the specific essential oils and their contraindications. If in doubt on any oil don't use. Initially use one oil at a time and keep a record of the oils you use. Don't use the same oils or combinations every day. I have included the botanical names in *italic* so as there will be no confusion on which essential oil is being recommended.

The above blends need to be reduced where children are in a house.

Thank you all for reading. Over the next few weeks FICTA have other articles that will be published. We do hope you find them interesting.

If you have any questions can you send into the FICTA sec. fictasecretary@gmail.com or myself Frances Daly Chair of FICTA, fictachair@gmail.com

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