

Health Extension service Level-III

Learning Guide-24

Unit of Competence: Apply Infection Prevention Technique and workplace OHS Module Title: Applying Infection Prevention Technique and workplace OHS LG Code: HLTHES3 M06 LO4-LG-24 TTLM Code: HLTHES3 M06 TTLM 0919v1

LO 5: Limit contamination

Health Extension Service Level III	Vision :01 Sep. 2019:	Page 1 of 9
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Instruction Sheet	Learning Guide 24
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This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

- > Demarcating Clean and contaminated zones
- Confining

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to**:

- > Demarcate Clean and contaminated zones
- Confine

Learning Instructions:

- 1. Read the specific objectives of this Learning Guide.
- 2. Follow the instructions described below 2 to 4.
- 3. Read the information written in the information "Sheet 1, Sheet 2, Sheet 3 and Sheet 4".
- 4. Accomplish the "Self-check 1,&Self-check 2" in page 70&72

Health Extension Service Level III	Vision :01 Sep. 2019:	Page 2 of 9
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Information Sheet-1

Demarcating Clean and contaminated zones

1.1Demarcating Clean and contaminated zones

When something has been exposed to infectious agents it is considered to have been contaminated.

Ways to limit contamination in the healthcare setting may include:

- ✓ cleaning surfaces
- ✓ protecting all materials, equipment and instruments from contaminants
- ✓ maintaining sterile objects
- ✓ being aware of the guidelines for single-use objects.

An important strategy to limit contamination in healthcare settings is to set and maintain:

- ✓ clean zones
- ✓ treatment zones
- ✓ contaminated zones.

Maintaining these three zones helps reduce the risk of contamination. it is the responsibility of every person working in the healthcare environment to:

- ✓ understand where the clean, treatment and contaminated zones are
- \checkmark do what is required to maintain them.

Zones

✓ Maintaining clean, treatment and contaminated zones helps reduce the risk of contamination and makes it easier to remember that anything entering a clean zone must first be <u>decontaminated</u>.

The clean Zone

 Clean areas include those surfaces and drawers where clean, disinfected or sterilized instruments are stored and never come in contact with contaminated instruments or equipment

The clean zones are areas where non-contaminated items are kept. Example of these items and zones include:

- ✓ sterile instruments
- ✓ clean linen
- ✓ medical records
- ✓ kitchen preparation areas
- ✓ Supply stores.
- Before entering a clean zone it is important to remove contaminated gloves and other PPE and perform hand hygiene (decontamination).

The treatment Zone

- ✓ The treatment zone is where items are currently being used by the client or healthcare worker.
- ✓ For example, the client's bedside is a treatment zone as it has been exposed to microorganisms.

Contaminated zone

✓ Contaminated zones are for objects and waste that is waiting for decontamination sterilization or disposal

Health Extension Service Level III	Vision :01 Sep. 2019:	Page 3 of 9
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- ✓ The contaminated zone boundaries should be clearly defined, because this has implications for surface management and for the placement of equipment.
- ✓ Instruments placed into the contaminated zone for a treatment session but not used during the session must be regarded as contaminated. For this reason, all bulk supplies such as opened boxes of gloves, cotton rolls or gauze must be stored outside the contaminated zone and protected from contamination from splashes and aerosols.
- ✓ An example of this zone is a linen skip, in which used linen is stored while awaiting decontamination in the laundry.
- ✓ If there is any possibility that any item may have been contaminated, it should be treated as if it has been contaminated.

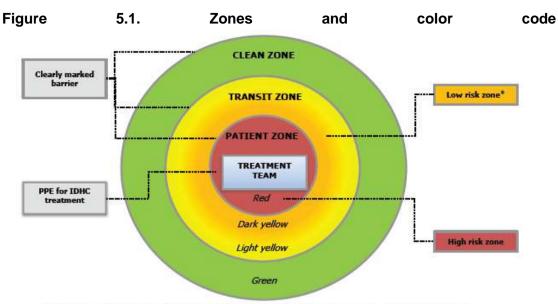
Workflow

- ✓ To maintain the separation of clean and contaminated zones, workflow should be from the cleanest to the most contaminated areas – this ensures that there is never any movement of contaminated items into clean zones.
- ✓ The cleanest to most contaminated approach also applies to cleaning surfaces, when you should start at the cleanest area and work out toward the most contaminated area. Make sure that cleaning equipment is correctly decontaminated and stored after use, to prevent it becoming another source of contamination.
- ✓ Objects that have moved from the clean to the contaminated zone may only return when they have been cleaned, decontaminated, or sterilized as required. Take them from the contaminated zone, decontaminate them, and then place them in the clean zone. Be careful not to place a newly decontaminated item back in a contaminated zone, such as on a contaminated bench.
- ✓ If there is a possibility that something may possibly have been contaminated, it should be treated as if it has definitely been contaminated.
- ✓ Many healthcare facilities use dedicated trolleys and containers for holding and moving contaminated items and clean or sterile items, and you must ensure that the correct trolleys and containers are used. If a single trolley is used for both, it must be thoroughly cleaned before use for clean items. Clean and contaminated items can never be placed on the trolley together.

There are two basic rules to follow to limit contamination.

- ✓ Maintain clean zones and contaminated zones within the workplace.
- ✓ All movement of instruments and equipment must be from clean to contaminated.
- The aim of barrier nursing is to protect the HCW but also the community from transmission of Infectious disease. Proper barrier management is the cornerstone in containing the spread of Infectious disease. in healthcare settings.





*Yellow zone needs to be conceived as with a gradient from dark yellow to light yellow according to the decrease in risk of secondary contamination.

Different zones	Activities	Specification
Red zone • Patient treatment area	 Patient treatment area Point of care; diagnostics After visible contamination, cleaning and disinfection of HCW 	Monitored by direct or video assisted observation
Dark yellow zone Light yellow zone	 First re-entry step for staff exiting the red zone Assisted disinfection and doffing for exit HCW Potentially contaminating processes, such as cleaning and disinfection of boots and waste bags Preparing waste for further processing, such as packaging waste bags in containers with non-removable clip-on lids Storage of waste Hand disinfection for HCW before stepping into the green zone 	 Critical zone for prevention and control of secondary contamination. Abundant space required for unrestricted assisted doffing process of two HCW in PPE Additional dedicated cleaning and disinfection areas Additional generously dimensioned waste storage areas. Supervisor (barrier nursing guardian)
Green Zone	 Second step re-entry of staff from light yellow zone Complete assisted donning for entry HCW Briefing and de-briefing of staff Staff coordination and supervision of activities Inbound and outbound communications 	 Strict access control Space for clean supplies Zones for staff recreation

Functionally, the yellow zone needs to be understood as the decisive area, in which secondary contamination is prevented and controlled: Here a contaminated HCW exiting from the red zone is brought in to clean conditions, which enable him or her to safely reenter the green zone. In addition, any material coming from the red zone, such as waste bags, re-usable PPE items, patient samples needed to be processed outside of the isolation unit are first cleaned and disinfected in the yellow zone. A particular function lies in the temporary storage of considerable amounts of waste produced every day in the nursing of a patient with an Infectious disease.

Practical hints

- ✓ Different zones need to be clearly marked.
- Prevention and control of secondary contamination happens in the yellow zone.

Health Extension Service Level III	Vision :01 Sep. 2019:	Page 5 of 9
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- ✓ The yellow zone has a virtual gradient from 'high potential for contamination' (dark yellow) to 'low potential of contamination' (light yellow).
- ✓ Instructions for staff should be displayed at the entry of the isolation area.
- ✓ If there is a cross-contamination incident outside the red zone (e.g. patient leaving the red zone), the contaminated area has also to be considered as a red zone. New yellow and green zones need to be established around the new red zone. The zones can be put back into normal function by room disinfection, once the patient has been dismissed.
- ✓ Donning and doffing areas must be separated and visually marked. The donning area is in the green zone.
- ✓ The doffing area must be in the dark yellow zone, but has to be clearly separated from the light yellow zone

Self-Check -1	Writte	n Test
Direction: - choose the b	est answer from the given alte	rnative
1. Where non-contamir A. The clean Zone	•	C. Treatment zone D.
None		
2. Activities in red zone		
A. Patient treatmer	nt area B. Point of care;	C. diagnostics

D. All

Note: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score	
Rating	

Name: _____

Date: ____

Short Answer Question

1._____

2._____

Health Extension Service Level III	Vision :01 Sep. 2019:	Page 6 of 9
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Information Sheet-2	Applying Confining
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2.Confining

Records, materials and medicaments

All records that are kept and archived should be kept in a clean zone. All packaging materials and medicaments should be kept in a clean zone. These items should not be stored in a contaminated zone or a risk of cross contamination will occur.

2.3 Contaminated instruments and equipment

When items are received into the sterilizing facility, all reusable items that have been used or unused during patient treatment need to be cleaned in a physically separate area to prevent possible contamination of processed items.

Health Extension Service Level III	Vision :01 Sep. 2019:	Page 7 of 9	
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Self-Check -2

Written Test

Direction: - say "True" or "False"

- 1. All packaging materials and medicaments should be kept in a clean zone.
- 2. When items are received into the sterilizing facility all reusable & unused items during patient treatment need to be cleaned.

Note: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

Answer Sheet

Score	
Rating	

Name: _____

Date: _____

Short Answer Question

1._____ 2._____

Reference

- Linda, Tietjen, Débora, BossemeyerNoel McIntosh JHPIEGO, USIAD 2003
 Guidelines for Healthcare Facilities with Limited Resources, , Johns Hopkins
 University,
- WHO, , 2004, Practical Guidelines for Infection Control in Health Care FacilitiesWorld Health OrganizationRegional Office for Western Pacific, Manila Regional Office for South-East Asia, New Delhi

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Health Extension Service Level III	Vision :01 Sep. 2019:	Page 8 of 9	
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Health Extension Service Level III	Vision :01 Sep. 2019:	Page 9 of 9
	Copyright Info/Author: Federal TVET Agency	