



Cholera webinar

INFECTION PREVENTION & CONTROL

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Tintswalo Mabuzza: DD IPC NDoH



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PRESENTATION OUTLINE



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3. WASH
4. PPE
5. ENVIRONMENTAL CONTROL
6. EATING UTENSILS
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8. PATIENT-CARE EQUIPMENT AND INSTRUMENTS/DEVICES
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10. WASTE MANAGEMENT
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BACKGROUND



- Cholera is primarily transmitted in the community due to lack of adequate sanitation conditions. On the other hand, cholera patients admitted to health care settings frequently present vomits and profuse diarrhea, and therefore Contact infection control measures should be applied to avoid direct unprotected contact with body fluids as per Standard Precautions.
- Preventing and controlling cholera involves a combination of strengthening surveillance, improving water, sanitation and hygiene, increasing risk communication and community engagement, improving access to quality treatment and implementing oral cholera vaccine campaigns.



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TRANSMISSION OF CHOLERA



- Cholera is transmitted through contaminated water or food, or less commonly person to person.
- Healthcare workers attending to persons with suspected or confirmed cholera should observe **strict contact precautions and hand hygiene.**



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HAND HYGIENE



- Hand Hygiene is a major component of standard precaution and one of most effective methods to prevent transmission of pathogens associated with health care
- In addition to hand hygiene, the use of gloves and gowns should be carried out for all health care workers when providing care to Cholera patients with vomits and profuse diarrhea.
- The most important elements of these infection precautions are hand hygiene and protection of hand and cloths (body) from the contact with vomit or stool.



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Hand Hygiene



- Soap and water should be available on all wash stations. If not available ABHR or use 0.5% chlorine solution.
- There should be an elbow-operated hand-wash basin at the entrance to the patient area of the unit
- Each room should be provided with at least one clinical elbow-operated hand wash basin.
- Laminated hand washing posters with clear instructions should be provided above or next to all elbow-operated hand wash basins

5 moments for HAND HYGIENE



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HAND HYGIENE



- Perform hand hygiene by means of hand rubbing or hand washing
- Ensure availability of hand hygiene products (clean water, soap, single use clean towels, alcohol-based hand rub)
- Alcohol-based hand rubs should be available at the point of care



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WASH



- The long-term solution for cholera control lies in economic development and universal access to safe drinking water, basic sanitation and good hygiene practices.
- WASH interventions help prevent many waterborne illnesses, including cholera, and contribute to the Sustainable Development Goals.
- During outbreaks, implementing WASH activities can reduce cholera transmission.
- These activities include improving WASH in healthcare facilities, conducting water quality monitoring, distributing WASH kits to communities and promoting protective hygiene practices.



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Personal protective equipment (PPE)



The basic measures necessary when providing direct close care for patients with vomits and profuse diarrhea are:

- Hand hygiene with soap and water or an alcohol-based hand rub;
- Donning PPE upon room entry and discarding before exiting the patient room;
- Wear a clean, non-sterile, long-sleeved gown; and
- Clean gloves which should cover the cuffs of the gown

Wear a gown and gloves for all interactions that may involve contact with the patients presenting vomits and profuse diarrhea.



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CLEANING AND DISINFECTION OF SURFACES



- Wet cleaning methods are preferred.
- Use dedicated cleaning material (yellow cloth/ bucket)
- Clean all surfaces with detergent and water
- Disinfect using 0.2% chlorine solutions for all parts of the ward or hypochlorite solution (concentration of 1000ppm, usually 2 sachets to 4.5L of water)



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DRINKING VESSELS AND EATING UTENSILS



- Eating utensils and drinking vessels used should not be shared: If adequate resources for cleaning utensils and dishes are not available, disposable products may be used
- The combination of water and detergents is sufficient to decontaminate dishware and eating utensils
- Dishes can be washed with detergent in the automated dishwasher or manually cleaned in hot water ($>55^{\circ}\text{C}$) while wearing domestic gloves



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PATIENT PLACEMENT



- Use a single-person room with an en-suite facility or Initiate bed space isolation, 2 meters apart from the next patient. N.B. No special ventilation is required.
- If no dedicated toilet facilities-assign a toilet or use a bedpan/commode
- Put isolation sign: **Contact precautions**
- Put unused PPE, and clinical notes outside the isolation room/ zone
- Keep door closed



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PATIENT-CARE EQUIPMENT AND INSTRUMENTS/DEVICES



- Common use of equipment for multiple patients, clean and disinfect such equipment (eg. thermometers, stethoscope and sphygmomanometer) before use on another patient
- Use 70% ethanol solution or 0.1% hypochlorite solution (for non-metal equipment)



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SOILED LAUNDRY



- Treat all linen as contaminated and infectious
- Place in a yellow plastic bag inside the room, seal, and place in a lined bag dedicated to contaminated/ infected linen
- Send to laundry marked infectious.
- Not shaking the items or handling them in any way that may aerosolize infectious agents
- Avoiding contact of one's body and personal clothing with the soiled items being handled



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WASTE MANAGEMENT



- To prevent needle stick injuries, needles and other contaminated sharps should not be recapped, purposefully bent, or broken by hand.
- Safe disposal of waste
- Minimize infectious waste produced
- Segregate at the point of generation
- Collect waste with appropriate containers (fill 3/4 full)
- Transport to designated area
- Storing at a controlled access area



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HANDLING OF CHOLERA CORPSES



Prevent direct contact between corpses and family members by:

- Limiting ritual washing
- Those involved in the preparation of the corpse should:
 - Wear gloves, face masks, and an apron;
 - Disinfect the body with 2% chlorine;
 - Wrap the corpse carefully.
- Thoroughly wash hands with disinfectant soap and not be allowed to prepare food.
- Bodies should be transported in airtight boxes for rapid burial.



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RECOMMENDATIONS



WHO recommends strengthening WASH and IPC measures in health-care facilities through regular evaluations, staff training, provision of essential supplies, and proper implementation of protocols to reduce transmission.



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REFERENCES



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- National Guidelines for Cholera Control
- <https://www.nicd.ac.za/assets/files/2014%20SA%20Cholera%20Guidelines.pdf>
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