



Infection Control Definitions

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Accountability	Accountability is demonstrated by the Service Provider accepting responsibility for her or his decisions and behaviours as a Service Provider and for the consequences for Consumers, family/whanau and/or their significant others.
Carrier	An individual who harbours in his or her body the specific organisms of a disease without manifest symptoms and thus acts as a carrier or distributor of the infection. The condition of such an individual is known as the carrier state.
Cleaning	The removal of visible soil and debris from objects. Usually achieved by using water with detergents or enzymatic products. Cleaning must precede disinfection or sterilisation.
Clinical Governance	A system of Accountability participated in by all clinical staff in an Organisation, and at all levels of the Organisation, to assure quality, safety and efficacy.
Cohorting	A cohort is introduced for the purpose of keeping a group of patients together to minimise contact between members of the cohort and other patients, therefore minimising the risk for the transmission of infectious agents.
Colonisation / Colonised	The deposition and multiplication of micro-organisms in tissues or on surfaces of the body with absence of, or minimal host response.
Current Accepted Good Practice	<p>Current accepted good practice involves the efficient and effective use of available resources to achieve quality outcomes for the Consumer.</p> <p>The provision of Services in line with the normally accepted range of practice within the relevant Service group and reflective of current guidelines for that Service provision where these exist.</p> <p>This may include, but is not limited to:</p> <ul style="list-style-type: none">▪ Codes of practice▪ Research/evidence/experience-based practice▪ Professional standards▪ Guidelines
Decontamination	<p>A pre-cleaning process to remove all visible signs of organic matter prior to sterilisation or disinfection.</p> <p>A process of treatment that renders a medical device, instrument or environmental surface safe to handle. This can range from simple cleaning with soap and water to sterilisation</p>



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	or disinfection.
Definitive Diagnosis	Unconditional or final diagnosis of a patient's condition.
Disinfection	<p>Eliminates nearly all recognised pathogenic micro-organisms, but not necessarily all microbial life (eg bacterial spores) on inanimate objects.</p> <p>There are various degrees of Disinfection, this is dependent on the type of micro-organisms killed.</p> <ul style="list-style-type: none">▪ Low Level Disinfectants - may kill most vegetative bacteria, some fungi, and some viruses (eg iodine solutions or tinctures) or Phenolics.▪ Immediate Level Disinfectants - may kill mycobacteria, vegetative bacteria, most viruses and most fungi but not spores (eg Alcohol - 70% to 90% ethanol or Isopropanol), chlorine compounds, certain phenolic or iodophor preparations).▪ High Level Disinfectants - may kill all organisms including spores with prolonged contact times (6-10 hours). With shorter contact time (<30 mins) these same disinfectants may kill all micro-organisms with the exception of a high number of bacterial spores (eg Glutaraldehyde, chlorine and chlorine compounds).
Empiric	Temporary precautions
Facility	The physical location or site within or from which the health and/or Disability Service is provided.
Formite	An inanimate object, which in itself is not harmful, but is able to harbour pathogenic micro-organisms and thus may serve as an agent or transmission of infection.
Infection	Condition in a host resulting from the presence and invasion by micro-organisms.
Infection Control Committee	<p>A group that provide representation from relevant disciplines within the Organisation that has the overview of the Infection Control Programme.</p> <p>Relevant disciplines are likely to include but is not limited to</p>



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	the Infection Control Team, clinicians, management, Risk Management, estate/facilities management and quality management.
Infection Control Programme	The structures and processes directed to reduce the acquisition/spread of Infection by Healthcare Consumers while under care.
Infection Control Team	An individual / group of Health Professionals competent in infection control who have responsibility for the implementation of the Infection Control Programme. Team member(s) will be qualified professional(s) with access to a network of appropriately qualified infection control practitioners/specialists. The structure of the team will be based on Current Accepted Good Practice.
Monitoring	A programmed series of challenges and checks, repeated periodically, and carried out according to a documented policy or procedure, which demonstrates that the process being studied is both reliable and repeatable.
Nosocomial Infection	An infection occurring in a patient/client in a hospital or Health Care facility, and in whom it was not present or incubating at the time of admission, or the residual of an infection acquired during a previous admission. This includes infections acquired in hospital, but not appearing after discharge, and also such infections among the staff of the facility.
Outbreak Definition	An increase on occurrence of a complication or disease above the background rate.
Pathogen	A micro-organism that has the potential to cause disease.
Resident Organism	Micro-organisms persistently isolate from the skin of most persons, and which are therefore considered permanent residents of the skin.
Spaulding	Spaulding's three classifications identified: <ul style="list-style-type: none">▪ Critical items - objects that enter sterile tissue or the vascular system must be sterile before use, eg



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	<p>surgical instruments, urinary catheters, needles.</p> <ul style="list-style-type: none">▪ Semi-critical items - objects that come into contact with mucous membranes or not-intact skin. Here the object should be free from all micro-organisms with the exception of bacterial spores, eg respiratory therapy equipment, speculum, thermometers. <p>Semi-critical items minimally require high-level disinfection using wet pasteurisation or chemical disinfection eg Glutaraldehyde, chlorine and chlorine compounds.</p> <ul style="list-style-type: none">▪ Non-critical items - come into contact with intact skin, but not mucous membranes, eg bedpans, BP cuffs, crutches, linen, furniture.▪ <p><i>Note:</i> Spaulding's Classification may not meet the requirements of every situation, when this occurs the degree of risk to the Consumer must be assessed and appropriate steps taken to prevent cross infection.</p> <p>Applying the principle of Standard Precautions the method of Decontamination should be sufficient for all situations. There should not be additional practices applied because the Consumer has an identified communicable disease eg HIV, hepatitis B virus, tuberculosis. Creutzfeldt-Jakob disease is the notable exception.</p>
Standard Precautions	<p>Standard Precautions are precautions to be taken by all Facility staff and applied to all patients regardless of their presumed infection status. Standard precautions recognises that blood, all body fluids, secretions and excretions (except sweat) regardless of whether or not they contact visible blood, non intact skin, and mucous membranes may be potentially infectious, and that precautions are required to reduce risk of transmission of disease from both recognised and unrecognised sources of infection. Standard precautions combine the major features of Universal Precautions and body substance isolation (designed to reduce risk of transmission of pathogens from moist body substances) and include, but are not limited to, handwashing, glove use and use of barrier protection.</p>
Sterilisation	<p>Act or process, physical or chemical that destroys all forms of life, especially micro-organisms and spores, eg achieved by</p>



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	steam dry heat, ethylene oxide gas, gamma irradiation, hydrogen peroxide, peracetic acid-based formulations and liquid chemicals.
Surveillance	The process of data collection, collation and analysis for the purpose of characterising risk groups and identifying control strategies and the timely dissemination and feedback of these data to those who need to know.
Virulence	The degree of pathogenicity of a micro-organism, ie the competence of a micro-organism to produce pathologic effects.

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