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Purpose: Change education model to prevent occupational hazards and reduce healthcare-associated infections and increase compliance of infection control policy.
Methods: From July to October 2013, we use simulated live performance film education and immersive practice for cleaner to confirm education effect. Then, the cleaner do disinfection in the isolation room for site inspections, and immediately corrected by the infection control nurse, improve the accuracy of disinfection.
Results: Completeness of disinfection from71% to 87%, correct cleaning material preparation was 91%, appropriate personal protective equipment use was 95%, processing the dirty material correctly was 75%. From July to October, the healthcare-associated infections rates was reduced from 1.71 ‰ to 1.2 ‰.
Conclusions: Change education model using simulated live performance film teaching situation, then with immersive practice, expect education can link with the actual working conditions. Therefore, according to different job titles employees to educate have the significant impact of improving infection control compliance and reducing health care-associated infections .

PS 1-143

SUCCESS IN PREVENTION AND CONTROL OF SCABIES AT A PSYCHIATRY HOSPITAL

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Purpose: Psychiatry nursing homes are densely populated institutions, where cluster incidents are extremely likely to take place when not detected early and handled properly. Common infectious disease in the Department of Psychiatry includes influenza, Norovirus, and scabies. To effectively prevent against clustering, precise case management is particularly important.
Methods:
1. Scabies infection control education on a yearly basis.
2. Revised periodically scabies infection control measures.
3. Vigilance against high-risk patients:Including homeless people, prior detention house inmates, prisoners, tenants of long-term care institutions, frequent travelers.
4. Infectious disease screening:Including new admission and go back to the hospital.
5. Skin management:Inpatients daily skin examination.
6. The clothes of infected patients are packed and set aside for 2 weeks.
7. Immediately isolation and get a medical certificate of completion of treatment can lift the isolation.
8. Contact investigations to track six weeks.
9. 0.6% sodium hypochlorite disinfection of the environment.
10. There are cases when the infection regularly and audit
Results: Between 2006 and 2013, a total of 18 patients were screened with scabies at our hospital. Among them, 8 were found with abnormal rash upon hospital admission and were sent for medical attention and confirmed with scabies right away. All of the patients with scabies completed exposure history investigation and no cluster incident happened during the 8 years, which was uneasy for a psychiatry facility.
Conclusions: This shows that utilization of the said measures indeed helped monitor and manage the care for and prevention against scabies in densely populated institutions and psychiatry nursing homes.

PS 1-144

THE HONG KONG INFECTION CONTROL NURSES' ASSOCIATION (HKICNA) — THE KEY TO SUCCESS IN 1ST 25 AND MORE…

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Purpose: The HKICNA was founded in 1989 with only 44 members including advisors. They all shared experiences and a vision with strong will, contributing their own time to promote infection prevention and control. The followings were efforts witnessing the development, impacts to the profession, staff, community and a new norm of the healthcare system in Hong Kong.
Methods: It was through the continuous education by a dedicated group of *assertive* and *committed* nurses who possess *knowledge* and *innovative* ideas *networking* together towards a *humanized* infection control for the health of all by all means.
Results: Members have expanded to twenty-fold of the original and up to 1400 in 2003-04. To build up knowledge, training course was organized annually since 1999 which was well recognized by hospitals in Hong Kong with attendances >5000; ad hoc seminars on novel emerging diseases were as needed. In 2002, biannual HKICNA newsletter was first published; to strengthen the network with international authorities, biennial International Conference was organized in collaboration with local nursing associations from 2004 onwards; which served as a platform for experience sharing from 800 — 1000 overseas' delegates in each event. The webpage was developed in 2007 to enhance communication and promotion. Participation in health carnival in 2010 broadened the scope to community involving public. There were innovative activities e.g. research grant award, sponsorship and scholarship, hand hygiene poster design competition and video on "Hand Hygiene Dance" for different generations to enhance sustainability.
Conclusions: With the support from our healthcare workers and public, and guidance from renowned advisors; HKICNA, with all the education and promotion works, has been growing more influential in the healthcare system in Hong Kong and also serves as a bridge for the overseas. The association stands for Humanity, Knowledge, Innovation, Commitment, Networking and Assertiveness; which is the key to success.

PS 1-145

QUALITY CONTROL CIRCLE (QCC) STRATEGY ON REDUCTION OF THE RATE OF NEEDLE STICK INJURY AND BLOODBORNE EXPOSURE

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Purpose: Accidental *exposure* to *blood* following a *needle stick injury* is probably one of the most common *occupational* health *accidents* in medical care. Also, it is the source of being infected with hepatitis B, C, HIV and syphilis. Comparing with the report of Exposure Prevention Information Network Needle (3.5%) in year 2012, the rate of needle stick injury of our hospital was 3.0%. But comparing with Taiwan Healthcare Indicator Series: medical center (0.20%), regional hospitals (0.18%), the rate of our hospital was 0.23% which was 0.03% higher than medical center and 0.05% higher than regional hospitals. In order to reduce the rate of needle stick injury, combine with superintendent, infection control unit, occupational safety office, department of Nurse, department of medical administration and hospital material management system, quality control improvement is formed.
Methods: The report of needle stick injury in year 2012 was shown that new staff were the most risky groups (0—3 months, 4 months to < 1 year); most common places: ward, operation theater, out patient clinic and emergence department; needle injury types: suture needle, needle for blood withdrawal and insulin needles; most common situations: two- handed recapping, not remove the needle at once, while putting the needle inside the safety box, cleaning the material and wound suture. Base upon the principle (80/20), three issues should be highlighted: not handle needle properly, not knowledgeable to this event, not enough safety devises. Strategies for improvement: meeting for discussing how to improve the needle stick injury, let the in charge person to pay attention, slang for preventing needle stick injury, guidelines and make films for *educational* training and safeguard interventions, increasing using safety needle devises.

Results: The rate for needle stick injury in year 2013 was 2.6%, which was lower than that of year 2012 (3.0%)
Conclusion: Through the educational training and properly using safety needle devises, the rate of needle stick injury was declined. By year 2016, only safety needle devises should be used.

PS 1-146

IMPROVING EMPLOYEES SAFETY WITH SAFETY NEEDLES

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Purpose: The needle sticks are common occupational hazards in hospital. The medical law amendment in Taiwan 2012 "Hospitals must use safety needles overall within five years since 2012." In this way, health-care giver operate safety needles to avoid sharp cutting injuries and to reduce the risk of needle stick infections.
Methods: The project was implemented from January 2012 to October 2014. The units are critical care units and high-risk units, extended to the whole hospital gradually. We reviewed 2011 -2013 needle bulletin for physicians, nurse, technicians. The cause of needle sticks are related to insulin needle, injection needle, intravenous catheter. Then we develop improvement strategies based on statistical results are following: (1) Hospital offers a comprehensive five-year plan in safety needle. (2)Held faculty education meetings in nursing units. (3) Apply safety needles and needle cases education for the whole hospital (4)Clinical unit reply to teach safety needles.(5) The use units and materials units meet regularly. (6)Infection control room feedback needle bulletin to use unit to continuance improvement.
Results: Period 1:January 2011 to December and period 2:July 2013 to June 2014 .The number of times of needle stick is 13 times in period 1.The number of times is 6. The incidence of needle sticsks is 2.88% in period1 then dropped to 1.33% in period2.
Conclusions: Safety is not only a top priority, Safety is a precondition(Paul ,Alcoa), At the beginning we faced difficulties to apply safety needles due to cost considerations and users convenience. Users acceptance will influence the result . National institutions active support policies and regulations, safety needles has been popularized year by year. By promoting safe needles reduce needlestick occurs, then to increase staff confidence in the use of safety needles to reduce the risk of infection. To create a safety environment for employees is a precondition.
Keywords: Safety needles, Needle incidence

PS 1-147

USING SEVERITY ASSESSMENT CODE (SAC) PLANNING PSYCHIATRIC WARDS COMMUNICABLE DISEASES RISK MANAGEMENT

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Purpose: Psychiatric patients are mostly poor cognitive function or dysfunction of more severe cases, and thus for the implementation of health education and policies are more difficult. Furthermore, in the psychiatric rehabilitation therapy, there are more specific activities (group activities, group physical therapy and occupational therapy, etc.) are easily exposed pathogenic bacteria suffer the risk of infection and transmission. If infection occurs, can easily cause more serious infections cluster that is difficult to control the epidemic.
Methods: Hospital for acute psychiatry service, its infection control regulations to acute general medical-based, did not formulate an additional department of Psychiatry for infection control regulation. Another Taiwan between 2005—2012 by the review of the psychiatry service cluster report, found mainly in the gastrointestinal tract communicable diseases, respiratory communicable diseases. Therefore, Infection Control Center collaboration Department of Psychiatry and Department of Nursing to discuss, Using Severity Assessment Code (SAC), assessment of psychiatric patient exposure and contact communicable diseases, building units symptom surveillance notification process standardized procedure, as well as the development of hospital "department of Psychiatry for infection control regulation" were elaborated with the provisions on the patient, personnel and environmental management, to achieve the cluster event of the occurrence of zero.
Results: Hospital since 2013 has been implemented, able to find immediate early sporadic cases of infectious (eg: flu), but fortunately there is this mechanism can prevent immediate early, so no cluster events.
Conclusions: psychiatry service mental health care is from the general acute medical care institutions, open microbiological laboratory tests are not common, so much harder to immediate surveillance of infectious events occurred. Therefore, observe the patient's clinical symptoms, it is particularly important.By cross-teamwork, develop the "units symptom surveillance notification process standardized procedure" and "department of Psychiatry for infection control regulation", and Infection control nurse Introducing division Management by wandering around (MBWA) mode, Can be found within the department immediate early infection cluster events, and can be processed immediately and take the necessary infection regulatory measures to create a medical treatment safety.

PS 1-148

RESPONSE TO PREVENT FROM EBOLA VIRUS INFECTION: TAKE EAST TAIWAN STRAIN HOSPITAL AS AN EXAMPLE

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Background: According to the World Health Organization announcement in 2014 Until Sept 27, there were,7,178 Ebola infection cases was found and 3,338 mortality (mortality rate 46.5%) in Guinea, Liberia and Lion country. The epidemic situation is seldom controlled. So far, 377 cases of infection of medical personnel , including 216 deaths. Ebola death rate was 70%, how to prevent infection is an important issue in clinical medical staff.
Methods: Hospital has been prepared properly including protective clothing, N95 masks, face shields, gloves, caps, shoes and other personal protective equipment. In order to strengthen the resilience of epidemic prevention, we conducted a comprehensive education for physicians, nurses, medical staff and cleaners. We also with support hospital conduct relate practice in response to outbreaks of infectious diseases. Program management process in accordance with the medical isolation disposal are assessed,.
Results: The medical isolation disposal assesse reached rate as follows:1. Start strain, strain the system, command structure was 90%; 2. Internal and external notification, information processing and decision making was 84.3%; 3. Staff scheduling and management was 88.6%; 4. Material scheduling and management was 88.3%; 5. Medical treatment was 90%; 6. Isolation and quarantine was 82.9%; 7. Patient transport and transfer was 84.3%; 8. specimen collection and specimen transport was 90%;9. Family reception and disease; Description was 75% ; 10.Security controls was 84.3%; 11.Environmental clean was 88.6% ; 12.Proper disposal of the media and work82.5%, the total rate reached 85.7%.
Conclusion: Through the practice can reduce the impact of staff. According to the epidemic situation to scheduling beds, manpower and various medical equipment, colleagues can strengthen responsibility, function and technique can also have a clear awareness. Also, through effective communication with other hospitals and local health authorities cooperate, the effective of infectious diseases prevention can be controlled.

PS 1-149

EXPERIENCE SHARING OF USING SAFETY NEEDLES TO REDUCE THE RATE OF NEEDLE PRICKS IN A REGIONAL TEACHING HOSPITAL IN MIDDLE TAIWAN

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Purpose: Pricks by sharp instruments are the common occupational damage in healthcare workers. When healthcare workers pricked with needles