

## **NHS Professionals**

### **Standard Infection Control Precautions**

#### **Scope of Guidance**

This guidance applies to all health care personnel working for NHS Professionals in any healthcare setting, including Acute, Mental Health and Primary Care and Community NHS Trusts.

It is intended to be used **alongside**, and not **replace**, local Trust NHS policies/guidelines.

All NHS Professionals flexible workers are required to ensure they are familiar with these guidelines and local Trust infection control policies and guidelines wherever they are on assignment.

These guidelines have been developed using NHS Scotland Model Infection Control Policies and National Public Health Service for Wales Infection Control Model Policies (2009)

#### **What are Standard Infection Control Precautions?**

Standard Infection Control Precautions (SICP) are designed to prevent cross transmission from recognised and unrecognised sources of infection. These sources of (potential) infection include blood and other body fluid secretions or excretions (excluding sweat, non – intact skin or mucous membranes) and any equipment or items in the care environment which are likely to become contaminated.

#### **Why are Standard Infection Control Precautions necessary?**

SICPs are necessary to ensure the safety of patients and clients as well as healthcare personnel and those who visit the care environment.

#### **When should Standard Infection Control Precautions be applied?**

SICPs should be applied at all times within a healthcare setting or where healthcare is being provided and must underpin all healthcare activities. The application of SICPs during care delivery is determined by:

- the level of interaction between the healthcare worker and the patient/client
- the anticipated level of exposure to blood or other body fluids

## **What Responsibilities do flexible workers have regarding Standard Infection Control Precautions?**

**All staff** providing direct care in a healthcare setting including a patient's/client's own home **must** apply the principles of SICPs.

- All staff have a responsibility to ensure that they comply with the principles of standard infection control precautions
- All staff have a responsibility to encourage patients/clients/residents, carers and visitors and other staff to comply with the principles of standard infection control precautions
- Report to the Nurse in Charge when on an assignment, or the Client Relations Team, any deficits in knowledge or other factors in relation to SICPs, including facilities/equipment or incidents, that may have resulted in cross contamination.
- Attend induction and mandatory/update infection prevention and control education sessions and complete online infection control training modules as required.
- Report any illness which may be as a result of occupational exposure to the NHS Professionals Flexible Worker Human Resources Department
- Not provide direct patient/client/resident care while infectious as this could cause harm. If in any doubt consult the Client Relations Team or Nurse in Charge of the ward where they are on assignment.
- Consider the elements of SICPs such as hand hygiene as an objective within staff continuing professional development ensuring continuous updating of knowledge and skills.
- Be aware of local and national policies, procedures and campaigns regarding standard infection control precautions.

Standard Infection Control Precautions outlined in these guidelines include:

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## 1. Hand Hygiene

### Introduction

Hands are the most common way in which micro-organisms, particularly bacteria, might be transported and subsequently cause infections, especially in those who are most susceptible to infection.

Good hand hygiene is the most important practice in reducing transmission of infectious agents, including Healthcare Associated Infections (HCAI) during delivery of care.

The term hand hygiene used in this document refers to all processes, including hand washing using soap and water and hand decontamination achieved using other solutions e.g. alcohol hand rub.

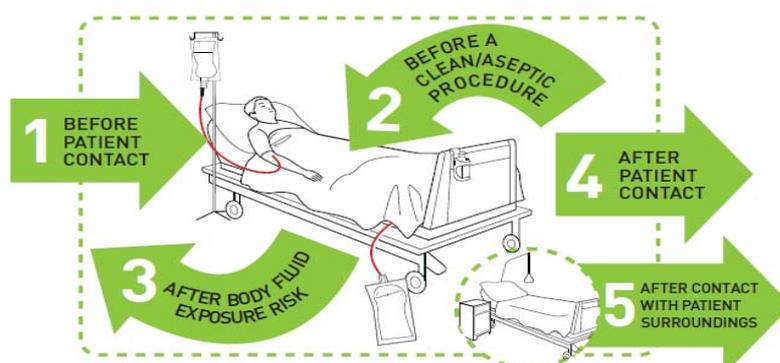
### Levels of hand hygiene

	<b>LEVEL 1 Social Hand Hygiene</b>	<b>LEVEL 2 Hygienic (aseptic) Hand Hygiene</b>	<b>LEVEL 3 Surgical scrub</b>
<b>Why perform hand hygiene?</b>	To render the hands physically clean and to remove microorganisms picked up during activities considered 'social' activities (transient Micro-organisms)	To remove or destroy transient Micro-organisms. Also, to provide residual effect during times when hygiene is particularly important in protecting yourself and others (reduces those resident micro-organisms which normally live on the skin)	To remove or destroy transient microorganisms and to substantially reduce resident micro-organisms during times when surgical procedures are being carried out

### When to Perform Hand Hygiene

Hands should be decontaminated at a range of times in order to prevent HCAI. The most important times during care delivery and daily routines when this should occur are described in '**Your 5 moments for Hand Hygiene**'.

## Your 5 moments for hand hygiene



### NPSA Diagram

<b>1. Before patient contact</b>	<b>When?</b> Clean your hands before touching a patient when approaching him/her <b>Why?</b> To protect the patient against harmful germs carried on your hands
<b>2. Before a clean/aseptic task</b>	<b>When?</b> Clean your hands immediately before any clean/aseptic task <b>Why?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body
<b>3. After body fluid exposure risk</b>	<b>When?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>Why?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>4. After patient contact</b>	<b>When?</b> Clean your hands after touching a patient and his/her immediate surroundings when leaving the patient's side <b>Why?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>5. After contact with patient surroundings</b>	<b>When?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving- even if the patient has not been touched <b>Why?</b> To protect yourself and the healthcare environment from harmful patient germs

### Hand hygiene (hand washing) procedures

Hand hygiene should be performed for between 15 seconds and 3 minutes depending on the level of hand hygiene being performed. Washing for longer than these times is not recommended as this may damage the skin leading to increased shedding of skin scales and

increased harbouring of micro-organisms.

<b>LEVEL 1 Social Hand Hygiene</b>	<b>LEVEL 2 Hygienic Hand Hygiene</b>	<b>LEVEL 3 Surgical scrub</b>
At least 15 seconds	At least 15 seconds	Carry out hygienic hand hygiene process for 2-3 minutes, ensuring all areas of hands and forearms are covered

**Preparation:**

- Gather all relevant equipment and ensure that everything which is needed to perform hand hygiene is present
- Ensure the sink area is free from extraneous items, e.g. medicine cups, utensils
- Ensure jackets/coats are removed, and wrists and forearms are exposed
- Jewellery must be removed
- Ensure nails are short (false nails must not be worn)

**Procedure:**

- The tap should first be turned on and the temperature of the water checked. Water should be warm
- Hands should be wet before applying the chosen solution
- Apply solution provided
- Manufacturers' instructions for the solution being used should give guidance as to the volume to be applied (this is usually in the region of 3mls)
- A good lather is required to perform adequate hand hygiene
- All areas of the hands should be covered (see NPSA hand washing technique poster)
- The hand washing procedure should take at least 15 seconds
- For surgical scrub, an additional step of cleaning the forearms is required
- Hands (and forearms where applicable) should be rinsed well under running water with the hands uppermost so that the water runs off the elbow
- The physical action of washing and rinsing hands is essential as different solutions will have different activity against micro-organisms
- Taps should be turned off using a 'hands-free' technique, e.g. elbows. Where 'hands free' tap systems are not in place, paper towels used first to dry hands can then be used for turning taps off
- Hands should be adequately dried using disposable paper towels

- Dispose of the paper towels in the appropriate waste bin without re-contaminating your hands e.g. use the foot pedal. Do not touch bin lids with hands

#### Note

- It is recommended that nailbrushes are not used to perform social or hygienic hand hygiene as scrubbing can break the skin, leading to an increased risk of harbouring microorganisms or dispersing skin scales. Where nailbrushes are used for surgical scrub they should be fit for purpose and single use.
- If hands have patient/client contact before or during a procedure, but are not soiled with any body fluids and, therefore, do not require re-hand washing with soap or an antiseptic hand cleanser, alcohol-based hand rub can be used.
- Any soilage or organic matter can inactivate the activity of alcohol and, therefore, hand washing in these circumstances is essential.
- Where infection with a spore forming organism (e.g. *Clostridium difficile*) or with a gastroenteritis virus (e.g. Norovirus) is suspected or proven, hand hygiene **must** be carried out with liquid soap and water, although it can be followed by alcohol-based hand rub.
- Bar soap should not be used by staff for hand hygiene in a clinical or care setting. It is acceptable for a patient's own use but not for sharing between patients.
- Solutions used may vary in local settings. The physical actions of performing hand hygiene, however, should always be the same

#### Hand Drying

Adequate hand drying plays a critical step in the hand hygiene procedure by removing any remaining residual moisture that may facilitate transmission of micro-organisms. Hands that are not dried properly can become dry and cracked, leading to an increased risk of harbouring micro-organisms.

Once the taps have been turned off using a 'hands-free' technique, clean disposable paper towels should be used to thoroughly dry all areas of the hands. This should be done by drying each part of the hand following the steps recommended for hand washing. The use of soft user-friendly, disposable paper towels is preferable.

#### Hand hygiene using alcohol-based hand rub

These products are useful for performing hand hygiene when sinks are not readily available for hand washing or when hands may be contaminated, but are not visibly soiled e.g. entering or leaving a ward/clinical/patient area. Alcohol-based hand rub can also be used following hand washing, e.g. when performing aseptic techniques, to provide a further cleansing and residual effect. Alcohol-based hand rubs are **not effective** against spore-forming organisms (e.g. *Clostridium difficile*) or norovirus. (see NPSA alcoholic rub hand hygiene technique poster)

#### Procedure for alcohol-based hand rub

The amount/volume used to provide adequate coverage of the hands should be indicated in the manufacturers' instructions. This is normally around 3 mls. The steps to perform hand hygiene using alcohol-based hand rub are the same as when performing hand washing.

The time taken to perform hand hygiene using alcohol-based hand rub should be the same as when performing hand washing, e.g. at least 15 seconds is recommended (15-30 seconds is adequate). Manufacturers' instructions can be followed (a number of these recommend rubbing for 30 seconds).

### **Hand Care**

Hand care is important to protect the skin from drying and cracking. Cracked skin may encourage micro-organisms to collect and broken areas can become contaminated, particularly when exposed to blood and body fluids.

Hand creams can be applied to care for the skin on hands. However, only individual tubes of hand cream for single person use or hand cream from wall mounted dispensers should be used. Communal tubs must be avoided as these may contain bacteria over time, and lead to contamination of hands.

### **Hand hygiene and jewellery**

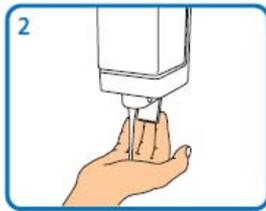
It has been shown that contamination of jewellery, particularly rings with stones and/or jewellery of intricate detail, can occur. Jewellery must be removed when working in clinical care settings to prevent the spread of micro-organisms by contact with contaminated jewellery.

Most staff providing care must remove jewellery at the start of the working day. It is acceptable to wear plain wedding bands however these must be moved or removed when hand hygiene is being performed in order to reach the bacteria which can collect underneath them.

# Hand-washing technique with soap and water



1  
Wet hands with water



2  
Apply enough soap to cover all hand surfaces



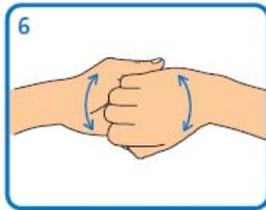
3  
Rub hands palm to palm



4  
Rub back of each hand with palm of other hand with fingers interlaced



5  
Rub palm to palm with fingers interlaced



6  
Rub with back of fingers to opposing palms with fingers interlocked



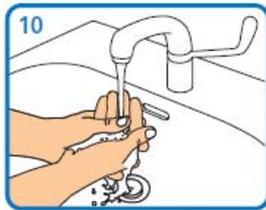
7  
Rub each thumb clasped in opposite hand using a rotational movement



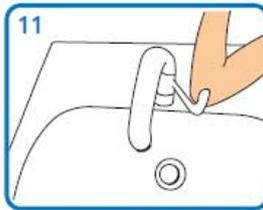
8  
Rub tips of fingers in opposite palm in a circular motion



9  
Rub each wrist with opposite hand



10  
Rinse hands with water



11  
Use elbow to turn off tap



12  
Dry thoroughly with a single-use towel



13  
Hand washing should take 15–30 seconds

# Alcohol handrub hand hygiene technique – for visibly clean hands



1 Apply a small amount (about 3 ml) of the product in a cupped hand



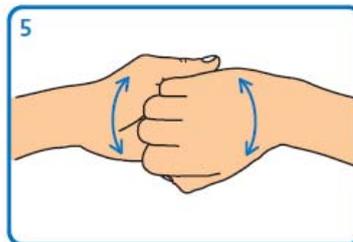
2 Rub hands together palm to palm, spreading the handrub over the hands



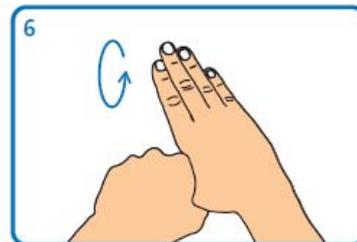
3 Rub back of each hand with palm of other hand with fingers interlaced



4 Rub palm to palm with fingers interlaced



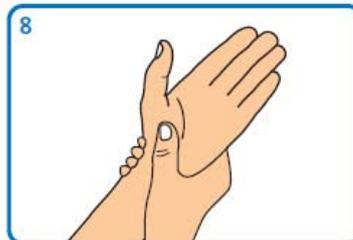
5 Rub back of fingers to opposing palms with fingers interlocked



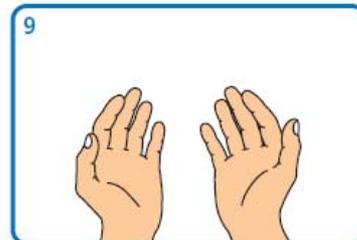
6 Rub each thumb clasped in opposite hand using a rotational movement



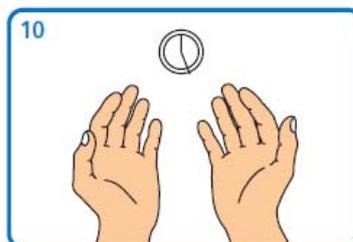
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Wait until product has evaporated and hands are dry (do not use paper towels)



10 The process should take 15–30 seconds



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Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*



## 2. Respiratory Hygiene/Cough Etiquette

### Introduction

Respiratory hygiene has been added to SICPs due the recent global influenza pandemic.

Respiratory hygiene and cough etiquette should be applied as a standard infection control precaution at all times

The measures include:

- Cover nose and mouth with disposable single use tissues when sneezing, coughing, wiping and blowing noses
- Dispose of used tissues into a waste bin
- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from the mucous membranes of the eyes and nose

## 3. Personal Protective Equipment

### Introduction

The use of Personal Protective Equipment (PPE) is essential for health and safety. Selection of PPE must be based on an assessment of the risk of transmission of micro-organisms to the patient or to the carer, and the risk of contamination of the healthcare worker's clothing and skin/mucous membranes by patients' blood, body fluids, secretions and excretions.

The use of PPE is considered standard in certain situations and is one of the elements of Standard Infection Control Precautions (SICPs), which apply to contact with blood, body fluids, non-intact skin and mucous membranes. Everybody involved in providing care should be educated about SICPs, and trained in the use of PPE. The benefit of wearing PPE is two-fold, offering protection to both patients/clients and those caring for them.

For the purposes of this guideline, the PPE described, which might be used in general health and social care settings, includes:

- Gloves.
- Aprons/gowns.
- Face, mouth/eye protection, e.g. masks/goggles/visors.

This guideline **does not** contain details of:

- Theatre/surgery apparel which is often more comprehensive due to the risks encountered, e.g. the use of head and foot wear.

- The use of PPE in situations where particular organisms/infections are present (e.g. specific respiratory infections and the use of specialised masks) which will require guidance from Trust Infection Control staff.

## **Gloves**

### **How to choose the correct glove**

Every organisation should have in place a risk assessment and policy for glove choice and usage. Purchasing policy should ensure that suppliers meet acceptable criteria for products. It is important to follow the local organisation's policy and procedures.

Gloves are available in a variety of materials. Risk assessment should ensure that the physical characteristics and barrier properties are acceptable, and provide protection against the risks encountered (e.g. microbiological, chemical, cytotoxic).

Gloves must be well fitting to avoid interference with dexterity, friction, excessive sweating and finger and hand muscle fatigue. Therefore, the supply and choice of the correct size and material of glove, e.g. small, medium, large and latex free, in various sizes, is important,

### **When to wear gloves**

Gloves must be worn for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions; and when handling sharp or contaminated instruments. The attached "Summary guide for the use of personal protective equipment (PPE)" contains further details.

Gloves should be donned by holding the wrist end of the glove open with one hand to allow the other hand to enter easily (do not wear jewellery other than a wedding band under gloves). See attached "Putting on and Removing PPE"

Gloves must be worn as single use items. They are put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves are changed between caring for different patients, or between different care or treatment activities for the same patient. The same PPE should never be worn for a different patient, client, procedure or area. Never perform hand washing whilst wearing gloves, and never use products such as alcohol-based hand rub to clean gloves.

Gloves are not a substitute for employing good hand hygiene, and this should be performed before donning gloves, immediately after the removal and disposal of gloves, and between every change of gloves. Gloves used for clinical practice may leak even when apparently undamaged, and the use of gloves as a method of barrier protection reduces the risk of contamination but does not eliminate it and hands are not necessarily clean because gloves have been worn. Therefore compliance with hand hygiene measures is essential.

A double gloving strategy should be considered in high risk situations, e.g. exposure prone procedures. The use of gauntlet-style (long arm) gloves to cover the forearms may be necessary in certain situations, e.g. situations where significant exposure to blood and other body fluids is likely, and should be considered within risk assessment procedures.

Torn, punctured or otherwise damaged gloves should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.

### **How to remove and dispose of gloves**

Standard Infection Control Precautions  
Clinical Governance  
V3 November 2010

Gloves should be removed promptly after use and before touching non-contaminated/clean areas/items, environmental surfaces, or other persons (including the person wearing them). Gloves which have been worn for a procedure/activity should not be worn to handle or write on charts or to touch any other communal, clean surface. See attached "Putting on and Removing PPE"

Care should be taken when removing used gloves to avoid contamination of hands and clothing. The wrist end of the glove should be handled and the glove should be pulled down gently over the hand, turning the outer contaminated surface inward while doing so, i.e. the gloves are then disposed of inside out, preferably with the second glove also pulled over the first while removing it so that they are wrapped together. Used gloves should never be placed on environmental surfaces, but disposed of safely and immediately following use, as clinical waste, into appropriate receptacles according to local disposal of waste policies. Hand hygiene should be performed immediately after the removal and disposal of gloves.

## **Aprons and Gowns**

### **When to wear and how to choose an apron/gown**

The use of disposable plastic aprons are indicated for a wide array of activities within care settings including "clean" and "dirty" tasks. They must be worn when close contact with the patient, materials or equipment are anticipated, and when there is a risk that clothing may be contaminated with pathogenic micro-organisms or blood, body fluids, secretions or excretions, with the exception of perspiration. "Summary guide to the use of personal protective equipment" contains fuller details.

Aprons/gowns should be appropriate for use, fit for purpose and should avoid any interference during procedures. Colour-coded aprons are often used for specific tasks and/or in specific areas (e.g. when handling or serving food within a clinical area). Never reuse or wash single-use disposable aprons/gowns.

There are many types of gowns available and the most appropriate should be considered following local risk assessment, often involving in the first instance Infection Control staff, Occupational Health services and Procurement departments.

A full-body fluid-repellant gown should be worn, rather than a plastic apron, when there is a risk of significant splashing of blood, body fluids, secretions or excretions (with the exception of perspiration), onto skin or clothing, or for other reasons if indicated by risk assessment.

### **When to change an apron/gown and how to remove and dispose of it**

Aprons/gowns should be changed between patients/clients/procedures. It may be necessary to change aprons/gowns between tasks on the same patient/client to prevent unnecessary cross-contamination. Remove aprons/gowns immediately once a task is finished. Never wear them while moving to a different patient/client/area.

Torn or otherwise damaged aprons/gowns should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.

Remove aprons/gowns carefully to avoid contact with the most likely contaminated areas (e.g. the front surface), and prevent contamination of clothes under them. The outer contaminated side of the apron/gown should be turned inward, rolled into a ball and then the item should be discarded immediately, as clinical waste, into appropriate receptacles according to local disposal of waste policies. Never place used aprons/gowns on environmental surfaces. See attached "Putting on and Removing PPE"

## **Face, mouth/eye protection, e.g. surgical masks/goggles**

### **How to choose the correct protection and when and how to wear it**

Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes. "Summary guide to the use of personal protective equipment" contains further details.

Well fitting, fit for purpose, comfortable protection is important to ensure adequate protection. Manufacturers' instructions should be adhered to while donning face protection to ensure the most appropriate fit/protection. Surgical masks should always fit comfortably, covering the mouth and nose. When not in use for protection, they should be removed and not worn around the neck.

Goggles should provide adequate protection when the risk of splashing is present, e.g. those used must 'wrap around' the eye area to ensure side areas are protected. Face shields/visors should be considered, in place of a surgical mask and/or goggles, where there is a higher risk of splattering/aerosolisation of blood/other body fluids.

Face protection should not be touched while being worn and should be removed immediately following a procedure. Face protection should be changed between patients/clients/procedures. It may be necessary to change between tasks on the same patient/client to prevent unnecessary cross-contamination. Remove PPE immediately once you have finished the task, these should never be worn while moving to a different patient/client/area. See attached "Putting on and Removing PPE"

Risk assessments will dictate the need for other types of masks, e.g. particulate filter masks, and should be carried out in conjunction with Trust infection control staff. These masks must be correctly fitted and staff must be trained in their use.

If surgical masks become wet or soiled they should be changed in order to ensure continued protection from splashes/splattering to the mouth and nose. The efficacy of surgical masks in providing protection against airborne/droplet infections rather than from splashes of blood/other body fluids is the subject of continuing debate, as is the length of time they can be worn for.

Torn or otherwise damaged face protection should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.

### **How to remove and dispose of face protection**

Remove face protection promptly after use, avoiding contact with most likely contaminated areas, e.g. the front surface. This should be done by handling, for example, the straps/ear loops/goggle legs only (manufacturers' instructions where given should be followed). The outer contaminated side of masks should be turned inward upon removal for disposal. See attached "Putting on and Removing PPE"

Dispose of disposable masks/face protection safely and immediately following use into appropriate receptacles according to local disposal of waste policies. Used face protection should never be placed on environmental surfaces.

Reusable items (e.g. non-disposable goggles/face shields/visors) should have a decontamination schedule with responsibility assigned and Items should be dealt with immediately following use. Hand hygiene should be performed immediately after removal/disposal of face protection.

### **Footwear**

The correct use of footwear should be considered to promote infection control and prevention practice. When providing care, closed-toed shoes should be worn to avoid contamination with

blood or other body fluids or potential injury from sharps. Footwear should be kept clean, and care should be taken when donning/removing shoes at any time during care delivery to avoid hand contamination. Hand hygiene should be performed following the handling of footwear.

Where designated footwear is assigned (e.g. in theatre settings, sterilising departments), policies should be available for the use and care of these, including clear cleaning schedules with responsibilities assigned. The principles applied within policies covering care of equipment should be followed when considering footwear decontamination.

Staff should not wear designated footwear for patient/client procedures outside their area of clinical practice e.g. between wards or in canteen areas.

It is advised that overshoes should not be worn as they can lead to unnecessary hand contamination while donning/removing and can cause aerosolisation of microorganisms due to bellowing when walking.

### Summary Guide for the use of PPE

<b>Activity</b>	<b>Apron/Gowns</b> (depending on risk of significant splashing exposure)	<b>Face, eye/mouth protection</b> (surgical masks, goggles)	<b>Gloves</b> (for type of glove to be used where indicated see local policy)
Contact with intact skin. No visible blood, rashes.	N/A	N/A	N/A
Sterile procedures	√	Risk assessment	√
Contact with wounds, skin lesions	√	Risk assessment	√
Cleaning up incontinence	√	Risk assessment	√
Potential exposure to blood/other body fluids, e.g. cleaning up spillages, taking specimens	√	Risk assessment	√
Venepuncture, cannulation	√	N/A	√
Vaginal examination	√	Risk Assessment	√
Applying topical lotions, creams, etc	N/A	N/A	√
Touching patients/clients with unknown skin rash	Risk assessment	Risk assessment	Risk assessment
Emptying/changing urinary catheter bags,	√	Risk assessment	√

urinals, bedpans, etc			
Handling specimens	√	N/A	√
Handling used instruments	√	N/A	√
Using disinfectants, cleaning agents	√	Risk assessment	√
General cleaning of clinical areas	Risk assessment	N/A	Risk assessment
Bed making, dressing patients/clients	√	N/A	Risk assessment
Oral care	Risk assessment	Risk assessment	√
Feeding patient/client	√	N/A	Risk assessment
Handling waste	Risk assessment	Risk assessment	√

### Putting on and Removing PPE

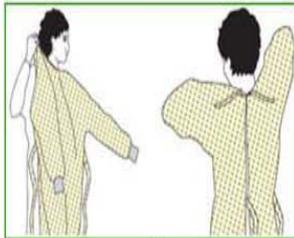
The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required. The order for putting on PPE is Apron or Gown, Surgical Mask, Eye Protection (where required) and Gloves.

## 1. Putting on Personal Protective Equipment (PPE)

- Perform hand hygiene before putting on PPE



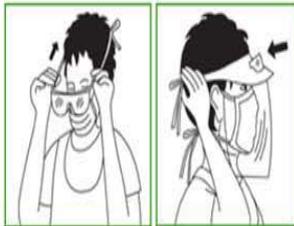
- Apron**
- Pull over head and fasten at back of waist



- Gown**
- Fully cover torso from neck to knees, arms to end of wrist and wrap around the back. Fasten at the back



- Surgical Mask (or respirator)**
- Secure ties or elastic bands at middle of head and neck
  - Fit flexible band to nose bridge
  - Fit snug to face and below chin
  - Fit/check respirator if being worn

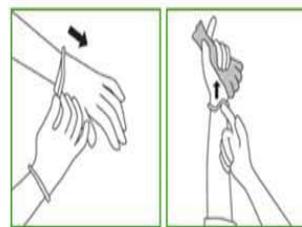


- Eye Protection (Goggles/Face Shield)**
- Place over face and eyes and adjust to fit



- Gloves**
- Select according to hand size
  - Extend to cover wrist

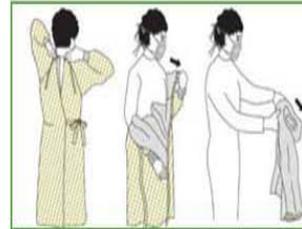
## 2. Removing Personal Protective Equipment (PPE)



- Gloves**
- Outside of gloves are contaminated
  - Grasp the outside of the glove with the opposite gloved hand; peel off
  - Hold the removed glove in the gloved hand
  - Slide the fingers of the ungloved hand under the remaining glove at the wrist
  - Peel the second glove off over the first glove
  - Discard into an appropriate lined waste bin



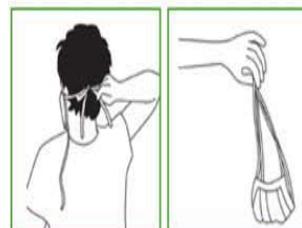
- Apron**
- Apron front is contaminated
  - Unfasten or break ties
  - Pull apron away from neck and shoulders lifting over head, touching inside only
  - Fold or roll into a bundle
  - Discard into an appropriate lined waste bin



- Gown**
- Gown front and sleeves are contaminated
  - Unfasten neck, then waist ties
  - Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
  - Gown will turn inside out
  - Hold removed gown away from body, roll into a bundle and discard into an appropriate lined waste bin or linen receptacle



- Eye Protection (Goggles/Face Shield)**
- Outside of goggles or face shield are contaminated
  - Handle only by the headband or the sides
  - Place in designated receptacle for reprocessing or into an appropriate lined waste bin



- Surgical Mask (or respirator)**
- Front of mask/respirator is contaminated – do not touch
  - Unfasten the ties – first the bottom, then the top
  - Pull away from the face without touching front of mask/respirator
  - Discard into an appropriate lined waste bin

- Perform hand hygiene immediately on removal

### Use safe work practices to protect yourself and limit the spread of infection

- Keep hands away from face and PPE being worn
- Change gloves when torn or heavily contaminated
- Limit surfaces touched
- Regularly perform hand hygiene

NB Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.

**Diagram Department of Health & Health Protection Agency 2007.**

## 4. Occupational Exposure Management, including needlestick (or “sharps”) injuries.

### Introduction

In order to avoid occupational exposure to potentially infectious agents, particularly those microorganisms that may be found in blood and other body fluids, precautions are essential while providing care. It must always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. Therefore precautions to prevent exposure to these and subsequent harm in others receiving or providing care must be taken as standard. Occupational exposure management, including needlestick (or “sharps”) injury, is one of the elements of Standard Infection Control Precautions (SICPs), which should be applied in all healthcare settings.

Needlestick (or “sharps”) injuries are one of the most common types of injury to be reported to Occupational Health Services by healthcare staff. The greatest occupational risk of transmission of a Blood Borne Virus (BBV) is through parenteral exposure e.g. a needlestick injury, particularly hollow bore needles. Risks also exist from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes; however, this risk is considered to be smaller. There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal-oral route. However precautions are important to protect all who may be exposed, particularly when treatment for certain BBVs is not readily available. The risks of occupationally acquiring other infections are not as clearly documented; however Standard Infection Control Precautions (SICPs) should help to prevent exposure to other infectious agents. Everyone has an important part to play in improving safety for patients/clients and staff. Undertaking SICPs are crucial elements in ensuring everyone’s safety.

For the purposes of these guidelines, the **definition of a needlestick (or sharp)** includes items such as needles, sharp-edged instruments, broken glassware, any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wounds, such as razors, sharp tissues, spicules of bone and teeth.

### Incident reporting

Any incident where occupational exposure has occurred must be dealt according to local policy and reported in line with local incident reporting procedures. It is essential that all actions are taken in a timely manner when dealing with these incidents.

As well as reporting these incidents to the Nurse in Charge of the assignment and via the Trust incident reporting process all flexible workers must also report the incident to the Client Relations Team.

### General good practice advice

- All staff must ensure that occupational immunisations and clearance checks are up to date (e.g. hepatitis B immunisation) and must know whether they have responded to hepatitis B vaccination or not. All non-responders to hepatitis B vaccination must be made aware of this and advised regarding seeking further health professional support accordingly.
- When on assignments cuts and abrasions should be covered with a waterproof dressing before providing care.
- Staff with skin conditions should seek advice from Occupational Health or their GP to minimise their risk of infection through open skin lesions.

- All staff must wear gloves when handling sharps or at other times when exposure to blood, other body fluids, excretions, secretions, non-intact skin or contaminated wound dressings might occur (see **Personal Protective Equipment Guideline page 10**).
- All staff must wear other personal protective equipment as necessary to avoid exposure, e.g. aprons, masks, goggles/visors (see **Personal Protective Equipment Guideline page 10**).
- All staff must not wear open footwear.
- All staff must use devices to protect against exposure during mouth-to-mouth resuscitation, e.g. pocket masks.
- All staff must clean spillages of blood or other body fluids or contaminated items immediately and appropriately following local policy.
- All staff must dispose of clinical waste immediately according to local policy.

### **Good sharps practice**

- If essential to use sharps, gather approved containers for the disposal of sharps, blood or other bodily fluids before beginning an activity.
- Sharps should not be passed directly hand to hand, and handling should be kept to a minimum and carried out with care.
- Needles must not be re-sheathed, re-capped, bent, broken or disassembled after use.
- Never try to manipulate/remove a needle/other sharp from its holding implement with your hands. Use needle/blade removal devices where necessary, i.e. where single-use disposable blade devices are not available. These devices should not require a two-handed needle removal procedure as this is known to increase the likelihood of injury occurring.
- Used sharps must be discarded into a sharps container (conforming to UN3291 and BS 7320 standards).
- Approved sharps containers should be assembled correctly and should never be over-filled, i.e. above the manufacturers' fill line on the box/more than  $\frac{3}{4}$  full.
- All sharps bins should be positioned out of reach of children at a height that enables safe disposal by all members of staff. They should be secured to avoid spillage.
- These containers should be appropriately sealed in accordance with manufacturers' instructions once full, and should be disposed of according to local clinical waste disposal policy.
- Items should never be removed from sharps containers. The temporary closure mechanism on sharps containers should be used in between use for safety.
- The label on the sharps containers must be completed when starting to use the container and again once sealed, to facilitate tracing if required.
- The safe carriage of sharp items is also essential, e.g. if sharps containers are being used by community nurses then they must be secured safely when being transported, for example, in the boot of their car.
- Consider the use of needlestick- prevention devices (safer needle devices) where there are

clear indications that they will provide safe systems of working for healthcare practitioners.

- Where patients/clients are involved in the practice of injecting, e.g. insulin dependent diabetics, they must be taught how to dispose of sharps safely to avoid others, (including those providing care) sustaining injuries.
- Specific procedures to reduce sharps injuries during surgical/invasive procedures should also be adopted and local policies followed..
- Any exposure incident that occurs must be reported and managed appropriately in accordance with organisational policy

### **What is meant by occupational exposure including needlestick (or “sharps”) injury?**

By occupational exposure including needlestick (sharps) injury this guidance refers to the following injuries or exposures:

- percutaneous injury (from needles, instruments, bone fragments, human bites which break the skin);
- exposure of broken skin (abrasions, cuts, eczema, etc);
- exposure of mucous membranes including the eye, nose and mouth

### **Actions in the event of an occupational exposure including needlestick or similar injury**

#### **First aid**

Perform first aid to the exposed area immediately as follows:

#### **Skin/tissues**

- Skin/tissues should be gently encouraged to bleed. Do not scrub or suck the area.
- Wash/irrigate with soap and warm running water. Do not use disinfectants or alcohol.
- Cover the area using a waterproof dressing.

#### **Eyes and mouth**

- Eyes and mouth should be rinsed/irrigated with copious amounts of water. There are often eyes/mouth washout kits available in clinical areas.
- If contact lenses are worn, irrigation should be performed before and after removing these. Do not replace the contact lens.
- Do not swallow the water which has been used for mouth rinsing following mucocutaneous exposure.

### **Reporting the incident**

- Report/document the incident as per local reporting procedures **immediately**, e.g. to the Nurse in Charge of the assignment/Occupational Health department/Accident and Emergency department/GP. **Urgency** is important in these situations as post exposure prophylaxis (PEP) for HIV or other treatments may be required (i.e. ideally PEP should be commenced within **1 hour** of the incident having taken place, but is not advised if exposure time exceeds 72 hours).
- Near misses should also be clearly reported/documentated.
- Ensure that the item that caused the injury is disposed of safely into an approved sharps container to ensure that a further incident is avoided.
- Report the incident to NHS Professionals' Client Relations Team or via the web based feedback form.

## 5. Management of Care Equipment

### Introduction

Health & Social Care settings contain a diverse population of microorganisms. Care equipment used on patients/clients can become contaminated with blood, other body fluids, secretions and excretions during the delivery of care. Therefore care equipment must be managed appropriately in order to limit the risk of contamination with microorganisms.

For the purposes of these guidelines, care equipment includes items that are non invasive and reusable e.g. stethoscopes, infusion pumps, drip stands, and thermometers. Where specific infections are present e.g. C diff, the organisations local policy should be followed and advice should be sought from the local infection prevention and control team.

Management of Care Equipment is one of the elements of Standard Infection Control Precautions, which apply to blood or other body fluids, mucous membranes or non intact skin.

### How should care equipment be stored?

- Care equipment must be stored clean and dry following use.
- Equipment should also be checked for cleanliness prior to use, e.g. when being removed from storage
- Care equipment should never be stored on the floor.
- Covers for items should be used where appropriate

### When to perform procedures for management of care equipment

- On a routine, scheduled basis as detailed at local level
- When equipment is visibly dirty
- Immediately when spillages or contamination with blood/other body fluids has occurred

- Whenever a patient is discharged from their care environment e.g. used or unused equipment in the care environment.

## How to perform procedures for the management of care equipment

### Preparation and Staff Protection

- Use personal protective equipment (PPE)
- Take account of hand hygiene
- Follow local procedure in relation to cleaning agent, receptacle, and products to be used.

### Procedure

- The local policy for cleaning equipment should be followed.
- However consider the equipment to be cleaned. Some equipment can be cleaned outside of the unit/department e.g.
  - Utilise sterilisation departments where appropriate to assist with equipment decontamination. e.g. some equipment can be decontaminated using a washer disinfectant.
  - crockery should be cleaned in a dish washer at a high temperature

## 6. Safe Management of Linen

### Introduction

It has been shown that soiled fabric/linen within healthcare settings in particular, can harbour large numbers of potentially pathogenic microorganisms however it is not considered that uniforms are a serious source of infection.

It is important to ensure that the appropriate precautions are taken to ensure that contamination to and from fabric/uniforms does not occur, as this might lead to the transmission of microorganism to people or the environment potentially causing infection.

**Everyone has an important part to play in improving patient/client safety. Undertaking SICPs are crucial elements in ensuring everyone's safety.**

Main categories of linen applicable to this guideline are:

- Used linen - this refers to all used linen, irrespective of state, except linen from infectious (or isolated) patients/clients or those suspected of being infectious
- Infected linen - this specifically applies to linen that has been used by a patient or client who is known or suspected to be carrying potentially pathogenic microorganisms. Normally a risk assessment will have been carried out and additional precautions put in place to prevent transmission of microorganisms and subsequent infection of others. Local infection control teams will give specific advice.

- Soiled linen - this term refers to linen contaminated with blood or other body fluids, e.g. faeces. This term is often used in practice and local policy will determine into which category the linen will be placed e.g. used or infected

### Why does linen need to be handled safely?

- It has been shown that used linen within healthcare settings can harbour large numbers of potentially pathogenic microorganisms.
- Linen must, therefore be safely managed in order that it does not become a hazard leading to the spread of potentially pathogenic microorganisms to those receiving care, especially those who are most vulnerable.
- The transfer of microorganisms from linen to patients/clients, staff and others is primarily through contact and all stages of linen management should be considered including storage, handling, bagging, transporting and laundering.

Therefore both clean and used supplies should be managed safely.

### Protection when handling used linen

- A disposable plastic apron should always be worn when handling used linen (and disposable gloves where linen is soiled/foul) e.g. during bed making. In some areas this can be a colour coded apron specifically for linen handling and local policy should be referred to.
- Always hold used linen away from yourself to avoid contamination of clothing from linen
- Hand hygiene should be performed following handling of linen and removal of apron
- Further guidance for infected linen should be provided locally.

### When and how to dispose of used linen

Wear protective clothing and follow local linen policy

### Incident reporting

Any incident where in appropriate linen disposal has occurred should be reported to line with local incident reporting procedures.

### Care of Uniforms

In relation to facilities, on –site changing facilities must be used at all times. Where these are not available, staff must cover their uniform and travel directly to their place of work from home and vice versa.

There are some good practice guidelines which can be followed by NHS Professional staff to reduce the likelihood of cross contamination and these include:

### Common sense examples of good and poor practice

It is good practice to...	Why?
Wear soft-soled, closed toe shoes	Closed toe shoes offer protection against spills. Soft soles reduce noise, which can disturb patients' rest
Change into a clean uniform at the start of each shift	Prevents any risk of cross contamination, however small
Wear short sleeved tops/shirts. Avoid wearing white coats when providing	Cuffs become heavily contaminated and are more likely to come into contact with

direct patient care	patients
Change immediately if clothes become heavily soiled or contaminated	Visible soiling or contamination is likely to be an infection risk
Wash uniforms at the hottest programme suitable for the fabric	Washing for 10 mins at 60 degrees removes most organisms.
<b>It is bad practice to...</b>	<b>Why?</b>
Wear neck-ties (other than bow-ties) in any care activity which involves patient contact.	Ties are rarely laundered but worn daily. They perform no beneficial function in patient care and have been shown to be colonised by pathogens.
Wear excessive jewellery, including necklaces, visible piercings and multiple earrings. Where earrings are worn, they should be plain studs	Excessive jewellery looks unprofessional and may be hazardous and can harbour organisms.

### **DH Guidance 2007**

## **7. Control of Environment**

### **Introduction**

The healthcare setting, in particular, contains a diverse population of microorganisms and this must be considered when caring for those who are susceptible to infection. Although potentially pathogenic microorganisms can be detected in air, water and on surfaces, determining their role in infection can be difficult. It must be considered that contamination of all patient/resident/client environments will occur and must, therefore, be controlled.

The transfer of microorganisms from environmental surfaces to patients/clients is largely considered to be via direct (hand) contact with these surfaces. As a consequence, hand hygiene is paramount in reducing infection spread via this route as well as the appropriate control of the environment

The state of repair of the environment, and items contained within it, is also important in ensuring that microorganisms do not persist. In particular, surfaces that are not smooth and intact can harbour bacteria.

A tidy, 'clutter free' environment is also important to ensure cleaning can be undertaken. To support effective environmental management there is a need to maintain a tidy, well organised, 'clutter free' environment. This could involve minimising and effectively organising storage of equipment, reviewing cleaning processes, minimising waste and making effective use of time.

Equipment used for cleaning the environment must be clean, fit for purpose and in a good state of repair. Cleaning equipment should be stored in a dedicated area (not in clinical rooms, bathrooms etc).

Equipment purchased/used for storage, e.g. shelves, units, lockers should have easy-to- clean, smooth impervious surfaces and be water-resistant and tolerate disinfection with hypochlorite solutions 1000ppm for example. Items, such as supplies, must always be stored off the floor to facilitate effective cleaning.

Items which are not intact, for example chairs, should be removed, reupholstered with suitable impervious flame retardant material, (which can withstand cleaning with detergent and disinfection with hypochlorite 1000ppm), where appropriate or replaced. Where there is a concern about risk of infection due to damaged equipment, the defect should be reported using the incident reporting system used locally.

For the purposes of this policy, the term 'environment' refers to:

- any general horizontal surfaces in the patient's/client's environment (low and high level must be considered)
- any frequently touched surfaces in the environment, this also includes rooms such as sluice rooms, treatment rooms, store rooms, mobile treatment areas, dental/doctor surgeries, physiotherapy gyms, patient changing areas and any other area where consultation, assessment or treatment takes place.
- beds and trolleys, chairs, other furniture in the environment, bedside items such as lockers/tables, bedside telephones and televisions.
- toilets and commodes
- sinks, basins, baths, showers and the items surrounding these, including, e.g. hand hygiene solution containers
- floors
- doors, door handles, cot sides, bed tables particularly those in the immediate environment frequently touched by patients/residents/clients/care workers
- other paint work and surroundings, e.g. skirting, walls, partitions (particularly focusing on those frequently touched)
- curtains/screens, window blinds
- light fittings and light switches
- servery/kitchen areas in care settings (specific guidance for main kitchens/food hygiene is not contained within this policy)

### **Cleaning schedules**

A routine cleaning schedule should be available in the local area. This schedule should be based on the National Standards of Cleanliness for NHS Trusts and on the principles contained within this document in other healthcare settings. The cleaning schedule will identify the responsibilities of the clinical and housekeeping staff .

Cleaning will be undertaken when:

- the environment is visibly dirty, e.g. contamination with dust, soilage
- immediately when spillages occur

- In relevant care settings, whenever a patient/resident/client is discharged from their care environment. Specific guidance may be in place locally to guide staff as to the steps to take upon patient discharge to ensure the environment is safe to receive the next patient. These environments can include rooms, wards, (mobile) treatment areas in all settings

### **Cleaning procedures**

The cleaning schedule at local level will identify the cleaning responsibilities for clinical staff. These procedures for cleaning at local level should be adhered to. However the following should be taken into account:

- The use of Personal Protective Equipment (PPE) to protect those caring for the environment is important, as is the disposal of PPE immediately following use. Hand hygiene is also essential, even if gloves are worn during the procedure
- Gather all relevant equipment for use and ensure all equipment/receptacles used to clean the environment are clean before use. Utilise single use items, such as disposable cloths and mop heads, as far as possible in health and social care settings
- The choice of cleaning agent that best meets overall needs is important and should be included in local cleaning procedure.
- General purpose neutral detergent is suitable for routine environmental cleaning (antimicrobial agents are not routinely recommended).
- Do not use chlorhexidine, e.g. Hibiscrub and other hand antiseptic agents, for cleaning of the environment
- Alcohol and detergent wipes should not be used for routine cleaning of the environment as detergent wipes are not suitable for large surface cleaning
- Follow guidance (e.g. manufacturers' instructions and recommendations) provided on cleaning agents, regarding amount used, dilution and contact time and ensure solutions are made up freshly. Solutions made up and stored within a receptacle must be labeled, e.g. solution name, date and time made up. Solutions must not be stored for longer than 12 hours. Containers used to dilute cleaning solutions should be rinsed inverted and stored dry. Control of Substances Hazardous to Health (COSHH) sheets and product data sheets should be referred to in order to ensure solutions used to clean the environment are used and stored safely.

### **Incident Reporting**

Areas/Items which are found to be consistently unclean, particularly following times when cleaning routines should have been performed, and items which are in a poor state of repair should all be reported. Where there is concern about risk of infection, the concern should be reported using the incident reporting system used locally.

Damage to equipment should be reported to the line manager. Any issues arising in relation to the use of cleaning solutions, e.g. skin reactions, should similarly be reported to the Client Relations Team, Occupational Health and/or General Practitioner.

## 8. Safe Waste Management

### Introduction

The safe disposal of all waste by those involved in the handling, transporting or processing of it is an essential part of health and safety and general good hygiene, and is covered by legislation. The safe disposal of clinical waste particularly when it might be contaminated with blood, other potentially infectious body fluids, secretions or excretions (excluding sweat) is one of the elements of Standard Infection Control Precautions. Care of contaminated waste involves many elements which ensure ultimate safe disposal. Infection prevention and control is one paramount element.

By disposing of waste safely and appropriately it is intended that the risk of transmitting microorganisms, and potential infection, via this route will be avoided or minimised.

Waste produced as a result of healthcare activities is classified as healthcare waste in the European Waste Catalogue. Healthcare waste includes low/minimal risk hygiene waste as well as items which pose a risk either due to their potentially infectious nature or contamination with pharmaceutical products, these are known as hazardous waste. Hazardous waste is subject to additional controls as specified in the Hazardous Waste (England & Wales) Regulations 2005.

### When to dispose of waste safely and appropriately

- Waste should be disposed of as close to the point of use as possible, immediately after use.

### Where to dispose of waste safely and appropriately

This guideline should not be read in isolation but in addition to the local Waste Disposal Policy.

- Use identified bag holders particularly in care settings. These should be hands free/pedal operated lids, hard bodied, containing appropriate waste bags, so that hands do not become contaminated during waste disposal e.g. by having to touch lid to open.
- Waste bags/containers used to hold waste should be of an appropriate strength to ensure they are capable of containing the waste without spillage or puncture, e.g. UN approved, including:
  - UN approved bags which are orange or yellow in colour and indicate hazardous healthcare waste for treatment/incineration and disposal, should always be used appropriately depending on the waste being generated.
  - Approved sharps containers/boxes should also always be used as they are puncture-resistant and retain liquids. These must be assembled correctly, following manufacturers instructions
  - Hygiene waste should also be disposed of into appropriate receptacles.
- Never dispose of waste into an already full receptacle
- Bags should be no more than  $\frac{3}{4}$  full. Sharps bins should be no more than  $\frac{3}{4}$  full /past manufacturers fill line.
- Where patients can dispose of their own waste e.g tissues they should be encouraged to do so and provided with appropriate waste receptacles for this e.g leak proof.

### How to dispose of waste safely and appropriately

Always wear personal protective equipment.

### Procedures:

- Never touch the waste receptacle itself, e.g the lining of the outside of bags/containers, while items are being disposed of.
- Never over fill waste receptacles

- Items containing fluid, particularly those containing blood/body fluids, that have to be disposed of should first have the contents solidified in order that they are safe to transport.
- Seal all bags/containers appropriately before disposal/tranporting/processing. In accordance with local guidance(e.g bag ties, first using a swan neck tie)
- Tagging of waste in accordance with local policy
- Perform hand hygiene following any waste handling/disposal.
- Transport, store in accordance with local policy
- Manage spillages in line with local policy.

**Incident reporting**

Any incident where in appropriate waste disposal has occurred should be reported to the Nurse in Charge of the assignment and the Client Relations Team in line with local incident reporting procedures.

## References

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## VERSION HISTORY - CG1

Version	Date	Status	Author
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2	Mar 2008	Document reviewed and updated	Karen Barraclough, Clinical Governance and Risk Manager
3	November 2010`	Document reviewed and updated Peer review provided by North Middlesex University Hospital NHS Trust and Stockport NHS Foundation Trust	Fleur Booty, Independent Infection Control Consultant, Karen Barraclough, Senior Nurse
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