

CG1 Standard Infection Prevention and Control Guidelines

Introduction

Healthcare associated infections are caused by a wide variety of organisms and cause a range of symptoms from minor discomfort to serious disability and in some cases death (National Audit Office 2009).

The estimated cost to NHS hospitals of caring for people that acquire a healthcare associated infection is over £1 billion a year (National Audit Office 2009). Therefore, the emphasis is now on prevention of infection through Standard Infection Control Precautions (SICP). SICP minimise the risks of infection and ensure the safety of patients/clients, healthcare personnel and others who visit the care environment. SICP should be applied at all times and must underpin all healthcare activities.

Scope of Guidance

This guidance applies to all staff carrying out assignments for NHS Professionals in any healthcare setting including Acute, Mental Health and Community NHS Trusts. This policy is not a replacement for local NHS Trusts' policies and guidelines, which all flexible workers should familiarise themselves with and adhere to. Rather it outlines general principles of infection prevention and control with a focus on SICP.

This guideline **does not** contain details of specialist procedures such as during surgery or when organisms/infections require specialist precautions. Flexible workers should seek guidance from Trust Infection Prevention and Control staff.

Responsibilities of all NHS Professionals Flexible Workers

Standard infection control precautions (SICPs) are to be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment. (NHS England and NHS Improvement March 2019)

All flexible workers are responsible for following the principles outlined in this guideline, whatever setting they are working in. All flexible workers must also ensure they are familiar with the policies and guidelines of the Trust(s) where they undertake assignments and must adhere to these at all times.

In addition, all flexible workers must:

- comply with the principles of SICP
- encourage patients/clients/residents, carers and visitors and other staff to comply with the principles of SICP
- report to the Nurse in Charge when on an assignment, or the Client Relations Team, any deficits in knowledge, equipment or other factors that prevent compliance with this guideline or local Trust policy on infection prevention and control
- attend induction and mandatory training /updates on infection prevention and control and complete online infection control training modules as determined by NHS Professionals
- report any illness which may result from occupational exposure to the NHS Professionals Flexible Worker Human Resources Department
- not provide direct patient care while infectious, consulting the Client Relations Team or Nurse in Charge of the ward for advice if needed.

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Key principles:

1. Hand hygiene

Introduction

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

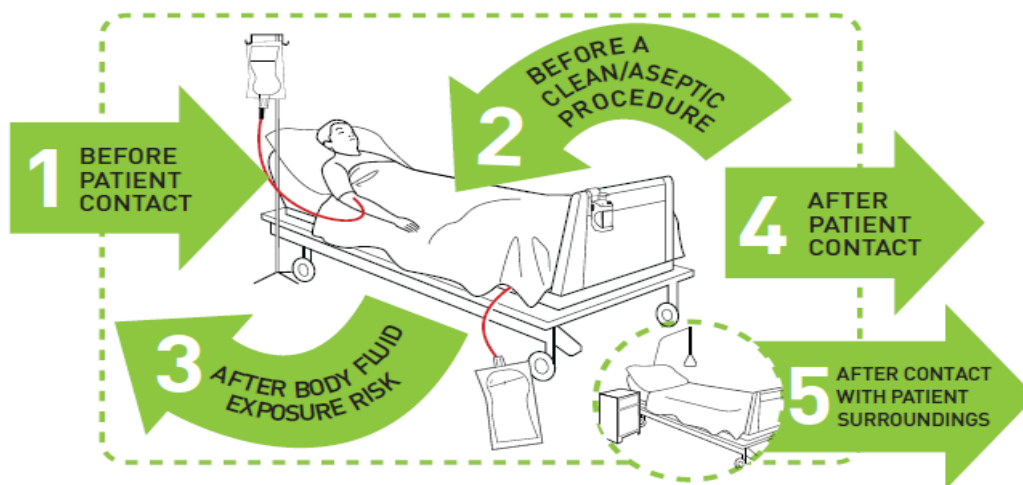
The term hand hygiene used in this document refers to all processes, including hand washing using soap and water and hand decontamination achieved using other solutions e.g. alcohol hand rub.

Patients and relatives should be provided with information about the need for hand hygiene and how to keep their own hands clean. Patients should be offered the opportunity to clean their hands before meals; after using the toilet, commode or bedpan/urinal; and at other times as appropriate. Products available should be tailored to patient needs and may include alcohol-based hand rub, hand wipes and access to handwash basins (Epic3 2017)

When to Perform Hand Hygiene

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



Based on WHO poster 'Your 5 moments for hand hygiene' and reproduced with their kind permission

Hand hygiene compliance

To ensure compliance with hand hygiene NHS Professionals Flexible workers must:

- keep nails short, clean and polish free
- avoid wearing wrist watches and jewellery
- avoid wearing rings with ridges or stones (a plain wedding band is usually acceptable, but check the Trust local policy)
- not wear artificial nails or nail extensions
- cover any cuts and abrasions with a waterproof dressing
- wear short sleeves clothes or roll up sleeves and comply with local dress code or uniform policy
- report any skin conditions affecting hands for (e.g. psoriasis or dermatitis) to the Nurse in Charge when on an assignment, or the Client Relations Team

Hand-washing:

- Use warm running water
- Wet the hands before applying soap

- Ensure you create a good lather
- Follow the correct hand washing technique to ensure all areas are covered as shown on page 5
- Hand washing should take at least 15 seconds, but no longer than 3 minutes
- Rinse well with the hands uppermost so that the water runs off the elbow
- Use a 'hands-free' (e.g. elbows) technique to turn off taps. Where 'hands free' tap systems are not in place, dry the hands first with paper towels and use these to turn off the taps
- Dry each part of the hands properly and dispose of paper towels in the appropriate waste bin without re-contaminating your hands (e.g. use the foot pedal). Do not touch the bin lids

Alcohol-based hand rub

- Is useful when sinks for hand washing are not readily available or when hands may be contaminated, but not visibly soiled (e.g. entering or leaving a ward/clinical/patient area.)
- Is **not effective** if hands are soiled as organic matter can inactivate the activity of alcohol
- Is **not effective** against spore-forming organisms (e.g. *Clostridium difficile*) or norovirus
- Can also be used following hand washing to provide a further cleansing and residual effect.
- Steps to perform hand hygiene using alcohol-based hand rub are the same as when performing hand washing and are shown on page 6
- Hand-hygiene with alcohol rub should take 15-30 seconds
- The amount/volume to provide adequate coverage of the hands should be indicated in the manufacturers' instructions but is normally around 3 mls

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.

Nailbrushes are not recommended during hand hygiene as scrubbing can break the skin, leading to an increased risk of harboring microorganisms or dispersing skin scales. Where nailbrushes are used for surgical scrub they should be fit for purpose and single use.

2. Respiratory Hygiene/Cough Etiquette

Introduction

Respiratory hygiene has been added to SICPs due the recent global influenza pandemic and should be applied as a standard infection control precaution at all times

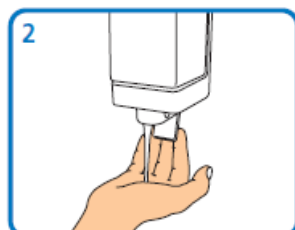
General principles: Cover nose and mouth with disposable single use tissues when sneezing, coughing, wiping and blowing noses

- 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

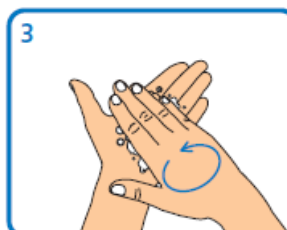
Hand-washing technique with soap and water



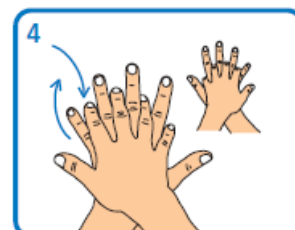
Wet hands with water



Apply enough soap to cover all hand surfaces



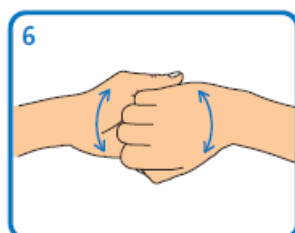
Rub hands palm to palm



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



Rub palm to palm with fingers interlaced



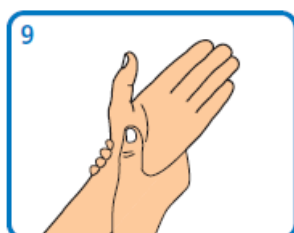
Rub with back of fingers to opposing palms with fingers interlocked



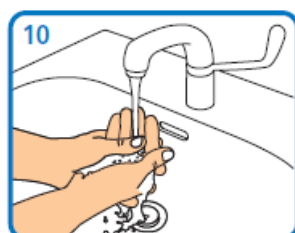
Rub each thumb clasped in opposite hand using a rotational movement



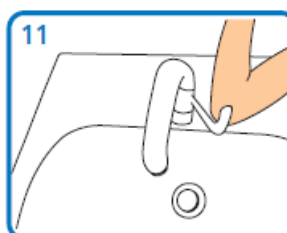
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



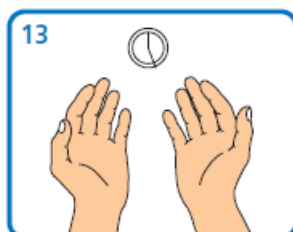
Rinse hands with water



Use elbow to turn off tap

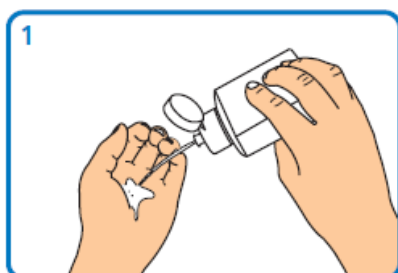


Dry thoroughly with a single-use towel



Hand washing should take 15-30 seconds

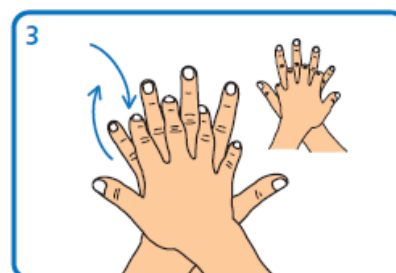
Alcohol handrub hand hygiene technique – for visibly clean hands



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



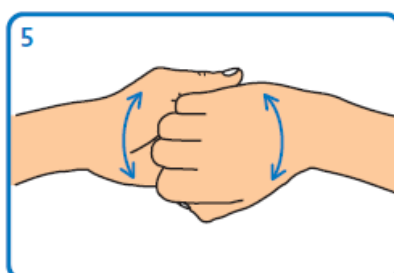
2
Rub hands together palm to palm, spreading the handrub over the hands



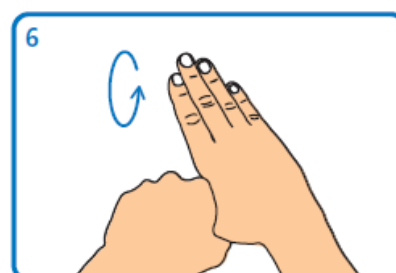
3
Rub back of each hand with palm of other hand with fingers interlaced



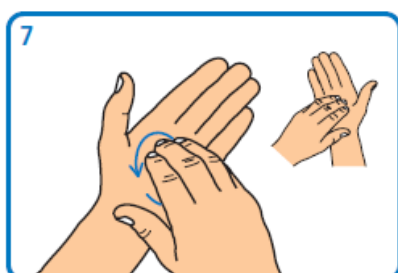
4
Rub palm to palm with fingers interlaced



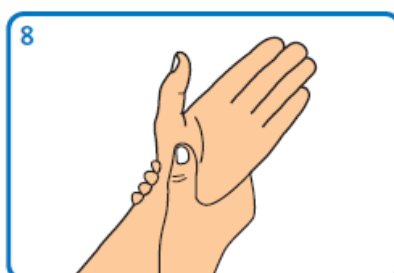
5
Rub back of fingers to opposing palms with fingers interlocked



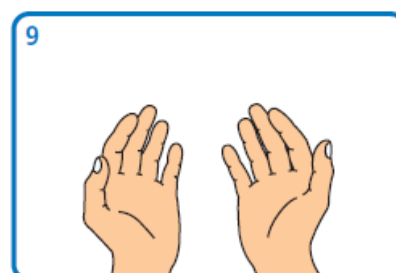
6
Rub each thumb clasped in opposite hand using a rotational movement



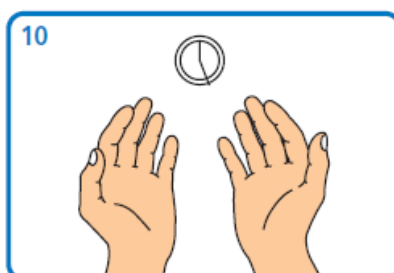
7
Rub tips of fingers in opposite palm in a circular motion



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

3. Personal Protective Equipment – Gloves, aprons, masks/goggles/visors

General principles:

- Personal Protective Equipment (PPE) is essential for health and safety, therefore all staff must wear PPE as necessary to avoid exposure to blood, bodily fluids, secretions and excretions and contamination of clothing
- Selection of PPE must be based on assessment of the risk of transmission of micro-organisms to the patient and/or the healthcare worker
- Selection of PPE should also assess the risk of contamination of the healthcare worker's clothing and skin/mucous membranes
- PPE must be changed between patients/clients/procedures.
- PPE may need to be changed between tasks on the same patient/client to prevent unnecessary cross-contamination
- Torn or otherwise damaged PPE should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.
- Well fitting, fit for purpose, comfortable PPE is important to ensure adequate protection. All staff must wear closed footwear.
- Unless otherwise stated, PPE is single-use and disposable, and must not be cleaned, reused or washed.
- Unless otherwise directed, used PPE should never be placed on environmental surfaces
- PPE must be disposed of safely and immediately following use, as clinical waste

Gloves:

- Are not a substitute for good hand hygiene, which must be performed before donning gloves, immediately after the removal and disposal of gloves, and between every change of gloves
- Should be well fitting and comfortable
- 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
- Must be worn when handling sharp or contaminated instruments.
- Should be put on immediately before patient contact/treatment and removed as soon as the activity is completed.
- Must never be cleaned with products such as alcohol-based hand rub

Aprons and Gowns

- Should be removed immediately after a task is finished.
- Should never be worn whilst moving to a different patient/client/area.
- Aprons may be colour-coded for specific tasks and/or in specific areas according to local policy (e.g. when handling or serving food within a clinical area).
- If there is a risk of significant splashing of blood, body fluids, secretions or excretions a full-body fluid-repellant gown should be worn
- To prevent contamination, when removing a gown/apron, the outer contaminated side should be turned inward, rolled into a ball and discarded immediately as clinical waste

Face, mouth and eye protection: Surgical masks, goggles and face-shields/visors

- Must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes.
- 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
- Surgical masks must be changed if they are wet or soiled.
- Efficacy of surgical masks in providing protection against airborne/droplet infections is the subject of continuing debate, as is the length of time they can be worn for.

Removal of PPE

Personal protective equipment should be removed in the following sequence to minimise the risk of cross/self-contamination:

- gloves
- apron
- eye protection (when worn)
- mask/respirator (when worn).

Hands must be decontaminated following the removal of personal protective equipment (Epic 3 2017)

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

Introduction

SICP are essential to prevent occupational exposure to potentially infectious agents 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.

Needlestick (or “sharps”) injuries are one of the most common types of injury reported 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. Therefore, preventing and managing occupational exposure is everyone responsibility.

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. Non-responders to hepatitis B vaccination must be aware of this and seeking further health professional advice and support
- 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 and/or exposed to blood, other body fluids, excretions, secretions, non-intact skin or contaminated wound dressings
- 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.

Sharps disposal:

- Used sharps must be discarded into a correctly assembled sharps container/bin (conforming to UN3291 and BS 7320 standards)
- Sharps bins must 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.

- Sharps bins should never be filled above the manufacturers' fill line on the box or more than $\frac{3}{4}$ full.
- 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.
- Needlestick-prevention devices (safer needle devices) should be considered where there are clear indications 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.

Occupational exposure including needlestick (or “sharps”) injury

Occupational exposure injury in 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. Eye/mouth washout kits may be 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 that has been used for mouth rinsing following mucocutaneous exposure.

Report the incident

- Immediately report/document the incident following local reporting procedures and to NHS Professionals' Client Relations Team or via the web-based feedback form.
- Post-exposure prophylaxis or other treatment may be required, according to local policy
- Near misses should also be clearly reported/documented.
- Avoid further injury by safely disposing of the item into an approved sharps container

5. Management of Care Equipment

Introduction

Care equipment used on patients/clients can become contaminated with blood, other body fluids, secretions and excretions during the delivery of care and must be managed appropriately to limit the risk of contamination with micro-organisms. 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.

General principles:

Care Equipment:

- Must be checked for cleanliness prior to use and stored clean and dry following use
- Should never be stored on the floor unless specifically designed to do so
- Should be covered with specific protective covers if required
- Must be cleaned on a routine, scheduled basis following local policy, whenever it is visibly dirty and immediately after spillages or contamination with blood/other body fluids and between patients
- Should be cleaned following the local policy. In the case of specific infections such as C difficile advice should be sought from the local infection prevention and control team.

6. Control of Environment

Key principles:

- Ensure your working environment is tidy and 'clutter free' to ensure effective cleaning can be undertaken
- Ensure all equipment/receptacles used to clean the environment are clean before use. Utilise single use items as far as possible in health and social care settings
- General purpose neutral detergent is suitable for routine environmental cleaning (antimicrobial agents are not routinely recommended).
- Alcohol and detergent wipes are not suitable for large surface cleaning and should not be used for routine cleaning of the environment
- Chlorhexidine (e.g. Hibiscrub and other hand antiseptic agents) should not be used to clean the environment
- Areas/items which are consistently unclean, particularly following times when cleaning routines should have been performed, and items which are in a poor state of repair should be reported to your local line manager. Where there is concern about risk of infection, this should be reported using the local incident reporting system.

7. Safe Management of Linen

Introduction

Soiled fabric/linen within healthcare settings can harbour large numbers of potentially pathogenic microorganisms, therefore it is important that appropriate precautions are taken.

Main categories of linen applicable to this guideline are:

- **Used linen:** All used linen, irrespective of state, except linen from infectious (or isolated) patients/clients or those suspected of being infectious
- **Infected linen:** 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:** Linen contaminated with blood or other body fluids, e.g. faeces. Local policy will determine into which category the linen will be placed e.g. used or infected

Protection when handling used linen

- A disposable plastic apron should always be worn when handling and disposing of used linen (and disposable gloves where linen is soiled). Colour-coded aprons may be used in some areas 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
- Guidance on handling infected linen should be provided locally.

Uniforms - Good and poor practice (DH 2010):

All NHS Professional flexible workers should follow good uniforms practice outlined by the DH (2010) and avoid bad practice highlighted below.

| It is good practice to: | Why? |
|--|---|
| Wear soft-soled shoes, closed over the foot and toes | These offer protection from spills and dropped objects. Open shoes risk injury or contamination for staff. Soft soles reduce noise in wards. |
| Put on a clean uniform at the start of every shift. | Prevents any risk of cross contamination, however small |
| Wear short-sleeved tops and do not wear white coats during patient care activity. | Cuffs at the wrist become heavily contaminated and are likely to come into contact with patients. |
| Change into and out of uniform at work or cover uniform completely when travelling to and from work. | There is no evidence of an infection risk from travelling in uniform, but many people perceive it to be unhygienic. |
| Change immediately if uniform or clothing becomes visibly soiled or contaminated | Visible soiling may present an infection risk and will be disconcerting for patients. |
| Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric | A wash for 10 minutes at 60°C removes almost all micro-organisms. Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms. |
| Wash heavily soiled uniforms separately. | Separate washing will eliminate any possible cross-contamination from high levels of soiling and enable the uniform to be washed at the highest recommended temperature. |
| Have clean, short, unvarnished fingernails. | Clean nails are hygienic and look professional. Long nails are harder to keep clean and are a |

| | |
|--|--|
| | potential hazard. |
| It is bad practice to: | Why? |
| Go shopping in uniform or engage in other activities outside work. | Even though there is no evidence of infection risk, people perceive there is one. |
| Wear neckties/lanyards (other than bow- ties) during direct patient care activity. | Ties have been shown to be contaminated by pathogens and can accidentally come into contact with patients. They are rarely laundered and play no part in patient care. |
| Wear false nails during patient care activity. | False nails harbour micro-organisms and make effective hand hygiene more difficult. |
| Wear any jewellery, including a wrist-watch, on the hands or wrists during direct patient care activity (local policies may allow a plain ring such as a wedding ring) | Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult. |

8. Safe Waste Management

Introduction

Waste produced as a result of healthcare activities is classified as healthcare waste in the European Waste Catalogue . Healthcare waste includes no /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.

Key principles:

- The local policy on waste disposal, spillages and other relevant areas must be followed. Issues or difficulties in following the policy should be reported to the local line manager and the local incident policy followed if necessary
- Waste should be disposed of as close to the point of use as possible, immediately after use.
- Identified bag holders should be used wherever possible, particularly in healthcare 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.
- UN approved bags which are orange or yellow in colour and indicate hazardous healthcare waste for treatment/incineration and disposal should always be used depending on the waste being generated.
- Bags should be no more than $\frac{3}{4}$ full.
- Never dispose of waste into an already full receptacle
- Never touch the waste receptacle itself, e.g the lining of the outside of bags/containers,
- 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.
- 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

9. References

DH (2010) Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers. Available at:

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_114751 Accessed 17 June 2019

Epic 3 (2017) National evidence based guidelines for preventing HCAI. Available at:

https://improvement.nhs.uk/documents/847/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf Accessed 17 June 2019

Hazardous Waste (England & Wales) Regulations 2005. Available at: www.environment-agency.gov.uk/subjects/waste/ Accessed 17 June 2019

National Audit Office (2009) Reducing Healthcare Associated Infections in Hospitals in England. Available at:

<https://www.nao.org.uk/report/reducing-healthcare-associated-infections-in-hospitals-in-england/> Accessed 17 June 2019

NHS England and NHS Improvement (2019) Standard infection control precautions: national hand hygiene and personal protective equipment policy. Available at

https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf Accessed 17 June 2019

10. Useful websites:

1. NICE Quality Standard Infection Prevention and Control

<https://www.nice.org.uk/guidance/QS6> Accessed 17 June 2019

2. Public Health England: Health matters: preventing infections and reducing antimicrobial resistance

<https://www.gov.uk/government/publications/health-matters-preventing-infections-and-reducing-amr/health-matters-preventing-infections-and-reducing-antimicrobial-resistance>

Accessed 17 June 2019

3. RCN Infection prevention and control <https://www.rcn.org.uk/clinical-topics/infection-prevention-and-control> Accessed 17 June 2019

11. Document Accessibility and version history

These guidelines are available for flexible workers in the Managed Learning Environment and on the NHS Professionals website

VERSION HISTORY - CG1

| Version | Date | Status | Author |
|---------|----------------|---|--|
| 1 | Nov 2005 | Document Created | Cathy Winn, Head of Clinical Governance Karen Barraclough, Nurse Facilitator |
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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 |
| 4 | March 2013 | Document reviewed and updated | Sue Chapman Independent Nurse Consultant, Chapman Medical Services Limited Karen Barraclough, Senior Nurse/ Head of Governance |
| 5 | March 2016 | Reviewed and updated | Jane Hewitt, Nurse Lead Karen Barraclough, Senior Nurse/ Head of Governance |
| 6 | June 2019 | Reviewed and updated | Karen Barraclough, Chief Nurse/ Head of Governance |
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