

POLICY FOR STANDARD INFECTION PREVENTION PRECAUTIONS	Clinical Guideline Register No: 04071 Status : Public
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Appendix 1: Summary of PPE Requirements

1.0 Purpose

- 1.1 This policy details the measures to prevent and control the spread of Health Care Associated Infections (HCAIs) within the Mid Essex Hospitals NHS Trust, as a basis for safe practice for all patients and in all situations.
- 1.2 The purpose of this document is describe how to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources. It is the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients. This policy is to be read in conjunction with other trust policies which give detail about each specific category.

2.0 Aims of the Policy

- 2.1 This policy aims to fulfil the criteria set within “Saving Lives” (DoH 2007), the Health and Social Care Act 2008 and Epic 3 guidance (2013) in order to prevent and control infections in the acute hospital environment.

3.0 Scope

- 3.1 This policy applies to all staff employed by the Trust on a substantive and temporary basis.

4.0 Equality and Diversity

- 4.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

5.0 Roles and Responsibilities

5.1 Managing Director

The Managing Director has overall responsibility for ensuring that the Trust has the necessary management systems in place to enable the effective implementation of this policy and overall responsibility for the health and safety of staff, patients and visitors.

5.2 Chief Medical Officer

The Chief Medical Officer has strategic responsibility for ensuring systems are in place to ensure that medical staff are aware of this policy and appropriate support is given to enable staff to deliver the practice described in this document.

5.3 Director of Nursing

The Director of Nursing has strategic responsibility for ensuring systems are in place to facilitate nursing staff awareness of this policy and appropriate support is given to enable staff in delivering practice as outlined in this policy.

5.4 Director of Infection Prevention and Control (DIPC)

The DIPC will have operational responsibility for the effective implementation of this policy.

5.5 **Infection Prevention Team (IPT)**

The Infection Prevention Team are responsible for ensuring all staff are made aware of this policy and advising ward staff on control measures, providing them with the necessary advice.

5.6 **Domestic Services Manager**

The Domestic Services Manager provides the professional leadership for cleaning services. They are responsible for providing the operational cleaning framework within which the Domestic teams operate.

5.7 **All staff**

All staff must comply with this policy and act in a responsible manner, liaising with the IPT in a timely manner if need advice or support. All staff have a responsibility to ensure that infection prevention is embedded into their everyday practice and applied consistently at all times.

6.0 **Standard Infection Prevention Precautions**

6.1 **Hand hygiene** (to be read in conjunction with hand hygiene policy)

6.2 Health care workers must ensure that their hands can be decontaminated effectively by:

- Removing all wrist jewellery and stoned rings when in the clinical area
- Ensuring they are 'bare below elbows' in all clinical areas
- Ensuring that nails are short and clean and free from false nails and nail varnish.
- Covering any minor wounds or skin lesions with a waterproof dressing. Staff with large wounds, eczema, dermatitis or any other skin condition **must** seek advice from the Occupational Health Department

6.3 Hands must be decontaminated in all of the following circumstances:

- Immediately before every episode of direct patient contact or care, including aseptic procedures.
- Immediately after every episode of direct patient contact or care.
- Immediately after exposure to body fluids.
- Immediately after any other activity or contact with a patient's surroundings that could potentially result in hands becoming contaminated.
- Immediately after removal of gloves.

6.4 Liquid soap should be used for routine hand hygiene (i.e. in between patients). However, alcohol hand gel is a suitable alternative for routine hand hygiene if the hands are not visibly contaminated.

6.5 Hands **must** be cleaned with soap and water when caring for a patient known to have diarrhoeal illnesses.

6.6 Hands **must** be cleaned with soap and water if they are visibly soiled or potentially grossly contaminated with dirt or organic material.

6.7 Alcohol gel should be applied after washing with soap and water to disinfect hands before an aseptic procedure is carried out

7.0 Personal Protective Equipment (PPE)

7.1 PPE is intended to protect both patient and the health care worker from the risk of cross infection.

7.2 Protective clothing must:

- Be readily available and easily accessible
- Be appropriate for the task/procedure being undertaken
- Fit appropriately
- Be compatible with any other item of protective equipment being worn simultaneously
- Be disposable where possible, if not disposable it must be decontaminated and maintained as necessary

7.3 Selection of appropriate protective clothing should follow a risk assessment of the procedure. The following factors should be considered:

- The nature of the task
- The risk of contamination
- The barrier efficacy of the protective clothing

7.4 All health care workers and Domestic Services staff must be trained in the appropriate use of PPE.

7.5 Personal protective equipment should be removed in the following order:

- Gloves
- Apron
- Eye protection
- Respiratory protection

7.6 Protective clothing should be disposed of into the clinical waste stream.

7.7 Gloves

- Nitrile gloves should be worn when there is a risk of exposure to body fluids, secretions/ excretions, broken skin or mucous membranes.
- Sterile gloves are required for invasive procedures or contact with sterile sites.
- Gloves must be put on immediately before an episode of care and removed as soon as the activity is completed
- Hands must be decontaminated immediately following removal of gloves
- Gloves must be single use items
- Domestic Services staff must wear the appropriately colour coded gloves for the task being carried out in accordance with NHS National Specifications for Cleanliness (NPSA, 2010)

7.8 Aprons and Gowns

- Disposable plastic aprons must be worn to reduce the risk of clothing being exposed to blood, body fluids, secretions or excretions.
- Disposable aprons should also be worn where contact with contaminated items such as the patient's bed linen is likely.
- Plastic aprons must be worn as single use items
- If gloves are worn, aprons must be removed after gloves.
- If caring for a patient in standard isolation, the apron must be removed and discarded inside the side room.
- Disposable water repellent gowns must be worn if there is extensive risk of splashing onto clothing.
- Full length gowns must be worn when caring for patients considered high risk of carbapenem resistance or with multi resistance Acinetobacter (see policies Carbapenamase producing organism CPO 14017, and Acinetobacter policy 08004).

Remove apron/ gown immediately after use avoiding contact with the most contaminated areas. The outer contaminated side of the apron/gown should be turned inwards, rolled into a ball and then discarded in the appropriate waste stream.

7.9 Face, eye and respiratory protection

(Refer to Preventing Transmission of Tuberculosis in Hospital: MEHT clinical guideline 04076)

- Facemasks and eye protection should be worn where there is a risk of splashing of fluids or debris into the face or eyes.
- Respiratory protection is required when there is a risk of infection during aerosol generating procedures such as intubation or suctioning.
- Filter masks (FFP3) are to be worn when during aerosol generating procedures when caring for a patient suspected of known to have tuberculosis.
- Hands must be decontaminated immediately following the removal of any PPE

7.10 A summary of protective clothing requirements in different situations can be seen in the table on the next page. (Refer to Appendix 1)

No direct contact with the patient or their immediate surroundings (bedding etc)	Contact with patient but no contact with wounds and/or potential exposure to blood / body fluids, but low risk of splashing	Contact with patient (but no contact with wounds). Potential exposure to body fluids anticipated and medium to high risk of splashing to face	Contact with patient's wound(s) or normally sterile sites, but low risk of splashing of blood / body fluids	Contact with patient's wound(s) and medium to high risk of splashing to face	Environmental cleaning around patient areas
↓	↓	↓	↓	↓	↓
No protective clothing required	Disposable apron and non-sterile disposable gloves required	Disposable apron, non-sterile disposable gloves and eye/nose/mouth protection required	Disposable apron and sterile disposable gloves required	Disposable apron, sterile disposable gloves and eye/nose/mouth protection required	Disposable apron and colour coded gloves according to the task

8.0 Sharps

8.1 Rules for handling sharps

All healthcare workers must handle sharps safely to reduce the risk of injury as exposure to contaminated blood may be associated with blood borne viruses.

- Sharps must not be passed directly from hand to hand, and handling should be kept to a minimum
- Needles must not be bent or broken prior to use or disposal
- Needles and syringes must not be disassembled by hand prior to disposal
- Needles must not be re-sheathed
- The temporary closure **must** be employed on a sharps container when not in use.
- All sharps containers **must** have a correctly fitted lid
- Used sharps must be disposed of at the point of use.
- The container must not be filled above the indicating mark.
- Once two thirds full the lid must be closed securely and the label completed with name and date of closure.

8.2 Sharps / Needle stick injury (to be read in conjunction with Blood Borne Virus policy)

In the event of a sharps or needle stick injury:

- Encourage bleeding from the wound
- Wash the area thoroughly with soap and water and dry
- Cover with a waterproof dressing
- Report to Occupational Health if a member of staff is injured

- Contact A&E if out of normal working hours
- Notify your line manager and complete a datix

8.3 Mucous membrane exposure

If blood/ blood stained body fluids or secretions are splashed into the eyes, nose, mouth or open skin lesions:

- Irrigate with copious amounts of saline immediately
- Report to Occupational Health or A&E if outside normal working hours
- Notify your line manager and complete a datix

9.0 Spillage Management

All spillages of blood or bodily fluids should be considered as potentially infectious.

Spillages must be dealt with quickly and effectively to reduce the risk of exposure and further contamination.

When dealing with a blood spillage, staff must ensure that;

- Disposable gloves and apron are worn
- An absorbent towel or similar is used to soak up the spillage, and discarded into the orange bag waste stream
- The surface is wiped using an environmental disinfectant
- Hands are washed following removal of gloves and apron.

10.0 Waste Disposal

10.1 The trust has a duty to manage waste in accordance with relevant legislation minimising risk to health and the environment.

10.2 Staff have a responsibility to ensure all waste is disposed of in accordance with the management of waste policy.

10.3. Sharps disposal colour coding

	<p>Yellow with Red Lid</p>	<p>Non-Medicinal Sharps Sharps that have NOT been in touch with any medicines.</p> <p>(e.g. syringes and needles used to take bloods only)</p>	<p>Use in Phlebotomy only</p>
	<p>Yellow with Yellow Lid</p>	<p>All sharps except cytotoxic/cytostatic sharps</p> <p>(e.g. syringes, needles, razors, giving sets)</p>	<p>Use in all wards and departments except Cancer Unit and Pharmacy and cancer patients</p>
	<p>Yellow with Purple lids</p>	<p>Only sharps that HAVE BEEN in touch with cytotoxic/cytostatic medicines.</p> <p>(e.g. syringes, needles, giving sets used to administer cytotoxic/cytostatic medicines)</p>	<p>Use in Pharmacy, Helen Rollason Unit, and wards/clinic with cancer patients using medicines from Aseptic suite/Pharmacy only.</p> <p>Purple sharps bins will be issued to any other ward with medicines issued by the Aseptic Suite, Pharmacy.</p>

11.0 Laundry

(To be read in conjunction with linen policy; register number 08021)

- Staff must wear disposable gloves and an apron when handling soiled linen
- When changing linen, the linen skip must be taken to the bedside to prevent staff carrying used linen
- In the case of known or suspected infection, all linen must be disposed of as infected, using a dissolvable bag which is then placed in a white bag before being tagged
- Used linen must be stored away from public areas in appropriate waste rooms for collection

- Clean linen must be stored tidily in a clean cupboard or trolley ensuring items are not in contact with the floor

12.0 Decontamination

(To be read in conjunction with decontamination policy; register number 04070)

- Shared equipment used in the clinical areas must be decontaminated appropriately after each use.
- Single use equipment must not be re-used
- Used instruments and equipment must be decontaminated in accordance with manufacturer's guidelines.
- Clean equipment must be labelled using signed, dated green tags

13.0 Environment

(To be read in conjunction with cleaning policy; register number 09033)

- The hospital environment must be visibly clean, free from dust and spillage and acceptable to patients, their visitors and staff in accordance with the Trust Cleaning Policy
- Levels of cleaning must be increased during outbreaks of infection where the pathogen concerned survives in the environment and environmental contamination may be prolonging spread of infection
- Following discharge or transfer of a patient in isolation, the vacated side room must be terminally cleaned in accordance with the procedure in the Cleaning Policy

14.0 Clinical Specimens

14.1 Any clinical specimen may contain undiagnosed infectious agents. Therefore all specimens should be regarded as hazardous. Blood and some body fluids may contain blood borne viruses.

14.2 The patient's diagnosis is confidential and therefore should not be added to the specimen label.

14.3 All specimen containers must be tightly sealed and placed in the transport pod or bag with the request card in a separate compartment of the same bag.

14.4 Specimens should be sent to the laboratory promptly and without unnecessary delay.

14.5 Where specimens are known to be or suspected of containing infectious agents, they should be labelled "Danger of Infection".

15.0 Audit and Monitoring

- The Infection Control Group reviews Infection Prevention and Control Policies.
- Ward Managers are required to monitor the implementation of policies and ensure that action is taken to correct inappropriate practices and develop localised action plans.

- Infection prevention standards are audited on a monthly basis by Infection Prevention Link Nurses and Infection Prevention and Control Team in accordance with Saving Lives (2007)
- The result of monitoring undertaken is appropriately documented, with a copy of the remedial actions sent to the Lead Nurse for the clinical area.
- Any training needs are identified and highlighted during monitoring within the Directorates.
- Any breaches in this policy are to be reported via datixweb immediately following the incident.

16.0 Training

- 16.1 Infection Prevention training is included in all Corporate Induction and Mandatory Risk Management courses that all staff must attend.
- 16.2 Training needs are identified and highlighted during monitoring within the Directorates

17.0 Implementation and Communication

- 17.1 The requirements detailed within this policy are already in place.
- 17.2 This policy will be issued to the following staff to disseminate. These individuals will ensure their staff are made aware of the policy:
- Directorate Managers & Director of Operations
 - Clinical Directors and Lead Nurses - issue to relevant staff within their department
 - Ward Sisters/Charge nurses - issue to relevant nursing staff within their ward
 - Bed Management Team -issue to On-call Managers folder
 - Domestic Services Management
- 17.3 The guideline will be available on the Intranet.

18.0 References

Department of Health (2015) The Health and Social Care Act 2008 Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance

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http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf (Accessed May 2017)

National Institute for Health and Clinical Excellence (2012) Infection Control: Prevention of healthcare associated infection in primary and community care. CG 139. NICE, London.
<https://www.nice.org.uk/guidance/cg139> (Accessed May 2017)

Appendix 1

PPE Requirements

Item of Clothing	Purpose / Use	Comments
Gloves See latex policy		Gloves do not replace the need for thorough hand washing
Sterile surgeons gloves	Surgery only	Single use only. Double gloving is recommended for orthopaedic implant surgery. The Expert Advisory Group on AIDS and HIV also recommends double gloving as a method of reducing percutaneous exposure during surgical procedures on patients with blood borne pathogens.
Sterile, nitrile surgeon's gloves	As above for staff with diagnosed NRL sensitisation	As above
Sterile examination gloves	<ul style="list-style-type: none"> • Non-surgical aseptic procedures with potential exposure to blood/blood stained body fluids. • Sterile pharmaceutical preparations 	Single use only
Sterile, vinyl examination gloves	Non-surgical aseptic procedures where contact with blood/ blood stained body fluids is unlikely	Single use only
Sterile, nitrile examination gloves	As above for staff with diagnosed NRL sensitisation	Single use only
Non Sterile examination Gloves	<ul style="list-style-type: none"> • Non sterile procedures with potential exposure to all body fluids • Non sterile procedures involving used sharps • Handling cytotoxic material • Handling disinfectants 	Single use only
Non sterile, nitrile examination gloves	<ul style="list-style-type: none"> • As for non-sterile latex Single use only. Examination gloves for those with NRL sensitisation	Single use only
Blue polythene, non-sterile	Food handling only. Not recommended for clinical use.	Single use only

Item of Clothing	Purpose / Use	Comments
Colour coded marigold gloves	For domestic staff for cleaning duties in non-isolation areas. The use of colour coded marigold type gloves are to be used in accordance with the NPAG Revised Cleaning Manual.	Disposable. Gloves must be disposed of at the end of each shift, or between cleaning of isolation rooms.
Disposable gloves	Gloves must be appropriate for the procedure, fit well and be powder free. They must be disposed of as clinical waste	Single Use Must be changed between clean and dirty tasks.
Plastic Aprons	Offers protection to/from clothing at site of greatest exposure/contact during routine patient care activities. Aprons are colour coded for use	Single use. Must be changed between clean and dirty tasks.
Eye Protection Glasses, goggles, visors	To protect eyes from aerosol or splash contamination of body fluids; for example, during surgery, endoscopy and suctioning.	Check if reusable or disposable. Reusable, wearing gloves, wash in hot water and detergent after use.
Gowns Waterproof or water repellent, sterile or non-sterile.	<ul style="list-style-type: none"> • Offers protection to clothing and skin during procedures where there is the potential for gross exposure to blood and other body fluids. • Reduces skin scale dispersal from the wearer, thus reducing risk of infection for the patient during invasive procedures • Offers greater protection (than aprons) to staff during the care of certain infectious conditions e.g. Norwegian Scabies. 	Use mainly restricted to: Theatres Endoscopy units Delivery Suite Aseptic drug preparation units. Sterile gowns must be used for sterile procedures. Liaise with infection prevention nurse if gowns are required Single use gowns to be worn
Footwear Rubber Boots	Protects feet from body fluids.	Use indicated in Theatres. These must be cleaned after use.

