



Western Health
and Social Care Trust

INFECTION PREVENTION & CONTROL STANDARD PRECAUTIONS POLICY

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Author(s):	Nichola O’Kane, Infection Prevention & Control Nurse		
Ownership:	Wendy Cross, Head of Infection Prevention & Control		
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This policy does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/ or guardian or carer.

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1.0 **INTRODUCTION**

1.1 **Background**

Infection Prevention and Control (IPC) is the application of microbiology in clinical practice.

Infection can be caused by bacteria, fungi, viruses or prions and can affect almost all body systems. Not all infections are transmissible, but some, such as *Clostridium difficile* (*C. difficile*), Meticillin-Resistant *Staphylococcus aureus* (MRSA) and Norovirus, have the potential to spread from one patient to another.

It is not always possible to identify people who may transmit infection. Therefore, it is imperative that staff adhere to principles that include best practice recommendations to prevent the risk of transmission of organisms and ensure that patients, staff and other service users are protected from the possible risk of infection. These principles are known as **Standard Precautions** (SPs).

SPs are fundamental in reducing the spread of infections within healthcare. Sources of potential infection include blood, and other body fluids, secretions and excretions, non-intact skin, mucous membranes and any equipment or items in the care environment that may have become contaminated. Sweat does not require to be considered as a risk of transmission, unless the patient is suspected of having Ebola.

SPs must be used by **all** staff, in **all** care settings, at **all** times, for **all** patients whether infection is known to be present or not. SPs also apply to healthcare workers who provide care within patients'/ clients' own homes.

The application of SPs during any care activity is determined by a risk assessment by the care provider. The risk assessment must include the micro-organism involved, the task being undertaken, the level of interaction and/ or the anticipated level of exposure to blood or body fluids.

SPs are necessary to ensure the safety of patients/ clients, as well as healthcare personnel and those who visit the healthcare environment.

Transmission Based Precautions, i.e. Contact, Droplet, Airborne and Protective precautions, may be required in addition to SPs for patients who are known or suspected to be infected/ colonised with micro-organisms that are easily transmitted to others.

1.2 **Purpose**

This policy aims to provide guidance for all healthcare workers on safe and effective working practices within healthcare. This is to minimise the risk of transmission of potential pathogenic micro-organisms by identifying actions required.

THIS POLICY IS TO BE READ IN CONJUNCTION WITH [ALL INFECTION PREVENTION AND CONTROL POLICIES, GUIDELINES AND PROTOCOLS](#),

AVAILABLE ON THE WESTERN HEALTH & SOCIAL CARE TRUST (WHSCCT) INTRANET.

2.0 SCOPE OF THE POLICY

This policy applies to all healthcare workers, including agency, bank and locum staff, employed within the WHSCCT and others working within the Trust in a contracted capacity. This includes staff working within both acute and community settings.

This policy forms the basis of all IPC guidance. It is intended to be used alongside all other WHSCCT IPC guidance. It is imperative that staff become familiar with this policy to ensure adherence to IPC protocols.

3.0 ROLES AND RESPONSIBILITIES

3.1 Trust Board and Chief Executive

Have an overall governance role for IPC in relation to staff, patients and visitors. They have a collective responsibility to ensure that all patients are managed according to the procedures set out in this policy, including:

- The provision of a safe and effective working environment, including the provision of appropriate equipment to mitigate the risk of infection.
- The provision of appropriate personal protective equipment (PPE).

3.2 Senior Managers

Within directorates should:

- Ensure that staff have access to this policy and adhere to the procedures set out in this policy.
- Have a key role in the co-ordination of actions required following unexpected exposure incidents/ outbreaks.
- Ensure that records of outbreak/ incident meetings are maintained.

3.3 Ward Managers

- Should ensure that staff within their department adhere to the procedures detailed in this policy.
- Adverse incidents are reported and managed as per Trust policy.
- Staff are provided with suitable information, instruction and training with regards to IPC as provided during Mandatory IPC Training and maintain accurate records of attendance.
- Report any deficits within the healthcare environment that could have a direct bearing on the application of SPs.
- Should maintain an accurate record of patient placement within the ward at all times to facilitate accurate retrospective information gathering, if required.
- Should ensure staff have access to appropriate PPE and are using PPE appropriately.



- In the event of an outbreak, ensure that all necessary information requested by the Incident Team is provided.
- Ensure that any patient who is suspected/ confirmed as having an infection is managed appropriately within their ward.
- Maintain a record of staff FFP3 mask fit-testing.

3.4 All Healthcare Employees within the WHSCT

- Must be familiar with and comply with this policy.
- Incorporate this policy into their clinical practice.
- Have a responsibility to report any signs or symptoms of potential infection.
- All staff have the responsibility to encourage other staff, patients/ clients and visitors to comply with SPs.
- Attend IPC Induction/ Mandatory Training sessions provided by the WHSCT.
- Report to their manager, any illness that may have occurred as a direct result of occupational exposure, including sharps injuries.
- Report to their manager, any illness or signs and symptoms of illness that could potentially be responsible for the transmission of infection to their colleagues, patients/ clients and other members of the public.
- Not provide direct patient care whilst potentially infectious.
- Be aware of local and national policies, procedures and campaigns that promote IPC practices.

3.5 Infection Prevention & Control Team

- Advise on IPC issues for individual patients.
- Contribute to the updating of WHSCT IPC guidance.
- Provide up to date IPC Mandatory Training for WHSCT staff.
- Provide real-time IPC advice to staff as required.

3.6 Consultant Microbiologists

- Advise on IPC issues for individual patients.

4.0 KEY PRINCIPLES

The overarching principles/ statements for this policy are to ensure that:

- Staff are informed of and instructed in the application of SPs so they can provide safe care to service users of the WHSCT.
- Staff are protected by the correct application of SPs.
- IPC is everyone's responsibility.

All healthcare workers must treat all blood, body fluids, secretions and excretions of every patient as potentially infectious. PPE must be worn if it is anticipated there may be contact with any type of body fluid.

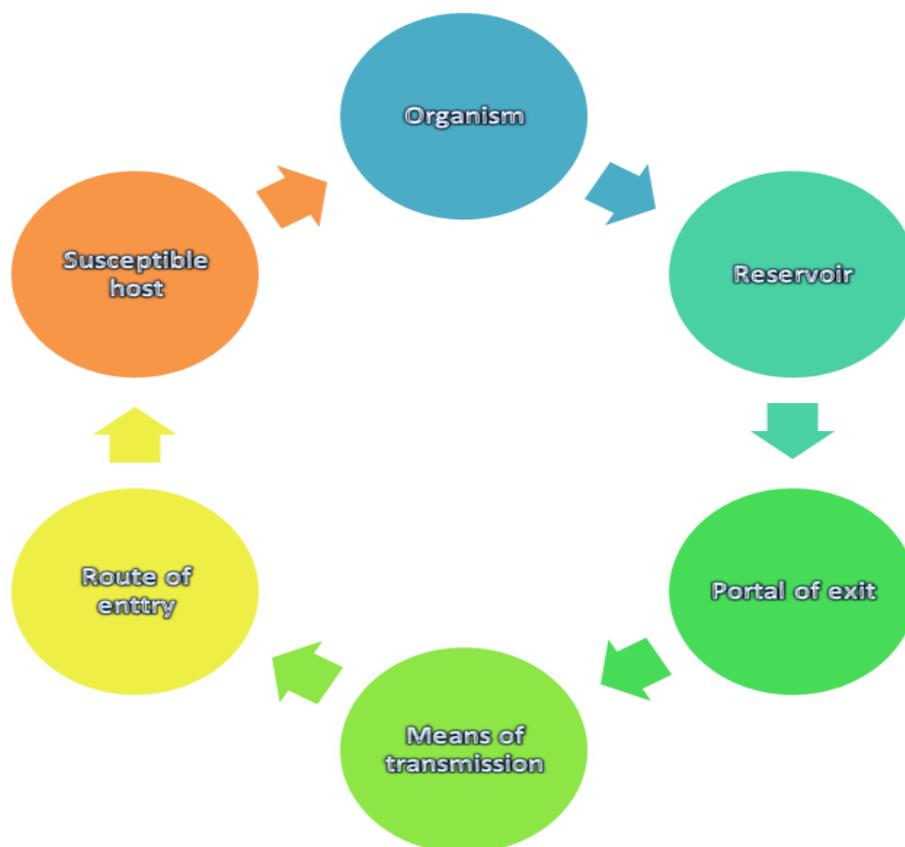
5.0 THE CHAIN OF INFECTION

The application of SPs during any care activity is determined by a risk assessment by the care provider. The risk assessment must include the micro-organism involved, the task being undertaken, the level of interaction and/ or the anticipated level of exposure to blood or body fluids.

The transmission of infection depends on six elements which link together like a chain.

For an infection to develop, each link of the chain below must be connected. Breaking any link of the chain can stop the transmission of infection.

The Chain of Infection:



Organism

This is any micro-organism that can cause disease, such as bacteria, viruses, parasites or fungi.

Reservoir

This is the place where the micro-organism resides and reproduces, i.e. food, water, blood, body fluids, excretions or secretions.

Portal of Exit

This is the place where the micro-organism leaves the reservoir. This can be the respiratory tract, intestinal tract, urinary tract or blood and body fluids.



Mode of Transmission

This is the means by which an organism transfers from one carrier to another, either by direct transmission (hands) or by indirect transmission (environment, equipment).

Portal of Entry

The opening where an infectious micro-organism enters a person's body, such as mucous membranes, open wounds, cannula, catheters, etc.

Susceptible Host

This is a person who is at risk for developing an infection from the disease. Several factors make a person more susceptible to disease, including age (young and elderly are more at risk), underlying chronic disease, immunosuppression, medications and invasive devices.

The correct application of SPs can minimise the transmission of micro-organisms within any healthcare setting.

6.0 PATIENT PLACEMENT/ ASSESSMENT FOR INFECTION RISK

Patients must be promptly assessed for the risk of infection prior to arrival or immediately on arrival at the care area. This assessment should be reviewed daily throughout the patient's journey.

Patients who may present a risk of infection are patients/ clients with:

- Diarrhoea and/ or vomiting
- An unexplained rash, fever or respiratory symptoms

Staff should also assess if the patient/ client is known to previously have been found positive with a resistant organism, e.g. MRSA, Vancomycin-Resistant Enterococcus (VRE), Carbapenemase-Producing Enterobacteriaceae (CPE), Extended Spectrum Beta-Lactamase (ESBL) producing organism, etc.

An assessment of previous healthcare activities should be considered if:

- The patient/ client has been admitted to another hospital in the last 12 months.

If the patient is deemed to be at risk of infection, additional Transmission Based Precautions may be required in addition to SPs.

7.0 HAND HYGIENE

Hand hygiene is at the core of SPs by reducing the transmission of infectious agents that can cause healthcare-associated infections (HCAIs).

Micro-organisms can be transmitted to the patient from the healthcare environment, the healthcare worker or other patients. Hands are the most common way in which pathogenic (disease-causing) micro-organisms are transmitted within healthcare.

The term hand hygiene refers to all processes, including hand washing and using alcohol hand sanitisers or other hand decontamination products.

Before performing hand hygiene:

- Staff must be Bare Below the Elbow
- Sleeves must be short or rolled up to elbow length
- Remove all hand/ wrist jewellery (one plain wedding band is permitted, but this must be manipulated during hand hygiene to ensure decontamination underneath the ring).
- Fingernails must be clean and short
- No artificial nails/ acrylic nails or nail polish to be worn at work
- Cover all cuts/ abrasions with a water-proof dressing

7.1 Hand Hygiene and Jewellery

It has been shown that contamination of jewellery, in particular stoned jewellery, can occur. Skin underneath jewellery is more heavily colonised with micro-organisms than other areas of skin on the fingers.

Jewellery must be removed when working in a clinical area to prevent the transmission of micro-organisms.

A single plain wedding band is allowed whilst working in clinical areas.

7.2 Patient Hand Hygiene

As healthcare providers we have a duty to encourage appropriate hand hygiene by patients.

Patients should be reminded about the application of hand hygiene before eating, after toileting, after coughing and also before and after attending to any self-care treatments. This can be through using soap and water, alcohol gel or hand wipes.

If patients are unable to perform hand hygiene independently, staff are responsible for assisting them. Non-ambulant patients must be offered hand hygiene facilities through the use of hand wipes or alcohol hand sanitising gel.

7.3 Visitor Hand Hygiene

Visitors should be encouraged to decontaminate their hands with alcohol hand sanitising gel when entering and leaving a ward/ care home, unless the patient has had symptoms of diarrhoea and/ or vomiting, in which case soap and water must be used for hand decontamination.



7.4 How to Perform Hand Hygiene

The WHSCT advocates the use of the 7 step hand hygiene technique. When carried out correctly, the entire surface of the hands and wrists are decontaminated. This minimises the risk of transmitting organisms to patients and others.

The [7 step hand hygiene technique](#) poster should be available at all clinical hand wash sinks and at all hand hygiene stations for reference.

7.5 When to Perform Hand Hygiene

It is important that staff use the 7 step hand hygiene technique at the correct times during all healthcare activities so as to minimise the risk of transmission of micro-organisms.

The patient can also become infected by micro-organisms that are already resident on their own body, if hand hygiene is not performed at appropriate times.

All WHSCT staff must decontaminate their hands, using the 7 step technique and using the principles of the World Health Organisation's (WHO) 5 moments for hand hygiene.

The WHSCT advocates the [WHO 5 moments for hand hygiene campaign](#).

7.6 Products for Hand Decontamination

The correct use of product must be assessed by the healthcare worker to ensure that sufficient hand decontamination is performed to minimise the transmission of micro-organisms/ infection within healthcare.

Alcohol Based Hand Rub/ Sanitisers

The most effective way to decontaminate hands is using alcohol based hand rub.

Alcohol based hand sanitisers must be available for staff as near to the point of care as possible, including the end of patient beds. These products are useful for hand decontamination when sinks are not readily available.

Alcohol based hand rubs have the following immediate advantages:

- Elimination of the majority of micro-organisms
- A short time required to decontaminate hands (around 15 seconds)
- Available at the point of care

Alcohol hand sanitisers can only be used on hands that are **not** visibly soiled or potentially contaminated with dirt/body fluids.

Alcohol hand sanitisers are not effective against *Clostridium difficile* or Norovirus, so hands must be washed with soap and water when looking after patients with these infections. This also extends to patients with any diarrhoea or vomiting symptoms.

Soap and Water

Hands should be washed with soap and water at the following times:

- To remove any visible dirt/ organic matter from the hands
- Following removal of PPE, when the healthcare professional has had contact with body fluids
- When looking after a patient with a spore-forming organism, such as *C. difficile*
- When caring for a patient with a suspected or known gastrointestinal infection, e.g. Norovirus
- After toileting a patient
- After being to the toilet
- Prior to preparing, handling or eating food

Chlorhexidine Hand Wash

Chlorhexidine is an antiseptic antibacterial hand wash. This should not be used for routine hand washing as over-use of this product may cause skin irritation. Chlorhexidine hand wash should be reserved for use prior to surgical/ invasive procedures, or if prescribed as a treatment.

Before washing your hands it is important the following is prepared:

- Ensure all equipment required for hand hygiene is readily available (soap/ paper towels).
- Hands must be washed at designated hand washing sinks only.
- Ensure the sink is free from other items (bottles/ patient effects).
- Ensure that jackets/ coats are removed and you are Bare Below the Elbow.

During hand washing it is important the following steps are implemented:

- The tap should be turned on and the temperature of the water checked. Water should be warm.
- Wet hands under running water.
- Apply the correct solution for washing your hands.
- Lather the solution on your hands before commencing hand washing.
- All areas of the hands should be washed. Please refer to the 7 step technique poster. The physical action of hand washing is essential.
- Following washing, hands should be rinsed under warm running water with the hands slightly higher than the elbow, allowing the water to run off the elbow.
- Taps should be turned off using your elbows against the tap lever. If an elbow operated lever is not available, allow the water to run whilst drying the hands thoroughly, and then use the paper towel in your hand to turn off the taps.
- Hands should be adequately dried using paper towels, by patting hands with towel rather than rubbing.
- Dispose of paper towels in the appropriate waste bin on completion by using the foot pedal on the bins and not your hands to open the bin lid.

- Nail brushes are not recommended to perform general hand washing as these can damage the skin.
- Soap bars should not be used by staff for hand washing. This includes in patients'/ clients' own homes.
- Hand wipes should not be used by hospital/ care facility staff for hand decontamination, unless there is no running water available.

7.7 Surgical Hand Antisepsis

Surgical scrubbing should be used by persons undertaking surgical and some invasive procedures, before donning sterile theatre garments.

7.8 Hand Drying

Adequate hand drying plays an important role within the hand washing procedure by removing any moisture that may facilitate the transmission of micro-organisms. If hands are not dried properly they can also become dry and cracked leading to an increased risk of harbouring micro-organisms.

Clean disposable towels should be used to dry hands after washing.

When using paper towels, hands should be patted dry rather than rubbing. Use as many paper towels as necessary.

If caring for a patient in their own home, where there are limited hand hygiene facilities, WHSCT staff may use a sanitising hand wipe followed by alcohol hand rub, then wash their hands at the first opportunity.

7.9 Hand Care

The frequent and repeated use of hand hygiene products can cause irritation to the skin. Hand care is important to protect the skin from drying and cracking. Cracked skin may encourage micro-organisms to collect on the skin and broken areas may become contaminated/ infected following exposure.

Any rash on the hands should be reported to your line manager, as a referral to Occupational Health may be required.

The following aspects should be taken into consideration to ensure good skin condition:

- Washing hands with soap and water is harsher on the skin in comparison to using alcohol hand sanitisers
- Detergent and antiseptic soaps may cause more irritation, so should only be used when indicated
- Hand cream should be applied to hands on a regular basis, including whilst at home. At work, hand cream should be dispensed from either a single-person use container or a wall-mounted dispenser supplied by the WHSCT.

7.10 Auditing Hand Hygiene Practice

The WHSCT monitors hand hygiene on a regular basis by auditing. Auditing is undertaken using direct observation by any member of staff in the healthcare setting.

Further information can be accessed via the [Hand Hygiene Improvement Protocol](#).

8.0 RESPIRATORY ETIQUETTE

Respiratory and cough hygiene is designed to minimise the risk of cross-contamination of respiratory pathogens.

- Cover the nose and mouth with disposable tissues when sneezing, coughing, wiping and blowing the nose.
- Dispose of all used tissues promptly into a waste bin.
- Wash hands with non-antimicrobial soap and water after sneezing, coughing, wiping and blowing the nose or after contact with respiratory secretions or objects contaminated with respiratory secretions.

Staff should promote respiratory and cough hygiene by helping those who need assistance (elderly, children). This should be followed by promoting hand hygiene facilities as necessary.

9.0 PERSONAL PROTECTIVE EQUIPMENT

PPE is primarily used to protect the healthcare worker from contamination by micro-organisms during certain clinical situations. PPE is also used to minimise the transmission of micro-organisms to patients and the environment.

PPE is additional to normal clothing and uniforms. PPE is used to prevent the transfer of micro-organisms to patients, staff and equipment.

If used inappropriately PPE can increase the risk of transmitting infection.

PPE should be:

- Located close to the point of care in both community and acute settings
- Stored to prevent contamination in a clean/ dry area until ready for use
- Single-use items only; unless specified by the manufacturer
- Correctly disposed of after use

A risk assessment to decide the level of PPE required must be made by the healthcare worker. This risk assessment must include:

- The risk of transmission of the organisms to either the care giver or the patient
- The risk of contamination of the healthcare worker's clothing
- The risk of contamination of skin or mucous membranes from fluids/ secretions
- The perceived risk of exposure and the task being completed.

Personnel in specialised departments may require additional PPE than stated in this document.

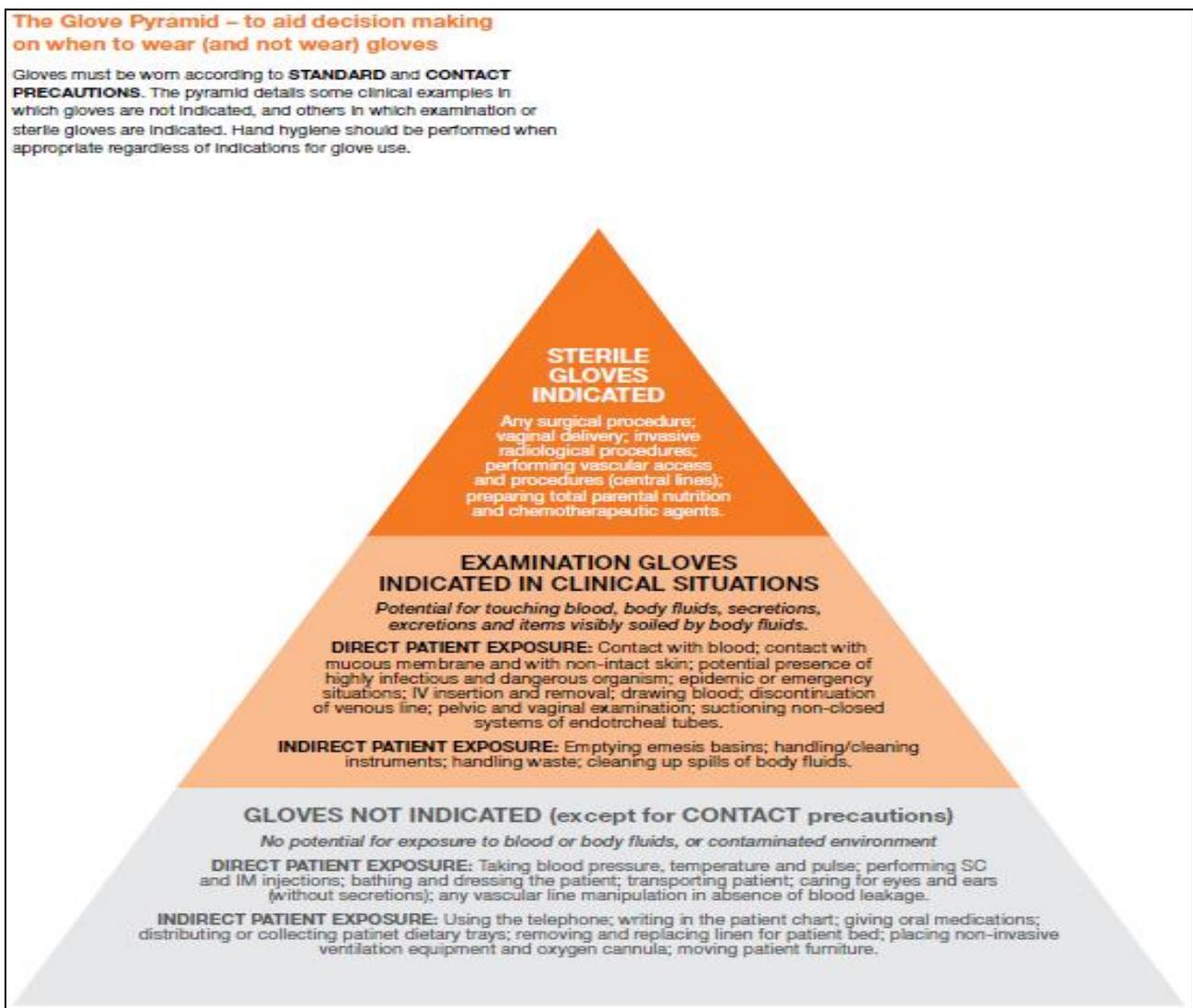
9.1 Gloves
Gloves are single-use pieces of equipment.

Gloves are not impervious to infection, but can reduce direct contact with blood/body fluids.

Gloves must be worn during:

- Any invasive procedures
- Contact with non-intact skin or mucous membranes
- Activities that have been assessed as having a risk of contact with blood or body fluids from any patient
- Contact with a patient who has an identified infection
- Handling potentially contaminated equipment
- Contact with chemicals or skin irritants

The following risk assessment can be used for deciding when to wear gloves:



Gloves must be well fitting.

Hands must be decontaminated immediately prior to putting on gloves. Alcohol hand sanitiser can be used.

Gloves should be donned by holding the wrist of one glove and allow the other hand to gently enter the glove. Jewellery, other than a wedding band, must not be worn under gloves.

Hands must be decontaminated immediately after glove removal.

Gloves are single-use items, so they should be put on immediately prior to the care episode and removed immediately following completion of the task.

Gloves should be changed between caring for different patients, between different care activities on an individual patient, or several times during an aseptic procedure.

Gloves should be non-powdered and latex-free.

Gloves should be stored in a clean environment. Glove boxes should not be topped up when nearing empty.

Gloves should not be washed or decontaminated using hand sanitiser.

The use of long-arm gloves or fluid repellent arm covers can be considered if there is substantial risk of splashing of body fluids or chemicals during procedures.

If gloves become damaged during a procedure, they should be removed immediately, hands decontaminated and a new pair of gloves put on.

Gloves should be removed and hands decontaminated prior to writing in a chart/ notes.

Care should be taken when removing used gloves to avoid inadvertent contamination of hands and clothing.

Used gloves should be disposed of in a clinical waste bag.

Further information can be found in the Royal College of Nursing's (RCN) "[Tools of the Trade: RCN Short Guide for Healthcare Staff on Glove Use and the Prevention of Contact Dermatitis](#)".

9.2 Aprons and Gowns

The use of a disposable plastic apron is indicated for a wide range of activities within the healthcare setting, including moving from clean to dirty procedures. An apron/ gown must be worn when a healthcare worker has contact with a patient with an identified infection, contaminated environment, when there is a risk that clothing could become contaminated by pathogenic micro-organisms or

blood/ body fluids of any patient/ client, environmental cleaning, bed-making, food service or any other procedure where the healthcare worker's uniform/ clothing needs to be protected.

Aprons/ gowns should avoid any interference during procedures.

Never re-use or wash any single-use aprons.

A full body, fluid repellent gown should be worn where there is a risk of significant splashing of blood, body fluids, secretions or excretions of any patient onto skin or clothing.

Aprons/ gowns should be changed between patients/ clients/ procedures. It may be necessary to change aprons/ gowns between tasks on the same patient to prevent any cross-contamination.

Remove aprons/ gowns immediately after a task is complete.

Aprons worn for bed-making should be changed between each bed space.

Torn or damaged aprons should not be used and should be replaced as soon as possible.

9.3 Face, Mouth and Eye Protection

Face masks and eye protection must be worn when there is a risk of blood, body fluids, secretions or excretions splashing in the face, mouth or eyes.

Face protection must not be touched while being worn and should be removed immediately following the procedure.

Face protection should be changed between patients/ clients/ procedures. It may be necessary to change face protection between tasks on the same patient/ client to prevent any unnecessary cross-contamination.

Surgical Masks

Surgical masks are used mainly in theatre or on advice from IPC.

The main purpose of surgical masks is to minimise the number of droplets being expelled into the environment or onto a surgical field. Masks are resistant to fluids so will help protect the wearer from splashes of blood/ body fluids.

Surgical masks worn in theatres should be removed and disposed of by the wearer before leaving theatre.

Surgical masks should always fit comfortably, ensuring the mouth and nose are covered appropriately.

When securing:

- Ensure that the coloured side is facing outwards and the metal strip is at the top over the bridge of the nose.
- Position the strings to keep the mask firmly in place during the procedure.
- Mould the metallic strip to the bridge of the nose.
- DO NOT TOUCH the mask again until it is removed.
- When masks are no longer required they should be removed and disposed of in clinical waste.
- Remove the mask by tearing/ snapping the straps. Do not touch the front of the mask as this may be contaminated.
- Masks should not be worn around the neck when no longer required.

If surgical masks become wet/ soiled, they should be changed in order to ensure continued protection from splashes/ splattering of the mouth and nose area. Torn or otherwise damaged face protection should not be used and should be removed immediately (without putting yourself at risk) if this occurs during a procedure.

Particulate Filter Masks (FFP3)/ Respirator Masks

These masks provide protection from airborne transmission by reducing the staff member's exposure to airborne particulates, e.g. Measles, Chickenpox, and when performing aerosol generating procedures, i.e. chest physiotherapy, bronchoscopy, intubation, opening suctioning.

Following a risk assessment, FFP3 masks may be required to provide adequate protection for staff. This risk assessment should be carried out in conjunction with the WHSCT IPC Team. Respirator masks should be disposed of by the wearer immediately outside the infected environment.

FFP3 masks should only be used following face-fit testing by approved personnel. Staff who require FFP3 masks must be trained in their use, including how to perform a face-fit test each time a FFP3 mask is worn. Masks should seal firmly to the face, thus reducing the risk of leakage.

Goggles

Goggles should provide adequate protection when there is a risk of splashing.

Goggles must wrap around the eye area to ensure the sides are protected.

Face shields/ visors can be considered where there is a larger risk of splashing/ aerosolisation of blood and other fluids.

Prescribed glasses do not provide appropriate protection for eyes. Goggles/ face shields should be worn over glasses.

A pictorial guide on the choice of PPE is available below:

HSC Western Health and Social Care Trust		Personal Protective Equipment (PPE) Advice for Health and Social Care Trust staff							
Transmission Based Precaution Signage	Personal Protective Equipment (PPE)	Precautions for common organisms	Hand Hygiene	Gloves	Apron	Gown	Surgical Mask	FFP3/ Hood	Eye Protection
 Contact Precautions		Contact Precautions. MRSA <i>Clostridium difficile</i> , ESBL, Gastroenteritis, Hepatitis (see guidelines).	✓	✓	✓	Risk Assess			Risk Assess
 Droplet Precautions		Droplet Precautions. Influenza, Meningococcal infection, Streptococcal Group A.	✓	✓	✓	Risk Assess	✓		Risk Assess
 Airborne Precautions		Airborne Precautions. Measles, Chicken pox, MDRTB, Influenza with aerosol generating procedures taking place.	✓	✓	Risk Assess	✓		✓	Risk Assess
 Protective Precautions		Protective Precautions. Immunocompromised, Bums.	✓	✓	✓	Risk Assess	Risk Assess		

9.4 Footwear

When providing care, closed toe shoes should be worn to avoid contamination with blood or other body fluids or potential injury from sharps.

When designated footwear is assigned, e.g. in theatre settings, HSDUs, guidelines should be available for their use and care, including decontamination.

Overshoes are not advised as they can lead to unnecessary hand contamination while donning/ removing.

Further information can be accessed via the [Dress Code Policy](#).

9.5 How to Remove and Dispose of PPE

PPE must be removed carefully to minimise the risk of inadvertent cross-contamination.

All PPE must be removed immediately on completion of the task/ procedure.

Aprons/ gowns and gloves can be removed in the patient room. Hands must then be decontaminated.

If masks are worn, these should be removed outside the patient room.

All PPE must be disposed of in a clinical waste bag upon removal.

Hands must be decontaminated immediately following the removal of PPE.

Used PPE should never be placed onto environmental surfaces after removal.

PPE should be removed in the following order:

Gloves	Grasp the outside of the glove with the opposite gloved hand; peel off. Dispose of directly into clinical waste.	
Aprons/ Gowns	Unfasten or break ties. Pull gown/ apron away from the neck and shoulders touching the inside of the gown only. Avoid touching the front. Turn the apron/ gown inside out, roll into a bundle and discard directly into clinical waste.	
Goggles/ Face Shield	Handle by the headband or ear pieces, (avoid touching the front), pulling away from the face. Dispose directly into clinical waste.	
Respirator or Surgical Mask	Untie or break bottom ties, followed by top ties (avoid touching the front), and dispose of directly into clinical waste.	

10.0 **SHARPS MANAGEMENT**

The safe handling and disposal of needles and other sharp instruments forms part of the overall strategy of clinical waste disposal, aimed at protecting staff and patients from exposure to blood borne pathogens.

The primary aim of sharps management is to prevent sharps injuries occurring.

The WHSCT is required to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place. European Union Sharps Regulations (2013) build on existing law and provide specific detail on requirements that must be taken by healthcare employers.

WHSCT employees have a responsibility to comply with sharps legislation and to handle sharps safely.

10.1 **Definitions**

A sharp is any instrument that is capable of penetrating or cutting the skin.

1. Suture needles
2. Scalpel blades/ razor blades
3. Scissors

4. Broken glass and crockery
5. Glass ampoules

In addition to this, a sharps injury can also be defined as:

1. A human bite that breaks the skin
2. A patient/ client who has self-harmed with a sharp instrument or their nails

It is the responsibility of the person using a sharp to dispose of it safely.

10.2 Incident Management and Reporting

ALL sharps injuries to healthcare staff/ service users **MUST** be reported. Non-reporting of such injuries may result in disciplinary action.

If a sharps injury does occur, this must be managed appropriately.

First Aid of Sharps Injury / Body Fluid Contamination

- ❖ Encourage bleeding if puncture wound (*do not suck*)
- ❖ Wash wound / exposed area with soap and water (*Irrigate eyes with sterile water if available*)
- ❖ Cover wound with waterproof dressing
- ❖ Report incident to line manager. Line manager to complete a risk assessment of the incident
- ❖ Incident to be reported using Datix system or by incident form submitted to Risk Management Department, MDEC, Altnagelvin Hospital
- ❖ Report for assessment to the Occupational Health Department (*Mon-Thur 9am-5pm, Fri 9am-4.30pm – SWAH ext 253603/ 4, AAH ext 214420/ 1*)
- Or
- ❖ Accident & Emergency Department / Urgent Care & Treatment Centre (*Out of hours/ Public holidays*)
- ❖ A clinician must consent the source for a blood sample and testing for Hep B / Hep C / HIV

10.3 Injuries to Eyes and Mouth

These areas must be rinsed using copious amounts of water or a washout kit if available in the department/ area.

Do not swallow the water that is used during the irrigation.

If contact lenses are worn, irrigation must be performed prior to the removal of the lenses and after removal of the lenses. Do not replace the contact lens.



10.4 Immunisations for staff

Staff must ensure their immunisations are up to date (Hepatitis B immunisation).

Staff must be aware if they have responded to the Hepatitis B vaccination or not.

All non-responders must be made aware of this and advised in relation to further health support.

10.5 Goods Sharps Practice

All staff must wear gloves when handling sharps or at other times when there may be exposure to blood or other body fluids, excretions, secretions, non-intact skin or contaminated wound dressings.

Healthcare staff must minimise the use of sharps during care activities. This can be through the use of needle-free devices or safe-sharp devices.

Used sharps **MUST** be disposed of at the point of care by the person generating the waste into the appropriate sharps box.

Sharps must not be passed directly from hand to hand and handling should be kept to a minimum. If passing of instruments is required, a tray with sides should be used to place the sharp item in prior to passing.

Needles/ sharps must not be re-capped, bent, broken or dismantled following use.

Single-use sharp items should be used for care activities.

10.6 Sharps Containers

Only use an approved sharps container that has been assembled and labelled according to manufacturer's instructions.

Sharps containers should be correctly assembled according to manufacturer's instructions. Any sharps box that cannot be assembled correctly must not be used.

Any damaged in use sharps boxes must be placed into a larger container and sealed. This is the responsibility of the person who breaks the box or discovers the broken box.

Sharps boxes on resuscitation trolleys must only be used during a resuscitation event. This should then be disposed of immediately after use.

During use, sharps boxes must not be filled more than $\frac{3}{4}$ full. This will be marked on the container.

Sharps containers must never be stored on the floor.

Carry the sharps box by the handle only.

All sharps/ sharps containers must be stored away from the reach of children or the public. They must be taken to a designated storage area when not in use. The temporary closure facility must be in place whilst the sharps container is not in use.

Staff must never attempt to remove any item from a sharps box.

The sharps box is for the appropriate disposal of sharps only, i.e. used needles etc. Other items for disposal **MUST NOT** be placed in the sharps container, e.g. gauze, paper, etc., as this may increase the risk of sharps injury during disposal.

The label on the sharps container must be completed appropriately when the container is first assembled and when the container is disposed of. This will facilitate tracing if required.

Prior to disposal, sharps containers must be closed/ sealed correctly. A traceable tag must then be attached to the container. Containers must be placed in the appropriate waste disposal area.

Sharps boxes should be stored in a secure, locked location until they are removed for incineration.

10.7 Additional Guidance for Primary Care and Community Staff

The temporary closure must be in place during transportation to avoid spillage.

The sharps box should be stored and secured out of sight whilst in a vehicle, i.e. in the boot, to prevent spillage (brackets are available). Sharps boxes should not be left in cars when staff members are off duty. They should be returned to the health centre at the end of their shift of duty.

Sharps boxes should be disposed of every three months after opening, even if not full.

Where patients are required to self-administer medication by injection at home, they must be supplied with and taught how to dispose of sharps appropriately.

It is the patient's responsibility to return their $\frac{3}{4}$ filled sharps box to their local health centre/ surgery for disposal.

Further information can be accessed via the [Guidelines for Safe Handling and Disposal of Sharps](#).

11.0 MANAGEMENT OF CLINICAL EQUIPMENT

Care equipment used on patients/ clients and the clinical environment can become contaminated with pathogenic micro-organisms, blood or other body fluids during the delivery of care.

Equipment and the environment must be used and managed appropriately to ensure that they minimise the transmission of pathogenic micro-organisms.

11.1 General Advice on the Use of Clinical Equipment

Care equipment should be stored clean and dry following use.

Items that are not intact or are damaged should be removed from the clinical area. These items should be sent for repair or disposed of.

Surfaces should be smooth and intact and free from any dust or organic matter.

Care equipment should be checked for cleanliness prior to every use and when being removed from storage.

Equipment should not be stored on the floor.

To minimise the transmission of potentially pathogenic micro-organisms, patient care equipment should be cleaned/ decontaminated:

- Following use on every patient
- When visibly dirty
- Immediately following any spills or contamination with blood/ body fluids of any patients
- Following discharge/ transfer of a patient from their care environment

When a patient has an identified infection, staff must ensure that equipment is managed appropriately to minimise the risk of transmission between patients.

Where possible, single-use patient equipment must be designated for use. This can be kept in the patient's room and must be decontaminated following every use.

The appropriate solution must be used for the decontamination of equipment.

Further information can be accessed via the [Disinfection and Decontamination Policy \(Patient Care Equipment\)](#).

12.0 DECONTAMINATION OF THE ENVIRONMENT

The environment refers to:

- Any general horizontal surface in the patient/ client's care area with consideration to high and low surfaces
- Frequently touched surfaces by either the patient, healthcare worker or any other service user. This includes treatment rooms, dental surgeries/ clinics, store rooms, physiotherapy gymnasiums, or any other area where examination, assessment or treatment is undertaken
- Toilets/ commodes/ bathrooms
- Sinks, baths, basins, showers and the surrounding areas



- Floors
- Doors, handles, walls, beds, cot sides, in particular those in the immediate environment touched by patients/ residents/ clients/ care workers
- Curtains/ screens

The physical state of the environment is important in relation to minimising the risk of infection to patients. A tidy, clutter free environment is also important to ensure that appropriate cleaning or decontamination can be carried out effectively.

Any equipment used for cleaning or decontamination must be kept clean, fit for purpose and in a good state of repair. Cleaning equipment should be stored in a dedicated area.

12.1 General Cleaning

General cleaning with a neutral detergent and warm water is a process that removes dirt and contamination from surfaces.

During this process some micro-organisms are also removed.

General cleaning should be used for equipment and the environment, unless the patient has been identified with an infection or the equipment/ environment has become contaminated with blood or body fluids from a patient.

12.2 Disinfection

Disinfection is a process that reduces the number of micro-organisms to a level where they are not harmful. It is only effective if surfaces and equipment are free from any organic matter, dirt or dust.

To appropriately disinfect the environment it is imperative that the correct strength of solution is used.

Disinfection of the environment is completed using 1,000 ppm (0.1%) of chlorine releasing agent/ hypochlorite solution or chlorine dioxide solution (diluted as per manufacturer's instructions).

Disinfection of equipment that has been contaminated with blood is completed using 10,000 ppm of chlorine releasing agent/ hypochlorite solution or chlorine dioxide solution (diluted as per manufacturer's instructions).

The hypochlorite or chlorine dioxide solution will kill both bacteria and viruses, provided it is used as per manufacturer's instructions.

Hypochlorite solutions are corrosive; it is recommended the solution is rinsed off commodes, mattresses and stainless steel surfaces with warm water at the end of the process.

Some chlorine dioxide solutions do not need to be rinsed off.

Hypochlorite solutions should be diluted in cold water. Staff should wear appropriate PPE (apron, gloves and goggles) when diluting hypochlorite solutions.

12.3 Different Types of Cleaning

Routine Cleaning

Routine cleaning of the environment should be undertaken at least **daily** within the care facility using a neutral detergent and water.

If soiling with blood and/ or bodily fluids is evident, the area should be disinfected with chlorine releasing product/ sodium hypochlorite or a chlorine dioxide solution at the appropriate concentration and for the correct contact time.

Always ensure that surfaces that are being disinfected are compatible with the product being used.

Enhanced Cleaning

When a patient has been identified as having an infection, enhanced routine cleaning (minimum twice daily) is recommended.

This entails cleaning/ disinfection of the environment, including frequently touched surfaces, and any area/ piece of equipment that may potentially be contaminated. Examples of frequently touched surfaces are bed tables, bed rails, the arms of chairs, sinks and call bells.

Terminal Cleaning

This is the thorough cleaning/ disinfection of all surfaces, including floors and re-useable equipment. This can be an individual single room, a multi-bedded room or ward. A terminal clean should be requested after the following incidents:

- An outbreak or increased incidence of infection
- Discharge, transfer or death of individual patients who have had a known infection
- Isolation/ contact precaution nursing of a patient

If a terminal clean of a multi-bedded room is required, this includes the complete room, not an individual bed-space. Curtains/ screens must also be changed during a terminal clean.

A terminal clean will generally be commenced following discussion and agreement between the IPC Team and the nurse or manager in charge of the ward/ unit/ facility. The terminal clean should not commence until the relevant room/ area has been fully vacated.

12.4 Cleaning Schedules

There should be routine cleaning schedules within each departmental area for environment/ equipment that requires cleaning/ decontamination.

All environmental equipment should have smooth, impervious surfaces that can withstand decontamination with chlorine releasing agents. This includes soft furnishings, e.g. chairs, etc.

Further information can be accessed via the [Support Services Infection Prevention Cleaning Procedures](#).

13.0 SAFE MANAGEMENT OF LINEN

Soiled linen/ fabric can harbour potentially pathogenic micro-organisms. It is important to ensure that the appropriate precautions are taken to ensure that contamination to and from fabric does not occur, as this may lead to the transmission of micro-organisms to people or the environment.

Linen must be safely managed to ensure that it does not become a transmission risk to those receiving care.

The transfer of micro-organisms from linen to patients/ clients, staff and others is primarily through contact.

All stages of linen management should be considered, including handling, bagging, transporting and laundering.

Clean/ unused linen and used linen must not be stored in the same area.

Clean linen should remain in its protective plastic covering until it is required.

When staff are handling used linen, the following precautions must be applied:

- A disposable plastic apron must be worn. Gloves may be required if there is an identified infection or if the linen is soiled.
- PPE must be changed between each patient's bed-space.
- Always hold used linen so that it does not touch the healthcare worker's uniform/ apron.
- Dispose of the linen in the appropriate colour bag at the point of care.
- Hands should be decontaminated following the handling of used linen and removal of PPE.

Further information on the management of linen can be found in the [Laundry Handling Guidelines](#).

14.0 CLINICAL WASTE MANAGEMENT

Clinical waste has the potential to transmit pathogenic micro-organisms if it is not managed appropriately.

Staff handling clinical waste must wear appropriate PPE (apron and gloves as a minimum) to minimise the risk of inadvertent contamination.

All contaminated waste must be disposed of into orange clinical waste bags in accordance with the WHSCT Waste Manual.

Further information can be accessed via the [Waste Manual](#).

15.0 PATIENT PLACEMENT/ ISOLATION

In addition to the application of SPs, patients may require Transmission Based Precautions. These are additional measures focused on a particular mode of transmission. Transmission Based Precautions should be applied when caring for:

- Patients with a known infection
- Patients who are colonised with an infectious organism
- Patients who are suspected of/ under investigation for colonisation/ infection with an infectious micro-organism.

It is important to explain to the patient why Transmission Based Precautions are necessary.

Transmission Based Precautions are categorised by the route of transmission of the infectious agent:

Contact Precautions



Required for patients known or suspected to be infected or colonised with micro-organisms that can be transmitted by direct contact or through the patient's secretions or body fluids.

The patient should be placed in a single room or cohorted with other patients with the same infection. The room door should remain closed at all times.

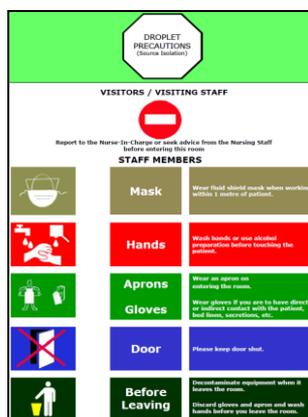
Masks are not normally required, unless there is a risk of splash of body fluid.

Patient movement should be limited, apart from essential treatment.

Separate/ disposable crockery is not required.

Examples include MRSA, VRE, *C. difficile*.

Droplet Precautions



Required for patients known or suspected to have pathogenic micro-organisms that are transmitted by droplets.

The patient should be isolated in a single room or cohorted with other patients with the same infection. The room door should remain closed at all times.

Fluid shield masks should be worn when working within 1 meter of the patient until they are deemed no longer infectious.

Patient movement should be limited, apart from essential treatment. During transport the patient should wear a fluid shield mask.

Separate/ disposable crockery is not required.

Examples include Pertussis, Influenza, Rubella and Mumps.

Airborne Precautions



Required for patients known or suspected to be infected with micro-organisms that can be transmitted via airborne particles.

The patient should be isolated in a single room (negative pressure if available). The room door should remain closed at all times.

An FFP3 mask should be worn during aerosol generating procedures and for Multi-Drug Resistance Tuberculosis (MDR-TB).

Patient movement should be limited, apart from essential treatment. During transport the patient should wear a fluid shield mask.

Separate/ disposable crockery is not required.

Examples include TB, Chickenpox and Measles.

Isolation signs must be displayed on the room door for all patients who require Transmission Based Precautions. Staff must be advised in relation to the precautions required during care provision.

It is imperative that patients are promptly assessed for the risk of infection at admission. This must be continuously reviewed throughout their care journey.

16.0 **IMPLEMENTATION**

16.1 **Dissemination**

This policy applies to all staff working within the WHSCT.

The policy shall be available for staff to access on the Trust Intranet.

Staff shall be alerted via Trust Communication in relation to the availability of this policy on the Trust Intranet.

16.2 **Exceptions**

There are no exceptions.

17.0 MONITORING

Compliance with this policy shall be monitored by the IPC Team on a case-by-case basis. The IPC Team shall address any issues not adhered to.

18.0 REFERENCES

For access to references, please see the References section in the policies/guidelines outlined on page 2 and throughout this document.

World Health Organisation guidance on Hand Hygiene (Available at <http://www.who.int/gpsc/en/>)

Five Moments for Hand Hygiene (Available. at http://who.int/gpsc/tools/Five_moments/en/)

19.0 CONSULTATION PROCESS

Infection Prevention and Control Team
Consultant Microbiologists
Occupational Health Service
Medical Director
IPC Policies & Guidelines Working Group
Chief Executive HCAI Accountability Forum
Medical Directorate Senior Management Team
Corporate Management Team
Trust Board

20.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1988), Targeting Social Need Initiative, Disability Discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this guidance should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this guidance is: **PENDING**

Major Impact

Minor Impact

No Impact

21.0 SIGNATORIES

Signed for and on behalf of the Western Health & Social Care Trust:

Nickam
Nichola O'Kane
Infection Prevention & Control Nurse

6/2/17
Date

Wendy Cross
Wendy Cross
Head of Infection Prevention & Control

07/02/17
Date