TRUST WIDE POLICY

STANDARD PRECAUTIONS (INCLUDING HAND HYGIENE AND USE OF PPE)

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15/05/2010	1.1	Deborah Kretzer – Infection Control	Reviewed and revised
17/12/2012	1.2	Deborah Kretzer & Claire Smith – Infection Control	Reviewed and revised additional hand hygiene information included. Terminology aligned with Health and Safety Policies (Inoculation Injury) and Occupational Health Policies (Exposure to BBV)
January 2013	2.0	Deborah Kretzer – Lead Infection Control Nurse	Additional information on hand hygiene & use of PPE
November 2017	2.1	Deborah Kretzer – Lead Infection Control Nurse	Signposting to other policies, new spillage wipes, references updated, links checked.

Contents

1.0 Introduction

The term 'Standard Precautions' is now used extensively as a minimum set of infection prevention and control measures to be used for the care of **all** patients. Standard Precautions are based on the principle that all blood, body fluids, secretions and excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. These precautions are summarised within this policy and are designed to prevent cross transmission from both recognised and unrecognised sources of infection, especially in respect of blood borne viruses.

This policy also serves as the Trust Hand Hygiene Policy but a variety of additional information relating to infection prevention and control is available from separate named policies. The type and grade of supporting evidence explicitly linked to each principle is available on request.

2.0 Purpose

The aim of the policy is to minimise transmission of micro-organisms to and from patients, staff, and visitors and to reinforce standard infection control precautions. It is also intended that this policy will:

- Identify the responsibilities of all staff
- Provide a common, consistent approach to infection prevention and control; including guidance on infection prevention and control precautions, monitoring and training arrangements.
- Provide evidence based guidance where possible. (A standardised scientific methodology has been applied to literature reviewing and critiquing of the evidence base to inform the policy).
- The policy also avoids duplication of effort and fulfils the requirement for policies pertaining to hand hygiene, safe handling and disposal of sharps and prevention of occupational exposure to blood borne viruses

3.0 Scope

This policy applies to all staff working within The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) whether directly, under temporary contract, or working in contracted services across all sites. Haemato-oncology staff will follow the policies of the Royal Liverpool University Hospital.

Standard precautions are required on entering any clinical area; dealing with potentially contaminated substances, equipment or elements of the environment; or when providing any hands on care. The policy provides guidance for staff on acceptable standards and also clarifies individual responsibilities, monitoring and training arrangements.

This document does not contain guidance on invasive devices (e.g. intravenous devices or urinary catheters), isolation practices, specialist theatre practices, sterilisation of instruments or specific detail of Occupational Health requirements as these are covered in separate policies.

4.0 Responsibilities

The contents of this policy are applicable to all employees and this is clarified by a standard statement in all job descriptions.

"All employees are expected to follow consistently high standards of infection control practice, especially with reference to hand decontamination, adherence to dress/ uniform code, and for clinical staff, aseptic technique and to be aware of and follow all Trust infection control guidelines and procedures relevant to their work".

4.1 Managers

Ensure this policy is followed by staff working within their area of responsibility. Undertake risk assessments to optimise patient/client and staff safety, consulting expert infection control guidance as required.

Ensure that all staff have attended mandatory infection control training according to the mandatory training matrix and follow up non-attendance according to the learning and development policy.

Ensure that adequate resources are in place to allow for the advised infection control measures to be implemented.

Support staff in any corrective action or interventions if an infection control related incident occurs.

Ensure that any staff with health concerns or those who may have become ill due to occupational exposure are referred to occupational health.

4.2 Human Resources / Occupational Health

Director of Human Resources is responsible for monitoring the Occupational Health SLA which includes:

- Ensuring that all new employees are assessed, tested and vaccinated according to current national guidance and in accordance with the Service Level Agreement (SLA).
- Recording any significant exposure to Health Care Workers and provide advice, support and follow up medical or healthcare treatment (if required).

4.3 All Staff

Apply Standard (Infection Control) Precautions and (if necessary) any additional Transmission Based Precautions as described in the Isolation Policy.

Undertake risk assessments when assessing the requirement for infection control precautions and select and use appropriate PPE according to said risk.

Ensure individual occupational immunisations are up to date (if applicable).

Report to line managers any deficits in knowledge relating to infection control precautions and/or document incidents (complete incident form) that may have resulted in cross-contamination or cross-infection.

Attend education and training related to the prevention of infection as required including main induction training and thereafter according to the frequency listed in the training and education policies.

Report any illness that may have been due to occupational exposure to line manager and occupational health (if applicable).

Any staff discovering a soiled environment or soiled equipment has the responsibility to ensure that the area or equipment is not used and should report this to the person in charge to ensure that appropriate measures are initiated.

4.4 Clinical Nurse Specialist Intravenous and Interventional Procedures

Provide education regarding IV (intravenous) access and venepuncture elements of this policy.

Lead on the invasive devices policy and the evaluation and introduction of needle stick prevention and safety devices.

4.5 Health and Safety Lead

Support the infection control team in providing education regarding the Health and Safety aspects of this policy especially in respect of inoculation injury and exposure to other hazards.

Lead on investigations into inoculation injuries and undertake root cause analysis if necessary.

Report risks, hazards and actions required via the Health and Safety Committee.

4.6 Risk Manager

Support the Infection Control Team by collating incident reports in relation to elements of this policy (if requested).

4.7 Infection Control Team

Provide education regarding this policy.

Provide advice and training on appropriate use of PPE and transmission based infection control precautions.

Provide support for Ward Managers as requested in relation to ad hoc training especially in relation to advice for equipment decontamination and patient care.

Act as a resource for guidance and support when infection control precautions are required.

Provide expert advice for incidents involving epidemiologically important organisms (and outbreaks/incidents).

Provide advice on individual risk assessments, for example a patient placement decisions and support the Health and Safety Lead during inoculation injury incident investigations.

4.8 Matron / Head of Department

Matron has the responsibility and accountability for delivering a safe and clean care environment and manages the service level agreement (SLA) for Hotel Services (cleaning, linen, pest control, catering) The Clatterbridge Cancer Centre. Matron/Heads of Department must involve the Infection Control Team during negotiations for pertinent SLAs and if any changes are made to existing arrangements.

Head of Department at The Clatterbridge Cancer Centre in Liverpool is responsible for the care environment and monitoring SLAs on that site. Haemato-oncology staff will follow the policies of the Royal Liverpool University Hospital.

Head of Estates/Technical Services is responsible for monitoring waste management, maintenance and estates services.

5.0 Laws & Regulations

There are a wide variety of laws and regulations in respect of healthcare provision and protection against micro-organisms. Section 21 of the Health & Social Care Act, 2008 enables the Secretary of State for Health to issue a Code of Practice (formerly the Hygiene Code) about healthcare associated infections. The Code contains statutory guidance about compliance with the registration requirement for cleanliness and infection control (regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010). The Health and Safety at Work Act (1974) and regulations under Control of Substances Hazardous to Health (COSHH) (1988) reinforce the importance of training to ensure safe working practices and risk assessment where there is a likelihood of contact with body substances that may contain pathogenic micro-organisms.

Health and Social Care Act (2008) and Code of Practice for Health and Adult Social Care on the Prevention and Control of Infection.

Control of Substances Hazardous to Health Regulations (COSHH) 2002. SI 2002 No 2677. http://www.opsi.gov.uk/si/si2002/20022677.htm

The Hazardous Waste (England and Wales) Regulations 2005. SI 2005 No 894. http://www.opsi.gov.uk/si/si2005/20050894.htm

The Waste Management Licensing Regulations 1994. SI 1994 No 1056.

http://www.opsi.gov.uk/si/si1994/Uksi_19941056_en_1.htm

6.0 Definitions

Cerebrospinal fluid (CSF)	Clear, colourless liquid that fills and surrounds the brain and the spinal cord and provides a mechanical barrier against shock. CSF supports the brain and provides lubrication between surrounding bones and the brain and spinal cord.
Contamination	The presence of an unwanted microorganism or substance in a specified location e.g. C difficile bacteria in the hospital environment. This could result in colonisation with the organism, which is a necessary stage before infection. However, if the organism does not multiply, or is removed or killed before it can start to multiply, then contamination will not lead to colonisation or infection.
Cross-contamination	The means whereby a contaminant is moved from a source to another location e.g. *C difficile* bacteria are transferred from a colonised patient to a non-colonised patient.
Cross-infection	Older term which only considered the spread of infection from one patient to another. Did not consider the much more common failure to prevent transfer of germs from one person to another, particularly when the source was a "silent" carrier of the organism.
Inoculation Injury	An inoculation injury involves a member of staff having a percutaneous exposure or a mucocutaneous exposure to blood or bodily fluids from a patient. • Percutaneous exposure is where a needle/sharp object that has already been used on a patient, a human scratch or bite has broken the skin. • Mucocutaneous exposure is where the mucous membranes i.e. mouth, nose or eyes or non-intact skin have been contaminated by blood or bodily fluids from a patient (HPA 2005a).
Infection	When micro-organisms begin to invade tissues and cause detectable (clinical) damage. The microbe is then considered to be a pathogen.
Pathogenic	Microorganisms capable of causing infection
Peritoneal fluid	Peritoneal fluid is a normal, lubricating fluid found in the peritoneal cavity. The primary function of peritoneal fluid is to reduce the friction between the abdominal organs as they move around during digestion.
Standard	Standard Infection Control Precautions are designed to

Precautions	prevent cross-infection from actual and potential sources of infection. These sources of (potential) infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment which are likely to become contaminated.
Synovial fluid	A transparent sticky liquid produced in joints (places where two bones are connected) that allows the bones and tendons to move smoothly
Transmission Based Precautions	Transmission Based Precautions are categorised according to the route of transmission of the infectious agent such as **droplet**, **contact** and/or **airborne** precautions. These precautions must be implemented in addition to Standard Infection Control Precautions, as a set of control measures designed to prevent and control the spread of infection by a particular route

7.0 Main Body of Policy

The application of Standard Precautions is determined by risk assessment to include the level of interaction between the care worker and the patient; and the anticipated level of exposure to blood or other body fluids/substances including: Blood · Cerebrospinal fluid · Peritoneal fluid · Synovial fluid · Amniotic fluid · Semen · Vaginal secretions · Pleural fluid · Breast milk · Pericardial fluid · Lymph · All un-fixed tissue · Organs and body parts · Urine · Faeces · Vomit · Saliva (in dentistry).

7.1 Standard Precautions for Preventing Infections

All of the following recommendations/elements of care are endorsed equally and are mandatory for the care of **all** patients by **all** staff **all** of the time.

Essential elements of Standard Precautions include:

- Hand hygiene
- Personal Protective Equipment (PPE)
  - Gloves
  - Aprons/Gowns
  - Face/Eye Respiratory Protection

- Other Clothing
- Removing PPE safely

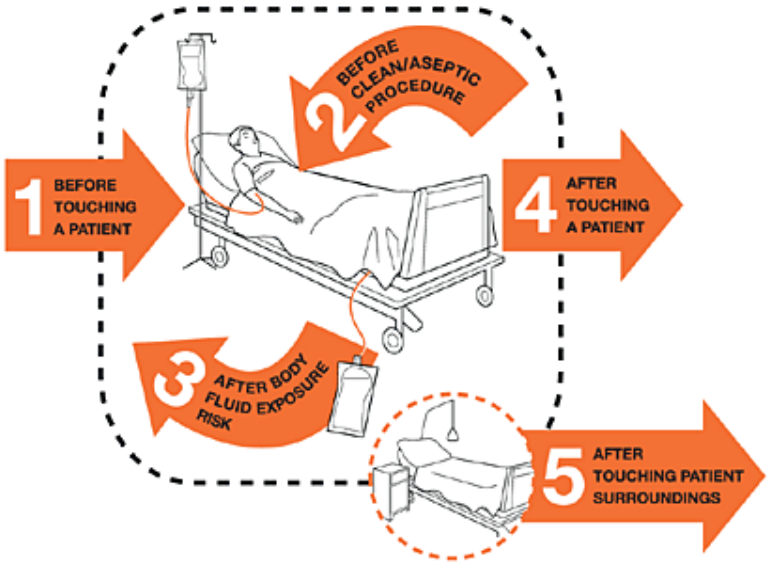
- Save use and disposal of sharps
- Hospital environmental hygiene
  - Patient care equipment, including handling and decontamination
  - Environmental Cleaning
  - Safe management of body fluid spillages
  - Waste Management
  - Linen and Laundry
  - Pest Control
- Respiratory hygiene

7.2 Hand Hygiene

Hand hygiene is one of the single most effective ways of preventing the spread of infection as it impedes the transportation of micro-organisms. This section of the policy specifies CCC policy requirements in relation to effective hand hygiene practices and more specific monitoring and long term goals are contained within the CCC Hand Hygiene Strategy.

7.2.1 World Health Organisation (WHO) 5 Moments

The World Health Organisation (WHO) (2005) 5 Moments for hand hygiene includes the following most important opportunities for preventing HCAI:



- Before patient contact
- Before a clinical procedure or aseptic task
- After patient contact
- After contact with patient surroundings
- After body fluid exposure risk – including after removal of gloves and other personal protective equipment (PPE).

Apply hand hygiene rub or wash hands with liquid soap and water using the WHO guidance to decontaminate hands before patient contact, between caring for different patients, or between different caring activities for the same patient. In addition hands should be decontaminated:

- On entering and leaving any clinical area (e.g. ward or department)
- Before eating or drinking
- After using the toilet
- Before food or drink service or administration of medicines
- After contact with any potentially contaminated equipment in the clinical area e.g. keyboards, waste or linen.

7.2.2 Bare below the Elbows

All staff undertaking duties in clinical areas or with patient contact must comply with Bare Below the Elbows (see Dress Code Policy). Remove all wrist and hand jewellery at the beginning of each clinical shift **before** hand decontamination begins.

- Arms must be free from wrist adornments of any kind including wrist watches, charity bands and bracelets.
- Sleeves extending to the forearm or wrist must be worn rolled up to the elbows.
- Nails must be clean and short. False nails, tips, acrylic and other nail adornments are not allowed.
- Ornate rings and other hand jewellery are not allowed as they hinder effective hand hygiene. It is acceptable to wear a plain band, for example a wedding band, however, these must be moved or removed when hand hygiene is being performed in order to reach the bacteria which may be harboured beneath them.

7.2.3 Hand Washing

Hands must be decontaminated immediately before each and every episode of direct patient contact/care and after any activity or contact that potentially results in hands becoming contaminated. Effective hand washing technique involves four

stages: preparation, washing, rinsing, and drying. A hand washing demonstration video can be viewed via the Infection Control web page on the CCC Intranet.

Preparation - use designated hand wash basins with elbow (or automated sensor controlled) mixer taps. Sinks used for other purposes e.g. cleaning contaminated items, must not be used for staff hand hygiene. Preparation requires the tap to be turned on and the temperature of the water checked (water temperature should be comfortable either warm or tepid). Hands should be wet before applying a single measured dose of the liquid soap or antimicrobial scrub solution.

Washing - build up lather without adding any more water. The hand wash solution must come into contact with *all* the surfaces of the hands using an approved technique (Appendix A). However, washing your hands for excessive lengths of time is not recommended as this may damage the skin.

- **Social/Clinical Hand washing –** hands must be washed for a minimum of 15 seconds paying particular attention to the wrists, tips of the fingers, the thumbs and areas between the fingers. If undertaking aseptic technique/aseptic non-touch technique wash hands then use hand hygiene rub before donning gloves.
- **Surgical Scrub** - carry out surgical scrub procedure for 2-3 minutes, ensuring all areas of hands and forearms are covered.

Rinsing - after washing, hands (and forearms where applicable) should be rinsed well under the running water. The physical action of washing and thoroughly rinsing hands is essential to assist with removal of soil and contaminants and to help prevent skin irritation from residual soap left on the skin.
Taps should be turned off using a 'hands-free' technique, e.g. elbows or automated sensor. If necessary, a paper towel used for hand drying can be used to touch the taps to turn them off.

Drying - hand drying is a critical factor in the hand hygiene process to remove any remaining residual moisture that may promote poor skin integrity leading to an increased risk of harbouring micro-organisms on the hands.

Hands must be dried thoroughly (without rubbing) by patting dry each part of the hand (remembering all of the steps included in the hand washing process) using a clean disposable paper towel. Paper towels (and any other waste) should be discarded without re-contaminating hands e.g. use a foot operated bin.

7.2.4 Hand Disinfection (Hand Hygiene Rub)

Hand hygiene rubs are more convenient to use than washing with soap and water at a sink and will destroy some bacteria, however hand hygiene rubs are only effective when hands are socially clean. A metered dose of the approved hand hygiene rub may be used according to guidance in Appendix B in the following manner:

- Hands must be *rubbed* together vigorously, so that the hand hygiene rub comes into contact with all surfaces of the hand - particularly to the tips of the fingers, the thumbs, the areas between the fingers and the wrists.
- Hands should be rubbed together until the disinfectant has evaporated and the hands are dry (approximately 20 - 30 seconds).

Hand hygiene rubs will not remove physical soiling or dirt and are generally ineffective against *Clostridium difficile* spores and some enteric viruses. Therefore, hands that are visibly soiled or potentially contaminated with organisms likely to cause diarrhoea (e.g. Clostridium difficile), dirt, or organic material must be washed with liquid soap and water as described in section 7.2.3 and Appendix A.

- Hand hygiene rub may be used following hand washing to provide additional cleansing and residual disinfectant action.

7.2.5 Promote Skin Integrity and Reduce Risks

It is important to promote skin integrity as dried, cracked skin can facilitate bacterial colonisation and areas of broken skin can expose an individual to risks from exposure to micro-organisms and/or blood and body fluids. Skin problems must be

reported via Occupational Health (OH) services so as to identify the cause of any problems and any alternative products and allow appropriate occupational monitoring of the health care worker.

- Cuts and abrasions must be covered with waterproof dressings.
- Use only Trust approved hand products in the clinical setting, either in easy clean, wall mounted dispensers with disposable inserts, single use dispensers (e.g. hand hygiene rub at the bedside) or individual dispensers disposed of when empty. If a particular soap, or hand hygiene product causes skin irritation, seek OH advice and/or refer to the Dermatitis Policy.
- Apply an emollient hand cream regularly to protect skin from the drying effects of regular hand decontamination. Use an approved hand cream that does not inhibit the action of other hand hygiene products or impair the integrity of gloves.
- Use an individual hand cream or approved hand cream from a wall mounted dispenser. It is inadvisable to use 'multi-person use' pots of cream as these can become contaminated.

7.2.6 Additional Hand Hygiene Guidance

The CCC Hand Hygiene Strategy includes elements of corporate responsibility to ensure appropriate hand hygiene facilities are provided in all areas of the Trust. The strategy also clarifies the Trust intent to provide non-touch sensor operated hand hygiene facilities to promote effective clinical hand hygiene. Additional rationale for some of the commonly asked questions is provided in the following section:

- There should be no overflows and taps should be sited to ensure running water hits the sink basin rather than splashing directly down the drain, otherwise aerosol from the drainage system may be generated and contaminate the basin area and the user.
- There should be no plugs in **clinical** hand wash basins to avoid the filling of sinks with water as this is not an adequate way to perform clinical hand hygiene

and can contaminate basins. Plugs are acceptable in other types of sinks and baths.

- Mixer taps or thermostatic mixer valves are preferred to provide the correct water temperature for performing hand hygiene and assist with promoting skin integrity.
- Identify hand wash basins for each area and then use the basin **only** for hand washing to prevent cross contamination and reduce the risks of gram negative infection (See Appendix C for further details):
    - Do not dispose of body fluids or dirty water at the hand wash basin – use the dirty utility area.
    - Do not wash any patient equipment in hand wash basins
    - Do not use hand wash basins for storing used equipment awaiting decontamination
    - Do not allow patients to use clinical hand wash basins for personal hygiene.
- Use **all** hand wash stations regularly or (if not regularly used) ensure taps are flushed daily to reduce the risks of contamination with Gram negative organisms including Pseudomonas aeruginosa and maintain records.
- Use pre-filled single-use bottles for handrubs, hand cream or cleaning solutions. 'Topping up' of bottles that contain hand hygiene solutions or reuse of pump dispensers must never occur as the inside of bottles, even those containing antiseptic solutions, can become a breeding ground for bacteria over time.
- Do not locate hand hygiene rub and hand cream dispensers at hand wash stations. Locate hand hygiene rub at the point of care and hand cream dispensers at work stations; near break rooms or use individual dispensers.
- The following are **NOT** supported for staff hand hygiene in a healthcare setting due to increased risk of infection
    - Bar soaps or any non-approved liquid soap product
    - Cloth towels (either loose or roll-type)
    - Re-usable nail brushes

In addition commercially available products may be heavily perfumed or cause skin problems for some individuals if used frequently over time.

7.2.7 Hand Hygiene for Patients and Visitors

Patients should be encouraged and assisted where necessary, to wash their hands before meals and after using the toilet. The use of patient care wipes is acceptable prior to meals and if preferred by the patient.

Visitors should be encouraged to decontaminate hands using appropriate methods before and after visiting.

7.3 Personal Protective Equipment (PPE)

This section of the policy details safe use and removal of personal protective equipment (PPE). According to Health and Safety Legislation appropriate PPE must be provided by the employer and used and worn by the employee for their own protection. For infection control purposes, effective use of PPE helps to maintain the safety of individual staff and also protects, patients, other staff and visitors to the Trust by reducing the risk of cross contamination.

Advice should be sought from the Infection Control Nurses whenever there is any confusion regarding the use of PPE, or the type of PPE required. For a summary table of PPE requirements see Appendix D and for illustrated information regarding putting on and/or removing PPE refer to the Isolation Policy or Appendix E of this policy.

7.3.1 Placement of PPE

PPE should be readily available in all clinical areas in an area of safety and at the point of use – usually near the doorway or clinical hand wash basins but outside any isolation area/room.

- PPE must be stored in a clean, dry environment and must not be decanted from original containers as the manufacturer's details and expiry dates will not be traceable.

- PPE must be available for use in sluice/ dirty utility areas but it is NOT appropriate to use these areas as a storage facility for large amounts of PPE

Waste disposal facilities must be also readily available to discard used PPE.

7.3.2 General Rules

The use of PPE is now to be considered standard in certain situations whenever contact with blood or other body fluids, non-intact skin and mucous membranes is/ or can be anticipated e.g. venepuncture, cannulation or dealing with incontinent patients. A variety of equipment may be required depending on the activity to be performed and includes:

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

PPE must be appropriate, fit for purpose, suitable for the person using/ wearing it (well-fitting), and conform to European Community (CE) standards. All elements of PPE must be worn as intended and manufacturers' instructions including expiry dates must be followed. PPE should not be a source of contamination, e.g. by being worn continuously between patients; removed and left on surfaces; or being removed inappropriately by wearers. Therefore, appropriate PPE must be put on prior to undertaking the activity for which it is required and removed immediately on completion of the task. PPE must be changed occasionally between different care/treatment activities for the same patient and always between caring for different patients.

The integrity of PPE must not be compromised or altered in any way by the user/wearer as this could potentially lead to exposure to hazardous substances during procedures. This includes modifications to gloves (e.g. cutting off glove fingers) to facilitate improved proprioception and manual dexterity.

Used PPE must be removed before touching non-contaminated or clean items, environmental surfaces, yourself, or other persons and should not be worn to handle or write on charts or to touch any other communal, clean surface.

7.3.3 Risk Assessment

CCC no longer supports the widespread use of natural rubber products due to the possibility of staff and patients acquiring sensitivity or allergy to latex. All staff must select PPE on the basis of the risk of transmission of micro-organisms to the patient and from the patient, environment or equipment.

The following issues should be considered:

- The likelihood that an individual or their clothing will become contaminated by chemicals, drugs, or other hazardous substances including blood or other body fluids/substances.
- The nature of the exposure risk e.g. splashing, sharps, aerosols.
- Whether sterile or non-sterile equipment is required.

7.3.4 Gloves

The contribution that the hands of healthcare staff make to the transmission of infection is well documented. Gloves are required routinely for all activities carrying a risk of exposure to chemicals, cytotoxic materials, blood and other body fluids/substances; for contact with contaminated equipment, sharps or instruments including cleaning and decontamination procedures; and for invasive procedures such as wound care (see Appendix F - The Glove Pyramid – to aid decision making on when to wear (and not wear) gloves).

The aim of wearing gloves is to:

- Protect users hands from becoming contaminated with organic matter and micro-organisms
- Protect users hands from certain chemicals that may adversely affect the condition of the skin

- Reduce the risk of cross-infection by preventing the transfer of organisms from staff to patients and vice versa.

If gloves are required, it is essential to select those appropriate to the task to be undertaken.

- Sterile gloves are required when undertaking aseptic techniques e.g. surgical intervention or central line insertion including Peripherally Inserted Central Catheter (PICC) or midline.
- Sterile gloves are **not** necessary for Aseptic No Touch Techniques (ANTT) e.g. peripheral venous cannulation, blood culture collection, venepuncture (Aseptic Technique Policy gives further detail on these topics).
- Consider the use of a gauntlet type of glove or normal glove with long sleeved apron for any procedure which may contaminate the forearm.
- Double gloving is recommended for all high risk exposure prone procedures undertaken where puncture of gloves is highly probable (these procedures are rarely (if ever) undertaken at CCC).
- Powdered latex gloves and polythene gloves must not be used in health care activities.
- Gloves are not required for 'normal' bed making activities but must be used when dealing with foul or heavily contaminated linen.
- **The use of gloves does not replace the need for hand hygiene. Always undertake hand hygiene before applying and after removing gloves.** Never perform hand washing while wearing gloves, and never use products such as alcohol based hand rub to clean gloves.

7.3.5 Aprons/Gowns

Disposable plastic aprons must be worn routinely when there is a risk that clothing or uniform may become contaminated with chemicals, cytotoxic materials, blood and other body fluids/substances; for contact with contaminated equipment, or instruments.

The aim of wearing an apron/gown is to:

- Protect users clothing from becoming contaminated with organic matter and micro-organisms
- Protect users clothing and body from certain chemicals that may adversely affect the condition of the skin
- Reduce the risk of cross-infection by preventing the transfer of organisms from staff to patients and vice versa.

Aprons are not required for procedures with minimal risk of cross contamination between patients and staff including, social contact where there is no risk of contact with blood or body fluids/substances. However, there are situations where it may be necessary to wear a disposable plastic apron to provide a clean barrier especially when assisting at meal times, or when undertaking invasive procedures such as wound care, or an aseptic technique. If an apron/gown is required, it is essential to select those appropriate to the task you are about to undertake.

- Water repellent aprons/gowns are required during cleaning and decontamination procedures and/or when providing close personal care for a patient (e.g. bed bathing and toilet assistance). An apron should be worn during activities likely to result in heavy contamination with micro-organisms such as all bed-making activities.
- Consider the use of long sleeved apron or gown for any procedure which may contaminate the forearm.
- Full body, fluid repellent gowns should be worn if there is a risk of extensive splashing of blood, body fluids etc. (except sweat), onto the skin or clothing of health care practitioners.
- A sterile gown may be required during aseptic procedures.
- Aprons/gowns should be tied in a bow at the back to facilitate easy removal.

7.3.6 Face & Eye Protection

Face masks and eye protection should be worn where there is a risk of chemicals, cytotoxic materials, blood and other body fluids/substances splashing into the face

and eyes. If required, face protection should be well fitting, fit for purpose and comfortable. Face protection should not be touched or adjusted once fitted and in use i.e. it should be adjusted prior to clinical contact in a safe area.

Torn or otherwise damaged face protection should not be used and (especially wet or soiled surgical masks) should be changed immediately (safety permitting) if this occurs during a procedure in order to ensure continued protection from splashes/ splattering to the mouth and nose.

Available equipment to protect face/eyes includes:

- Safety glasses/goggles worn with a surgical mask
- Surgical mask with integral face shield
- Face visor
- Disposable visors/safety glasses are also available.

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 may 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.

7.3.7 Respiratory Protective Devices

Respiratory protection is not normally required under standard precautions for infection control purposes but it may be necessary to comply with other Health and Safety requirements particularly in specialist areas or where aerosol producing situations may occur.

Where respirators are required, they must be correctly fitted and comply with Health & Safety Guidance and Regulation. For further information refer to CCC Isolation Policy.

7.3.8 Safe Removal of PPE

It is important to remove PPE immediately following a procedure; and to change PPE between patient contacts; and if necessary between procedures on the same patient. In addition, it is essential that PPE is removed according to protocol and disposed of after each appropriate use, sooner if it becomes damaged.

- Remove used PPE promptly after use using a safe technique.
- PPE is usually designated as single use or single patient use equipment so must be removed once you have finished the task and not worn while moving to a different patient/client/area. Although in certain situations, it is acceptable to utilise re-usable face protection cleaning between uses.
- Torn or otherwise damaged PPE should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.
- Used gloves, gown/aprons must be removed before touching non-contaminated or clean items, environmental surfaces, yourself, or other persons.
- Used PPE should never be placed onto environmental surfaces and should not be worn to handle or write on charts or to touch any other communal, clean surface.

Always perform hand hygiene according to protocol after removal of used PPE.

7.3.9 Uniforms and Footwear

Normal hospital uniforms are not classed as personal protective equipment and appropriate PPE must be worn so there is minimal risk of uniforms and staff clothing becoming contaminated. In addition, all staff entering a clinical area to undertake clinical duties or have patient contact must remove outer clothing e.g. coats, jackets, sweaters and comply with Bare Below the Elbows.

In general, footwear should be clean and closed-toed to avoid contamination with blood or other body fluids or potential injury from sharps. Care should be taken when donning/removing footwear at any time to avoid hand contamination. Hand hygiene should be performed following handling of footwear.

- Where designated footwear is assigned, e.g. in theatre settings, local guidelines and policy for the use and care of footwear must be followed especially where individuals are responsible for the care of footwear potentially contaminated with blood and/or body substances.
- Overshoes are not usually required as these can lead to unnecessary hand contamination while donning/removing and can create a slip hazard.

7.3.10 Visitors

It is generally not necessary for visitors having social contact with the patient to wear any PPE although an apron may be advisable if a patient is in isolation.

Visitors involved in assisting with patient care should be instructed in the use of appropriate PPE as required by healthcare staff.

7.4 Sharps Safety Measures

Inoculation injuries (sharps injuries) are one of the most common types of injury to be reported to Occupational Health Services by healthcare staff. The greatest occupational risk for transmitting a blood borne virus is through parenteral exposure, e.g. needle stick injury (especially those needles with a hollow bore where blood might reside).

This section of the policy specifies CCC policy requirements in relation to prevention of inoculation injury and occupational exposure to blood borne viruses through safe use and disposal of sharps and safe injection practices. Additional information relating to the prevention, reporting and management of inoculation injury (following percutaneous or mucocutaneous exposure to blood or body fluids)

can be found in the Inoculation Injury Policy – Prevention and Management of Occupational Exposure to Blood Borne Viruses.

7.4.1 Injections

Use an aseptic or aseptic non-touch technique when preparing and administering medications for injection. Cleanse the diaphragms (bungs) of medical devices or medication vials with 2% chlorhexidine in 70% isopropyl alcohol and allow drying time before accessing. Do not **reuse** a syringe to access a medication vial or solution.

Cleanse the patient's skin with 2% chlorhexidine in 70% isopropyl alcohol (unless contraindicated) and allow drying time before venepuncture, cannulation or injection. 2% chlorhexidine products may be contraindicated prior to intrathecal, intramuscular and/or subcutaneous injections.

Do not routinely disconnect and reconnect administration or infusion sets.

7.4.2 Sharps Handling

Handling of potentially contaminated sharps including needles, scalpels and other sharp instruments/devices must be kept to a minimum and such items must not be passed directly from hand to hand or handed directly to another person. Used sharps must be discarded into an approved sharps container at the point of use wherever possible.

Do not disassemble, re-sheath or otherwise manipulate sharps by hand prior to disposal:

- Needles must not be recapped, bent or broken
- Needles and syringes must not be disassembled by hand. In certain situations it is acceptable to use the attachment on the sharps bin lid to remove needles or use a safe, single handed technique or a specially designed safety device.

Needles must be removed from insulin pen devices prior to storage in ward refrigerators.

- To avoid others sustaining injuries, where patients/clients are involved in the practice of injecting, they should be encouraged to safely dispose of sharps themselves (whenever possible).
- If the patient is unable to assist with their own insulin injection acceptable solutions include use of a 'normal' insulin syringe to administer the doses or use of an insulin pen device (competent staff only) and use the device on the sharps bin lid to unscrew and remove the used needle.

7.4.3 Needle-stick prevention devices

The use of needle stick prevention devices must be considered where there are clear indications that they will provide safe systems of working for healthcare practitioners e.g. safety cannulae and retractable injection devices. If a device is fitted with a needle-stick prevention device - it must be activated by the user immediately following use (and prior to disposal).

A rigorous evaluation of needle stick-prevention devices must be undertaken to determine their effectiveness, acceptability to practitioners, impact on patient care and cost benefit prior to widespread introduction.

7.4.4 Sharps Containers

Sharps containers must conform to UN3291 and BS 7320 standards and must not be filled above the mark indicating that they are full (usually either ⅔ or ¾ of the sharps container capacity).

- Sharps containers must be correctly assembled prior to use including the correct colour coded lid.
- Sharps containers must be sealed prior to disposal and the label must be completed, dated and signed at each stage of use. Signatures MUST be legible for traceability purposes.

- The temporary closure mechanism must be activated when sharps bins are not in immediate use. This is particularly important to prevent accidental spillage of contents when sharps containers are transported, or part filled.
- Sharps containers must be located and secured in a safe position as close to the point of use as possible. 'In-use' sharps containers must not be located at floor level or balanced precariously e.g. large sharps bins placed, but not secured, on a trolley. Acceptable solutions include use of specially designed devices which fit securely to specific sharps containers
  - an integral tray to take to the patient
  - wall mounted in the immediate vicinity of use
  - a mobile stand
  - a bracket fixed firmly to a trolley.

7.5 Respiratory Hygiene

Patients (and others) with respiratory symptoms must be instructed to follow these simple rules:

- Cover nose and mouth with disposable tissues when sneezing, coughing, wiping and blowing nose
- Dispose of used tissues immediately in nearest waste bin
- Wash hands after coughing, sneezing, using tissues or contact with respiratory secretions and contaminated objects
- Keep hands away from the mucous membranes of the eyes and nose.

Health care workers should also assist patients if necessary (e.g. elderly, children) with containment of respiratory secretions. Those who are immobile will need hand hygiene facilities and a receptacle (e.g. plastic bag) readily at hand for the immediate disposal of used tissues.

7.6 Hospital Hygiene - Patient Care Equipment

Healthcare settings contain a diverse population of micro-organisms and both the environment and patient's equipment can become contaminated with blood, other body fluids/substances during the delivery of care. It is essential that effective

routine processes exist to ensure that cleaning and decontamination procedures reduce the risks of cross contamination and/or cross infection. Environmental cleaning is generally undertaken by domestic staff and patient care equipment cleaning by health care staff. Explicit decontamination policy and guidance must be followed to reduce the risks of cross contamination particularly Gram-negative organisms including Pseudomonas species.

7.6.1 Classification of Patient Care Equipment

Multiple Patient Use - equipment or medical devices intended to be used on multiple patients may fall into low, medium or high risk groups depending on how the item is to be used and anticipated contact with the patient.

Risk	Application/Use of Item	Minimum Standard
Low	In contact with healthy skin or makes no physical contact with the patient e.g. mattresses, ECG machine furniture, lockers etc.	Cleaning according to the manufacturer's instructions is usually sufficient but disinfection is required if the items have been exposed to blood/body fluids etc. or if equipment is to be used on immunocompromised patients. Healthcare staff: Use a suitable approved enzymatic or disinfectant detergent product e.g. Tuffie 5 wipe, Actichlor plus solution or Clinell Clorox wipes.
Medium	In contact with **intact** mucous membranes e.g. thermometer probes, nasendoscopes. Any equipment used in isolation areas or contaminated/ soiled with body fluids or organisms e.g. soiled commodes or MRSA.	Use single use or single patient use whenever possible. Reusable equipment must be cleaned and disinfected using approved disinfectants according to agreed protocols (for some items the requirement is to sterilise).
High	In contact with broken skin or mucous membrane or for introduction into a sterile body area.	Cleaning and Sterilisation or single use. Decontamination SLA must be arranged prior to purchase as there are no facilities for sterilisation within CCC

Single Use equipment or medical devices carries the symbol seen above and is intended to be used **only** once on a single patient. All equipment and/or packaging bearing the single use symbol may not be robust enough for repeated decontamination and/or use. A period of safe use will be specified by the manufacturers or by local policies but such equipment may not be reprocessed or reused.

Single Patient Use equipment or medical devices often carries the symbol above and is only intended to be used on a single patient and then disposed of. Such equipment may be used repeatedly on the same patient if adequate decontamination is undertaken between uses but it is not possible to use safely on other patients. The manufacturer's guidance on decontamination processes must be followed.

7.6.2 Levels of Decontamination

In order to limit the risk of an item serving as a source of cross contamination or cross infection to staff, patients, visitors or others during subsequent use or handling; all equipment must be used according to manufacturer's instructions and (if necessary) effectively decontaminated. Decontamination processes include cleaning, disinfection and sterilisation and a brief summary is contained within this section of the policy.

To reduce the risks of cross contamination with Gram-negative organisms including Pseudomonas it is necessary to ensure that items are not left soaking in liquids. For example nebulisers must be emptied discarded after 24 hours in use

- Make sure treatment extras (e.g. mouth bites) are **always** washed and stored clean and dry not left soaking in tap water or mouthwash solution.

More detailed guidance is contained in the Decontamination policy available under D on the policy section of CCC Intranet.

Cleaning	The process of removing soil and micro-organisms from an item using detergent and water in combination with physical or mechanical action. Items must be effectively cleaned prior to all other decontamination processes.
Disinfection	The use of heat or chemicals to provide an additional process to destroy the majority of micro-organisms but not spores.
Sterilisation	The complete destruction of all micro-organisms and spores but not prions.

7.6.3 Frequency of Decontamination

Where a piece of equipment is used for more than one patient, (e.g. bath hoist etc.) it must be effectively decontaminated following each and every episode of use. Items in continuous use on the same patient e.g. drip stands, IV pumps must be wiped clean daily with an approved detergent disinfectant wipe. Items must be cleaned before placing into store room or recharge stores and routinely maintained clean and ready for use. For specific guidance refer to Appendix A in the Decontamination Policy and document controlled Cleaning Schedule and Cleaning Checklist.

7.7 Environmental Cleaning and Disinfection

The hospital environment must be maintained in good physical repair and condition, visibly clean, free from dust, soiling and spillages and acceptable to patients, their visitors and staff. The integrity of environmental surfaces and construction materials influence the level of cleanliness and decontamination possible. In particular surfaces that are not smooth and intact can harbour micro-organisms and effective decontamination is extremely difficult or impossible.

Therefore, items which are no longer in a good state of repair (e.g. split upholstery, chipped or broken surfaces) should be removed, repaired or replaced.

The majority of services in this section of the policy are provided by organisations under monitored Service level Agreements (SLAs) in line with National standards and statutory requirements particularly in relation to:

- Environmental cleaning and disinfection
- Safe disposal of clinical waste (separate policy)
- Linen and laundry arrangements (separate policy)
- Pest control (separate policy).

7.7.1 Daily Routine

The cleaning arrangements detail the standards of cleanliness required in each part of its premises and a schedule of cleaning frequency is available. Daily cleaning is undertaken using a disposable cloth to wipe clean all hard surfaces and equipment with a detergent solution. Additional cleaning and disinfection of the environment/ equipment will be undertaken using an approved disinfectant (according to infection control and domestic services local agreement) whenever the environmental bio burden may contribute to or sustain infections.

Environmental surfaces in isolation areas and sanitary wares require at least once daily clean with a detergent & disinfectant (currently a hypochlorite solution with 1,000parts per million of available chlorine e.g. Actichlor plus and Titan Sanitizer are used within the Trust). If items to be decontaminated will not tolerate additional cleaning and disinfection with a chlorine based agent, remove them from the environment prior to implementation of isolation precautions. If this is not possible, seek guidance from the ICNs.

7.7.2 Terminal Environmental Cleaning

Following the patients discharge or discontinuation of isolation, terminal cleaning will be undertaken by domestic staff according to agreed protocols after negotiation

with the Domestic Services Manager. Curtains should be removed if necessary (according to guidance) prior to terminal cleaning.

7.7.3 Management of Blood/Body Fluid Spillages

Exposure to blood and/or other bodily fluids via spillages pose a risk of infection particularly to those whom may be providing healthcare. The safe and effective management of spillages is therefore essential to reduce the risk of transmitting infection via this route. Spillages also need to be dealt with as quickly as possible to remove the risk of slips, trips and falls.

Appropriate protective clothing must be worn when dealing with spillages of blood and/or other body fluids to minimise the risks of inoculation injury. All waste contaminated with blood or other body fluids must be disposed of as healthcare or infected waste. Blood spillages are especially hazardous when combined with sharp objects e.g. broken glass, needles etc, extra care is necessary to avoid injury. Broken glass and/or sharps must not be collected by hand when there are body fluid spillages present, disposal forceps can be used to retrieve sharps from the spillage and disposed of immediately into a designated sharps bin.

It is essential that *all* staff groups consider utilising appropriate PPE when undertaking cleaning or decontamination duties to protect themselves.

7.7.4 Spillage Procedure

Follow the procedure below and make the spillage safe:

- Wear appropriate protective clothing. The minimum should be a disposable apron and gloves but thought should be given to the possible need for facial protection if there is a risk of splashing of the spillage or any of the cleaning agents used.
- Soak up the liquid from the spill using ‘Method 1, 2 or 3’ described in this section of the policy.
- Ensure all traces of the spillage are removed. Rinse and dry afterwards.

- Place all disposable equipment including disposable protective clothing in an orange clinical waste bag. Tightly seal and tag the bag and leave in the designated area for collection. Sharp items must be placed immediately in a sharps disposal bin and not in a regular waste sack.
- Any non-disposable protective clothing should be decontaminated (even if not visibly contaminated) and left clean and dry in readiness for use.
- The volume of the spillage, the type of spillage and the item/area contaminated will generally dictate the decontamination procedure used.

Method 1 Using Spill Wipes

Spill wipes (see Appendix G for instructions) are specifically designed to deal with body fluid spills and can be used for blood, urine and/or any other bodily fluids.

Wear PPE remove the wipes from the package and place the pad active side (A) down onto the spill and allow 30 seconds for the spill to absorb. Remove the pad and clean the area with the remaining wipes. Place all used equipment into the pack, seal and discard as clinical waste (Tiger Bag). Full instructions are in Appendix G.

Method 2 Titan Sanitizer

Cover the spillage with sodium dichloroisocyanurate granules (e.g. Titan Sanitiser). If the spill is urine or vomit, **do not** use chlorine granules as they can release **chlorine gas**. Do not leave the area and alert others to the risk by means of a floor hazard sign or cone. Wait for 2-5 minutes, then scoop up debris with paper towel / cardboard and dispose of as clinical (or sharps) waste. Wipe clean the area using disposable cloths soaked in detergent and warm water.

Method 3 Alternative methods

If the spillage/leaking has contaminated the environment/equipment:

- Cover the spillage with disposable paper towels soaked with 10,000 parts per million available chlorine (e.g. Actichlor Plus Solution). At least 2-3

minutes must elapse before the towels etc. are cleared or scooped and disposed of as clinical or sharps waste.

- Mop or clean the area with a **solution** of disinfectant/detergent (e.g. Actichlor plus) to a strength of 1000 parts per million available chlorine and allow to dry.

If the spillage is on materials that will not tolerate exposure to chlorine:

- Wear PPE and use disposable paper products e.g. blue roll to absorb the liquid or remove soiling
    - Clean with approved disinfectant wipes (e.g. Tuffie 5)
    - Dispose of all disposable items and used PPE as clinical waste.
- Ensure that the contaminated item presents no hazard e.g. label as contaminated and place in the sluice.
- Contact infection control for further advice.

Additional Guidance - if the blood spillage has dried it is acceptable to use disposable products and a solution of 1000 parts per million available chlorine and detergent (Actichlor Plus) to clean the area and allow drying. Chlorine based detergent/disinfectants **cannot** be safely used on carpets or soft furnishings. Therefore curtains, linens etc. must be laundered to heat disinfect rather than use a chemical disinfectant.

7.8 Safe disposal of clinical waste

Historically all healthcare-related waste was incinerated but this is no longer the case. Appropriately segregated waste may be disposed of in a variety of ways and it is essential that staff follow the guidance on segregation and disposal of waste. Failure to adhere to waste guidance could create a serious hazard for both staff and the public. This section is a summary of guidance related to the correct segregation and disposal of clinical waste, further information and advice is available in the Waste Management Policy.

7.8.1 Clinical Waste Segregation

- Black bags – are for non-clinical domestic waste, general and office waste. It is essential that black bags are never used to dispose of clinical waste as they are destined for landfill.
- Yellow/Black striped (tiger bag) – to be used for any healthcare waste items that do not contain any hazardous properties or potentially infectious waste, however they may be contaminated with bodily fluids.
- Orange Bag – to be used for infectious waste and potentially infectious waste, however not to be used for any anatomical waste.

7.8.2 Spillages from waste containers/receptacles

If a waste container should burst open, don PPE, e.g. gloves, aprons, masks/goggles if there is a risk of splashing, to safely gather the contents, placing them in another bag of the same standard/category. Spillages of blood/other body fluids that have occurred should be managed following Management of Blood and Body Fluid Spillages Policy, immediately when they occur. Any exposed sharps must safely disposed of into an approved sharps container at the point where they have been found (and not carried around while exposed). An incident form should be completed where necessary, reporting the spillage and likely reason for this.

7.9 Linen and Laundry

To prevent contamination of clean linen it is essential to minimise moving and handling and to store and transport using safe methods. General guidance is offered in this section of the policy but for further information; refer to the Linen and Laundry Policy.

- Handle clean linen with clean hands
- Wear a clean apron (gloves are not required)
- Store in a clean designated area away from the floor. Use a purpose built linen cupboard or a covered trolley. Trolleys must be kept covered and cupboard doors kept closed except when accessing clean supplies. It is not acceptable to store large quantities of linen in individual patient care areas or in corridors.

- Clean linen in transit must be separated from any area used to transport soiled linen and must be kept covered (e.g. sealed in plastic or on a covered trolley).

7.9.1 Storage and Handling of Used Linen

Used linen represents a potential hazard and can contaminate the environment and the hands and clothing of healthcare staff. It is essential that appropriate personal protective equipment is utilised and good practice is maintained. For further information regarding linen and laundry management, see Linen and Laundry Policy.

7.10 Pest Control

Hotel Services and the nominated Pest Control Company are responsible for dealing with pest infestation within CCC. General guidance is offered in this section of the policy but for specific detail regarding control of pests and prevention of infestation refer to the Pest Control Policy.

Cracks in plaster and woodwork, unsealed areas around pipe work, damaged tiles, badly fitted equipment and kitchen units are all likely to provide excellent harbours for pests and should therefore be maintained in a suitable condition. All buildings should be of sound structure and well maintained, drains should be covered, leaking pipe work repaired and damaged surfaces made good.

In addition, all staff must ensure that they take the necessary interventions to maintain a clean and safe environment and adhere to the following:

- Food must be kept covered or stored in airtight pest proof containers
- Spillages must be promptly removed
- Waste must be stored in a manner suitable to prevent access to pests
- Accumulation of static/stagnant water must be avoided
- Ant defects must be reported
- Where fitted, fly screens should always be closed when windows are open

- Doors to food preparation areas should be kept closed.

8.0 Training

This policy has been devised as an educational resource for all Trust staff and is supported by clarification of the Trusts expectations during main induction training for all staff and thereafter during mandatory training according to the frequency listed in the learning and development policy.

9.0 Audit

The contents of this policy will be audited routinely as part of the Infection control audit programme which includes visits to the ward by the infection control nurse to ensure that appropriate precautions are in place. Exceptions will be noted by incident reporting and all reports and audits followed up as per Infection Control Policy.

Exceptions will be noted by incident reporting and all reports and audits followed up as per Infection Control Policy. Examples include;

- By outbreak reports, lessons learned and daily updates
- By Clinical Incident reporting systems relating to infection Control
- By routine clinical review of all patients requiring additional infection control precautions within the organisation
- By daily monitoring of the placement of all patients requiring additional infection control precautions within the organisation.

Indicator	**Assuring Committee**
Assessment against Saving Lives Scorecard and ongoing audits	Reported to: Infection control committee The Board
Incident reports / investigations: MRSA RCA C Diff RCA Management of outbreaks	Reported to: Infection control committee The Board
Risks (on Trust risk register) scoring	Reported to:

10 or above	Integrated Governance Committee The Board
Cleanliness scores	Reported to: Support services meetings and annually to The Board.
PEAT scores	Reported to: Integrated Governance Committee and annually to The Board
Patient survey reports (national survey and local surveys)	Reported to: Infection control committee Integrated Governance Committee Patient Experience Committee
Infection Control Audit programme	Reported to: Ward/department managers Matron DIPC Infection Control Committee
Surveillance Alert Organisms Alert Conditions Urinary Catheter associated infections	Reported to: Infection Control Committee
Acute Provider Organisation HCAI Performance Monitoring Framework	Reported to: SHA Infection Control Committee

10.0 References

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11.0 Appendices

Appendix A - How to Handwash

Appendix B – How to Handrub

Appendix C – Best Practice to minimise the risk of Pseudomonas aeruginosa

Appendix D - Summary Table of PPE

Appendix E - Illustrations of putting PPE on and taking it off

Appendix F - The Glove Pyramid

Appendix G – Using Spill Wipes

Appendix A - How to Handwash

How to handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0

Wet hands with water;

1

Apply enough soap to cover all hand surfaces;

2

Rub hands palm to palm;

3

Right palm over left dorsum with interlaced fingers and vice versa;

4

Palm to palm with fingers interlaced;

5

Backs of fingers to opposing palms with fingers interlocked;

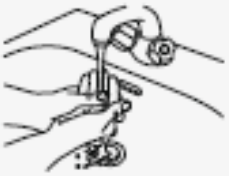
6

Rotational rubbing of left thumb clasped in right palm and vice versa;

7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Rinse hands with water;

9

Dry hands thoroughly with a single use towel;

10

Use towel to turn off faucet;

11

Your hands are now safe.

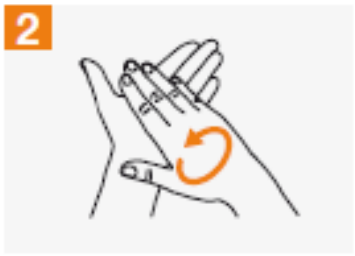
Appendix B – How to Handrub

How to handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;

Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;

Backs of fingers to opposing palms with fingers interlocked;

Rotational rubbing of left thumb clasped in right palm and vice versa;

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

Once dry, your hands are safe.

Appendix C - Best Practice to minimise the risk of P*seudomonas aeruginosa* contamination in clinical areas

Hand Hygiene Practices

Identify hand wash basins for each area and then use the basin **only** for hand washing:

- Do not dispose of body fluids or dirty water at the hand wash basin – use the dirty utility area.
- Do not wash any patient equipment in hand wash basins
- Do not use hand wash basins for storing used equipment awaiting decontamination
- Do not allow patients to use clinical hand wash basins for personal hygiene.

Use **all** hand wash stations regularly or (if not regularly used) ensure taps are flushed twice per week according to Legionellosis Control Policy and maintain records.

Do not locate hand hygiene rub and hand cream dispensers at hand wash stations

- locate hand hygiene rub at the point of care
- locate hand cream dispensers at work stations or near break rooms or use individual dispensers.

If undertaking aseptic technique/aseptic non-touch technique wash hands then use hand hygiene rub before donning gloves.

Use pre-filled single-use bottles for handrubs, hand cream or cleaning solutions. Do not top-up dispensers/bottles.

Decontamination

Explicit decontamination policy and guidance please ensure that all staff are aware

- Nebulisers - ensure that not washed/rinsed but discarded after 24 hours in use
- Make sure treatment extras (e.g. mouth bites) are **always** washed and stored clean and dry not left soaking in tap water or mouthwash solution.

Clinical Standards

Do not use tap water to clean indwelling medical devices

Cleaning Maintenance Standards

Cleaning staff follow national guidance on cleaning processes e.g. clean taps first and then the sink etc. paying particular attention to lime-scale deposits. It is important to identify any problems or concerns relating to safety, maintenance and cleanliness of hand wash stations to the Infection Prevention & Control team and the Estates and Hotel Services Department.

Appendix D – Summary Table of PPE

	Standard	Contact	Droplet	Airborne
Side room	No	Always if possible but must if high risk e.g. sputum or exuding wound	Yes or cohort	Yes or cohort
Hand Hygiene	Yes	Yes	Yes	Yes
Gloves	If contact is anticipated with blood, body fluids exudate etc.	If significant contact with patient or environment	If significant contact with patient or environment	Yes
Apron	For close contact with patient or contaminated environment/equip ment and/or contact with body fluids	If significant contact with patient or environment	If significant contact with patient or environment and gown for high risk procedures.	If gown is not water repellant
Gown	If heavy splashing of blood/body fluids anticipated.	If heavy splashing of blood/body fluids anticipated.	If heavy splashing of blood/body fluids anticipated.	Yes
Eye Protection	If splashing of blood/body fluids anticipated.	If splashing of blood/body fluids anticipated.	Yes if working within 1 meter of coughing, sneezing patient	Yes
Surgical Mask	If splashing of blood/body fluids anticipated.	If splashing of blood/body fluids anticipated.	Yes	No
FFP3 Respirator	No	No	For high risk aerosol producing procedures	Yes

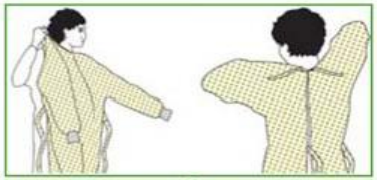
Appendix E- Illustrations of putting PPE on and taking it off

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

1. Putting on Personal Protective Equipment (PPE)

- **Perform hand hygiene before putting on PPE**

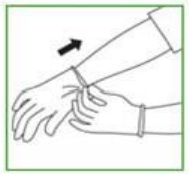
Apron
- Pull over head and fasten at back of waist



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

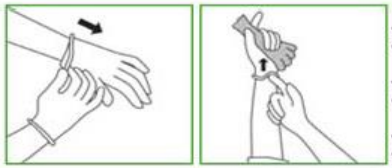
Surgical Mask (or respirator)
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit/check respirator if being worn

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



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

2. Removing Personal Protective Equipment (PPE)

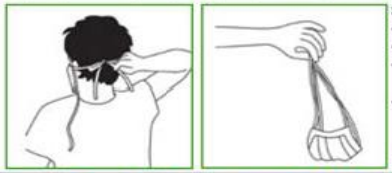


Gloves
- Outside of gloves are contaminated
- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in the gloved hand
- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove
- Discard into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

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

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

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



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

- **Perform hand hygiene immediately on removal**

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

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

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

Appendix F- The Glove Pyramid

The Glove Pyramid – to aid decision making on when to wear (and not wear) gloves

Gloves must be worn according to **STANDARD** and **CONTACT PRECAUTIONS**. The pyramid details some clinical examples in which gloves are not indicated, and others in which examination or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless of indications for glove use.

Appendix G Using Spill Wipes

The Clatterbridge Cancer Centre NHS
NHS Foundation Trust

Spill Wipes

Soaks up spills safely, in seconds

Clinell Spill Wipes are specifically developed to deal with bodily fluid spills quickly and efficiently. For use on blood spills, body fluid spills and urine.

Clinell Spill Wipes - (NHSSC: VJT268 / Order Code: CSW1)


1. Wear recommended PPE. Tear open the pack.


2. Remove wipes.


3. Place the active side (A) face down onto the spill. Leave to absorb for 30 sec.


4. Push down on plastic backed side (B) and wipe until spill is fully absorbed.


5. Remove a disinfectant wipe from the sachet.


6. Clean the spill area in an 'S' shaped motion, from clean to dirty.


7. Put soiled wipes and empty sachet back into the pack.


8. If required repeat steps 5-7 with the remaining wipe and reseal.


9. Dispose of pack as hazardous waste.

Dispose of in hazardous waste. Do not flush or macerate.

For more information, please contact the Infection Prevention and Control Team.

clinell 020 7993 0030 | info@clinell.com

Full product information at: www.clinell.com