Standard Infection Control Precautions

Scope of Guidance

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

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

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

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

What are Standard Infection Control Precautions?

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

Why are Standard Infection Control Precautions necessary?

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

When should Standard Infection Control Precautions be applied?

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

- the level of interaction between the healthcare worker and the patient/client
- the anticipated level of exposure to blood or other body fluids
What Responsibilities do flexible workers have regarding Standard Infection Control Precautions?

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

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

Standard Infection Control Precautions outlined in these guidelines include:

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5. Management of Care Equipment

Introduction

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

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

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

How should care equipment be stored?

- Care equipment must be stored clean and dry following use.
- Equipment should also be checked for cleanliness prior to use, e.g. when being removed from storage

- Care equipment should never be stored on the floor.
- Covers for items should be used where appropriate

When to perform procedures for management of care equipment

- On a routine, scheduled basis as detailed at local level
- When equipment is visibly dirty
- Immediately when spillages or contamination with blood/other body fluids has occurred
Whenever a patient is discharged from their care environment e.g. used or unused equipment in the care environment.

How to perform procedures for the management of care equipment

Preparation and Staff Protection

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

Procedure

- The local policy for cleaning equipment should be followed.
- However consider the equipment to be cleaned. Some equipment can be cleaned outside of the unit/department e.g.

  - Utilise sterilisation departments where appropriate to assist with equipment decontamination. e.g. some equipment can be decontaminated using a washer disinfector.
  - Crockery should be cleaned in a dish washer at a high temperature

6. Safe Management of Linen

Introduction

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

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

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

Main categories of linen applicable to this guideline are:

- Used linen - this refers to all used linen, irrespective of state, except linen from infectious (or isolated) patients/clients or those suspected of being infectious
- Infected linen - this specifically applies to linen that has been used by a patient or client who is known or suspected to be carrying potentially pathogenic microorganisms.

Normally a risk assessment will have been carried out and additional precautions put in place to prevent transmission of microorganisms and subsequent infection of others.

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

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

Therefore both clean and used supplies should be managed safely.

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

When and how to dispose of used linen
Wear protective clothing and follow local linen policy

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

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

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

Common sense examples of good and poor practice

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<th>It is good practice to…</th>
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<tr>
<td>Wear soft-soled, closed toe shoes</td>
<td>Closed toe shoes offer protection against spills. Soft soles reduce noise, which can disturb patients’ rest</td>
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<td>Change into a clean uniform at the start of each shift</td>
<td>Prevents any risk of cross contamination, however small</td>
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<tr>
<td>Wear short sleeved tops-shirts. Avoid wearing white coats when providing</td>
<td>Cuffs become heavily contaminated and are more likely to come into contact with</td>
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<td>direct patient care patients</td>
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<td>Change immediately if clothes become heavily soiled or contaminated</td>
<td>Visible soiling or contamination is likely to be an infection risk</td>
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<td>Wash uniforms at the hottest programme suitable for the fabric</td>
<td>Washing for 10 mins at 60 degrees removes most organisms.</td>
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<tr>
<td><strong>It is bad practice to...</strong></td>
<td><strong>Why?</strong></td>
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<td>Wear neck-ties (other than bow-ties) in any care activity which involves patient contact.</td>
<td>Ties are rarely laundered but worn daily. They perform no beneficial function in patient care and have been shown to be colonised by pathogens.</td>
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<td>Wear excessive jewellery, including necklaces, visible piercings and multiple earrings. Where earrings are worn, they should be plain studs</td>
<td>Excessive jewellery looks unprofessional and may be hazardous and can harbour organisms.</td>
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**DH Guidance 2007**

7. Control of Environment

**Introduction**

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

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

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

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

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

Equipment purchased/used for storage, e.g. shelves, units, lockers should have easy-to-clean, smooth impervious surfaces and be water-resistant and tolerate disinfection with hypochlorite solutions 1000ppm for example. Items, such as supplies, must always be stored off the floor to facilitate effective cleaning.
Items which are not intact, for example chairs, should be removed, reupholstered with suitable impervious flame retardant material, (which can withstand cleaning with detergent and disinfection with hypochlorite 1000ppm), where appropriate or replaced. Where there is a concern about risk of infection due to damaged equipment, the defect should be reported using the incident reporting system used locally.

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

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

Cleaning schedules

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

Cleaning will be undertaken when:
- the environment is visibly dirty, e.g. contamination with dust, soilage
- immediately when spillages occur
In relevant care settings, whenever a patient/resident/client is discharged from their care environment. Specific guidance may be in place locally to guide staff as to the steps to take upon patient discharge to ensure the environment is safe to receive the next patient. These environments can include rooms, wards, (mobile) treatment areas in all settings

**Cleaning procedures**

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

- The use of Personal Protective Equipment (PPE) to protect those caring for the environment is important, as is the disposal of PPE immediately following use. Hand hygiene is also essential, even if gloves are worn during the procedure.

- Gather all relevant equipment for use and ensure all equipment/receptacles used to clean the environment are clean before use. Utilise single use items, such as disposable cloths and mop heads, as far as possible in health and social care settings.

- The choice of cleaning agent that best meets overall needs is important and should be included in local cleaning procedure.

- General purpose neutral detergent is suitable for routine environmental cleaning (antimicrobial agents are not routinely recommended).

- Do not use chlorhexidine, e.g. Hibiscrub and other hand antiseptic agents, for cleaning of the environment.

- Alcohol and detergent wipes should not be used for routine cleaning of the environment as detergent wipes are not suitable for large surface cleaning.

- Follow guidance (e.g. manufacturers’ instructions and recommendations) provided on cleaning agents, regarding amount used, dilution and contact time and ensure solutions are made up freshly. Solutions made up and stored within a receptacle must be labeled, e.g. solution name, date and time made up. Solutions must not be stored for longer than 12 hours. Containers used to dilute cleaning solutions should be rinsed inverted and stored dry. Control of Substances Hazardous to Health (COSHH) sheets and product data sheets should be referred to in order to ensure solutions used to clean the environment are used and stored safely.

**Incident Reporting**

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

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

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

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

Waste produced as a result of healthcare activities is classified as healthcare waste in the European Waste Catologue. Healthcare waste includes no /minimal risk hygiene waste as well as items which pose a risk either due to their potentially infectious nature or contamination with pharmaceutical products, these are known as hazardous waste. Hazardous waste is subject to additional controls as specified in the Hazardous Waste (England & Wales) Regulations 2005.

When to dispose of waste safely and appropriately
- Waste should be disposed of as close to the point of use as possible, immediately after use.

Where to dispose of waste safely and appropriately
This guideline should not be read in isolation but in addition to the local Waste Disposal Policy.
- Use identified bag holders particularly in care settings. These should be hands free/pedal operated lids, hard bodied, containing appropriate waste bags, so that hands do not become contaminated during waste disposal e.g. by having to touch lid to open.
- Waste bags/containers used to hold waste should be of an appropriate strength to ensure they are capable of containing the waste without spillage or puncture, e.g. UN approved, including:
  - UN approved bags which are orange or yellow in colour and indicate hazardous healthcare waste for treatment/incineration and disposal, should always be used appropriately depending on the waste being generated.
  - Approved sharps containers/boxes should also always be used as they are puncture-resistant and retain liquids. These must be assembled correctly, following manufacturers instructions
  - Hygiene waste should also be disposed of into appropriate recepticles.

- Never dispose of waste into an already full recepticle
- Bags should be no more than ¾ full. Sharps bins should be no more than ¾ full /past manufacturers fill line.
- Where patients can dispose of their own waste e.g tissues they should be encouraged to do so and provided with appropriate waste recepticles for this e.g leak proof.

How to dispose of waste safely and appropriately
Allways wear personal protective equipment.

Procedures:
- Never touch the waste receptacle itself, e.g the lining of the outside of bags/containers, while items are being disposed of.
- Never fill waste receptacles
- Items containing fluid, particularly those containing blood/body fluids, that have to be disposed of should first have the contents solidified in order that they are safe to transport.
- Seal all bags/containers appropriately before disposal/transporting/processing. In accordance with local guidance (e.g. bag ties, first using a swan neck tie)
- Tagging of waste in accordance with local policy
- Perform hand hygiene following any waste handling/disposal.
- Transport, store in accordance with local policy
- Manage spillages in line with local policy.

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


NPSA Clean your Hands Campaign (2007) Available at: http://www.npsa.nhs.uk/cleanyourhands/

Uniforms & Work, evidence base for developing local policy DOH 2007 Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_077453

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<td>Fleur Booty, Independent Infection Control Consultant, Karen Barraclough, Senior Nurse</td>
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