

Policy Type		Policy Name
Information Governance		General Infection Control Precautions
Corporate		
Standard Operating Procedure		
Human Resources		
clinical	X	

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Committee approved by	Joint Quality Committee
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Document History

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Jan 2018	New policy	Approved by the HCAI committee and ratified by Joint Quality Committee

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

Review

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

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1. Introduction

The aim of this policy is to provide a framework for the application of general infection prevention and control precautions for staff working in the clinical environment.

1.1 Status

This policy is a corporate policy.

1.2 Purpose and scope

To provide a basic awareness of infection prevention and control (IPC) for staff employed by NHS North Durham, NHS Darlington and NHS DDES CCGs. This policy ensures that universal IPC precautions (standard principles) are carried out at all times to safeguard patients, staff and members of the public.

This policy applies to all health care workers employed by NHS North Durham, NHS Darlington and NHS DDES CCGs. If staff are visiting other environments they should adhere to their policies

Advice and/or guidance on IPC issues can be obtained by contacting the Infection Prevention and Control Nurses between 8.30am – 5.00pm Monday to Friday on 0191 3713233 DDES CCG Headquarters.

2. Definitions

All definitions are explained throughout the text

3. Policy for General Infection Prevention and Control Precautions

This policy reflects the requirements of Department of Health (2015) The Health and Social Care Act 2008 Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance and other associated key national policies.

These will include the following:

- Hand Hygiene
- Uniforms
- Personal Protective Equipment
- Safe Handling and Disposal of Sharps
- Principles of Asepsis
- Care of Clinical Rooms
- Decontamination of Equipment.

Hand Hygiene

There are multiple varieties of organisms both pathogenic and non-pathogenic that may be on the skin at any one time. Hands are therefore an efficient vehicle for transferring micro-organisms.

Health care workers have the greatest potential to spread micro-organisms that may result in infection due to the number of times they have contact with patients or the patient environment.

The aim of hand hygiene is to:

Remove organisms which do not normally live on the hands (transient organisms).
Reduce the resident flora from the hands before contact with a patient and/or equipment.

Prevent potential pathogenic organisms colonising the hands of staff and being transported to others, therefore creating a risk of infection.

Hand hygiene using recognised techniques is the single most effective means of reducing the risk of cross infection.

The world Health Organisation's 'Five moments of Hand Hygiene' is advocated, (World Health Organisation 2009):

Situations that pose the greatest risks include, but are not limited to –

- 1 Before touching a patient.
- 2 Before clean/aseptic procedures.
- 3 After body fluid exposure/risk.
- 4 After touching a patient, and
- 5 After touching patient surroundings.

Thorough hand washing with soap and warm water, rinsing and thorough drying with a disposable paper towel, following a recognized technique, will remove transient organisms and reduce the level of resident organisms, see appendix 2

Antiseptic hand washes will remove transient organisms and has a cumulative effect; however these may cause skin irritation if used multiple times per day. Therefore these are not recommended for general hand hygiene.

An effective hand wash technique involves four stages - preparation, washing, rinsing, and drying:

- Preparation requires wetting hands under warm running water before applying liquid soap or an antimicrobial preparation.
- The hand wash solution must come into contact with all of the surfaces of the hand.

- The hands must be rubbed together vigorously for a minimum of 20 seconds, paying particular attention to the tips of the fingers, thumbs, wrists and areas between the fingers.
- Hands should be rinsed thoroughly before drying with good quality, absorbent paper towels.

Alcohol hand rubs are a rapid decontamination method and are effective at removing transient bacteria. These must conform to current British standards and contain 60% alcohol or above. When decontaminating hands using this product, hands must be visibly clean, that is, free from dirt and organic material.

Following application from a pump dispenser, hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers and the wrists, continuing until the solution has evaporated and the hands are dry. This will mirror the hand wash technique.

Alcohol hand rubs may NOT be used under the following circumstances:

- the patient is experiencing vomiting and/or diarrhoea
- there is direct hand contact with any bodily fluids
- whenever hands are visibly dirty
- after visiting the toilet
- before preparing, handling or eating food
- When caring for patients with *Clostridium difficile* infection.

Healthcare workers should ensure that their hands can be effectively decontaminated throughout the duration of clinical work:

- Remove cardigans and roll up long sleeves.
- Remove wrist watches and hand jewellery except for one plain metal band.
- Fingernails must be short, clean and free from nail polish and artificial nails
- Cuts and abrasions must be covered with waterproof dressings
- Hand hygiene must be performed at a hand wash basin dedicated for that use only, and is fit for purpose. Taps must not be turned off by hand and paper towel disposed of without touching the waste bin, thereby minimising the risk of re-contamination.

Uniforms

These should be kept clean, in a good state of repair and changed immediately if contaminated with blood or body fluids. They should not be worn outside unless in

the course of carrying out professional duties. A clean uniform must be worn each day. NB uniforms are not protective clothing.

Use of Personal Protective Equipment (PPE)

The selection of protective equipment must be based on an assessment of the risk of transmission of microorganisms to the patient, and the risk of contamination of the healthcare worker's clothing and skin by patients' blood, body fluids, secretions or excretions.

Gloves

Gloves used for direct patient care must conform to current EU legislation (CE marked as medical gloves for single use). Alternatives to latex gloves must be available for patients, carers and healthcare workers who are sensitive to latex. Powdered or polythene gloves may not be used. A variety of sized gloves must be available.

Gloves must be worn for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes, and for all activities that have the potential risk of exposure to blood, body fluids, secretions or excretions, including handling contaminated equipment.

Non-sterile gloves are worn to protect the healthcare worker from exposure to blood or body fluids.

Sterile gloves are worn to protect the patient from micro-organisms.

All gloves must be worn as single-use items.

They must be put on immediately before the episode of patient contact or treatment and removed as soon as the activity is completed.

Gloves must also be changed between different care or treatment activities for the same patient

Gloves do not replace hand hygiene; hands must be decontaminated before donning and following removal of gloves.

Gloved hands should not be wiped with any form of alcoholic substance or washed.

Gloves used for direct patient care that have been exposed to body fluids, must be disposed of in accordance with current local policy.

Disposable Aprons

A disposable plastic apron is to be worn when delivering direct patient care if there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions.

A disposable plastic apron must be worn for sterile procedures.

Disposable plastic aprons are single-use items. An apron must only be used for one procedure or one episode of direct patient care.

Aprons must be disposed of in accordance with current local policy.

Face protection

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

Direction to wear facial protection may be given in exceptional circumstances.

Safe handling of Sharps

For the purposes of this policy a 'sharp' is defined as anything which may puncture skin and which may be contaminated by blood or other body fluids. Safe disposal of sharps into approved containers is essential and is the responsibility of the person generating the sharps waste. This will safeguard the health of the general public, other members of staff and themselves.

Sharps containers must comply with BS EN ISO 23907:2012 'Specification for sharps' containers' and be of the appropriate size for its purpose.

- Manufacturer's instructions must be followed when assembling sharps containers, taking particular care to ensure that the lid is properly fastened into position prior to use. Ensure the label on the front of the sharps container is completed on assembly and when the permanent closure is applied Check pre-assembled sharps containers prior to use. Once a sharps container is in use it must not be tampered with.
- The sharps container must remain in a designated place except when it is being used by a health care worker and therefore is under supervision.
- Sharps containers must never be placed at floor level. They should always be placed out of the reach of children and where unauthorised people cannot gain access to them when not in use.
- Do not dispose of sharps in anything other than a sharps container.
- It is the responsibility of the person(s) using the sharp to dispose of it properly. Do not leave sharps for someone else to dispose of.
- All sharps must be discarded directly and immediately into a sharps disposal container, at the point of use.
- Needles and syringes should be discarded as a single unit.
- Do not attempt to retrieve any items from sharps containers. If any problems are encountered with the lid or safety of a sharps container, it must be permanently sealed and a new container used.
- Do not fill sharps containers above the manufacturer's marked line. Check the sharps container before use to ensure it is not overfilled to avoid protruding items.

- Keep temporary closure in place when sharps box not in use.
- Permanently close the used sharps container when ready for final disposal (i.e. when the manufacturer's marked level is reached or at intervals as specified by local procedures) using the locking mechanism on the closure.
- Do not place used sharps containers ready for disposal into any bag.
- Permanently closed sharps boxes must be stored in a designated secure, locked place away from the public prior to collection.

Sharps injury

Following any injury with a used sharp, apply immediate first aid: free bleeding of puncture wounds should be gently be encouraged, wash the affected area with soap and warm water, cover with a waterproof dressing and report.

Principles of Asepsis

Asepsis is defined as the absence of pathogenic organisms.

Aseptic technique is a process that seeks to prevent or reduce micro-organisms from entering a vulnerable body site.

This reduces the risk of an infection developing as a result of the procedure being undertaken.

An aseptic technique includes a set of specific actions or procedures performed under controlled conditions.

Where staff are expected to undertake aseptic procedures, they should receive appropriate training and be deemed competent to practice in line with local policies.

Safe Handling of Waste

Any health care worker that produces waste as part of their role is classified as a 'waste producer'. The waste generated may be one of a number of types of waste including sharps, hazardous, offensive, municipal (household) and pharmaceutical (medicinal) waste. Healthcare workers have a professional and moral obligation to protect the health of their patients and colleagues.

All staff must segregate waste according to local policy.

Healthcare waste must be handled using appropriate PPE and dispose into a foot operated lidded container.

Collection of Specimens

The correct collection, handling, and labelling of specimens is important as the quality of the specimen collected has implications for any microbiological diagnosis that may be reported and the subsequent prescribing of anti-microbial drugs such as antibiotics.

Incorrectly collected, stored, or handled specimens can result in inappropriate or unnecessary antibiotics being prescribed which can cause a patient to become

susceptible to infections such as *Clostridium difficile* and increase the possibility of antimicrobial resistance developing.

A delay in specimens reaching the laboratory may result in incorrect microbiological reporting of result, due to overgrowth of bacteria in the original sample.

- Wherever possible specimens are to be collected in the correct container in the first instance and not transferred from one to another.
- Specimen containers must be filled carefully to avoid contamination of the outer surface.
- Containers must be accurately labelled.
- The request forms must be filled in **accurately** and **completely**.
- All specimens to be sent to the laboratory as soon as possible.
- For further information on collection of specimens refer to the Pathology Handbook from the appropriate Foundation/Acute Trust.

Clinical Rooms

Clinical rooms should be in a good state of repair and be fit for purpose

- These must be kept dust free, clean and tidy, with no extraneous items.
- Sterile packs should be stored on clean, dry, washable shelving or in cupboards, and used in date rotation.
- Never handle sterile packs with damp hands or place on damp surfaces.
- Ointments, creams and lubricating Gel should be supplied for individual use only and used within the expiry date.
- Sterile dressings must be discarded once opened.
- The patient examination couch must be maintained in a good state of repair. Paper bed roll must be used and changed between each patient. The bed should be cleaned at least daily and between patients if there is evidence of contamination. Couches should be cleaned with detergent as alcohol wipes may affect the integrity of the material.
- Dressing trolleys, or approved surfaces, should be in a good state of repair and cleaned between uses with a disinfectant wipe.
- Patient seating must be impermeable and if integrity of surface is damaged or stained should be repaired or replaced.

4. Duties and Responsibilities

Accountable Officer

The Accountable Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.

Director of Nursing

As the nominated director responsible for Infection Prevention and Control the Director of Nursing has delegated responsibility for ensuring that arrangements are in place to manage Infection Prevention and Control including the risks from not carrying out general infection control precautions.

In addition the Director of Nursing is responsible for ensuring that the policy is drafted, approved and disseminated in accordance with 'Writing Policy Documents'.

The necessary training and education needs and methods to implement this document are identified and resourced. Mechanisms are in place for the regular evaluation of the implementation and effectiveness of this document.

Infection Prevention and Control Nurse

The Lead Infection Prevention and Control Nurse will:

- Generate and formulate this policy, identifying appropriate processes for regular evaluation of, and the implementation and effectiveness of, this policy;
- Notify the Policy Coordinator of any revisions to this document;
- Ensure the policy is taken to members of the Health and Social Care HCAI Group for comment.
- Arrange for superseded version of this document to be retained in line with national guidance.

All staff

All staff, including temporary staff, are responsible for:

- Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.
- Co-operating with the development and implementation of policies and procedures as part of their normal duties and responsibilities.
- Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local / national directives, and advising their line manager accordingly.

- Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.
- Attending training/awareness sessions when provided.

There is a risk of non-compliance with all infection control policies which would in turn increase the risk of patients acquiring healthcare associated infections (HCAI), the organisation not achieving national targets on HCAI and not complying with inspection audits.

These policies are designed to provide a framework to reduce those risks.

5. Implementation

5.1 This policy will be available to all staff for carrying out hand hygiene.

5.2 All managers are responsible for ensuring that relevant staff within their own departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

6. Training Implications

The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

7. Documentation

7.2 Legislation and statutory requirements

None.

7.3 Best practice documents

Loveday et al (2014) epic 3: National Evidence Based guidelines for preventing healthcare associated infections in NHS hospitals in England. Journal Hospital Infection 8651S1-S70

NICE (2012) Prevention and control of healthcare –associated infections in primary care and community care.

7.4 References

Department of Health” The Health and Social Care Act 2008” Code of Practice (2015) on the prevention and control of infections and related guidance. DH. London.

.National Institute for Clinical Excellence. (2017) Infection control. Prevention of healthcare associated infection in primary and community care. London. NICE.

National Patient Safety Agency. (2010) **The National Specification for Cleanliness in the NHS. Guidance on Setting and Measuring Performance in Primary General and Dental Practices.** National Patient Safety Agency. London.

World Health Organisation (2009) 5 Moments for Hand Hygiene.

8 Monitoring, Review and Archiving

8.1 Monitoring

The Director of Nursing, as sponsor director, will agree with the Lead Infection Prevention and Control Nurse a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 Director of Nursing will ensure that each policy document is reviewed in accordance with the timescale specified at the time of approval. **No policy or procedure will remain operational for a period exceeding three years without a review taking place.**

8.2.2 Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives that affect, or could potentially affect policy documents, should advise the sponsoring director as soon as possible, via line management arrangements. The sponsoring director will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 If the review results in changes to the document, then the initiator should inform the policy manager who will renew the approval and re-issue under the next 'version' number. If, however, the review confirms that no changes are required, the title page should be renewed indicating the date of the review and date for the next review and the title page only should be re-issued.

8.2.4 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process

9. Equality Impact Assessment Statement

The tables below summarise reviews with respect to:

- Strategic and operational risks, including risks to health and safety.
- Current equality and diversity legislation.
- Rights under the European Convention on Human Rights.

9.1 Risk Audit

Risk Audit for		
RISK CATEGORIES		Significant Risks Identified Yes/No
1	Risks relating to organisational objectives	Yes
2	Risks to patient experience/outcome	Yes
3	Risk to or from service/business interruption	No
4	Risks relating to staffing and competence	Yes
5	Financial risks	No
6	Risks to compliance with inspection/audit standards	Yes
7	General risks to organisational reputation	Yes
8	Specific health and safety (inc fire) risks to persons (staff, patients, public, etc)	
a	Location (access, environment, working conditions)	No
b	Equipment (medical, electrical, other)	No
c	Hazardous substances	
d	Lone working	No
e	Moving and handling	No
f	Potential to cause undue stress	No
g	Anti-social behaviour (violence, harassment, theft)	No
OUTCOME (tick appropriate box)		ACTION
No significant risks identified		Proceed with ratification process.
Significant risks identified	✓	Complete a full risk assessment form and action plan for all risks identified. Include in the Appendices – see Appendix 1.
There is some doubt about whether risks are significant or relevant.		Take further advice from appropriate directorate or department. If unresolved, refer to Governance and Assurance Committee.

9.2 Equality Audit

Equality Audit for		
QUESTION	RESPONSE	
What is the purpose of the proposed policy document (or changes to policy document)?	Safe and effective hand decontamination	
Who is intended to benefit, and how?	Correct patient management and safety	
Will the proposals involve, or have consequences for, the people the CCGs serve and employ?	No	
Is there any reason to believe that people could be affected differently by the proposals, for example in terms of access to a service, or the ability to take advantage of proposed opportunities?	No	
Is there any evidence that any part of the proposals could discriminate unlawfully, directly or indirectly, against any section of the population?	No	
Is the proposed policy likely to affect relations between certain groups of people, for example because it is seen as favouring a particular group or denying opportunities to another?	No	
Is the proposed policy likely to damage relations between any particular group(s) of people and the CCG?	No	
OUTCOME (tick appropriate box)		
Potential for discrimination is very low or non-existent	✓	Proceed with ratification process.
Potential for discrimination exists		Amend the document as appropriate to clarify exceptions or remove potential. If this is not possible, take further advice from Corporate Services Manager and/or the Equality Lead Manager (HR Department)
There is doubt about the potential for discrimination		

Appendix 1

Levels of Decontamination			
Category	Indication	Level of decontamination	Methods
High Risk	Items that Penetrate skin/mucous membranes or enter sterile body areas	Sterilise	Sterile and sealed in appropriate packaging – single use OR re-processed in accredited SSD
Medium Risk	Items that have contact with mucous membranes or are contaminated by microbes that are easily transmitted	Disinfect	Chemical disinfection Heat Disinfection Automated Washer Disinfector
Low Risk	Items used on intact skin	Clean	Wash with detergent in hot water or detergent wipes and dry.

Appendix 2

HANDCLEANING **TECHNIQUES**



