



NAME: .....



DATE: .....



## Infection Prevention & Control Workbook for (non clinical) administrative staff



Please note successful completion of this workbook equates to an update in infection prevention and control and will count as a training session if the reply slip is appropriately signed and returned. You should also tick to indicate that you have visited web sites where you see the following symbol...



Within the Trust, the Infection Prevention & Control Team can be contacted during office hours on 01386 502552. Out of hours, urgent infection prevention and control advice is available from the on call medical microbiologist via switchboard at either Worcestershire Royal Hospital or the Alexandra Hospital, Redditch.



You may find the Infection Prevention and Control Policies and Procedures a useful reference when completing this workbook. Please also note the websites listed on page 10 which will also help.



Infection Prevention and Control Training is part of your mandatory training requirements. Contact either the Learning and Development Unit or the Infection Prevention and Control Team for details of other training opportunities.



If you wish to discuss any aspect of this workbook please contact [Carole.Clive@nhs.net](mailto:Carole.Clive@nhs.net)








## INTRODUCTION

Infection Prevention and Control is of prime importance within all healthcare settings. It is however recognised that not all infections or healthcare associated infections (HCAIs) are avoidable but in relation to HCAIs evidence suggests that a significant number of infections can be prevented.

The Department of Health 2015 update of The Health and Social Care Act (2008): Guidance on the Prevention and Control of Healthcare Associated Infections and Related guidance (often referred to as the '**Hygiene Code**') states that effective prevention and control of HCAIs or indeed any infection has to be embedded into everyday practice and applied consistently by everyone all of the time. This document lists the criteria used to judge whether an NHS Trust is compliant with the government regulations regarding infection prevention and control and attainment of these is the absolute minimum. These criteria are designed to ensure that patients are cared for in a clean environment, where the risks of HCAIs are kept as low as possible. Infection prevention and control is a key requirement of the Care Quality Commission hygiene and cleanliness assessments (CQC 2008) and is also recognised as an essential component of clean, safe care, quality and safety, governance and clinical risk structures within the Trust.

The Trust is committed to helping healthcare workers further reduce infection rates and continue to enhance the provision of clean safe care by promoting better application of existing knowledge and adherence to best practice to improve patient safety and minimise the risk of infection.

Ensuring staff know what to do to minimise the risks of infection and actually do this every time are both crucial components in the delivery of safe, clean care. The aim of this work book is to:

-  update/enhance your infection prevention and control knowledge
-  enable you to disseminate the information to your colleagues/team
-  remind you that infection prevention and control practices must be at the forefront of your mind 100% of the time.

## OVERVIEW



Every Trust has a director who is responsible for Infection Prevention and Control—who is this within the Health and Care Trust?

The Department of Health 2015 update of The Health and Social Care Act (2008): Guidance on the Prevention and Control of Healthcare Associated Infections and Related guidance is also termed what?

You can visit the Department of Health website on [www.dh.gov.uk](http://www.dh.gov.uk) and use the search facility to find this document if you wish.

Whose job is it to practice infection prevention and control? Circle the correct answer.

NOBODY      CLINICAL      PEOPLE WHO WORK      EVERYONE  
STAFF      WITH PATIENTS

Three of the most important actions you can undertake to reduce infection are detailed below. Number them according to priority with number 1 being the action you think is the most important...

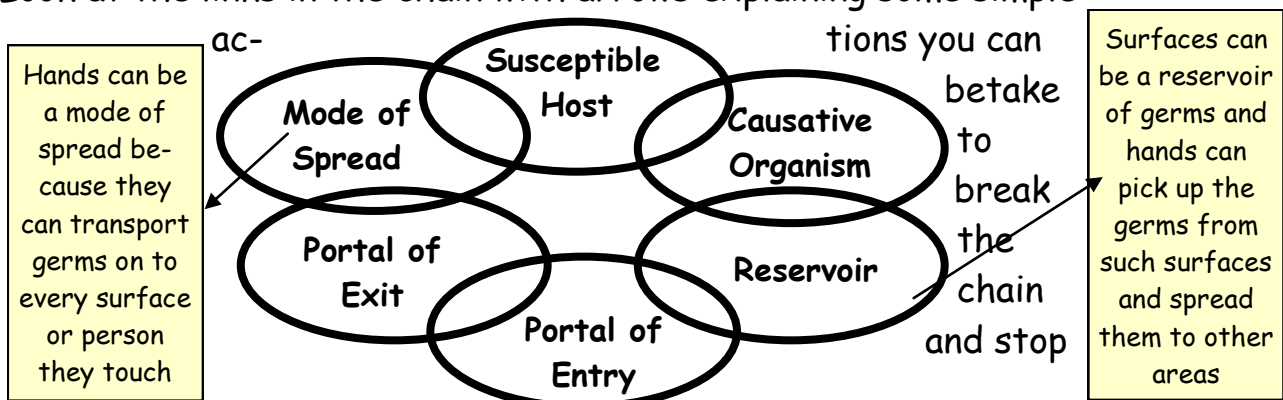
Clean equipment/Frequent touch items appropriately

Undertaking Hand Hygiene when indicated

Follow policies, procedures and guidelines



To have an infection, there is a chain of events that occurs as shown below. Look at the links in the chain with arrows explaining some simple



Michelle Clarke is the Director with Responsibility for Infection Prevention and Control. This can also be termed the "Hygiene Code". See page 1. It is recommended that you have an understanding of this document and view it. In compliance with the Health and Social Care Act, effective prevention and control of infection must be part of everyday practice and applied consistently by **everyone**, including non-clinical staff. 1 is Hand Hygiene 2 is Cleaning equipment/items and 3 is following policies, procedures etc. Other areas for consideration include: Appropriate use of antibiotics and good levels of overall cleanliness.



ANSWERS

# HAND HYGIENE



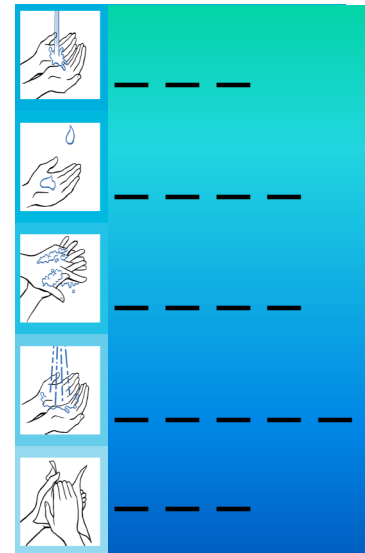
\_\_\_\_\_ / \_\_\_\_\_ is the single most important way to stop the spread of infection. DID YOU KNOW...Approximately 80% of infections are thought to be transmitted by hands...



Indicate if the following sentence is **TRUE** or **FALSE** (circle correct answer) *I don't work clinically so don't need to worry if I don't wash my hands.*

Remember some of these micro-organisms on your hands are harmless, but many are capable of causing infections. Good hand hygiene removes the micro-organisms from our hands before they can be passed on to others.

Put the 5 basic steps of hand washing into the correct order on the poster, this includes  
wash,  
Rinse  
Wet  
Soap  
Dry.



Name 2 areas people commonly miss when they wash their hands.

1 ..... 2 .....



Bare below the Elbows sets out to enable effective hand hygiene, what does this mean for staff who are required to undertake hand hygiene as part of their role?.....  
.....

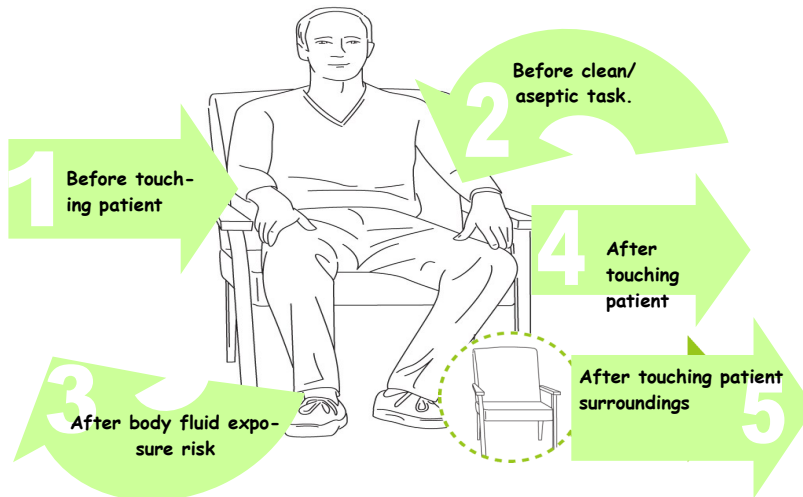
ANSWERS  
HAND HYGIENE  
FALSE because as we work, we can pick up micro-organisms (germs) from everything and everybody with which we come into contact. They can be passed on to anything or anyone else, we touch.  
1 Wet, 2 Soap, 3 Wash, 4 Rinse, 5. Dry  
Tops of fingers, Between each finger, Thumbs, Wrist  
Bare Below the elbows includes recommendations relating to wearing of short sleeves, no wrist or hand jewellery with the exception of a plain band wedding ring, no wrist watches, no nail varnish, presence of nail art or false nails. It applies to all staff who undertake hand hygiene in the course of their role.

# HAND HYGIENE

## When should you wash your hands?

The '5 Moments for Hand Hygiene at the Point of Care' (WHO 2009 supported by the NPSA) have been defined as the most fundamental times when hand hygiene should be undertaken. The opportunities for hand hygiene are:

- 👉 Before patient contact
- 👉 Before a clean/aseptic procedure
- 👉 After body fluid exposure risk
- 👉 After patient contact
- 👉 **After contact with patient environment** - The 5th moment also applies to non-clinical staff, e.g. on leaving a room or a patient bed space hands must be cleaned.



### REMEMBER

It is also important, even when not involved in direct patient care, to clean your hands:

- 👉 When entering or leaving a ward area
- 👉 Before preparing, handling and eating food
- 👉 After using the toilet
- 👉 When hands become visibly soiled
- 👉 Before and after using a computer keyboard in a clinical area...

👉 Identify two occasions when you should cleanse/wash your hands that are different to the above.

1..... 2.....

👉 Do you know when is it okay to use alcohol gel/foam instead of washing hands? Alcohol gel/foam can be used on **visibly clean hands** as an alternative to washing hands with soap and water. However, alcohol gel/foam is **NOT** effective against *Clostridium difficile* or viral infections such as norovirus which cause diarrhoea and/or vomiting. Therefore, when in contact with someone with either diarrhoea and/or vomiting, hands must always be washed with soap and water. Hands must also always be washed prior to food preparation.

👉 Indicate when you could use alcohol gel/foam? .....



# PERSONAL PROTECTIVE EQUIPMENT (PPE)



PPE (Protective clothing) is worn to reduce the potential of cross infection/contamination. It should be available to all staff giving direct care or likely to come into contact with blood, body fluids or substances listed under COSHH. It must be changed between each patient and between dirty and clean tasks even if occurring with the same patient. Items of PPE used in healthcare practice includes Gloves, Aprons, Eye Protection and Masks.

Why do you think PPE is worn when undertaking certain tasks?

.....  
.....

Indicate if the following sentence is **TRUE** or **FALSE** (circle correct answer) *Wearing of gloves means you don't need to wash your hands.*

When wearing Personal Protective Equipment, to ensure efficacy, it is important to remove it in the most appropriate order. Always remove gloves first followed by apron and then eye/face protection. Why do you think this order is important? .....

.....  
Always remember dispose of personal protective in the correct waste stream.

**SHARPS INJURIES** Remember avoiding sharps injuries is everybody's responsibility. All Trust staff must be aware of their responsibilities to minimise and avoid needlestick injuries. This relates to both clinical and non clinical staff who may directly or indirectly come into contact with sharps of one kind or another. A knowledge and awareness relating to the safe use and disposal of sharps is essential.

If you sustain a needlestick injury at work encourage the wound to bleed, do not suck the wound, wash thoroughly with soap and water, cover with a non-breathable plaster/dressing, inform your manager, complete an incident form and ensure the blood borne contamination incident policy is followed. You must contact either Occupational Health or present at an A/E/Minor Injuries Unit for further follow up following any inoculation injury. Significant contamination with blood or body fluids splashing into your eye/face should also be followed up in accordance with this policy. The procedure for these types of injuries can be found in the Blood Borne Contamination Incident Policy, Appendix 1.

To protect from contamination with blood, body fluids or substances hazardous to health, to prevent contamination of patients/service users from clothing/workwear and to provide a physical barrier which must be changed between care activities, patients/service users. FALSE the use of gloves does not replace the need for hand hygiene as gloves can have pores that may allow germs to pass through them and also on removal of gloves, hands may inadvertently become soiled. Gloves should be removed first as they are likely to be the most contaminated having touched the most items.

ANSWERS

## WASTE AND SHARPS



### DOMESTIC/HOUSEHOLD WASTE (Code 20 03 01 to Landfill)

All uncontaminated general domestic waste. This includes general paper waste, packaging that is not suitable for recycling, paper handtowels, couch roll that is not contaminated with blood/body fluids, food products, protective clothing used for food preparation.



### OFFENSIVE/HYGIENE/TIGER BAG WASTE (Code 18 01 04 to Deep Landfill)

Waste not contaminated with a known infection, not originating from a patient with a known or suspected infection. It may include dressings (not antimicrobial) swabs, disposables gloves, aprons, plaster casts, sanitary waste, nappies, incontinence pads, macerator disposables e.g. bed pans etc. Medicinal waste must not be disposed of in this way.



### INFECTED/HAZARDOUS WASTE (Codes 18 01 03/18 01 09 for incineration)

Waste that may be contaminated with a known or suspected infection. This includes all waste generated in Theatre and Dental settings, anatomical waste, reagents or test vials and kits containing chemicals. It may include waste generated from someone with a known infection (e.g. MRSA, C dif, CJD etc in NHS properties.) This must not be obvious anatomical waste which should be disposed of in a sealed unit (18 01 02) or medicinal waste.

👉 At most, how full should a waste bag be prior to disposal?

.....

👉 What colour bag would be used to dispose of green cleaning cloths?

.....

👉 How would you carry a bag of waste?

.....

### YELLOW TOPPED SHARPS BINS (Codes 18 01 03/18 01 09 for incineration.)

For disposal of all sharps including those which are contaminated with blood, body fluids or medicinal products and partly discharged syringes. Must not be used for disposal of sharps which have been in contact with cytotoxic/cytostatic products.



### PURPLE TOPPED BINS (Codes 18 01 03/18 01 08 for incineration)

Waste and/or Sharps contaminated with cytotoxic or cytostatic medicinal products. Please refer to Trust list of products which must be disposed of in this container.



### ORANGE TOPPED SHARPS BINS (Codes 18 01 01/18 01 03 for incineration or treatment)

Sharps not contaminated with medicinal products or fully discharged sharps that have not contained cytotoxic or cytostatic medication. The Trust is not anticipating segregating waste into this category. All sharps waste should be categorised into the above two



### PHARMACEUTICAL (PHARMI) BINS (Codes 18 01 09 for incineration.)

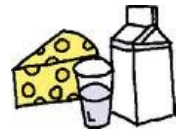
Either of these bins are suitable for the disposal of pharmaceutical products. These bins can be used for the disposal of medicinal waste (not cytotoxic or cytostatic) that is within its original packaging.



👉 With the neck tied, by the neck and at away from your body (arms length)

👉 Black Bag  
👉 2/3's full  
ANSWERS

# FOOD HYGIENE



☞ If food is to be stored in a fridge, what temperature should the fridge be running at?

.....

☞ List 2 types of germ or bacteria that can cause food poisoning.

.....

.....

☞ Name two practices which increase the risk of food poisoning.

.....

.....

☞ What are three of the most important personal hygiene rules when dealing with food?

1.....

2.....

3.....

☞ All dried products such as cereals, sugar, biscuits once opened should be stored in pest proof containers. What information should be noted on the container.....



## CLEANING CLOTHS—All staff should be aware of the colour coding system in

### Red

Bathrooms, washrooms, showers, toilets, basins and bathroom floors

### Blue

General areas including wards, departments, offices and basins in public areas

### Green

Catering departments, ward kitchen areas and patient food service at ward level

### Yellow

Isolation areas

place for cleaning equipment within the Trust and report incidences to Facilities where the incorrect colour is noted in an area.

- ☞ Fridges should run between 0-5°C
- ☞ Bacteria that can cause food poisoning include: Salmonella, Campylobacter, E coli, Shigella, Listeria,
- ☞ The risk of food poisoning increases if there is poor temperature control, inadequate reheating, food being left uncovered, contamination of cooked food with raw food, inappropriate storage, poor hand hygiene.
- ☞ Hand Hygiene, good standards of personal hygiene e.g. hair tied back, appropriate clothing,
- ☞ Information on the pest proof containers should contain use by date and date of opening if this is applicable.

**ANSWERS**



# DECONTAMINATION

Within the Trust, cleaning schedules are in place for the environment and also all items of equipment. These must be known and followed by all staff to minimise the risk of infection.

☞ Whose responsibility do you think it is to keep office environments and/or work stations clean?.....

☞ In studies which do you think is found to be more contaminated; a desk space or a kitchen table.....

☞ Link the items detailed below into order with, on average, the most contaminated as the first item through to the least contaminated.  
 Telephone                      Fridge Door Handle                      Computer Keyboard/Mouse



☞ Match the process to the definition.

To reduce the number of micro-organisms but not bacterial spores.

**CLEANING**

Give a preliminary reduction in the number of micro-organisms and remove dirt, grease and organic matter which might protect the organisms from heat or chemicals.

**DISINFECTION**

Complete destruction or removal of micro-organisms, including bacterial spores.

**STERILISATION**



☞ There are two types of wipes that are used in the Trust for decontamination of equipment/surfaces. Multi-surface detergent for cleaning and 70% Alcohol hard surface wipes for disinfection of surfaces.



☞ Investigate the cleaning schedules in place in your area, choose one item and complete the chart below eg computer, telephone, desk, shelves

ITEM	WHO IS RESPONSIBLE FOR CLEANING	FREQUENCY OF CLEANING	PRODUCT	HOW IT IS CLEANED

## ANSWERS

- ☞ Whilst the cleaning of floors and many surfaces are undertaken by housekeeping staff, it is the responsibility of each user to regularly clean office equipment such as computers, keyboards and telephones and leave hot desk areas as they would like to find them.
- ☞ In studies, a desk space has been shown to have on average 100 times more bacteria on it than a kitchen table.
- ☞ Telephones have the highest level of contamination followed by computer keyboards and mice, then desk space, then fridge door handle.
- ☞ **Cleaning** Gives a preliminary reduction in the number of micro-organisms, it removes dirt, grease and organic matter which might protect the organisms from heat or chemicals. **Disinfection** To reduce the number of micro-organisms but not bacterial spores. **Sterilization** Complete destruction or removal of micro-organisms, including bacterial spores.
- ☞ Choose your item, discuss with colleagues whether this happens and who is responsible.

## GENERAL QUESTIONS



**THINK**— If you were a patient would you want to see the healthcare professional cleanse their hands prior to treating you or would you be happy to assume they had done this prior to seeing you? Consider how you might react in each situation. State your preference and reasoning .....

List the steps you would take to deal with a blood/body fluid spillage.

If a colleague is suffering from viral gastro-enteritis how long would you advise them to stay away from work once they are symptom free?.....

What do the initials MRSA stand for?  
 M.....R.....S.....A.....



If you see the symbol on an item of equipment, this items should be used only once (not twice!) and then disposed of.  
*Single use items are denoted by this sign.*

How would you contact the Infection Prevention and Control Team for the Trust? .....



Visit [www.worcestershirehealth.nhs.uk](http://www.worcestershirehealth.nhs.uk), go to the infection control section of the website and look at available resources, note down two you may find useful to refer to again



Seeing is believing, the assurance provided if you actually see someone cleanse their hands is far greater than an assumption.  
 Personal protective clothing must be worn, spillages of blood or vaccine on a surface that will withstand bleach can be covered with a NaDcc powder or 1% bleach solution leave for a few minutes and mop up excess with paper towels, dispose of all waste appropriately. Clean the area with general purpose detergent. Spillages of urine/faeces or vomit or those that are on a surface that will not withstand bleach should be mopped up with paper towels and the area cleaned thoroughly, a bleach solution can be used following normal clean. Dispose of waste appropriately. Wash hands after finishing process. Refer to section C of the infection control policies and procedures for more information  
 48 hours  
 Metcillin Resistant *Staphylococcus aureus*  
 During office hours you can contact the team by phone on 01386 502552 or 07798 608171. Out of hours urgent advice is available from the on call medical microbiologist via switchboard at either Worcestershire Royal Hospital or the Alexandra Hospital, Redditch. Alternatively you can email one of the nurses directly.  
 You can find information on infections, leaflets, posters, policies and procedures, audit tools and copies of training material and workbooks.

ANSWERS

## WEBSITES

[www.worcestershirehealth.nhs.uk](http://www.worcestershirehealth.nhs.uk) - A local website for shared services to display information.

[www.gov.uk](http://www.gov.uk) Where you can find information from Public Health England who play a critical role in protecting people from infectious diseases and promoting health & well being. Department of Health publications & guidance relating to clean, safe care, minimisation of healthcare associated infections and decontamination issues can also be accessed on this site.

[www.nric.org.uk](http://www.nric.org.uk) The National Resource for Infection Control (NRIC) is a project developed by healthcare professionals, aimed at being a single-access point to existing resources within infection control for both Infection Control and all other healthcare staff.

## REFERENCES

DEPARTMENT OF HEALTH. 1998. *Guidance for Healthcare Workers: Protection against Infection with Blood-borne viruses. Recommendations of the Expert Advisory Group on Hepatitis.* HMSO. London.

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DEPARTMENT OF HEALTH. 2007. *Saving Lives: reducing infection, delivering clean and safe care, including High Impact Interventions.* London.

DEPARTMENT OF HEALTH. 2007. *Essential Steps to Safe Clean Care: reducing healthcare-associated infections.* London.

DEPARTMENT OF HEALTH. 2015. *Updated Health and Social Care Act (2008): Guidance on the Prevention and Control of Healthcare Associated Infections and Related guidance.*

(EPIC 2) PRATT RJ; PELLOWE CM; WILSON JA; LOVEDAY HP; HARPER P; JONES SRLJ; MCDUGALL C; WILCOX MH. (2007). *Epic 2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England.*

HOSPITAL INFECTION SOCIETY/INFECTION CONTROL NURSE ASSOCIATION. 2007. *The 3rd Prevalence Study Of HCAI in Acute Hospitals 2006.*

NICE. (2012). *Infection Control: Prevention of Healthcare-Associated Infection in Primary and Community Care.* London: NICE.

WORLD HEALTH ORGANISATION. 2009. *WHO guidelines in hand hygiene in health care* Online: [http://whqlibdoc.who.int/publications/2009/9789241597906\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf)

To enable the recording of your completion of this book in relation to the mandatory training requirement it is imperative that you **sign and date the slip below which then needs to be signed by your manager to ensure that the workbook has been fully completed.**

✂

I ..... have completed the Infection Prevention and Control Work Book for Non Clinical Staff.

Job Title ..... Base.....

Signature ..... Date.....

Workbook seen to be appropriately and fully completed by manager

Name of Manager.....

Signature ..... Date.....

Please return this completed slip to Carole Clive, Infection Control, Evesham Community Hospital. On receipt of slip, training records will be updated and a certificate forwarded to the member of staff using details stated above.

## REFLECTIVE PRACTICE

On completion of any educational resource, it's important to stand back and take an objective view of learning. You need to be clear in your own mind about what you've learned and how quickly you can put this new knowledge into practice. You should question whether any gaps remain in your understanding and be able to identify any other training needs you may have. This form has been designed to enable you to document your assessment of the value of the workbook you have just completed.

This should provide a structural format for documenting and reviewing your reflections on your practice. Professional development such as study days, conferences, workbooks and workshops should be included in your portfolio. This provides evidence of learning and a vehicle for reflection if you try to summarise each session in your own words.

What have I learned from this event/activity that maintains or develops my professional knowledge and competence? (This may relate to the overall aims of this event.)

What do I know or can do now that I couldn't do before this workbook?

What can I apply immediately in or to my own area of work?

Is there anything I didn't understand or need to explore further, or read more about in order to clarify my learning?

What else do I need to do/know to extend my professional development in this area?