

LINEN

Arrangements for dirty linen are specific to each area. It is important to familiarise yourself with the policy for your area. For infected linen always use an alginate/water soluble bag that is placed in a labelled outer bag.

ONLINE RESOURCES

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.

<http://www.neli.org.uk>

The National electronic Library of Infection (NeLI) is a digital library bringing together the best available on-line evidence-based, quality-tagged resources on the investigation, treatment, prevention and control of infectious disease

www.dh.gov.uk

This site provides links to all Department of Health Publications and Guidance relating to clean, safe care, minimisation of healthcare associated infections and decontamination issues.

www.worcestershirehealth.nhs.uk

This leads to a local health economy website where under shared services, local infection control policies, newsletters and other information can all be accessed.

www.gov.uk

Public Health England protect and improve the nation's health and wellbeing, and reduce health inequalities. Advice and guidance on communicable infections can be found on this site.

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You can also find us on Twitter at https://twitter.com/WHCT_Infection

Infection
Control

NHS
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Health and Care
NHS Trust

INFECTION PREVENTION AND CONTROL



SAFE WORKING PRACTICES

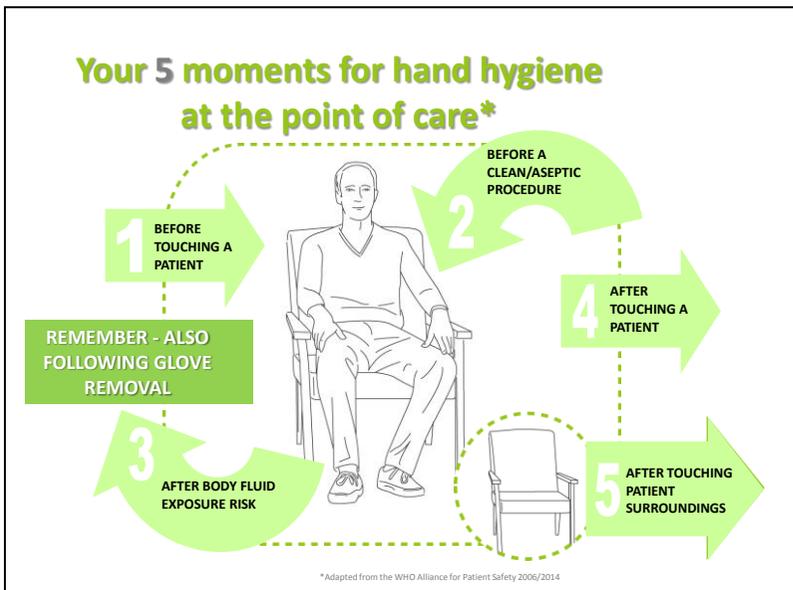
Universal Infection Prevention and Control Precautions

Your Infection Prevention and Control Nurses can be contacted on:
01386 502552 (32552)

Universal Infection Prevention and Control (IPC) Precautions (Safe Working Practices) are measures which must be used with all patients at all times. Blood and body fluids may contain blood borne viruses or other pathogens which can present a risk to patients and staff. Since it is not always possible to know who is infected with these pathogens, the following precautions must be taken:

Always refer to your local infection prevention and control guidelines for further details

HAND HYGIENE



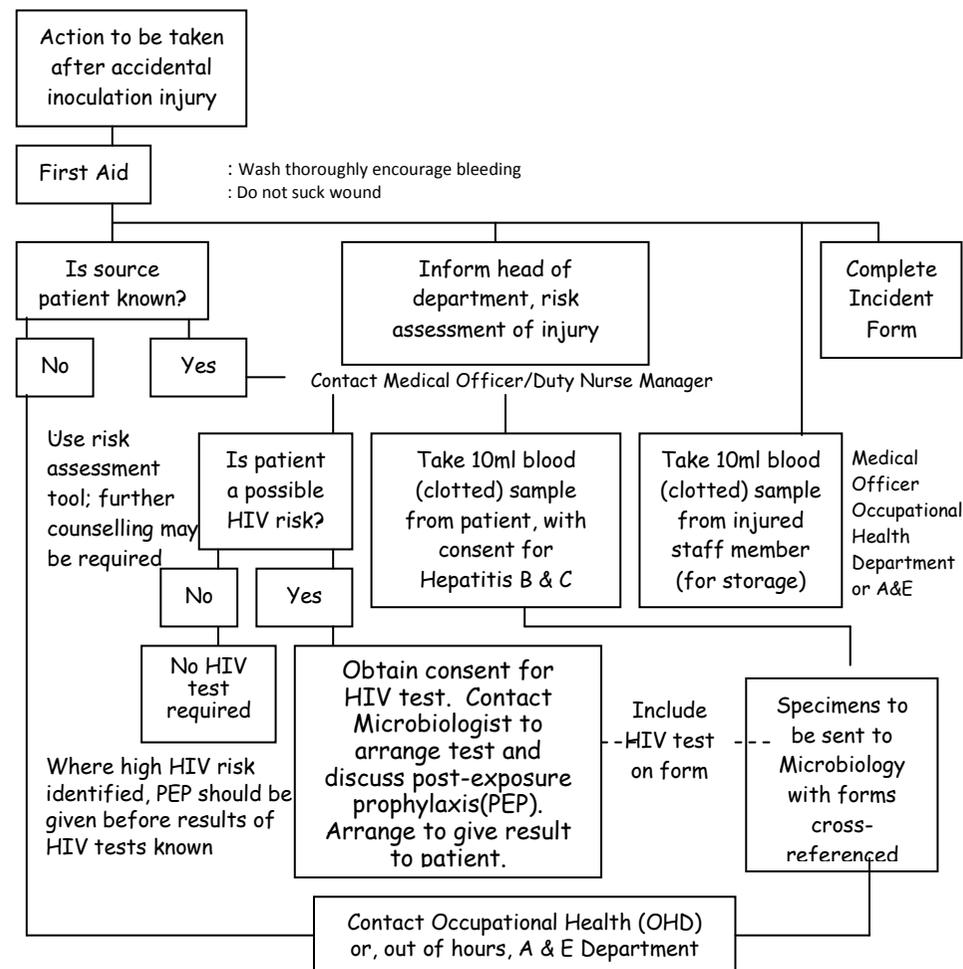
Hands must always be cleansed correctly to reduce the risk of cross infection. The purpose of hand hygiene is to remove or destroy any micro-organisms which are on the hands thus preventing their

transmission to other objects or individuals and affording protection to all. There is no set frequency for hand hygiene; it is determined by actions, those completed and those intended. The 5 moments above indicate when hand hygiene must be undertaken in relation to care activities. Routine hand washing with soap and water removes most transient micro-organisms from soiled hands. The use of alcohol based hand rub/gel (hygienic hand rub) is recommended for quick, effective hand decontamination when hands are visibly clean. It should not be used when hands are tacky, visibly soiled or when preparing or serving food. If caring for those with diarrhoea, including *Clostridium difficile* hand washing must be undertaken. Whenever hand hygiene is indicated, staff must be 'Bare Below the Elbows' to promote the effectiveness of this process.

SHARPS INJURY OR EXPOSURE TO BLOOD & BODY FLUIDS

In case of an injury with a used needle or other sharp, i.e. bite injury, or if blood/body fluid is splashed into mouth, eyes or onto broken skin, carry out the following procedure:

Always refer to the Trust's Blood Borne Contamination Incident Policy



It is the responsibility of the member of staff involved and their manager to see that this procedure is carried out.

SHARPS

A code of practice for the safe use and disposal of sharps must be adhered to at all times.



- ✎ Prepare for and undertake the procedure carefully
- ✎ Person using the sharp is responsible for safe handling and disposal
- ✎ Do not re-sheath used needles by hand
- ✎ Syringe and needle must be disposed of as a single unit
- ✎ An approved sharps container of the appropriate size must be available at the point of use. The use of Daniels' Sharps Bins are recommended across the Trust
- ✎ Correct segregation of sharps should occur in accordance with Department of Health guidance (2013). Sharps must be disposed of according to type: -
 - Yellow topped sharps must be used for the disposal of all sharps including those contaminated with blood/body fluids and/or pharmaceutical products
 - Purple topped sharps bins must be used for the disposal of cytotoxic/cytostatic sharps and hazardous medication
- ✎ Ensure sharps box is labelled with department, date and person who assembled it
- ✎ Sharps boxes must be stored above floor level, away from the public and out of reach of children. The use of brackets or trays is recommended to promote stability of bins. These can be obtained free from the IPC team
- ✎ The sharps container must not be overfilled (change at fill line)
- ✎ Consider use of temporary closure when bin is not in use
- ✎ The container must be locked and labelled prior to disposal
- ✎ All sharps must be disposed of by incineration
- ✎ Sharps containers awaiting disposal must be kept in a secure place away from unauthorised people
- ✎ Sharps bins used in the community must be transported securely in the boot of the car with the temporary closure in place.

For further advice always refer to your Trust's Health and Safety Policy and Infection Prevention and Control Guidelines

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE/Protective clothing (apron, gloves, eye protection/mask) is worn to reduce the potential spread of infections occurring when micro-organisms are transmitted from one person or environment to another.

All PPE must conform to British or European Technical standards and be CE marked where appropriate. It must be available to all staff giving direct care or likely to come into contact with blood, body fluids, substances listed under COSHH regulations, when having to deal with spillages or inhale pathogenic organisms.



SINGLE USE DISPOSABLE PLASTIC APRONS

Must be worn whenever direct contact with a patient takes place, e.g. whenever contamination with blood or body fluid is anticipated; dealing with spillages; disposing of waste; having contact with substances that are hazardous to health or undertaking decontamination/cleaning tasks. They must be changed between each patient **and** between dirty and clean tasks with the same patient. Remove them by breaking the neck strap and waste tie, folding inwards taking care to only come into contact with the inner aspect of the apron and discard in the appropriate waste stream. White aprons should be used for clinical tasks and green aprons when dealing with/serving food.



EYE PROTECTION

Individual risk assessments should be carried out prior to the provision of care/treatment or undertaking a task to establish the actual/potential risk of splashing and need for eye protection. All staff should protect their eyes against foreign bodies, splashes and aerosols by wearing plastic goggles, protective glasses or visors. Eye protection or visors should be cleaned in accordance with the manufacturer's guidance and stored dry. If single use they should be disposed of after each use.

MASKS

Masks are worn to protect the face/oral mucosa. The use of masks as an infection prevention and control measure is limited to specific situations: i.e. dentistry, podiatry or where caring for people with certain infections when at the infectious stage e.g. New novel flu strains, MDRTb, intubation/meningitis, MERSCoV. Contact the IPC Nurse for further advice.

Using PPE does not stop the need to adhere to the principles of good practice, including hand hygiene.

GLOVES

It is important to choose the appropriate glove for the task that is being undertaken. Choose a glove of the correct size and wear gloves only when necessary. (Refer to the Trust's Latex Policy or Occupational Health Dept. for further guidance regarding possible allergy to latex or gloves).

| TYPE OF GLOVE | EXAMPLES OF USE | COMMENTS |
|---|---|---|
| General Purpose Utility Gloves (Rubber <i>(household)</i> gloves) (Durable and can be re-used) | General cleaning and decontamination of the environment, also for handling rubbish. Not for use when providing direct patient care. | Gloves should be washed with General Purpose Detergent and dried thoroughly after each use. Colour coding should be evident. If gloves become punctured or contaminated they must be discarded. |
| Polyurethane/Polythene Seamed Gloves (non sterile and sterile) (Single use only) | Catering purposes only. | Offer limited protection as gloves do not act as a barrier to infection. Not recommended for clinical application as seams are heat sealed and may split. |
| Latex, Vinyl, Polymer coated/Poly (vinyl chloride) gloves (Single use only) | Non sterile examinations. Clinical tactile exams. Phlebotomy. Suitable for handling blood and body fluids. | Non sterile Vinyl/Polymer Coated or Latex gloves. Synthetic (Vinyl and Polymer coated gloves) can provide an alternative to natural Rubber Latex products. |
| Nitrile gloves | Can be used for provision of care or if in contact with chemicals as per COSHH data sheet. | Must conform to BS/EN standards and be CE marked. Nitrile gloves can be sterile or non sterile and provide a latex free product. |
| Procedure gloves Latex, Vinyl, Nitrile (Single use only) | Basic aseptic procedures e.g. sterile dressings, catheterization. | Sterile Gloves which should conform to BS and EN requirements and be CE marked. |
| Surgeons Gloves (Single use only) | For contact with parts of the body normally sterile during surgical and invasive procedures. | Sterile Gloves which should conform to BS and EN requirements and be CE marked. |
| Gloves must be worn for invasive procedures, contact with sterile sites, non-intact skin or mucous membranes, and activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions, excretions and chemicals and when handling sharp or contaminated instruments | | |
| Hands must always be washed after removal of gloves | | |

WASTE

All waste must be segregated appropriately prior to disposal.

- ✎ Household waste should be disposed of in black or clear bags, consider whether you can recycle.
- ✎ Waste contaminated with blood or other body fluids from a patient with NO known infection should go into offensive waste stream (yellow/black striped tiger bags) if available within the area.
- ✎ Waste contaminated with blood or other body fluids from a patient with a KNOWN infection or waste that is obviously medical in nature e.g. disposable instruments or contains a pharmaceutical product must go into hazardous/infectious waste stream (yellow bags). This waste stream in some areas will routinely include offensive waste.

In the community a risk assessment must be carried out to determine the nature of the waste and appropriate disposal methods arranged. Specific guidance is available within infection control policies and procedures. Pharmaceutical waste, with the exception of cytotoxics should be disposed of in either Blue topped sharps style bins or Green Pharmi bins. These bins are appropriate for the disposal of solid or liquid pharmaceutical waste in its original packaging.

SPILLAGES OF BLOOD OR BODY FLUIDS

