
Policy for Infection Prevention and Control Standard Precautions

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Executive Summary

Standard Precautions are the basic infection prevention practices that when used consistently and diligently reduce the transmission of potentially pathogenic organisms from both recognised and unrecognised sources.

Implementation of infection prevention standard precautions results in a reduction in prevalence of Healthcare Associated infections; ultimately protecting patients, staff and visitors.

Standard precautions consist of eight key elements. These include correct hand hygiene, safe cleaning and decontamination, safe handling and disposal of waste and linen, sharps safety, correct use of personal protective clothing, safe handling of blood and body fluids and respiratory hygiene.

Solent NHS Trust delivers healthcare in a variety of inpatient and community locations and this policy provides evidence based information for all staff on the strategies they may use to achieve effective standard precautions regardless of the setting.

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1.0 INTRODUCTION

- 1.1 Standard Precautions are the basic level of infection control practices that when used consistently and diligently reduce the transmission of pathogenic organisms from both recognised and unrecognised sources. Implementation of standard precautions results in significant decrease in the number of Healthcare Associated Infections (HCAI) ultimately protecting patients, staff and visitors.
- 1.2 All staff are individually responsible for implementing standard precautions in their own practice to reduce the risk of infection to patients/service users, colleagues and themselves.
- 1.3 Standard Precautions are applicable in all healthcare settings, in hospitals, clinics, surgeries or in the patient's own home/place of residence.

2.0 SCOPE

- 2.1 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation, in line with Solent NHS Trust's Equal Opportunities Document. This document is also recommended to Independent Contractors as good practice.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

3.0 STANDARD PRECAUTIONS

The following elements of practice form the basis of standard precautions. This document identifies key aspects of each element and signposts staff to stand alone policies for further information.

Element 1: Hand hygiene

Element 2: Cleaning and decontamination

Element 3: Safe handling and disposal of waste

Element 4: Sharps safety

Element 5: Personal Protective Equipment (PPE)

Element 6: Safe handling of blood and body fluid spillage

Element 7: Safe handling and disposal of Linen

Element 8: Respiratory hygiene

4.0 ELEMENTS OF PRACTICE

Element 1: HAND HYGIENE (Refer to Solent NHS Trust Hand Hygiene Policy)

Hand hygiene is recognised as one of the most effective methods to prevent the transmission of pathogens and is a central component of standard precautions.

General principles

- Follow the World Health Organisation (WHO) 5 Moments for Hand Hygiene.

1. Before direct patient contact.
 2. Before clean/aseptic procedure.
 3. After handling body fluids.
 4. After touching a patient.
 5. After contact within the immediate vicinity of the patient.
- Soap and water is the preferred method for hand hygiene.
 - Soap and water must always be used for hand hygiene when hands are visibly soiled, following handling of blood or body fluids or when caring for patients with suspected or confirmed *Clostridium difficile*.
 - Individual hand wipes are appropriate in the community or within a ward where a 'locked door' is between the point of care and the clinical hand wash basin or where access to running water may be limited.
 - Alcohol gel/hand rub can be used when hands are visibly clean.
 - Clinical staff must adhere to 'bare below the elbows' to enable effective hand hygiene (Refer to Clinical Uniform and Dress Code Policy GO17).
 - Cover any cuts/sores or lesions with a waterproof plaster.
 - Hands must always be cleaned following removal of PPE.
 - Protect skin integrity - Use moisturiser when appropriate, access Occupational Health Department for advice if necessary.

Element 2: CLEANING AND DECONTAMINATION (Refer to Solent NHS Trust Decontamination Policy)

Safe and effective decontamination of equipment between patients is an essential part of standard precautions.

Where practicable single use disposable equipment should be used for high risk or invasive procedures. Where this is not possible services are responsible for ensuring items are decontaminated according to manufacturer's instruction to protect service users and staff.

General Principles

- General everyday cleaning requires detergent, water and effort. All items are to be dried thoroughly.
- Enhanced cleaning must be undertaken following recognised infection risk or contamination with blood or body fluids (see Appendices 4, 5 and 6).
- **Single use** items must never be reused.
- **Single patient** use items must be securely retained for one named patient for a period of time which is usually determined by the manufacturer or agreed with Infection Prevention Team.
- All equipment sent for repair must be accompanied by a decontamination certificate (Appendix 3).

Element 3: SAFE HANDLING AND DISPOSAL OF WASTE (See Solent NHS Trust Waste Policy)

Healthcare waste has the potential to be toxic, hazardous and/or infectious. All staff have a 'duty of care' to ensure that waste must be segregated, handled, transported and disposed of in an appropriate manner to ensure it does not harm staff, patients/service users, the public or the environment. (See Appendix 7 for inpatient guidance).

General Principles

- Waste should be disposed of at point of care in nearest appropriate bin, if necessary take fresh bag to patient's bedside.
- Odorous waste should be removed from patient areas immediately.
- Waste bags must be changed before $\frac{3}{4}$ full, and at least daily.
- Waste bags must be swan necked when closed as below.



- Holding waste bags slightly away from the body will reduce risk if accidentally containing sharp object.
- The bag must be clearly labelled/tagged with the generators ID as per local protocol.
- Waste bags must be disposed of in an appropriate container, which must always be locked or within a locked compound/room.
- Waste generated by a healthcare worker in the community must be disposed of as per local agreement.

Element 4: SHARPS SAFETY (Refer to Solent NHS Trust Sharps/Inoculation Policy)

Injuries from healthcare sharps pose a significant risk to the physical and mental health of staff, cost the healthcare organisation time and resources and have the potential to result in costly litigation.

General principles

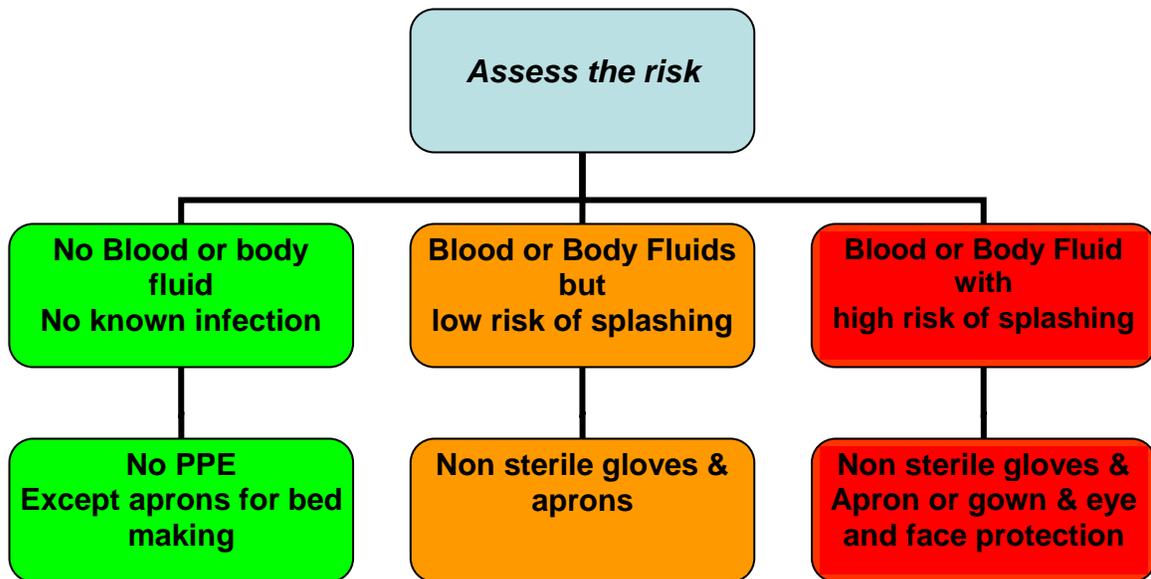
- Staff are responsible for the safe use and disposal of every sharp they generate.
- Sharps must be handled with care and respected as potentially dangerous items.

- Sharps containers must be correctly assembled, tagged and labelled with start date, ward/department and the initials of the person assembling it.
- Do not over fill the sharps container, dispose of before 2/3 full as indicated by the 'Fill line'.
- Containers must be stored in an appropriate place and at an appropriate height, off of the floor and away from children and vulnerable adults.
- Partially close the lid when not in use.
- Never re-sheath used needles.
- Dispose of needles and syringes as one complete unit – do not disconnect the needle.
- Staff are encouraged to use safer sharp devices where possible.
- Always take the sharps container to the point of use.
- If there is any safety device present on the syringe use it according to manufacturer's instructions.
- Carry container only by the handle or on correct size designated sharps tray.
- Dispose of in designated area having securely closed, labelled, tagged and signed.
- Dispose of sharps bin after 3 months even if not full.
- Use the correct colour sharps bin (see Appendix 7).

Element 5: PERSONAL PROTECTIVE EQUIPMENT (PPE)

Wearing PPE serves to protect the healthcare worker from contamination with blood, body fluids or pathogens and to prevent the onward transmission of potentially pathogenic microorganisms onto service users, colleagues, or to their own family members.

The use of PPE should be guided by risk assessment and the extent of anticipated contact with blood, body fluids or pathogens.



The minimum PPE that must be available for all clinical staff, community or inpatient areas.

- Plastic aprons.
- Non sterile gloves (general use) and sterile gloves (for aseptic procedures).
- Long sleeved water impervious gowns.
- Eye and face protection – fluid/splash repellent standard.

- Plasters.

General principles

Aprons or gowns

- Aprons are inexpensive yet effective at reducing contamination to the front of clothing where most contamination occurs.
- Aprons are single use items and must be changed between patients.
- Aprons must be changed between dirty and clean procedures on the same patient i.e. after toileting then assisting with a meal.
- Long sleeved water impervious gowns may be used if the risk of contamination is excessive e.g. large blood or body fluid spillage or when skin to skin contact should be avoided i.e. untreated scabies.

Gloves

- Gloves are NOT 100% impervious and hand washing after removal is essential.
- Gloves must be worn if contact with blood, body fluids, secretions, excretions or hazardous substances are expected.
- Disposable gloves are single use items and must be discarded after each procedure.
- Gloves must be changed between dirty and clean procedures on the same patient.
- Gloves used in healthcare must conform to current BN standards (BS EN 455); be marked with the CE logo and are neither powdered or polythene.

Masks, spectacles or visors

- Eye protection (visor or goggles) and/or surgical masks should be used when mucous membranes are likely to be exposed to body fluids (or splashes of hazardous chemicals).
- Specialist FFP2 and FFP3 masks should only be used when indicated by Infection Prevention Team i.e. during a pandemic influenza outbreak or according to local SOP/policy i.e. Multi Drug Resistant Tuberculosis (MDRTB).

Removal of PPE

PPE should be removed in a specific order to minimise the potential for cross- contamination.

This is gloves, apron/gown, eye and face protection (if worn).

Gloves

- Grasp the outside of the opposite gloved hand, peel off holding the removed glove in the gloved hand.
- Slide the fingers of the un-gloved hand under the glove at the wrist, peel forward.
- Discard both gloves in clinical or offensive waste stream as appropriate.
- Hand hygiene must follow removal of the final item of PPE.

Apron

- Pull ties to break.
- Pull away from neck.
- Wrap apron in on itself to contain the 'dirty' side – dispose in clinical or offensive waste stream as appropriate (see Appendix 7).
- Hand hygiene must follow removal of the final item of PPE.

Goggles

- Handle by side arms.
- If disposable discard in appropriate waste stream or if reusable clean with detergent wipe, dry and store.
- Hand hygiene must follow removal of the final item of PPE.

Face mask

- Break bottom ties followed by top ties.
- Pull away from face holding ties.
- Dispose of directly into waste.
- Hand hygiene must follow removal of the final item of PPE.

Element 6: SAFE HANDLING OF BLOOD AND BODY FLUIDS

Blood and body fluids can potentially contain blood borne viruses or other pathogens. Therefore, dealing with spills of blood or body fluid may expose the healthcare worker to these blood borne viruses and spills must be dealt with swiftly, safely and effectively. (See Appendices 4, 5, and 6).

Element 7: SAFE HANDLING AND DISPOSAL OF LINEN

Linen can be classified in three categories:

- i) Clean.
- ii) Used/dirty.
- iii) Soiled/Infected.

General principles

i) Clean Linen

- Clean/unused linen must be stored off of the floor on shelves in a clean designated room, cupboard or trolley with doors preventing airborne contamination.
- Clean linen **MUST NOT** be stored in sluices, bathrooms or communal bed areas.
- Clean linen should only be transferred onto open trolleys for immediate use.
- Clean linen taken into isolation rooms **MUST NOT** be returned to linen stores until laundered.

ii) Dirty/Used Linen

- Staff must wear PPE when handling used or soiled linen.
- Dirty/Used Linen that is dry and used for patients without known or suspected infection must be disposed of in standard linen stream according to the laundry contract in place.
- Staff should avoid shaking linen as this may result in the dispersal of potentially pathogenic micro-organisms and skin scales.
- Staff should ensure there are no extraneous items discarded into linen bags.
- Dispose into linen skip at the point of removal. Never drop linen on the floor or other surfaces as this will lead to environmental contamination.
- Linen bags must not be over 2/3 full - tied and appropriately labelled before transporting.
- Used linen should be stored within a designated area which cannot be accessed by the public.
- Hand hygiene is essential after removal of PPE.

iii) Soiled – Infected Linen

- All linen from isolation rooms or cohort bays must be treated as infected.
- Bags must be securely tied **prior** to leaving isolation room to prevent further contamination.
- Follow local procedure for handling of infected/soiled linen – using water soluble inner bags and designated outer bags.
- Bags must be tagged with sender’s ID/postcode tape.
- Used linen bags must be stored within a designated area which cannot be accessed by the public.
- Hand hygiene is essential after removal of PPE.

Personal Laundry - inpatients

Relatives and carers should be encouraged to wash patients’ laundry at home, using the hottest wash suitable for the fabric and not mixing with other householder’s laundry.

- Soiled linen must be given to relatives in a sealed plastic bag inside a patient’s property bag. Relatives must be advised of the condition of the clothing.
- Personal laundry must not be sent off site to laundry contractors (unless local agreement in place).
- Patients undertaking their own laundry as part of their care should follow ward guidance found in each laundry room providing instructions on machine usage.
- Patients’ personal laundry must be washed on its own and not be mixed with personal laundry from other patients.
- Ward washing machines must be regularly serviced and maintained to ensure effective cleaning. Monitoring must be managed at ward level.
- Hand hygiene must follow handling of dirty laundry.

Element 8: RESPIRATORY AND COUGH ETIQUETTE

Correct respiratory hygiene and cough etiquette is effective in decreasing the risk of transmission of pathogens contained in large respiratory droplets e.g. influenza virus.

General Principles (Appendix 1)

- Cover mouth and nose when coughing or sneezing.
- Dispose of tissues immediately into appropriate waste bin.
- Perform hand hygiene frequently.

5.0 ROLES & RESPONSIBILITIES

5.1 The Chief Executive

The Chief Executive and Trust Board have a collective responsibility for infection prevention and control within the Trust.

5.2 The Director of Infection Prevention and Control (DIPC)

The DIPC will have the executive authority and responsibility for ensuring strategies are implemented to prevent avoidable healthcare associated infections (HCAI) at all levels within the organisation.

5.3 Clinical & Operational Directors & Clinical Governance Leads

Have the responsibility for the co-ordination of Health and Safety activities within the service lines or care groups and for ensuring that decisions are implemented in accordance with this policy.

5.4 **Infection Prevention and Control Group (IPCG)**

The Infection Control Group has a responsibility to ensure that this Policy complies with advice and guidance from the Department of Health and other bodies.

5.5 **The Infection Control and Prevention Team (IPT)**

Infection Prevention Team work with Learning and Development to advise on the Infection Control element of generic on-line training. Bespoke sessions may be undertaken either at the request of a service or if deemed necessary by a member of the Infection Prevention Team. Compliance with this policy will be monitored by implementing the Quality Improvement Tools as part of the Infection Control audit programme.

5.6 **Managers**

Managers and supervisors have a responsibility to ensure that staff are aware of their responsibilities under this Policy and associated guidelines. In addition they must ensure that all employees within their area of responsibility comply with this Policy and associated guidelines.

5.7 **Employees**

All employees have a responsibility to abide by this Policy. This Policy is enforceable through Health and Safety Legislation and Solent NHS Trust disciplinary procedures. If employees are aware that the Policy or associated guidance is not being complied with they must first take the issue to their line manager and if the problem is not resolved they must inform the Infection Prevention Team.

5.8 **Link Advisors** are healthcare staff selected by their managers to receive additional training in infection prevention and control. The key role of link staff is to develop best practice within their clinical area.

6.0 **STAFF TRAINING**

Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this Policy subject matter, please refer to the Training Needs Analysis (TNA) on the intranet.

All training undertaken must be recorded on the Organisational Learning Module (OLM) of the Electronic Staff Record (ESR) taken from signing in sheets. Monitoring of the training attendance will be carried out by the Learning & Development Department.

7.0 **SUCCESS CRITERIA/MONITORING COMPLIANCE**

- The Infection Prevention Team utilise the Quality Improvement Tools annually to evaluate standard precautions practice in clinical areas. Services and IPCG will receive results and report on progress of action plans.
- Bi - Annual Hand Hygiene Observational Audit undertaken by the Link Advisors, results will be collated by IPCT and discussed as agenda item at the Infection Prevention and Control Group (IPCG).

- Continual Surveillance of alert organisms and clinically significant microbiological results working with ward areas and Consultant Microbiologist.
- In the event of an MRSA bloodstream infection (BSI) a full Post Infection Review (PIR) will be undertaken. Actions for learning will be monitored through IPCG and Governance Structure.
- If an MRSA BSI or Clostridium difficile appears in part 1a or 1b on a patient's Death Certificate it will be raised as a Serious Incident Requiring Investigation (SIRI) and due process followed.

8.0 EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

The Equality and Diversity and Mental Capacity Impact Assessment (IA) were conducted and no negative impact was highlighted. A copy of the IA is attached as Appendix 8.

9.0 REVIEW

This policy may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed three years after the initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

10.0 LINKS TO OTHER DOCUMENTS

- Hand Hygiene Policy.
- Waste Management Policy.
- 'Sharps Safety Policy' – Prevention and Management of Inoculation or Contamination Incidents (Sharps, bites, scratches or cuts).
- Decontamination Policy.

11.0 GLOSSARY

- BSI Blood Stream Infection
- DIPC Director of Infection Prevention and Control
- FFP Filtered Face Protection
- HCAI Healthcare Associated Infection
- IPCG Infection Prevention and Control Group
- IPT Infection Prevention Team
- MDRTB Multi Drug Resistant Tuberculosis
- NPSA National Patient Safety Agency
- PIR Post Infection Review
- PPE Personal Protective Equipment
- WHO World Health Organisation
- NPSA National Patient Safety Agency

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CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



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Steps to take should a sharps or contamination injury occurs

(Sharps, bites, cuts, scratches or splashes of blood or body fluids)

The information needs to be shared widely with clinical staff and the poster displayed in an appropriate clinical area e.g. treatment room/office. Please be aware that there is information on the poster which is sensitive and therefore displaying the poster in areas directly accessible to patients/visitors is not appropriate.

ACTION: If a sharps or contamination incident occurs.

1. First Aid

- Allow wound to bleed, ideally by holding it under running water, (do not squeeze or suck the wound).
- Wash wound thoroughly with soap and water (do not scrub area). Dry and cover with waterproof dressing.
- Irrigate eyes: With copious water (before and after removing contact lenses)

2. Immediate Action

- REPORT INCIDENT to your manager and Occupational Health immediately telephone: Occupational Health Hotline 07775 800 333 or OH main reception 023 8071 3300.

3. Out Of Hours

- When Occupational Health is closed: (evenings, weekends and bank holidays). Staff should go to their local Emergency Department.
- If staff member has no transport they should go by a taxi (the Trust will reimburse the fare with receipt).

4. Further Action

- Staff who went to Emergency Department should contact Occupational Health on the next working day for follow up.
- Complete Incident form; when incident relates to a positive source, managers should contact the Risk Health & Safety team to report under RIDDOR.
If source/donor patient positive for blood borne virus: consider using condoms during sexual intercourse until follow up is clear, as it cannot be guaranteed there are no risks.

Information Needed

- Patients name or origin of source.
- Date of Birth, address.
- GP/Consultant treatment and diagnosis if known.

Action

Incidents where there is high risk of BBV: Managers can assist by telephoning through these details and state incident is Medical Emergency likely to require Post Exposure Prophylaxis.

Quick Guide: To help with the initial assessment (Blood Borne Viruses)

Is the source or patient/client known or unknown?

1. **Unknown risk:** risk assessment should determine the likelihood that medical device/ source was higher risk of contamination with BBV e.g. was the medical device was from a ward with patients known to be infected with hepatitis B or hepatitis C or HIV.
2. **Known higher risk:** the source patient/client is infected with hepatitis B, hepatitis C or HIV. How long is it since they were screened and levels of antigen measured as this may affect their risk?
3. When source/patient is NOT known to carry any of these infections, risks may also be increased in the following:

Hepatitis B: The risk may be increased when the source/patient is one of the following:

- Injecting drug user
- Individual who may be at risk of hepatitis B through unsafe sexual activity (e.g. unprotected vaginal or anal intercourse).
- Individual who is having unprotected sex with hepatitis B positive partner or partner who put themselves at risk because of their sexual behaviour.
- People with hepatitis B infected mothers.
- People from Africa, the middle and Far East, south east Asia and southern and eastern Europe.

Hepatitis C: The risk may be increased when the source/patient is one of the following:

- Received unscreened blood or untreated plasma products in the UK prior to September 1991 (blood) and 1985 (plasma products) or has received blood/plasma products from country where blood is not tested for hepatitis C virus.
- An Injecting Drug User who has shared equipment
- A health care worker or has been a patient in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control procedures may have been inadequate or with populations with a prevalence of hepatitis C infection (e.g. Egypt).

HIV: The risk may be increased when the source/patient is one of the following:

- Individual who has been living in an area of the world with a high prevalence of HIV e.g. Africa (SouthEast/Central Africa), Central Asia and eastern Europe.
- Individual who may be at risk through unprotected/unsafe sex or have partners who and participate in unsafe sexual behaviour. Risk is increased in those from high prevalence areas
- Injecting drug user.
- Blood transfusion before Oct 1985 in UK.
- Mother HIV positive.
- Blood transfusion abroad; where blood is not screened.

Updated April 2013 NHS Creative - SLA34792

Decontamination Certificate

| | |
|-------------------------|-----------------------|
| From (consignor) | To (consignee): |
| Address: | Address..... |
| | |
| | |
| Reference: | |
| Telephone number: | |

Type of medical device (equipment):

.....

Manufacturer:

.....

Description of equipment:

.....

Other identifying marks:

.....

Model No. Serial No.

Fault:

.....

Is the item contaminated? Yes/No Don't Know *Ring/delete as appropriate*

* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material or any other hazard

Has the item been decontaminated? Yes/No Don't Know *Ring/delete as appropriate*

Cleaning:

Disinfection:

Sterilisation:

Please explain why the item has not been decontaminated?:

.....

This item has been prepared to ensure safe handling and transportation:

Name: Position:

Date: Tel No.

For Inpatient staff

Infection Control Guidance on the Management of spillages of body fluids (excluding blood)

This guidance is for use by Solent NHS staff in the inpatient setting where cleaning products available and materials in situ are regulated.

Spillages of body fluids may potentially expose health care workers, patients and visitors to pathogenic organisms. The safe and effective management of such spillages is essential.

Spillages of blood and body fluids must be dealt with promptly. The Chlorine Releasing Agents (CRA's) that are required in the management of a spillage are regulated under the Control of Substances Hazardous to Health Regulations (COSHH) and Healthcare staff must follow written guidance within the product data sheet.

Management of Spills on Hard Surfaces

- Always deal with a spillage immediately.
- Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
- Gather equipment as required – this may include clinical or offensive waste bags, paper towels, detergent, water.
- Carefully remove bulk of spillage i.e. vomit/faeces etc using paper towel or scoop - dispose of directly into waste bag.
- Remove gross contamination with cloth or detergent wipe..
- If the spill was contaminated with blood refer to the separate guidance – Management of Blood Spills.
- If the spill is believed to be infectious the area needs to be disinfected using a Chlorine Releasing Agent i.e. Actichlor Plus at 1,000ppm.
- Make up solution of Actichlor Plus according to manufacturers instructions - for general enhanced cleaning use 1 litre of cold water and add one x 1.7g tablets i.e. 1,000ppm solution. This will take a few minutes to dissolve, do not shake or agitate container – it may splash or explode. Allow the area to air dry if possible or allow contact time of 2 minutes before drying.
- Remove PPE, dispose of waste and wash hands thoroughly with soap and water.

Management of Spills on Soft Furnishings Including Carpets

- Always deal with a spillage immediately.
- Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
- Gather equipment as required – this may include clinical or offensive waste bags, paper towels, water soluble laundry bags, detergent, water.
- Carefully remove bulk of spillage i.e. vomit/faeces etc using paper towel or scoop - dispose of directly into waste bag.
 - If the item can be removed i.e. curtains or cushions do so – place in appropriate laundry bag for soiled items, secure and label. Follow internal processes for laundering.
 - If the item cannot be removed i.e. furniture or carpet - clean the area thoroughly with general detergent solution and warm water. (Actichlor Plus must not be used on soft furnishings.)
- Ensure that any contamination of surrounding surfaces is appropriately dealt with (see instructions above).
- Staff must contact domestic services and request a 'steam clean' of the item. This item must remain out of use or cordoned off until fully cleaned and dried.

Warnings and Precautions

1. Do not take Actichlor Plus internally.
2. Do not spray Actichlor Plus solution.
3. Do not use Actichlor plus on soft furnishings
4. Avoid eye and direct skin contact – follow first aid if required.
5. Do not mix Actichlor Plus directly with acids including urine or vomit.
6. Do not add any other detergents to Actichlor Plus solution.
7. Avoid prolonged contact with stainless steel.
8. Always dispose of used materials in appropriate waste stream.
9. Store unused tablets in a secure dry place out of reach of children or vulnerable adults.
10. Whenever possible ensure good ventilation of area when using any chlorine product.

Further information can be obtained from

Decontamination Policy

Hand Hygiene Policy

Standard Precautions Policy

Waste Policy

For further advice contact Infection Prevention Team – 02392 684533

Inpatient Staff

Infection Control Guidance on the Management of Blood Spills

This guidance is for use by Solent NHS staff in the inpatient setting where cleaning products available and materials in situ are regulated.

Dealing with spillages of blood or blood stained body fluids may expose health care workers to blood borne viruses or other pathogens. It must always be assumed that any blood from any person poses a potential risk and consequently the safe and effective management of such spillages is essential.

Spillages of blood and body fluids must be dealt with promptly. The Chlorine Releasing Agents (CRA's) that are required in the management of a spillage are regulated under the Control of Substances Hazardous to Health Regulations (COSHH) and Healthcare staff must follow written guidance within the product data sheet.

Procedure

1. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
2. Place disposable paper towel/blue towel onto spill until absorbed.
3. Make up solution of Actichlor Plus according to manufacturer's instructions - for blood spills use 1 litre of cold water and add ten x 1.7g tablets i.e. 10,000ppm solution. This will take a few minutes to dissolve, do not shake or agitate container – it may splash or explode.
4. Gather other equipment required – clinical waste bags and paper towels for cleaning.
5. Carefully pour fully dissolved Actichlor Plus solution over the paper towels.
6. Leave for a minimum of 2 minutes, ideally for 5 minutes, to neutralise any potential blood borne viruses.
7. Dispose of waste in clinical waste bags.
8. Due to high strength solution clean the area thoroughly with general detergent solution or wipes to reduce damage to surfaces
9. Dispose of unused high strength Actichlor Plus solution immediately into drains with running water.
10. Remove PPE and dispose of as clinical waste.
11. Wash hands thoroughly with soap and water.

In-Patient Procedure Blood Spills on Soft Furnishings including carpets

1. Always deal with a spillage immediately.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather equipment as required – this may include clinical waste bags, paper towels, water soluble laundry bags, detergent, water.
4. Carefully soak bulk of spillage using paper towels - dispose of directly into clinical waste bag.
5. If the item can be removed i.e. curtains or cushions do so – place in appropriate laundry bag for soiled/infected items, secure and label. Follow internal processes for laundering.
6. If the item cannot be removed i.e. furniture or carpet - clean the area thoroughly with general detergent solution and warm water. (Actichlor Plus must not be used on soft furnishings.)
7. Warning – Actichlor Plus is not compatible with soft furnishings therefore blood borne virus will not have been neutralised at this point
8. Ensure that any contamination of surrounding surfaces is appropriately dealt with (see instructions above).
9. Staff must contact domestic services and request a 'steam clean' of the item. This item must remain out of use or cordoned off until fully cleaned and dried.

Warnings and Precautions

1. Do not take Actichlor Plus internally.
2. Do not spray Actichlor Plus solution.
3. Do not use Actichlor plus on soft furnishings
4. Avoid eye and direct skin contact – follow first aid if required.
5. Do not mix Actichlor Plus directly with acids including urine or vomit.
6. Do not add any other detergents to Actichlor Plus solution.
7. Avoid prolonged contact with stainless steel.
8. Always dispose of used materials in appropriate waste stream.
9. Store unused tablets in a secure dry place out of reach of children or vulnerable adults.
10. Only standard strength solution of Actichlor plus can be retained in suitable screw top bottle correctly labelled for 24hours. High strength solution used in management of blood spills must be discarded immediately after use.
11. Whenever possible ensure good ventilation of area when using any chlorine product.

Further information can be obtained from

Decontamination Policy

Hand Hygiene Policy

Standard Precautions Policy

Waste Policy

For further advice contact Infection Prevention Team – 02392 684533

Community Staff

Infection Control Guidance for the **Management of blood and body fluid spillages within a client's home**

This Infection Control guidance is for use by Solent NHS staff working in a client's home where the general environment and cleaning products available may present difficulties.

Spillages of body fluids may potentially expose health care workers, patients and visitors to pathogenic organisms. Staff must ensure they manage the spillage in as safe a way as possible to minimise risks to themselves or others.

Management of body fluids (excluding blood)

1. Allow family member/client to clear spillage if appropriate.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather available equipment – i.e. plastic bag, paper towels, tissue, detergent and water.
4. Carefully remove bulk of spillage i.e. vomit/faeces etc. using paper towel or pick up directly into waste bag by inverting bag over gloved hand.
5. Clean the area thoroughly with general detergent solution (if available) and warm water.
6. Products such as household bleach must NOT be used on soft furnishings. On other surfaces caution must be taken giving consideration to the surface material involved.
7. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.
8. If staff cannot access soap and water and a clean towel then a moist hand wipe such as Clinell should be used prior to applying hand gel

Management of blood spillages

1. Allow family member/client to clear spillage if appropriate.
2. Warning - due to the environment and materials in situ use of high strength Actichlor Plus is not recommended, therefore any potential blood borne virus will not have been neutralised
3. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
4. Gather available equipment – i.e. plastic bag, paper towels, tissue, towels, detergent and water.
5. Absorb as much fluid as possible with suitable material such as paper towels, towels etc.

6. Carefully place directly into waste bags. Staff must make a clinical decision if a 'one off' clinical waste pick up is required and arrange this based upon the situation.
7. Clean the area thoroughly with general detergent solution (if available) and warm water.
8. Products such as household bleach must NOT be used on soft furnishings. On other surfaces caution must be taken giving consideration to the surface material involved.
9. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.
10. If staff cannot access soap and water and a clean towel then a moist hand wipe such as Clinell should be used prior to applying hand gel.

Warnings and precautions

1. Chlorine Releasing Agents (i.e. Actichlor Plus) must not be used on soft furnishings and are not recommended for patients own homes.
2. Cleaning products provided in patients homes must be used with caution following manufacturers instructions and not mixed
3. Dispose of waste in the HOUSEHOLD waste whilst in a patient's own home unless a clinical waste pickup is already in place. If clinical staff feel it is appropriate a 'one off' clinical pick up can be arranged.
4. Always keep cleaning products out of reach of children, vulnerable adults or pets.

Further information can be obtained from

Decontamination Policy
Hand Hygiene Policy
Standard Precautions Policy
Waste Policy

For further advice contact Infection Prevention Team – 02392 684533

Safe Disposal of Healthcare Waste Guide



Sharps and all Medicinal Waste



Infectious - Orange Waste stream

- Contaminated items from known or suspected infectious patients
- Infectious disposable PPE e.g. gloves, aprons
- Infectious outbreak waste



Non Infectious - Tiger waste stream

- Contaminated items from non infectious source
- Incontinence pads
- Nappies
- Non infectious disposable PPE eg Gloves, aprons



Domestic waste stream

- Paper towels
- Tissues
- Food waste
- Non contaminated couch roll



Recycling waste stream

- Plastic bottles
- Drinks cans
- Paper
- Cardboard

Cytotoxic & Cytostatic Medicinal Sharps

Dispose in a purple lidded container



Non medicinal Sharps (e.g. Bloods)

Dispose in an orange lidded container



Medicinal Sharps

Dispose in a yellow lidded container



Medicinal Waste (inc POM, OTC)

Dispose in a blue lidded container



Waste segregation is the only sustainable option; it protects the environment and saves money

JK/Version 2/ WG/Nov 2011

Equality and Human Rights Impact Assessment

| Step 1 – Scoping; identify the policies aims | Answer | | |
|---|---|-----------|---|
| 1. What are the main aims and objectives of the document? | Standard precautions are based on the principle that all blood, body fluids, secretions, excretions, non intact skin and mucous membranes may contain transmissible infectious agents. Standard precautions are a group of infection prevention practices that apply to all patient/service users, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered | | |
| 2. Who will be affected by it? | All staff and patients/service users of Solent NHS Trust | | |
| 3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve? | <ul style="list-style-type: none"> > National and international guidance from various sources. > Health & Social Care Act 2008 > Health and Safety at Work Act 1974 > Health and Safety Executive guidelines. | | |
| 4. What information do you already have on the equality impact of this document? | Assumption that this will potentially impact on a diverse group of service users. | | |
| 5. Are there demographic changes or trends locally to be considered? | Not aware of any local incidents which would have increased local population susceptibility to infections .e.g. public health incident. | | |
| 6. What other information do you need? | None | | |
| Step 2 - Assessing the Impact; consider the data and research | Yes | No | Answer (Evidence) |
| 1. Could the document unlawfully against any group? | | x | |
| 2. Can any group benefit or be excluded? | X | | Of potential safety benefit to all staff and patient/service users. |
| 3. Can any group be denied fair & equal access to or treatment as a result of this document? | | X | |
| 4. Can this actively promote good relations with and between different groups? | | X | |
| 5. Have you carried out any consultation internally/externally with relevant individual groups? | x | | Link advisors, IPCG, Modern Matrons, IPT |
| 6. Have you used a variety of different methods of consultation/involvement | x | | Verbal, meetings, electronic |
| Mental Capacity Act implications | | X | None anticipated or known at this time |
| 7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information) | | X | Standard precautions utilised in the care of all patients/service users at all times. |

28.01.16 At this time positive impact identified- Compliance with Health & Social Care Act 2010 and Health and Safety Executive guidance would minimise infection risk and increase safety for patient/ service users and staff groups.

| <u>Step 3 - Recommendations and Action Plans</u> | Answer |
|---|---------------|
| 1. Is the impact low, medium or high? | |
| 2. What action/modification needs to be taken to minimise or eliminate the negative impact? | |
| 3. Are there likely to be different outcomes with any modifications? Explain these? | |
| <u>Step 4- Implementation, Monitoring and Review</u> | Answer |
| 1. What are the implementation and monitoring arrangements, including timescales? | |
| 2. Who within the Department/Team will be responsible for monitoring and regular review of the document? | |
| <u>Step 5 - Publishing the Results</u> | Answer |
| How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made). | |