

## Policy for Infection Prevention and Control Standard Precautions

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Purpose of Agreement	To provide clear guidance for Solent NHS Trust staff on the principles of standard precautions in the prevention of infection.
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**Amendments Summary:**

Amend No	Issued	Page	Subject	Action Date
1		6	Element 4 – use of safer sharps devices	July 2015
2		8	Element 5 – Clarification of when eye protection/masks may be worn.	Oct 2015
3		3-4	Summary of Policy	Immediate
4		11	Diagram of PPE removal	Immediate
5		15	Success criteria/monitoring effectiveness	Immediate
6		25	IPS Bare Below the Elbow Guidance	Immediate
7		8	Updated guidance on community waste disposal	Immediate
8		32	Appendix H update	Immediate

**Review Log:**

Version Number	Review Date	Name of reviewer	Ratification Process	Reason for amendments
2	2012	D Wilson		
3	Oct 2015	K Brechany		Biennial review
4	May 2019	B Carter		Triennial review

## SUMMARY OF POLICY

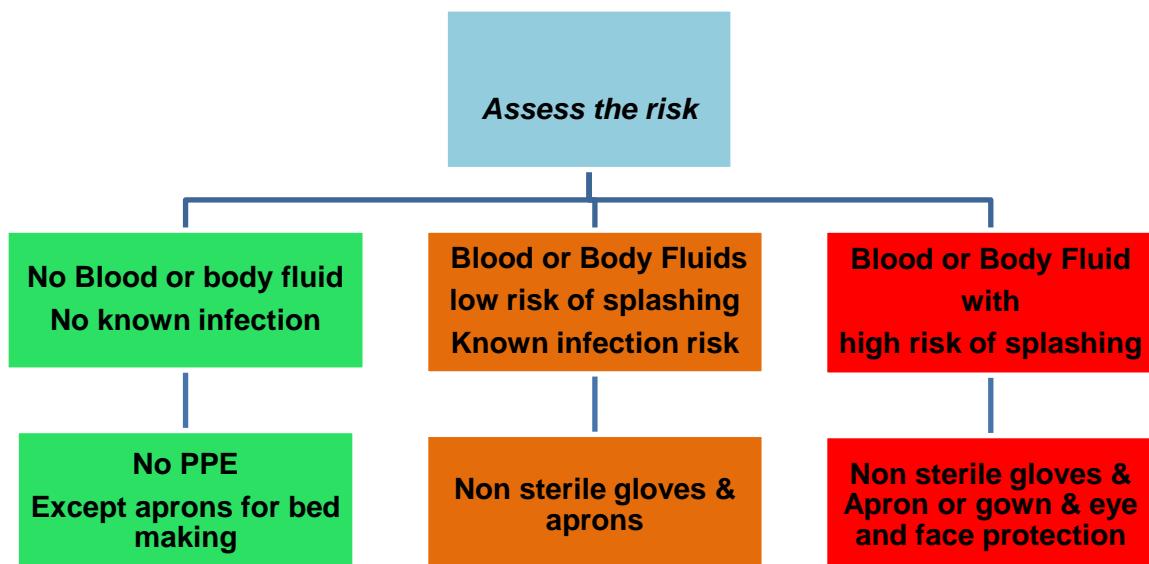
Standard Precautions are the basic infection prevention practices that when used consistently and diligently reduce the transmission of potentially pathogenic organisms from both recognised and unrecognised sources.

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 are:

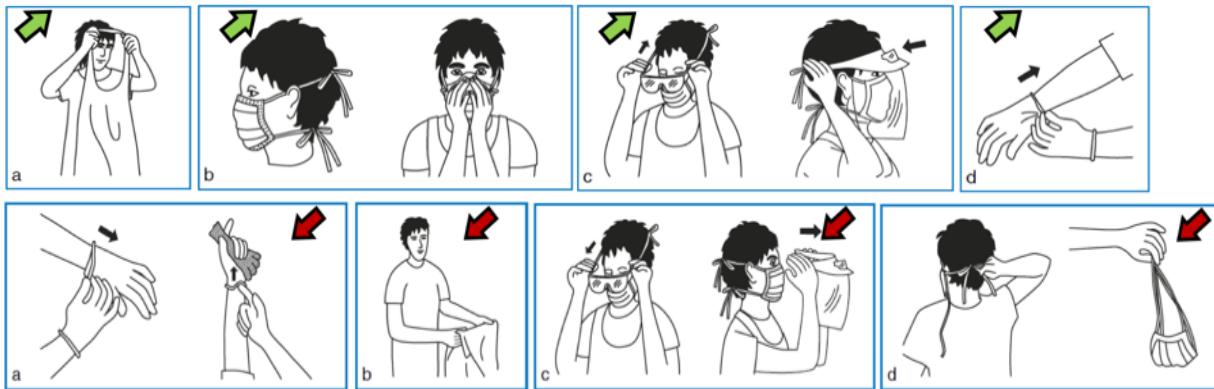
- **Element 1: Hand hygiene**
- **Element 2: Cleaning and decontamination**
- **Element 3: Safe handling and disposal of waste**
- **Element 4: Sharps safety**
- **Element 5: Personal Protective Equipment (PPE)**
- **Element 6: Safe handling of blood and body fluid spillage**
- **Element 7: Safe handling and disposal of Linen**
- **Element 8: Respiratory hygiene**

The type of PPE worn is based on the assessed risk of the clinical intervention to be undertaken.



All PPE should be:

- single-use only items unless specified by the manufacturer
- single patient use (only be used for one patient episode)
- donned and removed in an order that minimises the potential for cross-contamination



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## **1 INTRODUCTION & PURPOSE**

- 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 SCOPE & DEFINITIONS**

- 2.1 This policy applies to locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the trust, and secondees (including students), volunteers (including associate Hospital Managers), bank staff, Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Right's Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

## **3 PROCESS / REQUIREMENT**

### **3.1 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

### **3.2 ELEMENTS OF PRACTICE**

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

Contaminated hands are closely associated with the transmission of infection. The decontamination of hands is considered the single most important practice shown to significantly reduce the carriage of potential pathogens and decrease the risk and occurrence of Healthcare Associated Infections (HCAI), during delivery of care, whatever the setting.

##### ***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 body fluid exposure risk.

- 4. After patient contact.
- 5. After contact with patient surroundings.
- Soap and water is suitable for hand hygiene in most clinical situations.
- 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* or *Norovirus*.
- 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 and water or detergent wipes where available, 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 A, B and C).
- **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 or maintenance must be accompanied by a decontamination certificate (Appendix D).

#### **Element 3: SAFE HANDLING AND DISPOSAL OF WASTE (Refer to 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 E for inpatient guidance).

##### ***General Principles***

- Waste should be disposed of at point of care in the nearest appropriate bin, if necessary take a fresh bag to the 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 assessed for infectious properties and disposed of in correctly coloured bags / sharps container. Sharps containers may be carried in personal vehicles back to that person's base for disposal. Where small quantity of NON – infectious waste (less than 1 bag per week) is being generated, with the householders permission it may be placed in their black bag household waste. Should a higher volume be produced it needs to go into a tiger bag and a home patient waste collection referral made to the Trusts waste contractor. If the patient is assessed as producing infectious waste this must be bagged in an orange bag and a home patient waste collection referral made to the Trusts waste contractor.

#### **Element 4: SHARPS SAFETY (Refer to Solent NHS Trust Sharps and Contamination Policy and Appendix F)**

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***

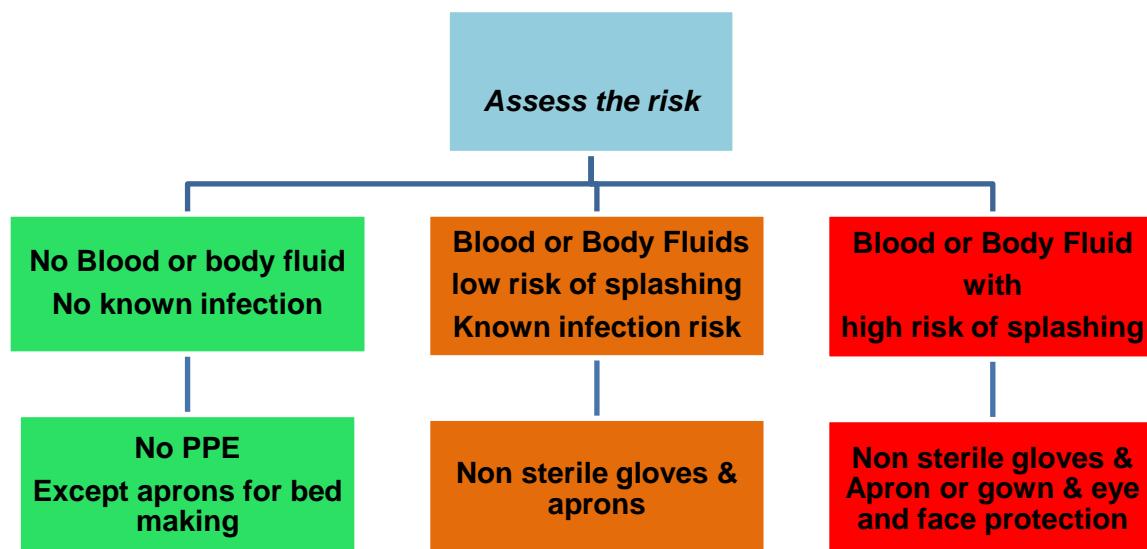
- Staff are responsible for the safe use and disposal of every sharp they generate.
- Sharps must be handled with care and respected as potentially dangerous items.

- 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.
- Use the temporary closure mechanism when not in use.
- Never re-sheathe used needles.
- Dispose of needles and syringes as one complete unit – do not disconnect the needle.
- Staff must use a Trust approved safer sharp device where provided.
- 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 G).

#### **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***

### **Element 5.1: Selection of PPE**

#### **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**

- Hands must be decontaminated prior to putting on 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); glove boxes must be marked with the CE logo and are neither powdered or polythene.
- The practice of double gloving is not necessary and provides no benefit of use.

#### **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). Protection must be worn when making up Actichlor Plus as per manufacturers guidance.
- 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).

### **Element 5.2: 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 H).
- 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 FLUID SPILLAGE**

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 A, B, and C).

### **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 of linen 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 G)

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

**4. ROLES & RESPONSIBILITIES**

**4.1 The Chief Executive and Trust Board**

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

**4.2 The Director of Infection Prevention and Control (DIPC)**

The DIPC is responsible for ensuring that this policy is implemented and adhered to across the organisation.

**4.3 The Infection Prevention and Control Group (IPCG)**

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

**4.4 The Infection Prevention Team (IPT)**

The IPT are responsible for developing and updating the policy to ensure it complies with Department of Health, Health and Safety Legislation and other national guidance. The IPT will support the provision of training and education both mandatory and bespoke.

**4.5 Employees**

All staff working in Solent NHS Trust involved with patient services in either the healthcare setting or patients/service users own homes, have a responsibility to comply with this policy, be competent to undertake the procedure and report any incidents/risks that occur.

**4.6 Service Line Managers and Modern Matrons**

Service line managers and modern matrons are responsible for ensuring that staff are aware of their responsibilities under this Policy. They are also responsible for ensuring that staff have the appropriate resources available for use and education and clinical skills in order to comply with the policy.

**4.7 Infection Prevention Link Advisors (IPLA)**

Infection Prevention Link Advisors (IPLA) 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. The additional training for the IPLA role is provided by the IPT in the form of a two day course.

**4.8 All staff have individual responsibility to comply with standard precautions of infection prevention and control as applicable to their everyday practice.**

**5. TRAINING**

**5.1 All mandatory training undertaken must be recorded on the Electronic Staff Record (ESR) taken from signing in sheets. Monitoring of attendance will be carried out by the Learning and Development Department.**

**5.2 It is vital that all staff carrying out aseptic techniques are trained to do so and maintain best and up to date practice.**

**5.3 All staff undertaking aseptic technique must have successfully passed the annual hand hygiene competency assessment. This will be evident by the training matrix being green for hand hygiene. This assessment can be undertaken by a trained Infection Prevention Link Advisor or a member of the IPT.**

**5.4 All staff new to Solent NHS Trust will receive an introduction to Infection Prevention and Control within one month of their start date, this will be in the form of e-learning and hand hygiene competency in the clinical area.**

- 5.5 All clinical staff must undertake and pass an annual infection prevention module via on line training to ensure a basic level of infection prevention knowledge.

## **6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

- 6.1 This policy aims to improve safety and reduce risk of spread of infections and consequently improve patients/service user's care and outcomes. As part of Trust policy an equality impact assessment (EIA) was undertaken and no negative impact was identified. A copy of the EIA is attached as Appendix H

## **7. SUCCESS CRITERIA/MONITORING EFFECTIVENESS**

- 7.1 Implementation of this policy will be monitored in conjunction with the other infection prevention policies by work undertaken by the IPT.
- 7.2 Any deviations from acceptable standards will be escalated via IPCG and Quality Improvement and Risk group (QIR) and by exception to the Assurance Committee if appropriate.
- 7.3 Infection prevention link advisors will be responsible for completing quarterly quality improvement tools and a 6 monthly hand hygiene observational audit. All audit work linked to infection prevention will be included in the quarterly infection prevention reports and reported to QIR.
- 7.4 Infection prevention practice is observed on every clinical visit and unsafe practice will be challenged immediately by IPT and escalated to line manager.

## **8. REVIEW**

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## **9. REFERENCES AND 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.

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## **10. GLOSSARY**

- 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
- PPE Personal Protective Equipment
- WHO World Health Organisation

## 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 – 0300 123 6636**

## 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.

## Appendix B

### 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.

Appendix B

**Further information can be obtained from**

Decontamination Policy

Hand Hygiene Policy

Standard Precautions Policy

Waste Policy

**For further advice contact Infection Prevention Team – 0300 123 6636**

## 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.

## Appendix C

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 – 0300 123 6636**

Appendix D

**Decontamination Certificate**

From (consignor) ..... To (consignee): .....

Address: ..... Address.....  
.....  
.....

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, resired 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: .....

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

Name: ..... Position: .....

# Safe Disposal



## of Healthcare Waste Guide



### 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

## Sharps and all Medicinal Waste

### 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

# 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 0300 123 3392.

### 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 (South/East/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.

# 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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## Equality Impact Assessment

<b><u>Step 1 – Scoping; identify the policies aims</u></b>	<b>Answer</b>		
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 but particularly clinical 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"> <li>&gt; National and international guidance from various sources.</li> <li>&gt; Health &amp; Social Care Act 2008</li> <li>&gt; Health and Safety at Work Act 1974</li> <li>&gt; Health and Safety Executive guidelines.</li> </ul>		
4. What information do you already have on the equality impact of this document?	Standard precautions are an integral part of all clinical practice where care is delivered across the trust. All standard precautions guidance is aimed at all individuals irrespective of age, colour, religion, gender, disability or sexuality.		
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		
<b><u>Step 2 - Assessing the Impact; consider the data and research</u></b>	<b>Yes</b>	<b>No</b>	<b>Answer (Evidence)</b>
1. Could the document unlawfully discriminate 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	

## Appendix H

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
<u>Mental Capacity Act implications</u>			
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	None anticipated or known at this time  Standard precautions utilised in the care of all patients/service users at all times.
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?			NHS requirements from the National Patient Safety Agency NHS Cleaning Standards Manual.
9. Are there any external implications in relation to this policy?		X	
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			All patients and visitors

If there is no negative impact – end the Impact Assessment here.

25.04.19: At this time no negative impact identified.