

## SECTION 2.0

# Infection Control

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## 2.1 Good Practice Measures for Infection Control

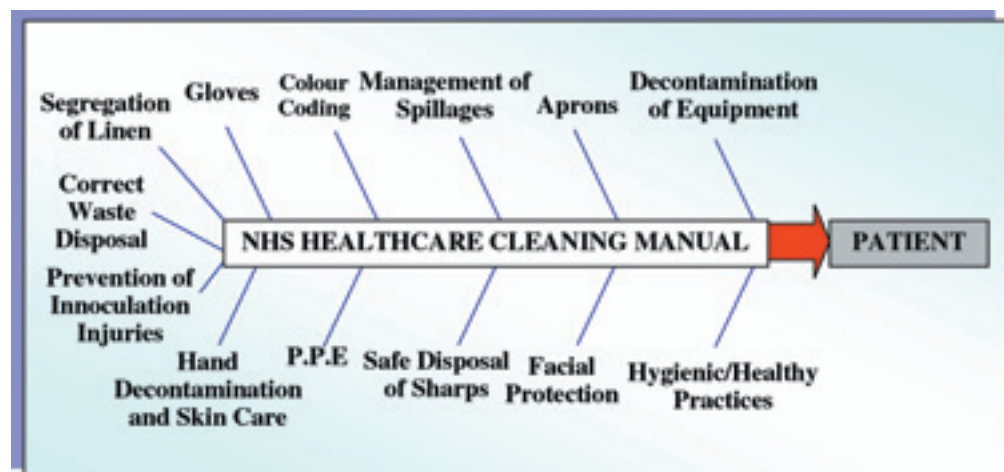
The essence of good cleaning is not only that things look clean – but that they are “technically” clean. All those using the healthcare premises have a right to assume that the environment is one where hazards are adequately controlled and that, where appropriate, they receive any necessary information to enable them to safeguard themselves and others from disease.

Additionally – in terms of staff - the Health and Safety at Work etc Act (1974) and Control of Substances Hazardous to Health (COSHH) Regulations (2002) require all employees to maintain good standards and follow safe working practices.

The guidance set out in the Manual contains basic infection control measures/practices that should be adopted by staff in order to prevent the acquisition or spread of infection. Trusts will already have in place the necessary detailed infection control policies and procedures along with associated operating manuals/instructions to ensure that risks are minimised, contained and managed properly. In **all** cases responsibility for such matters rests with the Trust Board and such local policies take precedence over the contents of this Manual.

This chapter in the Manual sets out an overview of a range of infection control aspects that are important in managing infection risks in healthcare premises in terms of the cleaning process.

### Good Practice Measures for Infection Control



## 2.2 Classification of Infection Risk

It is important to understand the level of risk involved with all cleaning processes so that appropriate measures can be designed into the cleaning protocol. The following table classifies the risk of infection associated with the decontamination of patient equipment.

<b>Risk</b>	<b>Application</b>	<b>Recommendation</b>
<b>High</b>	Items in close contact with a break in the skin or mucous membrane or introduced into a sterile body area.	Sterilization
<b>Significant</b>	Items in contact with intact skin, mucous membranes or body fluids, particularly after use on infected patients or prior to use on immunocompromised patients.	Sterilization or disinfection required using appropriate disinfectant. Cleaning may be acceptable in some agreed situations.
<b>Low</b>	Items in contact with healthy skin or mucous membranes or not in contact with patient.	Cleaning

## 2.3 Infection Control Measures

### a) Colour Coding

Details in relation to the longer term aim of adopting a common colour code system are set out in Paragraph 1.2 and also in **Appendix 2**. The benefits from a common understanding and deployment of such a system are self-evident and a review is underway to establish the impact of making recommendations in relation to such a system.

## b) Protective Gloves

Gloves should be worn for all cleaning tasks. Gloves must be suitable for the purpose of use and comply with colour coding systems or be disposable. Clinical gloves are not suitable for most cleaning processes. Trust policies will specify which type of glove should be worn in relation to particular tasks or processes. The use of gloves does not replace the need for proper hand washing.

## c) Disposable Plastic Aprons

Disposable Plastic Aprons must be worn as a waterproof barrier if contamination of clothing is likely to occur. In some instances overalls or waterproof footwear may be indicated by a COSHH/ risk assessment if contamination by large amounts of fluid is anticipated.

## d) Safety Goggles and Masks/ Visors

Safety goggles and masks/visors must be worn to protect the eyes, nose and mouth during any procedure where there is a risk of fluid splashing into the face. The type of protective clothing worn should be based on the assessed risk of exposure to harmful substances (for example, chemicals, or blood and body substances). Method Statements within the Manual advise the generic use of protective clothing for most tasks however, Trust policies must be referred to and adhered to at all times.

**NOTE Body Substances refers to fluid or tissue from a patient, specimen or spillage. For example, wound exudate, blood, sputum, urine, faeces or other secretions or fluids.**

## e) Accidental Exposure to Blood or Bloody Substances

**Inoculation injuries** such as needlestick, other sharp injuries, bites, scratches, splashes to broken skin require **immediate action**:

1. Wash area with soap and running water and encourage to bleed freely.  
Do not suck the wound
2. Apply a waterproof dressing.
3. Report the incident to your Manager and contact Occupational Health or Accident and Emergency Department for further advice (refer to local policy).

- **Intact Skin Exposure** - wash immediately with hot soapy water.
- **Non-Intact Skin Exposure** - follow steps 1, 2 and 3 above as for inoculation injury.
- **Mucous Membrane Exposure** - Mouth; wash out with copious amounts of water. Eyes; irrigate immediately with water or sterile saline from an eye station. Both incidents should be repeated in the same way as an inoculation injury.

## f) Safe Disposal of Sharps

- Sharps such as small quantities of broken glass, drug vials, used needles, razors, blades etc. must be carefully disposed of into sharps container using forceps or tweezers.
- If a sharp object is found, protect self, remove item carefully and place into a sharps container.
- Wherever possible do not physically handle the sharp if a dustpan and piece of cardboard or plastic can be used to manipulate the sharp instead.
- Discard needles and syringes as one unit into the sharps container.
- Never attempt to re-sheath, bend or break needles or overfill the sharps container.
- Seal the container correctly and label when two-thirds full.
- Always use the handle when carrying a sharps container, holding it away from the body.
- Store in the designated disposal area.
- Never attempt to decant contents of small sharps containers into larger containers.

## g) Spillages

All spillages of blood and body substances must be dealt with immediately by an appropriate member of staff and in accordance with Trust policy. Staff must be appropriately trained to deal with spillages safely and have access to the necessary equipment and procedures required for spillage management as detailed in Trust policies or guidance.

## h) Waste Disposal

The handling of waste must be undertaken with care and separated into different groups/categories in accordance with local Trust policy and procedures. Any waste, which is contaminated with blood or body fluids, should be disposed of as “clinical waste”.

All clinical waste must be disposed of in yellow clinical waste bags and labelled according to department of origin. Examples of clinical waste include gloves, aprons, dressings, catheter bags and anything that has come into contact with blood or body substances. Bags must be tied securely and not be overfilled to be stored in the designated disposal area prior to disposal.

Non clinical waste (domestic waste) must be disposed of in black bags. Examples of domestic waste include flowers, packaging, newspapers, paper towels etc.

## i) Segregation of Linen and Waste

Contaminated linen or linen used by patients with specific infections must be segregated to protect staff involved in transportation or handling and segregation methods/linen bagging guidance will be part of Trust policy and guidance.

## j) Decontamination of Patient Equipment

The decontamination process is required to make patient equipment:

- Safe for staff members to handle
- Safe for patient use

Local policies will indicate nominated staff groups for the decontamination of clinical equipment for example, nursing, housekeeping or domestic staff.

- Whoever takes responsibility for clinical equipment should ensure that local decontamination policies are followed
- Hospitality/ domestic services staff must make sure that items of equipment used in the cleaning process are adequately decontaminated when visibly dirty or according to Trust policy
- Equipment must be cleaned prior to leaving the ward/department/ clinic etc. for loan, service or repair
- Any item, which is described as disposable or for single use, must not be re-used or shared.
- Single use items are defined by the following symbol:



## k) Hand Washing and Skin Care

Good hand hygiene remains the most effective method of preventing spread of infection between patients and also preventing the acquisition of infection by staff. Hands can be cleaned with an alcohol hand rub unless visibly soiled.

- Cover cuts and abrasions on the hands and forearms with blue waterproof dressings and plasters, particularly in areas where handling food or working in kitchen or dining areas.

### Hands must be washed:

#### When

- Visibly dirty or soiled
- Between different types of cleaning procedures

### Before

- starting work, going for a break, and leaving for home.
- Any cleaning operation
- Preparing or handling food and drinks and/or when handling any other related catering equipment.
- Entering and Leaving an isolation area.

### After

- Handling any item that is soiled.
- Handling linen, bedding and waste.
- Removing protective clothing including gloves.
- Any cleaning operation
- Using the toilet
- Blowing nose

Hand washing is important for the health and comfort of staff to maintain the integrity of skin. The following measures will help to achieve this:

- Apply soap to wet hands.
- Rinse and dry hands thoroughly including under rings.
- Use hand creams (non-communal pots)

**NOTE Staff with extensive exposed lesions such as eczema or psoriasis should seek occupational health advice.**

## Handwashing Technique

1. Wet hands under running water before applying cleansing agent.
2. Wash hands thoroughly ensuring all areas are covered, especially between fingers, around wrists, thumbs, palms, finger tips and under rings.
3. Rinse well under running water and dry thoroughly on disposable paper towels.

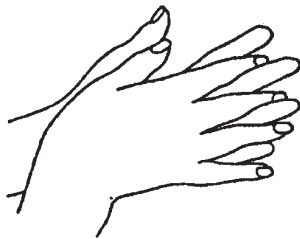
This procedure need not take more than 30 seconds



1. Palm to palm



2. Right palm over left back and left palm over right back



3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked



5. Rotational rubbing of right thumb clasped in left palm and vice versa



6. Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa

The use of hand cream should be encouraged if wall mounted dispensers are available. Communal pots or tubes of hand products should not be used due to the risk of cross infection.

**NOTE** It is advisable that staff should keep nails short and clean, not wear false nails and remove all nail varnish when at work.

## I) Jewellery

Remove all wrist and ideally hand jewellery at the beginning of each shift.

**Note:** Further guidance is available in the documents listed below:

Department of Health (2001) *Guidelines for preventing hospital acquired infection*. Department of Health, London [www.doh.gov.uk/HAI](http://www.doh.gov.uk/HAI) or *Journal of Hospital Infection*. Vol. 47, S1-S42

NICE (2003) *Infection control: Prevention of healthcare associated infection in primary and community care*.

NHS Executive (1998) *Guidance for Clinical Health Care Workers: Protection against Infection with Blood-borne viruses. Recommendations of the Expert Advisory Group on AIDS and the Advisory Group on Hepatitis*. HSC 1998/063 1998

NHS Estates (2002) *Infection Control in the Built Environment*. The Stationary Office