

INFECTION CONTROL AND PROCEDURES POLICY



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1. Introduction

Healthcare acquired infection (HAI) affects nearly 1 in 9 patients, resulting in increased need for care and treatment. An estimated 5,000 deaths in England are directly attributable to HAI.

The purpose of this policy is to give guidance on methods of infection prevention and control within the Surrey Physio Group. Guidelines from the Department of Health, NHS and other expert groups have been incorporated into these policies.

The policy will be updated and reviewed annually by:

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The responsibilities of the Management Team include:

- Monitoring, identification, investigation and control of outbreaks of infection
- Surveillance of HAI
- Formation of Policies and Procedures for prevention of infection reflecting recognised best practice
- Dissemination and implementation of Infection Prevention and Control Policies
- Education of all grades of staff on principles of infection prevention and control
- Provision of specialist advice to all the directly provided services in the CCG
- Undertaking infection control audit and monitoring clinical practice
- To work in partnership across the health community on Infection Control issues.
- Provision of information on prevention and control of infection, assessing risk; and
- Advising on resources required to reduce the risk of infection within Surrey Physio Group Ltd.

IN THE EVENT OF AN INFECTION CONTROL CONCERN, A MEMBER OF THE SURREY PHYSIO GROUP LTD. MANAGEMENT TEAM SHOULD BE CONTACTED IMMEDIATELY.

2. Standard Precautions

STANDARD PRINCIPLES OF INFECTION CONTROL

The following measures are standard precautions. They should be used for all contact with patients, even if the patient is not known to have an infection.

All body fluids must be handled with the same precautions as blood.

The following fluids are not likely to pose a risk of blood-borne virus transmission, however guidance relating to standard precautions should apply:

- Nasal secretions

- Sweat
- Urine
- Vomit
- Sputum
- Tears
- Faeces

HAND HYGIENE

Wash hands with soap and water if visibly contaminated. If hands are visibly clean, use an alcohol hand rub between patients and around procedures. Hands must be decontaminated before and after contact with the patient and/or their immediate environment (please refer to Disinfection policy).

CUTS AND ABRASIONS

Before your shift, cover all cuts and abrasions with waterproof dressings on areas of the body likely to come into contact with the patient.

SHARPS

Please refer to our sharp's and needles policy! Sharps handling and disposal is vital to prevent the risk of blood borne virus transmission. A sharp can be defined as any item that is capable of penetrating the skin and may be contaminated with blood or body fluids. The person using the sharp is responsible for handling the device in a safe manner and for its safe disposal.

- Eliminate any unnecessary use of sharp instruments and needles.
- An approved sharps containers must be available at the point of use.
- Take sharps box to bedside or point of patient care.
- Use the temporary closure mechanism when not in use.
- Dispose of acupuncture needles in one unit.
- Do not overfill the sharps container, no more than $\frac{3}{4}$ full – change once at the fill line.
- All sharps boxes must be kept out of reach of children.
- Sharps containers will be fixed to the wall at a safe height.
- Sharps containers are to be stored safely away from children and unauthorised people.
- All sharps boxes to be dated.

3. Protective Clothing

Protective clothing is worn to reduce the potential risk of cross infection.

Protective clothing should be available in all areas where staff are giving direct patient care or likely to come into contact with blood, body fluids and substances listed under COSHH.

Gloves

(Latex or vinyl) must be worn where direct contact with blood, body fluids, mucous membranes or contaminated equipment is anticipated. Gloves must be discarded after each procedure and hands washed with soap and water.

Plastic aprons

Must be worn when there is a risk of exposure to blood or body fluids, contaminated equipment, non-intact skin or an infectious patient and their linen.

Aprons should be readily available. Aprons must be changed between each patient contact or care procedure.

All aprons should be removed by breaking the neck strap, disposed of as clinical waste followed by hand hygiene.

Face, eye and respiratory protection

Face masks and eye protection (e.g. goggles or visors) should be worn where there is a risk of blood, body fluids, secretions, foreign bodies and excretions splashing into the face and eyes.

All protective equipment should be washed at the end of each session using hot water and detergent, rinsed and stored dry.

4. Spillage

All blood and body fluids should be considered potentially infectious.

Single use disposable gloves and an apron must always be worn when dealing with a spillage. Materials for dealing with spillages must be readily available.

Blood / blood stained body fluids on impervious flooring:

1. Wear protective clothing (gloves and apron)
2. Cover spillage with paper towels and then saturate with a sodium hypochlorite solution 1% (Milton)
3. Leave for 2 minutes then wearing gloves and apron wipe up the spillage disposing of waste produced into the clinical waste bin.
4. Clean area using a solution of hot water and detergent, using disposable cloths, rinse and dry.
5. Remove protective clothing and wash hands.
6. Masks should be changed between clients and should not be carried or worn round the neck and must not be reused.
7. Dispose of immediately after use into the clinical waste followed by hand hygiene.

Spillages of urine/vomit/faeces:

1. Wear protective clothing (gloves and apron)

2. Soak up spillage with paper towels and dispose of as clinical waste.
3. Clean area thoroughly with a solution of hot water and detergent using disposable cloths, rinse and dry.
4. Wipe over the area with a fresh solution of Chlor-clean
5. Remove protective clothing and wash hands
6. When the spill occurs on a carpeted area/ soft furnishing, which may be damaged by the use of chlorine, based product mop up the spillage using paper towels and then clean area with a solution of hot water and detergent.

5. Waste

- Waste should always be disposed of according to type.
- All waste bins should be rigid and be able to withstand cleaning
- Waste bins should be foot operated
- Waste sacks should only be handled by the neck
- On no account should waste sacks or sharps bins be left in corridors or areas accessible to the public prior to collection
- Clinical waste stored outside awaiting collection should be stored in locked yellow bins (cuboids)
- Waste contaminated with blood or body fluids must be discarded into yellow bags for incineration, ensuring that no fluid leaks from the bag.

6. Contaminated Linen

- Clean linen should be stored in a clean area and protected from contamination.
- All linen should be disposed of appropriately
- Linen skips and the appropriate linen bag should be taken to the area required. Used linen should be placed directly into the bag.
- Linen bags should be sealed at the neck when $\frac{3}{4}$ full and placed at the designated place for collection.
- An apron and gloves should be worn when handling used linen.
- Linen heavily contaminated with blood and body fluids must be placed into a red alginate bag and then placed into a red laundry bag.
- Towels to be washed above 60 degrees.

7. Treatment Tables/Medical Devices/Linen

- Treatment tables to be covered with paper couch roll for every patient.

- After each treatment session per patient, clean the treatment table with soap and water provided.
- Please **DO NOT USE** couch covers for the treatment tables.
- Clean all medical devices; shockwave, US machines laser and acupuncture machine according to manufacturers guidelines.
- Complete the cleaning schedule and Rota for cleaning of all medical equipment at each clinic.
- Run hot taps for 3-5mins on a weekly basis, run cold taps and flush toilets weekly to avoid Legionnaires.

8. Injections

Safe injection practices are intended to prevent transmission of infectious diseases between one patient and another, or between a patient and clinician during preparation and injection of medications.

Because of reports of transmission of infectious diseases by inappropriate handling of injectable medications, CDC now considers safe injection practices to be a formal element of Standard Precautions.

Injection Safety

To ensure injection safety, clinicians should:

- Use a sterile, single-use, disposable needle and syringe for each injection, and discard them intact in an appropriate sharps container after use.
- Use single-dose medication vials, prefilled syringes, and ampules when possible.
- Avoid administering medications from single-dose vials to multiple patients or combine leftover contents for later use.
- Restrict multiple-dose vials (if used) to centralised medication area or use only for a single patient. Never re-enter a vial with a needle or syringe used on one patient if that vial will be used to withdraw medication for another patient. Store vials in accordance with manufacturer's recommendations and discard if sterility is compromised.
- Avoid using bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Use aseptic technique to avoid contamination of sterile injection equipment and medications.

Hand Hygiene and Gloves

To ensure hand hygiene and proper use of gloves, clinicians should:

- Wash their hands with soap and water, or use an alcohol-based hand rub before preparing and administering an injection; before and after donning gloves and between treating patients.

- Wear gloves for procedures that might involve contact with blood, and change gloves and wash hands between patients.

Work Environment

In maintaining a safe and sanitary work environment, clinicians should:

- Dispose of used syringes and needles at the point of use in a sharps container that is puncture-resistant and leak-proof, and that can be sealed before completely full.
- Maintain physical separation between clean and contaminated equipment and supplies.
- Prepare medications in areas physically separated from those with potential blood contamination.
- Use barriers to protect surfaces from blood contamination.
- Clean and disinfect blood-contaminated equipment and surfaces in accordance with recommended guidelines.

9. Procedures for Managing Control of Infection

Surrey Physio Group require all staff working for the organisation to follow the following procedures steps to avoid infection:

Hand hygiene

Hand washing (40–60 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel.

Hand rubbing (20–30 sec): apply enough product to cover all areas of the hands; rub hands until dry.

Summary indications:

Before and after any direct patient contact and between patients, whether or not gloves are worn.

Immediately after gloves are removed.

Before handling an invasive device.

After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn.

During patient care, when moving from a contaminated to a clean body site of the patient. ☒ After contact with inanimate objects in the immediate vicinity of the patient.

Gloves

Wear when touching blood, body fluids, secretions, excretions, mucous membranes, nonintact skin.

Change between tasks and procedures on the same patient after contact with potentially infectious material.

Remove after use, before touching non-contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal.

Facial protection (eyes, nose, and mouth)

Wear a surgical or procedure mask and eye protection (face shield, goggles) to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

Aprons/Gowns

Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

Remove soiled gown as soon as possible, and perform hand hygiene.

Prevention of needle stick injuries

Use care when handling needles, and other sharp instruments or devices.

Cleaning used instruments correctly.

Disposing of used needles correctly.

Respiratory hygiene and cough etiquette

Persons with respiratory symptoms should apply source control measures: cover their nose and mouth when coughing/sneezing with tissue or mask, dispose of used tissues and masks, and perform hand hygiene after contact with respiratory secretions.

All clinics within the Surrey Physio Group should: place acute febrile respiratory symptomatic patients at least 1mtr (3 feet) away from others in common waiting areas, if possible. Post visual alerts at the entrance to Surrey Physio clinics instructing persons with respiratory symptoms to practice respiratory hygiene/cough etiquette.

Consider making hand hygiene resources, tissues and masks available in common areas and treatment rooms used for the evaluation of patients with respiratory illnesses.

Environmental cleaning

Use adequate procedures for the routine cleaning and disinfection of environmental and other frequently touched surfaces.

Linens

Handle, transport, and process used linen in a manner which: prevents skin and mucous membrane exposures and contamination of clothing. Avoids transfer of pathogens to other patients, staff and or the environment.

Waste disposal

Ensure safe waste management.

Treat waste contaminated with blood, body fluids, secretions and excretions as clinical waste, in accordance with local regulations.

Human tissues and laboratory waste that is directly associated with specimen processing should also be treated as clinical waste.

Discard single use items properly.

Patient care equipment

Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.

Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient.

Ref: World Health Organisation

10. Scenarios

Level 1

Q: Which of the following actions can visitors or patients take to help control the spread of infections?

A: Not visiting or encouraging visitors if they are unwell, challenge staff on hand hygiene, cleaning hands before eating and after the toilet.

Q: Who has responsibility for the control and prevention of infections in a healthcare environment?

A: Everyone

Q: When should you use alcohol-based sanitiser to perform hand hygiene?

A: You should use alcohol-based sanitiser to perform hand hygiene when your hands are visibly clean.

Q: You can contribute to infection prevention and control by washing your hands correctly. The correct method of handwashing is:

A: Wet hands, apply liquid soap, lather with soap, rinse, dry with a paper towel

Q: Where might a micro-organism (germ) live?

A: Humans, Animals, Environment.

Q: Which of the following factors within the environment could increase the risk of infection?

A: Use of inappropriate products or equipment for cleaning, Cluttered and untidy work areas, Presence of rust or lime scale, Chipped or damaged work surfaces, Split flooring.

Q: Which of the following statements in relation to immunisations are true?

A: They protect you and your family from preventable infections, They protect vulnerable patients from preventable infections, They protect your colleagues from preventable infections.

Q: What should you do if you suddenly develop diarrhoea and vomiting?

A: Report your symptoms to your line manager/Occupational Health Department and not return to work until 48 hours after your symptoms stop.

Level 2

Q: With which legislation do all providers of health and social care need to demonstrate compliance?

A: The Health and Social Care Act 2008 Code of practice for the prevention and control of healthcare associated infection.

Q: Guidance on infection prevention and control can be found on which of the following?

A: Infection control posters in clinical areas, Public Health England website, Our Intranet.

Q: What is a Healthcare Associated Infection (HCAI)?

A: An infection associated with accessing healthcare.

Q: Which of the following statements are true of the MRSA bacteria?

A: Many people are carriers of MRSA without even realising it, MRSA can be difficult to treat as the bacteria are resistant to many types of antibiotics.

Q: What are the links which make up the chain of infection?

A: Infectious agent, reservoir, method of exit, method of transfer, method of entry, susceptible host.

Q: What is the most effective way of preventing cross infection?

A: By practising good hand hygiene.

Q: How does Norovirus spread?

A: Contaminated environment, Contaminated hands, Vomiting/diarrhoea.

Q: How do microorganisms (germs) enter the body?

A: Sexual transmission, Inhalation, Ingestion.

Q: What are the three levels of decontamination of reusable medical devices?

A: Disinfecting, Cleaning, Sterilising.

Q: What would you use to decontaminate a commode?

A: Sporicidal wipes, chlorine base product (bleach).

Q: In what way is a single patient item used?

A: Only used on one patient.

Q: The 5 Moments for Hand Hygiene approach defines the key moments when healthcare workers should perform hand hygiene to reduce the risks of the spread of infection. The 5 moments are before touching a patient, after body fluid exposure/risk, after touching a patient, after touching patient surroundings and which other?

A: Before clean/aseptic procedures.

Q: When using decontamination products which of the following should be covered in a risk assessment, in line with COSHH data, prior to the product being part of a disinfection protocol?

A: Whether the product needs to be stored a locked cupboard, Whether there is a requirement for Personal Protective Equipment when in contact with the product, Whether the product is safe to use in a non-ventilated area, Whether there are any training requirements that need to be addressed before product use.

Q: What does managing Meticillin Resistant Staphylococcus Aureus (MRSA) include?

A: Decolonising, Placing the patient in isolation, Screening if appropriate, Appropriate prescribing of antibiotics, Ensuring the environment is free of dust.

Q: What are all Meticillin Resistant Staphylococcus aureus (MRSA)s?

A: Organisms that are resistant to flucloxacillin.

Q: When should you ensure that a patient/service user with diarrhoea is placed into isolation in a healthcare setting?

A: When you suspect infectious diarrhoea.

Q: When managing diarrhoea and vomiting, what must hands be decontaminated with?

A: Soap and water.

Q: Having assessed the risk, the Trust decided that gloves should be worn when serving patients their lunch. Which are the correct gloves to be worn when serving food?

A: Non-sterile polythene or vinyl gloves.

Q: Which of the following statements are true?

A: Plastic aprons should be thrown away after use.

Q: During the winter months there is an outbreak of the winter vomiting bug (norovirus) in the hospital. Which precautions should you take to prevent the spread of this bug and prevent yourself from getting the illness?

A: Follow the infection prevention and control measures put in place by the infection prevention and control team, Clean my hands regularly using either alcohol-based hand rub or soap and water, Stay away from work if I show symptoms of having caught the infection, Make sure I use the correct personal protective equipment when I need to.

Q: What should you do if you have a sharps injury, bite or scratch and your skin is pierced?

A: Wash the area thoroughly under running water immediately, Report according to our incident reporting process, Encourage the wound to bleed, Cover with a waterproof dressing, Immediately contact a Practice Manager.

Q: Which of the following statements are true?

A: A room needs to have terminal cleaning done when it has been used by a patient with a known infection, All re-usable items such as dental and surgical instruments must be sterilised, Specialist cleaning happens less frequently than routine cleaning and may involve using sodium hypochlorite or another specialist disinfectant, Items can be disinfected by either using heat or chemicals, Sterilisation destroys all microorganisms including spores such as those produced by clostridium difficile.

Q: Which of the following items have been disposed of correctly?

A: Linen used for a patient with a known infection goes into an alginate bag prior to being placed into the

designated plastic linen bag, Used linen from a non-infectious patient goes into a white bag, Pyjamas soaked in urine go into an alginate bag.

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