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<th>Standard Principles of Infection Prevention and Control Policy</th>
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<tr>
<td>LEAD POLICY AUTHOR/S</td>
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<td>APPROVED BY:</td>
<td>NAME OF COMMITTEE / DATE</td>
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<td>Clinical Governance Group - 18th May 2015</td>
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<td>Achieving for Children SLT – 3rd June 2015</td>
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*This policy has been adapted for use in Achieving for Children with kind permission from Your Healthcare.*
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1. Introduction

Standard Infection Prevention and Control Precautions are actions taken by all staff in the delivery of personal or health-related care in order to limit the risk of spread of infection. They protect staff, service users and clients and must be carried out with all service users regardless of perceived or known infection risk. These precautions mainly apply to blood and other body fluids and are widely accepted and practiced nationally and internationally.

Achieving for Children (AfC) is committed to minimising infection control related risks to all staff, service users and carers who use or are involved with delivery of its local services. It is not always possible to identify people who may spread infection to others; therefore it is important that these precautions are followed by all staff in any clinical, personal care or health related settings. It is recognised that there are only a few areas across AfC where these standards are relevant when considered as a clinical risk, as the majority of time low-risk clinical activity is undertaken. That said, this policy offers guidance around the Standards Principles.

2. Rationale

There is some useful information that supports the wider need for consideration of this policy across AfC in its delivery of integrated services. According to figures published by The National Institute for Health and Care Excellence (NICE 2012), healthcare-associated infections are estimated to cost the NHS approximately £1 billion a year, and £56 million of this is estimated to be incurred after service users are discharged from hospital. In addition to increased costs, each one of these infections means additional use of NHS resources, greater service user discomfort and a decrease in service user safety (NICE 2012).

A review commissioned by The Department of Health (DH) led to the development of national evidence-based guidelines, entitled “epic3” (Loveday et al, 2014), for preventing healthcare-associated infections (HCAI) in National Health Service (NHS) hospitals and other acute care settings in England. The epic3 guidelines were accredited by NICE in December 2013, and will next be reviewed in 2015. These guidelines inform procedures/guidance detailed in section 10 of this policy.

Reference has also been made to UK legislation from the Health and Safety Executive (HSE):
- Health and Safety at Work Act 1974
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- The Management of Health and Safety at Work Regulations 1999

Legislation applicable to England includes that from the Department of Health:
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (captured within The Care Quality Commission’s 2010 Essential Standards of Quality & Safety, Outcome 8)
- Health Act 2009
- The Health Protection (Notification) Regulations 2010 (Public Health England)
- Public Health (Control of Disease) Act 1984
Registered practitioners also work according to standards set by their professional regulatory bodies e.g. Nursing and Midwifery Council (NMC), Health and Care Professions Council (HPC-UK).

3. Aims/Objectives

This policy is for use within AfC and aims to ensure that where relevant, services areas and staff work in a way that reduces any associated infection risks to children, young people and families, as well as fellow colleagues.

4. Policy Statement

Standard Infection Prevention and Control Precautions underpin routine safe practices and eliminate any discriminatory practice which might arise in the delivery of care. These precautions are designed to protect service users from cross infections, all staff from risks of sharps injuries and body fluid spillage.

These precautions must be followed when there is contact with body fluid from all service users in order to protect staff from infections through the eyes skin, nose and mouth.

5. Scope

This policy is for use by all AfC employed staff working in clinical areas / areas where health or personal care is delivered, and in some instances by those who do not work in clinical service areas that provide or support the delivery of care. It also applies to bank, agency and contracted staff working in these areas.

6. Roles & Responsibilities

It is essential that appropriate management structures, policies, leadership, organisational processes and people are in place to deliver successful infection prevention and control, and that staff are aware of their existence and how to find them.

The Clinical Governance Group is responsible for ensuring that AfC fulfils its statutory duties, and other responsibilities, in achieving and maintaining infection prevention and control standards for the benefit of service users, staff and visitors.

The Clinical Governance Group will coordinate the organisation’s approach to infection prevention and control ensuring that robust policies are developed and maintained; standards, procedures, guidance, monitoring and training are in place.

The Clinical Governance Group will raise awareness of infection prevention and control, and provide assurance to the Senior Leadership Team and the AfC Board.
6.1 Managing Director (MD)
The MD of AfC has overall responsibility for Infection Prevention and Control. This responsibility is discharged through the Associate Director of SEND.

6.2 Director of Infection Prevention and Control (DIPC)
The DIPC monitors the progress of the organisation’s Action Plan against The Health and Social Care Act 2008, and reports progress to the SLT and ultimately the AfC Board. For the purpose of AfC the Associate Director SEND will operate as the Infection Prevention Control Lead.

6.3 Infection Prevention and Control Lead
The role of the Infection Prevention and Control (IPC) Lead in non NHS settings will depend on the organisational structures and on the level and complexity of the care provided (DH, 2010).

- Be responsible for the organisation’s infection prevention and control management and structure;
- Oversee local prevention and control of infection policies and their implementation
- Have the authority to challenge inappropriate practice;
- Assess the impact of all existing and new policies on infections and make recommendations for change;
- Be an integral member of the organisation’s governance and service user safety teams and structures where they exist; and
- Produce an annual statement with regard to compliance with good practice on infection prevention and control and make it available on request.

This function will be undertaken by the AD for SEND with support from senior clinical staff within the organisation.

6.4 Clinical Governance Group (CGG)
The Clinical Governance Group is responsible for ensuring AfC maintains compliance with all the requirements of The Health and Social Care Act 2008, and where there are gaps, develops an Action Plan for achieving delivery of care to the range of IPC standards.

- Incorporate infection prevention control monitoring in relevant service areas.
- Ensure compliance with the Health Act and CQC regulation and all related standards.
- Oversee the revision, development, ratification, implementation and monitoring of all infection prevention control policies and protocols.
- Provide reports (following request) to the Board.
- Agree and monitor infection prevention control training programme for staff – including mandatory/statutory training.
- Agree the infection prevention control related audit programme, monitor outcomes of audits and ensure recommendations and actions are taken.
- To provide a forum for discussion and review for infection prevention and control related activity.
- Consider infection prevention issues and the perceived and associated risks, and if required escalate onto the risk register.
Monitor IPCC related incidents and oversee the development of appropriate action plans where required.

Support the learning and cascading of any RCA's/Investigations to the wider organisation.

6.5 Responsibilities of Managers

- Managers of personal care or health related services are responsible for ensuring that all staff are familiar with infection prevention and control policies, and that this information is given to all new staff on induction (where applicable).
- Managers within AfC are responsible for raising awareness of the Standard Principles of Infection Prevention and Control, and implement where necessary, in accordance with legislation, organisational policy and best practice, and for monitoring compliance and application of learning.
- Managers are responsible for coordinating and supporting the release of their staff to ensure they can attend the required training.
- Managers must ensure their staff report ALL infection-related incidents in a timely and contemporaneous manner. Clinical related incidents are captured by the Head of Integrated Service for Children with Disabilities and escalated accordingly.
- Managers must monitor and take appropriate actions for actual or potential infection-related incidents by AfC Staff.

6.6 Responsibilities of Staff

- Staff must adhere strictly to the infection prevention and control policies.
- Clinical staff MUST ensure compliance to bare-below the elbow during any clinical procedure.
- All staff, whether permanent, temporary or contracted, and contractors are responsible for ensuring that they are aware of the requirements for infection prevention and control, and for ensuring that they comply with these on a day to day basis.
- Staff are responsible for booking onto, and attending all mandatory training requirements. All clinical staff should complete annual infection prevention and control update training.

7. Training

Training on all aspects of IPC will be provided where it is deemed necessary as part of their role e.g. for all clinical staff Community Nurses, Health Care Assistants, Support Workers, School Nurses, Allied Health Professionals etc. It is the individual’s responsibility to ensure they undertake infection prevention and control training.

8. Implementation

This policy will be disseminated through team briefings. Staff to whom this is relevant for will be advised of this policy by their line manager at Induction.

It will be readily accessible on the AfC Intranet.
9. Audit and Review

The Clinical Governance Group will be responsible for ensuring that audits of infection prevention and control policies are completed.

Audits will be undertaken throughout AfC’s clinical areas in conjunction with the health lead.

Audits will be used to inform attainment of the required levels in the Infection Prevention and Control Audit Tools.

Any outcomes and recommendations of audit will be reported to the Clinical Governance Group.

10. Procedures / Guidance

Standard infection precautions include:

- Maintaining a Clean Clinical Environment
- Management of Used Linen (only where relevant)
- Decontamination of Equipment
- Management of Spillages (of blood and bodily fluids)
- Hand Hygiene
- Aseptic Non-Touch Technique
- Respiratory Hygiene/Cough Etiquette
- Use of Personal Protective Equipment (PPE) (only where relevant)
- Safe Use and Disposal of Sharps and Management of Inoculation Injury (only where relevant)

All blood and body fluids are potentially infectious and precautions are necessary to prevent exposure to them. A disposable apron and latex or vinyl gloves should always be worn when dealing with excreta, blood or bodily fluids.

Everyone involved in providing care in the community should know and apply the standard principles for maintaining a clean clinical environment and management of body fluid spillages, of hand hygiene, the use of PPE, the safe use and disposal of sharps, and those of asepsis.

**Each member of staff is accountable for their actions and must follow safe practices at all times.** For specialist advice on management of specific infectious conditions please contact the Health Lead for AfC.

10.1 Maintaining a Clean Clinical Environment

The clinical environment must be visibly clean; free from non-essential items and equipment, dust and dirt; and acceptable to service users, visitors and staff.

Levels of cleaning should be increased in cases of infection and/or colonisation when a suspected or known pathogen can survive in the environment, and environmental contamination may contribute to the spread of infection.
The use of disinfectants should be considered for cases of infection and/or colonisation when a suspected or known pathogen can survive in the environment, and environmental contamination may contribute to the spread of infection.

10.2 Colour Coding Cleaning Materials and Equipment
Colour coding of healthcare cleaning materials and equipment ensures that these items are not used in multiple areas, therefore reducing the risk of cross infection.

Cleaning materials that should be colour coded are:
- Cloths (re-usable and disposable)
- Mops and buckets
- Gloves and aprons

Colour coding must follow the National Service user Safety Agency’s Scheme.

National Service user Safety Agency 2007
To download poster: [http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59810](http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59810)

10.3 Management of Used Linen
Single use products e.g. paper roll for examination couches to be used where applicable. N.B. Couch will still require additional cleaning after each service user use and this can be carried out using soap and water, disposable paper towels or appropriate impregnated wipes.

10.4 Decontamination of Clinical Equipment
Shared pieces of equipment used in the delivery of care must be cleaned and decontaminated after each use with products recommended by the manufacturer. Care equipment includes items that are non-invasive and reusable.

Procedures for management of care equipment should be performed (according to NHSP 2013 guidance):
- On a routine, scheduled basis
- When equipment is visibly dirty
- Immediately when spillages or contamination with blood/other bodily fluids has occurred
Whenever a service user is discharged from their care environment (for used and unused equipment).

10.5 Management of Spillages
Spillages of bodily fluids are categorised according to high or low risk exposure. “High risk” body fluids are blood, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, breast milk, semen, vaginal secretions and wound exudate. In addition, faeces and/or vomit from a service user who is known or suspected to be infected with Clostridium Difficile or Norovirus.

“Low risk” body fluids are urine, faeces, saliva, sputum, tears, sweat and vomit, with no visible blood present.

### CHLORINE CONCENTRATIONS

<table>
<thead>
<tr>
<th>Strength</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,000 parts per million (ppm)</td>
<td>Decontamination of spillages of blood, high risk body fluids and body fluids with visible blood present.</td>
</tr>
<tr>
<td>1,000 parts per million (ppm)</td>
<td>For disinfection of surfaces contaminated with low risk body fluids.</td>
</tr>
<tr>
<td></td>
<td>Remove urine/faeces/vomit spills first with disposable paper towels.</td>
</tr>
<tr>
<td></td>
<td>N.B. Do not use hypochlorite products</td>
</tr>
<tr>
<td></td>
<td>- Directly on urine/vomit due to potential release of vapour, this may cause respiratory irritation.</td>
</tr>
<tr>
<td></td>
<td>- On carpeted areas or soft furnishings, as they may be bleached.</td>
</tr>
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### CHLORINE-RELEASING PREPARATIONS

<table>
<thead>
<tr>
<th>Presentation</th>
<th>To make a dilution of 1,000 ppm</th>
<th>To make a dilution of 10,000 ppm</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5g tablets</td>
<td>1 Haz-Tab tablet in 1 litre of tepid water (use the designated container)</td>
<td>4 Haz-Tab tablets in 1 litre of tepid water (use the designated container)</td>
</tr>
</tbody>
</table>

11. Hand Hygiene and Skin Care

Good hand hygiene is the single most important activity in reducing transmission of infection agents, including Healthcare Associated Infections (HCAI). How often you perform hand hygiene depends on the risk assessment of the procedure you have just completed and the one you are about to start.
Bacterial counts increase when the skin is damaged, therefore it is important to keep your skin in good condition. Do not routinely use a nailbrush – if you do, ensure it is single use and disposable.

Invasive procedures, dressing wounds or dealing with clinical waste are to be avoided when moist lesions are present on hands. To ensure hands can be decontaminated effectively it is necessary to be “bare below elbows”.

11.1 Hand Hygiene Compliance
- Remove all wrist and hand jewellery (it is acceptable to wear plain wedding bands, however these must be moved or removed when hand hygiene is being performed in order to reach the bacteria which can collect underneath them).
- Wear short-sleeved clothing when delivering service user care.
- Keep nails short, clean, and free from false nails and nail polish (including the newer gel based nail varnish).
- Cover cuts, abrasions and most skin conditions with waterproof dressings (without visible air holes). These must always be available in the first aid box. A coloured dressing i.e. blue must be worn by food handlers when preparing food.

11.2 When to Perform Hand Hygiene
The concept “My 5 Moments for Hand Hygiene” was developed by the World Health Organization (WHO) in 2009, and defines the key moments when a health care worker should perform hand hygiene.

Hands must be cleaned / decontaminated immediately:
- Before touching a service user
- Before clean/aseptic procedures
- After body fluid exposure/risk
- After touching a service user
- After touching the service user’s surroundings

Further guidance was developed in 2012 for Outservice user, Home-based Care and Long-term Care Facilities settings (WHO 2012), and from where the following diagram has been reproduced:
N.B. Hands should be cleaned / decontaminated between different care activities for the same service user.

11.3 Alcohol-based Handrub
Hands must be decontaminated preferably with an alcohol-based hand rub before and after direct service user contact and clinical care, except in the following situations when liquid soap and water must be used:

- When hands are visibly soiled or potentially contaminated with body fluids;
- When caring for service users with vomiting or diarrhoeal illness, regardless of whether or not gloves have been worn; and
- When caring for service users with suspected or proven infection with a spore forming organism (e.g. Clostridium difficile).

If decontaminating hands using an alcohol-based hand rub, hands must be free from dirt and organic material, as they can inactivate the alcohol. Use the amount/volume used to provide adequate coverage of the hands as indicated in the manufacturers’ instructions, normally around 3mls.

The hand rub solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously, paying attention to the tips of the thumbs and areas between the fingers, until the solution has evaporated and the hands are dry.

The time taken to perform hand hygiene with alcohol-based hand rub is a minimum of 15 seconds, 15-30 seconds is adequate, and a number of manufacturers’ recommend rubbing for 30 seconds. Alcohol gel can be ordered either from NHS Supplies or Office Depot. The following diagram “How to Handrub”, designed by the World Health Organization in 2009, details the technique to perform thorough hand hygiene with an alcohol-based formulation in 8 steps:
11.4 How to Handrub

**Hand Hygiene Technique with Alcohol-Based Formulation**

*Duration of the entire procedure: 20-30 seconds*

1a [Image] Apply a palmful of the product in a cupped hand, covering all surfaces;

1b [Image] Rub hands palm to palm;

2 [Image] 

3 [Image] Right palm over left dorsum with interlaced fingers and vice versa;

4 [Image] Palm to palm with fingers interlaced;

5 [Image] Backs of fingers to opposing palms with fingers interlocked;

6 [Image] Rotational rubbing of left thumb clasped in right palm and vice versa;

7 [Image] Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 [Image] Once dry, your hands are safe.

**WHO 2009**

To download poster go to page 23

11.5 Hand Washing Facilities
Facilities should be adequate and conveniently located. Hand wash basins must be in place in areas where they are needed and where service user consultations take place.

Hand wash sinks must only be used for that purpose and must not have a plug or overflow and should ideally have elbow or foot operated mixer taps. A separate sink should be available for other cleaning purposes e.g. cleaning equipment.

- Use wall-mounted liquid soap dispensers with sealed disposable soap cartridges (research has shown that bar soap harbours bacteria) and keep them clean and replenished. Liquid soap dispensers must never be topped up as this may promote cross contamination.
- Place disposable paper towel next to the basins in wall mounted dispensers – soft paper towels will minimise skin abrasions.
- Adequately sized foot-operated pedal bins must be positioned near the hand wash basin.

11.6 What Hand Wash Solution is Required?
Any soilage or organic matter can inactivate the activity of alcohol and, therefore, hand washing procedure using the following protocol in these circumstances is essential. Routine hand washing removes dirt, organic material and most transient organisms found on the hands.

The following Hand Hygiene Protocol must be followed if:
- Hands are visibly soiled, or potentially contaminated with body fluids.
- Caring for service users with vomiting or diarrhoeal illness, regardless of whether or not gloves have been worn.
- Caring for service users with suspected or proven infection with a spore forming organism (e.g. Clostridium difficile).

Hand Hygiene Protocol

<table>
<thead>
<tr>
<th>Method</th>
<th>Solution</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene (at least 15 seconds contact time with liquid soap)</td>
<td>Liquid soap</td>
<td>For all routine tasks.</td>
</tr>
<tr>
<td>Surgical scrub (2-3 minutes)</td>
<td>Antiseptics e.g. 4% Chlorhexidine, 0.75% Povidone–iodine.</td>
<td>Prior to surgical and other invasive procedures.</td>
</tr>
</tbody>
</table>

11.7 The Hand Wash Technique
(Following NHSP 2013 and WHO 2009 guidance.)

Effective hand washing technique involves three stages: preparation, washing and rinsing, followed by thorough drying, as moist hands can carry transient bacteria. The entire procedure should take 40-60 seconds.
1. Preparation:

- Ensure everything needed to perform hand hygiene is present.
- Ensure the sink area is free from extraneous items.
- Ensure you are bare below the elbow.
- Ensure nails are short (false nails and nail polish must not be worn).

2. Washing and rinsing:

- The tap should first be turned on and the temperature of the water checked. Water should be warm.
- Wet hands before applying the chosen solution.
- Apply solution following manufacturers’ instructions for the solution being used as to the volume to be applied (this is usually in the region of 3mls).
- A good lather is required to perform adequate hand hygiene.
- The hand wash solution must come into contact with all of the surfaces of the hand (See on following page “How to Handwash” (WHO 2009) 11 steps technique diagram). The hands must be rubbed together vigorously for a minimum of 15 seconds, paying particular attention to the tips of the fingers, the thumbs and areas between the fingers.
- For surgical scrub, an additional step of cleaning the forearms is required, and the whole process takes 2-3 minutes.
- Hands (and forearms where applicable) should be rinsed well under running water with the hands uppermost so that the water runs off the elbow.
- The physical action of washing and rinsing hands is essential as different solutions will have different activity against micro-organisms.
- Taps should be turned off using a ‘hands-free’ technique, e.g. elbows. Where ‘hands free’ tap systems are not in place, paper towels used first to dry hands can then be used for turning taps off.

3. Drying:

- Hands should be thoroughly dried using good-quality disposable paper towels.
11.8 How to Hand Wash using Hand Hygiene Technique with Soap and Water

Hand Hygiene Technique with Soap and Water

Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;
1. Apply enough soap to cover all hand surfaces;
2. Rub hands palm to palm;
3. Right palm over left dorsum with interlaced fingers and vice versa;
4. Palm to palm with fingers interlaced;
5. Backs of fingers to opposing palms with fingers interlocked;
6. Rotational rubbing of left thumb clasped in right palm and vice versa;
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
8. Rinse hands with water;
9. Dry hands thoroughly with a single use towel;
10. Use towel to turn off faucet;
11. Your hands are now safe.

WHO 2009

To download poster go to page 24
11.9 Hand Washing in Individual’s/Service User’s Homes
Hands must be washed prior to any procedure in the service user’s home and before departure. All healthcare workers must ensure that hands can be decontaminated in the event that hand washing facilities are inadequate in a service user’s home (e.g. no warm water, no soap or clean hand towel).

11.10 Hand Care
An emollient hand cream should be applied regularly to protect skin from the drying and cracking effect of frequent decontamination. Cracked skin may encourage microorganisms to collect and broken areas can become contaminated. Hand creams are best applied to ‘resting hands’ to allow absorption i.e. before a break or the end of the shift. If a particular soap, antimicrobial hand wash or alcohol product causes irritation the Occupational Health Department should be consulted.

12. Respiratory Hygiene/Cough Etiquette
Respiratory hygiene has been added to Standard Principles of Infection Prevention and Control due to the recent global influenza pandemic (NHSP 2013) and should be applied as a standard infection control precaution at all times.

General principles:
● Cover nose and mouth with disposable single use tissues when sneezing, coughing, wiping and blowing noses.
● Dispose of used tissues into a waste bin.
● Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
● Keep contaminated hands away from the mucous membranes of the eyes and nose.

13. Personal Protective Equipment (PPE)

PPE is essential to protect both service users and staff from micro-organisms. It protects the skin and mucous membranes from exposure to blood and body fluids, and also protects the healthcare worker’s clothing from contamination.

Selection of PPE must be based on an assessment of the risk of transmission of micro-organisms to the service user, and the risk of contamination of the healthcare worker’s clothing and skin by service users’ blood, body fluids, secretions or excretions.

Risk Assessment

<table>
<thead>
<tr>
<th>Level of Exposure</th>
<th>What to Wear</th>
</tr>
</thead>
<tbody>
<tr>
<td>No exposure to blood or body fluids anticipated</td>
<td>No protective clothing but aprons to be worn if duties include close contact with service user or client</td>
</tr>
<tr>
<td>Exposure to blood/body fluids anticipated, but low risk of splashing</td>
<td>Wear gloves and disposable apron</td>
</tr>
</tbody>
</table>
Exposure of blood/body fluids/secretions or excretions anticipated – risk of splashing

Wear gloves, disposable apron/full-body fluid-repellent gown IF risk or significant splashing, surgical mask, goggles and face-shields/visors

**Types of PPE** (For further information refer to Clinical Personal Protective Equipment Policy on AfC Intranet).

**Gloves**
All gloves **MUST** conform to European Community (CE) standards when used in a healthcare setting. **DO NOT USE** powdered gloves or polythene gloves when performing healthcare activities.

Sensitivity to natural rubber latex (NRL) in service users, carers and healthcare personnel **MUST** be documented and alternatives to NRL **MUST** be provided e.g. Nitrile.

AfC strongly recommends that gloves be worn for invasive procedures and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments. Gloves must be worn for contact with sterile sites and non-intact skin or mucous membranes.

Gloves must be worn as single-use items. They must be put on immediately before an episode of service user contact or treatment, and removed as soon as the activity is completed.

Gloves must be changed between caring for different service users, and between activities for the same service user. Change gloves when moving from a contaminated body site to either another body site (including non-intact skin, mucous membrane or medical device) within the same service user or the environment.

Wearing gloves is NO substitute for hand washing. **Hands must be washed immediately after removing gloves.**

Gloves must be disposed of as clinical waste and hands decontaminated after removal.

**Non Sterile Gloves**
To be used when hands come into contact with body fluids or equipment contaminated with body fluids.

**Sterile Gloves**
Must be worn when hands are likely to come into contact with normally sterile areas i.e. catheterisation or when performing invasive/surgical procedures.

**General Purpose Utility Gloves** (Rubber Household Gloves)
These gloves can be used for cleaning instruments prior to sterilisation, or when coming into contact with possible contaminated surfaces or items. In order to prevent cross-infection from one area to another, these gloves must be colour coded in accordance with the National Colour Coding Scheme (see section 10.2 above).
The gloves must be washed with neutral detergent and hot water, and dried between uses and discarded weekly or more frequently if the gloves become damaged.

**Aprons**

*Single use disposable plastic aprons* must be worn when there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions, with the exception of sweat.

*Full body fluid-repellent gowns* must be worn when there is a risk of extensive splashing of blood, body fluids, secretions or excretions with the exception of sweat, onto the skin or clothing of healthcare personnel e.g. when assisting with childbirth.

Aprons/gowns must be worn by all AfC staff when performing duties which involve close contact with service users or clients e.g. dressings, podiatry duties, bed bathing.

Aprons/gowns must not be left in the home of a service user/client; a clean apron/gown is to be taken into the home at every visit. These aprons/gowns must be disposed of in the own home of the service user/client.

Plastic aprons/gowns should be worn as single-use items, for one procedure or one episode of service user care and then discarded.

To prevent contamination, when removing an apron/gown, the outer contaminated side should be turned inward, rolled into a ball and discarded immediately as clinical waste.

**Respiratory Protective Equipment**

A particulate filter mask (e.g. 3M FFP3 1863) must be worn when clinically indicated e.g. Multi Drug Resistant Pulmonary Tuberculosis (if the service user has not undergone 2 weeks treatment), or Swine Flu (H1N1 Influenza virus) where aerosol-producing procedures are being performed.

N.B. these masks can only be worn when the user has been appropriately fit tested.

**14. Safe Handling of Sharps**

For further information refer to Safe Use and Disposal of Sharps and Management of Inoculation Injury Policy, available on AfC Intranet.

The HSE define a sharp as a needle, blade or other medical instrument capable of cutting or piercing the skin, and a sharps injury to be an incident that causes a sharp to penetrate the skin (percutaneous injury). The safe handling and disposal of needles and other sharp instruments is part of an overall strategy of clinical waste disposal to protect staff, service users and visitors from exposure to blood borne pathogens.

All staff should be fully immunised according to national and local policy. In addition, all those handling sharps must have had a course of hepatitis B vaccine. A record of hepatitis B antibody response should be kept for all clinical staff involved in ‘exposure
prone procedures’ or where regular exposure to blood/blood stained body fluids occurs. Care must be taken to avoid accidental needle stick injury, as exposure to contaminated blood may be associated with transmission of Blood Borne Viruses.

The average risk of transmission of blood borne pathogens following a single needle stick injury from a positive source has been estimated (by Loveday et al 2014) to be:

- Hepatitis B Virus (HBV) 1 in 3
- Hepatitis C Virus (HCV) 1 in 30
- Human Immunodeficiency Virus (HIV) 1 in 300

Needle safety devices must be used where there are clear indications that they will provide safer systems of working for healthcare personnel.

AfC strongly recommends all staff wear gloves when handling sharps. AfC recognises that in certain clinical settings this is not always practicable e.g. school vaccination clinics.

Sharps must not be passed directly from hand to hand, and handling to be kept to a minimum.

Needles must not be recapped, bent or disassembled after use. Used sharps must be discarded at the point of use by the person generating the waste.

All sharps containers must:
- Conform to current national (BS EN ISO 23907:2012) and international (UN3291) standards.
- Be positioned safely, away from public areas and out of the reach of children, and at a height that enables safe disposal by all members of staff.
- Be secured to avoid spillage, and be temporarily closed when not in use.
- Not be filled above the fill line, and disposed of when the fill line is reached.

16. Actions in the Event of an Occupational Sharps Injury/Body Fluids Splash

Undertake actions a), b) and c) as detailed below:

a) Perform first aid to the exposed area immediately as follows:

   Skin/tissues
   - Skin/tissues should be gently encouraged to bleed. Do not scrub or suck the area.
   - Wash/irrigate with soap and warm running water. Do not use disinfectants or alcohol.
   - Cover the area using a waterproof dressing.

   Eyes and mouth
• Eyes and mouth should be rinsed / irrigated with copious amounts of water. Eye/mouth washout kits may be available in clinical areas.

• If contact lenses are worn, irrigation should be performed before and after removing these. Do not replace the contact lens.

• Do not swallow the water that has been used for mouth rinsing following mucocutaneous exposure.

b) Report the incident:

• Inform a manager.

• Immediately report/document the incident. N.B. Near misses should also be clearly reported / documented.

  Provide sufficient detail (what type of sharp, at what stage of procedure/ post-procedure/disposal) to enable AfC to investigate the circumstances and causes, and establish whether existing risk control measures are adequate.

c) Assess if further action is required:

• If the sharp had not been used, no further action is required.

• If the sharp was contaminated, contact Lorna Mansell (Occupational Health Lead); or if out of hours then the nearest Accident & Emergency Department.
17. References


18. Bibliography


Nursing and Midwifery Council (NMC)(2008) *The code: Standards of conduct, performance and ethics for nurses and midwives* [online].

Nursing and Midwifery Council (NMC)(2012) *Midwives Rules and Standards 2012* [online].