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University Health Board

Standard Infection Prevention and Control Precautions (SICPs) Policy

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Brief Summary of Document:	This policy provides guidance to all those involved in care provision and must be adopted for all infection prevention and control practices and procedures
Scope:	The commitment of the Health Board is to promote a culture of zero tolerance to any healthcare associated infection (HCAI), with the ultimate aim of preventing all avoidable HCAI.
To be read in conjunction with:	149 - Hand Hygiene Policy, 353 - Transmission Based Precautions Policy 151 - Personal Protective Equipment Policy 154 - Management of Linen Policy 187 - Exposure Management including Sharps Injuries 230 – Management of Blood and Body Fluids Spillages Policy 232- Control of the Environment/Environmental Cleanliness Policy and Procedure 236 – Outbreak Management Policy 258 – Waste Management Policy Shared Services Partnership COVID19 waste management services operational procedure July 2020- version1 Public Health England – COVID19; infection prevention and control guidance W:\Tropical unusual diseases\coronavirus\Updated guidance\COVID-19 Infection prevention and control guidance complete 18 05 2020.pdf
Owning	Infection Prevention Strategic Steering Group(IPSSG)

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Group	
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Executive Director:	Mandy Davies	Job Title	Director of Nursing, Quality and Patient Experience
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	25.2.14
2	Revised – minor amendments only	11/8/2017
3	Full review	14.10.2020

Glossary of terms

Term	Definition
SICPs	Standard Infection Prevention and Control Precautions
HCAI	healthcare associated infection
HPS	Health Protection Scotland
ABHR	Alcohol based hand rubs
PPE	Personal Protective Equipment
EPP	Exposure Prone Procedures
AGP	Aerosol Generating Procedures

Keywords	Hand hygiene, gloves, aprons, body fluids, standard infection prevention and control precautions, waste, linen
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1. EXECUTIVE SUMMARY/KEY POINTS

Standard Infection Prevention and Control Precautions (SICPs) are the basic infection prevention and control measures necessary to reduce the risk of transmission of micro-organisms from recognised and unrecognised sources of infection.

There are ten elements of SICPs;

1. Patient Placement (please refer to policy No353 - Transmission Based Precautions Policy)
2. Hand Hygiene (please refer to policy no 149 - Hand Hygiene Policy).
3. Respiratory Hygiene, cough etiquette
4. Personal Protective Equipment (please refer to policy no 151 - Personal Protective Equipment Policy)
5. Management of Care Equipment (please refer to 232- Control of the Environment/Environmental Cleanliness Policy and Procedure)
6. Control of the Environment (please refer to 232- Control of the Environment/Environmental Cleanliness Policy and Procedure)
7. Safe Management of Linen (please refer to 154 - Management of Linen Policy).
8. Management of blood and Body Fluids spillages (please refer to 230 – Management of Blood and Body Fluids Spillages Policy)
9. Safe disposal of Waste (please refer to 258 – Waste Management Policy).
10. Occupational Exposure Management (including sharps injuries) (please refer to 187 - Exposure Management including Sharps Injuries)

A poster displaying the Ten elements of SICPs must be displayed in each ward/department or clinical area (please see appendix 1).

2. INTRODUCTION

This Policy provides guidance to all those involved in care provision and must be adopted for all infection prevention and control practices and procedures.

3. POLICY STATEMENT

The commitment of the Health Board is to promote a culture of zero tolerance to any healthcare associated infection (HCAI), with the ultimate aim of preventing all avoidable HCAI.

4. SCOPE

This Policy must be used by the Infection Prevention Team, health and social care managers, nurses, doctors, or other health and social care providers.

5. AIM

It is the intent that this Policy will provide a common, consistent approach to infection prevention and control,

6. OBJECTIVES

The aim of the policy will be achieved through:

- Embedding the importance of infection prevention and control into everyday practice
- Reducing variation in infection prevention and control practice and standardise care processes
- Improving the application of knowledge and skills in infection prevention and control
- Helping reduce the risk of Healthcare Associated Infection (HCAI) particularly cross-infection/contamination
- Helping align practice, monitoring, quality improvement and scrutiny

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7. STANDARD INFECTION PREVENTION AND CONTROL PRECAUTIONS

SICPs covered in this Policy document, are intended for use by all staff, in all settings at all times for all individuals whether infection is known to be present or not, to ensure the safety of those being cared for and staff and visitors in the care environment.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of micro-organisms from recognised and unrecognised sources of infection. These sources of (potential) infection include contact, droplet, airborne route, blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that are likely to become contaminated.

The application of SICPs during care delivery is determined by the assessment of risk and includes the task/level of interaction and/or the anticipated level of exposure to blood or other body fluids.

There are ten elements of SICPs;

7.1. Patient Placement

The potential for transmission of infection or infectious agents must be assessed at the patient's entry to the care area and must be continuously reviewed throughout their stay. This must influence placement decisions in accordance with clinical need (please see appendix 2 – single room prioritisation guide)

Avoid unnecessary movement of patients between care areas.

Patients who may present a cross-infection risk e.g. diarrhoea, vomiting, unexplained rash, must be assessed and placed in a suitable environment to minimise the risk of cross infection e.g. in a single room with a clinical wash-hand basin or cohort area.

7.2. Hand Hygiene

Hand hygiene is considered to be the single most important practice in reducing the transmission of infectious agents, including HCAI, when providing care.

Before performing hand hygiene;

- Bare below the elbows (BBE)
- remove all hand/wrist jewellery (a single, plain metal finger ring is permitted but must be removed (or moved up/down) during hand hygiene)
- ensure finger nails are clean, short and that artificial nails or nail products are not worn
- cover all cuts or abrasions with a waterproof dressing

Hand hygiene must be performed as stated by the World Health Organisation 5 moments of hand hygiene (see appendix 3 – how to Hand wash)

1. before touching a patient
2. before clean/aseptic procedures
3. after body fluid exposure risk
4. after touching a patient
5. after touching a patient's immediate surroundings

Alcohol based hand rubs (ABHRs) must be used for hand hygiene and must be available to staff as near to the point of care as possible. (see appendix 4 –How to Hand rub?)

If hands are visibly dirty or soiled and/or when exposure to spore forming organisms, such as *Clostridioides difficile* (C. diff) or a gastro-intestinal infection e.g. Norovirus, is

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suspected/proven, and all patients with diarrhoea, ABHR must not be used alone and hands must be washed first with liquid soap and water.

Skin care:

- Emollient hand cream must be used by staff during work breaks and when off duty
- Communal tubs of hand cream must not be used

Surgical scrubbing/rubbing:

- Surgical scrubbing/rubbing must be undertaken before donning sterile theatre garments
- All hand/wrist jewellery must be removed.
- Single use sterile nail brushes must be used. Single-use sterile nail picks can be used if nails are visibly dirty
- An antimicrobial liquid soap licensed for surgical scrubbing or an ABHR licensed for surgical rubbing (as specified on the product label) must be used
- ABHR can be used between surgical procedures if licensed for this use

Follow the technique in Appendix 5 for Surgical Scrubbing. Follow the technique in Appendix 6 for Surgical Rubbing

7.3. Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette is designed to contain respiratory secretions to prevent transmission of respiratory infections:

- cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose
- dispose of all used tissues promptly into a waste bin
- use hand wipes or wash hands with liquid soap and warm 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

Staff must promote respiratory hygiene and cough etiquette to all individuals and help those who need assistance with containment of respiratory secretions e.g. those who are immobile will need a receptacle (e.g. plastic bag) readily at hand for the prompt disposal of used tissues and offered hand hygiene facilities.

7.4. Personal Protective Equipment (PPE)

The type of PPE used must provide adequate protection to staff against the risks associated with the procedure or task being undertaken.

All PPE must be:

- located close to the point of use
- stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to)
- single use only item, unless specified by the manufacturer. Reusable items, e.g. non-disposable goggles/face shields/visors must have a decontamination schedule with responsibility assigned
 - For the recommended method of donning and doffing of PPE correctly for non-aerosol generating procedures and aerosol generating procedures, please see appendix 8 and 9).

Full body/reusable washable gowns must be:

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- worn when there is a risk of extensive splashing of blood and/or other body fluids e.g. in the operating theatre
 - changed between patients and immediately after completion of a procedure
 - can be used for sessional use on risk assessment
- Please see appendix 6 for how to management of reusable gowns

Aprons must be:

- worn to protect uniform or clothes when contamination is anticipated/likely e.g. when in direct care contact with a patient or contaminated items, waste etc
- changed between patients and/or following completion of a procedure or task

Fluid repellent surgical masks (FRSM) must:

- be worn if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa is anticipated/likely
- be well fitting and fit for purpose (fully covering the mouth and nose)
- adhere to manufacturers' instructions
- must ensure the most appropriate fit/protection
- be removed appropriately without touching the front of the mask (please see appendix 8 - or changed at the end of a procedure/task if the integrity of the mask is breached, e.g. from moisture build up after extended use or from gross contamination with blood or body fluid in accordance with manufacturers' instructions

Surgical Face mask Type II

- Worn for extended use by healthcare workers when entering the hospital or care setting, a Type IIR is also suitable

Filtering face piece (type 3) (FFP3) masks

- FFP3 masks MUST be used for any aerosol generating procedures on a suspected or confirmed influenza/COVID case. Risk assessments will also dictate the need for these types of masks for other infectious diseases, and must be carried out in conjunction with Infection Prevention staff. These masks must be correctly fitted and staff must be trained in their use.

Eye/face protection (including full face visors) must be:

- worn if blood and/or body fluid contamination to the eyes/face is anticipated/likely (always during Aerosol Generating Procedures (AGPs) and on risk assessment by all members of the surgical theatre team). Regular corrective spectacles are not adequate eye protection

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Gloves must be:

- worn when exposure to blood and/or other body fluids is anticipated/likely
- changed immediately after each patient and/or following completion of a clinical procedure or task
- changed if a perforation or puncture is suspected
- appropriate for use, fit for purpose and well-fitting to avoid excessive sweating and interference with dexterity

Footwear must be:

- non-slip, clean and well maintained, and support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps

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- removed before leaving a dedicated footwear area e.g. theatre

Headwear (such as surgical caps/ beard covers) must be:

- worn in theatre settings/clean rooms e.g. HSDU or equivalent
- well-fitting and completely cover the hair
- changed/ disposed of between sessions or if contaminated with blood or body fluids

7.5. Management of Care Equipment

Care equipment can become contaminated with blood, other body fluids, secretions and excretions and transfer infectious agents during the delivery of care.

Care equipment is classified as either:

- single use - used once then discarded. The packaging carries this symbol



- single patient use - for use only on the same patient.
- reusable invasive equipment - used once then decontaminated e.g. surgical equipment though HSDU
- reusable non-invasive equipment (often referred to as communal equipment) - reused on more than one patient following decontamination between each use e.g. commode.
- Manufacturers' guidance must be adhered to for use and decontamination of all care equipment.

All crockery and cutlery (including patients in isolation) can be returned to the kitchen and processed via the kitchen dishwasher. Disposable cutlery and crockery is not required for any infectious diseases EXCEPT those with Category 4 Infectious Diseases (see 152 – Management of viral Haemorrhagic Fever (VHF)).

Decontamination of reusable non-invasive care equipment must be undertaken:

- between each use
- after blood or body fluid or other visible contamination
- at regular predefined intervals as part of an equipment cleaning protocol
- before disinfection
- before inspection, servicing or repair

All reusable non-invasive equipment must be rinsed and dried following decontamination.

Cleaning protocols must include responsibility for, frequency of and method of equipment decontamination (including appropriate cleaning solutions/disinfectants).

For how to decontaminate non-invasive reusable care equipment see Appendix 9.

7.6. Control of the Environment

It is the responsibility of the person in charge to ensure that the care area is safe for practice and this includes environmental cleanliness/maintenance. The person in charge has the authority to act if this is deficient.

The care environment must be:

- free from clutter to facilitate effective cleaning
- well maintained and in a good state of repair

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- clean and routinely cleaned in accordance with the National Cleaning Standards for Wales
- audited regularly via Credits for Cleaning (C4C)

Routine disinfection of the environment is not required. However Sodium dichloroisocyanurate (NaDCC) 1,000ppm free available chlorine or chlorine dioxide (Tristel) are used as locally agreed disinfectants when required or as authorised by the Infection Prevention Team

Staff groups must be aware of their environmental cleaning schedules and clear on their specific responsibilities. Cleaning protocols must include responsibility for, frequency of, and method of environment decontamination.

7.7. Safe Management of Linen

Clean linen must be stored in a clean, appropriately maintained designated area, preferably an enclosed cupboard. If clean linen is not stored in a cupboard then the trolley used for storage must be designated for this purpose and completely covered with an impervious covering that is able to withstand cleaning and/or disinfection.

For all used linen (often referred to as soiled linen):

- ensure a laundry bag is available as close as possible to the point of use for immediate linen deposit

do not:

- rinse, shake or sort linen on removal from beds
- place used linen on the floor or any other surfaces e.g. a locker/table top
- re-handle used linen once bagged
- overfill laundry receptacles

For all foul/infectious linen i.e. linen that has been used by a patient who is known or suspected to be infectious and/or linen that is contaminated with blood or other body fluids e.g. faeces:

- place directly into a RED water-soluble/alginate bag and secure; then place into a red coloured linen bag and secure before placing in a laundry receptacle

Store all used/infectious linen in a designated, safe, lockable area whilst awaiting collection. Collection schedules from used/infectious linen areas must be acceptable to the care area and there must be no build-up of linen bags.

7.8. Management of Blood and Body Fluid Spillages

Spillages of blood and other body fluids are considered hazardous and must be dealt with immediately by staff in line with policy number 230 – Blood and body fluid spillages management policy (please see appendix 10). Responsibilities for the cleaning of blood and body fluid spillages must be clear within each area/care setting.

7.9. Safe Disposal of Waste

Shared Services Partnership COVID19 waste management services operational procedure July 2020- version1 contains the regulatory waste management guidance for the NHS in Wales including waste classification, segregation, storage, packaging, transport, treatment and disposal.

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Non COVID-19 Clinical Areas waste segregation

Colour Code	Offensive Waste	Known Infectious Waste	Infectious Healthcare/ Sharps	Cytotoxic Cytostatic Waste	Anatomical Waste	Medical Waste	Domestic Waste	Recyclable Waste	Confidential Waste
Waste Type									
General Description	Non Infectious Soiled dressings, swabs, vomit bowls, incontinence pads, PPE	Known infectious inc COVID-19 Soiled dressings, swabs, vomit bowls, incontinence pads, PPE	Infectious Healthcare Waste inc Needles, sharps contaminated with pharmaceuticals & Cat A	Any waste contaminated with Cytotoxic / Cytostatic medications	Recognisable Human tissue	Time expired, surplus medicines and pharmaceuticals inc bottles & blister packs	Non-recyclable items	Cardboard, outer packaging & other recyclable items	Identifiable Patient Data
Receptacle	Bags	Bags & sharps boxes not contaminated with medicines	Bags, sharps boxes & rigid containers contaminated with medicines	Bags, sharps boxes & rigid containers	Rigid containers	Rigid containers	Bins / Bags	Bins / Bags	Bins / Bags

*All sharps to be placed in tested / approved sharps bins
 **No PPE to be placed in Domestic / Recycle Bins



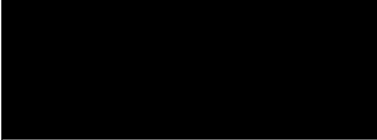
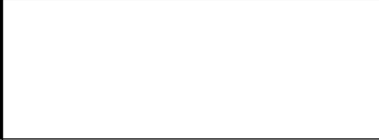
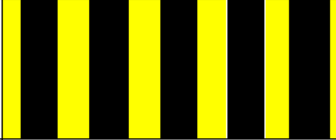
COVID-19 Clinical Areas waste segregation

Colour code	Known infectious Waste	Infectious Healthcare / Sharps	Cytotoxic Cytostatic Waste	Anatomical Waste	Medical Waste	Domestic Waste	Recyclable Waste	Confidential Waste
Waste Type								
General Description	Known infectious inc COVID-19 Soiled dressings, swabs, vomit bowls, incontinence pads, PPE	Infectious Healthcare Waste inc Needles, sharps contaminated with pharmaceuticals & Cat A	Any waste contaminated with Cytotoxic / Cytostatic medications	Recognisable Human tissue	Time expired, surplus medicines and pharmaceuticals inc bottles & blister packs	Non-recyclable items	Cardboard, outer packaging & other recyclable items	Identifiable Patient Data
Receptacle	Bags & sharps boxes not contaminated with medicines	Bags, sharps boxes & rigid containers contaminated with medicines	Bags, sharps boxes & rigid containers	Rigid containers	Rigid containers	Bins / Bags	Bins / Bags	Bins / Bags

*All sharps to be placed in tested / approved sharps bins
 **No PPE to be placed in Domestic / Recycle Bins

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Public areas, Entrances & Exits waste segregation

Colour Code			
Waste Type	Domestic Waste	Recyclable Waste	Offensive Waste
General Description	Non-recyclable Items **	Cardboard, outer packaging & other recyclable items	PPE / Face Coverings
Receptacle	Bin / Bags	Bin / Bags	Bag

Always dispose of waste:

- immediately and as close to the point of use as possible
- into the correct segregated colour coded UN 3291 approved waste bag. Waste bags must be no more than 3/4 full or more than 4kgs in weight and secured using a ratchet tag (for healthcare waste bags only) with a 'swan neck' method of closing (please see appendix 11)
- into approved sharps waste box UN 3291 which must be no more than 3/4 full. Sharps boxes must have a dedicated handle and a temporary closure mechanism, which must be employed when the box is not in use. The sharps box label must always be completed in full.

Healthcare waste must be stored securely with a frequent collection schedule to prevent build up.

7.10. Occupational Exposure Management (including sharps safety)

There is a potential risk of transmission of a Blood Borne Virus (BBV's) from occupational exposure and staff need to understand the actions they must take to prevent exposures and when occupational exposure incident takes place (please see appendix 12).

Prevent exposures by:

- keeping sharps handling to a minimum and eliminating unnecessary handling
- disposing of needles and syringes as a single unit
- not re-sheathing/capping needles
- using needle safe devices (EU Directive 2010, HSE 2013)
- safe disposal as described in section 7.9

A significant occupational exposure is:

- a percutaneous injury for example injuries from needles, instruments, bone fragments, or bites which break the skin; and/or
- exposure of broken skin (abrasions, cuts, eczema, etc); and/or
- exposure of mucous membranes including the eye/mouth from splashing of blood or other high risk body fluids

8. ROLES / RESPONSIBILITIES / FUNCTIONS

It is essential that the following key staff understand their individual roles in promoting compliance with SICPs;

8.1. Chief Executive

The Chief Executive has ultimate accountability for infection prevention and control within Hywel Dda University Health Board. This responsibility is delegated to the Director of Nursing, quality and patient experience.

8.2. Director of Operations and Director of Nursing, Quality and Patient Experience

The Director of Nursing, Quality and Patient Experience has delegated responsibility for Infection Prevention in the Health Board and along with Director of Operations must be familiar with this policy and support the implementation of the policy throughout the organisation.

8.3. Executive Director and Senior Managers

The Executive Director and senior managers must be familiar with this policy and support the implementation of the policy throughout the organisation.

8.4. Assistant Director of Nursing Professional Standards and Workforce.

Operational responsibility for infection prevention and control within the Health Board lies with the Assistant Director of Nursing Professional standards and Workforce who is responsible for ensuring that this policy is available to staff and processes for monitoring compliance are in place.

8.5. Locality Infection Prevention Team (IPT)

The Locality IPT will promote implementation of this policy in clinical practice and will conduct regular compliance audits for feedback to wards/departments and Locality management teams. The Infection Prevention Team will;

- Support education for staff and management on this policy. – available via eLearning
- Act as a resource for guidance and support when advice on SICPs is required.
- Provide advice on individual risk assessments for SICPs decisions.

8.6. Ward /Senior Nurse / Directorate Nurses

- Ensure that all staff receives instruction/education on the principles of SICPs, monitor via ESR
- Ensure that an up-to-date, evidence based SICPs policy is easily available to all staff.
- Ensure that adequate resources are in place to allow the recommended infection prevention and control measures such as the use of SICPs to be implemented.
- Undertake a risk assessment to optimise patient/client and staff safety, consulting expert infection prevention and control guidance if/as required.
- Take expert advice on the provision of alternatives to latex based products.
- Support staff in any corrective action or interventions if an incident occurs that may have resulted in the transmission of infection.
- Ensure any staff with health concerns, including any skin irritation relating to occupational exposure to PPE, or who have become ill due to occupational exposure, are referred to the relevant agency e.g., General Practitioner or Occupational Health.
- Ensure that local policies are in place for the management of staff with known or suspected infections, and this policy adhered to.

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- Highlight through management structures any areas of non-compliance with this policy

8.7. All staff

(Providing direct care in a health or social care setting including a patient's/client's own home) must:

- Attend induction, mandatory and update infection prevention and control education sessions or access via eLearning.
- Apply the principles of SICPs, and ensure that all other staff/agencies apply these principles.
- Explain to patients/clients/residents, carers and visitors or other staff of any infection prevention and control requirements to protect themselves and to protect others, such as hand hygiene, use of PPE and cough etiquette.
- Ensure that supplies of PPE are readily available for all to use, including visitors.
- Report to line managers any deficits in relation to knowledge of SICPs/PPE, facilities/equipment or incidents, that may have resulted in cross contamination.
- Report any illness as a result of Occupational Exposure to their line manager.
- Not attend for clinical duty with known or suspected infections. If in any doubt consult with your General Practitioner, Occupational Health Department or the local Infection Prevention and Control/ Health Protection Team.
- Any staff who have difficulty complying with this policy or require reasonable adjustments should inform their line manager and the Infection Control Team should be contacted for advice

NB: The source of infection prevention and control advice must be identified by all healthcare providers.

9. TRAINING

Infection Prevention and Control mandatory training is face to face every 3 years, otherwise **annually** clinical staff to complete level 2, and all other staff level 1, access through ESR learning data base. Infection Prevention staff facilitate this training and records of attendees are sent to learning and development. However, it is the responsibility of the Manager to ensure ALL staff complete the Infection Prevention and Control Mandatory training.

10. IMPLEMENTATION

Implementation of policies and procedures can only be effective if adequate evaluation and monitoring is used to check the system and ensure any shortcomings are identified and dealt with. Locally, Managers are responsible for initiating an ongoing monitoring process within their areas of responsibility.

From an organisation perspective, the Infection Prevention Strategic Steering Group shall be responsible for monitoring this Policy and ensure appropriate actions are being taken to maintain patient safety.

11. REFERENCES

This policy is supported by a full review of literature with references

National Institute for Clinical Excellence 2012 'Infection: prevention and control of healthcare-associated infections in primary and community care: Clinical Guideline Methods, evidence and recommendations'.

National Clinical Guideline Centre at The Royal College of Physicians; London

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European Directive 2010/32/EU on the Prevention of Sharps Injuries in the Healthcare Sector

Health and Safety Executive 2013 Sharps Instruments in Healthcare Regulations

“Health Technical Memorandum 07-01: Safe management of healthcare waste”

World Health Organisation 2019 Hand Hygiene Campaign

Shared Services Partnership COVID19 waste management services operational procedure
July 2020- version1

Public Health England – COVID19; infection prevention and control guidance <W:\Tropical unusual diseases\coronavirus\Updated guidance\COVID-19 Infection prevention and control guidance complete 18 05 2020.pdf>

<https://nhsproviders.org/media/690124/guidance-for-remobilisation-of-services.pdf>

12. APPENDIX 1 TEN ELEMENTS OF STANDARD INFECTION PREVENTION AND CONTROL PRECAUTIONS (SICPS) POSTER

1. Patient placement/Isolation

Patients that present a cross-infection risk must be isolated or placed in a cohort area e.g. diarrhoea / vomiting, unexplained rash, flu like symptoms. Avoid unnecessary movement of patients between care areas.

2. Hand Hygiene

Hands must be washed between patients / procedures, even if gloves have been worn. Ensure soap is rinsed off and hands are thoroughly dried. Alcohol hand rubs can be used on visibly clean hands for cleaner activities. Arms must be clear below the elbow. Encourage / assist patients to decontaminate their hands.

- **HANDCARE**
Ensure hands are moisturised twice daily. Report any rashes / skin irritation to manager / Occupational Health without delay.
- **SKIN INTEGRITY**
Cuts or abrasions in any area of exposed skin must be covered with a waterproof dressing.

3. Respiratory Hygiene and cough etiquette

- Cover the nose and mouth with a disposable tissue when sneezing / coughing and wiping / blowing nose to avoid cross infection.
- Dispose of used tissues promptly into a waste bin or waste bag. Wash hands after using tissues or contact with respiratory secretions.

4. Personal Protective Equipment

- **APRONS**
Disposable plastic aprons must be worn when there is a possibility of contact with blood/body fluids / communicable infections / isolation procedures. Full body gowns if there is risk of extensive contamination / splashing.
- **DISPOSABLE VISORS / FACIAL PROTECTION**
If there is any possibility of splashing of blood or body fluids into the face, then visors or eye protection/mask is necessary to protect mucous membranes. Masks will be indicated for protection against some respiratory infections and used for aerosol generating procedures.
- **GLOVES**
Non-sterile latex or nitrile gloves must be worn during non-invasive procedures where there may be contact with blood or body fluids / contact with communicable conditions / isolation procedures. They must be discarded at the end of each procedure.
- **PUTTING ON PPE**
Put on apron / gown, then if indicated eye protection and mask and then gloves.
- **TAKING OFF PPE**
Take off gloves then apron / gown, eye protection then mask.

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5. Management of care equipment

Decontaminate all equipment / devices after each patient use. Any device that is 'single' use must be used once and discarded.

6. Control of the environment

To ensure a clean, intact, dust free, clutter free environment of care at all times ALL STAFF must be aware of their individual responsibility in environmental cleaning schedules and maintaining and promoting a safe environment.

7. Management of Linen

Store linen in a clean facility i.e. linen cupboard/trolley. Place all used linen into a laundry receptacle close to point of use.

8. Management of blood and body fluids

- Wear gloves and apron.
- Remove body fluid using disposable cloths and place in clinical waste bag.
- Using disinfectant wipes, clean area thoroughly and place into appropriate clinical waste bag.
- Make up a 1000ppm hypochlorite solution (1x1.7g actichlor tablet in 1 litre cold water) or Chlorine dioxide solution (TRistel). Using disposable cloths wipe over area with disinfectant solution. Place cloths in clinical waste bag.
- Leave to dry.
- Place all protective clothing in clinical waste bag.
- WASH HANDS.

9. Safe disposal of waste

All waste from infected patients and heavily contaminated and fluid waste into orange clinical waste bags. All hygiene waste into hygiene waste bag (tiger stripe). All waste deemed as domestic waste into black bag.

10. Occupational exposure (including sharps injury management)

- Use needle safe devices
- DO NOT re-sheath needles.
- Sharps bins must not be filled more than $\frac{3}{4}$ full.
- Take sharps bin and tray to point of use

SHARPS INJURY

- Encourage bleeding from wound. DO NOT SUCK.
- Wash area with soap and water.
- Cover with waterproof dressing.
- Note name of patient (Doctor to do source assessment).
- Report to A&E/Minor Injuries Unit without delay.
- Notify manager and complete electronic Datix form.

13. APPENDIX 2 – SINGLE ROOM PRIORITISATION GUIDE



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Single Room Prioritisation Guide

When there are not enough single rooms for each patient who may be a possible infection risk to others, or who require a single room for other reasons, patients will need to be assessed, and **prioritised for single room accommodation accordingly**.

Use the table on the next page to decide whether isolation is **Essential**, **strongly advised**, **recommended** or **low priority**.

Review the use of all single rooms on the ward.

Q-Why is the patient isolated? Do they have infectious symptoms or an organism that requires isolation? Which patient is considered "higher priority"

Patients identified to be **lower priority**, should be moved out of a single room, if unsure discuss with IPT at earliest convenience.

The **vacated bed space** of patient requiring isolation, **will need appropriate cleaning** before a new patient is admitted to it.

If a single room still cannot be made available on the ward, Notify Bed Management Team.

Check other wards. (Do not move suspected or confirmed Norovirus or C.diff to another ward especially if distant ward).

If **viral gastroenteritis** is suspected and there are no single rooms can be made available on the ward, nurse in the bay and **close the bay** to new admissions.

If there are **too many high priority patients for the number of single rooms further risk assessment is needed** regarding the individual risk of spread of infection to other patients. For example

- In the case of diarrhoea, a patient who is incontinent or has immobility issues is a higher risk than a patient who can easily get to a toilet.
- In the case of wound infection with a resistant organism, a covered wound is less risk than an exposed or excessively exuding wound or flaky skin condition.

Discuss with IPT if unsure

Review and record the rationale for all single room use at least daily.

Assess if isolation is still required.

When no longer required, move the patient out to facilitate cleaning the room appropriately.

In **outbreak or epidemic scenarios** e.g. Norovirus or influenza, cohorting may be required, this must be discussed with the IPT or on-call microbiologist.

Sometimes **other factors will need to be taken into account**, for example

- Specific care requirements only available on certain wards
- Patient's ability to comply with isolation
- Doors being able to be closed
- Patient's ability to understand and comply with restrictions if they are cared for in a bay
- Ability to adequately monitor patients in remote single rooms

The inconvenience of having to clean the single room and vacated bed space to the appropriate level should **NOT** be a barrier to the appropriate placement of patients with a higher Isolation priority.

If there are no appropriate single rooms available anywhere.

- The patient will have to be cared for in a bay with **contact precautions applied**.
- Report the lack of single rooms with **Datix incident**
- Ensure stringent compliance with **hand hygiene practices**. If there is diarrhoea, always wash hands with soap and water.
- Use **appropriate PPE** depending on the infection
- **Assess exposed contacts** for screening or prophylaxis depending on the infection
- Consider whether the bay needs to be closed to admissions or transfers out.
- **Obtain advice on best possible infection control from the IPT**

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Single Room Prioritisation Guide


Priority	Condition	Notes/duration of isolation
Isolation is Essential	Active confirmed <i>C difficile</i>	Until 48 hours symptom free, and normal stool
	Avian/Swine/Pandemic Influenza	Until symptom free and treatment completed
	Chickenpox or Shingles	Until lesions are dry
	Confirmed Carbapenamase producing organisms, (& previous colonisation)	Will need isolation for entire admission and all future admissions
	Measles	For 4 days after rash onset
	Meningitis	For first 48 hours of antibiotics and symptom improvement
	Active Pulmonary Tuberculosis, confirmed or suspected	Suspected or confirmed multidrug resistance will need negative pressure isolation room
	SARS/MERS	Contact Consultant Microbiologist
	Viral Haemorrhagic Fevers	Contact Consultant Microbiologist
Isolation is Strongly Advised	Chest infection with MDRO or MRSA where patient has a productive cough	Isolation priority can be downgraded once no longer has productive cough
	Group A strep (<i>Streptococcus pyogenes</i>)	Until 48 hours of antibiotics
	Norovirus, Rotavirus, or other suspected viral gastroenteritis	Until at least 48 hours symptom free If there is an outbreak these patients may be nursed in cohort bays
	Norwegian Scabies	Until full treatment complete
	Seasonal Influenza	Until 5 days post onset of symptoms Patients may be nursed in cohort bays.
	Suspected <i>C difficile</i> infection or other infective cause	Molecular enteric PCR testing negative (x1) or, 48 hours symptom free and normal stool passed.
	Suspected CPO case (not contacts) whilst awaiting screening	Until 3 negative screens
	GRE/ VRE (with gut carriage)	During admission
	Diarrhoea if infective cause not definitely ruled out, but considered unlikely	Until at 48 hours symptom free, and normal stool, or PCR testing negative
Isolation is Recommended	GRE/VRE/ESBL; antibiotic resistant bacteria (Not CPO or XDRO)	Duration of admission
	Febrile neutropenia from other causes	Whilst neutropenic
	MRSA	Duration of admission (unless 3 consecutive weekly negative screens).
	Other multi resistant organisms (not CPO)	Duration of admission
	Pyrexia of Unknown origin in a returning overseas traveller	Until clinically improved.
	Other infective diarrhoea e.g. <i>Salmonella</i> , <i>Campylobacter</i> , <i>VTEC O157</i> , <i>Shigella</i> , <i>Hepatitis A & E</i>	Where there is poor hygiene keep isolated, until 48 hours symptom free, and normal stool.
Lowest Priority for Isolation	Respiratory viruses (not Influenza) Human Meta pneumo-virus HMPV, Rhinovirus, Respiratory Syncytial Virus (RSV)	Whilst symptomatic, cough etiquette & Hand hygiene are essential to reduce transmission risks.
	Blood borne viruses e.g. HIV, <i>Hepatitis B</i> and <i>C</i>	Isolation is only required if bleeding profusely
	Classic scabies	If patient compliant isolation should not be needed
	Lice	Isolation is not required
	Legionnaires' disease	Isolation is not required
	Malaria	Isolation is not required
	Hepatitis A or E with diarrhoea	While symptomatic and where poor hygiene is a concern

Infection Prevention Team July 2020

14. APPENDIX 3: HOW TO HAND WASH STEP BY STEP IMAGES

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

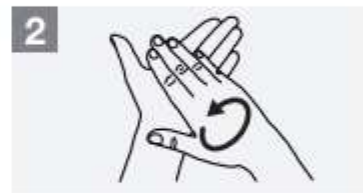
 Duration of the entire procedure: 40-60 seconds



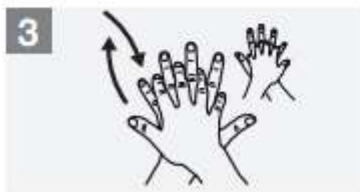
Wet hands with water;



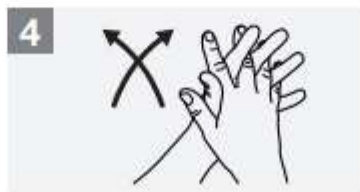
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



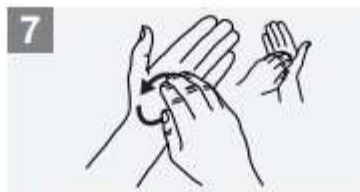
Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



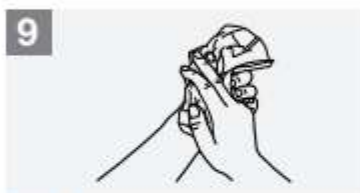
Rotational rubbing of left thumb clasped in right palm and vice versa;



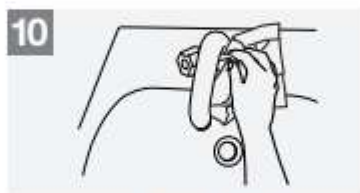
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



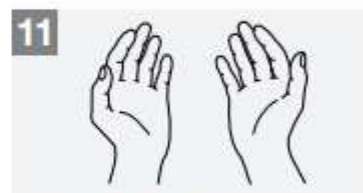
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

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Adapted from the World Health Organisation

15. APPENDIX 4: HOW TO HAND RUB STEP BY STEP IMAGES

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

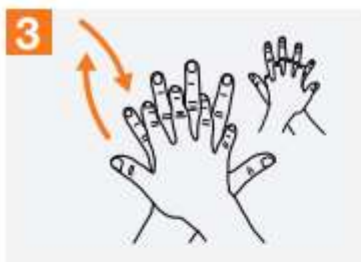
 **Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



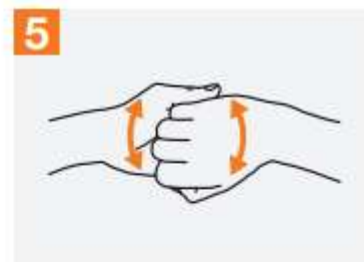
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



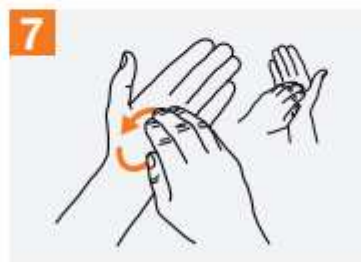
Palm to palm with fingers interlaced;



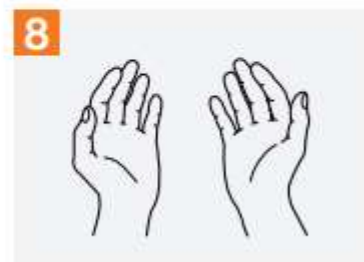
Backs of fingers to opposing palms with fingers interlocked;



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



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



Once dry, your hands are safe.

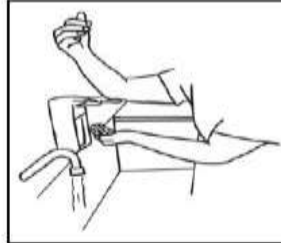


Adapted from the World Health Organization

16. APPENDIX 5: SURGICAL SCRUBBING: SURGICAL HAND PREPARATION TECHNIQUE USING ANTIMICROBIAL SOAP - STEP BY STEP IMAGES



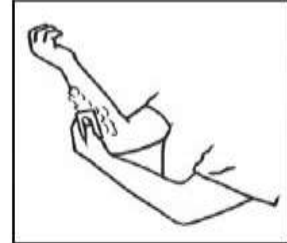
1. Wet hand and forearms.



2. Put approximately 1 dose (5mls) of antimicrobial liquid soap onto a pad or palm of your left hand using the elbow of your other arm to operate the dispenser.



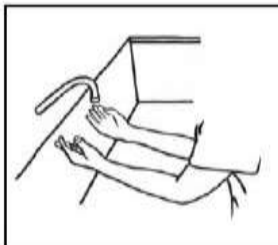
3. Doing the right hand first, scrub each side of each finger, between the fingers and the back and front of the right hand for 2 minutes.



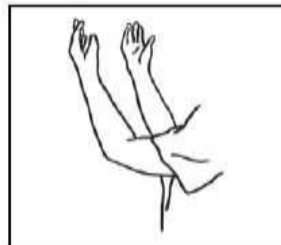
4. Put another 1 dose (5mls) of antimicrobial liquid soap onto the palm of your left hand using the elbow of your other arm to operate the dispenser. Use this to scrub the right arm, keeping the hand higher than the arm at all times to prevent recontamination of the hands by water.

5. Repeat the process for the other hand and arm keeping hands above elbows at all times.

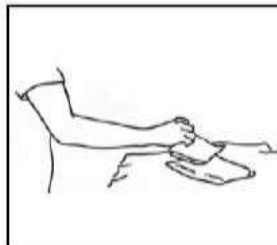
If the hand touches anything at any time, the scrub must be lengthened by 1 minute for the area that has been contaminated.



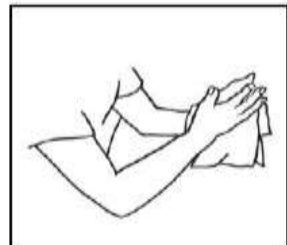
6. Rinse hands and arms by passing them through the water in one direction only, from fingertips to elbow. Do not move the arm back and forth through the water.



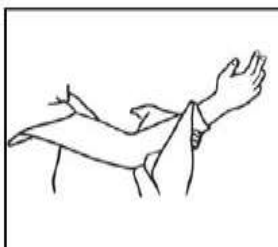
7. Hold hands above elbows.



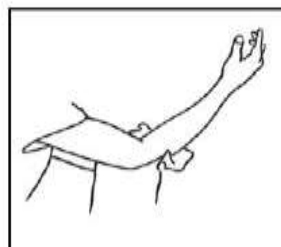
8. Hands and arms should be dried using a sterile disposable towel and aseptic technique before donning sterile gown and gloves.



9. The skin should be blotted dry with sterile disposable towels. Using one towel per hand work from fingertips to elbows.



10. Hands are dried firstly by placing the opposite hand behind the towel and blotting the skin – then using a corkscrew movement to dry from the hand to the elbow.



11. The towel must not be returned to the hand once the arm has been dried and must be discarded immediately.

12. Repeat the process for the opposite hand.

17. APPENDIX 6: SURGICAL RUBBING: SURGICAL HAND PREPARATION TECHNIQUE USING ALCOHOL BASED HAND RUB (ABHR) - STEP BY STEP

Surgical Handrubbing Technique

- Handwash with soap and water on arrival to OR, after having donned theatre clothing (cap/hat/bonnet and mask).
- Use an alcohol-based handrub (ABHR) product for surgical hand preparation, by carefully following the technique illustrated in Images 1 to 17, before every surgical procedure.
- If any residual talc or biological fluids are present when gloves are removed following the operation, handwash with soap and water.



1 Put approximately 5ml (3 doses) of ABHR in the palm of your left hand, using the elbow of your other arm to operate the dispenser.



2 Dip the fingertips of your right hand in the handrub to decontaminate under the nails (5 seconds).



Images 3-7: Smear the handrub on the right forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds).



Images 8-10: Now repeat steps 1-7 for the left hand and forearm.

Put approximately 5ml (3 doses) of ABHR in the palm of your left hand as illustrated, to rub both hands at the same time up to the wrists, following all steps in images 12-17 (20-30 seconds).

Cover the whole surface of the hands up to the wrist with ABHR, rubbing palm against palm with a rotating movement.



13 Rub the back of the left hand, including the wrist, moving the right palm back and forth, and vice-versa.

14 Rub palm against palm back and forth with fingers interlinked.

15 Rub the back of the fingers by holding them in the palm of the other hand with a sideways back and forth movement.

16 Rub the thumb of the left hand by rotating it in the clasped palm of the right hand and vice versa.

17 When the hands are dry, sterile surgical clothing and gloves can be donned.

Repeat this sequence (average 60 sec) the number of times that adds up to the total duration recommended by the ABHR manufacturer's instructions. This could be two or even three times.





Public Health
England

Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

1

Perform hand hygiene
before putting on PPE.



2

Put on apron and
tie at waist.



3

Put on facemask – position
upper straps on the crown
of your head, lower strap
at nape of neck.



4

With both hands, mould
the metal strap over the
bridge of your nose.



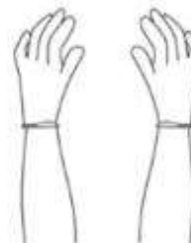
5

Don eye protection
if required.



6

Put on gloves.



*For the PPE guide for AGPS please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Public Health
England

Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.
Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.
Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn.
Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.



*For the PPE guide for AGPS please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Public Health
England

Quick guide – gown version

Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs)

This is undertaken outside the patient's room.

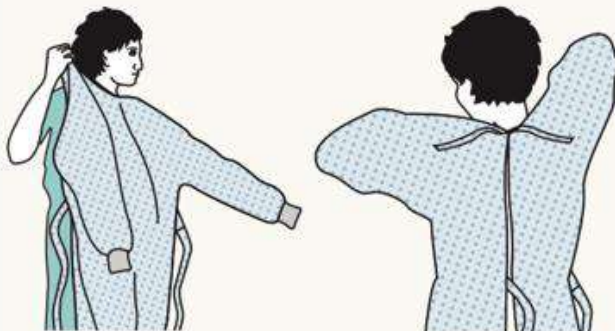
Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Perform hand hygiene before putting on PPE

1

Put on the long-sleeved fluid repellent disposable gown



2

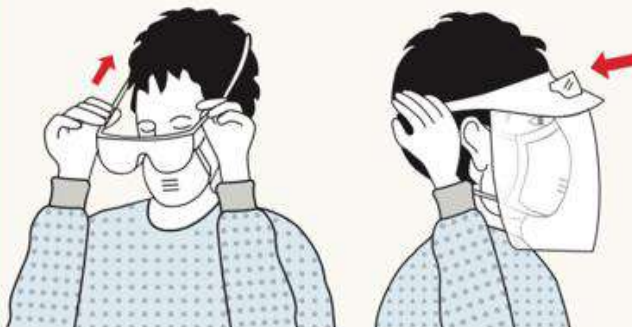
Respirator

Perform a fit check.



3

Eye protection



4

Gloves





Public Health
England

Quick guide – gown version

Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs)

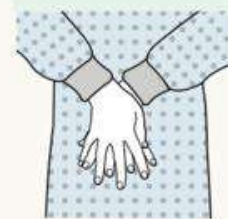
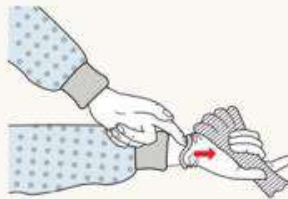
PPE should be removed in an order that minimises the potential for cross contamination.

The order of removal of PPE is as follows:

1

Gloves –

the outsides of the gloves are contaminated



Clean hands with alcohol gel

2

Gown –

the front of the gown and sleeves will be contaminated



3

Eye protection –

the outside will be contaminated



4

Respirator

Clean hands with alcohol hand rub. Do not touch the front of the respirator as it will be contaminated



5

Wash hands with soap and water



Management of Re-usable Gowns



Re-usable gowns to be used for Aerosol Generating Procedures (AGPs) and in high risk areas. Don and doff safely as per guidance for disposable gowns

- Once doffed, place in red alginate bag inside green linen bag.
- **Re-usable GOWNS in Green linen bags only, do not overfill**
- The green outer bag enables laundry to identify gowns and ensure a fast turn-around-time .



DO NOT UNDER ANY CIRCUMSTANCES CUT THUMB HOLES INTO GOWNS.
DO NOT MARK GOWNS WITH WARD/PERSONAL IDENTIFICATION OR USE STICKY LABELS

Infection Prevention Team May 2020 v2

HYWEL DDA UNIVERSITY HEALTH BOARD

21. APPENDIX 10 – SAFE USE OF FLUID REPELLENT SURGICAL MASKS (FRSM)



Safe Use of Fluid Repellent Surgical Masks (FRSM)

Surgical masks are only effective when used in conjunction with other infection prevention measures such as hand hygiene and enhanced cleaning. **If used incorrectly, surgical masks can increase the risk of transmission of infection.**



- Apply mask so it covers the nose and mouth fully and mould the metal strip across your nose to ensure a secure fit
- The front of the mask will become contaminated with infectious respiratory droplets. Once you have put on your mask you **MUST NOT TOUCH THE FRONT OF THE MASK.**



Pulling the mask under your chin or nose will contaminate your face and increase the risk of the virus entering your nose and mouth



Allowing the mask to hang from your ear or undoing the straps so that it falls forwards will contaminate your uniform and chest and increase the risk of transmission

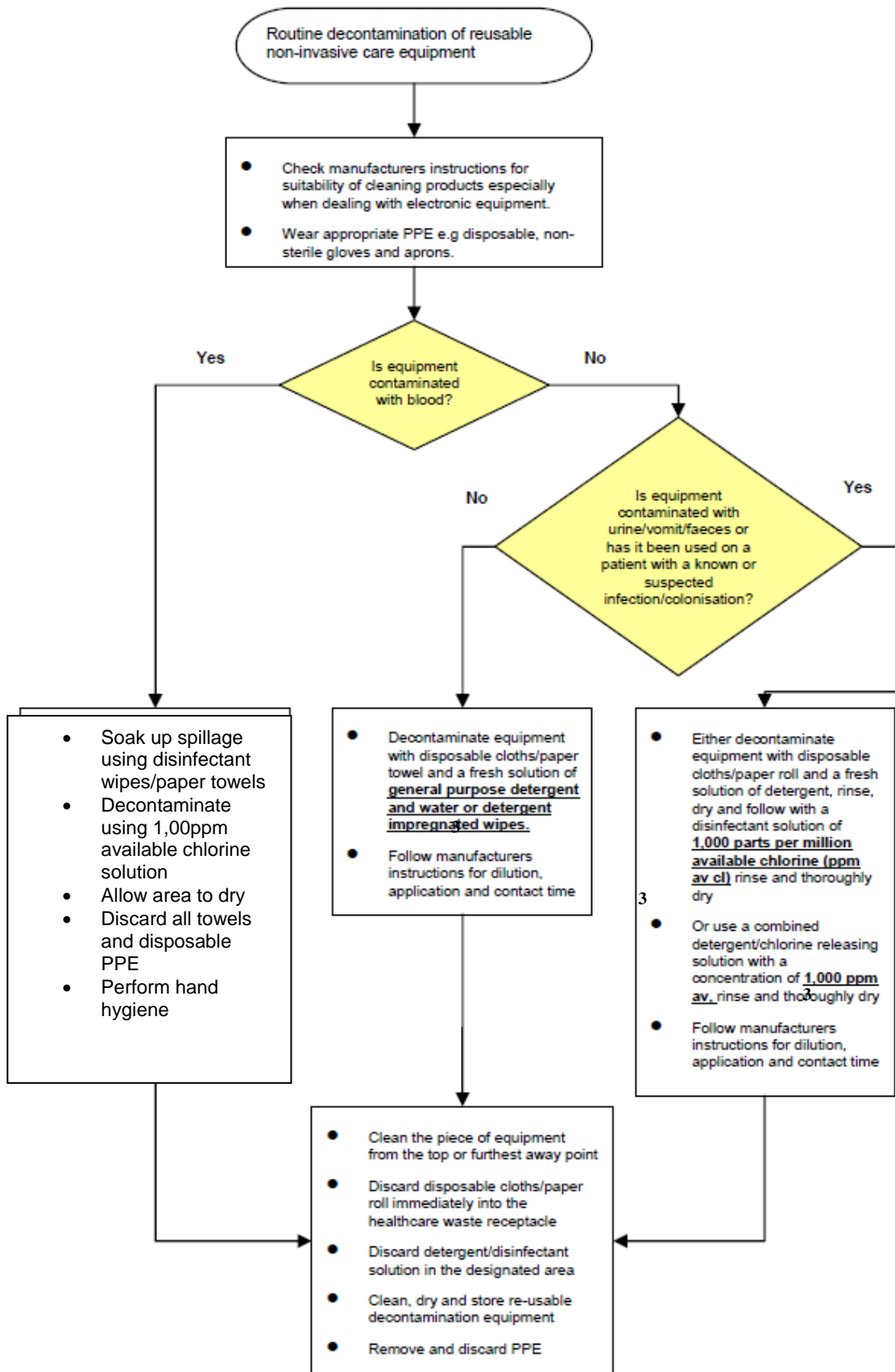


- Wear masks for a session e.g. drug round, ward round, start of shift till break
- Remove mask at end of session, if it is visibly contaminated or if it becomes damp
- **DO NOT TOUCH THE FRONT WHEN REMOVING**
- Remove loops from ears or undo bottom strap first, then top strap and pull away from face

IF YOU TOUCH THE FRONT OF YOUR MASK - WASH OR GEL YOUR HANDS IMMEDIATELY

IF YOU SEE YOUR COLLEAGUES TOUCHING THEIR MASK – ASK THEM TO WASH OR GEL THEIR HANDS ALSO

22.APPENDIX 11: ROUTINE DECONTAMINATION OF REUSABLE NON-INVASIVE PATIENT CARE EQUIPMENT



23. APPENDIX 12 -MANAGEMENT OF BLOOD AND BODY FLUID SPILLAGES



Safe Management of Blood and Body Fluid Spillages in Health and Social Care Settings

(Refer to full policy/procedure for more details)

All those working in Health or Social Care who may be exposed to spillages of blood and body fluids must receive appropriate training to ensure that they are competent to safely manage such incidents.



Spillage of Body Fluid Occurs



Deal with spillages immediately. Make the area safe by displaying a sign. Gather all necessary equipment for dealing with the spillage. Wear appropriate PPE, e.g. gloves, aprons +/- facial protection.



Remove body fluid using disposable cloth/paper towels and place into an orange waste bag.

Wash area where spillage occurred with warm water and detergent, using a new disposable cloth or disinfectant wipes. Allow to dry.

Disinfect area where spillage occurred using a new disposable cloth/paper towels and a 1000 ppm hypochlorite solution (1x1.7g 'Actichlor' tablet to 1 litre of COLD WATER) Or

Contact Hotel Services after removal of body fluids to decontaminate the area with Chlorine Dioxide (Tristel)

NB if large spillage occurs and mop and bucket are used – mop head must be changed where a new cloth is indicated. Bucket must be thoroughly cleaned with detergent and water and disinfected with 1000 pm hypochlorite solution after use.

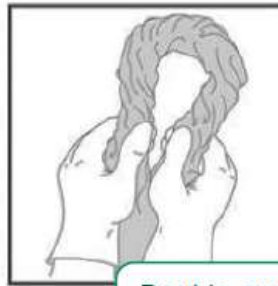
NB When dealing with any equipment or environmental decontamination, please refer to the equipment manufacturers guidance on appropriate mode/use of cleaning products as incorrect methods used may lead to damage of the equipment.

24. APPENDIX 13 – SWAN NECK METHOD FOR WASTE BAGS

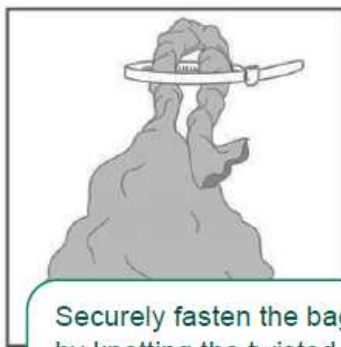
Securing bags by the 'swan-neck' method



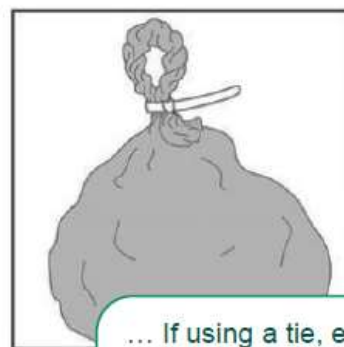
When the bag is filled to the warning line (or two thirds) twist the excess at the top of the bag ...



Double over and hold the twist firmly ...



Securely fasten the bag, either by knotting the twisted neck of the bag or by passing a tie (e.g. cable) over the twisted neck ...



... If using a tie, ensure it is fastened tightly to create an effective seal.

This is the swan-neck method.



Bags should be filled **no more** than two thirds full OR to a maximum weight of 8kg, whichever is reached first.



NO FREE LIQUIDS

Do not use for the disposal of free liquids.



NO SHARPS

Do not use for the disposal of sharps or rigid items likely to puncture the bag.

HYWEL DDA UNIVERSITY HEALTH BOARD

25. APPENDIX 14: MANAGEMENT OF OCCUPATIONAL EXPOSURE INCIDENTS

