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University Health Board

Standard Infection Prevention and Control Precautions (SICPs) Policy

(Adapted for Local use from the All Wales Infection Control Policy 2)

Policy Number:	354	Supersedes:		Standards For Healthcare Services No/s	13
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Version No:	Date Of Review:	Reviewer Name:	Completed Action:	Approved by:	Date Approved:	New Review Date:
1	August 2011	Tracey Nicholas		-CPRG	25.2.14	25.2.17

Brief Summary of Document:	This policy provides guidance to all those involved in care provision and should be adopted for all infection prevention and control practices and procedures.
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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, 236 – Outbreak Management Policy 258 – Waste Management Policy
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Classification:	Clinical	Category:	Policy	Freedom Of Information Status	Open
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Authorised by:	Caroline Oakley	Job Title	Director of Nursing	Signature:	A signed copy of this document is stored with Corporate Services
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HYWEL DDA UNIVERSITY HEALTH BOARD

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Scope	ORGANISATION WIDE	<input checked="" type="checkbox"/>	DIRECTORATE	<input type="checkbox"/>	DEPARTMENT ONLY	<input type="checkbox"/>	COUNTY ONLY	<input type="checkbox"/>

Staff Group	Administrative/ Estates	<input type="checkbox"/>	Allied Health Professionals	<input checked="" type="checkbox"/>	Ancillary	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>
	Medical & Dental	<input checked="" type="checkbox"/>	Nursing	<input checked="" type="checkbox"/>	Scientific & Professional	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

CONSULTATION	Please indicate the name of the individual(s)/group(s) or committee(s) involved in the consultation process and state date agreement obtained.			
	Individual(s)	Infection Prevention and Control Nurses	Date(s)	May 2013
	Group(s)	County Heads of Nursing, Medical Director, Assistant Director of Nursing Practice	Date(s)	June 2013
	Committee(s)	Infection Prevention & Control Committee	Date(s)	June 2013

RATIFYING AUTHORITY (in accordance with the Schedule of Delegation)	KEY		COMMENTS/ POINTS TO NOTE
NAME OF COMMITTEE	A = Approval Required	Date Approval Obtained	
	FR = Final Ratification		
Clinical Policy Review Group	FR	25.2.14	

Date Equality Impact Assessment Undertaken	19 th June 2013	Group completing Equality impact assessment	Jackie Hooper Tracey Nicholas
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Please enter any keywords to be used in the policy search system to enable staff to locate this policy	Hand hygiene, gloves, aprons, body fluids, standard infection prevention and control precautions, waste, linen
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Document Implementation Plan			
How Will This Policy Be Implemented?	Utilising normal policy dissemination routes		
Who Should Use The Document?	All clinical staff		
What (if any) Training/Financial Implications are Associated with this document?	N/A		
What are the Action Plan/Timescales for implementing this policy?	Action	By Whom	By When
	Publish approved policy onto intranet	Policy Coordinator	
	Advertise Published policy via global email	Policy Coordinator	
	Awareness workshops across the Health Board	Infection Prevention and Control Team	
	Promotion via the Infection Prevention and Control Link Personnel System	Infection Prevention and Control Team/Link Personnel	
	Profile in Mandatory Infection Prevention and Control Training		

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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.

These sources of (potential) infection include 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:

1. Patient Placement
2. Hand Hygiene
3. Respiratory Hygiene, cough etiquette
4. Personal Protective Equipment
5. Management of Care Equipment
6. Control of the Environment
7. Safe Management of Linen
8. Management of blood and Body Fluids
9. Safe disposal of Waste
10. Occupational Exposure Management (including sharps injuries)

2. INTRODUCTION

This Policy provides guidance to all those involved in care provision and should be adopted for all infection prevention and control practices and procedures. The policy aims to:

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

The practice recommendations set out are drawn from appraisals of the available professional literature on infection prevention and control, conducted by colleagues at Health Protection Scotland which can be found via the link to the Health Protection Scotland (HPS) web site

<http://www.hps.scot.nhs.uk/haic/ic/standardinfectioncontrolprecautions-sicps.aspx>

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 should be used by the infection prevention and control team, health and social managers, nurses, doctors, or other health and social care providers.

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5. AIM

It is the intent that this Policy will provide a common, consistent approach to infection prevention and control, prevent duplication of effort and therefore reduce time on policy development. They will provide evidenced based guidance where possible.

6. OBJECTIVE

The objective of this Policy is to advise all health care professional within the Health Board of the importance of SICPs and where and when they must be utilised.

7. STANDARD INFECTION PREVENTION AND CONTROL PRECAUTIONS

SICPs covered in this Policy document, are intended for use by all staff, in all care 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 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 should be assessed at the patient's entry to the care area and should be continuously reviewed throughout the stay and this should influence placement decisions in accordance with clinical need.

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;

- expose forearms
- remove all hand/wrist jewellery (a single, plain metal finger ring is permitted but should 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 should be performed:

- before touching a patient
- before clean/aseptic procedures
- after body fluid exposure risk

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- after touching a patient
- after touching a patient's immediate surroundings

Alcohol based hand rubs (ABHRs) should be used for hand hygiene and must be available to staff as near to the point of care as possible.

If hands are visibly dirty or soiled and/or when exposure to spore forming organisms, such as *Clostridium difficile* or a gastro-intestinal infection e.g. Norovirus, is suspected/proven, and all patients with diarrhoea, ABHR should not be used alone and hands must be washed first with liquid soap and water.

For how to wash hands see Appendix 1. For how to hand rub see Appendix 2.

Skin care:

- Emollient hand cream should 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 should 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 3 for Surgical Scrubbing. Follow the technique in Appendix 4 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
- offer 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 should 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 should 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)

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- 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

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

Double gloving is recommended during some Exposure Prone Procedures (EPPs) e.g. orthopaedic and gynaecological operations.

For appropriate glove use and selection see Appendix 5

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

Full body gowns must be:

- 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

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 by all members of the surgical theatre team). Regular corrective spectacles are not adequate eye protection

Fluid repellent surgical face masks 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 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

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
- 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

For the recommended method of putting on and removing PPE see Appendix 6

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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.
- 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 353 - Transmission Based Precautions Policy).

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 should 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 7.

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
- clean and routinely cleaned in accordance with the National Cleaning Standards for Wales

A fresh solution of general purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty, at 15 minutes intervals or when changing tasks.

Routine disinfection of the environment is not required routinely. However Sodium dichloroisocyanurate (NaDCC) 1,000ppm free available chlorine or chlorine dioxide (Tristel)

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are used as locally agreed disinfectants (see Appendix 8) when required or as authorised by the Infection Prevention and Control Team.

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

7.7. Safe Management of Linen

Clean linen should 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 receptacle 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 water-soluble/alginate bag and secure; then place into a red coloured linen bag and secure before placing in a laundry receptacle
- if the item(s) is grossly soiled and unlikely to be fit for reuse following laundering then dispose of in a orange clinical waste bag.

Store all used/infectious linen in a designated, safe, lockable area whilst awaiting uplift.

Uplift schedules from used/infectious linen areas must be acceptable to the care area and there should be no build up of linen receptacles.

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 trained to undertake this safely. Responsibilities for the cleaning of blood and body fluid spillages should be clear within each area/care setting.

For management of blood and body fluid spillages see Appendix 9.

7.9. Safe Disposal of Waste

“Health Technical Memorandum 07-01: Safe management of healthcare waste” contains the regulatory waste management guidance for the NHS in Wales including waste classification, segregation, storage, packaging, transport, treatment and disposal.

A summary of the waste streams is detailed in Table 1. Refer to the Waste Management Policy for more information.

Waste Stream	Colour Coding	Category	Examples	Disposal
Recycling	Clear	Non Hazardous Non Infectious	Paper, card, cans plastic bottles	Recycled
Domestic Waste	Black	Non Hazardous Non Infectious	Paper towels, packaging	Landfill
Hygiene Waste	Tiger Stripe – Yellow & Black	Healthcare Non Hazardous Non Infectious	Continence waste, gloves	Deep Landfill
Clinical Waste (Bagged)	Orange	Healthcare Hazardous	Soiled dressings, blood	Heat Treated

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		Infectious*		
Clinical Waste (Rigid Containers)	Yellow Blue Purple Red	Healthcare Hazardous Infectious	Sharps, pharmaceuticals, anatomical	Incineration

* subject to risk assessment

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'
- into approved sharps waste box 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 uplift 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 should take to prevent exposures and when occupational exposure incident takes place.

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
- adopting the use of needle safe devices following local risk assessment
- 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 from splashing of blood or other high risk body fluids

For the management of an occupational exposure incidents see Appendix 10 and 187 - Exposure Management including Sharps Injuries.

8. ROLES / RESPONSIBILITIES / FUNCTIONS

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

8.1. Chief Executive

The Chief Executive has ultimate responsibility for infection prevention and control within Hywel Dda Health Board. This responsibility is delegated to the Director of Nursing and Midwifery.

8.2. Executive Director and Senior Managers

The Director of Nursing and Midwifery has delegated responsibility for infection prevention and control in the Health Board and along with senior managers must be familiar with the SICPs policy and support the implementation of the policy throughout the organisation.

8.3. County Management Team

The County Management Team is responsible for receiving reports and monitoring compliance with SICPs. Identify areas of non-compliance and initiate appropriate action.

8.4. Senior Nurse - Infection Prevention and Control

Operational responsibility for infection prevention and control within the Health Board lies with the Senior Nurse Infection Prevention & Control who is responsible for supporting the County IP&CTs in implementing the SICPs policy and monitoring of compliance. The Senior Nurse of IP&C is responsible for ensuring mandatory training includes education on SICPs.

8.5. County Infection Prevention & Control Team

The County IP&CT will promote implementation of SICPs in clinical practice and will conduct regular compliance audits for feedback to wards/departments and County management teams.

8.6. Ward / Unit Managers / Department Leads

Ensure all staff are familiar with the SICPs policy and ensure the policy is complied with. They are also responsible for conducting regular quality audits e.g. hand hygiene audits, and equipment cleaning audits ensuring that areas of non-compliance are feedback to clinical teams and actions addressed.

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.

8.7. All Healthcare Staff

All health care workers are required to be familiar with the SICPs policy and comply with its contents and are responsible for informing the IP&CT and their manager immediately of any concerns related to poor compliance.

9. TRAINING

Infection Prevention and Control Training is mandatory every 3 years and contents of this policy are included in this training. Infection Prevention and Control staff perform this training and records are kept; however, it is the health care Managers who are responsible to ensure ALL staff attend this training at the required time.

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 and Control Committee shall be responsible for monitoring that this Policy and that appropriate actions are being taken to maintain patient safety.

11. FURTHER INFORMATION

This policy/procedure 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

12. REVIEW

This Policy will be reviewed after 3 years, or sooner, as required.

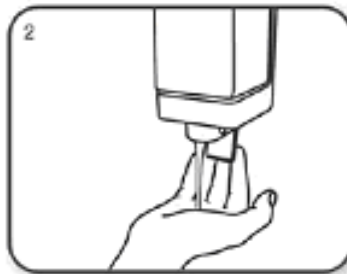
13. APPENDIX 1: HOW TO HAND WASH STEP BY STEP IMAGES

Steps 3 – 8 should take at least 15 seconds

Source: World Health Organisation



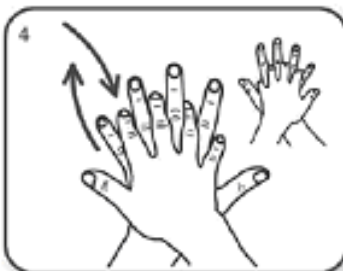
Wet hands with water



Apply enough soap to cover all hand surfaces



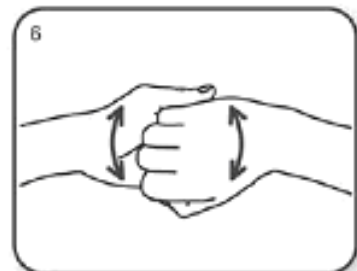
Rub hands palm to palm



Right palm over the back of the other hand with interlaced fingers and vice versa



Palm to palm with fingers interlaced



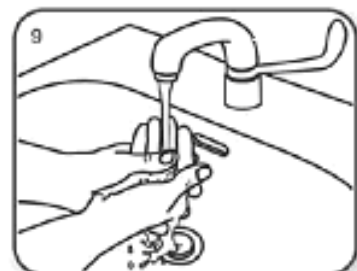
Backs of fingers to opposing palms with fingers interlocked



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



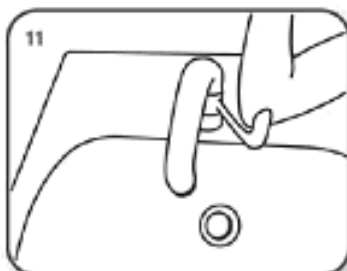
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



Rinse hands with water



Dry thoroughly with towel



Use elbow to turn off tap or turn off using the towel



Steps 3 - 8 should take at least 15 seconds

...and your hands are safe



Adapted from the World Health Organization

How to handrub?

Steps 2 – 7 should take at least 15 seconds



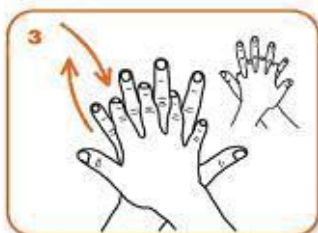
Duration of the entire procedure: **20-30 sec.**



Apply a palmful of the product in a cupped hand and cover all surfaces.



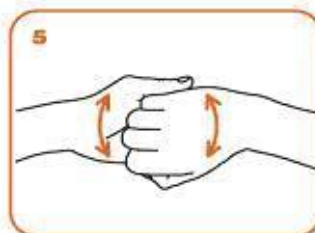
Rub hands palm to palm



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



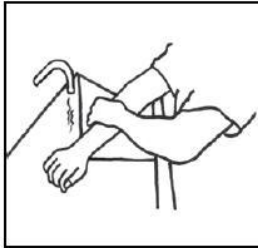
...once dry, your hands are safe.



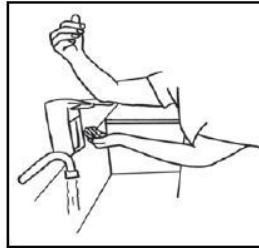
Adapted from the World Health Organization

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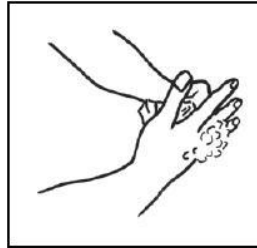
15. APPENDIX 3: SURGICAL SCRUBBING: SURGICAL HAND PREPARATION TECHNIQUE USING ANTIMICROBIAL SOAP - STEP BY STEP IMAGES



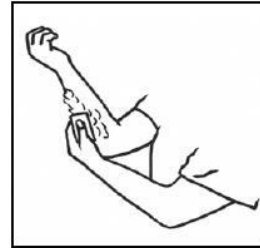
1. Wet hand and forearms.



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.



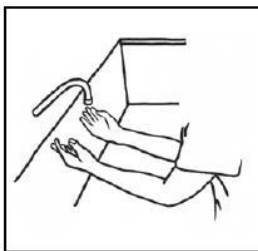
3. Doing the right hand first, scrub each side of each finger, between the fingers and the back and front of the right hand for 2 minutes.



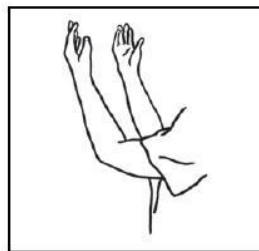
4. Put another 1 dose (5mls) of antimicrobial liquid soap onto the palm of your left hand using the elbow of your other arm to operate the dispenser. Use this to scrub the right arm, keeping the hand higher than the arm at all times to prevent recontamination of the hands by water.

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

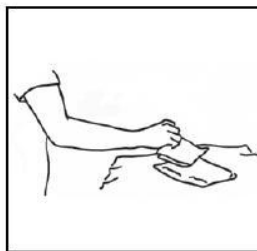
If the hand touches anything at any time, the scrub must be lengthened by 1 minute for the area that has been contaminated.



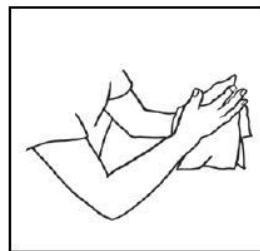
6. Rinse hands and arms by passing them through the water in one direction only, from fingertips to elbow. Do not move the arm back and forth through the water.



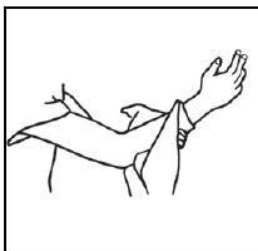
7. Hold hands above elbows.



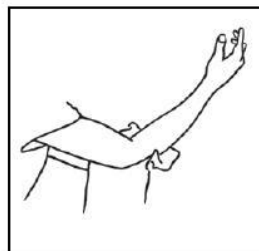
8. Hands and arms should be dried using a sterile disposable towel and aseptic technique before donning sterile gown and gloves.



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.

16. APPENDIX 4: SURGICAL RUBBING: SURGICAL HAND PREPARATION TECHNIQUE USING ALCOHOL BASED HAND RUB (ABHR) - STEP BY STEP

- The handrubbing technique for surgical hand preparation must be performed on clean, dry hands.
- On arrival in the operating theatre and after having donned theatre clothing (cap/hat/bonnet and mask), hands must be washed with soap and water.
- After the operation when removing gloves, hands must be rubbed with an alcohol-based formulation or washed with soap and water if any residual talc or biological fluids are present (e.g the glove is punctured).
- Surgical procedures may be carried out one after the other without the need for handwashing, provided that the handrubbing technique for surgical hand preparation is followed (Images 1 to 14)

1.



Put approximately 5ml (3 doses) of alcohol-based handrub 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).

3.



3. 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). Repeat for opposite hand and arm.

4.



5.



6.



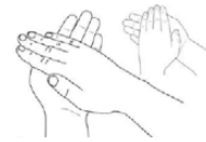
7.



8.



9.



Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the distributor. Rub both hands in the same time up to the wrists, and ensure that all the steps presented in images 9 – 14 are followed. Repeat for opposite hand and arm.

Cover the whole surface of the hands up to the wrist with alcohol-based hand rub, rubbing palm against palm with a rotating movement.

10.



11.



12.



Rub the back of the hands up to the wrist with alcohol-based handrub, rubbing palm against palm with a rotating movement.

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

Rub palm against palm back and forth with fingers interlinked.

13.



14.

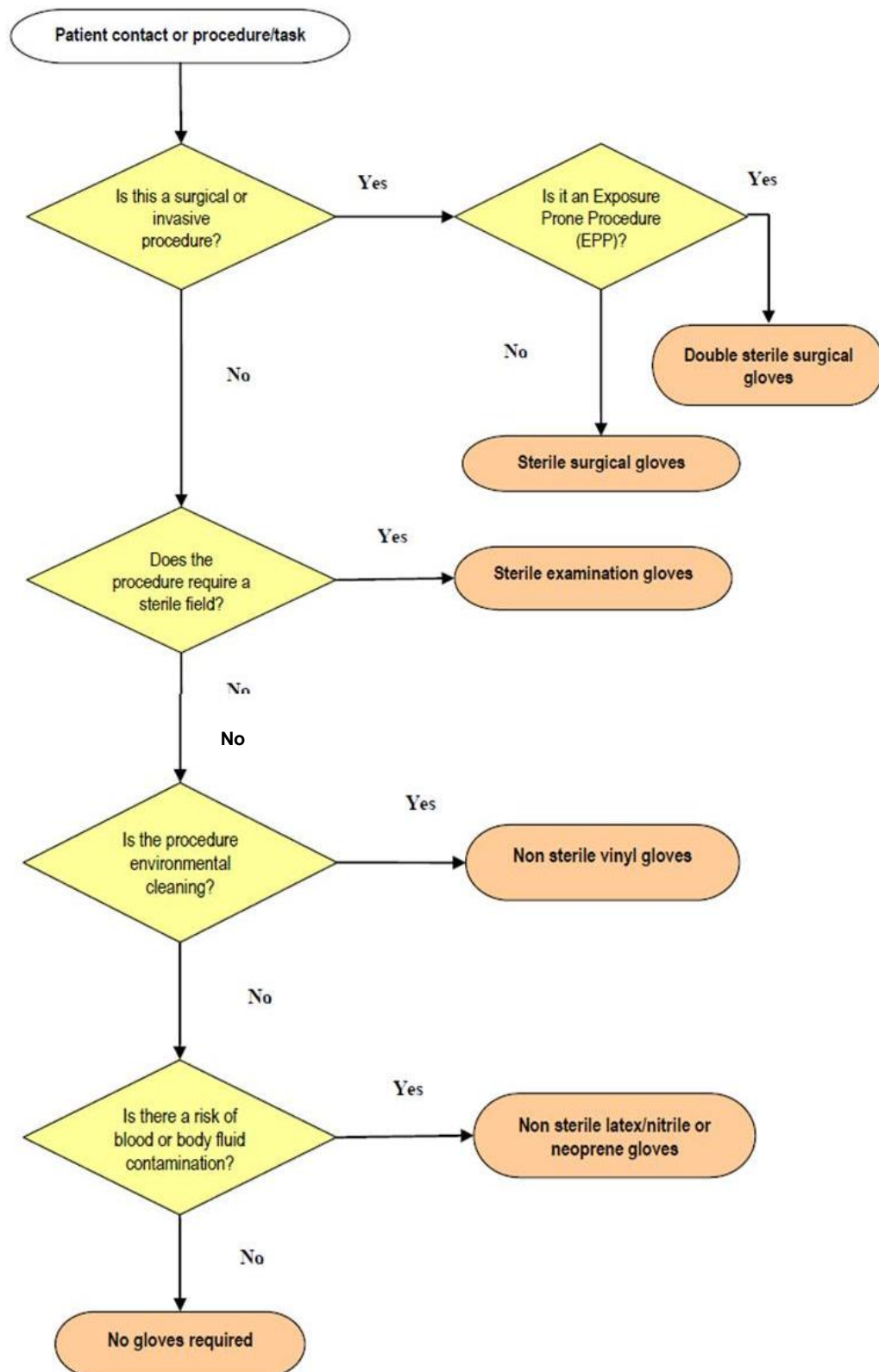


Rub the thumb of the left hand by rotating it in the clasped palm of the right hand and vice versa.

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

Adapted from World Health Organization

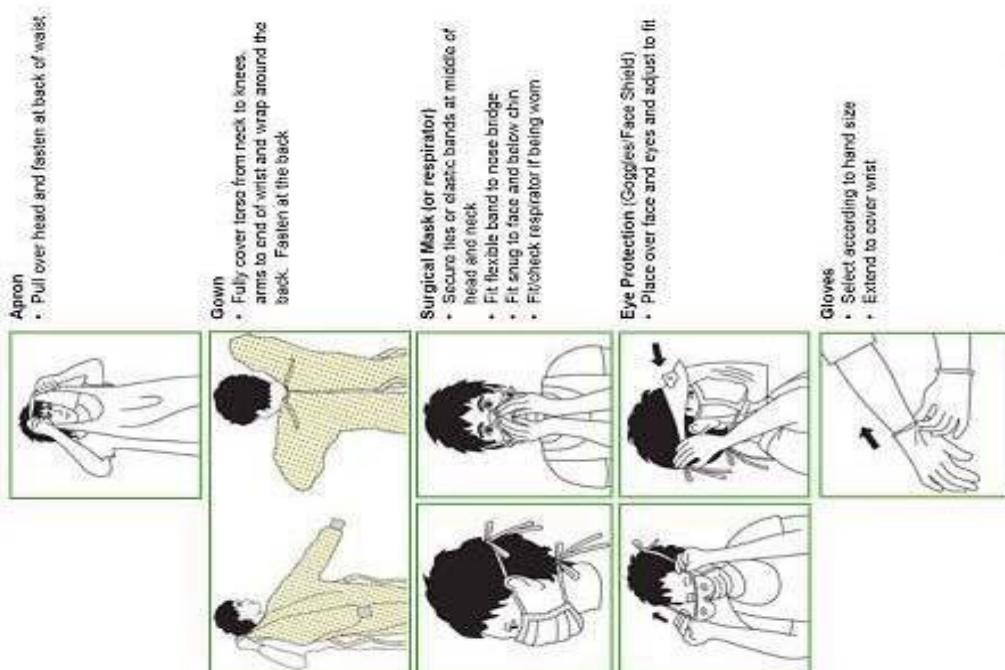
17. APPENDIX 5: GLOVE USE AND SELECTION



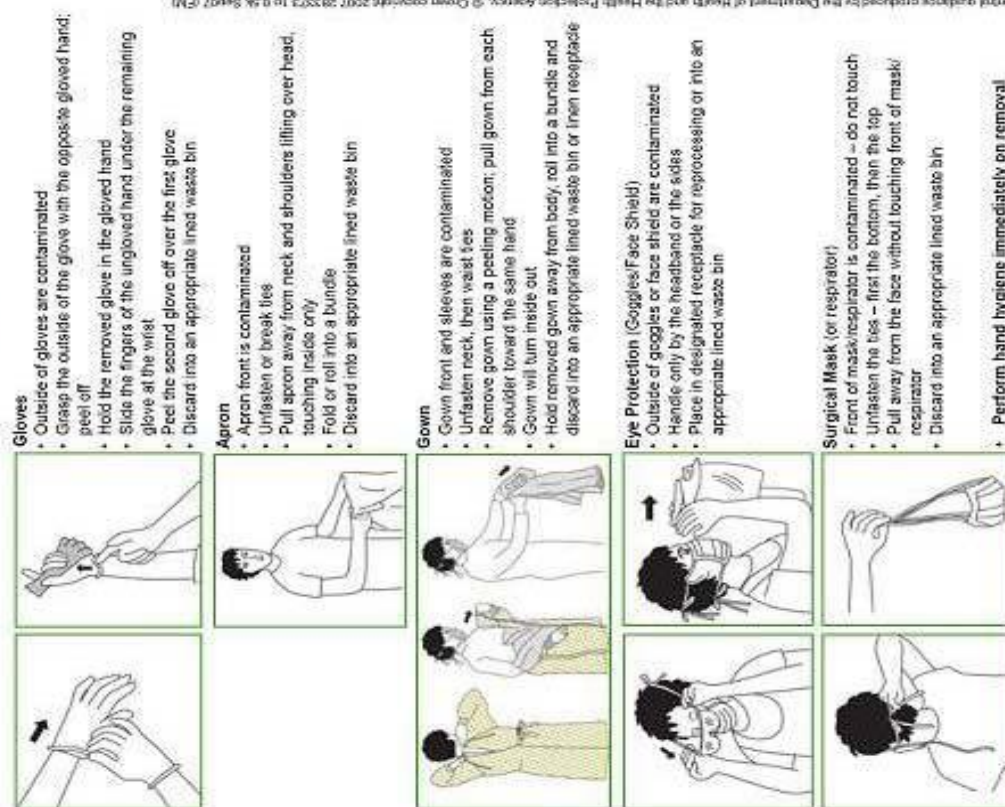
The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required. The order for putting on PPE is Apron or Gown, Surgical Mask, Eye Protection (where required) and Gloves.

1. Putting on Personal Protective Equipment (PPE)

- Perform hand hygiene before putting on PPE



2. Removing Personal Protective Equipment (PPE)



Use safe work practices to protect yourself and limit the spread of infection

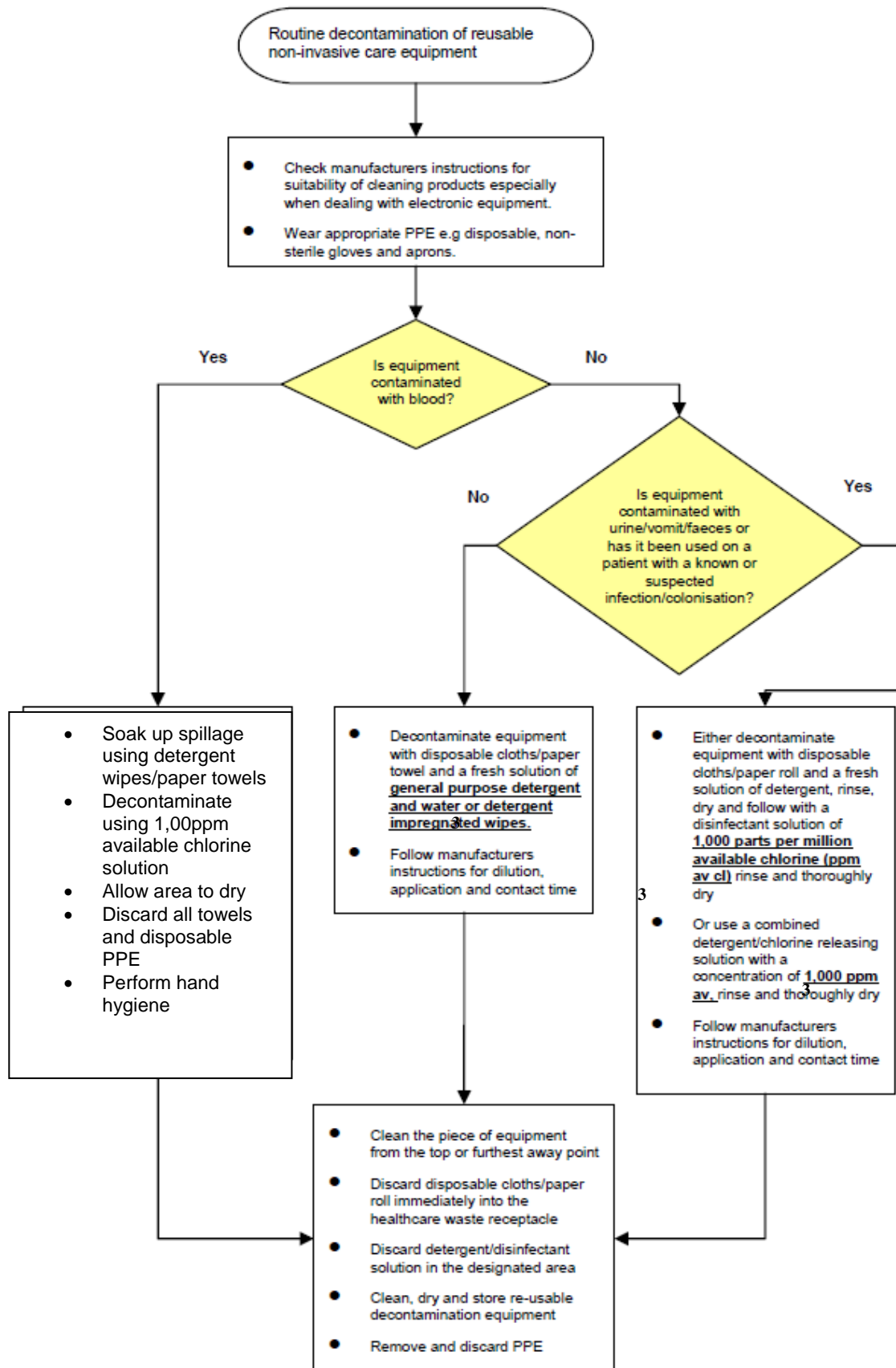
- Keep hands away from face and PPE being worn
- Change gloves when torn or heavily contaminated
- Regularly perform hand hygiene

NE Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.

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19. APPENDIX 7: ROUTINE DECONTAMINATION OF REUSABLE NON-INVASIVE PATIENT CARE EQUIPMENT



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20. APPENDIX 8 - LOCALLY AGREED VARIATIONS

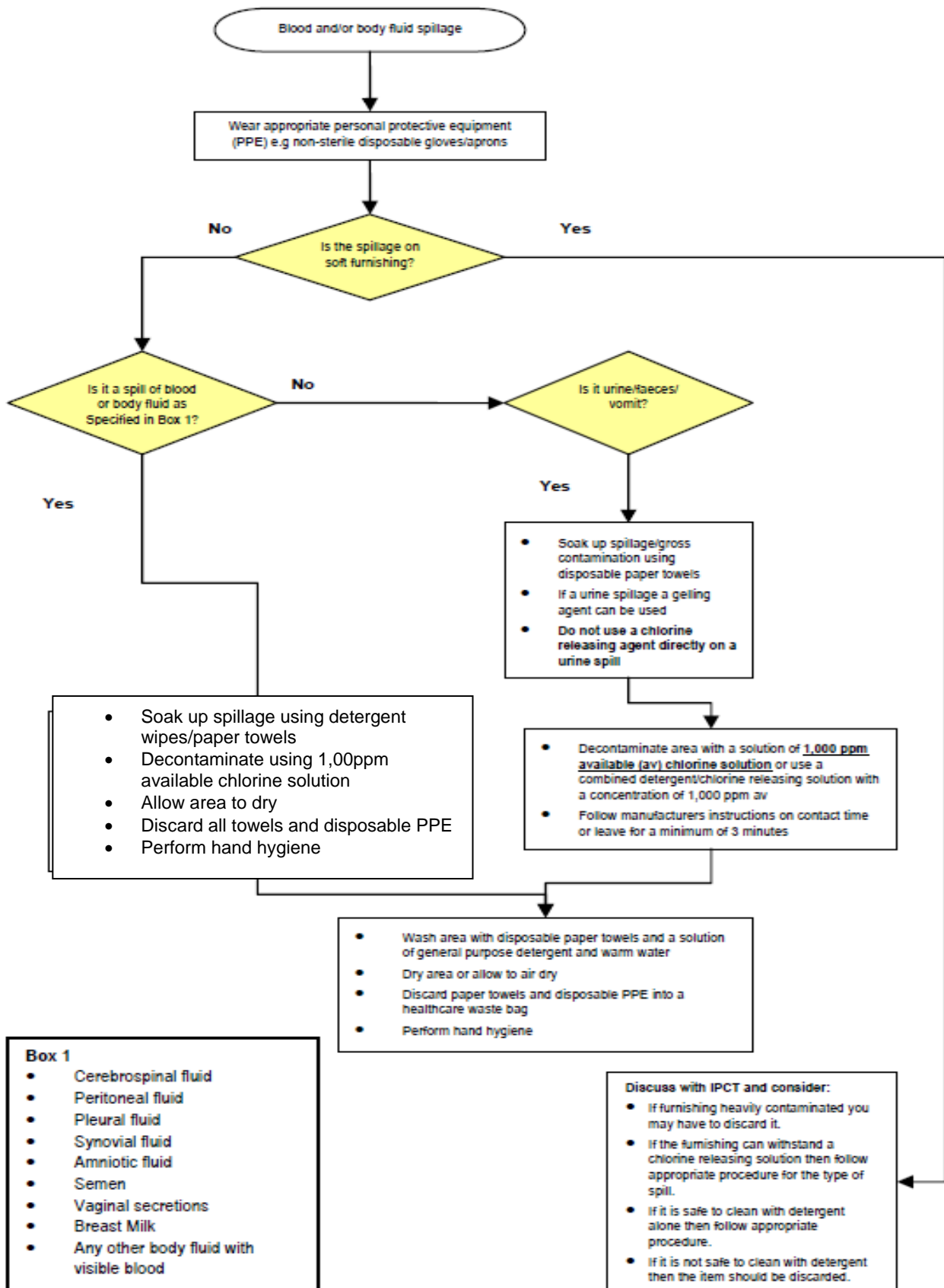
Name of Organisation: Hywel Dda Health Board_____

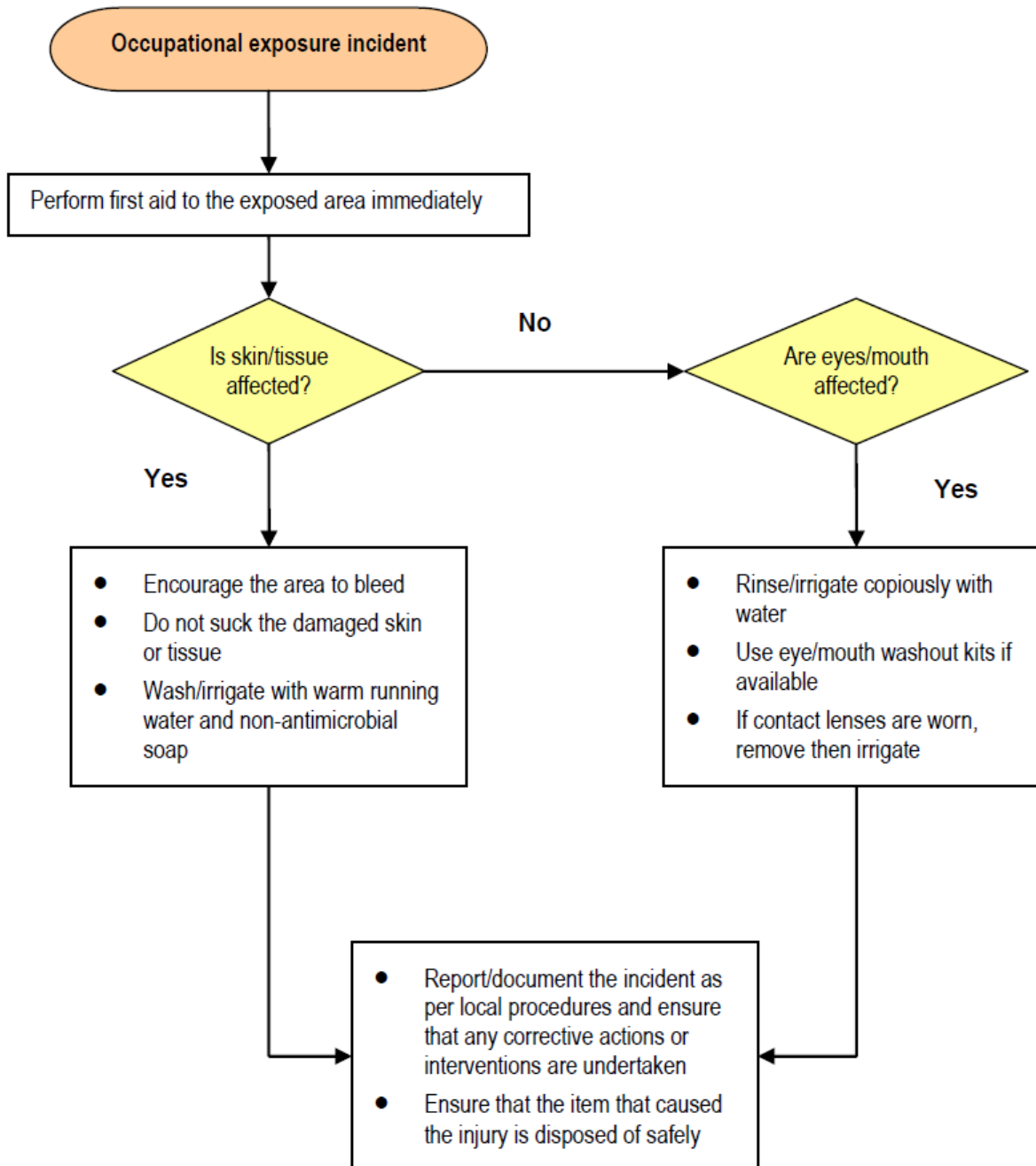
Note: all variations to the national model policy must be agreed and approved by the Infection Prevention and Control Committee or organisational equivalent.

Choice of environmental disinfectants

If the organisation has agreed an alternative to a disinfectant or combined detergent/disinfectant product to the standard 1000 ppm available chlorine this should be documented here:

Name of agreed disinfectant	Tristel and Sodium dichloroisocyanurate (NaDCC)
Date of agreement to use	2011
Date of review	Yearly







STANDARD INFECTION PREVENTION & CONTROL PRECAUTIONS

Standard infection prevention and control precautions (SIPC'S) relate to ten basic elements of infection prevention & control precautions. SIPC's are necessary to reduce the risk of transmission of a wide range of micro-organisms from recognised and unrecognised sources of infection e.g. MRSA, clostridium difficile, blood borne viruses, influenza and Norovirus.

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, influenza, resistant bacteria. 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 should 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 should 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 (PPE)

• 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 should be discarded at the end of each procedure.

• APRONS

Disposable plastic aprons should 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. If splashed with blood or body fluids into conjunctiva / mucous membrane, follow Exposure Management Injury Policy 187. Masks will be indicated for protection against some respiratory infections and used for aerosol generating procedures.

• 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.

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. SAFE 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 FLUID SPILLAGE

- Wear gloves and apron.
- Remove body fluid using disposable cloths and place in clinical waste bag.
- Using new disposable cloths wash area thoroughly with detergent wipes. Place wipes into appropriate clinical waste bag.
- Make up a 1000ppm hypochlorite solution (1x1.7g actichlor tablet in 1 litre cold water). Using disposable cloths wipe over area with hypochlorite solution. **NB.** This solution should be rinsed off metal after 5 mins. 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 MANAGEMENT (including Sharps Safety)

- **DO NOT** re-sheath needles.
- Sharps bins should not be filled more than ¾ full.
- Take sharps bin and tray to point of use

NEEDLESTICK INJURY

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



For contamination of facial mucous membranes / wound, please irrigate face / wound with water / saline then follow points 3&4 above.

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24. APPENDIX 12: LOCAL CONTACTS FOR INFECTION PREVENTION AND CONTROL

Bronglais General Hospital

Bleep – 01970 623131 bleep 140

Infection Prevention & Control Nurse

Office – 01970 635556

Mental Health and Learning Disabilities (MHL D)

Infection Prevention & Control Nurse MHL D

Office – 01267 239830 Mobile - 07876590672

West Wales General Hospital:

Bleep – 01267 235151 bleep 100 or 739

Lead Nurse Infection Prevention & Control

Office – 01267 227422 Mobile – 07976039108

Infection Prevention & Control Nurse

Office – 01267 227422

Withybush General Hospital:

Bleep – 01437 764545 bleep 2112

Consultant Microbiologist

Office - 01437 773240 (via hospital switchboard out of hours – 01437 764545)

Infection Prevention & Control Nurse

Office - 01437 773213 Mobile - 07899915836