NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

Standard Infection Control Precaution Policy

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Document Amendment History

Version No.	Date	Brief Description
1.0	2014	New Policy
2.0	29/11/17	Policy review & update to reflect changes in Occupational Health Provider and Mandatory Training System
3.0	01/2021	Policy review & addition of Covid-19 Respiratory Protective Equipment Additional Guidance & Respiratory and Cough Hygiene. Inclusion of reference to CCG Uniform & Dress Code Policy

The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin CCG website:

www.shropshiretelfordandwrekinccg.nhs.uk

Printed copies or those saved electronically must be checked to ensure they match the current online version.

Contents

1 Introduction

NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (TWCCG), hereafter known as STW CCG, is responsible for ensuring that appropriate systems and processes are in place within the organisation to protect staff, minimise the risk of infection and reduce the risk of cross infection.

This policy exists to help protect CCG staff, the public and other stakeholders from the risks of infection and for the CCGs to comply with national guidance and legislation including Health and Safety at Work Act 1974 and the Control of Substances Hazardous to Health Regulations 2002.

It is recognised this policy will be relevant to some CCG staff more than others i.e. clinical staff visiting providers of health and social care.

2 Purpose

This policy applies to all CCG employees irrespective of age, sex, gender reassignment, sexual orientation, race, religion or belief, disability, marriage and civil partnership or pregnancy and maternity, provided that the matter at issue is within the control of the organisation.

This policy applies to CCG 'bank' employees and those employed on temporary, honorary and fixed term contracts.

Individuals employed by agencies and other contractors will be expected to adhere to the standards contained in this policy when undertaking work for the CCG.

3 Responsibilities

The Governing Body has a responsibility to oversee the implementation of this policy and to ensure that managers take action to meet the organisation's obligations to minimise the risks of infections and comply with national guidance and legislation.

3.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control (IPC) is a core part of the CCG governance and patient safety programmes. Responsibility for infection prevention and control is embedded at all levels of the organisation, led by the Chief Executive delegated through the Executive Director of Nursing and Quality.

3.2 Executive Directors, Community Health Services Managing Director and Deputy Directors

Are accountable in their areas of responsibility for performance management and providing assurance that actions identified are addressed

3.3 Specialist Staff

The Infection Prevention and Control Team are responsible for the provision of advice and/or support to managers and employees in relation to the application of this policy.

3.4 Line Managers

Managers have a responsibility to follow this policy and to act on issues of poor conduct in an appropriate and timely manner, as well as assist and support employees to meet the required standards of conduct.

3.5 All Staff

Employees have a responsibility to familiarise themselves and act in accordance with this policy.

3.6 The Board

The board has responsibility for ensuring there are effective arrangements for Infection Prevention and Control within the CCG.

3.7 Committees and Groups

Quality and Performance Committee have a responsibility to approve this policy.

4 Standard Infection Control Precautions

Standard infection control precautions (SICPs) underpin safe practice, offering protection to both staff and patients from healthcare related infections.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. 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 could have become contaminated.

To protect effectively against infection risks, SICPs must be used consistently by all staff. SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to patient, staff and visitor safety.

There are 10 elements of SICPs:

- Patient placement/assessment for infection risk
- Hand hygiene
- Respiratory and cough hygiene
- Personal protective equipment (PPE)
- Safe management of care equipment
- Safe management of the care environment
- Safe management of linen

- Safe management of blood and body fluids
- Safe disposal of waste (including sharps)
- Occupational safety/managing prevention of exposure (including sharps).

This SICPs policy focuses on hand hygiene & PPE.

4.1 Hand Hygiene

Hand hygiene is considered an important practice in reducing the transmission of infectious agents.

Hand decontamination is a simple and effective way in which staff can prevent the transmission of infection and protect themselves.

4.2 Micro-organisms Found on the Skin

Resident (Normal) Flora - forms part of the body's normal defence mechanisms and protects the skin from invasion by more harmful micro-organisms. They rarely cause disease and are of minor significance in routine clinical situations.

Transient Flora - acquired by touch e.g. touching patients, from the environment, equipment, laundry, etc. They are located superficially on the skin, readily transmitted to the next thing touched, and are responsible for the majority of healthcare associated infections. They are easily removed by hand decontamination.

4.3 Hand Care

In order to achieve effective hand hygiene, it is important to look after the skin and fingernails. Damaged or dry skin leads to loss of smooth skin surface, and increases the risk of skin colonisation with resistant organisms such as Meticillin Resistant Staphylococcus aureus (MRSA). Continuing damage to the skin may result in cracking and weeping, exposing staff to increased infection risk, which can lead to sickness absence.

Clinical staff with acute or chronic skin lesions/conditions/reactions must seek advice from Team Prevent.

Cover cuts and abrasions with water-impermeable dressing.

Skin damage and dryness often results from frequent use of harsh soap products, application of soap to dry hands, or inadequate rinsing of soap from the hands. It is therefore essential that staff always wet hands before applying liquid soap and rinse and dry hands thoroughly.

Regular use of hand cream may help to prevent skin damage. Communal pots of hand cream are not recommended due to the potential for contamination of the hand cream.

Natural, artificial nails and nail extensions all harbour micro-organisms. Staff visiting clinical areas must keep fingernails short clean and free from nail varnish and art, not wear artificial nails or nail extensions.

Rings, wristbands and other jewellery worn on the hands and wrists harbour micro-organisms and prevent thorough hand procedures. Staff visiting clinical areas must remove wrist watches, wrist and fitness bands, bracelets and rings (except one plain banded ring).

4.4 When to Perform Hand Hygiene

Both the decision to decontaminate hands and what type of cleaning agent to be used should be based on a risk assessment. This must include the likelihood that micro-organisms have been acquired or may be transmitted, whether the hands are visibly soiled, and what activity is about to take place.

All staff must decontaminate their hands:

- Before preparing or eating food
- After using the toilet

All staff visiting clinical areas of providers of health and social care must decontaminate their hands:

- Before touching a patient
- Before clean or aseptic procedures
- After body fluid exposure risk
- After touching a patient
- After touching a patient's immediate surroundings
- After handling contaminated laundry and waste and
- Before putting on and after removing gloves

4.5 Choice of Cleansing Agent

Liquid Soap

Washing the hands with plain liquid soap and water is adequate for most routine activities. Hand washing with soap lifts transient micro-organisms from the surface of the skin and allows them to be rinsed off.

Alcohol Hand Rub/Gels (with emollients)

These may be used in place of soap and water if hands are visibly clean. They are especially useful if hand washing and drying facilities are inadequate, or where there is a need for rapid or frequent hand washing. These agents have disinfectant activity, and destroy transient micro-organisms.

Alcohol hand rubs are recommended products for ensuring effective hand hygiene except when:

- Hands are visibly soiled
- There is evidence of diarrhoeal illness including Norovirus and *Clostridium difficile*

- After removing disposable gloves
- There is direct hand contact with any body fluids i.e. failure to don gloves or gloves punctured

In these instances, hands should always be washed with liquid soap and water.

4.6 Performing Hand Hygiene

Routine Hand Washing

Use liquid soap and water, and follow this procedure:

- Wet hands under running water
- Dispense one dose of liquid soap into a cupped hand
- Wash hands vigorously – cover all surfaces as per hand hygiene technique
- Rinse hands thoroughly under running water
- Turn off taps using elbows (or paper towel if taps are not elbow-operated)
- Dry hands with disposable paper towels

Appendix 1: Hand Washing Technique

Alcohol Hand Rub/Gels (with emollients)

- Dispense required amount of product onto visibly clean, dry hands
- Ensure enough product is dispensed to cover surfaces of hands as per hand hygiene technique
- Rub vigorously until dry

Appendix 2: Alcohol Hand rub Technique

4.7 Hand Drying

Effective drying of hands after washing is important because wet surfaces transfer micro-organisms more effectively than dry ones and inadequately dried hands are prone to skin damage.

Disposable paper towels are the preferred option for use in communal settings. These should be conveniently placed in relation to hand washing facilities in a wall-mounted dispenser. Foot operated bins should be used to dispose of paper towels to reduce the risk of re-contamination of hands.

4.8 Personal Protective Equipment

The choice of personal protective equipment (PPE) selected depends on the anticipated risk of exposure to blood and body fluid during the particular activity.

All PPE should be:

- Single use unless specified by the manufacturer or as agreed for extended/sessional use including surgical facemasks
- Changed immediately after each patient and/or after completing a procedure or task
- Disposed into the correct waste stream depending on setting
- Discarded if damaged or contaminated
- Donned (put on) in the correct order and safely doffed (removed) to avoid self-contamination. **Appendix 3: Donning & Doffing Standard Personal Protective Equipment**
- Decontaminated after each use following manufactures guidance if reusable PPE is used, such as non-disposable goggles/face shields/visor

Disposable Gloves

Gloves are not a substitute for hand washing. Hands should be decontaminated before donning gloves and washed with soap and water and dried after removal, as they may be punctured, and because hands are easily contaminated as the gloves removed.

Single use gloves should be worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely.

Single use gloves must be changed immediately after each patient and/or after completing a procedure/task even on the same patient.

Single use gloves must never be decontaminated with alcohol hand rub or soap between use.

Choice of Glove

Appendix 3: Glove Selection Flowchart.

The CCG has a duty of care to minimise the risk of staff or patients developing a latex allergy and to manage staff and patients who have a latex allergy. Staff with a known or suspected latex allergy must not use latex gloves and latex gloves must not be used if the patient has or is suspected of having a latex allergy.

Disposable Plastic Aprons

Single use plastic aprons should be worn when contamination of clothing with blood and body fluids is anticipated and changed between patients and/or after completing a procedure or task.

Since the front of the body is the part most frequently contaminated by body fluid, disposable plastic aprons provide adequate protection in most circumstances.

Eye and Facial Protection

Surgical Face Masks

Should be worn if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated/likely.

Should be worn to protect patients from the operator as a source of infection when performing surgical procedures or epidurals or inserting a central vascular catheter.

Should be removed or changed at the end of a procedure/task.

Should be replaced if the mask's integrity is breached e.g. it becomes damaged, visibly soiled, damp, or uncomfortable to use.

Goggles & Face Visors

A face visor or goggles should be worn for any activity where there is a risk of body fluid splashing the face or eyes.

Should be removed or changed in accordance with manufacturer's instructions, if vision is compromised through contamination with blood or body fluids, if the integrity of the equipment is compromised, at the end of a clinical procedure/task and/or prior to leaving the dedicated clinical area.

Regular corrective spectacles are not considered eye protection.

SARS-CoV-2 (Covid-19) - Respiratory Protective Equipment Additional Guidance

All clinical and non-clinical staff working in healthcare settings must wear a surgical face mask when not otherwise required to wear PPE for the provision of clinical care (including staff only areas).

Staff working alone in a single person office do not need to wear a surgical face mask, but will be required to wear one when leaving the private work area to move through the healthcare building, e.g. for meal breaks and arriving/leaving.

Staff working in multi-occupancy offices should wear surgical face masks unless the area has clearly been demonstrated to be Covid secure, e.g. 2 metres distancing, frequent environmental surface cleaning, one way movement, adequately ventilated, etc.

Surgical face masks can be used continuously in any healthcare facility. They should be replaced if the mask's integrity is breached e.g. it becomes damaged, visibly soiled, damp, or uncomfortable to use.

In clinical areas a new mask is required when you re-start your duties after a break.

Face coverings are not classified as PPE. Staff should follow national guidance outside of work on the use of face coverings in public areas.

The latest Covid-19 guidance can be found at:

https://www.gov.uk/coronavirus

https://www.gov.uk/government/collections/wuhan-novel-coronavirus

4.9 Respiratory and Cough Hygiene

Respiratory and cough hygiene is designed to minimise the risk of cross-transmission of respiratory illness (pathogens):

- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose. If you do not have a tissue, cough or sneeze into the crook of your elbow, not into your hand
- Dispose of all used tissues promptly into a waste bin
- 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
- Where there is no running water available or hand hygiene facilities are lacking, staff may use hand wipes followed by alcohol hand rub/gel and should wash their hands at the first available opportunity
- Keep contaminated hands away from the eyes, nose and mouth
- Staff should promote respiratory and cough hygiene helping those (e.g. elderly, children) who need assistance with this e.g. providing patients with tissues, plastic bags for used tissues and hand hygiene facilities as necessary

4.10 Immunisation of Staff

All CCG staff are offered vaccination against seasonal flu free of charge.

All clinical staff should be immunised against hepatitis B. The hepatitis B status of all clinical and other relevant staff is checked as part of the recruitment process. Where the member of staff is not already immunised, immunisation is offered and is provided free of charge.

A record of the vaccination status and hepatitis B status of all relevant staff including dates of boosters due is held by Team Prevent.

4.11 Staff Visiting Clinical Areas of Providers of Health and Social Care

All staff issued with a uniform should refer to the CCG Uniform/Dress Code Policy.

Staff visiting clinical areas must adopt ‘bare below the elbows’ and wear short sleeves or sleeves that can be rolled up to the elbows.

Staff visiting clinical areas must not wear artificial nails or nail extensions wrist watches, wrist and fitness bands, bracelets and rings (except one plain banded ring). Fingernails must be short and clean. Staff must not wear necklaces. One pair of plain stud type earrings are permitted.

Neckties, long hair and ID badges on lanyards are potential sources of cross infection and all staff must tie them back, tuck them in or remove them during visits.

4.12 Infectious Diseases

If a provider of health and social care is experiencing an outbreak of diarrhoea or vomiting as a result of norovirus, influenza or Covid-19, CCG staff should refrain from visiting unless the visit is essential or the area affected can be avoided. On the occasions when staff are required to visit the SIPCs detailed in this policy must be adopted.

Any member of staff who has diarrhoea or vomiting should refrain from work until clear of symptoms for 48 hours, and feel well.

5 Related Documents

The following documents contain information that relates to this policy:

- Uniform/Dress Code Policy

6 Dissemination

These guidelines will be disseminated by the following methods:

- Directors – to disseminate within their areas
- Staff - via News Flash bulletin / article
- Published to the Website
- Awareness raising by the Infection Prevention and Control Team

7 Advice and Training

To support the successful implementation of this policy training is available online via the ESR NHS Learning Management System.

Advice

Additional advice and training associated with this policy is available from the CCG IPC Team ccg.ipc@nhs.net or by contacting Senior Infection Prevention and Control Lead.

Jill Hassall
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NHS Shropshire and NHS Telford & Wrekin CCGs
Tel: 07807162207
Email: Jill.Hassall@nhs.net

Training

The IPC Level 1 module is mandatory for all staff and should be undertaken annually.

8 Review and Compliance Monitoring

Compliance with the policy and on-going monitoring will be facilitated through the CCG Executive team. This policy will be reviewed three years from the date of approval, or sooner if new relevant legislation is published.

9 References

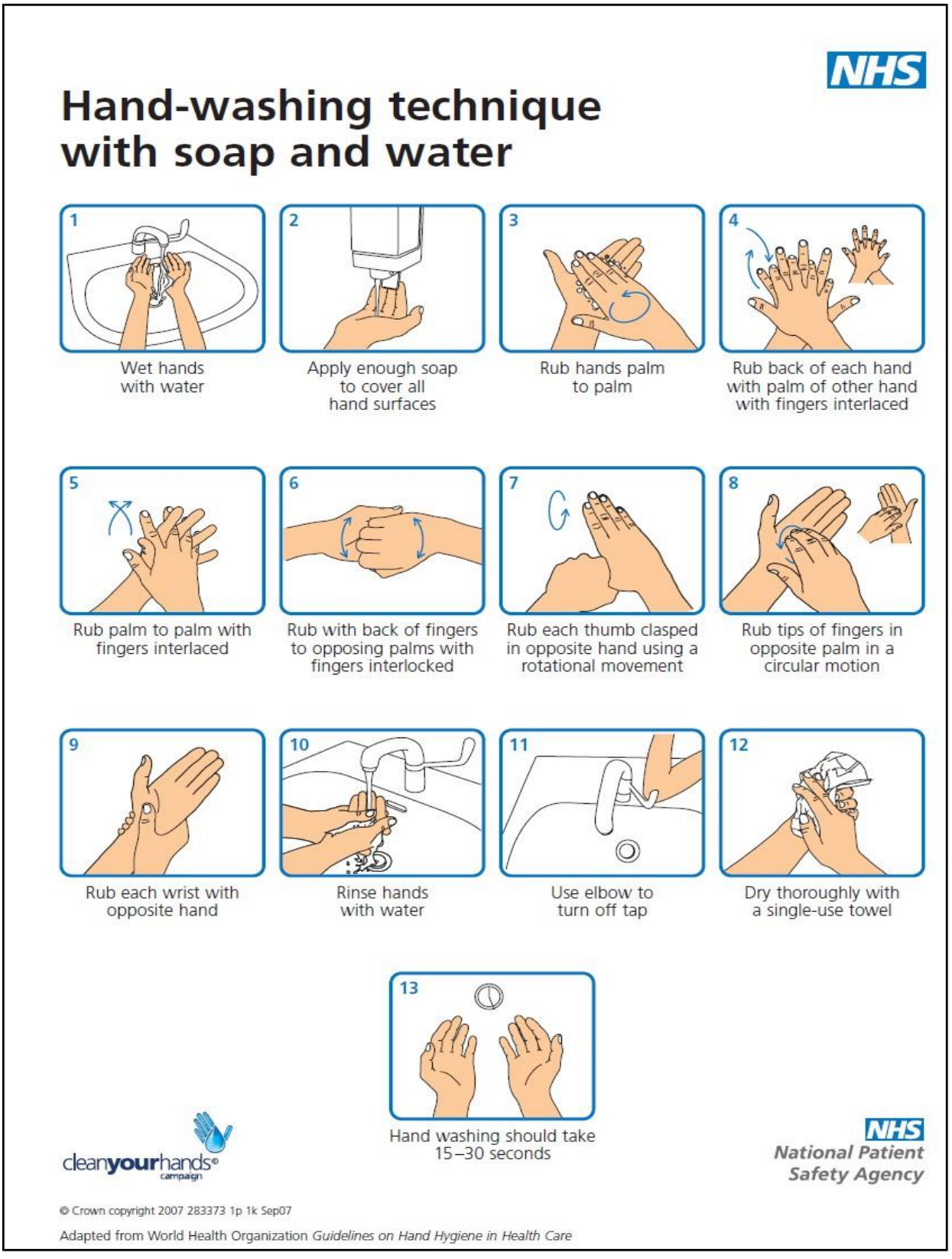
- Department of Health: The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (2015) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf
- NHS England and NHS Improvement: Standard infection control precautions: national hand hygiene and personal protective equipment policy (2019)
- https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf
- NHS Scotland: National Infection Prevention and Control Manual

  http://www.nipcm.scot.nhs.uk/
- PHE/NHS: COVID-19: Guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf
- PHE COVID-19: personal protective equipment use for non-aerosol generating procedures
- https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

10 Glossary

Term / Abbreviation	Explanation / Definition
CCG	Clinical Commissioning Group
MRSA	Meticillin Resistant Staphylococcus aureus
PPE	Personal Protective Equipment
SICPs	Standard Infection Control Precautions

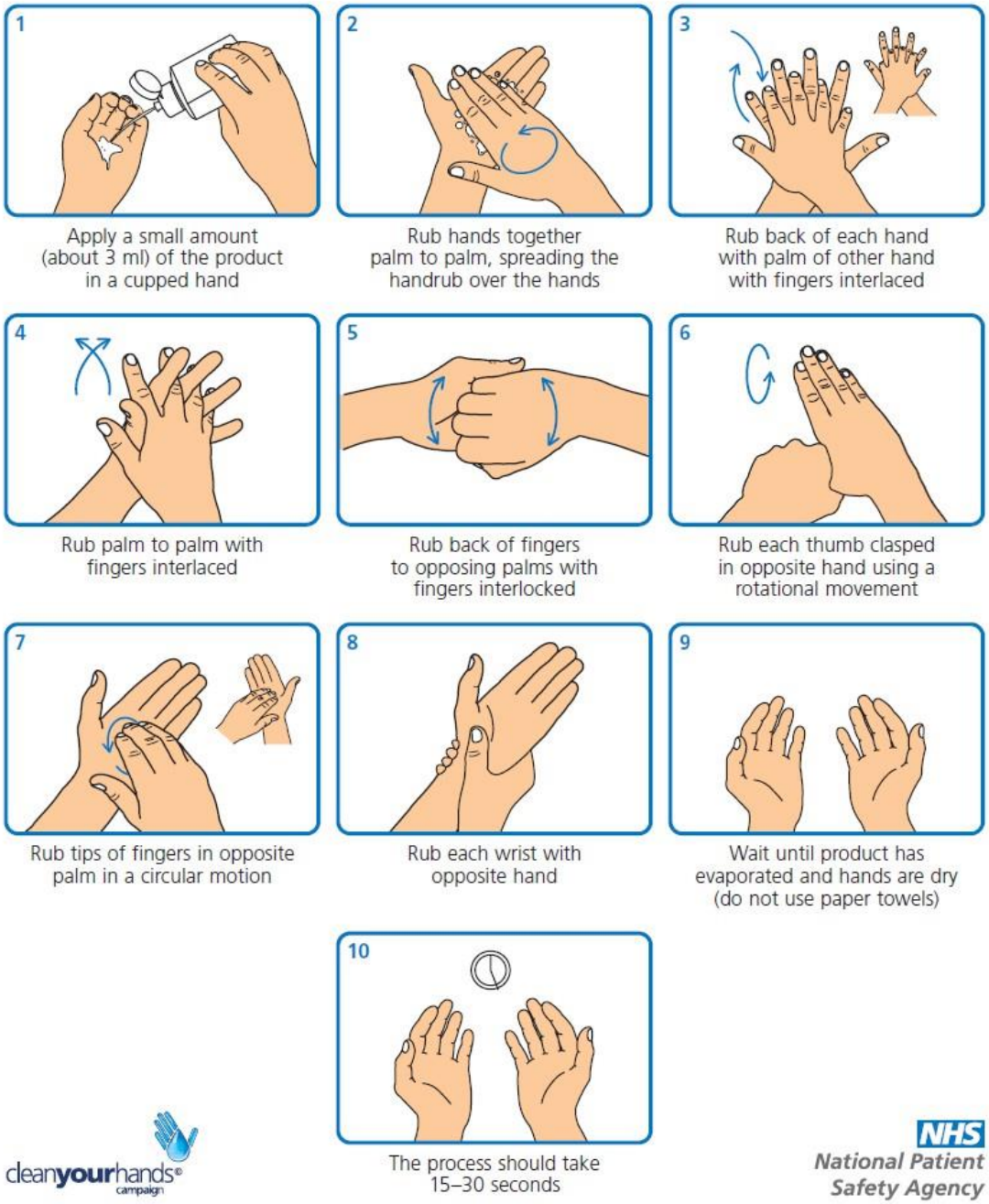
Appendix 1 – Hand Washing Technique



Appendix 2 – Alcohol Hand Rub Technique

NHS

Alcohol handrub hand hygiene technique – for visibly clean hands



cleanyourhands campaign

NHS National Patient Safety Agency

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*

Appendix 3 – Donning & Doffing Standard Personal Protective Equipment

Public Health England

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

1. Put on your plastic apron, making sure it is tied securely at the back.

2. Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.

3. Put on your eye protection if there is a risk of splashing.

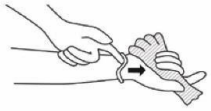
4. Put on non-sterile nitrile gloves.

5. You are now ready to enter the patient area.

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

1. Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.



2. Perform hand hygiene using alcohol hand gel or rub, or soap and water.

3. Snap or unfasten apron ties the neck and allow to fall forward.

Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

4. Once outside the patient room. Remove eye protection.

5. Perform hand hygiene using alcohol hand gel or rub, or soap and water.

6. Remove surgical mask.

7. Now wash your hands with soap and water.

Please refer to the PHE standard PPE video in the COVID-19 guidance collection:
www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

If you require the PPE for aerosol generating procedures (AGPs) please visit:
www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

Appendix 4 – Glove Selection Flow Chart