PrimaryCare:24

Infection Prevention & Control Policy for Primary Care 24 Services Liverpool, Knowsley, St Helens and Halton Services

Version	V3.0
Supersedes:	V1.0
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Title & Department of originator:	Associate Director of Nursing
Title of responsible committee/department:	Quality & Workforce Committee
Effective Date:	May 2019
Next Review date:	June 2022 (or when there is a change in Policy)
Target audience:	All PC24 Employees of PC24 with exception of Sefton General Practices as these practices are covered by a different policy ref U24POL111
Impact Assessment Date:	19.10.2017
Summary	To provide guidance on infection prevention & control within general practice to reduce avoidable Health Care Associated Infections (HCAI)

Version	Date	Control Reason	Title of Accountable Person for this Version
V1.0	Jan 2018	Change to add in Infection Prevention Control support numbers	Associate Director of Nursing
V2.0	June 2019	Updated to include St Helens contact details. Logo Changed and PC24 changed to PC24	Associate Director of Nursing
V3.0	June 2019	Updated to include reference to new PC24 Dress Code Policy	Associate Director of Nursing

Reference Documents	Electronic Locations (Controlled Copy)	Location for Hard Copies
Please refer to section 22	Primary Care 24 Intranet Policies & Guidance	**Policy File, Wavertree Headquarters**

Consultation: Committees / Groups / Individual	Date
SMT, Policy Group, Quality & Workforce Committee, Board	23.11.2017

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1.0 INTRODUCTION

Healthcare associated infections (HCAI) can be acquired following healthcare intervention within any primary or community care setting. Prevention and control of healthcare associated infection is a significant part of the overall governance and risk management strategy within any individual healthcare setting from which Primary Care 24 (PC24) staff operate. (For the Sefton GP practices see separate policy PC24POL111)

PC24 is committed to improving the quality of care throughout the organisation and to promoting high standards of infection prevention and control practice.

For many common infections and infectious diseases, early recognition and prompt action can reduce the spread of disease, the severity of the illness and the number of people infected. All PC24 employees must possess an awareness of their own duties and responsibilities in relation to infection prevention and control. The organisation expects all its employees to adhere to this Infection Prevention & Control Policy and the relevant guidance provided to ensure a high quality standard of care to protect service users, staff and visitors from unnecessary exposure to infection.

This document outlines specific duties and responsibilities of both individuals and the organisation.

This policy reflects:

- The Health & Social Care Act 2008 (updated July 2015) – Code of Practice on the Prevention and Control of Infections and related Guidance
- The Department of Health – Essential Steps to safe clean care 2006.
- NICE – Prevention and Control of Healthcare associated infections in primary and community care (2012).

2.0 PURPOSE

This policy provides guidance in relation to IPC within PC24 with the aim of minimising acquisition of HCAI.

This policy applies to all individuals employed by PC24 with the exception of Sefton General Practices It also applies to locum and agency staff or others who are involved in PC24 business. In addition, where appropriate, it applies to patients, visitors and contractors.

3.0 DEFINITIONS

These are listed within each procedure and section as they relate specifically to that particular subject area.

4.0 DUTIES AND RESPONSIBILITIES

4.1 **Chief Executive** has overall responsibility for ensuring that there are effective arrangements for IP&C within PC24 and that appropriate resources are made available to manage the risks of infection.

4.2 **Director of Nursing** is the Director of IP&C within OC24. The Director of Nursing has strategic responsibility for IP&C within PC24 and will:

- Oversee IP&C procedural documents and their implementation
- Act as the Infection Prevention Control Lead
- Be responsible to the Board for IP&C within PC24
- Report directly to the Chief Executive and the Board

4.3 **Associate Director of Nursing** will:

- Have delegated responsibility for the implementation of this policy
- Assess the impact of existing and new IP&C procedural documents and make recommendations for change

4.4 **Heads of Service**

- Responsible for receiving and approving all IPC audits
- Monitoring actions from reports and reporting on the performance in relation to IPC activity

4.5 Service Managers Mangers will:

- Ensure this policy and related guidance and procedural documents are implemented and embedded in their practice
- Ensure all staff are familiar with and follow this policy at all times.
- Monitor compliance with this policy
- Ensure deviations from this policy are reported on the risk management reporting system, Datix and managed in line with the PC24 Policy for Managing Incidents and Serious Incidents (PC24POL32).
- Investigate exceptions and incidents, identify trends and share lessons learnt.
- Ensure services undertake monthly cleanliness audits and that they are submitted to the Audit Lead
- Ensure that actions from audits are monitored and implemented within a designated timeframe.
- Ensure all relevant supplies are provided for both the practice and practice staff
- Ensure regular check are undertaken on stock levels and expiry dates

4.6 Clinical Audit and Effectiveness Lead

- support collate analyses and draft reports
- Provide ad-hoc reports as and when required

4.7 All employees

- Have a duty to comply with this IP&C policy and the associated guidance and have a responsibility to protect themselves by appropriate risk assessment (See Appendix 1 of this policy) and application of standard precautions: all reasonable steps must be taken to reduce the risk of cross infection for patients and colleagues. All staff must adopt practices which minimise the risk of cross infection.
- Staff must report adverse incidents pertaining to infection prevention and control via the Datix Risk Management system as detailed in the PC24 Policy for Managing Incidents and Serious Incident (PC24POL32).
- Staff are required to ensure maintenance of their own vaccinations are in date.

The following general (Statutory) duties apply:

All employees working on behalf of PC24 are responsible for cooperating with the implementation of PC24 policies as part of their normal duties and responsibilities. It is the responsibility of the employee to complete effective hand decontamination, when required in order to reduce the risk of infection transmission

5.0 STANDARD PRECAUTIONS

5.1 Risk Assessment

There are two tiers of infection control precautions to prevent the transmission of infectious agents. Standard precautions and transmission based precautions. This policy covers both.

Standard precautions are designed to be applied to the care of all patients in all settings regardless of suspected or known infection.

Standard precautions are based on the principle that all blood, body fluids, secretions, excretions, non-intact skin and mucous membranes may contain transmissible infectious agents.

Application of standard precautions during patient care is determined by the nature of the healthcare worker – patient interaction for some interactions only hand washing may be needed during others aprons and masks may be required. The rationale for appropriate decision making is crucial; healthcare workers must ensure that they thoroughly risk assess the risk of exposure to blood, body fluids, secretions, excretions, non-intact skin and mucous membranes.

5.2 The elements of Standard Precautions

- Element One – Hand Hygiene

- Element Two – Cleaning and decontamination
- Element Three – Safe handling and disposal of waste
- Element Four – Sharps safety
- Element Five – Personal Protective Equipment (PPE)
- Element Six – Safe handling of blood and body fluid spillage
- Element Seven – Safe handling and disposal of linen
- Element Eight – Respiratory hygiene
- Element Nine – Asepsis

These are defined and dealt with in the guidance document attached to this policy.

5.3 Reporting

Staff must report adverse incidents pertaining to infection prevention and control via the Datix Risk Management System and inform any other relevant personnel within PC24.

Root Cause Analysis of serious adverse incidents in relation to PC24 Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (CDIF) will be undertaken externally to the organisation supported the relevant organisation i.e. Liverpool, Halton, Knowsley and St Helens.
PC24 staff will cooperate with any external review as required. MRSA and CDIF are considered low risk in general practice.

5.3.1 Advice and Support

For **Liverpool** advice and support can be obtained from Liverpool Community Health Infection Prevention & Control Team on **0151 295 3036.**
For **Halton** advice and support can be obtained from St Helens Clinical Commissioning Group Infection Prevention Control Team on **01744 457314**
For **Knowsley** advice and support can be obtained from Knowlsey Clinical Commissioning Group Infection Prevention and Control Team on **0151 430 1555.**
For **St Helens** advice and support can be obtained from 01744 457 314

Out of hours advice contact your shift Manager who will escalate to the Director contact with on call relevant CCG.

6.0 EDUCATION AND TRAINING

All staff on induction will be made aware as part of the induction of all Infection Prevention and Control related policy and guidance documents. See Appendix 2 of this policy for Training Needs Analysis.

PC24 recognises the importance of IP&C training, education and audit. The principles of IP&C are included in the PC24 mandatory training programs for all staff. Staff are required to undertake mandatory training in IP&C in accordance with the organisational training needs analysis (TNA).

7.0 MONITORING COMPLIANCE AND AUDIT

The Associate Director of Nursing has delegated responsibly via the Director of Nursing for implementing this policy. All incidents or deviations from this policy will be reported on the PC24 Risk Management system, Datix.

A programme of cleanliness audits will be carried out to establish the effectiveness, implementation of, and the extent of compliance with this policy and any associated procedures to provide independent assurance that an appropriate and effective system of managing infection control is in place. Managers will be responsible for undertaking cleanliness and hand hygiene audits as required.

An annual IP&C audit will be undertaken to assess compliance with this policy.

8.0 IMPLEMENTATION

Mangers will support the implementation and dissemination of this policy within their individual practices.

This policy will be disseminated via communication cascades, including Staff Meetings and it is the responsibility of all managers to ensure staff are aware of PC24 policies and how to access them.
This policy will be made available on the staff intranet once approved.

9.0 POLICY APPROVAL

This policy will be approved through the PC24 governance arrangements for policy approval. Following approval of this policy, it will be reviewed within a year and thereafter every three years or before if there is a change in national or local policy.

10.0 EQUALITIES AND HEALTH INEQUALITIES STATEMENT

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary (See Appendix 13). PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

11.0 PERSONAL INFORMATION STATEMENT

PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 1998. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 1998, therefore no Privacy Impact Assessment is necessary.

12.0 REFERENCES

- The Health & Social Care Act 2008 (updated July 2015) – Code of Practice on the Prevention and Control of Infections and related guidance. https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of- practice-on-the-prevention-and-control-of-infections-and-related-guidance

- TheDepartment of Health – Essential Steps to safe clean care 2006. http://www.rdehospital.nhs.uk/docs/patients/services/housekeeping_services/Health%20 A ct%202006.pdf

All other references appear under each element of the nine standard precautions.

PC24 ASSOCIATED DOCUMENTS

- PC24POL32: Incident and Serious Incident Management Policy

13.0 APPENDICES

Appendix 1 Risk Scoring Matrix

Likelihood (of hazard being realised)	Consequence				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Almost Certain (5)	5	10	15	20	25

Likelihood	Descriptor	Description
5	Almost Certain	Likely to occur on many occasions, a persistent issue
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur/recur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Cannot believe that this will ever happen

Consequence	Impact on individual	Actual or potential Impact on Organisation	Number of people involved	Complaint / Claim
Catastrophic (5)	Death/major/permanent incapacity/disability. Totally unsatisfactory patient outcome. Failure of critical system or project. Major financial loss.	Adverse national publicity, possible external investigation	Many, e.g. evacuation, patient safety	Certain
Major (4)	Extensive injuries/long term incapacity/disability. Patient outcome or experience significantly below reasonable expectation across the board. Failure of important system/project. Serious financial loss.	Service closure, RIDDOR reportable, long term sickness	Moderate Number, e.g. loss of records	Certain
Moderate (3)	Medical treatment required/some temporary incapacity. Partial resolvable failure of system.	RIDDOR reportable, short term sickness	Small numbers e.g. 3-10	Possible
Minor (2)	First aid/self-treatment/no incapacity. Identified financial loss.	Minimal risk to the organisation	Less than 3	Unlikely
Insignificant (1)	Potential to cause harm but impact was prevented/injury or illness not requiring intervention. Minimal/low financial loss	No risk at all to the organisation.	Less than 3	Possibility

Appendix 2 **Training Needs Analysis**

Training programme	Course length	Frequency	Delivery method	Staff group	Recording attendance	Strategic & operational Responsibility
All staff to read policy	N/A	Once or in line with any national / local guidance changes	Self-study	All	NA	Heads of Services
All staff to be aware of hand washing and hand washing techniques	N/A	Included in policy and displayed at PC24 clinical areas	Self-study	All	N/A	Heads of Services
Basic IP&C on Induction		Once. Induction on appointment	e-learning	All	Training Department	Heads of service
Cleanliness Audit Training	1 hour	Once. On appointment	Face to face	Staff who will be undertaking cleanliness audits	Training Department	Heads of Service

Appendix 3. Equalities and Health Inequalities Screening

Equalities and Health Inequalities – Screening Tool

Name of Policy: Infection Prevention & Control Policy Liverpool, Halton, St Helens and Knowsley Date of Ratification: November 2017

Version number: V1

First published: November 2016

To be read in conjunction with Equalities and Health Inequalities Analysis Guidance, Quality & Patient Safety Team, Primary Care 24, 2016.

Prepared by: Quality & Patient Safety Team.

1 Introduction

The purpose of this Screening Tool is to help you decide whether or not you need to undertake an Equality and Health Inequalities Analysis (EHIA) for your project, policy or piece of work. It is your responsibility to take this decision once you have worked through the Screening Tool. Once completed, the Head of your SDU or the Quality & Patient Safety Team will need to sign off the Screening Tool and approve your decision i.e. to either undertake an EHIA or not to undertake an EHIA.

The Quality and Patient Safety Team can offer support where needed. It is advisable to contact us as early as possible so that we are aware of your project.

When completing the Screening Tool, consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

1. **Age**
2. **Disability**
3. **Gender reassignment**
4. **Marriage and civil partnership**
5. **Pregnancy and maternity**
6. **Race**
7. **Religion and belief**
8. **Sex**
9. **Sexual orientation**

A number of groups of people who are not usually provided for by healthcare services and includes people who are homeless, rough sleepers, vulnerable migrants, sex workers, Gypsies and Travellers, Female Genital Mutilation (FGM), human trafficking and people in recovery. Primary Care 24 will also consider these groups when completing the Screening Tool:

The **guidance** which accompanies this tool will support you to ensure you are completing this document properly. It can be found at: http://extranet.urgentcare24.co.uk/

2 Equality and Health Inequalities: Screening Tool

A	**General information**		
A1	What is the title of the activity, project or programme? **Infection Prevention & Control Policy PC24 Liverpool, Halton and Knowsley & St Helens**		
A2	What are the intended outcomes of this work? Please outline why this work is being undertaken and the objectives. To provide clear guidance on infection prevention & control within Primary Care 24 to reduce avoidable Health Care Associated Infections (HCAI)		
A3	Who will be affected by this project, programme or work? Please identify whether the project will affect staff, patients, service users, partner organisations or others. Direct impact on staff who work within our services within Primary Care 24 and an indirect impact on the patients they serve, their families, visitors to the practice and contractors.		
B	**The Public Sector Equality Duty**		
B1	Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?		
	Yes	**No**	Do not know
	Summary response and your reasons: The policy equally applies directly to all staff working within the PC24. Whilst it is recognised that 'bare below		

	the elbow' could negatively impact on a person's race, religion or disability, this is mitigated within the policy.		
B2	Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics?		
	Yes	**No**	Do not know
	Summary response and your reasons: The policy equally applies directly to all staff working within the PC24 general practices. Whilst it is recognised that 'bare below the elbow' could negatively impact on a person's race, religion or disability, this is mitigated within the policy.		
B3	Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary response and your reasons: The policy equally applies directly to all staff working within the PC24 and workarounds will be put in place on a case by case basis for any staff member whereby bare below the elbows would negatively impact (race, religion, disability). Workarounds would include disposable sleeve cuffs.		
B4	Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes	**No**	Do not know
	Summary response and your reasons: The policy equally applies directly to all staff working within the PC24 general practices and workarounds will be put in place on a case by case basis for any staff member whereby bare below the elbows would negatively impact (race, religion, disability). Workarounds would include disposable sleeve cuffs.		
B5	Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary response and your reasons: As above.		
B6	Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	**No**	Do not know
	Summary response and your reasons**:** The policy content applies equally to all and any issues with 'bare below the elbows' from any groups who share protected characteristics would be dealt with on a case by case basis as covered within the policy.		
C	**The duty to have regard to reduce health inequalities**		
C1	Will the initiative contribute to the duties to reduce health inequalities?		
	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?		
	Yes	**No**	Do not know

	Summary response and your reasons: The policy directly impacts on PC24 staff		
C2	Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?		
	Yes	**No**	Do not know
	Summary response and your reasons The policy directly impacts on PC24 staff within PC24		
D	Will a full Equality and Health Inequalities Analysis (EHIA) be completed?		
D1	Will a full EHIA be completed? Bearing in mind your previous responses, have you decided that an EHIA should be completed? Please see notes. [1] Please place an X below in the correct box below. Please then complete part E of this form.		
	Yes	Cannot decide	**No**
E	Action required and next steps		
E1	If a full EHIA is planned: Please state when the EHIA will be completed and by whom. Name: Date:		
E2	If no decision is possible at this stage: If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made. Summary reasons: Additional information required: When will it be possible to make a decision about an EHIA?		
E3	If no EHIA is recommended: If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below. Summary reasons:		

F	*Record Keeping*		
Lead originator:	Carol Rogers	Date:	19.10.17
Director signing off screening:	Director of Nursing	Date:	19.10.17
Directorate:	Quality & Patient Safety	Date:	19.10.17
Screening published:	Enclosed in the policy as an appendix	Date:	19.10.17

STANDARD PRECAUTIONS MANUAL

To be read in conjunction with the Infection Prevention & Control Policy Liverpool, Halton, St Helens and Knowsley

All staff have a duty to comply with the following Standard Precautions as defined within this manual.

Section 1

Standard Precautions

Element One - Hand Hygiene

1.0 HAND HYGIENE

The approved materials for hand hygiene if well placed and accessible to all users, will serve to promote and encourage good practice.

1.1 Each Clinical area should have:

- A dedicated hand wash sink that is accessible, with elbow or wrist operated taps and without a plug.
- Water at a comfortable temperature delivered via mixer taps
- Approved liquid soap in individual disposable sachets and dispensed from an approved wall mounted dispenser.
- Disposable paper towels from a wall mounted dispenser
- A poster demonstrating the correct procedure for hand hygiene technique
- Approved alcohol hand gel must be positioned at the point of care from a wall mounted pump dispenser or bottles for individual use
- A supply of hand cream from a wall mounted dispenser. Do not use shared containers of hand cream.

1.2 The following are NOT supported in a healthcare setting due to increased risk of infection transmission and contamination:

- Sinks used for other purposes e.g. cleaning contaminated items, should never be used for hand hygiene
- Bar soap
- Multiple use cloth towels of the hanging or roll type
- Re-usable nail brushes
- Commercially bought soap products
- Long sleeved garments which cover the wrists during hand hygiene

1.3 The following must be observed by all staff:

- Maintain short and clean nails
- Artificial nails, nail polish and nail art MUST NOT be worn by healthcare workers delivering face to face care
- Wrist watches, bracelets and stoned rings MUST NOT be worn by healthcare workers delivering face to face care
- A plain wedding band is allowed
- Adopting the principles of 'bare below the elbows'. Any staff who consider that this affects their religious practice must discuss a suitable solution e.g. disposable sleeves, with their manager.

1.4 Placement of alcohol hand rub dispensers:

Any dispensers placed at an 'entrance', should be placed based on a risk assessment of cross infection and risk of intended use. (See Appendix 1 – Risk Scoring Matrix). There are a number of risks associated with alcohol hand rub, one of which is deliberate ingestion, and only providing it at the point of care make these risks easier to manage (*National Patient Safety Agency 2008*).

Managers are responsible for ensuring a risk assessment (See Appendix 2 – Example Risk Assessment) for this is carried out as necessary.

Hands may become contaminated directly through patient contact, or indirectly by handling equipment. The aim of hand decontamination is to protect both the patient and the healthcare worker from acquiring micro-organisms that may cause them harm.

Hands must be decontaminated as follows:

Level of Hand wash	When	How
Social (routine)	• Before/after food preparation • After using the toilet • Before/after patient contact After blowing/wiping or touching nose	Mild soap with warm water, dry hands.
	• Before preparing or giving medications • When visibly soiled • Before/after performing non-invasive interventions	Bar soap must not be used.
Antiseptic	Invasive procedures: • Catheter or IV line insertion • Wound care • Prior to minor surgery	Approved antiseptic soap, dry hands Or Soap then use alcohol hand rub to provide further cleansing and residual effect.
Alcohol	• On visibly clean hands • Before donning gloves	Approved alcohol hand gel, rub then air dry. Alcohol wipes for surfaces MUST NOT be used for hand hygiene.

1.6 Hand Washing Technique

1.6.1 Social hand wash

Hand washing is essential when hands are visibly soiled. Alcohol hand gel is inactivated

by organic material and therefore will not remove organic material or dirt.

Hand washing is critical when caring for patients with diarrhoea and/or vomiting or known to have Clostridium Difficile associated diarrhoea. Alcohol hand gel is not effective against Clostridium Difficile spores.

Effective hand washing (See Appendix 3a) will remove transient micro-organisms. It involves four stages; ***preparation***, ***washing***, ***rinsing*** and ***drying***. The omission of part or all of a stage will compromise hand hygiene.

- ***Preparation***:
  - Remove jewellery and cardigan/pullover
  - Roll up shirt/blouse to elbow level
  - Wet hands under running water at a comfortable temperature
  - Apply liquid soap.
- ***Washing*****:**
  - Soap should come into contact will all surfaces of the hand
  - Rub hands together vigorously for 15 to 30 seconds, paying attention to finger tips, thumbs and in between fingers.
- ***Rinsing*****:**
  - Rinse hands thoroughly under running water
- ***Drying:***
  - Dry hands thoroughly with good quality paper towels
  - If taps are now elbow/wrist operated, a paper towel can be used to turn taps off.
  - Moist hands are more efficient at transferring infectious agents
  - Failure to dry hands thoroughly will lead to loss of skin integrity.

1.6.2 Antiseptic hand wash

Antiseptic hand wash to be used before invasive procedures such as phlebotomy. The aim is to remove or destroy micro-organisms including resident hand flora.

(note it is not usual for any of the services provided within PC24 with the exception of the Sefton General Practices to undertake invasive procedures. See separate policy for Sefton UPOL111.

The method follows the same principles as a social hand wash using an antibacterial soap such as Chlorhexidine 4% (Hibiscrub).

Alternatively use the social handwashing procedure as described in section 6.7.1 to wash and dry hands and apply alcohol hand gel.

1.6.3 Alcohol Hand Rub

Alcohol hand rub should only be used when hands are visibly clean. It should be available at the point of care e.g. close to the treatment areas and for individual use in the home setting. All health care workers must ensure they have their personal issue for home visiting.

All areas of the hands must be covered with the hand rub by vigorously rubbing paying attention to fingertips, thumbs and between fingers. The solution will evaporate and hands will be left dry, eliminating the need for paper towels, this will take approximately 20 seconds. (See Appendix 3b).

1.7 Care of hands

1.7.1 Dryness

- Frequent hand hygiene can lead to dryness and with risk of irritation and damage
- Any damage to skin integrity will cause discomfort and may deter hand hygiene
- Broken or cracked skin will provide an opportunity for infectious agents to enter the skin, possibly leading to infection
- Where frequent hand hygiene is required, hand cream must be available in wall mounted dispensers. This should be applied when required.

1.7.2 Broken or cracked skin

- Skin damage leads to loss of the protective barrier
- Micro-organisms will attach more easily to broken or dry skin, and open areas will provide a means of entry into tissue, possibly leading to infection
- Cuts or breaks should be covered with waterproof dressings and gloves worn for

direct patient contact.

- For staff that experience skin irritation, ensure correct hand hygiene is being performed. If problem persists, contact practice manager and occupational health department.

1.8 Home Visits

For the purpose of home visits, all staff providing hands-on clinical or personal care must ensure they have at all times (see Appendix 3C):

- Disposable hand washing wipes (e.g. Clinell Universal Sanitising Wipes)
- Alcohol hand gel – only to be used on visibly clean hands

1.9 References

- Save Lives: Clean Your Hands. Available at: http://www.who.int/gpsc/5may/en/

- Prevention and control of healthcare associated infections in primary and community care. Available at: https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

Section 2

Standard Precautions

Element Two - Cleaning and Decontamination

2.0 CLEANING AND DECONTAMINATION

2.1 Safe and effective decontamination of equipment

2.1.1 Medical Equipment

- Where practicable single use disposable equipment should be used for high risk or invasive procedures. (NOTE for information only as PC24 do not undertake high risk /invasive procedures)
- Single use items must never be reused
- Single patient use items must be securely retained for one named patient for a period of time which is usually determined by the manufacturer or agreed with the Infection Prevention & Control Teams (IPCT) of the relevant organisations.

2.1.2 Correct storage of sterile instruments

- All packages / boxes must be stored off of the floor to avoid contamination and facilitate effective cleaning.
- All sterile packages should be stored in cupboards with doors or enclosed drawers.
- Sterile packages that become wet are no longer sterile
- Before use examine external packaging for damp or damage to the sterile indicator strip if reprocessed items and expiry date. Any item failing this examination must be considered to be unsterile and reprocessed or disposed of as applicable.
- It is the responsibility of the Managers to undertake regular checks on stock levels and expiry dates within their specific areas of responsibility.

2.1.3 Environment

General everyday cleaning requires detergent, water and effort.

- All rooms and corridors must be cleaned with a suitable detergent and

vacuumed regularly. **Note it is not the responsibility of PC24 to clean the rooms, it is the responsibility of PC24 to ensure that the rooms they occupy are clean and vacuumed and in the event this is not the case, staff must take action to report immediately in line with Incident reporting process PC24POL32**

- Clinical areas must be kept clean and specific areas cleaned as required i.e. counter tops, examination couches.
- Toilets must be cleaned at least daily, **(Note PC24 staff are only responsible for toilets in the headquarters of PC24).** PC24 provide services within other providers buildings *and* as such the cleaning schedule for the buildings sits with that provider.
- PC24 are however, responsible for taking action in the event of any spillage of body or blood fluids at the time it occurs and take action to clean spillage immediately it is reported.

The general fabric of the building can impact upon the ability to clean effectively i.e. broken tiles, crack to plasterwork.

Enhanced cleaning must be undertaken following recognized infection risk or contamination with blood or body fluids. (See Appendix 4 & Appendix 5).

Records of cleaning, cleaning schedules and related audits must be maintained in each service.

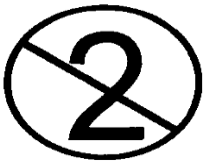
2.2 Decontamination of Reusable Medical Devices

2.2.1 Categories of Medical Devices and Equipment

All medical devices / items of equipment can be divided into three categories:

2.2.2 Single Use

The medical device is intended to be used once on an individual patient during a single procedure and then discarded. It is **not** intended to be reprocessed or used on another patient. The following symbol indicates that a medical device is “single use”:



Any re-use of a single use device is likely to be associated with significant risk. Potential risks include that of cross-infection through inadequate decontamination, mechanical failure due to exposure of the item to chemical agents, material alteration, and finally reactions of patients to residues from chemical decontamination agents.

All equipment, whether single use or re-usable must always therefore be used according to the manufacturer's instructions.

2.2.3 Single Patient Use

The medical device can be used for more than one episode of use on **one patient** only. The device will need to undergo some form of reprocessing / decontamination between each use. The manufacturer must state how many uses the device can be used prior to disposal and how to decontaminate in between use.

2.2.4 Re-usable

The medical device can be used for repeated episodes of use on different patients, but will need to undergo some form of reprocessing / decontamination between each episode. The manufacturer must state how to adequately decontaminate in between use.

2.3 Methods of Decontamination

Any devices stated by the manufacturer as being "single patient use" or "re-usable" must therefore undergo some form of decontamination between uses. There are three levels of decontamination:

- Cleaning
- Disinfection
- Sterilisation (Sterilisation of equipment within PC24 is not applicable). Cleaning

Cleaning is a process that physically removes contaminants e.g. dust, dirt, grease and

body fluids, using a general purpose detergent (e.g. washing up liquid) and warm water.

Cleaning is important for two reasons:

- As a method of decontamination for low risk items
- As an essential pre-requisite to any disinfection or sterilization process. Organic matter must first be removed in order for heat or chemicals to be able to penetrate and therefore disinfect or sterilise effectively.

Detergent is essential for breaking down grease and dirt. It therefore improves the ability of water to remove soiling. Approximately 80% of micro-organisms will be removed by thorough cleaning. Careful drying is also essential to prevent any remaining bacteria from multiplying. Protective clothing must be worn for all cleaning procedures i.e. Gloves and aprons as a minimum, and where there is a risk of splashing, goggles must be worn. Wherever possible a mechanical method of instrument cleaning must always be used.

Organisms such as *Streptococci*, *Staphylococci*, *hepatitis B* and *Mycobacterium tuberculosis* can survive in the environment for weeks or even months, hence the importance of thorough and regular cleaning and dust removal.

2.3.2 Disinfection

Disinfection is a process which reduces the number of micro-organisms to a level at which they are not harmful (it will not affect bacterial spores). Disinfection can be achieved either by heat, or via chemical disinfectants. Wherever possible, disinfection should always be achieved via heat as it is more reliable, using repeatable parameters which can be recorded to provide assurances that adequate disinfection has been achieved. . Examples of heat disinfection are bedpan washer/disinfectors, laundry washing machines, and

dishwashers. In order to achieve heat disinfection, the item must be heated to 81ºC for at least 1 minute, 71ºC for at least 3 minutes, or 65ºC for at least 10 minutes. Where heat disinfection is used, the process must be regularly monitored to ensure that the correct parameters of temperature and time are being met.

However, where heat is not appropriate (i.e. for heat labile items), chemical disinfectants may need to be used. However, there are many problems inherent in the use of chemical disinfectants such as:

- Many are unstable for long periods of time
- Their effectiveness is dependent on correct chemical concentration and exposure time
- They have no value as cleaning agents
- They have varying levels of activity against bacteria, viruses and fungi
- They should only be used on **clean** surfaces, as they are inactivated by organic matter and cannot therefore penetrate effectively

Disinfectants must only be used where heat disinfection is not possible e.g. for dealing with environmental contamination such as a blood spillage, or the decontamination of heat sensitive items.

All disinfectants must be stored, reconstituted and used in accordance with manufacturer's instructions and COSHH (Control of Substances Hazardous to Health) regulations.

2.3.3 Choosing an Appropriate Method of Decontamination

The manufacturer of a medical device or item of equipment is required to provide advice on how that item should be decontaminated. Manufacturer's guidance must always be followed.

The level of decontamination required depends on the risk of the item transmitting micro-organisms. Any item can therefore be categorised into one of three levels of risk:

Risk	Application of Item	Recommendation
HIGH	• Penetrates skin or mucus membranes • In contact with broken skin or mucus membranes • Enters sterile body areas	**CLEANING FOLLOWED BY STERILISATION**
MEDIUM	• In contact with intact mucus membranes • Contaminated with any body fluid	**CLEANING FOLLOWED BY DISINFECTION** (Except for instruments used in the vagina or cervix e.g. vaginal specula. These must be sterile or have been sterilised prior to use, single use instruments must be used unless directed by infection control nurse)
LOW	• In contact with intact skin • Not in contact with the patient	**CLEANING ONLY**

2.3.4 Facilities required for decontamination

Where possible, decontamination process should take place in a dedicated non-patient area. Any decontamination area will have specific design requirements (i.e. floors, wall, finishes and sanitary ware etc. Contaminated and clean items must always be segregated and stored separately. Where possible, medical devices and items of equipment must only be stored clean. However, if storage of contaminated items is necessary, these items must be segregated and clearly labeled as contaminated.

Within the decontamination area there must be a clear one-way flow of equipment, from entry of dirty items into the area, to removal of the clean equipment following decontamination.

2.4 Management of medical devices prior to repair, service or investigation

Occasions may arise when medical devices or equipment require repair, service or investigation. Items subject to service repair or investigation should therefore be decontaminated prior to these activities taking place. This also applies to any loaned items being returned to a manufacturer or supplier.

Anyone who handles any medical equipment has a right to expect that these medical devices or other equipment have been appropriately treated so as far to remove or minimize the risk of infection or other hazards. Any staff handling contaminated used medical devices and equipment should however, assume that they are contaminated and take appropriate precautions to reduce the risk to themselves and other.

In order to identify contamination status, a written declaration must accompany any item of medical equipment when being transported within or outside of PC24 for inspection, service, or repair. (See **Appendix 6** Confirmation of decontamination) Where decontamination of the equipment could remove evidence of a fault or hinder any subsequent investigation (See **Appendix 7** – Handling of Equipment prior to inspection, service or repair), advice on transportation arrangements should be sought from the manufacturer, repair organisation or investigating body as it may require the use of a specialist courier. In this case:

- the device must be double wrapped in appropriate packaging
- prior warning must be given to the intended recipient
- the equipment must be clearly labeled to indicate that it is contaminated
- the packaging should be sufficiently robust to withstand transport
- the inner packaging should be suitable to ensure that the outer packaging does not become contaminated or breached during transit

2.5 Purchase and Decommissioning of Medical Devices and Equipment

Those involved in the purchasing of medical devices and equipment must always consider the suitability and compatibility of the item with the decontamination processes available.

The following issues should be taken into account:

- How easily can the item be cleaned?
- Does the item need dismantling before decontamination? If so, can this be performed by the clinician?
- Does the item have electrical components? If yes, are there appropriate facilities to decontaminate these?
- Does the product have a limited life / number of times that it can be reprocessed?
- Are the recommended cleaning methods available?
- What cleaning agents / disinfectants are recommended and does this comply with Infection Control Policies and Health & Safety requirements?
- Is the item heat labile? If so, is the appropriate equipment to disinfect / sterilise at low temperatures?
- How long will the decontamination process take?
- Has a risk assessment process been undertaken to determine whether a single- use or a re-usable product is more appropriate for the circumstances (i.e. would an alternative pose significantly less risk of cross-infection or be more cost effective?

Where necessary, advice should be sought from the relevant organisations Infection Prevention Control Teams.

The PC24 Health & Safety department must be contacted for advice regarding the disposal / decommissioning of any clinical equipment. All items must be appropriately decontaminated prior to disposal.

2.6 Preparations / Agents currently available within PC24

To provide a standard approach across PC24, a limited number of products are recommended by the relevant organisations Infection Control Teams. **No** additional products should be introduced. Protective gloves should be worn when using / handling any of the following agents. Decontamination products must never be mixed or decanted into other containers.

2.6.1 Products to be used for Cleaning:

Product	Concentration	Use
General Purpose Detergent, e.g. Hospec	Dilute in warm water. Concentration; as per manufacturer's instructions.	General cleaning of floors and surfaces, environment, furniture, trolleys and wheelchairs etc. Must be used with disposable clothes/paper towels. Solution must be changed frequently; hence detergent wipes are preferred and are more practical. Following cleaning, all equipment must be stored dry.
Detergent Wipes e.g. Verna Care Tuffie or Sani cloth detergent wipes	Impregnated wipe. Use as dispensed as single-use wipe.	General cleaning of surfaces, environment and furniture.

2.6.2 Products to be used for Disinfection

e.g. Presept Granules	Dilute to 1,000 ppm. See manufacturer's dilution instructions.	NB: Chlorine releasing agents must not be used on urine or mixed with hot water or other cleaning agents, as toxic chlorine fumes are released.
Alcohol NB: Flammable. Does not penetrate organic matter. 70% Isopropyl Alcohol e.g. Sani cloth or Tuffie hard surface disinfectant wipes.	Impregnated wipe: Use as dispensed as single use wipe.	Surface disinfection of specific items or surfaces **on clean surfaces**; For further advice, contact the Sefton IP&C team.

2.7 A – Z of Equipment Decontamination

This is not intended to be an exhaustive list of all items of medical equipment used within the Sefton practices, practical working arrangements, situations and environments vary.

Item	Recommended Method
Blood Pressure Sphygmomanometer and Cuff	Cuff must be impermeable. After use, wipe detergent wipe detergent wipe and dry with paper towel or air dry
Dressing Trolley	Clean whole trolley with detergent wipe at the beginning of the session and when visibly soiled. Wipe top surface with detergent wipe between uses. NB: ensure no items are left on the trolley when not in use.
Dressing scissors	For sterile or high and medium procedures – use sterile disposable scissors. For non-sterile, low risk procedures: clean with warm water and general purpose detergent.

Examination Couches	Cover with disposable paper roll. (paper roll should be attached to either a holder on couch or a wall mounted dispenser). Change paper between each patient. Wipe with detergent wipe between each use. If the cover becomes torn or damaged, the couch should be re-upholstered or replaced. NB alcohol wipes (e.g. azo wipes) must be avoided as long term use of these will damage the exam cover.
Examination Lamps (in Treatment Rooms)	Clean with detergent and dry daily, plus when visibly dirty.
Glucometer	Wipe clean with detergent wipes and dry. Testing strips – single use only
Treatment Chair/couch	Clean with detergent wipe between patient use NB alcohol wipes (e.g. azo wipes) must be avoided as long term use of these will damage the chair cover.
Workstation / Trolley	Clean with detergent wipe before and after each session.
Pulse Oximeter	Wipe with detergent wipe between use, ensure dry
Specula (Vaginal)	Disposable – single use. Discard as infectious waste after use. Re-usable medical devices (such as re-usable vaginal speculum) that require sterilisation must be reprocessed in a Central Sterilising Department (CSD) fully accredited to EU Medical Device Directive 93/42/EEC
Stethoscopes	Wipe bell with detergent wipes between each use. Wipe ear pieces detergent wipes between staff use
Thermometers	Use disposable thermometers or those with a disposable sleeve Digital – use a new sleeve cover for each use. Wipe the thermometer with detergent wipes at least daily.
Weighing Scales	Line with disposable paper towels. Wash with warm water and general purpose detergent or detergent wipe following use and ensure dry.
Work Surfaces	Clean daily with warm water and general purpose detergent or detergent wipes.

Manufacturer's instructions must always be followed in regards to decontamination of any product. Where manufacturers decontamination instructions are unclear, or alternative disinfection agents are recommended, the Sefton Infection Prevention & Control Team should be contacted.

2.8 Process & Decontamination

Any item that is used in the care, diagnosis or treatment of patients and any item which comes into contact with patients or their body fluids may be contaminated by micro-organisms. The item may therefore act as a vehicle for the transmission of infection to susceptible hosts. To prevent this, there are a range of processes that may be used to render an item/environment safe for use.

The method chosen or combination of methods will depend on a risk assessment taking into account a number of factors. This will include the type of material to be treated, the organisms involved and the risk of procedures to be undertaken.

All staff must ensure that they document the method and frequency via use of a cleansing schedule required for the cleaning of the clinical environment. These clinical cleaning schedules must be regularly reviewed and staff should sign and date when they have completed cleaning. **(**See Appendix 8 for an example of a Cleaning Schedule**).**

Any staff involved in the decontamination or handling of contaminated environment/articles must wear personal protective clothing (PPE). (Reference Element Five Standard Precautions Manual).

2.9 Methods and Types of Decontamination

a) **Cleaning** – the physical removal of contamination. Many organisms are removed with warm water and general purpose detergent i.e. Hospec or a general purpose detergent wipe e.g. Tuffie wipes. This is the most important part of the decontamination process and must be carried out to a high standard, prior to any further stages of the decontamination process. Following cleaning, if the item is not for further disinfection or serilisation, then the item must be thoroughly dried.
b) **Disinfection** - a process which reduces the number of viable micro-organisms but may not necessarily inactivate some viruses and bacterial spores. Methods include chemical disinfection and pasteurisation. High level disinfection is carried out using chemical disinfection in a controlled process, i.e. endoscope reprocessing. Areas

using high level disinfectants must have in place safe working practices and documentation and undertake health and safety risk assessments via COSHH data sheets. Manufacturer's instructions **must** always be followed when using disinfection techniques and chemicals

c) **Sterilisation** – Not applicable in PC24 primary care facilities.

2.10 Decontamination of the Clinical Environment

Routine domestic cleaning of the clinical and patient environments should be carried out daily as a minimum. Further advice regarding domestic and contract cleaning may be sought from the Liverpool Infection Prevention & Control Team.

Each separate clinical area will undertake an Environmental Cleanliness Audit and a Hand Hygiene

Audit on a monthly basis. A copy of the Audits must be submitted to the PC24 Clinical Audit Lead on a monthly basis.

Cleaning between patients and at the end of a clinical session or clinical equipment is the responsibility and professional duty of the clinical staff using the room or the equipment.

Colour coded cleaning equipment should be available in all urgent care centres that PC24 staff work from. The colour coding system in use should be displayed for staff guidance at each premise (See example in Appendix 9). In the event that this information is not displayed staff should report in line with PC24POL32 Incident Reporting Policy.

Efficient cleaning with hot soapy water removes a high proportion of any micro- organisms present. The solution should be made up in a dedicated container that is dried thoroughly after use and is stored inverted.

Paper towels or disposable cloths should be used to clean and generate friction. After use the solution should be disposed of via an equipment sink or a sluice and NOT a hand washing sink.

Cleaning with a detergent (Hospec) is always required when the surface is visibly dirty and at least once a day. If contaminated with blood/body fluids, disinfection with a hypochlorite solution e.g. Haz tabs, Milton solution or Titan granules should be undertaken prior to cleaning.

If a surface is contaminated with urine or vomit then general purpose detergent MUST be used. Disinfection with a Hypochlorite solution (Chlorine releasing agent) e.g. Haz tabs, Titan granules or Milton Solution should follow cleaning.

See Appendix 4 for information regarding cleaning an area that has been contaminated with infectious diarrhoea or vomit.

See Appendix 5 for information regarding cleaning of Blood/Body fluid spillage.

All PC24 Health premises must have a dedicated spillage kit in situ and all staff to be aware of its location and use.

2.11 Cleaning equipment

Prior to the purchase of equipment all PC24 staff must ensure that the items can be decontaminated appropriately with the products and methods that are approved by PC24.

The supplier must supply details of how a piece of equipment or furniture is to be cleaned between patients.

Disposable mop heads and cloths are recommended (particularly in the event of an outbreak situation). Note PC24 staff are working out of environments in buildings where they should familiarize themselves with the locations of mop heads in case required. In the event they are not available staff should report through PC24 Incident reporting process.

Equipment e.g. mops heads and cloths must be laundered daily /more frequently if heavily soiled and stored in a dedicated area for domestic/cleaning equipment only.

Note PC24 staff are not responsible for the laundering of mops in the centres they are working from

2.12 Approved cleaning and disinfectant products

Designated cleaning products within PC24 can be purchased from NHS supply.

2.12.1.1 Cleaning

General Purpose Detergent (GPD) e.g. Hospec- for work tops, floors patient chairs etc. Detergent (soap and water wipes) e.g. Tuffie, wipes etc. For work tops, patient chairs etc.

2.12.1.2 Disinfection

Chlorine releasing agents e.g. Haz tabs, Virkon, Titan granules. Milton Hypochlorite. All disinfectants must be stored, reconstituted and used in accordance with manufacturer's guidance and COSHH Regulations.

2.13 Procedure for the decontamination of blinds and curtains

2.13.1 Curtains

It is not the responsibility of PC24 to clean the windows or replace the curtains. It is the responsibility of staff to ensure that the environments they are working in are observed as having clean curtains and windows. Curtains around beds and clinical couches should be disposable. In the event a clinical area is using a curtain which is not disposable, this should be reported in line with the incident reporting policy for PC24POL32 in the event of a curtain becoming soiled with blood or body fluids the curtain must be removed and replaced immediately, signed and dated.

Staff must wear gloves and aprons when removing curtains; once removed curtains should be placed in a large plastic bag and disposed of with household waste; if soiled

with blood or body fluids, curtains must be disposed of in clinical waste.

2.13.2 Blinds

As above

2.14 Enhanced cleaning precautions to be taken following unexplained vomiting and/or diarrhoea

It is essential that if the environment is contaminated with vomit or faeces from an adult or child with suspected infectious diarrhoea and / or vomiting, the environment is decontaminated effectively.

Immediately isolate the area and prevent other staff, patients and visitors from entering. DO NOT use the area until thoroughly cleaned.

- Wear appropriate protective clothing (as per Element 5 Standard Precaution PPE).
- Remove excess vomit or faeces using paper towels or disposable cloths, dispose of these products in the clinical waste bin.
- If the surface is wipeable and not fabric, use clean cloths or paper towels to clean the area with general purpose detergent .e.g. Hospec and hot water. Rinse and dry, followed by a hypochlorite solution diluted to 1000 p.p.m. e.g. Haz tabs or Milton Solution.
- On upholstery, soft furnishings and carpet, the area must be cleaned with detergent and hand hot water then thoroughly dried. If a carpet has been contaminated an appropriate risk assessment should carried out and reported in lien with PC24 incident reporting procedure PC24UPOL32.
- Dispose of all cleaning materials and your personal protective equipment. Clean / decontaminate hands using soap and water.

2.15 Blood/body fluid spillage cleaning and disinfection

Locate blood / body fluid spillage kit containing:

- Scoop / brush and pan for dealing with any sharp/ broken glass etc.
- Disposable single use gloves
- Disposable plastic apron
- Clinical waste bags
- Disposable blue roll/clothes
- Chlorine releasing agent e.g. Titan granules.

Staff should also have access to general purpose detergent and ensure a sharps container is located near to point of spillage.

Ensure areas is adequately ventilated – (due to Chlorine releasing agent) then:

- Put on Personal Protective Equipment (PPE)
- Remove any sharps objects with the dedicated brush and pan/scoop. Cover spillage with the disinfectant provided e.g. Titan granules, Virkon etc. Cover with wet paper towels and allow the spillage to be absorbed.
- Dispose of absorbed spillage into clinical waste bin.
- Wash area once spillage has been absorbed with detergent (Hospec) and hot water using disposable mop head/cloth.
- Remove all PPE and dispose as clinical waste (together with mop head/clot
- Wash hands with soap and water following removal of PPE.

2.16 References

The Health & Safety at Work Act 1974.Available at:
http://www.hse.gov.uk/legislation/hswa.htm

The Control of Substances Hazardous to Health.
Available at: http://www.hse.gov.uk/coshh/

Advisory Committee on Dangerous Pathogens – GOV.UK. Available at: *https://www.gov.uk/government/groups/advisory-committee-on-dangerous-pathogens*

Decontamination and Infection Control - GOV.UK. Available at: https://www.gov.uk/government/collections/decontamination-and-infection-control

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403442/Single- use_medical_devices implications_and_consequences_of_reuse.pdf

Medical Devices Directive 93/42 EC, (Annex 1 Essential requirements) EU Council Directive 1995. Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:31993L0042

Statutory Instrument 2002 No. 618, The Medical Devices Regulations 2002. Available At: http://www.legislation.gov.uk/uksi/2002/618/contents/made

Section 3

Standard Precautions

Element Three - Safe Handling and Disposal of Healthcare Waste

3.0 SAFE HANDLING AND DISPOSAL OF HEALTHCARE WASTE

Healthcare waste has the potential to be toxic, hazardous and / or infectious. All staff have a duty under the Health and Safety at Work Act (1974) and the Environmental Protection Act (1990) to ensure that waste (including sharps) must be segregated, handled, transported and disposed of in an appropriate manner to ensure it does not harm staff, patients/ service users, the public or the environment.

3.1 General Principles

- Waste should be disposed of at point of care in nearest appropriate bin.
- Waste bags must be changed before ¾ full, and at least daily.
- Waste bags must be swan necked or secured with a plastic tie to produce a fluid tight seal when closed.
- Holding waste bags slightly away from the body will reduce risk if accidentally containing sharp object.
- The waste bag must be clearly labelled or tagged with the generators ID as per local protocol.
- Waste bags must be stored in an appropriate container, which must always be locked or within a locked compound.
- Independent waste disposal contractors – must be registered waste carrier.
- The waste storage/collection area should be inaccessible to animals and the public with waste being stored in locked bins provided by the waste contractor.

3.2 Sharps Safety

Injuries from health-care sharps pose a significant risk to the physical and mental health of staff, cost the healthcare organisation time and resources and have the potential to result in costly litigation. Therefore staff must adhere to the following general principles:

- Staff are responsible for the safe use and disposal of every sharp they generate in line with Standard Precautions, Element Four, Sharps Safety.

- Sharps must be handled with care and respected as potentially dangerous items.
- Never re-sheath needles
- If there is any safety device present on the syringe use it according to manufacturer's instructions
- Staff are required to ensure maintenance of their own vaccinations are in date

3.2.1 Sharps disposal

- Sharps containers must be correctly assembled, tagged and labelled with start date, surgery and the initials of the person assembling it.
- Use the correct colour sharps bin
- Sharps bins must be BS7320 compliant
- Do not over fill the sharps container, dispose of before 2/3 full as indicated by the 'Full line'.
- Containers must be stored. Containers must be stored in an appropriate place, off of the floor and away from children and vulnerable adults. Wall securing devices are available.
- Use 'safer sharps' devices when available
- Partially close the lid when not in use.
- Dispose of needles and syringes as one complete unit – do not disconnect the needle.
- Always take the sharps container to the point of use.
- Carry container only by the handle or on correct size designated sharps tray.
- Dispose of in designated area having securely closed, labelled, tagged and signed.
- Dispose of sharps bin after 3 months even if not full.
- In case of Needle stick / sharps injury refer to Appendix 10

Section 4

Standard Precautions

Element Four - Sharps Safety

4.0 SAFE HANDLING & DISPOSAL OF SHARP ITEMS

4.1 Risks associated with sharp items

The consequences of needle stick injury are potentially serious; some carry the risk of transmission of life-threatening diseases such as hepatitis B and C and Human Immunodeficiency Virus (HIV).

Risk of injury increases with poor, incorrectly assembled, or inaccessible sharps containers. Risks are also generated by unsafe practices, in particular re-sheathing needles and disassembling devices manually, not disposing of sharp items where sharps containers are not available at point of use, emptying contents to search for something, or unstable containers toppling over.

Injuries are far more likely to occur where there is no opportunity to dispose of items immediately after use.

Sharps containers must never be set at a low level and must never be placed/stored on the floor.

4.2 Selection of sharps containers

Sharps containers must carry the following properties, providing a guarantee of safety. They must:

- Be of a good quality carrying the BS 732 marking, which signifies UN approval.
- Be puncture and leak proof
- Be of a sufficient size to accommodate contents e.g. long or large items.
- Carry a label that allows the users to detail: the person assembling, the location of use and the date of assembly; the person closing / locking the container and date of locking.

4.2.1 Placement of sharps containers

The aim of appropriate placement is to ensure the safety of staff, patients and others, in particular children. Containers located in public places such as treatment or consulting rooms must always be located in a safe position.

Containers must be:

- Sited at the 'point of care' e.g. near to a treatment couch or where vaccinations will be given or taken to the patients home.
- Be within comfortable reach of all staff; injuries can occur during disposal where the item hits the edge of the opening.
- Wall mounted with a bracket at a height where the opening is visible to all users, ideally at a height of 150cm (to aperture); this will allow staff to see any protruding sharps and remove the risk of tampering by children.

Containers must not:

- Be placed on the floor.
- Be placed on window sills or other surfaces where there is a risk the container may topple over. If the container has to be placed on a trolley e.g. resuscitation trolley, there should be enough space so that it is stable and topple free and the temporary closure should be used when not in use, and secured to the trolley and/or replaced after each use to avoid the risk of spillage.

Assembly and disposal of sharps containers

- Assemble sharps containers correctly following manufactures instructions ensuring that all seals are intact.
- Sign, date and record the location on containers following assembly.
- Close, lock and dispose of containers when ¾ full.
- Sign and date sharps containers after locking them.

- Wear protective clothing when transporting containers as determined by a risk assessment.
- Carry used sharps bins by the handle, away from the body
- Store sharps bins awaiting removal in a secure locked area

NEVER place used sharps containers in a clinical waste bas.

4.3 Safe handling and disposal of sharp items

The user of a sharp item is always responsible for its disposal. NEVER must sharp items be passed or left for another individual to dispose of. During a surgical procedure, place sharps such as a blade in a safe stable container

DO

- Perform a risk assessment
- Dispose of sharps at point of use
- Dispose of sharp items promptly
- Dispose of sharp items correctly – ensure that the device is completely disposed of.
- Dispose of needles and syringes as a single unit – never disassemble sharp items.
- Use an approved device for devices that require dismantling e.g. insulin pens/ surgical blades.

4.4 Transportation of sharps containers

If staff are transporting sharps boxes in the boot of their car, the sharps box should be contained in a solid sided, lidded container.

4.5 Management of needle stick injury, blood or body fluid exposure - Inoculation

Although the risk of acquiring a blood-borne virus (BBV) infection is low, the

consequences are serious.

The risk of transmission to healthcare workers (HCW) in the course of their work arises from the possible exposure to blood and other body fluids **(Appendix 10)** from a patient infected with a blood-borne infection i.e. Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).

The risk of transmission of a blood borne virus is greater from patient to health care worker then from health care worker to patient.

Not all patients infected with a blood borne virus have had their infections diagnosed. Therefore all blood and body fluids should be regarded as potentially infectious.

Inoculation injuries or exposures to blood and body fluids can be minimised by using standard precautions. Post exposure management following an injury or exposure may prevent infection.

4.6 Policy

In order to manage and protect staff PC24 has the following arrangements:

- Provision personal protective equipment (PPE)
- Safe systems for the disposal/cleaning of equipment contaminated by blood or body fluids
- Provision of Hepatitis B vaccination for staff at risk of inoculation injury or exposure to blood and body fluids (PC24 Occupational Health Department - OHD. (0151 529 3803. Aintree Health & Wellbeing Centre, situated on the University Aintree Hospital site)
- OHD for advice and management of inoculation injuries. Inoculation injuries must also be reported onto risk management system, Datix.

4.6.1 Risk of blood borne virus infection

The risk of transmission to a Health Care Worker (HCW) depends on a number of factors:

- The infectious status of the source individual
- The type of exposure e.g. harps, needle stick injury, mucosal exposure or bite
- The body fluid and volume e.g. blood, urine etc.
- The type of BBV and viral load at time of the exposure

Staff are potentially at risk when taking blood, giving injections, carrying out minor surgery, when decontaminating reusable medical devices and when carrying out other tasks or duties where they could come into contact with bodily fluids.

An unvaccinated Healthcare worker exposed to a known positive Hepatitis B Virus (HBV) source has a 6-30% risk of becoming infected if they do not receive post exposure immunoglobulin.

The risk of becoming infected from a known Hepatitis C Virus (HCV) source through a Needle stick injury is approximately 3%.

The risk of becoming infected from a known HIV source has a 0.3% risk of transmission. However, if the known HIV source is on anti-retroviral treatment and has an undetectable viral load the risk of transmission is negligible.

4.7 Prevent

Control of Substances Hazardous to Health (COSHH) requires employers to carry out an assessment of work and procedures to prevent or control both an individuals' or group of employees' exposure to substances known to be hazardous to health.

This process should include methods of working and ways of reducing identified hazards

and the risks involved in activities such as disposal of sharps, body fluid and tissues, and contaminated items and equipment.

4.8 Immunisation (Hepatitis B)

There is currently no vaccine to prevent against either Hepatitis C Virus or HIV.

For those staff who have direct contact with patients, Hepatitis B vaccination is mandatory and is available and administered in compliance with the Department of Health Guidelines via PC24 OHD.

4.8.1 Management of exposure incident

Immediate Action;

4.8.1.1 Wounds and skin areas that have been in contact with blood or body fluids should be gently encouraged to bleed and washed with soap and water and covered with a waterproof dressing if the skin is broken (bleed it, wash it, cover it and report it).

4.8.1.2 Mucous membranes should be flushed with water. Eyes should be irrigated with clean water or saline.

4.8.1.3 The incident should be reported immediately to the manager/supervisor within that working area.

4.8.1.4 The manager/supervisor should make an initial risk assessment of the exposure using the flowchart shown in Appendix 10.

4.8.1.5 If the exposure is assessed as high or uncertain risk the OHD should be contacted promptly for further advice. If it is outside the normal departmental hours (8:30 – 16:30hrs) the HCW should attend the nearest Accident and Emergency (A&E) Department. Details regarding the source should be provided to the OHD or A&E Department to assist the

assessment/treatment process.

4.8.1.6 A blood sample (10mls clotted in an ochre/yellow topped blood bottle) is requested and taken from the exposed HCW and this will be stored within the lab as a baseline sample for possible further testing.

4.8.1.7 All incidents should be reported to the OHD (even if the initial assessment was carried out in the A&E department) for advice, counselling, follow- up and further tests (if required),

4.8.1.8 The incident must be reported to the practice manager and on the PC24 Datix, Risk Management System.

4.8.2 Assessment of risk

4.8.2.1 The immediate treatment offered depends on the risk of exposure and whether the source of the patient is known to be or is potentially infected with HBV, HCV or HIV.

4.8.2.2 Information on the source patient is important as part of the risk assessment. The risk assessment can be undertaken immediately by the employees' line manager or themselves if they are lone workers by. This risk assessment also includes the volume of blood/body fluid, mode of transmission duration and extent of the exposure.

4.8.2.3 If the exposure occurs within normal working hours the OHD will risk assess the incident and therefore should be contacted promptly for further advice.

4.8.2.4 If exposure occurs outside the normal departmental hours (8:30 – 16:30 hours) the HCW should attend the nearest Accident and Emergency (A&E) Department for the injury to be risk assessed.

4.8.3 Testing the source patient

The donor's GP will be asked by OHD about obtaining the donor's consent for testing for HBV, HCV, and HIV if there is no existing known status on the patient:

4.8.3.1 If the donor refuses testing or is mentally incapacitated and unable to give consent the incident will be managed as an unknown source.

4.8.3.2 When consent has been obtained from the donor a blood sample should be obtained and sent to the virology laboratory with a request for a copy of the result to be forwarded to the OHD.

4.9 Specific BBV post exposure management

4.9.1. HIV – post exposure prophylaxis

If, following assessment of risk it is concluded that Post Exposure Prophylaxis (PEP) treatment should be commenced the exposed staff will be advised to attend the nearest A&E Department where the treatment will be issued. It is most effective if PEP is commenced within 1-2 hours following exposure, although it can be commenced within 72 hours of the injury. If the exposure is assessed as high risk the commencement of PEP for the recipient (staff Member) should not be delayed whilst the outcome of any testing of
the source patient (donor) is obtained

The A&E Department staff will discuss the drug treatment regime with the exposed staff. Staff must contact the OHD to ensure specialist follow-up arrangements are in place.

4.10 HBV – Booster vaccination or immunoglobulin

If the HCW has completed a course of vaccination and is known to have produced protective antibodies following vaccination they can be reassured that they are not at risk but a booster dose of Hepatitis B vaccine may be given in compliance with national guidelines.

If the Healthcare worker has not been vaccinated or not produced protective antibodies following a previous course of vaccination and there is a high risk of exposure to the virus

they can be given a dose of immunoglobulin within 48 hours following exposure and commence a course of vaccination where appropriate.

The Occupational Health Department will contact the Consultant Microbiologist who will risk assess the incident and advise whether Immunoglobulin is required. This will then be obtained from the laboratory as the shelf life is too short to be kept refrigerated on site.

The Immunoglobulin or Hepatitis B Booster injection will be administered by the OHD professional.

4.11 Hepatitis C Virus

There is no immediate post exposure treatment for Hepatitis C. Management is follow- up blood testing at intervals specified by the Department of Health i.e. 6 weeks, 3 months and 6 monthly periods.

If the recipient (staff member) is found to be positive for HCV following transmission they will be referred to a specialist.

4.12 Management of an unknown source

When staff (recipient) receives an injury from an unknown source or where source blood testing cannot be carried out further management of the exposure will be based on the risk assessment.

In some cases with pre and post test counseling the staff may undergo testing for HBV, HCV and/or HIV. The timing of these tests complies with national recommendations. HCV - Polymerase Chain Reaction (PCR) blood test at 6 weeks and 3 months and HCV antibody blood test at 3 and 6 months.

HIV - antibody blood test at 3 and 6 months

Specialist follow-up will be arranged in the event of a positive result.

4.13 PC24 Reporting arrangements

Vaccination incidents will be reported to your manager as well as through the PC24 Datix, Risk Management System.

The incident must be reported to the PC24 Occupational Health Department as soon as possible after the injury or after attending the nearest A&E Department (out of hours).

4.14 Notification

Cases of occupationally acquired HBV, HCV, and HIV are reportable to the Health & Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

Public Health England, Communicable Disease Surveillance Centre is informed of cases of confirmed exposures of staff to a BBV. This report excludes any details of the injured staff but includes data on type of exposure, type of sharp, depth of injury, material exposed to. Further follow-up questionnaires are completed when requested.

4.15 References:

Control of Substances Hazardous to Health (COSHH)**.** Available at: http://www.hse.gov.uk/coshh/

http://www.hse.gov.uk/pubns/hsis7.htm

HSE (1974) The Health and Safety at Work Act 1974 Health and Safety Executive. Available at: http://www.hse.gov.uk/legislation/hswa.htm

HSE (2013) Health and Safety executive (2013). Available at: http://www.hse.gov.uk/healthservices/needlesticks/

http://www.hse.gov.uk/biosafety/diseases/bbv.pdf

http://www.hse.gov.uk/healthservices/needlesticks/resources.htm

Section 5

Standard Precautions

Element Five - Personal Protective Equipment

5.0 PERONSAL PROTECTIVE EQUIPMENT (PPE)

Wearing PPE serves to protect the healthcare worker from contamination with blood, body fluids or pathogens and to prevent the onward transmission of potentially pathogenic microorganisms onto service users, colleagues, or to their own family members.

However gloves should not be worn unnecessarily as their indiscriminate use may cause adverse reactions and skin sensitivity.

Gloves must conform to European Community (CE) standards, powdered or polythene gloves are not suitable in healthcare. The use of gloves does not preclude the need for handwashing.

5.1 The use of PPE

The use of PPE should be guided by risk assessment and the extent of anticipated contact with blood, body fluids or pathogens.

Use of PPE:

- PPE is used in addition to normal clothing and uniforms
- Uniforms are not considered personal protective equipment
- The need for protective equipment should be on a task related approach, not disease specific
- Selection of protective equipment should be selected on the basis of an assessment of the risks of transmission of micro-organisms to the patient and the risk of contamination of health care workers' clothing and skin by patients' blood, body fluids, secretions and excretions.
- PPE protects intact skin. Cuts, abrasions, exposed fresh unhealed body piercings i.e. facial or exposed unhealed tattoos must be covered by a waterproof plaster

or other suitable dressing in addition to PPE.

- Hand decontamination must be used before and after PPE use.
- Arms must be 'bare below the elbow' to prevent contamination of clothing. Any staff who consider that this affects their religious practice must discuss a suitable solution e.g. disposable sleeves, with their practice manager / line manager.
- PPE will not protect against sharps injuries: avoid the use of sharps where possible.
- Personal protective clothing identified by the manufacturer as single use must not be kept for re-use

5.2 The type of PPE

The type of protective clothing is determined by the potential contamination risk. The following table gives guidance.

No risk of exposure	Hygiene precautions essential e.g. handwashing
Low risk of contact	Gloves must be available
Contact with blood and/or body fluids PROBABLE, splashing to face unlikely	Gloves to be worn, apron/safety mask/spectacles to be available.
Contact with blood PROBABLE: Potential for uncontrolled bleeding or splattering to the face	Gloves and apron to be worn, water repellent gown, safety spectacles or face visor and mask to be available

The use of gloves does not preclude the need for handwashing

Choice of PPE

PPE	Function	Examples of Use
Gloves*	**Standard length:** Protect hands from contamination with organic matter, micro-organisms and chemicals. Minimise cross-infection from staff to patients and vice versa.	• Contact with non-intact skin • Contact with mucous membranes • Potential exposure to blood • Contact with contaminated equipment • Contact with chemicals • Invasive procedures
	Long Cuff gloves: Use in situations where fluid may enter over the cuff of the glove.	• Contact with sterile sites • Cleaning contaminated equipment • Cleansing of leg ulcers in deep water.
Aprons*	**Standard disposable apron:** Protect the healthcare workers clothing from contamination. (Where lack of shoulder protection is of concern, disposable wider shoulder aprons or long sleeved impermeable single use aprons should be considered).	• Contact with blood or body fluids, secretions, excretions with the exception of sweat • For direct contact with an infectious patient and their environment • When clothing is likely to become wet or soiled. • Cleaning contaminated equipment
	Long sleeved disposable apron: Protect the healthcare worker's clothing and arms from contamination	• Use where standard disposable aprons give insufficient coverage of exposed skin and clothing

Masks**	**Face Mask:** Protect healthcare workers from the potential exposure to micro-organisms via splashes of blood and body fluids or contaminated cleaning fluids.	• Healthcare where treatment may potentially cause facial splashing e.g. lancing of abscesses • Cleaning contaminated surgical equipment • Close patient care in pandemic influenza situations.

5.3 References

Health & Safety Executive – Risk at Work. Available at:

http://www.hse.gov.uk/toolbox/ppe.htm

Section 6

Standard Precaution

Element Six - Safe Handling of Blood and Body Fluid Spillage

6.0 SAFE HANDLING OF BLOOD AND BODY FLUIDS

6.1 Specimens – General precautions

All staff involved in handling specimens should receive training and ensure that they are up to date with the appropriate vaccination for their duties and responsibilities as outlined by their job description. Further guidance may be sought from occupational health if required.

Containers used to collect specimens must be approved by the receiving laboratory and CE marked. They must be:

- Rigid
- Leak-proof
- Sturdy
- Non-reactive to fixative solutions such as formalin or alcohol
- Lids should fit tightly to preventspillage

PPE **must** be worn when collecting specimens. Selection of the type of PPE must be appropriate to the type of specimen to be collected. Further guidance and advice is available from the Sefton IP&C Team. It is anticipated that non-sterile gloves as a minimum will always be required.

6.2 Specimen collection

1. Complete all relevant documentation and labeling before commencing the procedure.
2. Care must be taken to avoid contaminating the outside of the container or the environment with thespecimen.
3. Specimen containers must not be overfilled.
4. Ensure the lid of the container is securelyclosed.

5. Spillages should be managed in accordance with the spillage management guideline available on the intranet
6. While the methods of sample collection are standard, the storage conditions and interval before arrival at the laboratory will differ. This depends upon the nature of the specimen, as each has specific conditions, and whether a specific microorganism is suspected.
7. Specimen results should not be interpreted in isolation, but used in conjunction with other clinical findings.
8. The majority of bacteriology culture results will be reported after 48 hours, depending upon the investigation.
9. It is the responsibility of the service or individual collecting the specimen to follow up the results and ensure appropriate remedial action is taken.

Specimens must be placed into the specimen transport bag with the request form in the attached pouch, apart from the sample

If patients are required to take their own specimens, they **must** be instructed on the correct procedure to avoid contamination. If not taken correctly, a sample may become contaminated delaying diagnosis and treatment. For example, when asking a patient to provide a urine specimen, ensure they have been given advice regarding cleaning of the genital area, hand washing and the procedure for obtaining a mid-stream specimen.

6.3 Documentation

The following information must be included on the request form:

- At least two patient identifiers. These should include: The patient's name, date of birth, medical record / NHS number, for both the container and request form
- Name of GP/doctor/dentist
- GP surgery/clinic/ward (Intermediate care) and contact number

- Nature of specimen and test required
- Body site e.g. sacrum, abdomen
- Date and time of collection
- Clinical details e.g. symptoms of infection, date of onset
- Antibiotic therapy with dates including previous therapy over the last 4 weeks (only the type of drug used is required not the frequency)
- Specimens known or suspected to contain high-risk pathogens, such as blood borne viruses, Tuberculosis, Salmonella etc. must be marked `risk of infection` using a biohazard sticker. Patient diagnosis should not be specified on the form; additional details should be provided to the microbiologist via telephone to the laboratory, if required.

When enquiring about a specimen ensure that at least **two** patient identifiers are confirmed to verify information provided.

6.4 Storage

For the most accurate results, specimens should be dispatched to the laboratory as soon as possible or at least within 24 hours. After this time, any dominant or more virulent microorganisms will flourish and weaker ones will die off; which can lead to inaccurate results.

Specimens that are not to be transported immediately to the laboratory should be stored temporarily to maintain integrity of the sample for examination. If temperature regulated storage is required then appropriate equipment with a biohazard sign should be available to hold the specimens at the correct temperature until transport can take place. NB; a fridge used to hold specimens must not be used for any other purpose including food or vaccine storage.

In health centres and surgeries, a plastic tray must be available for receipt of specimens and situated near to reception. Reception staff must be trained in cleaning up a blood or

body fluid spillage and be conversant with the location of the spillage kit. Refer to Standard

Precautions, Element Three, Safe Handling and Disposal of Healthcare Waste.
Patients must be encouraged to place specimens directly into the container so that staff handling is reduced. These containers must be:

- Made of easily cleaned durable plastic in the event of contamination, and be able to withstand cleaning with chlorine-based agents
- Large enough to contain the number of specimens collected
- Situated away from food or drink areas
- Situated near to reception for patient access.

6.5 Transport to the laboratory

Samples **must** only be transported by a recognised courier or by a member of PC24 staff (i.e. after sampling in the home). Specimens should be transported to the hospital via a courier service, on a daily basis as a minimum standard from each primary care facility. Under no circumstances should taxis or non-PC24 24 contract personnel be used to transport specimens.

Procedures must be established to prevent the mishandling of specimens by verifying patient and specimen information before transfer and by transport personnel at each point of exchange. Proper documentation should allow tracking of the specimen from its source to its final destination. A logbook should be used to record specimen, date, time, and the name of each person involved in the transfer process.

Note: Specimens must be transported in a manner that ensures confidentiality of health information and minimises visibility of the specimen.

6.6 Wound swabbing

Please refer to the wound care formulary and manual references.

1. Recommended Practices for the Care and Handling of Specimens in the Perioperative Environment. AORN Journal March 2006 Vol: 83, No 3.
2. Greenwood D. Et al., Medical Microbiology. A Guide to Microbial Infections: Pathogenesis, Immunity, Laboratory Diagnosis and Control (2012) Churchill Livingstone.
3. Health & Social Care Act 2008: (Hygiene Code) Standard Precautions
4. Epic 2: National Evidence based guidelines for preventing HCAI in NHS Hospitals in England (2007).

6.7 Summary table for specimen collection and storage

specimen	Amount	Collection Method	Container	Storage	Transport to Lab
Midstream specimen	10 – 15 mls	Avoid collecting the first of the urine to avoid contamination with urethral organisms. Wash perineal area with soap and water. Pass urine into toilet, bedpan or urinal, with urine flowing freely, pass container under flow. Seal container.	Monovette System	Room temp for up to 2 hours. Refrigerate for no more than 24 hours.	ASAP or within 24 hours.
Catheter Specimen (CSU)	10 - 15 mls	A CSU should be obtained aseptically using a sterile needle and syringe (1) and a sterile dressing pack. Wash hands with soap and water and apply sterile gloves. Risk assess for the use of other PPE.	Monovette System	Room temp for up to 2 hours. Refrigerate for no more than 24 hours.	ASAP or within 24 hours.
Faeces	A plum size portion or 5-10 mls if liquid.	If collecting specimen for patient wear gloves and risk assess for the need for other PPE. Transfer faeces t the specimen container using the plastic	Stool specimen container with spoon	Refrigerate or store at room temperature	ASAP or within 24 hours

Serial test of faeces for faecal occult blood		spoon in the container, taking care not to contaminate the outside of the pot. Remove gloves, wash hands with soap and water. (NB: A number of infectious organisims found in faeces are not killed by alcohol gel). Collect sample as above on 3 consecutive days	As above	As above	ASAP or within 24 hours or test on site as per instructions provided with reagent kit.
Ear Swab		Decontaminate hands. Place swab in ear canal, rotate gently and place swab in plastic transport sheath and seal.	Blue topped swab with transport medium	Store at room temperature	ASAP or within 24 hours.
Vaginal Swab (HVS)		Decontaminate hands and risk assess for PPE use. Introduce speculum. Roll swab gently over the surface of the vaginal vault. Place swab in plastic transport sheath and seal.	Blue topped swab with transport medium	Store at room temperature	ASAP or within 24 hours.

Sputum Sputum for suspected TB		Sputum specimens are best collected first thing in the morning. Avoid collecting after eating or drinking. Patient should breathe deeply to encourage expectoration and not provide saliva. Staff must risk assess for PPE use. As above and 3 early morning expectorated sputum specimens on 3 consecutive days.	Universal As above	Room temperature Do not refrigerate. As above	ASAP or within 24 hours As above
Bacterial eye swab	The aim is to collect epithelial cells	Staff should assess the risk for the use of PPE. Decontaminate hands. Gently bring outwards lower eyelid	Blue topped swab with transport medium.	Store at room temperature	ASAP or within 24 hours
Chlamydia eye swab		to expose the conjunctival membrane. Rub swab gently over the membrane from inner to outer eye margin avoiding the cornea. Place swab in a plastic transport sheath and seal. Decontaminate hands and risk assess for PPE use. As above.	Chlamydia testing kit	Refrigerate overnight only. May be frozen for 5 days	ASAP

Chlamydia swab		Take chlamydia specimen after bacteriology specimen. If there is discharge, pus or mucous in the cervix, wipe it off. Insert chlamydia swab into endocervical canal. Rotate swab firmly around surface of the canal for 5-10 seconds. Withdraw swab without touching vaginal surface.			
Blood Specimen		Please see venupuncture guideline.			

6.8 Spillage

6.8.1 Risk Assessment

Contamination of the environment and risk of exposure to infectious agents increases when the spillage is left unattended, or ineffectively managed.

Spillages consist of blood, body fluid or excreta and carry a risk of infection transmission. All spillages should be treated as potentially infectious and standard precautions observed at all times.

Assessment should be made of the:

- Content of the spillage – blood, urine or excreta
- Size of the spillage
- Material on which the spillage has occurred – fabric, vinyl, metal, other.
- The requirement for protective clothing following a risk assessment.

6.8.2 Facilities

All healthcare workers must have access to protective clothing as well as cleaning equipment and chemicals.

A spillage kit should be available to all staff and be located at a central point that is easily accessible. A risk assessment should be undertaken to determine the amount of kits per practice. This should be based on the type of activity undertaken and the risk (impact and frequency) of spillages occurring.

A spillage kit should contain the following:

- Non-sterile gloves
- Plastic aprons
- Clinical waste bags
- Blue roll / paper towels or disposable cloths.
- General Purpose Detergent
- Chlorine releasing agent sanitizer Granules e.g. Haz Tabs, Titan.
- Access to mop heads and mop handles and mop buckets.
- Ensure a sharps container is available if required.

Commercial pre-packed single use kits are available for areas where spillages are infrequent. Use of these packs would require staff to have access to general purpose detergent mops and mop heads

6.8.3 Blood and body fluid spillage except urine or vomit

Blood spillages need to be disinfected using a chlorine-releasing agent at a concentration of 10000 parts per million, to render the area safe.

Ensure the area is well ventilated and:

1. Put on protective clothing following risk assessment
2. Remove any sharp items carefully. Place into sharps container using, for example, forceps. Avoid handling any sharp items directly
3. Poor sanitzer granules onto the blood or body fluid spillage. Leave for 2 minutes
4. Remove spilt material and granule mixture using disposable paper towels
5. Dispose of as clinical waster
6. Clean area with hot water and detergent, e.g. Hospec, using disposable cloth or mop, dry thoroughly
7. Clean mop bucket with fresh hot soapy water and dry. Store inverted in a clean cupboard
8. Remove mop head and dispose of as clinical waste
9. Dispose of protective clothing and cloth as clinical waster
10. Wash hands using soap and water; dry thoroughly using paper towels
11. Report incident on Datix.

6.8.4 Urine or vomit spillage

Chlorine releasing agents should not be used to manage a spillage of urine or vomit, due to the presence of ammonia. Contact of the chlorine releasing agent and acid will liberate noxious gas (DOH 1998).

1. Put on protective clothing, as needed.
2. Place disposable paper towels over the spillage.
3. Allow to absorb spillage.
4. Remove towels and debris and dispose of as clinical waste
5. Clean the area with hot water and a detergent using a disposable cloth or mop
6. Dispose of towels as clinical waste
7. Clean area with hot water and detergent (e.g. Hospec) using a disposable cloth or mop, dry thoroughly
8. Clean the mop bucket and handle of mop head with a dilute solution of Titan or Haz-tabs. Discard mop head or send to laundry as appropriate.
9. Clean mop bucket with fresh hot soapy water and dry. Store inverted in a cleaning cupboard.

10. Remove mop head and dispose of as clinical waste
11. Dispose of protective clothing and cloth as clinical waste
12. Wash hands
13. Report incident on Datix

6.8.5 Known / Suspected Infectious Diarrhoea or Vomit

Norovirus 'type' viruses (winter vomiting) are highly contagious with environmental contamination often enhancing spread. It is essential that an environment contaminated with vomit or faeces from an adult or child with suspected infectious diarrhoea and or vomiting is decontaminated effectively.

- Immediately isolate the area and prevent other staff, patients and visitors from entering. DO NOT use the area until thoroughly cleaned.
- Wear appropriate protective clothing (as per protective clothing policy).
- Remove excess vomit or faeces using paper towels or disposable cloths, dispose of these products in the clinical waste bin.
- If the surface is wipeable and not fabric use clean clothes or paper towels to clean the area, with general purpose detergent and hot water ensure and rinse and a dry, followed by a hypochlorite solution diluted to 1000 ppm e.g. Haz tabs or Milton mixed at twice the normal strength.
- On upholstery or soft furnishings and carpet the area must be cleaned with detergent and hand hot water then thoroughly dried. If a carpet has been contaminated then considerations should be given to the use of a steam cleaner.
- Dispose of all cleaning materials and your personal protective equipment. Clean / decontaminate hands using soap and water, thoroughly dry with paper towels.
- Reapply protective equipment and with a fresh cloth and a fresh solution of hypochlorite clean all surfaces (with particular attention to hand contact surfaces) with the hypochlorite solution.
- Remove personal protective equipment and clean / decontaminate hands using soap and water, dry thoroughly with paper towels.

6.8.6 Spillage on soft furnishing or contamination of brass

In some settings, management of spillages will be compromised by the presence of items such as carpets and fabric upholstery (liable to damage by chlorine) and brass detail (corroded by chlorine).

- Put on protective clothing, as needed
- Soak up as much of the spillage as possible using disposable paper towels.
- Remove towels and debris and dispose of as clinical waste*
- Clean the area with hot water and a detergent using paper towels or a disposable cloth.
- Dry area thoroughly
- Dispose of protective clothing and cloths as clinical waste
- Wash hands

Grossly soiled carpets or fabric items in shared accommodation should always be replaced. Moisture repellent fabrics should be used where possible.

6.8.7 Management of a spillage in a patient's home

All actions must be discussed with the patient first and consent gained for using patients cleaning materials.

- Soak up as much of the spillage as possible using paper towels, newspaper or kitchen roll, and place directly into plastic bag or bin liner.
- Clean area with hot water and detergent using disposable cloths, rinse and dry
- Clean the bucket in fresh water and detergent, rinse and dry
- Dispose of protective clothing and cloths into the plastic carrier bag or bin liner, tie and double bag this, and discard with the normal household waste.
- Wash hands.

6.9 References

Department of Health (1998) Guidance for Clinical Health Care Workers: protection against infection with Blood Bourne Viruses.

Lawrence, J (2003) Infection Control in the Community, Churchill Livingstone, London.

Healthcare Associated Infections: Prevention and Control in Primary and Community Care. Available at: https://www.nice.org.uk/guidance/cg139

Section 7

Standard Precautions

Element Seven - Safe Handling and Disposal of Linen

7.0 SAFE HANDLING AND DISPOSAL OF LINEN

7.1 Management of linen and laundering

The Health Act 2008 - Code of Practice on the Prevention and Control of Infections and Related Guidance, updated July 2015, sets out criteria by which NHS organizations must ensure that the risk of Healthcare Associated Infections (HCAI) is kept as low as possible and patients are cared for in a clean environment. Compliance with this code is a statutory requirement including the duty to adhere to policies and protocols applicable to infection prevention and control. PC24 expects all of its employees to comply with this element.

In PC24 settings, linen items will comprise of window curtains, blinds and re- usable mop heads. Disposable paper items and mop heads should be used, where possible. Linen must not be used in direct patient care. As stated above it is not the responsibility of PC24 staff to take responsibility to launder linen, but staff should be aware of the standards and report in line with the incident reporting policy if they observe visible soiling of lined, dirty windows.

There must be a documented programme for laundering linen items. This should include the following as applicable:

- Six -monthly laundering of privacy curtains unless visibly soiled (disposable privacy curtains should be considered where possible)
- Disposable curtains should be used where possible.
- Annual laundering of window curtains/blinds unless visibly soiled
- If soiled with blood or body fluids all curtains must be removed and cleaned immediately. Therefore, sites must own sufficient supplies to ensure that curtains may be changed if soiled and to allow for routine cleaning.
- Staff must wear gloves and aprons when removing curtains; once removed, curtains should be placed in a large plastic bag to await collection. If soiled with blood or body fluids, an alginate plastic bag must be used. (see Appendix 9 for colour coding)

- Re-usable mop heads must be laundered at least weekly and thoroughly air dried and if contaminated with blood or body fluids they must be replaced immediately. Disposable should be considered were possible.
- Separate cleaning equipment must be used for toilet areas, kitchen, office and clinical areas, i.e. each area should have its own designated colour coded mops, buckets and cloths.
- Items should be laundered immediately in the event of contamination. Cleaning will require separate contracting arrangements

7.2 Handling linen

When handling linen the following precautions should be taken:

- Clean linen should remain wrapped until needed.
- Clean and soiled linen should be stored separately
- Linen should be handled with care so that dust creation is minimized
- Gloves should not be worn for handling clean linen.
- Gloves and an apron should be worn for handling used linen.
- There should be hand washing facilities available to staff.
- Hands must be decontaminated after handling used linen, even if gloves have been worn.
- Skin lesions should be covered with a waterproof dressing

The following guidance must also be followed:

- Protective clothing should be worn for handling (used) linen.
- Linen should be handled with care, avoiding creation of dust.
- Mop heads should be laundered weekly or changed following management of a spillage
- The clean and used storage areas must be kept clean and included on the regular cleaning schedule

7.3 References

Ayliffe G.A.J., Fraise A.P., Geddes A.M., and Mitchell K [2000] Control of Hospital

Infection-A Practical Handbook. 4th ed. Arnold. London.

HSG (95) 18’ Arrangements for Used and Infected Linen. NHS Exec (1995) Infection Control Guidance for Care Homes (2006) DH

The Health and Social Care Act [2012.] Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance. (2008) DH

Section 8

Standard Precautions

Element Eight - Respiratory Hygiene

8.0 RESPIRATORY HYGIENE

Respiratory Hygiene / Cough Etiquette is a new element of standard precautions. It is a strategy that is aimed at patients and accompanying family / friends of those with undiagnosed respiratory infections. It applies to all patients with cough, congestion, rhino rhea or increased production of respiratory secretions when entering a PC24 healthcare facility.

Elements of respiratory hygiene cough etiquette include:

- Education of healthcare staff, patients and visitors
- Posted signs appropriate to the population served e.g. Catch it, Bin it, Kill it campaign.
- Source control measures, such as covering the mouth/nose when coughing and prompt disposal of used tissues.
- Hand hygiene after contact with respiratory secretions
- Spatial separation to be considered with symptomatic patient to site as far away as possible from others as possible.

8.1 References

Essential steps to safe, clean care. Reducing healthcare associated infections in Primary Care Trust. DH 2006

Guideline for Isolation Precautions; Preventing Transmission of Infectious Agents in Healthcare Settings 2007.J. D. Siegel, E

Section 9

Standard Precautions

Element Nine - Asepsis

9.0 ASEPSIS

9.1 Aseptic and Clean Dressing Techniques for Clinical Staff

Standards for Better Health states that the use of safe processes and systems must work to prevent or reduce the risk of harm to patients. Patients have a right to be protected from preventable infection and healthcare workers have a duty to safeguard the wellbeing of their patients.

Furthermore, the Nursing Midwifery Council Code of Professional Conduct states that staff have a duty of care to patients and clients to provide safe and competent care; it also states that a professional is personally accountable for their own practice.

Any break in the skin will serve as a portal of entry for microorganisms. Dressing techniques are used when managing a break in the skin to promote healing and prevent organisms entering a host through this route.

Aseptic and clean techniques are processes designed to manage wounds effectively, in order to reduce the risk of infection to clean wounds and transmission to both patients and staff.

Although some infections are unavoidable, it is estimated that between 18 and 40% can be avoided through good infection control practices such as aseptic technique.

Poor aseptic technique, when managing susceptible sites, will provide the opportunity for transmission of microorganisms from healthcare worker's hands and / or from the equipment used. This can result in serious, even life-threatening, infections that carry negative outcomes such as discomfort to the patient or absence from work as well as increased costs to manage the infection.

All interventions undertaken in relation to wound care should be performed using either an aseptic or a clean technique; the type of technique used must be determined following a risk assessment.

Section 10

Communicable Diseases / Infection

10.0 COMMUNICABLE DISEASES / INFECTION

A communicable disease is carried by microorganisms and transmitted through people, animals, surfaces, foods, or air. Communicable diseases rely on fluid exchange, contaminated substances, or close contact to travel from an infected carrier to a healthy individual.

The disease might need a blood exchange via an injection, float along a sneeze in a cinema, or get transmitted through childbirth.

Examples of communicable diseases include herpes, malaria, mumps, HIV/AIDS, influenza, chicken pox, ringworm, and whooping cough. Cancer is not a communicable disease. See **Appendix 11** for Communicable disease information

Parasites, bacteria, and viruses all qualify as pathogens, nicknamed "germs," and can cause a communicable disease. Their method of transmission, period of dormancy, ease of contagiousness, and relative danger can differ drastically from one disease to the next. Governmental health agencies spend a great deal of time and money studying the risk or spread of various contagious diseases in order to identify outbreaks, prevent reoccurrences, or develop treatments. They compile statistics such as incidence, which measures how many new cases are diagnosed per year, and prevalence, which identifies how many cases exist at any one time.

10.1 Employees living with a communicable disease / infection

Employees who have been cleared for work by the Occupational Health Department to carry out a job role, for which they have been recruited, do not have to disclose their condition to PC24. This information is held in strictest confidence by the Occupational health Department and disclosure is at the discretion of the employee.

However, employees have a duty of care under the Health and Safety at Work Act 1974 towards their colleagues and towards people in their care. Health care workers in

particular, have a professional duty to ensure that they take reasonable steps to avoid putting the health of others at risk.

Any person who is living with an immune suppressant condition may become susceptible to infections in the event that their immunity is impaired. Where it is deemed necessary that the employee requires a change in occupation (where a risk to their health is identified) the line manager will be notified by Occupational Health. The reason for the change in occupation will not be disclosed (and does not need to be disclosed) without the prior permission of the employee.

Employees living with long term health conditions are protected by the Equality Act 2010 from the point of diagnosis. This means that employees cannot be refused employment simply on the basis on their status, and they have a right to 'reasonable adjustments' in order to carry out their role.' Where reasonable adjustments cannot be made, PC24 has the right to withdraw any conditional offer of employment previously made.

Where there is no risk of transmission to patients, clients or colleagues during normal work activities there are no grounds for dismissing or otherwise discriminating against an employee purely on the basis of infection or suspected infection.

10.1.1 Continuation of Employment

Where an employee is diagnosed with a communicable disease/viral condition, this will not constitute grounds for termination of employment. As with many other conditions, if fitness to work is impaired, every effort will be made to arrange suitable alternative work or reasonable adjustments as appropriate.

10.1.2 Counseling and Support

PC24 fully recognises the importance of counseling and support for employees either directly or indirectly (through close involvement) affected by communicable diseases / viral condition. Employees living with a communicable disease/viral condition will be allowed leave of absence, with pay, to attend hospital and clinic appointments, which coincide with their normal working hours.

Sympathetic consideration will be given to requests for special leave and compassionate leave by those who have responsibility for caring for people living with communicable diseases/viral conditions.

Employees living with a communicable disease/viral condition who attend counseling sessions, either through in-house arrangements or external organisations, will be allowed leave of absence with pay to attend sessions, where these coincide with normal working hours.

For the purposes of self-certification because of an illness relating to their long term health condition, employees are permitted to address the issue of confidentiality by referring to a specific infection on their certificates, rather than to their health status. If an employee is required to produce a doctor's certificate, he/she should discuss the content of the certificate with the doctor concerned so that any reference to their health status can be avoided. If an employee encounters any difficulty with his/her doctor in this matter, he/she should produce this policy statement as confirmation of PC24's position

10.1.3 Useful Contacts

Any member of staff who is concerned or uncertain about any issue relating to a communicable disease or health condition should contact the Occupational Health Department for advice or assistance.

For those who may have contracted HIV there is a confidential HIV prevention service, HIV/AIDS, Armistead Project (0151 247 6560) where support can be given via telephone, one to one appointments, counseling, Positive Men's Group and Family / Partners / Friends support group. Nationally there is Terrence Higgins Trust Direct (0800 802 1221) which is the charity for HIV.

10.2 Clostridium Difficile (C. difficile)

Clostridium difficile is a rod shaped anaerobic bacterium that can colonise and live in the bowel which has low oxygen conditions. It is normally kept in check by friendly bacteria in the bowel but if certain risk factors are present (see risk factors below) it can release toxins and cause diarrhea.

C. difficile can range from a mild attack to a more severe illness such as Toxic Mega colon. C. difficile produce spores which are excreted in the faeces and can contaminate the environment and are resistant to heat, cold and alcohol such as alcohol gel. It is therefore important to decontaminate hands, the environment and patient equipment with soap and water (detergent).

10.2.1 Roles and Responsibilities of Prescribers:

It is the responsibility of prescribers to:

Ensure that anti motility agents are not prescribed for symptomatic patients. Refer to British National Formulary and Antimicrobial Guide and Management of Common Infections in Primary care (current edition)

1. Prescribe narrow spectrum antibiotics whenever the causative pathogen is known.
2. Review antibiotic therapy as soon as the causative pathogen has been identified. Where practical take a clinical sample and target antibiotics.
3. Use antibiotics prudently as an essential component of controlling C. difficile infection and must only be prescribed when there is clinical evidence of bacterial infection. (Regional Drug and Therapeutics Centre, 2009)
4. Avoid the use of antibiotic "cocktails".
5. Continue full prescribed course.
6. Discontinue antibiotics as soon as possible.
7. Patient's prescription for PPI's (proton pump inhibitors) must be reviewed for both the short term and long term where symptoms of diarrhoea are caused or suspected to be caused by Clostridium difficile.

It is the responsibility of the relevant organisations infection control teams to facilitate surveillance and carry out a full Root Cause Analysis on all patients with CDI within the community setting, not the responsibility of PC24.

10.2.2 Risk Factors for C.Difficile Infection

Risk factors for C.Difficile infection include the following:

- Elderly (over 65 years)
- Long length of stay in healthcare settings
- Recent use of antibiotics especially broad spectrum e.g. cephalosporin, quinolones and clindamycin which are harmful to normal gutflora.
- Prolonged and repeated courses of antibiotics
- Recent surgery, especially gastro-intestinal surgery
- NG (Nasogastric) / PEG Percutaneous endoscopic gastrostomy feeds
- Serious underlying disease/illness
- Immune compromising conditions
- Prolonged use of proton pump inhibitors
- Other medications affecting gut motility such as laxatives

Patients at risk of MRSA Infection include:

- Those with an underlying illness.
- Those who are Immuno-compromised (reduced immunity)
- Those who have an indwelling device(s) e.g. urinary catheter, Intravenous (I.V) lines, Percutaneous endoscopic gastrostomy (PEG) tubes
- Those with wounds known to have been infected or colonised with MRSA in the past.
- Those with chronic skin conditions.
- Those with pressure sores, or leg ulcers.
- Frequent healthcare facility users.

- Recent inpatients at hospitals abroad or hospitals in the UK which are known or likely to have a high prevalence of MRSA.
- Residents of residential care facilities

10.3 Antibiotic Therapy

Prescribing of Antimicrobials in Primary Care to treat the CDI must be in accordance with Antimicrobial Guide and Management of Common Infections in Primary care, which is updated yearly and available on the Trust intranet pages. Guidance should be sought from microbiology if required on an individual patient basis.

10.4 Meticillin Resistant Staphylococcus Aureus (MRSA)

10.4.1 Management of MRSA in community health settings

MRSA does not pose a risk to healthy people in the community and affected people should be encouraged to pursue all their normal activities. 90% of people with MRSA are colonised and are not infected. There are many more that remain undetected.

MRSA is easily transmitted on the uncleansed hands or by handling contaminated equipment.

A number of undetected cases of MRSA will also be managed in general practice. Standard Precautions should be applied:

- To all patients
- All of the time
- By all staff

This will protect staff and patients from recognized and unrecognized cases of infection or colonization. The same risks are posed by both.

Standard precautions will include the following measures:

- No need for isolation.
- Wear gloves when in touch with blood or body fluids except sweat.
- Cleanse hands before and after patient contact and after removing gloves.
- Adhere to aseptic technique when dealing with non-intact skin, mucous membranes and susceptible sites.
- Ensure treatment couch is wiped down (soap and water) and fresh blue roller applied between patients.
- Avoid using cloth towels and bar soaps; both harbor bacteria.
- Avoid sheets and blankets for privacy, unless laundered between patients.
- Cover broken skin with a waterproof dressing
- Ensure re-usable patient care devices are decontaminated between patients

10.4.2 Screening and Treatment - MRSA

1. Avoid treating MRSA unless there is a specific indication e.g. clinical infection. Routine use of eradication agents can promote further resistance.
2. **DO NOT PRESCRIBE REPEATED DOSES OF DECOLONISATION**, if advice is required please contact the Community Infection Prevention and Control team
3. Where treatment has been started by the hospital, assess each patient individually as to whether treatment should continue. The risk in the patient's home or residential setting is extremely low

MRSA continues to be a low risk in relation to transmission in primary care.

Staphylococcus aureus is a bacteria often found in the noses and on the skin of 20- 30% of the population. It normally colonises the nose, throat and skin and does not usually cause any problems. However, occasionally the bacteria cause's minor skin infections and boils but remain sensitive to many antibiotics.

However, staphylococcus aureus that is resistant to an antibiotic such as Meticillin are

referred to as Meticillin Resistant Staphylococcus aureus (MRSA). Many common only prescribed antibiotics are not effective and hence it is more difficult to treat. Although not normally a problem for the general community, for people with risk factors who develop a blood stream infection and antibiotic resistance it can be a problem.

10.4.3 Routes of Spread - MRSA

- Direct Contact -Hands provide the most common form of contact between people and their potential contamination with MRSA. It is essential that good standards of hygiene are maintained (see PC24 Hand Washing policy ICM 5).
- Indirect contact - Environmental contamination – Staphylococci survives well in the environment, on skin scales and in dust and can be transferred via hands.
- Contaminated equipment may also act as a reservoir for MRSA. Any piece of equipment that comes in to contact with a patient should be cleaned in between each use, as per PC24 Cleaning and Decontamination of reusable devices policy
- Airborne - MRSA frequently colonises skin and can be dispersed into the environment and onto equipment when skin scales are shed (DH 2004).

10.4.4 Possible Sites for MRSA Infection

- Wound Infection – MRSA a common cause of wound infection. This shows as a red, inflamed wound with or without pus. The wound may break open or fail to heal and an abscess may develop.
- Superficial ulcers – pressure ulcers, varicose and diabetic ulcers are often sites of MRSA infection
- Bacteraemia/septicaemia – MRSA/ *S. aureus* can enter the normally sterile blood stream either from a local site of infection (wound, ulcer, and abscess) or via intravenous catheter. Bacteraemia describes the presence of MRSA/*S. aureus* in the blood. Septicaemia can follow and is the clinical term for a severe illness caused by the bacteria in the blood stream. The symptoms are not specific to MRSA. Typically symptoms can include high fever, raised white cell count, rigors, disturbance of blood clotting with a tendency to bleed and a failure of vital organs.

- MRSA status of patients is not always known therefore it is essential that standard precautions, as per PC24 Standard Precautions Policy, are implemented and adhered to at all time.
- Blood and body fluids should be dealt with immediately, as per PC24 spillage procedure.
- Sharps should be disposed of into a rigid sharps container at the point of use, as per PC24 Waste Policy.
- Patient equipment, BP machines, should be cleaned thoroughly with general purpose detergent and hot water after use, as per PC24 decontamination procedure.

10.4.5 Decolonisation of MRSA Risk

A patient in the community will require a risk assessment prior to treatment for MRSA colonization. This assessment should include the presence of at least one risk factor, such as, a wound, an indwelling urinary device, a feeding tube or an intravenous line.

A patient without risk factors rarely requires decolonization treatment.

The following guidance should be followed, should it be advised to commence decolonisation by the GP:

- In the presence of clinical infection. Antibiotic therapy should only be given where there is evidence of a clinical infection. Treatment should be discontinued as soon as the clinical condition allows.

To decrease the amount of skin colonisation, to reduce the risk to the patient and others e.g. prior to admission to hospital, surgery or where progression to infection will prove detrimental to the patient e.g. immune-compromised patient

10.4.6 Procedure

Decolonisation consists of applying topical agents to the skin, nose of a colonised person. Mupirocin should always be used in conjunction with antimicrobial skin wash.

The product of choice is Octenisan and or Hibiscrub.

Topical Agent	Site	Frequency	Treatment Duration
Nasal Mupirocin 2% (Bactroban) ointment	Anterior nares of both nostrils with gauze swab	3 times a day	5 days
Antimicrobial skin Wash Octenisan.	All over skin and hair wash. Follow manufacturers guidance for application	Once daily	5 days

Patients suffering from chronic skin conditions should only be treated once advice is sought from the Microbiologist.

Patient should bath/shower for five days with Octenisan using following method.
Octenisan antimicrobial five – day eradication protocol

Day 1 – Body
Day 2 – Body & Hair
Day 3 – Body
Day 4 – Body & Hair
Day 5 – Body

- Use a disposable damp cloth to apply Octenisan leave on for three minutes then wash off
- For shower and hair use in the same way you would use normal preparations of shower gel and shampoo
- Clean clothing / night wear and bedding should be used each day and at the endof the decolonization therapy

Screening following MRSA decolonisation treatment is rarely necessary in the community unless there are clinical indications and clear benefits for doing so, or, as directed by the acute and community IP&CT.

10.5 References

Coia j, Duckworth G, Edwards D et al (2006) Guidelines for the control and prevention of methicillin-resistant Staphylococcus aureus (MRSA) in healthcare facilities *Hosp Infect 63(Supply 1): S1-44.*

Damani N.N, Manual of Infection Control Procedures, (1997), Oxford University Press, London.

Department of Health (2003) Winning Ways, London

Department of Health (2004) Towards Cleaner Hospitals and lower rates of infection: A summary of action, London.

Department of Health (2012) The Health & Social Care Act 2012. London.

Department of Health (2008) Code of Practice for the Prevention and Control of Health Care Associated Infections. London.

Health Protection Agency North West, Interim Infection Control Guidance for Care Homes (2005) www.hpa-nw.org.uk

Health Protection Agency (2005) Community MRSA in England and Wales; definition through strain characterisation CDR 15 (11) 1

Infection Control Nurses Association (2002) Hand Decontamination Guidelines

Joint working party of the British Society of Antimicrobial Chemotherapy, The infection Society and the Infection Control Nurses Association (2006)

Guidelines for Environmental Infection Control in Health-Care Facilities – Recommendations of CDC and Healthcare Infection Control Practices Advisory Committee (HICPAC), (2003), U.S. Department of Health and Human Services, Centres for Disease Control and Prevention, Atlanta, Georgia.

Smith R (2003) Action on Antimicrobial Resistance, British Medical Journal 317: 764 - 770.

10.6 CARBAPENEMASE PRODUCING ENTEROBACTERIACEAE (CPE)

Enterobacteriaceae are bacteria that usually live harmlessly in the gut of humans. This is called ‘colonisation’ (a person is said to be a ‘carrier’). However, if the bacteria get into the wrong place, such as the bladder or bloodstream they can cause infection.

Carbapenemase-producing Enterobacteriaceae (sometimes abbreviated to CPE) are a type of bacteria which has become resistant to Carbapenems, a group of powerful antibiotics. This resistance is helped by enzymes called Carbapenemase, which are made by some strains of the bacteria and allows them to destroy carbapenem antibiotics. This means the bacteria can cause infections that are resistant to carbapenem antibiotics and many other antibiotics.

The spread of these resistant bacteria can cause problems to vulnerable patients in hospitals or other settings, because there are so few antibiotics available to treat the infections they cause.

10.6.1 Risk Factors for CPE

CPE occurs in all ages, but is more likely to be seen more in the elderly as they are more likely to be hospitalized / screened, but young people are also at risk.

Risk factors for CPE include the following:

- Travel abroad- particularly within the last twelve months where CPE is prevalent.
- Healthcare abroad- hospitals/countries where CPE is prevalent.
- Direct inter-Healthcare transfers either locally or nationally
- Past admission to a hospital in the UK known to have a CPE problem Any previous hospital admission

- Previous contact with a CPE case; family member, or hospital contact with a case
- Colonisation with another multi drug resistant (MDR) organism especially extended spectrum beta lactamases (ESBL)-due to the use of selective antibiotics.
- Presence of invasive devices
- Antibiotics-Broad spectrum e.g. cephalosporin's, quinolones, and clindamycin which are harmful to gut flora
- Serious underlying disease/illness. Immune compromised conditions.

10.6.2 Guidance for Staff caring for a patient within their home settings

Strict adherence to standard Infection Prevention and Control precautions is essential in preventing the spread of infection-please refer to Standard Precautions Policy.

- Compliance with Hand Hygiene is essential. Hands should be washed with liquid soap and disposable paper towels before and after patient contact. Alcohol gel can be used for hand hygiene if hands are visibly clean (unless diarrhoea is evident. Encourage good hand hygiene practice with the patient, especially if they develop loose stools or diarrhoea.
- Personal Protective Equipment (PPE) must be worn – Non sterile Vinyl disposable single use only gloves. Disposable plastic aprons to be used for close contact/clinical procedures. Remove gloves first as these will be the most contaminated followed by aprons and dispose of in clinical waste bags. Hand hygiene must always be performed prior to donning and removal of PPE.
- Decontamination of all patient equipment must be performed after every use with detergent based wipes as per decontamination of medical devices policy. Any equipment that cannot be effectively cleaned should be condemned.
- Until the clinical waste is set up and running, ensure that any waste is double bagged if entering the domestic waste stream.
- Loose stools or diarrhoea increase the risk of spread of gut bacteria; therefore advise the patient of the need for scrupulous general hygiene including hand washing and cleaning of the environment to reduce the risk of transmission of infection.

It should be noted that if the patient is colonised or infected, then no decolonisation treatment is required for the followingreason:

- Skin decolonisation-not advised as these bacteria generally colonise the gut rather than the skin. Gut decolonisation (by prescribing antibiotics) this is not advised as antibiotic therapy could contribute to increasing resistance in the longer term. If the patient becomes infected then antibiotic therapy will depend upon sensitivity results. GP's should take advice from local microbiology departments.

10.6.3 Role of the Infection Prevention and Control Team (IP&CT)

When patients are found to be CPE positive within community settings, the IP&CT will:

- Inform GP and advise caution with antibiotic prescribing
- Establish and assess risks including, indwelling devices, wounds, twelve month history of travel and community healthcare interaction
- Identify if the patient attends outpatient appointments and to inform relevant department
- Inform relevant organisation if the patient has been in hospital within the last twelve months

Advise relevant providers of health and social care. Ensure that they have been informed of CPE status and that appropriate Infection Prevention and Control advice is given.

Send patient CPE Card and information leaflet.

10.6.4 GP Admissions

GP's are now notified when any patients are tested positive. They are advised to inform any healthcare provider if a patient has been previously tested positive for CPE

Patients will also be given a CPE card and are asked to present this, if admitted to hospital

10.6.5 PPE - Aprons / gowns

Wear a disposable plastic apron if there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions **or** wear a long-sleeved fluid-repellent gown if there is a risk of extensive splashing of blood, body fluids, secretions or excretions onto skin or clothing

Use aprons or gowns as single-use items, for one procedure or one episode of direct patient care **and** ensure they are disposed of correctly

10.6.6 Protecting Patients from Infection

The lack of antibiotics available to treat patients who develop infections caused by strains of these resistant bacteria means any lapses in practice are likely to have serious consequences for colonised patients and the risk of cross infection to other patients.

The bacteria are carried in the bowel but may be found on the patients' skin and hands and immediate environment. It is essential these are not introduced into the patients' blood stream or other vulnerable site where they can cause an infection. Adherence to asepsis is essential and all invasive devices must be removed as soon as no longer required.
All patients who have a long term urinary catheter or a urinary catheter which was not removed prior to transfer must be provided with a completed urinary catheter passport.
If identified as CPE positive there is a section to record this in the catheter passport

The patient's GP and any healthcare teams who will be caring for a positive patient following discharge or transfer must be informed about patients who are CPE positive

The IP&CT will assist by providing any additional advice.

10.6.7 Infection Prevention & Control

Staff should ensure they understand isolation procedures and adhere to standard precautions at all times.

Alcohol hand gel correctly used on visibly clean hands is effective for hand decontamination for both patients and staff.

Hand hygiene after using the toilet is particularly important for patients.

NOTE: Loose stools or diarrhoea (for any reason) increase the risk of spread of the bacteria from the gut therefore:

- Observe strict IP&C measures
- Provide assistance to patients where effective hand hygiene is in doubt

Cleaning and decontamination of equipment and the environment: Whilst these bacteria can be carried on hands and gloves and equipment and contaminate surfaces they are not as resistant to cleaning and disinfection as Clostridium difficile

10.6.8 Frequently asked questions – incorporating all community settings.

For managing CPE why is there a different approach for the community to that for acute trusts?

Risk of spread in the community setting is low. To maintain a low level of risk, effective hygiene practices should be maintained by all, service users and staff; particularly for staff when assisting positive individuals with toileting, undertaking dressings, and managing or changing urinary catheters and other devices. It is crucial that the affected individual is encouraged or assisted to practice good hand hygiene after visiting the toilet and that risks associated with diarrhoea and leaking wounds are controlled.

Why is screening of individuals suspected of being a carrier recommended for acute Trusts but not for other care settings?

There is a higher risk of spread between patients in an acute setting. To manage patients effectively, acute trusts need to have a full understanding of the patient's positive or carrier status, achieved through screening. This will allow them to plan the care for that individual and those around them in a safe and effective manner.

Are staff at risk of taking this home to their families? I have a vulnerable relative at home. If I care for this individual will I put my relative at risk?

Like any other bacteria that staff come into contact with routinely, effective hand hygiene and adherence to standard precautions, as described in this guideline, are the most effective ways to prevent indirect spread to others, including family members. Staff should carry on as normal at home without any changes to their activities of daily living.

Should staff caring for individuals colonised or infected with Carbapenemase-producing Enterobacteriaceae be screened to see if they have become a carrier themselves?

Currently, there is no evidence to support screening of staff as part of routine infection prevention and control measures. Adherence to standard precautions in the workplace and effective hand hygiene at all times is the key measures to prevent spread

What happens if the individual needs to go into hospital or to another care home?

When transferring an affected individual to another care setting, senior staff should ensure that the destination hospital or setting has been supplied with a completed copy of the inter-care transfer form – notification of an individual carrying or infected with a Carbapenemase–producing Enterobacteriaceae or other multidrug-resistant organism

How long does a person carry the bacteria?

There is no definitive answer to how long a person may carry the bacteria. The length of time could be anything from a few days to indefinitely. Treatment with certain antibiotics (for any infection) may also affect length of carriage. Effective hygiene practices and the use of standard precautions for all individuals receiving care will

minimise the risk of transmission

What about family members or visitors who are pregnant?

The placenta is an effective barrier in preventing bacteria such as CPE from crossing from the mother to the baby, therefore the unborn baby is not at risk in the womb.

The affected individual should practice effective hand hygiene, especially after visiting the toilet (as this bacterium is mainly carried in the gut) to minimise transmission. Similarly, effective hygienic practices by those who live with and care for the individual, including adherence to standard precautions by carers, are important.

The affected individual wants to know if it is safe for them to share a bed with their partner.

There is a chance that the bacteria could be passed onto the partner, particularly if the affected individual has a discharging infected wound. This would need to be contained within an impermeable dressing and regular laundering of bedding encouraged.

10.7 References

Toolkit for managing Carbapenemase-producing Enterobacteriaceae in non-acute and community settings. June 2015 Public Health England

Carbapenemase-producing Enterobacteriaceae: early detection, management and control toolkit for acute trusts.1ST Published 19th June 2014 Public Health England.

BNF 65(British National Formulary) March-September 2013-bnf.org

Communicable Disease Control and Health Protection handbook-third edition 2012.Hawker J, Begg N- Wiley Blackwell

11.0 APPENDICES

Appendix 1 – Risk Scoring Matrix

Likelihood (of hazard being realised)	Consequence				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Almost Certain (5)	5	10	15	20	25

Likelihood	Descriptor	Description
5	Almost Certain	Likely to occur on many occasions, a persistent issue
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur/recur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Cannot believe that this will ever happen

Consequence	Impact on individual	Actual or potential Impact on Organisation	Number of people involved	Complaint / Claim
Catastrophic (5)	Death/major/permanent incapacity/disability. Totally unsatisfactory patient outcome. Failure of critical system or project. Major financial loss.	Adverse national publicity, possible external investigation	Many, e.g. evacuation, patient safety	Certain
Major (4)	Extensive injuries/long term incapacity/disability. Patient outcome or experience significantly below reasonable expectation across the board. Failure of important system/project. Serious financial loss.	Service closure, RIDDOR reportable, long term sickness	Moderate Number, e.g. loss of records	Certain
Moderate (3)	Medical treatment required/some temporary incapacity. Partial resolvable failure of system.	RIDDOR reportable, short term sickness	Small numbers e.g. 3-10	Possible
Minor (2)	First aid/self-treatment/no incapacity. Identified financial loss.	Minimal risk to the organisation	Less than 3	Unlikely
Insignificant (1)	Potential to cause harm but impact was prevented/injury or illness not requiring intervention. Minimal/low financial loss	No risk at all to the organisation.	Less than 3	Possibility

Appendix 2. Example of a Risk Assessment

Location/Activity: Alcoholic Hand Hygiene Rubs and Gels that are wall mounted or free standing in public assessed areas.

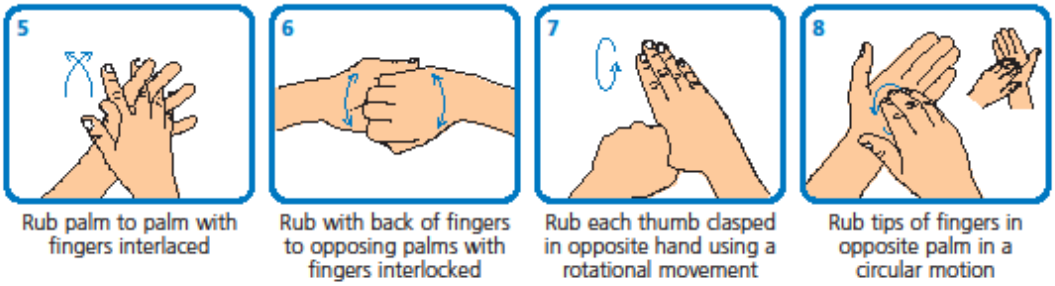
Assessment date:
Assessor: **Signature:** **Review date:**

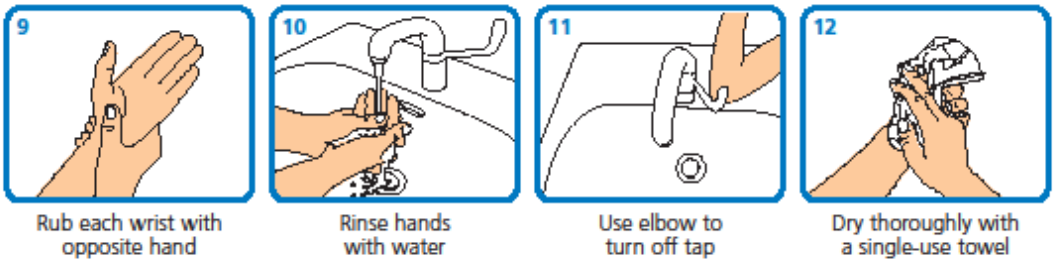
Ref	Hazards	Risks	People at risk	Current Control Measures	LxC = R			Is further action required (Y/N)
1.0	Accidental ingestion	May be toxic if swallowed in sufficient quantities	Children, vulnerable adults, those people with reduced mental capacity or significant learning disability, those with a history of substance misuse.	Placement of static dispensers either free standing or on walls where they may be seen, preferably in staffed areas. Staff to carry personal supplies where risk cannot be managed. Ensure that a COSHH risk assessment is undertaken.	3	5	15	Yes. Local risk assessment required.
2.0	Accidental eye contact	May cause irritation	Children Vulnerable adults Patients with reduced mental capacity or significant learning difficulty Patients with a history of substance misuse	Place below eye level e.g. 1.5m off the ground.	2	5	10	Yes. local risk assessment required

3.0	Fire Risk due to storage	Risk of fire as designated flammable	Staff; patients, visitors, contractors, members of the public; groups identified above	Ensure storage is assessed as part of the fire risk assessment. Storage must be at cool Temperatures, away from heat sources and below 43 degrees Celsius. Do not smoke near the product.	2	5	10	Yes. local risk fire risk assessment required

Appendix 3a. Hand Washing Techniques with soap and water

Hand-washing technique with soap and water





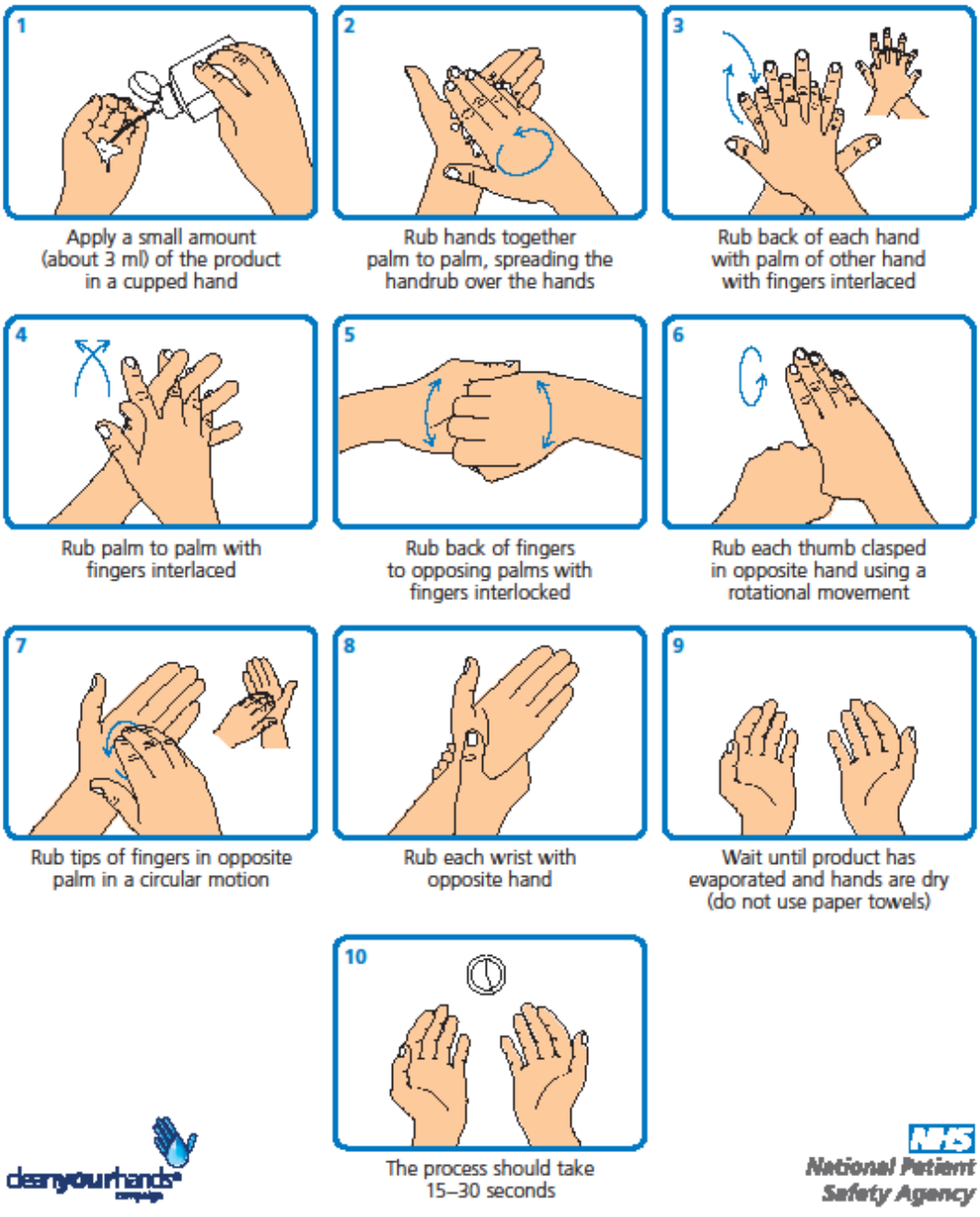
cleanyourhands campaign

NHS National Patient Safety Agency

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

Appendix 3b. Alcohol hand rub hand hygiene technique for visibly clean hands

Alcohol handrub hand hygiene technique – for visibly clean hands



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

Appendix 3c. Your 5 moments for hand hygiene at the point of care

NHS National Patient Safety Agency

Your 5 moments for hand hygiene at the point of care

1 BEFORE PATIENT CONTACT	**WHEN?** Clean your hands before touching a patient when approaching him/her **WHY?** To protect the patient against harmful germs carried on your hands
2 BEFORE A CLEAN/ASEPTIC PROCEDURE	**WHEN?** Clean your hands immediately before any clean/aseptic procedure **WHY?** To protect the patient against harmful germs, including the patient's own, from entering his/her body
3 AFTER BODY FLUID EXPOSURE RISK	**WHEN?** Clean your hands immediately after an exposure risk to body fluids (and after glove removal) **WHY?** To protect yourself and the healthcare environment from harmful patient germs
4 AFTER PATIENT CONTACT	**WHEN?** Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side **WHY?** To protect yourself and the healthcare environment from harmful patient germs
5 AFTER CONTACT WITH PATIENT SURROUNDINGS	**WHEN?** Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving - even if the patient has not been touched **WHY?** To protect yourself and the healthcare environment from harmful patient germs

Based on WHO poster 'Your 5 moments for hand hygiene' and reproduced with their kind permission

cleanyourhands campaign

Appendix 4.

Enhanced Cleaning – Precautions to be taken following unexplained vomiting and/or diarrhoea

It is essential that if the environment is contaminated with vomit or faeces from an adult or child with suspected infectious diarrhoea and/ or vomiting, that the environment is decontaminated effectively.

Isolated Incident

Immediately isolate the area and prevent other staff, patients and visitors from entering. DO

NOT use the area until thoroughly cleaned.

- Wear appropriate protective clothing (as per protective clothing guideline).
- Remove excess vomit or faeces using paper towels or disposable cloths, dispose of these products in the clinical waste bin.
- If the surface is wipeable and not fabric, use clean clothes or paper towels to clean the area with general purpose detergent .e.g. Hospec and hot water. Rinse and dry, followed by a hypochlorite solution diluted to 1000 p.p.m. e.g. Haz tabs™ or Milton™ Solution.
- On upholstery, soft furnishings and carpet, the area must be cleaned with detergent and hand hot water then thoroughly dried. If a carpet has been contaminated then considerations should be given to the use of a steam cleaner
- Dispose of all cleaning materials and your personal protective equipment. Clean / decontaminate hands using soap and water

Appendix 5. Blood/Body Fluid Cleaning and Disinfection

Locate Blood/Body Fluid Spillage Kit

The Spillage Kit should contain:

- Scoop / brush and pan for dealing with any sharp / broken glass etc.
- Disposable single use gloves
- Disposable plastic apron
- Clinical waster bags
- Disposable blue roll/clothes
- Chlorine releasing agent, e.g. Titan

You should also have access to a general purpose detergent and a sharps container located near to point of spillage.

- Ensure area is adequately ventilated – due to Chlorine releasing agent
- Put on Personal Protective Equipment (PPE)
- Remove any sharps objects with the dedicated scoop/brush pan
- Cover spillage with the disinfectant provided e.g. Titan granules or Vikon
- Cover with wet paper towels and allow the spillage to be absorbed
- Dispose of absorbed spillage into clinical waste bin
- Wash area once spillage has been absorbed with detergent (e.g. Hospec) and hot water using disposable mop head/cloth
- Remove all PPE and dispose as clinical waste together with mop head/cloth
- Wash hands with soap and water following removal of PPE

Appendix 6. Confirmation of Decontamination

CONFIRMATION OF DECONTAMINATION

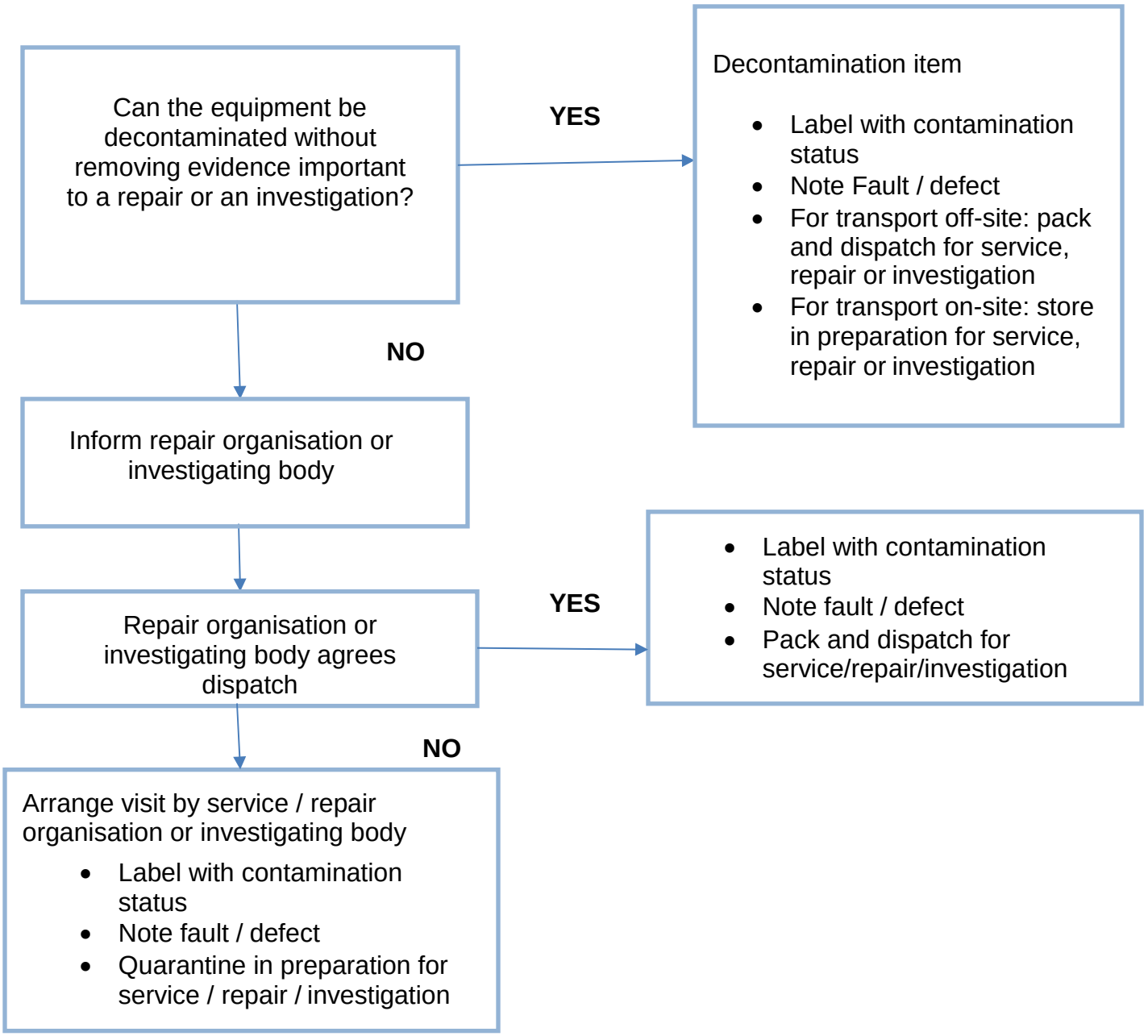
To be completed and attached to medical equipment awaiting transportation for inspection, serving or repair.

Description of equipment e.g. Infusion Pump	**Code number:**
Has the above medical device been decontaminated? (follow manufacturer's instructions and/or Environmental & Decontamination Guideline **YES / NO**	
Are you aware of any fault? **YES / NO**	
Name (please sign and print):	
Clinic / Practice / Dept.	**Date:**

Description of Fault

Call reference if known

Appendix 7. Handling equipment prior to inspection, service, repair, return to lending organisation or investigation of an adverse incident. (MRHA 2003)



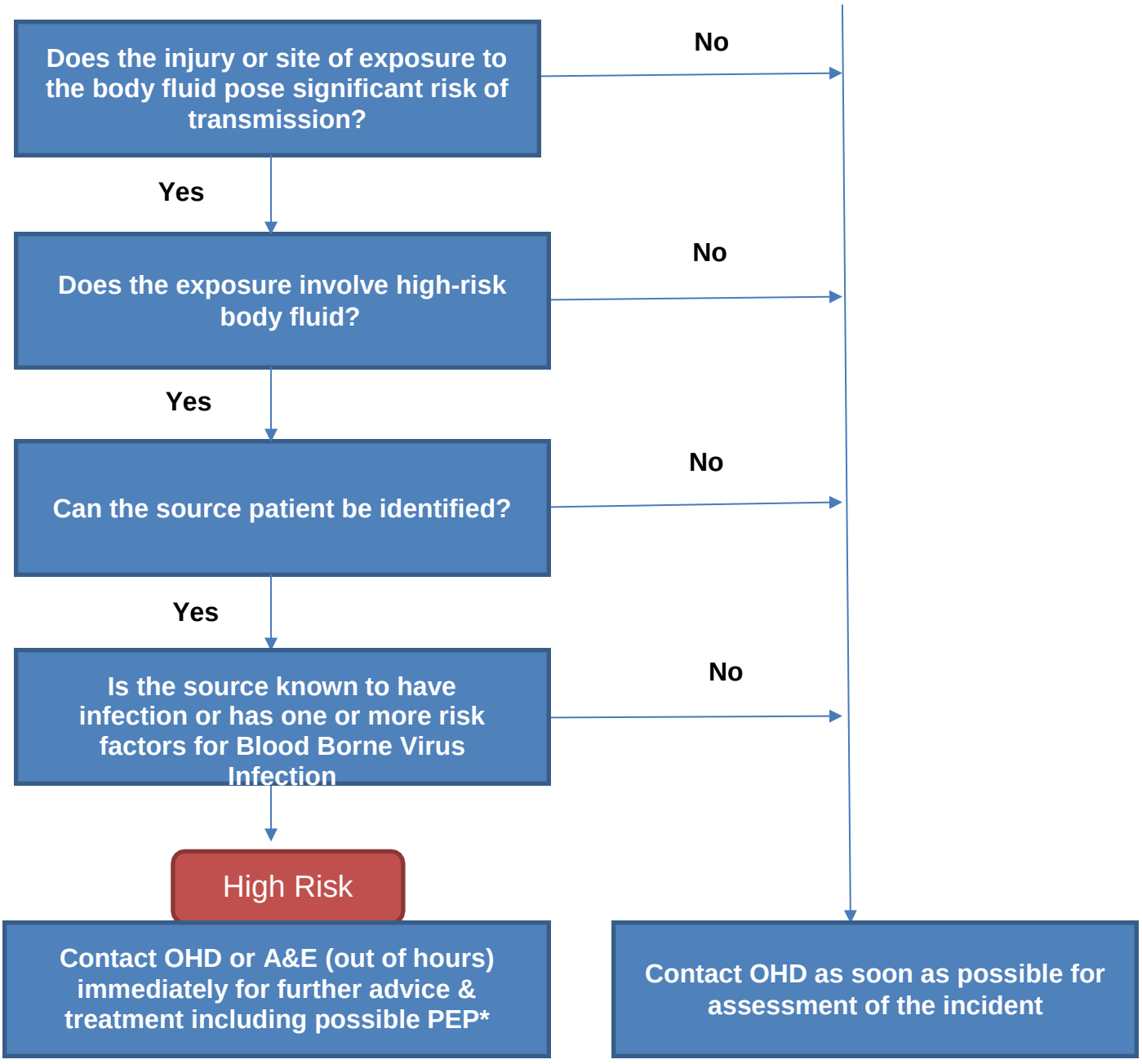
Appendix 8. Example of Cleaning Schedule.

Name of Department:				**Date or Week Beginning**						
Take cleaning recommendations from policy and manufacturers guidance.				**Sign below when cleaning has taken place as per schedule and policy.**						
Location	**Name Of Equipment**	**Frequency of Cleaning**	**Cleaning Recommendations**	**Mon**	**Tues**	**Wed**	**Thur**	**Fri**	**Saturday**	**Sunday**
Practice Nurses Room	*Work tops*	*Daily and if visibly soiled*	*Clean daily with detergent and hand hot water or detergent wipe, dry thoroughly.*							
	Floor	Mop daily-more frequently if visibly soiled	Follow colour coded cleaning guidance for appropriate mop and bucket for clinical rooms							
	Sinks	Clean Daily-more frequently if visibly soled	Clean with appropriate colour coded cloth.							

Appendix 9. Cleaning Equipment – Colour Code

TOILET / WASH AREAS	**RED**
KITCHEN	**GREEN**
OFFICES	**BLUE**
CLINICAL AREAS	**YELLOW**

Appendix 10. Flowchart to Aid Risk Assessment Following Exposure



Exposure is high risk if it involves any one of the following:

- Risk factors in evidence associated with the blood borne viral infection at the source from percutaneous injury (needles, sharps, bone etc.).
- Positive serology for HIV, Hep B, Hep C following exposure to mucous membranes (nose, mouth, eyes)
- Exposure to broken skin (abrasions, eczema etc.)

- Homosexual or bisexual male
- Intravenous drug abuser
- Prostitute: male or female
- Persons who have had penetrative sexual activity with body fluids that have a potential to cause infection
- Blood, amniotic fluid, vaginal secretions, semen, human breast milk with a potential to cause infection
- Persons who have received unscreened blood transfusions, cerebrospinal fluid, peritoneal fluid, pleural fluid or are hemophilic
- Patients who have received blood products, pericardial fluid, synovial fluid or saliva prior to 1985 or from overseas dentistry, unfixed tissues and organs
- Sexual partners of the above
- HIV associated tumours/disease
- Persons from or who have resided in high prevalence areas of the world, e.g. Sub-Saharan Africa

N.B. Urine, vomit, faeces and saliva are not considered to represent any significant risk unless blood stained.

Appendix 11. Communicable Disease Information

Disease / Organism	Transmission	Exclusion Period	Special Requirements
1 Diarrhoea and / or **Vomiting** (undiagnosed)	Various – usually faeco-oral	Exclude from work until 48 hours symptom free	
2 Cryptosporidiosis (Diarrhoea)	Contaminated water. Person to person by direct faeco-oral transmission through poor hand hygiene. Animal to person (farm visits). Swimming pool exposure Low to moderate risk. High attack rates in nurseries.	Exclude from work until 48 hours after the last episode of diarrhoea.	
3 Viral Gastro Enteritis (diarhoea with or without vomiting)	Risk of person to person transmission very high especially in nurseries, schools, etc.	Exclude all categories till 48 hours after first normal stool**.**	
4 Norovirus	Direct contact with faeces and aerosol from vomit	Exclude from work until 48 hours symptom free	
5 Clostridium Difficile	Contact faecal - oral	48 hours after symptoms have resolved	
6 E coli	Direct contact. Faecal – oral spread	48 hours after symtoms have resolved	
7 Chicken Pox (Varicella Zoster)	Physical contact, airborne, respiratory droplets. Highly transmissible	5 days after onset of rash. Non-immune staff who have come into contact with chicken pox should contact OHD	Any non-immune person exposed to chicken pox is excluded from contact with neonates, obstetric patients and immune-compromised patients between the 7th day following first exposure until and including the 21st day after last exposure. Extended to 28th day if varicella zoster

			immunoglobulin is given. If not possible, exclusion from work is required.
8 Conjunctivitis	Moderate risk of transmission	Standard precautions for direct contact	Towels etc. should not be shared.
9 Erythema Infectiosum (Parvo virus 19, slapped cheek disease)	Person to person spread by droplet infection from the respiratory tract	No exclusion unless clinically unwell	Presents in children as 'slapped cheek'. In adults more often it presents with body rash. Minor illness in children, but infection should be avoided in pregnant women and those with immune deficiency
10 Hand Foot and Mouth Disease	Respiratory droplets, direct contact, mainly young children affected	None. Generally mild Asymptomatic infections common Infectious even before the onset of symptoms	Presents with vesicles in the mouth and extremities. Not related to Foot and Mouth Disease in animals.
11 Head lice / body lice	Direct contact	None	Further advice should be sought from OHD or IP&C Team
12 Human Immunodeficiency Virus (HIV)	Blood borne	None	
13 Hepatitis A	2 weeks before and one week after onset of symptoms	Exclude from work until 7 days after jaundice. Contact IP&C team for advice	Exclusion may not be completely effective because Hepatitis A is most infectious 2 weeks before jaundice appears. Symptoms can last several weeks, taking months to get back to normal

14 Hepatitis B & C	Blood borne. Direct contact with skin and/or oral secretions	None Depends on clinical contact. Exclude from contact with	Discuss with OHD
15 Herpes Simplex (cold sore)	Blood borne Direct contact with skin and/or oral secretions.		
16 Shingles	Direct contact caused by reaction to latent VZV Vesicle fluid	5 days after onset of rash	
17 Impetigo	Direct contact. Highly infectious	Exclusion from patient contact until 48 hours of systemic antibiotic therapy	
18 Infectious Mononucleosis (Glandular Fever)	Transmitted via oral secretions	None if clinically well	Asymptomatic infections are common, especially in young children.
19 Influenza (including A&B)	Airborne	None	Exclusion is ineffective because of explosiveness of outbreaks.
20 Measles	Airborne	5 days after onset of rash	Only immune staff to care for patient
21 Rubella (German Measles)	Direct person to person contact by respiratory droplets	Exclude from work until rash has subsided and clinically well	Immunisation is very effective. Seek urgent advice if pregnant
22 Meningococcal Meningitis / Septicaemia	Direct contact with respiratory droplets or secretion	Seek advice from OHD or IP&C Team	All close contacts of the case to receive prophylaxis as soon as possible.
23 Mumps	Droplet spread and direct contact with saliva	4 days after onset of parotitis	
24 Pertussis (Whooping Cough)	Respiratory droplets. Highly infectious before start of typical cough especially in a non-immune population	Exclude for 5 days after the initiation of specific antibiotic treatment or 21 days from onset of illness if no antibiotic treatment	
25 Scabies	Direct contact. Prolonged skin to skin contact.	24 hours after treatment	

26 Salmonellosis (excluding typhoid and paratyphoid)	Ingestion of the organism usually via contaminated food / water	All cases must be 48 hours symptom free prior to return to work	
27 Scarlet Fever	Person to person spread by respiratory droplets. Direct contact with nose and throat	5 days after the initiation of antibiotic therapy	
28 Streptococcal Pharyngitis (Bacterial sore throat)	Respiratory droplets and direct contact with patients or carriers	Exclude from clinical contact until 48 hours have elapsed since start of antibiotics	
29 Tuberculosis (TB) Pulmonary TB	Sputum	Seek advice from OHD	
30 Tuberculosis open (smear positive)	Droplets and airborne spread	Seek advice from OHS or IP&C Team	
31 Multi Drug Resistant TB	Droplets and airborne spread	Seek advice from OHS or IP&C Team	

End of Policy