



## **Policy for staff on the use of Standard Precaution Procedures**

## Document Control Sheet

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### Revision History

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### Approvals

This document requires the following approvals either individual(s), group(s) or board.

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<b>Contents</b>	<b>Page</b>
1. Introduction	4
2. Purpose and scope	4
3. Policy Statement	4
4. Responsibilities	4
5. Policy Monitoring	4
6. Review	4
7. Hand Washing	4
8. Protective clothing and equipment	5
9. Sharps	5
10. Waste	6
11. Body fluid spills	6
12. References	8
13. Author	8
Annex 1 Standard Precautions poster	9

## 1. Introduction

In general, it is not possible to know who is, and who is not, infected with a potentially transmissible disease or infection. Thus all body fluids (particularly blood) should be regarded and dealt with, as if they were a potential source of infection.

The following Standard Precaution Procedures must be known, understood and practiced by all those working directly or indirectly with patients within East Coast Community Healthcare CIC (ECCH). A summary statement of Standard Precautions can be found at Annex 1. It may be useful to display copies of this in key areas.

## 2. Purpose and scope

This policy is for all staff employed by ECCH, to enable them to understand the principles of 'Standard Precaution Procedures'.

## 3. Policy Statement

This policy will be implemented to ensure adherence to safe practice.

## 4. Responsibilities

It is the responsibility of all staff to ensure that they adhere to best practice

## 5. Policy Monitoring

It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy. This policy will be monitored through the audit tools provided as part of ECCH on-going commitment to Essential Steps to Safe Clean Care.

## 6. Review

This policy will be reviewed by the Infection Prevention and Control Team

## 7. Hand washing

Thorough hand washing is undoubtedly one of the simplest and most effective ways of preventing the person-to-person transmission of infective agents in clinical practice. An intact skin is an effective barrier to micro-organisms entering the body. Thus all cuts, abrasions and other skin lesions on the hands (and other exposed areas of skin) of health care workers should be covered with an occlusive waterproof dressing. ECCH is committed to the cleanyourhands campaign and the bare below the elbows initiative.

Good practice in hand washing consists of the use of running warm water, a liquid soap and the thorough drying of skin with disposable paper towels.

Hands should always be washed:

- Before starting and at the end of, each work period.
- Before and after each 'hands on' patient contact.
- Before and after carrying out each aseptic procedure.
- After any contact with body fluids or secretions.
- After handling soiled or contaminated equipment or linen.
- Before and after administering drugs.
- Whenever skin is visibly soiled.
- After removal of gloves.
- Before performing or assisting at operative procedures, a surgical scrub for hand decontamination should be performed.
- After using the lavatory.
- Before eating, drinking or handling food.

Regular use of an emollient hand cream may help to keep skin intact and healthy.

## **8. Protective clothing and equipment**

Staff must not walk around wearing PPE it must be put on at the point of use, if a staff member leaves the patient/client/service user PPE must be removed unless the staff member is transporting body fluid contaminated items.

### **8.1 Gloves**

Various types of gloves, according to the procedure being undertaken, should be made available, as appropriate:

- Household non latex gloves are quite suitable for routine domestic-type cleaning and protect the wearer against chemicals (please follow manufactures instructions).

Clinical Procedures:

- A selection of sterile/non sterile, single use nitrile gloves must be available for clinical procedures. A range of sizes to fit staff properly should be provided.

Suitable gloves should routinely be worn for the following activities:

- During all procedures where contamination of the healthcare worker with blood is possible including venepuncture, whether or not the venepuncturist is experienced.
- During all procedures involving direct contact with:
  - cerebrospinal fluid
  - peritoneal fluid
  - pleural fluid
  - pericardial fluid
  - synovial fluid
  - amniotic fluid
  - semen
  - vaginal secretions.
- If there is likely to be contact with any other body fluid including urine and faeces.
- When inserting pessaries or suppositories and for internal examinations of body cavities.
- When handling chemical disinfectants.

**Please note: polythene gloves are not permitted-if these are used by other organisations where the patient care is occurring ECCH staff must wear nitrile gloves**

### **8.2 Aprons**

Disposable, single use, plastic aprons must be worn during aseptic procedures, surgical procedures and/or if contamination of clothing with blood/body fluids is likely. Aprons must be changed between patients/tasks.

### **8.3 Eye protection/visors/masks:**

Eye protection (visor or goggles) and/or surgical masks should be used when mucous membranes are likely to be exposed to body fluids (or splashes of hazardous chemicals).

## **9. Sharps**

The clear responsibility for the initial safe disposal of any used 'sharps' generated by clinical activity rests with the person who has used it – this responsibility must not be delegated to another person:-

- Avoid using sharps if at all practicable.
- Needles must not be re-sheathed after use, unless the risk of injury to employees is effectively controlled by the use of a suitable appliance, tool or other equipment.
- When disposing of sharps, it must always be into a suitable purpose-made container that conforms to current British and/or United Nations (UN) Standards.
- Sharps containers must never be filled beyond the manufacturer's recommended level.
- When assembling a new container, it is essential to ensure that the lid is securely fixed in position, to manufacturer's instructions.
- Sharps containers must have the audit label completed on assembly, closure and disposal.
- Filled or partially filled sharps disposal containers must never be probed with either fingers or forceps and must always be kept well away from access by patients or members of the public.
- From 11/5/13 safer sharps devices must be used where available.
- Sharps containers should be disposed of every 3 months even if not full.

All sharps injuries must be reported to line manager and datix form completed. See Sharps Policy for full information on dealing with a sharps injury.

## **10. Waste**

### **10.1 Clinical waste**

Changes to the Environment Agency and Department of Health guidance on the safe disposal of waste have taken place in 2005 and 2011.

The Infection Prevention and Control Team may be contacted for further information.

Please refer to the ECCH document: 'Infection control policy on the safe collection, segregation and disposal of waste'. The general points are:

- Only disposable articles contaminated with blood, other body fluids or tissue should be disposed of in orange bags that conform to the current BS and UN standards.
- Orange bags must never contain loose 'sharps'.
- Orange bags must never contain any medicines or medicine residue. Medicines may be disposed into a yellow bag.
- Orange waste bags should be sited within fire resistant, foot-operated and enclosed bins.
- The orange bags should not be filled more than two thirds full.
- When two thirds full, yellow/orange bags must be removed from the disposal bins, and should be securely sealed.
- Sealed yellow/orange bags must be stored in a locked, vermin-proof enclosure until collection.

- Orange bags and sharps boxes are incinerated or heat-treated, so it is essential that they do not contain explosive items such as batteries, aerosol cans etc.
- Orange bags must have their point of origin marked on them prior to disposal.
- Orange bags and sharps boxes must only ever be collected and disposed of by a properly licensed operator.

## 10.2 Household waste

Household waste must be disposed of in black bags.

## 11. Body fluid spills

The following procedural guidance is recommended:

- The immediate surrounding area must be cleared of people. Hazard signs may be necessary.
- Clinicians are always responsible for clearing body fluid spills, in the event of a clinical area being used by multiple clinicians, the clinician who treated/consulted with the affected patient is responsible.
- Disposable nitrile gloves and a disposable plastic apron must be worn by the person dealing with blood and other body fluid spills.
- Chlorine releasing agents are among the most effective general disinfectants. If correctly used they are effective against viruses such as hepatitis B and C, and HIV.

### 11.1 Chlorine releasing disinfectants

Hypochlorites, either as sodium hypochlorite solution or as sodium dichloroisocyanurate (NaDCC) tablets or granules have a good, wide-ranging microbiocidal activity. These products are available in different strengths. **Manufacturer's guidelines for making up relevant concentrations must always be strictly followed.**

Chlorine releasing disinfectants used in solution may **not** be effective if they are:

- Not freshly made up.
- Used on objects soiled with organic or other material, as this will render the disinfectant inactive. Thus, organic matter should first be removed and the area cleaned with detergent and hot water prior to disinfection.
- Made up in the wrong concentration for the particular purpose (**stronger concentrations are not more effective than the correct dilution**).
- It is essential that fresh batches of the chlorine releasing solutions are made up as required. 1000 parts per million for general disinfection and 10,000 parts per million for blood and body fluid spillages.
- NaDCC tablets are extremely stable if stored where protected from moisture. Dilutions needed to achieve required concentrations are stated on the pack.
- A granular form of NaDCC is particularly suitable for spills of body fluids as they help to contain the spillage while inactivation occurs.
- Adequate ventilation should always be ensured when chlorine-releasing agents are used.
- Antichlor Plus is a disinfectant and cleaning agent –all staff must follow the instructions for use- for general clinical use – dissolve 1 tablet in 1 L of **cold water** to make a solution of 1,000ppm available chlorine. For body fluids spills either dissolve 10 tablets in 1L of **cold water** to make a solution with 10,000ppm available chlorine or use Actichlor granules.

**In all cases staff must check the dilution recommendations on the product used**

**Note:** Chlorine releasing agents must not be used for urine spills as chlorine gas may be released.

- Community based staff must have ready access to spill kits, and be familiar in how to use them

### **11.2 Procedure for dealing with body fluid spills on hard surfaces**

- The fluid should be covered with disposable paper towels to soak up excess. These should then be gathered up and placed in a clinical waste orange plastic bag.
- The remaining spillage should then be covered with a chlorine releasing agent.
- After the appropriate time has elapsed (as per manufacturer's instructions), the whole area should be mopped using disposable towels. These should be disposed of as clinical waste.
- The area should **then** be washed with detergent and hot water and dried thoroughly
- All waste materials generated when mopping up body fluid spills, should be treated as 'clinical waste' and disposed of accordingly.

### **13. References:**

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Department of Health (2010) The Health and Social Care Act 2008. DoH London  
ICNA 2002 Hand Decontamination Guidelines  
National Patient Safety Agency 2002  
Hand washing liaison group 1999. A modest measure with big effects, British Medical Journal 318:686  
Reybrouk G 1983. Role of hands in the spread of nosocomial infections, Journal of Hospital Infection 4:103-110  
Ayliffe GAC, Fraise AP, Geddes AM, Mitchell K [2000] *Control of Hospital Infection- a practical handbook*. 4<sup>th</sup> edition. Arnold  
Jacobson G et al 1985. Handwashing: ring wearing and number of microorganisms. Nursing Research 34(3):186-188  
RCN [2001] *Good Practice in Infection Control*. RCN London.  
The Health and Safety at Work Act 1974  
The Joint Agency Technical Guidance WM2 2005:Environment Agency, Scottish Environment Protection Agency and Environment Heritage Service.  
The Department of Health consultation document 'Safe Management of Healthcare Waste 2005 (Gateway no 5471).  
National Institute for Clinical Excellence (NICE) Clinical Guideline 2 – Infection Control – Prevention of healthcare associated infection in primary and community care June 2003 – No. 1 Standard Principles.

### **14. Author**

Infection Prevention and Control Team

## Standard Precautions

### Hands

- Thorough hand washing using warm water, liquid soap and thorough drying with disposable paper towels is one of the most important ways to prevent the spread of infection and communicable disease in the clinical setting.
- Intact skin is an effective barrier to micro-organisms. All breaks in skin integrity and skin lesions should be covered with a waterproof dressing.
- Hands should be washed before and after each clinical procedure, or direct patient contact, and after contact with blood/body fluids, secretions/excretions.
- Hands must be washed following removal of protective gloves when possible or as soon as running water is available.

### Gloves

- Disposable nitrile gloves must be available and used when contact is made with blood/body fluids and mucous membranes.
- Gloves must be discarded between clients, and after each procedure.
- Staff must not walk around with gloves on.

### Aprons

- Disposable, single use, plastic aprons must be worn to prevent contamination of clothing with blood/body fluids.

### Eye protection/visors/masks

- Must be worn if body fluid or chemical splashes are likely.

### Sharps

- It is the responsibility of the operator to safely dispose of all sharps into an approved (current BS and UN standard) sharps container.
- This must never be more than three quarters full.

### Waste

- All clinical waste should be discarded into an orange clinical waste bag and securely sealed. Black bags are for household waste only.

### Body fluid spills- always the clinicians responsibility

- Spillages of body fluids must be dealt with promptly, using an appropriate disinfectant and using correct protective clothing.

### Accidental sharps and contamination injuries

- For injuries with sharps, bleeding should be encouraged and the site washed well with soap and copious running water. **Do not** suck the wound.
- Any splashes to the eyes or mouth should be irrigated with copious running water.
- Always report *and* record injuries.