



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

## Document Control Sheet

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### Revision History

Revision Date	Summary of changes	Author(s)	Version Number
March 2011	Updated reference	IPCT	5
Dec 12	Clarity points around gloves	IPCT	6
Dec 2014	Reviewed	IPCT	7
Nov 2016	Reviewed	IPCT	8
Dec 2018	Reviewed & minor changes	IPCT	9
Dec 2020		IPCT	10

### Approvals

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

Name	Title	Date of Issue	Version Number
	JICC	8/3/2011	5
	IPACC	18/2/2013	6
	IPACC	2/12/14	7
	IPACC	29/11/2016	8
	IPACC	11/12/2020	10

## EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

- All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)
- Service developments
- Estates and facilities developments

<b>Name of Policy / Procedure / Service</b>	Policy for staff on the use of standard precaution procedures
<b>Manager Leading the Assessment</b>	<b>Teresa Lewis</b>
<b>Date of Assessment</b>	<b>20/11/2014</b>

### STAGE ONE – INITIAL ASSESSMENT

<p><b>Q1. Is this a new or existing policy / procedure / service?</b>  <input checked="" type="checkbox"/> Existing</p>
<p><b>Q2. Who is the policy / procedure / service aimed at?</b></p> <p><input type="checkbox"/> Patients</p> <p><input checked="" type="checkbox"/> Staff</p> <p><input type="checkbox"/> Visitors</p>
<p><b>Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?</b>  <b>Yes</b> Sufficient national protocols that this policy takes into consideration can be applied if relevant  <b>No</b>  <b>If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.</b></p>

### Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

#### Adverse Impact Identified?

Age	No
Disability	No
Gender	No
Race/Ethnic Origin	No
Religion/Belief	No
Sexual Orientation	No

- Can this adverse impact be justified? NA
- Can the policy/procedure be changed to remove the adverse impact? NA

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome
What changes, if any, need to be made in order to minimise unjustifiable adverse impact?

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

## 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, and must be applied at all times within a healthcare setting or where healthcare is being provided and must underpin all healthcare activities and should enable staff 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 clean your hands 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**

The use of PPE is essential for Health and Safety. 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.
- Polythene/vinyl gloves are not permitted- if these are used by other organisations where care is occurring ECCH staff must wear nitrile gloves.
- When inserting pessaries or suppositories and for internal examinations of body cavities.
- When handling chemical disinfectants.

### **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.
- 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 2013.

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 and yellow waste bags should be sited within fire resistant, foot-operated and enclosed bins.
- The waste bags should not be filled more than two thirds full.
- When two thirds full, waste 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.
- Waste 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.

- Patients who are suspected or known to have an infection- the clinical waste generated cannot legally be placed in the domestic waste stream. All community based patients must have a waste assessment recorded on Systmone.
- Any suspected clinical waste must be removed by the clinician and placed in the ECCH clinical waste stream, this is a legal requirement. Please refer to the waste assessment care plan and document appropriately.

## 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, granules or spill wipes 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:**

- Department of Health (2008) Clean Safe Care (No longer supported by DOH)
- Department of Health (2015) the Health and Social Care Act 2012. DoH London
- Health Technical Memorandum 0701 Safe Management of Healthcare Waste version 2.0. 2013 available from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167976/HTM\\_07-01\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf) (accessed 03/12/2020)
- National Patient Safety Agency Clean Your Hands campaign (2012) Archived information can be found;
- <https://www.gov.uk/government/news/save-lives-clean-your-hands> (accessed 03/12/2020)
- NICE Infection Prevention and Control. Quality Statement 3: Hand decontamination (QS61) (2014) <https://www.nice.org.uk/guidance/qs61/chapter/quality-statement-3-hand-decontamination> (accessed 03/12/2020)
- NICE Healthcare-associated infections: prevention and control in primary and community care. (CG139) 2014. <https://www.nice.org.uk/guidance/qs61/resources/infection-prevention-and-control-2098782603205> (accessed 03/12/2020)
- Personal Protective Equipment at Work (Third Edition) 2015 Health and Safety Executive. L25 available from <http://www.hse.gov.uk/toolbox/ppe.htm> (accessed 03/12/2020)
- RCN (2017) *Essential practice for infection prevention and control: guidance for nursing staff*. RCN London.
- The Health and Safety at Work Act 1974 (updated 2018)

- The Royal Marsden Hospital Manual of Clinical Nursing Procedures 9<sup>th</sup> edition (2015) Wiley-Blackwell Pub. Oxford. Chapter 3

**14. Author**  
Infection Prevention and Control Team

## Standard Precautions

### Hands

- See Hand Hygiene policy for full details of how to perform hand hygiene.
- 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 and patients surroundings.
- 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 or mucous membranes.
- Gloves must be discarded between clients/patients, 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.
- See Sharps policy for full details

### Waste

- All clinical waste should be discarded into an orange clinical waste bag unless it contains medicines when it must go into yellow 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.
- See Sharps policy .for full details