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Standard Infection Control Precautions Policy

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Type of document	Policy
Target audience	All CWP staff
Document purpose	Standard Infection Control Precautions (SCIPS) recognise that there are simple, key precautions that are to be used in the care of all service users by all staff at all times whether an infection is known to be present or not to ensure the safety of those being cared for, staff and visitors in the care environment (NHSE/I, 2019). It is a key policy that all Trust staff must familiarise themselves with. This policy has been developed for all Trust employees to be able to refer to regarding the principles of Standard Precautions.

Approving meeting	Infection Prevention and Control Sub Committee	27 th April 2021
Implementation date	27 th April 2021	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
IC1	Trustwide Infection Prevention and Control Operational Policy
IC2	Hand decontamination policy and procedure
IC10	Prevention and management of exposure to health care associated infections and inoculation incidents policy
IC16	Policy for handling of linen and clothing
CP3	Health records policy
HS1	Waste management policy

Document change history	
What is different?	<ul style="list-style-type: none"> - Changes to policy structure – addition of diagrammatic information. - Addition of summary guidance at the start of policy. - Addition of appendices specifying location of each Standard Precaution - Inclusion of NHSE/I March 2019 guidance
Appendices / electronic forms	N/A
What is the impact of change?	Strengthening of policy to comply with NHSE/I guidance

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP
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Document consultation	
Clinical Services	Consultation via Infection Prevention and Control Sub Committee
Corporate services	Consultation via Infection Prevention and Control Sub Committee
External agencies	Consultation via Infection Prevention and Control Sub Committee

Financial resource implications	No
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External references
<ol style="list-style-type: none"> 1. NICE. (2012).CG139. Infection Control in a community setting. NICE. London. 2. Loveday H.P et al 2013. Epic 3; National Evidence-Based Guidelines for Preventing healthcare-Associated Infections in NHS Hospitals in England. 3. The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Dec 2010). 4. Standard infection control precautions; national hand hygiene and personal protective equipment policy. NHSE/I, March 2019 : https://www.england.nhs.uk/wp-content/uploads/2019/03/national-policy-on-hand-hygiene-and-ppe.pdf

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Quick reference guide for Standard Infection Control Precautions

Hand Hygiene	Personal Protective Equipment	Safe Management of Linen
<p>Hand hygiene is considered an important practice in reducing the transmission of infectious agents with cause healthcare associated infections.</p>	<p>Before undertaking any procedure staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.</p>	<p>Reference should be made to CWP's Standard operating procedure for handling of linen and clothing (IC16).</p>
<p>Before performing hand hygiene:</p> <ul style="list-style-type: none"> Expose forearms Remove all hand/wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene) Ensure finger nails are clean, short and that artificial nails or nail products are not worn Cover all cuts or abrasions with a waterproof dressing 	<p>All PPE should be:</p> <ul style="list-style-type: none"> Located close to the point of use Stored to prevent contamination in a clean/dry area until required for use (expiry date must be adhered to) Single use only items unless specified by the manufacturer Changed immediately after each patient and/or following completion of a procedure or task Disposed of after use into the correct waste stream i.e. healthcare waste or domestic waste 	<p>Safe Management of Linen:</p> <ul style="list-style-type: none"> Should be stored in a clean, designated area, preferably an enclosed cupboard If clean linen is not stored in a cupboard then the trolley used for storage must be designated for this purpose and completely covered with an impervious covering that is able to withstand decontamination Clean linen that is deemed unfit for re-use e.g. badly torn, should be disposed of locally or returned to the laundry for disposal
<p>Refer to Hand decontamination policy and procedure (IC2)</p>		<p>Refer to Standard operating procedure for handling of linen and clothing (IC16)</p>

Safe Management of Waste	Sharps Safety and Inoculation Injuries	Management of Blood and Body Fluids
<p>Always dispose of waste immediately and as close to the point of use as possible. Place into the correct segregated colour coded approved waste bag.</p>	<p>Standard principles for the disposal of used sharps indicate it is the responsibility of the user of the sharps to ensure safe disposal of the items concerned.</p>	<p>Spillages of blood and body fluid can present a cross infection hazard; therefore all spillages should be dealt with promptly using the method described below.</p>

<p>Waste Management:</p> <ul style="list-style-type: none"> All waste should be disposed of in the correct waste stream as described in Policy HS1 <p>Waste Streams:</p> <ul style="list-style-type: none"> Non-infectious / offensive waste – yellow bag with black stripe (tiger bag) Infectious / potentially infection waste – orange bag Sanitary waste – sanitary bin / feminine hygiene bin General / domestic waste, non-recyclable – clear bag 	<p>Sharps boxes should:</p> <ul style="list-style-type: none"> Have a temporary closure mechanism, which must be employed when the box is not in use Be disposed of when the manufacturers’ fill line is reached Be labelled with point of origin and date of closure Be stored in a designated, safe, lockable area whilst awaiting uplift <p>NEVER bend or re-sheath needles prior to disposal</p> <p>Your sharps are YOUR responsibility</p>	<p>Equipment:</p> <ul style="list-style-type: none"> Disposable plastic apron or full body gown if needed Non-sterile disposable nitrile gloves Goggles or a visor if risk of splashing Disposable cloth or paper towels Offensive waste bag (yellow with black stripe) Appropriate spillage kit White (disposable head) mop and bucket for cleaning
<p>Refer to HS1 Waste Management Policy</p>	<p>Inoculation Injuries:</p> <p>Please refer to the Prevention and management of exposure to health care associated infections (HCAI) and inoculation incidents (IC10).</p>	<p>Refer to Part 4.1.1 re: cleaning a blood spillage</p> <p>Refer to Part 4.1.2 re: cleaning other body fluids</p> <p>Refer to Part 5 re: blood borne pathogens</p>

1. Introduction

This SCIPs policy aims to:

- Support a common understanding; making the right thing to do for every patient every time
- Reduce variation in practice and ensure standardised care
- Help reduce the risk of healthcare associated infection
- Improve knowledge and skills in relation to Infection Prevention and Control (IPC).

Managers must ensure that:

- Staff have access to and understand the guidance in this policy.
- Staff have attended IPC training commensurate with their role.
- Have the appropriate resources to implement, monitor and take corrective action to comply with this policy.
- Staff with any health concerns, such as pregnancy or who have had an occupational exposure are referred without delay to CWPs Work force Wellbeing department.
- Staff receive the required health checks and clearance prior to employment.
- Include IPC as an objective in their personal development plans
- Refer to IPC in all job descriptions

This policy should be read in conjunction with [trust wide IPC operational policy \(IC1\)](#) and [hand decontamination policy and procedure \(IC2\)](#).

Staff providing care must:

Apply the IPC principles in this policy

Maintain competence, skills and knowledge in IPC by attending training relevant to their role in accordance with Trust policy.

Communicate the IPC practices to be carried out by colleagues, those being cared for, relatives, visitors and contractors without breaching confidentiality.

Have up to date occupational immunisations, health checks/clearance as appropriate.

Refrain from providing care while at risk of transmitting a communicable disease. If in doubt they must seek guidance from their line manager and/or the Work Force Wellbeing department.

Contact the CWP IPC team in the event of a suspected or confirmed outbreak of healthcare associated infection

2. Aim

SCIPs are to be used by all staff in all care settings at all times for all patients whether an infection is known to be present or not.

SCIPs are the basic IPC necessary to reduce the risk of cross infection from both recognised and unrecognised sources of infection. Sources of potential infection include:

Blood

Other body fluids e.g. breastmilk and semen

Secretions and excretions including sweat

Non intact skin and mucous membranes

Equipment in the care environment that may be contaminated

This policy aims to increase awareness and promote understanding of the need for good infection prevention and control universal precautions when dealing with blood and body fluids. The key principles incorporated in this policy include:

- Safe use of sharps and waste disposal
- Patient placement/assessment for infection risk
- Hand hygiene
- Respiratory and cough hygiene
- Safe management of care equipment
- Safe management of the care environment
- Safe management of linen
- Use of personal protective equipment;

- Safe management of blood and body fluids
- Managing and preventing exposure

3. Sharps usage and disposal

Standard principles for the disposal of used sharps indicate it is the responsibility of the user of the sharps to ensure safe disposal of the items concerned.

Used sharps must be disposed of into a sharps container which conforms to HTM standards at the point of use. In the clinical setting sharps may need to be carried safely to the patient by use of a suitable container/tray. This technique is also encouraged in patient's homes. It is advised, where possible, that sharps containers are taken to the point of care.

SHARPS MUST NEVER BE TRANSPORTED IN THE HANDS OF A HEALTHCARE WORKER

Sharps must never be disposed of into waste bags or receptacles other than sharps containers. Care must be taken to ensure that all sharps are safely disposed of and not left in the care environment.

Sharps containers must not be filled above the mark indicating that they are full and sharps must not be left protruding from the aperture. When the sharps container is not in use the temporary closure must be used. Non-sharp items such as gauze, cotton wool etc should not be disposed of in sharps containers but into the appropriate waste disposal bag. However, glass ampoules and samples of blood no longer required, that were collected using the vacurette system, may be disposed of via this route to minimise risk of injury or exposure. The sharps bin must not be used for longer than three months. When the sharps container is full it must be securely locked as per the instructions on the container; the source of the container must be indicated and a signature provided of the person responsible for locking the container. If the bin is not signed and origin documented on the bin, it cannot be disposed of. The container must then be placed in the designated collection point and **not** into a waste disposal bag.

As with all care episodes, the healthcare worker must always remove and dispose of PPE then effectively decontaminate their hands following the safe disposal of sharps before moving onto another activity.

3.1 Placement of sharps containers

Sharps containers in areas that are accessible to the public must not be placed on the floor but located in a safe position, i.e., bracketed to the wall or on a cleanable work surface. CWP staff who need to carry sharps containers in their vehicles must ensure that the aperture of the sharps disposal bin is in the temporary closed position when not in use to prevent spillage.

The container should also be stored in the boot of the vehicle, in an upright position out of public view. Safe transportable containers are available to order. Please contact the Infection Prevention and Control team if further guidance is required.

3.2 Examples of sharps

Sharps can include hypodermic and suture needles, lancets, cannula, razors, scalpel blades, suture removing blades, disposable scissors, broken glass or other sharp objects.

3.3 Sharps injuries

Please refer to the [prevention and management of exposure to health care associated infections and inoculation incidents policy \(IC10\)](#). It is the responsibility of the member of staff and their manager to ensure this policy is followed.

3.4 Sharps spillage kits

These are available from grounds men and in all Porters offices at three main inpatient sites, Bowmere, Millbrook and Springview.

4. Dealing with spillages of blood and body fluid

Spillages of blood and body fluid are a hazard and must therefore be dealt with promptly using the method described below.

All staff dealing with such spillages must have access to the appropriate materials and personal protective equipment (PPE) required in dealing with the spillage in a safe manner.

The following groups of staff are responsible for dealing with spillages in the following areas:

- In areas where staff may not always be readily available, this role is delegated to the first person who comes across the spillage who has appropriate training, resources and local agreements;
- Clinical staff, e.g., nursing staff, drug and alcohol workers, psychologists, physiotherapists and occupational therapists – all areas and items involved with service user care including staff whose vehicles are used to transport microbiological specimens;
- Domestic and portering staff – all corridors and general public areas;
- Transport staff – Trust vehicles;
- Estates and works staff – gardens / grounds of Trust property;

4.1 Equipment required when dealing with spillages of blood and body fluids

- Appropriate PPE – disposable plastic apron or full body gown if needed, non-sterile disposable nitrile gloves. If there is any risk of splashing, facial protection such as goggles or a visor must be worn.
- Disposable cloth or paper towels and an offensive waste bag, general purpose detergent and hot water.
- For cleaning up body fluids a disposable headed white mop head should be used and then disposed of in accordance with the Trust's waste disposal policy. The white mop bucket must be cleaned appropriately after use.
- When using any cleaning agents, e.g. chlorine releasing disinfectant such as Chlor-Clean, the usage directions for each product must be followed.

Other equipment that may be required for dealing with the spillage such as mops, buckets etc must be designated for this use only and not used for any other cleaning purposes. The equipment must also be stored away from other cleaning equipment and cleaned thoroughly or disposed of after use as per the Trust's disinfection / decontamination guidelines. Every clinical area must store these items together as a **body fluids spillage kits**.

All transport and community staff should also carry a kit in their vehicles or know where to access one if required. Spill kits are available via NHS supply chain for areas that may not have direct access to all of the above.

4.1.1 Procedure for dealing with spillages of blood

- Use the appropriate PPE, including facial protection if required and ensure the surrounding area is adequately ventilated.
- If the spillage has dried, the first clean must be with a general detergent and warm water to destabilise any blood borne virus.
- Cover the spillage area with a chlorine releasing powder such as Chlor-Clean sanitiser granules. The powder / granules must be left in place for the length of time recommended by the manufacturer. NB. chlorine releasing granules must not be used on large spillages due to the amount of chlorine gas that will be emitted. In such instances the area must be covered with enough disposable paper hand towels to adequately absorb the spillage.
- After leaving for the recommended period of time remove the powder or paper towels and spillage using as many disposable cloths or paper towels as necessary, discard immediately into the infectious waste bag.
- If using a commercially produced spill kit follow the manufacturer's instructions, which are included.
- After either method, rinse the affected area thoroughly using hot water and detergent and wipe dry.

- Remove PPE, disposing of it in accordance with the waste disposal policy; decontaminate hands as per the CWP's [hand decontamination policy and procedure \(IC2\)](#).

4.1.2 Procedure for dealing with other body fluid spillages

- The spillage must first be cleaned up using disposable cloths or paper towels. Use as many disposable cloths / paper towels as necessary to absorb the spillage and prevent further spreading. Chlorine releasing agents must not be applied directly to large spillages of urine as toxic fumes may be released.

If using a commercially produced spill kit follow the manufacturer's instructions.

4.2 Fabric surfaces

The procedure outlined in sections [4.1](#), [4.1.1](#) and [4.1.2](#) cannot be used on fabric surfaces, carpets and curtains. If such a spillage occurs on such items, the following actions must be taken.

For curtains and loose fabric covers that will tolerate the industrial laundry process, i.e., being laundered and disinfected at 65 degrees centigrade or above – wearing the necessary PPE, place the items in an infected laundry bag and send to laundry as per normal routine.

Under no circumstances should items that are contaminated with blood and / or body fluid be laundered at ward / departmental level.

For carpets, mats, rugs etc. don the appropriate PPE; clean the area with detergent and hot water, unless the carpet is known to withstand bleaching agents, in which case these may be used. The carpet must then be shampooed as soon as possible. In areas where children or service users may lie on the floor, these areas should be taken out of use until this cleaning process has been completed.

Foam seating, mattresses or wheelchair cushions must be removed from use immediately and condemned if the foam is contaminated. Without an impermeable cover such items cannot be cleaned effectively.

Items that have been condemned must be disposed of as infectious waste. Items such as mattresses that will not fit into infectious waste bags should be kept separate from other equipment and clearly labelled as condemned.

Wearing PPE, remove excess blood / body fluid and then contact the estates department to arrange for the item to be packaged safely prior to removal for disposal; please note that arrangements may differ across the different localities in the Trust and that further guidance is available in the CWP's [waste management policy \(HS1\)](#).

Staff working in non-Trust premises

Managers must clarify the arrangements for dealing with spillages in non-Trust premises to ensure safe practice.

5. Control of blood borne pathogens

5.1 Patient care

All body fluids from patients should be considered as potentially infectious whether they are known to have an infection or not. Service user confidentiality must be maintained at all times, in conjunction with the [health records policy \(CP3\)](#).

5.2 Linen

Refer to the CWP's [policy for handling of linen and clothing \(IC16\)](#) for further information.

5.3 Equipment and instruments

Equipment requiring servicing and repair must have a certificate of decontamination status attached to it to ensure the safety of those carrying out the repairs.

5.4 Laboratory specimens

Protective clothing e.g. gloves and aprons must be worn when obtaining specimens of blood / body fluid. PPE must be disposed of as either domestic or offensive waste after use and hands washed as per the CWP's [hand decontamination policy and procedure \(IC2\)](#).

Further information on labelling of pathology specimens can be obtained from the appropriate laboratory.

All specimens must be placed into a sealable appropriate specimen bag. These must also be carried safely, in car boots for example, in a sturdy container which is stored upright and. For transportation purposes, these must be placed into a hazardous plastic clear bag, which can be obtained from the pathology departments at the acute hospital sites.

6. Personal Protective Equipment (PPE)

Many excretions and secretions of the body are a major source of pathogenic micro-organisms associated with healthcare associated infection (Wilson, 2006). PPE should therefore be worn for any direct contact with these body fluids, to protect the skin of staff from contamination with body fluid and micro-organisms and to reduce the risk of transmission of micro-organisms between service user's and staff.

Potentially Infectious Body Fluids include:

- Blood;
- Blood-stained body fluids;
- Semen;
- Vaginal secretions;
- Tissues;
- Cerebrospinal fluid;
- Amniotic fluid, synovial fluid, pleural fluid etc.

Body fluids that may contain other pathogens include:

- Faeces;
- Urine;
- Vomit;
- Sputum;
- Saliva.
- sweat

6.1 Selecting PPE

The PPE required will depend on the task that is to be undertaken and the anticipated risk of exposure to blood / body fluid. Such assessment must consider the risk to both the patient and healthcare worker. During any procedures which may result in contamination of the hands or clothing, appropriate PPE must be worn. Examples of such activities include assisting a service user when using a commode / toilet, and handling disinfectants or laboratory specimens.

6.2 Gloves

The aim of wearing gloves is to:

- Protect user's hands from becoming contaminated with organic matter and micro-organisms;
- Protect user's hands from certain chemicals that may adversely affect the condition of the skin;
- Reduce the risk of cross-infection by preventing the transfer of organisms from staff to service user's and vice versa.

The wearing of gloves, sterile or non-sterile does not remove the need for hand washing once the gloves are removed as hands can become contaminated upon glove removal. It has also been demonstrated that the integrity of gloves cannot be taken for granted. The use of gloves as a

method of protection reduces the risk of contamination but does not eliminate it. For additional information regarding hand hygiene please refer to the CWP's [hand decontamination policy and procedure \(IC2\)](#). Gloves used for direct service user care must conform to current EU legislation (CE marked as medical gloves for single use), NICE 2012.

6.3 Glove storage

The average life span of gloves is three to five years; however, this is dependent upon factors such as storage conditions. High heat, humidity and exposure to direct sunlight can all have an adverse effect on glove quality. Gloves must therefore be stored according to the manufacturer's guidelines and stock rotated regularly and used within the expiry date.

Please note that the sluice / dirty utility are not a suitable storage area for sterile or non-sterile gloves.

Medical gloves are designated "single use" items and should therefore never be reused under any circumstances. The reuse of gloves has legal implications (MDA, 2000).

6.4 Mask and eye protection

Eye and facial protection (masks) must be worn when there is any risk of blood / body fluid splashing into the face. Therefore masks and eye protection must be available in every clinical area and be easily accessible to staff.

6.5 Disposable water repellent gowns

There is evidence to suggest that clothing of healthcare workers can be contaminated by pathogenic micro-organisms. This contamination is most likely when healthcare workers have contact with body excretions / secretions. The front of the body is the part most frequently contaminated by body fluid. Disposable aprons provide adequate protection in most circumstances, e.g., dealing with body fluid spillages and handling bedpans. Plastic aprons must be available in all clinical areas and accessible to staff.