STANDARD INFECTION PREVENTION AND CONTROL
PRECAUTIONS POLICY

V6.0

1st November 2014
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Introduction

1.1 All Healthcare staff need to be fully aware of their roles and responsibilities regarding infection prevention and control. This policy should therefore be read in conjunction with the RCHT Infection Prevention and Control – Roles and Responsibilities Policy which contains a Trust guide for staff on managing the risks in infection control.

1.2 Standard infection prevention and control precautions (standard precautions) underpin safe practice, offering protection to both staff and patients from healthcare related infections. Since examination and medical history alone cannot reliably identify all patients with infections, standard precautions represent a standard of care to be used routinely for all patients regardless of perceived or known infection risk factors.

1.3 Standard infection control precautions include:
- Effective hand hygiene practices
- Maintenance of skin integrity
- Protection of open wounds/skin lesions
- Use of appropriate personal protective clothing
- Avoidance of sharps injury through safe use and disposal of sharps
- Appropriate decontamination of instruments and equipment, including safe management of blood spillage (Refer Decontamination Policy)
- Maintaining a clean hospital environment (Refer Source Isolation Policy and Decontamination Policy).
- Safe disposal of waste (refer Trust Waste Management Policy)
- Safe handling and laundering of used linen

1.4 This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure
This policy provides guidance to staff on the measures required to prevent the spread of infection in hospital. This policy does not address the additional infection control requirements of specialist settings, such as the operating department.

3. Scope
This policy applies to all staff that have direct/indirect contact with patients and their environment and should be applied by all healthcare practitioners to the care of every patient

4. Definitions / Glossary
Standard infection control precautions/procedures - A standard of care to be used routinely for all patients regardless of perceived or known infection risk factors.
Hand hygiene – Removal or destruction of microorganisms on the hands. Hand hygiene is an overarching term for hand washing with soap and water, hand disinfection using alcohol hand rub and surgical hand washing using an antiseptic detergent.
Personal Protective Equipment - any equipment used to reduce the risk of the wearer or patient from acquiring a health care associated infection.

A ‘sharp’ is any object, which can puncture the skin and may be contaminated by blood or body fluids. This might include the following: hypodermic needles, suture needles, scalpel blades, pieces of bone, teeth splinters, glass ampoules, and pathological specimens.

Inoculation injury - One person is exposed to blood or body fluid of another person. This definition includes

- penetrating injuries from a sharp object contaminated with blood/body fluid
- contamination of a broken skin surface (e.g. cuts, grazes)
- splashes into the mouth or eyes

5. Ownership and Responsibilities

5.1. Role of the Managers

Divisional Managers/ clinical leads are responsible for:
- Ensuring that resources are available for health care workers to undertake effective standard and isolation precautions.

Departmental managers are responsible for:
- Ensuring that all staff are aware of this guidance and that the guidance is implemented.
- Ensuring that any staff that develop eczema, dermatitis or any other skin condition are referred to the Occupational Health Department.
- All Staff undertake annual mandatory Infection Prevention and Control Training including hand hygiene
- Hand Hygiene audits are carried out on a monthly basis

Divisional Directors are responsible for:
- Ensuring that all medical staff comply with this policy.

5.2. Role of the Hospital Infection Prevention and Control Committee

The Hospital Infection Prevention and Control Committee is responsible for:
- Approving this Policy
- Monitoring progress on actions identified by the Divisions to ensure compliance with this policy

5.3. Role of Individual Staff

Each individual has a clinical and ethical responsibility to:
- Carry out effective Infection prevention and control procedures and
- To act in a way which minimises risks to the patient.
- To ensure they attend annual infection prevention and control mandatory training including hand hygiene
6. Standards and Practice

6.1. Hand Hygiene

Hands are the principle route by which cross infection occurs in health care settings. Hand hygiene is, therefore, the single most important means of reducing the spread of infection. All healthcare workers are required to comply with this policy.

Compliance will be encouraged by:

- Ensuring easy access to appropriate hand hygiene products at the point of care, (wherever this is safe to do so)
- Increasing awareness of the importance of hand hygiene amongst healthcare workers using a variety of strategies such as training, posters and positive role modelling
- Wearing uniforms and other clothing worn for direct contact with patients or the clinical environment that are short sleeved, leaving the arm bare below the elbow.
- Providing information for patients about the importance of hand hygiene
- Inviting patients to prompt staff to clean their hands if they think they have forgotten.

Compliance will be monitored through regular (monthly) audit of hand hygiene practice in clinical areas using a validated audit tool. Audits will be undertaken by any member of staff trained to use the tool. Feedback to clinical staff will be provided in the form of verbal feedback immediately after the audit and written results, preferably in the form of a run chart for display in the clinical area.

6.1.1. Hand Hygiene Training

All new members of staff are required by the Trust to attend a corporate induction before commencing employment. The corporate induction programme contains a session on infection prevention and control which includes guidance pertaining to correct hand hygiene technique. Attendance at Corporate induction is monitored by the Education and Training Dept and any failure to attend is notified to the employing manager and may result in the member of staff concerned being prevented from commencing employment with the Trust.

All staff in continuous employment who are employed directly by the Trust are required to undertake an annual mandatory education session in infection prevention and control including correct hand hygiene technique. Records of attendance at mandatory training sessions are monitored by the education and training dept at RCHT and non-compliance rates are notified to the Executive Management Team for further action (cross reference Core Training Policy appendix 1 and 2). All trainee medical staff (eg F1/F2, medical students) working within the Trust are required to undertake a taught session on infection prevention and control including correct hand hygiene technique as part of their induction programme.

Additional hand hygiene training sessions are delivered by the infection prevention and control team on an ad hoc basis and hand hygiene training is
also reinforced to infection control link practitioners for cascading within local clinical teams.

6.1.2. Background Information

Microbes on the hands can be classified as either transient or resident.

**Transient micro-organisms** are found on the surface of the skin. Direct contact with other people or equipment can result in the transfer of 'transients' to or from the hands with ease. As such they are an important cause of cross infection. However, they are also easily removed by routine hand hygiene practice.

**Resident micro-organisms** are more deeply seated in the epidermis. As a result they are difficult to remove and are not usually implicated in cross infection. However, during surgery and other major invasive procedures they may enter deep tissues and cause infection. Thus there is a need for more extensive hand hygiene prior to such procedures.

6.1.3. Hand decontamination

The aim of routine hand decontamination is to remove transient microorganisms acquired on the hands before they can be transferred. This activity is "social" hand decontamination when soap is used. Hands that are visibly soiled with dirt or organic material, or potentially contaminated with micro-organisms should be washed using liquid soap and water, also with patients with diarrhoea and vomiting.

Alcohol hand rub offers a practical and acceptable alternative to hand washing provided hands are not dirty (Pratt et al 2007) or in cases of diarrhoea and vomiting. On removal of gloves hands must be washed with soap and water to prevent latex allergy.

Antiseptic hand wash solutions used with water will both remove and destroy microorganisms on the hands. This process is referred to as chemical removal of microorganisms (Larson 1995).

Hand disinfection will reduce counts of colonizing resident flora as well as removing or destroying transient micro-organisms contaminating the hands. Some antiseptic agents have a residual activity so provide continual antimicrobial activity (Larson 1995). This on-going activity is of benefit during surgical procedures and helps to minimize the risk of contaminating the surgical field if glove punctures occur.

6.1.4. When to Decontaminate Hands

My 5 moments for hand hygiene approach (WHO 2009) defines the key moments when health care workers should perform hand hygiene. This evidenced –base, field tested, user centred approach is designed to be easy to learn, logical and applicable in a wide range of settings.
This approach recommends health care workers to clean their hands
- Before touching a patient
- Before clean /aseptic procedures.
- After body fluid exposure /risk.
- After touching a patient and
- After touching the patient’s surroundings.

WHO—My 5 moments for hand hygiene

6.1.5. Hand decontamination technique
A good technique covering all surfaces of the hands at the right time is more important than the agent used or the length of time taken to perform it (Ayliffe et al 2000).

The ideal technique should be quick, reduce hand contamination to the lowest possible level and be free from notable side-effects to the skin (Pittet and Boyce 2001).

All staff should be bare below the elbow in clinical areas.

6.1.6. Preparation of hands prior to decontamination
The efficacy of hand decontamination is improved if the following principles are adhered to:
6.1.6.1. **Bare below the elbows** (cross reference RCHT Dress Code and Uniform Policy)

- In accordance with DH (2010) guidance on uniforms and workwear, long sleeved white coats must not be worn for patient care. Clinical staff must ensure that jackets are removed and either shirt sleeves rolled up or, preferably short sleeved shirts/tops worn when in clinical areas.
- Staff must remove rings (other than a plain band), bracelets and wristwatches prior to clinical patient contact to facilitate effective hand washing. Staff have ongoing clinical contact e.g. doctors, nurses, physiotherapists must remove such jewellery at the start of their shift as it is impractical to do this prior to every patient contact.
- Although a plain band ring is permitted during most clinical practice, it should be removed prior to surgical procedures.
- Finger nails must be kept clean and short i.e. not visible beyond the finger tip, when viewed from the palm side. Nail varnish and false finger nails/tips must not be worn.
- The definition of a clinical area is any department or ward area where patients are seen. The clinical area starts at the door and includes all rooms within it.

6.1.6.2. **Skin Care**

- Bacterial counts increase when the skin is damaged therefore care must be taken to maintain skin integrity:-
  - Always wet hands thoroughly prior to application of liquid soap or antiseptic detergent.
  - Rinse hands thoroughly to remove soap or antiseptic detergent.
  - Dry hands carefully.
  - Apply good quality Trust approved hand cream for example at the beginning, and end of a shift and whenever a break is taken (communal pots of hand cream should be avoided).
- Skin damage and dryness often results from frequent use of harsh soap products, application of soap to dry hands, or inadequate rinsing of soap from the hands. It is therefore essential that only approved liquid soap products are used, and that staff carefully follow correct hand hygiene techniques (Department of Health 2001).
- All clinical areas should ensure adequate supplies of wall-mounted moisturiser are available for staff use. This is more cost-effective than sickness-absence due to damaged skin.
- Any staff that develop eczema, dermatitis or any other skin condition must seek advice from the Occupational Health Department as soon as possible. This should be Datized and reported through RIDDOR.
- Any member of staff unable to use the recommended hand cleansing agents due to a skin condition/allergy must seek advice from the Occupational Health Department.
- Cuts and abrasions must be covered with a waterproof dressing. Staff dealing with food must use a blue waterproof plaster.
- Always wash hands with soap and water after removing gloves.
6.1.7. **Routine hand decontamination using soap and water**

The correct technique for routine hand washing involves:

- Wetting the hands under running water
- Applying the liquid soap and covering all surfaces of the hands.
- Vigorously rubbing all surfaces of lathered hands for 30 seconds
- Rinsing hands under running water to remove residual soap
- Thoroughly dry hands.
- The World Health Organisation have issued guidance on the appropriate technique for hand washing (appendix 1) that can be used to ensure that all parts of the hands are covered. Each step consists of five strokes forward and five strokes backwards.

**Key areas of focus during hand hygiene technique**

1. palm to palm
2. backs of hands
3. inter digital spaces
4. finger tips
5. thumbs
6. nails
7. wrists

6.1.8. **Routine hand decontamination using alcohol hand gel**

Generally, alcohol hand-rub is an effective alternative to routine hand washing if the hands are visibly clean. It is useful when hand washing facilities are not readily available and/or when speed is of the essence. It facilitates timely hand hygiene i.e. immediately before and after direct patient contact and, therefore, must be readily available in dispensers at the bedside or carried by staff. However, there are some microbes that are resistant to alcohol e.g. *Clostridium difficile* spores and *Norovirus*. It is essential to wash hands with soap and water when dealing with patients known or suspected to have these infections. As the diagnosis is not always obvious, a pragmatic approach is to use soap and water whenever dealing with a patient with diarrhoea.

When decontaminating hands using an alcohol hand rub, hands should be free of dirt and organic material. The hand rub solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously using the 6 stage technique, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, and until the solution has evaporated and the hands are dry.

**Note.** This technique needs to be performed for 30 seconds for washing hands or using alcohol gel.
6.1.9. Patient Hand Hygiene

Patients should be offered hand hygiene facilities and encouraged to wash their hands particularly after using toilet/commode/bedpan and prior to meals. Either soap and a bowl of water or hand cleansing wipes, which can be obtained from NHS Supply Chain, must be offered to patients who are unable to access hand washing facilities independently.

6.2. Personal Protective Equipment

Selection of appropriate protective clothing should follow a risk assessment of the procedure to be performed. The following factors should be considered:

- The risk of contamination of Health Care Workers clothing and skin
- The risk of transmission to the patient

In addition, in relation to gloves, patient/user latex allergy must be considered.

NB The use of protective clothing does not negate the need to wear a freshly laundered uniform/clothing for each shift. Furthermore, uniforms/clothing must be changed if contaminated during the course of a shift.

<table>
<thead>
<tr>
<th>Item of Clothing</th>
<th>Purpose/Use</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOVES</td>
<td>inappropriate use of gloves increases the risk of contact dermatitis. Full assessment of the procedure must be carried out to determine if gloves are required. Gloves do not replace the need for hand hygiene.</td>
<td></td>
</tr>
<tr>
<td>Sterile, surgeons gloves</td>
<td>Surgery and other major invasive procedures where comfort, dexterity and sensitivity is required.</td>
<td>Double gloving is recommended for orthopaedic implant surgery. The Expert Advisory Group on AIDS and HIV also recommends double gloving as a method of reducing percutaneous exposure during surgical procedures on patients with blood borne pathogens.</td>
</tr>
</tbody>
</table>
| Sterile, examination gloves | • Non surgical aseptic procedures  
• Sterile pharmaceutical preparations  | Aseptic Non Touch Technique (ANTT) following risk assessment. |
| Latex gloves              | • Non sterile procedures with potential exposure to blood/blood stained body fluids | Gloves must be manufactured to BS EN 455 |
- Non sterile procedures involving used sharps
- Handling disinfectants (excluding aldehydes)

**Non sterile, nitrile examination gloves**
- Handling aldehydes
- Handling cytotoxic material
- An alternative to vinyl/latex gloves when vinyl/latex deemed unsuitable by Occupational Health

**Rubber household gloves**
- For domestic and ancillary staff for cleaning duties.
- For unavoidable manual cleaning of surgical instruments

**PLASTIC APRONS**
Offers protection to/from clothing at site of greatest exposure/contact during routine patient care activities

**EYE PROTECTION**
Glasses, goggles, visors
To protect eyes from aerosol or splash contamination of body fluids eg from surgery, endoscopy, suctioning

**GOWNS**
Waterproof or water repellent, sterile or non sterile (depending on procedure)
- Offers protection to clothing and skin during procedures where there is the potential for gross exposure to blood and other body fluids.
- Reduces skin scale dispersal from the wearer thus reducing risk of infection for the patient during invasive procedures.
- Offers greater protection (than aprons) to staff during the care of certain infectious conditions eg Norwegian Scabies

**MASKS**
Surgical Masks
- Limited reduction of transmission of micro-
Dust & Mist Filter respirators (FFP3)

- organims expelled from the mouth and nose of the wearer.
- Protects the wearer from blood and other body fluid splashes/aerosols to the lower face and mouth eg surgery, endoscopy, suctioning.
- Protection against Mycobacterium tuberculosis and other infections transmitted by droplet nucleii.

mouth
- Do not handle the mask whilst in place.
- To remove mask, handle by tapes only and then wash hands.

Staff should be fit tested to ensure the brand of mask used is appropriate for their use. If it is not, alternatives must be provided. Annual updates required in admitting areas and respiratory ward.

FOOTWEAR
Rubber boots
- Protects feet from body fluids.

Use not recommended.

Overshoes
- Use indicated in theatres if blood spill likely to be profuse.

It is essential that PPE is put on and removed correctly. Supervision by a buddy is advised when putting on and removing PPE to ensure this is carried out correctly. (see appendix 4 and 5).

6.3. Safe Handling and Disposal of Sharps

Needle free and sharps safety products should be used where it is reasonably practical to do so. It is important to note that safety devices do not necessarily remove all risks associate with a sharp therefore safe handling and correct disposal of sharps is paramount.

IT IS THE RESPONSIBILITY OF THE PERSON USING THE SHARP TO DISPOSE OF IT SAFELY.
- Avoid re-sheathing needles. If re-sheathing is unavoidable use a re-sheathing device or one handed technique.
- Discard needle and syringe as one unit, whenever possible. If disassembly is necessary it must not be done by hand.
- Dispose of sharps into a sharps container (conforming to UN3291 & BS7320) immediately after use.
- Sharps bins must be easily accessible to staff but at the same time must not be a hazard to patients or visitors. Sharps bins must be placed out of easy reach of unauthorised persons, especially children.
- Avoid carrying used sharps to a sharps bin. A small sharps bin should be taken to the patient within a sharps tray.
• Ensure sharps bins are correctly assembled, signed and dated according to manufacturer’s instructions, before use.
• Avoid passing used sharps from person to person by hand eg from surgeon to scrub nurse – place directly into a sharps box.
• Sharps disposal devices, such as adhesive pads, must be available in areas such as theatres.
• Consider the use of needlestick prevention devices when there is clear indication that they will provide safer systems of work.
• Use a vacuum system for venepuncture. However if another system is indicated, it must be risk assessed and documented.
• Never overfill sharps bins. When 3/4 full sharps bins must be properly closed, signed, dated and sealed. Do not place in a yellow bag.
• Sharps bins must be labelled with the source department/unit.
• Staff moving sharps bins must check that the seal remains closed during and after transportation.
• Always carry sharps containers by the handle and away from the body.
• Sharps bins should not be placed on the floor but located on wall brackets.

If you sustain an inoculation injury, bleep needlestick pager via the switchboard (01872 250000).

6.3.1. Procedure following Inoculation Injury

Body Fluid Exposure sustained by Healthcare Workers during the course of their work:

IMPORTANT
It is essential that you follow this procedure with the minimum of delay – if HIV post exposure prophylaxis (PEP) is required, this should, if at all possible, be started within one hour of the body fluid exposure incident.

• For splash contamination injuries to the eyes and mouth wash the site immediately and thoroughly with water. Where there has been a splash or injury to skin, wash the site immediately and thoroughly with soap and water. Do NOT scrub the injured area and do not use antiseptics.
• Gently encourage puncture wounds to bleed by pinching skin around the site of injury. Do NOT suck the injury under ANY circumstances.
• Make a note of the name, date of birth and hospital number of the source patient involved. If he/she cannot be identified, make a note of where the sharp was, where it may have come from, how the injury was sustained and any other information you consider relevant.
• Inform your line manager immediately.
• Phone 01872 250000 (switchboard) and ask for the ‘needlestick pager’. Give your telephone number and await the return call.
• Record the incident on Datix.

On rare occasions you may be asked to attend the Occupation Health department or the A&E department at the RCH or WCH for further assessment. If you sustain a body fluid exposure during the course of work and are asked to attend an A&E or Occupational Health department away from your site, arranging and funding appropriate transport must not delay this visit.
Exposure to blood or body fluid, from a sharps injury, bite or from splashing into the eyes, mouth or broken skin must always be reported and followed up because of the potential risk of infection with blood borne viruses.

6.4. Segregation of Waste
Waste must be segregated in accordance with local Waste Management Policy.

6.5. Management of used Linen
It is the responsibility of all staff involved to comply with the agreed colour coded segregation system identified on laundry segregation posters. This will ensure appropriate laundering procedures are used and provides protection of laundry workers.

Great care must be taken to prevent extraneous and hazardous items eg sharps, gloves, incontinence pads, disposable gowns being sent to the laundry. Such items can injure staff and/or can damage washing/drying machines.

Failure to prevent such incidents may be regarded as a disciplinary offence.

Staff undertaking laundry duties must ensure that they wear gloves and aprons.

**NB:** Water soluble bags used for hospital laundry cannot be used in domestic washing machine. Bags designed for use in domestic machines should be purchased. These are available through NHS Supply Chain.

6.5.1. Patients Personal Clothing
Wherever possible, patients’ relatives should be encouraged to take personal clothing home for laundering. If the clothing that is soiled with blood or other body fluids or poses an infection risk it should be placed in a water soluble bag designed for use in domestic machines. These are available through NHS Supply Chain.

7. Dissemination and Implementation
- This policy will be implemented via the following routes:
- Information regarding the policy will be included in the Infection Prevention and Control newsletter.
- The policy will be uploaded onto the Trust’s Document Library and will replace any previous versions.
- The policy will be circulated to all Link Practitioners and Matrons
## 8. Monitoring compliance and effectiveness

### Element 1

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Hand Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Louise Dickinson (Consultant Nurse/Joint DIPC)</td>
</tr>
<tr>
<td>Tool</td>
<td>Hand Hygiene audit tool</td>
</tr>
</tbody>
</table>

**Frequency**

Staff should be audited on an ongoing basis. A minimum of 20 observations should be recorded on a monthly basis. This data should be included on the Infection Prevention and Control KPI spread sheet which is reviewed on a monthly basis at the Matrons briefing by the Matrons, Deputy Director of Nursing and the Director of Infection Prevention and Control and quarterly by the Hospital Infection Prevention and Control Committee.

**Reporting arrangements**

Divisional Nurses to report to the Senior Nurses and Midwives Committee by exception.

Divisional Management Team to report back on progress with actions at Hospital Infection Prevention and Control Committee.

**Acting on recommendations and Lead(s)**

Hospital Infection Prevention and Control Committee to monitor progress on actions.

**Change in practice and lessons to be shared**

Required changes to practice will be identified and actioned within a month. The ward manager/matron will take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

### Element 2

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>All other Standard Infection Prevention and Control Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Louise Dickinson (Consultant Nurse/Joint DIPC)</td>
</tr>
<tr>
<td>Tool</td>
<td>Infection Prevention and Control Audit Tool Saving Lives audit tools</td>
</tr>
</tbody>
</table>

**Frequency**

Daily observations of practice should be carried out by all staff and any staff not complying with policy politely challenged. Saving lives audits which should be carried out monthly, monitor some elements of Standard Precautions. Annual Infection Prevention and Control audits which are carried out by the Infection Prevention and Control Team provide more detailed monitoring of compliance with this policy.

**Reporting arrangements**

Divisional Nurses to report findings on Saving Lives audits at the Senior Nurses and Midwives Committee.

Infection Prevention and Control Team to provide an annual audit report to the ward manager, Matron, Divisional Nurse, Divisional...
Manager and Director of Nursing.

Divisional Management Team to report back on progress with actions at Hospital Infection Prevention and Control Committee.

<table>
<thead>
<tr>
<th>Acting on recommendations and Lead(s)</th>
<th>Hospital Infection Prevention and Control Committee to monitor progress on actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within a month. The ward manager/matron will take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>

9. Updating and Review

This policy will be reviewed within three years

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

| **Document Title** | Standard Infection Prevention and Control Precautions Policy. Including:  
• Hand Hygiene  
• Safe Handling and Disposal of Sharps |
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td><strong>Date Issued/Approved:</strong></td>
<td>23&lt;sup&gt;rd&lt;/sup&gt; April 2015</td>
</tr>
<tr>
<td><strong>Date Valid From:</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; May 2015</td>
</tr>
<tr>
<td><strong>Date Valid To:</strong></td>
<td>30&lt;sup&gt;th&lt;/sup&gt; April 2018</td>
</tr>
<tr>
<td><strong>Directorate / Department responsible (author/owner):</strong></td>
<td>Louise Dickinson</td>
</tr>
<tr>
<td><strong>Contact details:</strong></td>
<td>01872 254969</td>
</tr>
<tr>
<td><strong>Brief summary of contents</strong></td>
<td>This document provides guidance on the necessary infection prevention and control measures to prevent the spread of pathogenic micro-organisms</td>
</tr>
</tbody>
</table>
| **Suggested Keywords:** | Hand Hygiene  
Sharps  
Standard Precautions  
Waste  
Linen |
| **Target Audience** | RCHT | PCH | CFT | KCCG |
| **Executive Director responsible for Policy:** | Nurse Executive |
| **Date revised:** | 1<sup>st</sup> November 2014 |
| **This document replaces (exact title of previous version):** | Standard Infection Prevention and Control Precautions Policy. Including:  
• Hand Hygiene  
• Safe Handling and Disposal of Sharps  
Version 5 |
<p>| <strong>Approval route (names of committees)/consultation:</strong> | Hospital Infection Prevention and Control Committee |
| <strong>Divisional Manager confirming approval processes</strong> | Louise Dickinson |
| <strong>Name and Post Title of additional signatories</strong> | Not Required |</p>
<table>
<thead>
<tr>
<th>Signature of Executive Director giving approval</th>
<th>{Original Copy Signed}</th>
</tr>
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<tbody>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical / Infection Prevention &amp; Control</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>CQC Outcome 8</td>
</tr>
<tr>
<td></td>
<td>Pittet D, Boyce JM (2001). Hand hygiene and patient care: pursuing the Semmelweis legacy. The Lancet Infectious Diseases April 1; 9-19</td>
</tr>
<tr>
<td><strong>Training Need Identified?</strong></td>
<td>All staff to receive hand hygiene instruction at induction and on an annual basis as part of mandatory training</td>
</tr>
</tbody>
</table>
Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2007</td>
<td>V1.0</td>
<td>New Policy</td>
<td>Lead Nurse Infection Control</td>
</tr>
<tr>
<td>January 2009</td>
<td>V2.0</td>
<td>Review of policy and consultation</td>
<td>Lead Nurse Infection Prevention</td>
</tr>
<tr>
<td>June 2010</td>
<td>V3.0</td>
<td>Full review, formatting and consultation</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>June 2011</td>
<td>V4.0</td>
<td>Amendments to roles and responsibilities</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>January 2012</td>
<td>V5.0</td>
<td>Hand Care section expanded. Minor changes to roles and responsibilities.</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>November 2014</td>
<td>V6.0</td>
<td>References updated. Additional information included on removal of PPE</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

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Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description):</th>
<th>Is this a new or existing Policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate, Infection Prevention and Control</td>
<td>Existing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directorate and service area:</th>
<th>Name of individual completing assessment: Louise Dickinson</th>
<th>Telephone: 01872 254969</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate, Infection Prevention and Control</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Policy Aim
   Who is the strategy / policy / proposal / service function aimed at?
   To protect patients, staff and the general public by preventing cross-infection and contamination of the environment.

2. Policy Objectives
   To provide clear guidance on the necessary infection prevention and control measures to prevent the spread of pathogenic micro-organisms

3. Policy – intended Outcomes
   To reduce the risk of cross infection.

4. How will you measure the outcome?
   Monthly through KPI scores. Annual Infection Prevention and Control Audits

5. Who is intended to benefit from the policy?
   All Staff and patients at risk.

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
   Yes

b) If yes, have these groups been consulted?
   Yes

C). Please list any groups who have been consulted about this procedure.
   Hospital Infection Prevention and Control Committee
7. The Impact  
Please complete the following table.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong> (male, female, trans-gender / gender reassignment)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disability - Learning disability, physical disability, sensory impairment and mental health problems</strong></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. Yes ☑ No

9. If you are not recommending a Full Impact assessment please explain why.

Signature of policy developer / lead manager / director | Date of completion and submission
---|---

Names and signatures of members carrying out the Screening Assessment  
1. Louise Dickinson | 24.10.14

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed: Louise Dickinson

Date: 2nd December 2014
Appendix 3. Hand Washing Technique

Hand-washing technique with soap and water

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm
4. Rub back of each hand with palm of other hand with fingers interlaced
5. Rub palm to palm with fingers interlaced
6. Rub with back of fingers to opposing palms with fingers interlocked
7. Rub each thumb clasped in opposite hand using a rotational movement
8. Rub tips of fingers in opposite palm in a circular motion
9. Rub each wrist with opposite hand
10. Rinse hands with water
11. Use elbow to turn off tap
12. Dry thoroughly with a single-use towel

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Adapted from World Health Organisation Guidelines on Hand Hygiene in Health Care.
Appendix 4 - Putting on PPE

Gather all the necessary items of the PPE beforehand. The putting on of PPE should be supervised by another trained member of the team.

1. Wash hands
2. Put on shoe covers
3. Put on 1st pair of gloves
4. Put on waterproof gown

Whilst wearing PPE:
Avoid touching or adjusting PPE.
Replace gloves if they become torn or damaged

5. Put on face mask
6. Put on goggles/eye protection
7. Put on hat
8. Put on 2nd pair of gloves ensuring sleeve of the gown is tucked in
9. Put on apron
Appendix 5 - Order of Removal of PPE

The removal of PPE should be supervised by another trained member of the team.

1. Remove 1st pair of gloves

2. Peel off plastic apron and gown, do not touch the gown/apron. Dispose of carefully into the waste bin

3. Remove hat from the back of the head and dispose of into the waste bin

4. Remove gloves and dispose of in waste bin. Wash hands

5. Put on clean pair of gloves

6. Remove hat from the back of the head and dispose of into the waste bin

7. Carefully remove eye protection and dispose of into the waste bin

8. Remove mask from behind the head using straps and dispose of into the waste bin