STANDARD INFECTION PREVENTION AND CONTROL PRECAUTIONS POLICY

V8.0

January 2018
Summary

Standard Precautions Policy includes:

Hand Hygiene
- All staff in a clinical area must be bare below the elbows
- Apply the WHO 5 moments of hand hygiene to practice
- Use the Ayliffe technique for hand decontamination
- Staff must report and seek advice if they develop skin conditions

Personal Protective Equipment (PPE)
- Risk assess procedure and select appropriate PPE
- Put on and remove PPE correctly

Sharps
- Use Needle free and sharps safety products where reasonably practical and where not a risk assessment will need to be undertaken and maintained
- The person using the sharp is responsible for the safe disposal

Waste
- Segregate Waste as per the Linen and Laundry Policy and Waste Management Policy

Dispose of sharps at point of care
- Follow the Inoculation Injury Procedure if an incident occurs

Linen and Laundry Policy

Standard Infection Prevention and Control Precautions Policy
Table of Contents

Summary .............................................................................................................................................. 2
1. Introduction .................................................................................................................................. 4
2. Purpose of this Policy/Procedure ................................................................................................. 4
3. Scope ........................................................................................................................................... 4
4. Definitions / Glossary .................................................................................................................. 4
5. Ownership and Responsibilities .................................................................................................. 5
   5.1. Role of the Managers ............................................................................................................. 5
   5.2. Role of the Hospital Infection Prevention and Control Committee .................................. 5
   5.3. Role of Individual Staff ......................................................................................................... 5
6. Standards and Practice .................................................................................................................. 6
   6.1. Hand Hygiene ....................................................................................................................... 6
   6.2. Hand Hygiene Training ........................................................................................................ 6
   6.3. Personal Protective Equipment ............................................................................................. 10
   6.5 Segregation of Waste ............................................................................................................ 14
   6.6 Management of used Linen ................................................................................................. 14
7. Dissemination and Implementation ............................................................................................. 15
8. Monitoring compliance and effectiveness ..................................................................................... 15
   Element 2 ..................................................................................................................................... 15
9. Updating and Review ..................................................................................................................... 16
10. Equality and Diversity ................................................................................................................ 16
   10.2. Equality Impact Assessment .............................................................................................. 16
Appendix 1. Governance Information ............................................................................................. 17
Appendix 2. Initial Equality Impact Assessment Form ..................................................................... 20
Appendix 3. Hand Cleaning Technique Using Soap and Water ...................................................... 23
Appendix 4. Hand Cleaning Technique Using Alcohol Rub ............................................................. 24
Appendix 5. Putting on Personal Protective Equipment (PPE) ...................................................... 25
Appendix 6. Removing Personal Protective Equipment (PPE) ....................................................... 26
1. **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. This 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 are 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, displayed on the Knowing how you’re doing board.

6.2. 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 Learning and Development Department 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 Learning and Development Department 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 (e.g. 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.
6.2.1. **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.

6.2.2. **Hand decontamination**

- The aim of routine hand decontamination is to remove transient micro-organisms 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 or in cases of diarrhoea and vomiting.
- It must be remembered that gloves can fail and it is therefore most important that hands are washed thoroughly and dried before putting on gloves and after removing them (cross reference RCHT Glove Policy).
- On removal of gloves hands must be washed with soap and water to minimise the risk of cross / self-contamination (epic 3, Loveday et al 2014) and also prevent an allergy developing if the gloves used contain latex.
- 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.
- 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 anti-microbial activity. 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.

6.2.3. **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
My 5 Moments for Hand Hygiene
‘Based on the ‘My 5 moments for Hand Hygiene’, URL: http://www.who.int/gpsc/5may/background/5moments/en/index.html © World Health Organization 2009. All rights reserved.’

6.2.4. 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 regardless of their role should be bare below the elbow in clinical areas.

6.2.5. Preparation of hands prior to decontamination
The efficacy of hand decontamination is improved if the following principles are adhered to:

6.2.5.1. Bare below the elbows (cross reference RCHT Dress Code and Uniform Policy)
• In accordance with DH (2010) guidance on uniforms and work-wear, 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 on-going 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.

6.2.5.2. 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 Datixed 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.

6.2.6. 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 3) 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

6.2.7. 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.

6.2.8. 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. Both 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.

6.3. 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.
N.B. 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><strong>GLOVES</strong> – 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>
<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                  |                                                                 | Alternatives to Latex Gloves must be considered and fully investigated before resorting to their use. Please refer to the Glove Policy. |
| 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 | Reusable. Gloves should be washed in detergent and warm water and dried after use.                                                             |
<p>| PLASTIC APRONS                | Offers protection to/from clothing at site of greatest exposure/contact during routine patient care activities | Must be changed after each activity (single use/single activity)                                                                             |</p>
<table>
<thead>
<tr>
<th><strong>EYE PROTECTION</strong></th>
<th>To protect eyes from aerosol or splash contamination of body fluids e.g. from surgery, endoscopy, suctioning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glasses, goggles, visors</strong></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>GOWNS</strong></th>
<th>Offers protection to clothing and skin during procedures where there is the potential for gross exposure to blood and other body fluids.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterproof or water repellent, sterile or non-sterile (depending on procedure)</td>
<td>- Reduces skin scale dispersal from the wearer thus reducing risk of infection for the patient during invasive procedures.</td>
</tr>
<tr>
<td>Use mainly restricted to:</td>
<td>- Offers greater protection (than aprons) to staff during the care of certain infectious conditions e.g. Norwegian Scabies</td>
</tr>
<tr>
<td></td>
<td>Theatres</td>
</tr>
<tr>
<td></td>
<td>Endoscopy units</td>
</tr>
<tr>
<td></td>
<td>Delivery suite</td>
</tr>
<tr>
<td></td>
<td>Aseptic drug preparation units</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MASKS</strong></th>
<th>Limited reduction of transmission of microorganisms expelled from the mouth and nose of the wearer.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgical Masks</strong></td>
<td>- Protects the wearer from blood and other body fluid splashes/aerosols to the lower face and mouth e.g. surgery, endoscopy, suctioning.</td>
</tr>
<tr>
<td>Use if masks are worn they must cover the nose and mouth</td>
<td></td>
</tr>
<tr>
<td>Do not handle the mask whilst in place.</td>
<td></td>
</tr>
<tr>
<td>To remove mask, handle by tapes only and then wash hands.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Dust &amp; Mist Filter respirators (FFP3)</strong></th>
<th>Protection against <em>Mycobacterium tuberculosis</em> and other infections transmitted by droplet nuclei.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>FOOTWEAR</strong></th>
<th>Protects feet from body fluids.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rubber boots</strong></td>
<td>Use indicated in theatres if blood spill likely to be profuse.</td>
</tr>
<tr>
<td><strong>Overshoes</strong></td>
<td>Use not recommended.</td>
</tr>
</tbody>
</table>
It is essential that PPE is put on and removed correctly (see Appendix 4 and 5).

6.4 Safe Handling and Disposal of Sharps
Needle free and sharps safety products should be used where it is reasonably practical to do so. Where there is no reasonably practicable safer sharp option available a comprehensive risk assessment will be undertaken and maintained. 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.

Please refer to the Trust Sharps Safety Policy for detailed information.

IT IS THE RESPONSIBILITY OF THE PERSON USING THE SHARP TO DISPOSE OF IT SAFELY.

- Use “safer sharps” where ever reasonably practicable, activating the safety mechanisms immediately after use.
- Avoid sharps usage where possible. Where sharps usage is unavoidable, exercise particular care in the handling of all items.
- Dispose of sharps immediately at the point of use using a sharps bin.
- Never attempt to re-sheath a needle or other sharp
- Assemble devices with care and dispose of as a single unit [i.e. syringe and needle].

During Surgery:

- Let falling objects fall. Don’t try to catch falling instruments or glassware, and stand well clear of them. It’s better to clean up a mess or replace an instrument than to risk injury and infection.

Sharps bins must always be:

- Compliant with UN3291 and BS7320 standards.
- Correctly assembled, labelled and dated.
- Available at all locations where sharps are used.
- Secured to an appropriate bracket and out of the reach of children or carried in the appropriate sharps bin container tray.
- Ensure the temporary closure is used when the bin is not in use.
- Sharps bins should be locked closed when the fill line has been reached. Sharps must not be pressed or ‘shaken’ down in order to make more room.

6.4.1 Procedure following Inoculation Injury
(Further guidance is available in the Policy for the Management of Needlestick Injuries & Body Fluid Exposure Incidents)

Immediate action to be taken by the employee
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.

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

6.6 Management of used Linen
(Further guidance is available in the Linen and Laundry Policy)

Soiled/fouled linen should be placed in a white impermeable bag and stored in the appropriate storage facility outside the ward for removal by Mitie.

All linen identified as infectious should be placed in a red water-soluble bag which should then be placed inside a white impermeable bag which is identified as ‘infectious linen’

Great care must be taken to prevent extraneous and hazardous items e.g. 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.

6.6.1 Patients Personal Clothing
Patient’s used clothing should be taken home by relatives for laundering. The used clothing should be placed into a patient property bag awaiting collection.

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>Director of Infection Prevention and Control</td>
</tr>
<tr>
<td>Tool</td>
<td>Hand Hygiene audit tool</td>
</tr>
<tr>
<td>Frequency</td>
<td>Staff should be audited on an ongoing basis. A minimum of 10 observations should be recorded on a monthly basis via Quanta. Director of Infection Prevention and Control and quarterly by the Hospital Infection Prevention and Control Committee</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Associate Directors of Nursing 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</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Hospital Infection Prevention and Control Committee to monitor progress on actions</td>
</tr>
<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>
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</table>

**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>Director of Infection Prevention and Control</td>
</tr>
<tr>
<td>Tool</td>
<td>Infection Prevention and Control Audit Tool Quanta Infection Prevention and Control questions</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. Quanta 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.

<table>
<thead>
<tr>
<th>Reporting arrangements</th>
<th>Associate Directors of Nursing to report findings on Quanta audits at the Senior Nurses and Midwives meeting.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infection Prevention and Control Team to provide an annual audit report to the Ward Manager, Matron, Associate Director of Nursing, and Chief Nurse.</td>
</tr>
<tr>
<td></td>
<td>Divisional Management Team to report back on progress with actions at Hospital Infection Prevention and Control Committee.</td>
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9. **Updating and Review**

9.1. 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

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Standard Infection Prevention and Control Precautions Policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>5 February 2018</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>28 February 2018</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>27 February 2021</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Jean James</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254969</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This document provides guidance on the necessary infection prevention and control measures to prevent the spread of pathogenic micro-organisms</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Hand Hygiene Sharps Standard Precautions Waste Linen</td>
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<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Date revised:</td>
<td>05.02.18</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Standard Infection Prevention and Control Precautions Policy.</td>
</tr>
<tr>
<td>Version</td>
<td>7.0</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Hospital Infection Prevention and Control Committee</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Louise Dickinson</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>{Original Copy Signed}</td>
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<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
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### Publication Location (refer to Policy on Policies – Approvals and Ratification):

<table>
<thead>
<tr>
<th>Internet &amp; Intranet</th>
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</table>

### Document Library Folder/Sub Folder:
Clinical / Infection Prevention & Control

### Links to key external standards:
Regulation 12

#### Related Documents:
- Pittet D, Boyce JM (2001). Hand hygiene and patient care: pursuing the Semmelweis legacy. The Lancet Infectious Diseases April 1; 9-19
- Royal Cornwall Hospital NHS Trust (2016) Glove Policy
- Royal Cornwall Hospital NHS Trust Linen and Laundry Policy V3.0 February 2017
- Royal Cornwall Hospital NHS Trust (2016) Waste Management Policy
All staff to receive hand hygiene instruction at induction and on an annual basis as part of mandatory training.

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<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>
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<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>
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<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>
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<tr>
<td>25-10-17</td>
<td>V7.0</td>
<td>Addition to section 6.2.2 aligning information to The Glove Policy and the Hand Hygiene Policy. Updated the Related Document list</td>
<td>Jean James, IPAC Clinical Nurse Specialist</td>
</tr>
</tbody>
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This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document
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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</th>
<th>Standard Infection Prevention and Control Precautions Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directorate and service area:</strong></td>
<td><strong>Is this a new or existing Policy?</strong></td>
</tr>
<tr>
<td>Infection Prevention and Control</td>
<td>Existing</td>
</tr>
<tr>
<td><strong>Name of individual completing assessment:</strong></td>
<td><strong>Telephone:</strong></td>
</tr>
<tr>
<td>Louise Dickinson</td>
<td>01872 254969</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 microorganisms.

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 **Who did you consult with?**
   - Workforce
   - Patients
   - Local groups
   - External organisations
   - Other
   - X

b. Please identify the groups who have been consulted about this procedure.

   - Hospital Infection Prevention and Control Committee

7. **The Impact**
   - Please complete the following table. **If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.**
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>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sex (male, female, trans-gender / gender reassignment)</strong></td>
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<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
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<tr>
<td><strong>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marriage and Civil partnership</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
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<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 this relates to service redesign or development

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

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
--------------------------------------------------------|-----------------------------------------------
|                                                         | 05 February 2018                             |
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

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

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

Signed Louise Dickinson
Date 05 February 2018
Appendix 3. Hand Cleaning Technique Using Soap and Water

HAND CLEANING TECHNIQUES

How to handwash?
WITH SOAP AND WATER

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

www.npsa.nhs.uk/cleanyourhands
Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care 7/09

Standard Infection Prevention and Control Precautions Policy
Appendix 4. Hand Cleaning Technique Using Alcohol Rub

HAND CLEANING TECHNIQUES

How to handrub?
WITH ALCOHOL HANDRUB

1a. Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces.

1b. Rub palm to palm with fingers interlaced.

2. Rub hands palm to palm.

3. Rub back of each hand with the palm of other hand with fingers interlaced.

4. Rub palm to palm with fingers interlaced.

5. Rub with backs of fingers to opposing palms with fingers interlaced.

6. Rub each thumb clasped in opposite hand using rotational movement.

7. Rub tips of fingers in opposite palm in a circular motion.

8. Rub each wrist with opposite hand.

9. Once dry, your hands are safe.

20-30 sec

www.npsa.nhs.uk/cleanyourhands

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

Standard Infection Prevention and Control Precautions Policy
Appendix 5. Putting on Personal Protective Equipment (PPE)

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

The order for putting on PPE is: APRON, SURGICAL MASK, EYE PROTECTION and GLOVES.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. APRON (OR GOWN)</strong></td>
<td>![Image of person putting on apron]</td>
</tr>
<tr>
<td></td>
<td>Pull over head and fasten at back of waist</td>
</tr>
<tr>
<td><strong>2. SURGICAL MASK (OR RESPIRATOR)</strong></td>
<td>![Image of person putting on surgical mask]</td>
</tr>
<tr>
<td></td>
<td>Secure ties or elastic bands at middle of head and neck</td>
</tr>
<tr>
<td></td>
<td>Fit flexible band to nose bridge</td>
</tr>
<tr>
<td></td>
<td>Fit snug to face and below chin</td>
</tr>
<tr>
<td><strong>3. EYE PROTECTION (GOGGLES/FACE SHIELD)</strong></td>
<td>![Image of person putting on eye protection]</td>
</tr>
<tr>
<td></td>
<td>Place over face and eyes and adjust to fit</td>
</tr>
<tr>
<td><strong>4. GLOVES</strong></td>
<td>![Image of person putting on gloves]</td>
</tr>
<tr>
<td></td>
<td>Extend to cover wrist</td>
</tr>
</tbody>
</table>

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Appendix 6. Removing Personal Protective Equipment (PPE)

PPE should be removed in an order that minimises the potential for cross-contamination.

The order for removing PPE is GLOVES, APRON, EYE PROTECTION and SURGICAL MASK.

1. GLOVES
   - Grasp the outside of the glove with the opposite gloved hand; peel off
   - Hold the removed glove in the gloved hand
   - Slide the fingers of the un-gloved hand under the remaining glove at the wrist
   - Peel the second glove off over the first glove
   - Discard in a lined waste bin

2. APRON (OR GOWN)
   - Unfasten or break ties
   - Pull apron away from neck and shoulders, touching inside only
   - Fold or roll into a bundle
   - Discard in a lined waste bin

3. EYE PROTECTION (GOGGLES/FACE SHIELD)
   - Handle only by the headband or the sides
   - Discard in a lined waste bin

4. SURGICAL MASK (OR RESPIRATOR)
   - Unfasten the ties – first the bottom, then the top
   - Pull away from the face without touching front of mask/respirator
   - Discard in a lined waste bin

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