

Standard Infection Control Precautions	
Staff/stakeholders involved in development:)	Lead Nurse Infection Control
Division:	Microbiology
Department:	Infection Control
Responsible Person	Director of Infection, Prevention and Control
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For use by:	All Clinical Staff
Purpose:	<ul style="list-style-type: none"> • <i>To ensure standard infection control practice</i> • <i>To prevent cross infection from patients with known or unknown infections</i>
This document supports: <i>Standards and legislation</i>	Saving Lives 2007 Hygiene Code 2008 EPIC Guidelines 2002
Key related documents:	Hand Hygiene Recommendation on wearing of gloves Needlestick and sharps injury Blood and body fluid spillage Clinical waste
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Evaluation of Standards will include: (i.e. how will compliance with the policy and achievement of the policy outcomes be audited)

Infection Control audits

High Impact Intervention audits

Clinical Incidents

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1. INTRODUCTION

Standard Infection Control Precautions are intended for use by all staff, in all care settings at all times, for all individuals whether infection is known to be present or not. This is to ensure the safety of those being cared for plus staff and visitors in the hospital.

Standard Infection Control Precautions are the basic infection prevention and control measures necessary to reduce the risk of transmission of micro-organisms from sources of infection.

These sources of potential infection include:-

- blood
- blood-stained body fluids
- semen
- vaginal secretions
- human body tissues
- CSF, amniotic, pericardial, pleural fluids
- faeces, urine, vomit, sputum

Blood and body fluids may contain blood-borne viruses such as Hepatitis B, C or Human Immunodeficiency Virus (HIV).

It is impractical to screen all patients for these pathogens; therefore it is necessary for standard precautions to be taken when dealing with all blood and body fluids. All patients will be managed accordingly and without discrimination.

The application of Standard Infection Control Precautions

Standard precautions are: -

2. RISK ASSESSMENT

- The assessment of risk as to the likely degree of contact with blood and body fluids.
 - This will ensure that the correct level of protective clothing is worn.

3. PERSONAL PROTECTIVE EQUIPMENT (PPE)

See Appendix A for “[Donning & Removal of PPE](#)”

The type of PPE used must provide adequate protection to staff against the risks associated with the procedure of task undertaken.

It must be removed as soon as practicable after the procedure is completed

PPE must always be changed between patients and between different tasks on the same patient

All PPE should be:-

Located close to the point of use

Stored to prevent contamination or deterioration in quality in a clean, dry area until required for used (check manufacturers instruction and expiry dates)

Single use where possible. Re-usable items such as goggles/visors or face shields must have a decontamination schedule in accordance with manufacturers' guidelines.

GLOVES must be:-

- Worn for direct contact with blood or body fluids, non-intact skin and mucous membranes.
- Worn when caring for patients in source (& protective) isolation
- Changed immediately after each patient and /or following completion of a clinical procedure
- Changed if a perforation or puncture is suspected
- Appropriate for use, fit for purpose and well fitted.
- Discarded as clinical waste after each procedure.

- Double gloving is recommended during some Exposure Prone Procedures (EPP's) e.g orthopaedic and gynaecological operations

- Latex gloves are not recommended for use. Contact Occupational Health if there are any allergy issues.

APRONS must be:-

- Worn to protect uniforms or clothes when contamination is anticipated or likely
- Worn when caring for patients in source (& protective) isolation
- Changed between patients and/or completion of a procedure or task.

FULL LONG-SLEEVED GOWNS must be:-

- Worn when there is a risk of extensive splashing of blood or other body fluids e.g. in the operating theatre
- Changed between patients and/or completion of a procedure
- Worn when there is a risk of scabies
- Discarded as clinical waste after each use

EYE/FACE PROTECTION (including full face visors) must be:-

- Worn if blood or body fluid contamination to the eyes or face is anticipated.
- Worn during aerosol generating procedures
- Worn by members of the surgical, theatre team

FLUID REPELLENT SURGICAL FACE MASKS must be:-

- Worn if splashing/ spraying of blood or body fluids or excretions is anticipated or likely
- Well fitted and fit for purpose to fully cover the nose and mouth
- Removed or changed at the end of a procedure or task or if the integrity of the mask is breached
- In accordance with manufacturer's instructions

FFP3 RESPIRATOR MASKS must be:-

- Well fitted and fit for purpose. All staff who wear FFP 3 masks must be Fit tested by an appropriately trained member of staff.
- Worn for specific infections (e.g. Influenza or Pulmonary TB) on the advice of the Infection Prevention and Control Team)
- Removed or changed at the end of a procedure or task, if the integrity of the mask is breached
- In accordance with manufacturer's instructions

FOOTWEAR must be:-

- Non-slip, clean, wipeable and well maintained
- Able to support and cover the entire foot to avoid contamination with blood or body fluids or potential injury from sharps
- Removed & cleaned before leaving dedicated footwear area e.g. theatres.

HEADWEAR (such as surgical caps/beard covers) must be:-

- Worn in theatre settings or clean rooms (e.g. CSSD)
- Well-fitting and completely cover the hair
- Changed /disposed of between sessions or if contaminated with blood or body fluids.

Wash hands after removing PPE

4. HAND HYGIENE

- Hands are the biggest single source of cross infection in healthcare
- Hand hygiene and hand-care are the most important measures in infection control.
- The aim of hand hygiene is to remove transient organisms from the skin or to reduce their numbers below the level of an infecting dose before they are in contact with a susceptible patient.

DUTIES

All Staff

- Are required to clean their hands appropriately every time in the right way.
- Are required to ensure there is clear access to clinical hand washing sinks at all times

TRAINING NEEDS

- It is the individual responsibility of all healthcare workers to clean their hands appropriately every time and in the right way.
- All staff **MUST** attend hand hygiene training on induction and annual update thereafter and in accordance with the Learning and Development policy.
- Attendance at training is monitored by the Learning and Development Unit in accordance with the Learning and Development Policy.

HAND HYGIENE COMPLIANCE

- Hand hygiene compliance must be audited by use of High Impact Intervention bundles and the Lewisham hand hygiene audit
- Non-compliance with the hand hygiene policy is serious misconduct and must be actioned within divisional structures. Persistent non-compliance with the hand hygiene policy will be dealt with following the Trust disciplinary procedures.
- Ensure that appropriate equipment is available for hand hygiene.
- Ensure that there is clear access to sinks

Alcohol hand rub must be available:

- At every bed space
- On the entrance and exits to all clinical areas
- Outside source isolation side rooms
- Portable for clinical procedures

HANDS MUST BE CLEANED FOLLOWING THE 5 MOMENTS FOR HAND HYGIENE

Before patient contact

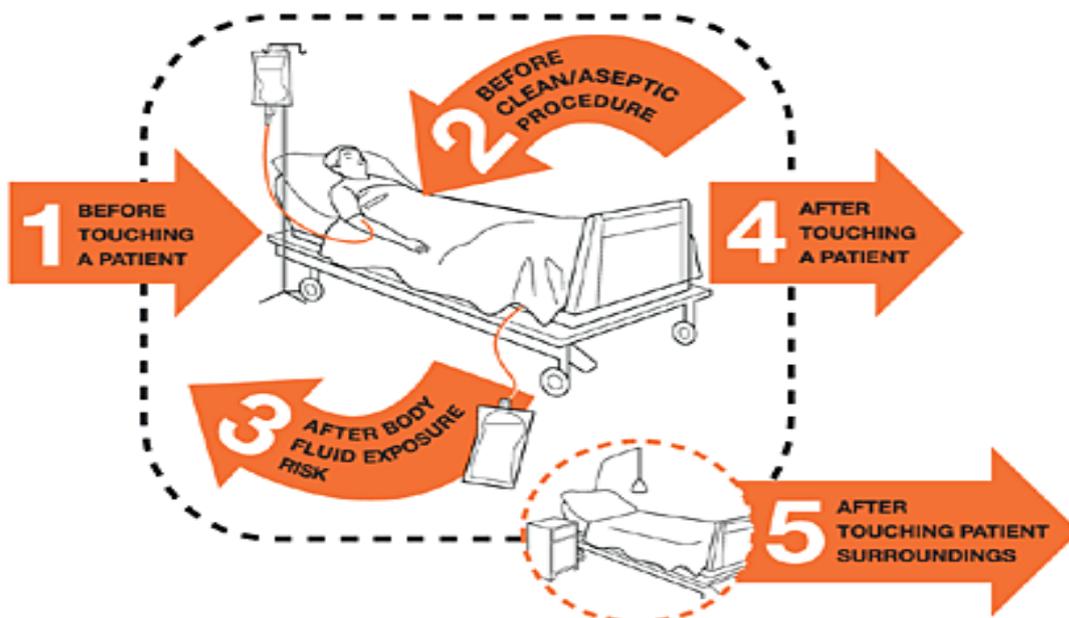
Before aseptic task

After body fluid exposure

After patient contact

After contact with the patient surroundings

5 Moments for Hand hygiene



It is also important to clean hands

- Before putting on and after removing gloves
- When entering or leaving clinical area
- At the start and end of shift
- Before each meal / rest break

PRINCIPLES

- Hand washing with soap and water should involve the lathering of all hand surfaces, rinsing under running water and careful drying on a paper towel
- Alcohol hand rubs must be available in clinical areas and on every patient bed space.
- Alcohol hand rub is recommended for the decontamination of visibly clean hands only. It is not intended to replace hand washing if hands are clinically dirty.
- Existing cuts and abrasions on exposed skin must be covered with a waterproof dressing.

BARE BELOW THE ELBOWS

- Nails must be kept short and clean.
- No nail varnish, gel nails or nail extensions to be worn.
- Rings must not be worn. However a plain unengraved wedding ring will be acceptable if it is moved during hand washing and underlying skin washed.
- Bracelets and watches or long sleeves must not be worn in clinical areas

NB: ALCOHOL HAND RUB IS INADEQUATE WHEN DEALING WITH DIARRHOEA

FREQUENTLY MISSED AREAS FOLLOWING HAND HYGIENE



HAND CARE

- The use of hand cream will prevent hands becoming chapped and sore.
- Moisturising hand cream is available in wall-mounted dispensers for communal use.
- Individual alcohol hand rubs or moisturiser are acceptable for personal use but must not be available for communal use
- If skin problems persist due to use of hand hygiene product please refer to Occupational Health

The levels of hand washing are classified as: -

SOCIAL HAND HYGIENE

- **Washing with liquid soap and water or use of alcohol hand rub**
 - For any clinical patient contact
 - Before and after eating / handling food
 - Commencement of or finish of duty
 - Entering clinical area
- **Washing with liquid soap and water**
 - After handling patients linen
 - After visiting the toilet
 - After caring for all patients with diarrhoea

HYGIENIC HAND HYGIENE

- With a 70% alcohol hand rub **after** social hand washing or
- Washing with antiseptic detergent (Hibiscrub®). It is advised that the use of hibiscrub is limited to high-risk areas or procedures
- Essential before and after any close clinical work e.g. aseptic technique, VAD insertion and isolation procedures.

ASEPTIC HAND HYGIENE

- Practised before any major aseptic procedure, i.e. surgical procedures in operating theatres.

The level of hand washing is dictated by the activity the individual is about to undertake or has completed.

5. SHARPS

A 'sharp' is a sharp object capable of causing injury to a person. Commonly encountered sharps are needles, surgical instruments and broken glass. The use of Sharps should be avoided as far as is reasonably practicable however it is accepted that in many cases avoidance will not be possible. The Health & Safety (Sharp Instruments in Healthcare) Regulations 2013 require that (when commercially available and subject to risk assessment) all sharps devices should be of a safety sharps design.

A safety sharp is a sharp device which includes some form of safety guarding to prevent the user from sustaining a sharps injury. Cannulae, butterfly needles syringe and blood collection sharps devices are now available in safety formats. When using the aforementioned only safety versions of these devices are sanctioned for use within the Trust. Any further reference to Sharps in this policy will be reference to a safety sharp device unless otherwise stated.

The Sharps Sub group (a subgroup of the Product Appraisal Group) monitor the use of existing safety devices in use in the Trust and as far as is reasonably practicable will source and introduce new devices as they become commercially available.

Avoiding Sharps Injuries and Risk Incidents

- The use of sharps devices should be avoided as far as is reasonably practicable.
- If avoidance is not possible all sharps used in the Trust must be safety sharps (subject to design availability and appropriate trial/risk assessment)
- All sharps are potentially dangerous and must be handled with care.
- Staff handling sharps must be careful not only to avoid injury to themselves but to others in their immediate environment.
- When handling sharps and body fluids appropriate gloves must be worn.
- Double gloving should be considered when a healthcare worker (HCW) undertakes either an exposure prone procedure or when glove punctures are likely e.g. during prosthetic orthopaedic surgery, cardiothoracic or gynaecology.
- Where splashes or aerosols may occur additional protective clothing such as visors should be used.
- Reusable sharps (e.g. probes) must be handled according to the departmental policy using safety equipment where appropriate.
- Where it is necessary to hand an unprotected sharp to another member of staff this should not be done directly but by placing the instrument in a

suitable receptacle (e.g. sterile kidney dish).

- Not to re-sheath needles
- Take the sharps bin to the patient and dispose of the used sharp immediately after use. The use of an integrated sharps tray is recommended.
- Use temporary closure mechanism after each disposal

OCCUPATIONAL EXPOSURE MANAGEMENT

There is a potential risk of transmission of a Bloodborne Virus (BBV) from a significant occupational exposure and staff need to understand the actions they should take to prevent exposures and when a significant occupational exposure incident takes place.

Refer to Blood Borne Virus Policy

6. RESPIRATORY AND COUGH ETIQUETTE

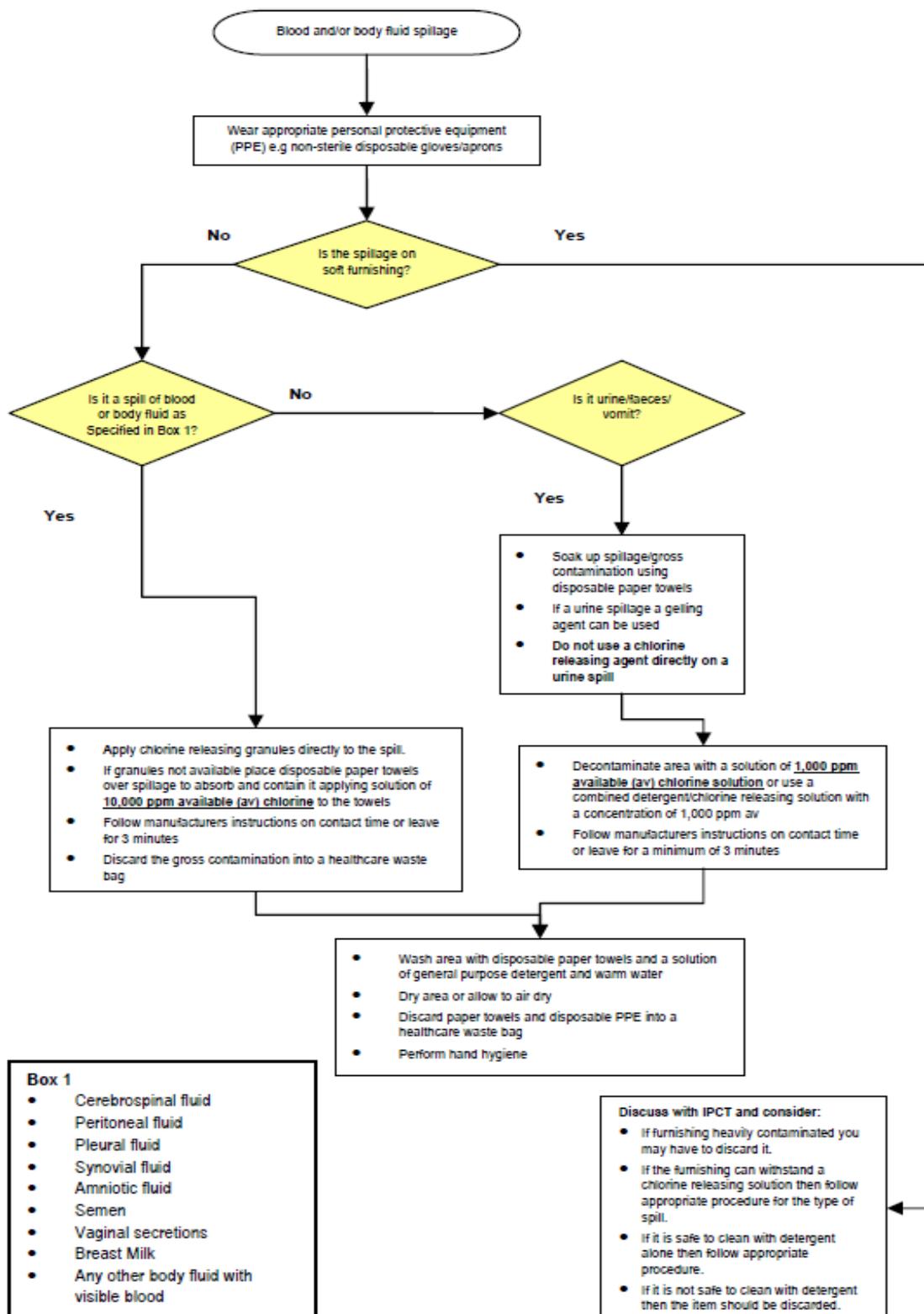
Respiratory hygiene and cough etiquette is designed to contain respiratory secretions to prevent transmission of respiratory infections:

- cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose
- dispose of all used tissues promptly into a waste bin
- wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- keep contaminated hands away from the mucous membranes of the eyes and nose; and
- cough/sneeze into the inner elbow if tissues are not immediately available to hand also known as “sneeze into your sleeve”

Staff should promote respiratory hygiene and cough etiquette to all individuals and help those (e.g. elderly, children) who need assistance with containment of respiratory secretions e.g. those who are immobile will need a receptacle (e.g. plastic bag) readily at hand for the prompt disposal of used tissues and offered hand hygiene facilities.

7. MANAGEMENT OF BLOOD AND BODY FLUID SPILLAGES

- Spillages of blood and other body fluids are considered hazardous and must be dealt with immediately by staff trained to undertake this safely. Responsibilities for the cleaning of blood and body fluid spillages should be clear within each area/care setting.
- Refer to Bloodborne Virus Policy



Excreta

Excreta should be discarded directly into the bedpan washer, macerator or toilet.

8. CLINICAL WASTE ([See Appendix B: Colour Code Policy](#))

Health Technical Memorandum 07-01: Safe management of healthcare waste” contains the regulatory waste management guidance for the NHS including waste classification, segregation, storage, packaging, transport, treatment and disposal.

Categories of waste:

- Healthcare (including clinical) waste – is produced as a direct result of healthcare activities e.g. soiled dressings, sharps
- Hazardous waste – arises from the delivery of healthcare in both clinical and non-clinical settings. Hazardous waste includes a range of controlled wastes, defined by legislation, which contain infectious or dangerous/hazardous substances e.g. chemicals, pharmaceuticals
- Domestic waste – waste similar in composition to waste from household premises e.g. paper towels

Waste Streams:

- Black

Domestic waste which does not contain infectious materials, sharps or medical products. Final disposal is to landfill

- Orange

Infectious Waste (subject to risk assessment) which may be treated to render it safe prior to disposal or can be incinerated

- Yellow

Waste which poses ethical, highly infectious or contamination risks. This includes anatomical and human tissue which is recognisable as body parts, medical devices and sharps waste boxes that have red, purple or blue lids. Disposal is by specialist incineration

- Yellow/Black Stripe

Offensive/ hygiene waste. Final disposal is to landfill

Safe waste disposal

Always dispose of waste:

- immediately and as close to the point of disposal as possible
- into the correct segregated colour coded UN 3291 approved waste bag (either orange/yellow for healthcare waste or black for domestic); or
- into approved sharps waste box which must not be overfilled (no more than 3/4 full)

Sharps boxes must have a dedicated handle and a temporary closure mechanism, which must be employed when the box is not in use.

Liquid waste e.g. blood should be rendered safe by adding a self-setting gel or compound before placing in a healthcare waste bag.

Waste bags must be no more than 3/4 full or more than 4kgs in weight; and using a ratchet tag (for healthcare waste bags only) with a 'swan neck' to close or label (for sharps waste boxes) with point of origin and date of closure.

Healthcare waste must be stored securely with frequent collection to prevent build up.

9. SAFE MANAGEMENT OF LINEN See [Appendix B: Colour Code Policy](#)

Safe management of linen is one of the elements of standard infection control precautions given the potential for contamination of linen used during the delivery of care with blood or body fluids, excretions or secretions.

It has been shown that used linen, within healthcare settings, in particular, can harbour large numbers of potentially pathogenic microorganisms. Therefore, it is important that the appropriate precautions are taken to ensure contamination to/from linen does not occur as this might then lead to transmission of microorganisms to people or to the environment potentially causing infection.

Such important precautions apply to all stages of linen management: storage, handling, bagging, transporting, laundering.

Any decisions regarding handling of laundry must be discussed with the Infection Prevention and Control Team.

National guidance relating to the management of linen uses specific terms to categorise linen:

Used linen – this refers to all used linen, irrespective of state, except linen from infectious (or isolated) patients/clients or those suspected of being infectious.

Soiled/foul linen – this term refers to linen contaminated with blood or other body fluids, e.g. faeces. This term is often used in practice.

Infected linen – this specifically applies to linen that has been used by a patient or client who is known or suspected to be carrying potentially pathogenic microorganisms. Normally, in these situations, a risk assessment will have been carried out and additional precautions will have been put in place to prevent transmission of these microorganisms and subsequent infection in others, e.g. isolation or transmission based precautions, including specific guidance on the management of infected linen.

Heat labile linen – refers to items which need to be washed at lower temperatures, e.g. 40° C, to avoid shrinkage. This policy does not specifically cover procedures relating to uniforms, however, the principals described should also apply to uniforms.

RESPONSIBILITIES

All Staff

Have a responsibility to safely manage linen that they will use while delivering care

Have the responsibility to report any exposure incidents that occur related to contaminated linen and to take appropriate measures to avoid these in the first instance

Have a responsibility to undertake training on all aspects of the management of linen

Have a responsibility to display available posters clearly demonstrating the actions to be taken to manage linen safely

Managers

Have the responsibility to ensure local risk assessments are carried out where necessary, e.g. to identify the use of appropriate personal protective equipment (PPE), adherence to safe practices, including the provision of resources for this, immunisation programmes are offered appropriately and any incidents that occur are reviewed and subsequent actions taken where appropriate

Have the responsibility to ensure training is available and staff have the responsibility to attend such training sessions

Facilities

Have the responsibility to ensure that the Trust Laundry and Linen Service Specification and the Guidance – Hospital Laundry arrangements for used and Infected Linen CFPP 01-04 are adhered to.

Infection Control and facilities must liaise regarding any change to policy or procedure.

GOOD PRACTICE POINTS:

- Personal Protective equipment (PPE) must be worn to ensure that contamination from used linen does not occur e.g. disposable gloves and aprons
- Ensure appropriate and clean bags /receptacles e.g. linen trolley are available close to the point of use as possible. Do not carry used linen.
- Never place/drop linen on the floor or on other surfaces as this could lead to contamination especially during care delivery e.g. a locker/table top
- **Used linen must be disposed of in white linen bags**
- **Linen from isolation rooms or that is soiled or contaminated with blood or other body fluids must be disposed of in red water soluble /alginate bag. This indicated that the linen is soiled /foul.**
- **A red laundry bag must be used to store / transport the water soluble bag**
- Staff should avoid shaking used linen as this may result in the dispersal of potentially pathogenic microorganisms and/or skin scales into the environment
- Do not wrap linen together when disposing of it into a receptacle, instead, place each individual item into the bag/receptacle
- Staff should ensure sharps or other extraneous items are not discarded into linen bags/receptacles
- All bags should be tied when filled, before transporting. Laundry bags holding used linen should not be left unsealed/tied for long periods, e.g. longer than a day
- Used linen bags/receptacles should never be overfilled and should be appropriately tagged for identification
- Used linen should not be re-handled or sorted

- Ensure used linen and linen bags/receptacles are stored within a designated area which cannot be accessed by the public and not placed on inappropriate surfaces. **Do not store in corridors.**
- Hand Hygiene must be performed every time, after handling used linen
- Clean linen should be randomly checked to ensure it is clean, fit for use and free of stains. Clean and used linen should never be stored together
- Do not over stock clean linen in ward bays/ trolleys as this linen cannot be returned to the linen cupboard and will have to be re-laundered
- Control of Substances Hazardous to Health (COSHH) sheets and Material Safety Data Sheets (MSDS) should be referred to in order to ensure the safe management of linen e.g. solutions being used for laundering. Manufacturer's instructions should also be referred to.
- Any incidents where linen has not been managed safely and appropriately, and health and safety have been breached as a result should be reported. This might include when sharp items have been found in linen or where supposed clean linen is found to be dirty.

STORAGE OF CLEAN LINEN

- Clean linen should always be stored in a clean, designated area, preferably a (purpose built) cupboard, away from the floor to prevent contamination with dust and/or aerosols.
- Linen should not be decanted onto different trolleys/shelves or stored in corridors when delivered as this may result in contamination.

SAFE TRANSPORTATION OF LINEN TO/FROM THE LAUNDRY

Personal protective equipment (PPE) should be worn appropriately to protect those transporting linen, e.g. gloves

Measures should be in place to ensure that linen for use arrives clean

Inspections should be carried out of those transporting linen e.g. auditing of vans or trolleys to ensure these are clean and that cages are used for storage of linen in these settings with clear separation of clean and dirty linen

Procedures:

- Bags containing used linen that have not been properly secured should not be uplifted

- Those personnel transporting used linen should not open linen bags/receptacles/cages nor should they handle the linen
- Any sharps injuries sustained from extraneous items found during transport of linen should be actioned as per Bloodborne Virus Policy
- Clean and used linen should never be transported in the same storage cage. Instead, there should be designated storage cages for each
- Clean linen must only be handled by clean hands. It should be stored in a designated, clean area with minimal handling until required for use
- Hand hygiene must be performed after handling used linen bags/receptacles/cages and prior to handling clean linen

GENERAL POINTS FOR THE CENTRAL LAUNDERING OF LINEN

- Laundry staff should wear personal protective equipment (PPE) as appropriate, e.g. gloves, aprons
- To ensure laundry staff are protected and linen is safe for subsequent use, linen should only be sorted by laundry workers as indicated by specific local guidance
- Linen received in water-soluble bags (e.g. soiled/foul linen) should never be opened or sorted by laundry workers, instead the water-soluble bag should be placed directly into the machine
- When sorting other used linen, laundry workers should ensure that any abrasions or cuts are covered and gloves and other PPE is worn
- Inappropriate items found during the sorting of linen, e.g. catheter bags, sharps, should be reported as per local procedures. (Any sharps injuries sustained by laundry workers should be actioned as per Bloodborne Virus Policy). Such items should then be disposed of immediately into an approved sharps container or other appropriate waste receptacle Laundry staff should perform hand hygiene appropriately
- A schedule for the cleaning of non-disposable linen bags/receptacles must be available to ensure those used to transport linen are clean and fit for purpose. Laundering of these must occur after every use.
- It must be ensured that clean linen is not put into dirty linen bags/receptacles
- Laundry policies with detailed procedures as to how to launder used, infected and heat labile linen, including temperatures and holding/mixing times, must be followed

- Machines should be able to achieve compliance with recommendations and measures should be in place locally to monitor them. Liaison with estates/maintenance staff is essential. Appropriate records should be kept.

WHAT ADVICE SHOULD BE GIVEN TO RELATIVES/FRIENDS IF THEY ARE TAKING LINEN HOME TO LAUNDRY?

Preparation:

- Laundering of personal items should first be agreed with patients/clients, relatives/friends
- Staff should explain key elements of standard infection control precautions e.g. personal protective equipment (PPE), hand hygiene, to relatives/friends prior to them taking linen home to launder

Procedures:

These additional points should also be raised:

- Dispose of plastic bag(s) used to carry items. Dissolvable bags are available for heavily soiled personal laundry.
- Launder items using at as high a temperature as possible as per washing Instructions
- Use normal washing powder
- Tumble dry where possible (following manufacturers guidance)
- Iron according to manufacturers' instructions. A hot iron is best if possible
- Hand hygiene should be undertaken following handling of items
- Where hand rinsing of heavily soiled items is absolutely necessary, this should be carried out by fully submersing the items to avoid potential aerosolisation/splashes while rinsing. Ensure splashing is minimised particularly when throwing away used water
- Generally, personal items do not need to be separated for washing
- No hospital linen should be taken home to launder.
- **NB** In situations where a particular infection is known, specific advice should be given by staff and local guidance should be followed. Further information on this can be sought from the Infection Prevention and Control Team.

10. MONITORING

- Compliance with this policy will be audited by the Infection Prevention and Control Team as part of the annual audit programme. Reports will be sent to Matrons
- Attendance at training is monitored by the Training and Development Department in accordance with the Learning and Development Policy.
- The DIPC has overall responsibility for the monitoring of hand hygiene compliance across the Trust and presents a monthly infection control report to the Trust Board.
- Compliance with this policy will be audited by weekly High Impact Intervention (HII) audits across clinical areas and internal audit across the Trust.
- Monitoring of HIIs is undertaken at the Infection control operational group and Trust Infection Control Committee.

Appendix A

Donning and removal of PPE

Putting on and removing Personal Protective Equipment

The level of PPE used will vary based on the procedures being carried out and not all items of PPE will always be required. Standard Infection Control Precautions (SICPs) apply at all times. The order given here for putting on PPE is practical but the order for putting on is less critical than the order of removal.

Donning PPE

- a) **Gown** (or apron [illustrated] if not Aerosol Generating Procedure [AGP])

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten at back of neck and waist



- b) **FFP3 respirator** (or surgical mask if not Aerosol Generating Procedure [AGP])

- Secure ties or elastic bands at middle of head and neck
- Fix flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



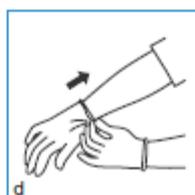
- c) **Goggles or face shield** (Aerosol Generating Procedure [AGP] and as appropriate after risk assessment)

- Place over face and eyes adjust to fit



- d) **Disposable gloves**

- Extend to cover wrist and gown if worn



Removal of PPE

The order for removing PPE is important to reduce cross contamination so the order outlined below always applies even if not all items of PPE have been used:

a) Gloves

Assume the outside of the glove is contaminated

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand
- Slide fingers of the ungloved hand under the remaining glove at wrist
- Peel second glove off over the first glove
- Discard appropriately



b) Gown or apron

Assume the gown / apron front and sleeves are contaminated:

- Unfasten or break ties
- Pull gown / apron away from the neck and shoulders, touching the inside of gown only
- Turn the gown inside out
- Fold or roll into a bundle and discard appropriately



c) Goggles or face shield

Assume the outside of the goggles or face shield is contaminated:

- To remove, handle by head band or ear pieces
- Discard appropriately



d) Respirator or surgical mask

Assume the front of respirator / surgical mask is contaminated:

- Untie or break bottom ties, followed by top ties or elastic and remove by handling ties only
- Discard disposable ones appropriately



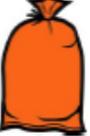
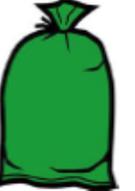
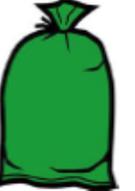
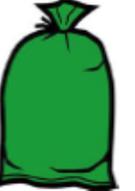
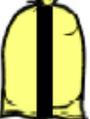
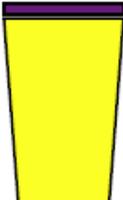
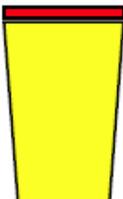
Perform hand hygiene immediately after removing PPE.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used. **Clean hands thoroughly immediately after removing PPE.**

Western Sussex Hospitals NHS Trust

COLOUR CODE POLICY

If you have any doubts contact Katrina Rankin, Waste Manager; Helen Richards, Infection Control or Keith Peskett, Risk Manager (non-clinical)

WASTE DISPOSAL	SHARPS DISPOSAL	USED LINEN									
 <p>Infectious clinical waste eg dressings, continence pads, stoma and urinary bags, laboratory waste.</p>	 <p>All sharps <u>not</u> contaminated with cytotoxic/cytostatic medicinal products</p>	<table border="0"> <tr> <td data-bbox="1310 614 1444 654">Hospital</td> <td data-bbox="1489 614 1624 654">Worthing Scrubs</td> <td data-bbox="1668 614 1803 654">St Richard's Scrubs</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Used linen – single bag</td> </tr> </table>	Hospital	Worthing Scrubs	St Richard's Scrubs				Used linen – single bag		
Hospital	Worthing Scrubs	St Richard's Scrubs									
											
Used linen – single bag											
 <p>Offensive waste Non-infectious clinical waste eg dressings, continence pads, stoma and urinary bags.</p>	 <p>Sharps contaminated with cytotoxic/cytostatic medicinal products</p>	<p>Inform Infection Control of infectious cases.</p>  <p>For linen shortages resulting from an outbreak of infection contact the Linen Room (St Richard's ext. 5960, Worthing ext. 84241) or St Richard's Laundry on ext. 2370 to advise of your requirements.</p> <p>Foul and infected linen – double bag</p> <p>Slings – managed by the Linen Room</p> <p>Mattress covers – collection directly through St Richard's Laundry</p>									
 <p>Domestic waste Household and general office waste, newspapers, hand towels. <i>Excludes</i> – printer cartridges, confidential waste, glass and cardboard, office grade paper.</p>	 <p>Anatomical waste for incineration, placentas, identifiable body parts</p>										
 <p>Aerosols, cans and glass To be enclosed in a safe container to prevent injury.</p>											
 <p>Recycling Items that can be recycled include cans, printer cartridges, cardboard and paper. All plastics, cans and tins. Please contact Waste Manager for full list.</p>											

Colour Code Policy Footer
St Richard's Print Centre 201507

Appendix C: EQUALITY IMPACT ASSESSMENT

Name of Policy, Service, Function, Project or Proposal	Standard Infection Control precautions
Department	Infection Control
Lead Officer for Assessment	Lead Nurse Infection Control
What is the main Purpose of the Policy/Service/Function/Project/Proposal?	The provision of good practice guidelines for staff for the prevention and control of infection interventions which is consistent with Department of Health Guidelines.
List the main activities of the policy or service re-design (e.g. Manual Handling would relate to health and safety of patients; health and safety of staff; compliance with NHS and Government legislation or standards etc)	Patient Safety Staff Health and Safety
Is the policy or service relevant to:	
Promoting Good Relations between different people?	No
Eliminating discrimination?	No
Promoting Equality of Opportunity?	No
Which groups of the population do you think may be affected by this proposal?	
Minority Ethnic People	No
Women and Men	No
People in religious/faith groups	No
Disabled people	No
Older people	No
Children and young people	No
Lesbian, gay, bisexual and transgender people	No
People of low income	No
People with mental health problems	No
Homeless people	
Staff	
Any other group (please detail)	

Do you have any information that tells you of the current use of this service? No

(if yes please detail)

Is it broken down by ethnicity, gender, disability, age, religion and sexual orientation? No (please detail)

Does this information reflect the proportions from the 2001 Census?
No

If there is no information available or if this is patchy, specify the arrangements that will make this available

Using the information above, please complete the grids below:

How will the Policy etc affect Men and Women in different ways?

Gender	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
Women			X		
Men			X		

How will the Policy etc affect Black and Minority ethnic people?

Race	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
White			X		
Mixed			X		
Other Ethnic Group			X		
Black/Black British			X		
Asian/Asian British			X		

How will the policy affect people with disabilities?

Disability	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
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Visually Impaired			X		
Hearing Impaired			X		
Physically Disabled			X		
Learning Disability			X		
Mental Health Related			X		

How will the policy affect people of different ages?

Varying ages	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
			X		

How will the policy affect people of different sexual orientation?

Sexual Orientation	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
			X		

How will the policy affect Transgender or transsexual people?

	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
Transgender			X		
Transsexual			X		

How will the policy affect people of varying religious beliefs?

Varying beliefs	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
			X		

How will the policy affect those with carer responsibilities or impact on basic human rights?

Carers / Human Rights	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
			X		

Considering your responses above, what are the areas that are have a positive and / or negative impact?

	Positive + / Negative -	Reason Given for Impact
Gender		
Race		
Disability		
Age		
Sexual Orientation		
Religious Belief		

Has there been any consultation about this Policy etc? If there has, what were the key issues identified?

Consultation	Date	Summary of Key Issues to be addressed
Gender		
Race		
Disability		
Age		
Sexual Orientation		
Religious Belief		

If consultation is planned, when will it happen and what are the key themes for consultation?

How do you intend to consult staff?

What does Local / Regional / National research show with regards to these groups and the likely impact?

Group	Source	Key Issues
Gender		
Race		
Disability		
Age		
Sexual Orientation		

Religious Belief		
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As a result of consultation / information gathering, what changes do you intend to make to the policy etc? If 'None', please state as relevant:

Gender

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date

Race

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date

Disability

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date

Sexual Orientation

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date

Religious Belief

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date

Age

Issue	Action Required	Lead	Timescale	Outcome	Review

		Officer		Measure	Date

Please outline the monitoring and reviewing process and timescale

Agreed Review Date:

Signed by: Policy / Service Author Helen Richards Lead Nurse Infection Prevention and Control

Trust Equality & Diversity Lead.....

Date February 15