

# Health & Safety

# Standard Infection Control Precautions

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Please note that useful infection control resources for care homes (applicable to other care and educational settings) can be found on the Care Homes: Infection Prevention and Control area of the [www.gov.uk](http://www.gov.uk) website. <https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published>. Current resources include: Prevention and Control of Infection in Care Homes: an Information Resource (2013) and Prevention and Control of Infection in Care Homes: Summary for Staff (2013).

The following precautions must be followed to minimise the risk of infection and help to protect everyone.

## 1. Hand washing

The hands are considered to be the principal route of spreading infection. It is also well established that hand washing and drying is a simple but effective means of protecting customers and staff from cross-infection.

When providing personal care, do not wear:

- Stoned rings
- Wrist watches or bracelets
- False nails, acrylic, gel nails or nail varnish

And;

- Cover all cuts or abrasions with a waterproof plaster, a blue one if handling food
- Always dry hands well and use a moisturiser, if available
- Care givers should be bare below the elbows

### 1.1 Hand washing technique

Hand washing technique is the most important means of reducing the spread of infection. See Appendix 1. Hand washing with a good technique, covering all surfaces of the hands is more important than the agent used or the length of time taken.

### 1.2 When to wash your hands

The following list is not exhaustive there may be other instances when hand washing is required:

Wash hands:

- When arriving and leaving the workplace
- Before and after visiting the toilet
- Before and after preparing or eating food
- Before and after the provision of personal care
- On arrival and on departure
- After handling clinical waste, contaminated linen or other contaminated surfaces
- Before and after wearing PPE
- Before and after administering medication
- Before and after smoking

- After coughing and sneezing
- Before and after providing First Aid
- After gardening
- After working with animals
- After cleaning

### **1.3 Using Alcohol gels (alcohol rub)**

Alcohol hand gel is only effective on visibly clean hands. Visible dirt needs to be removed with soap and water or baby wipes before using the gel.

- Alcohol gel should contain at least 70% alcohol concentration and an emollient to moisturise the skin
- Alcohol hand gel is not effective against some infections such as Clostridium Difficile (C.Diff) and Norovirus.
- Always use soap and water for washing hands following seeing people with these infections.
- Alcohol gels must be positioned and stored away from heat sources and not stored above 25 degrees centigrade.
- Alcohol gels shouldn't be placed where children or vulnerable people may deliberately or accidentally ingest.

## **2. Personal Protective Equipment (PPE)**

There is a legal obligation for employers to assess the work undertaken by staff. Where personal protective equipment (PPE) is identified as a measure to reduce the risk of infection, it must be issued free of charge to staff.

When provided, it should be worn by staff following the instructions given on how and when to use it. PPE must only be worn when carrying out tasks it has been identified for and must not be worn when travelling to and from the workplace.

When handling food, PPE must be clean protective clothing which covers personal clothing. Chef's clothing must not be worn outside the kitchen.

The wearing of gloves is not a substitute for hand washing. Hands must be washed before and after using gloves. Where this is not possible, an alcohol hand gel should be available as an alternative (see Section 1).

## **3. Safe Handling and Disposal of Clinical Waste**

Waste must be disposed of appropriately and in line with Department of Health – "Safe Management of Healthcare Waste" (2013) or updated guidelines. Any organisation or individual involved with generating or disposing of clinical waste has

a duty of care to ensure that it is rendered safe and no other person coming into contact with it is harmed by that waste.

Clinical waste is defined as any waste that is deemed to be infectious or hazardous and should be consigned for treatment/disposal at suitably licensed permitted facilities.

- Segregate waste.
- Never fill bags more than  $\frac{3}{4}$  full to prevent spillages and ensure that they are tied securely and clearly labelled.
- The interval between collections must be kept as short as is reasonably practicable.
- Decontaminate trolleys or other equipment used to transport clinical waste.
- Wash and dry hands thoroughly after handling any waste.

#### 4. Safe Use and Disposal of Sharps

Sharp instruments can cause injury to staff and customers and have the potential to transmit blood-borne viruses. A sharp is defined as any item that may cause a laceration or puncture wound to the skin.

The handling of sharps should be avoided wherever possible. However if handling is necessary:

- You are responsible for the safe disposal of any sharp you use.
- Dispose of sharp directly into the sharps bin at point of use
- Never re-sheath, bend or break needles.
- Discard syringes and needles as one unit
- The sharps disposal bin should never be more than  $\frac{3}{4}$  full or exceed the fill line
- Sharps bins should be dated and signed on assembly and closure
- The sharps disposal bin must not be shaken unnecessarily
- Store sharps bin securely,
- If temporary closure mechanism is fitted to sharps container It should be activated when the sharps box is not in use
- Keep sharps containers out of reach from children or vulnerable people.
- If sharps are found inappropriately discarded, use a dust pan and brush to safely handle the sharps and discard into available sharps container

##### 4.1 In the event of a sharps injury or body fluid splash exposure:

Following a sharps injury, obtain first aid immediately:

- Bleed injury
- Wash injury under running water
- Cover the injury
- Report the injury to line manager
- Attend Accident and Emergency (A&E) at the local hospital

For splashes to eyes nose or mouth:

- Wash areas with copious amounts of cold water
- Report/attend A&E as above.

On triage at A&E the recipient of the injury should indicate the nature of the injury in order to receive prompt treatment - treatment is most effective within the first two hours of the injury. A&E staff will undertake a risk assessment of the injury. Following this risk assessment further treatment may be offered.

All accidents, incidents, near misses and infectious diseases must be reported using the County Council's accident/incident reporting system. For further details/advice please contact the Health, Safety and Wellbeing Service.

## 5. Management of Blood Spillages and other Bodily Fluids

It is very important that spills are cleaned up properly to prevent the risk of cross-infection throughout the environment and to reduce the risk of slips

- Wearing PPE, spillages of blood and vomit should be cleaned up as quickly as possible with disposable cloths or paper towels.
- Ensure that the hazard data sheets (material safety data sheets required for all chemicals under COSHH regulations) are understood and dilution follows manufacturer's instructions.
- A suitable solution e.g. chlorine based granules or powder can be used with blood spillages followed by a neutral detergent. Dispose of paper towels in clinical waste or by double bagging, knotting and disposal in the dustbin.
- For soft fabric and furnishings wash area with detergent and water. Clean thoroughly, rinse, and if possible dry as quickly as possible. Do not use bleach on upholstery or carpets. Steam cleaning may then be advisable.
- Remove PPE
- Wash and dry hands thoroughly after dealing with any body fluid spillages.

## 6. Cleaning

It is very important to keep any working environment and equipment clean, as they can be implicated in infection outbreaks. High standards of housekeeping, safe storage and removal of clutter will assist with a thorough cleaning regime.

- When purchasing new equipment consider how easy it is to clean.
- Most equipment can be cleaned by washing with detergent and hot water and then dried properly.
- All equipment should be included on a regular cleaning regime in line with manufacturer's instructions.
- Ensure separate and colour coded in line with the "National Specification for Cleanliness. Please see Appendix 2. If your team/service are using a different

and more appropriate specification for cleanliness, then please continue to use that.

- Disposable cloths and mops are preferable. This also applies to domestic environments, if sufficient cloths are available, where colour coding must be in agreement with the customer.

## 7. Personal Health and Hygiene

- Managers must ensure staff participate in health surveillance checks to protect their health, where identified by job profile.
- All staff who provide personal care must attend infection control training and attend refresher training annually including practical hand hygiene years. As part of their induction, guidance/training should cover local procedures, use/disposal/storage of PPE, how to handle waste, soiled linen, location of relevant risk assessments.
- Anyone who suffers with a skin condition (which may be a reaction to gloves or substances used at work) must report this as soon as possible to their manager. The employee must also contact Occupational Health and/or their GP for a diagnosis or medical advice. If a recognised occupational skin condition e.g. dermatitis or allergy to latex is diagnosed an accident report must be completed as Health, Safety and Wellbeing Service will need to report it to the Health and Safety Executive (HSE) under RIDDOR. Human Resources may make a referral to Occupational Health for further guidance.
- Staff should notify their manager and not come to work if they are suffering from diarrhoea and/or vomiting or flu-like illness. Staff must not return to work until 48 hours after their last episode of diarrhoea and or vomiting, or in the case of flu-like illness, when they are recovered.
- To minimise the risk of cross-infection, any cuts or abrasions must be covered with a clean waterproof dressing to protect both the employee and the customer.

### Cough etiquette

Good respiratory and hand hygiene can reduce the transmission of all viruses, including flu. This includes:

- Covering your nose and mouth when coughing or sneezing, using a tissue when possible
- Disposing of tissues promptly and carefully into a bin and wash your hands
- Do not reuse tissues as this could result in the virus being left in your pocket and then getting onto your hands when reaching into your pocket
- Wash hands frequently with soap and water to reduce the spread of the virus from your hands to face or to other people
- Avoid touching your mouth, eyes and/or nose unless you have recently cleaned your hands

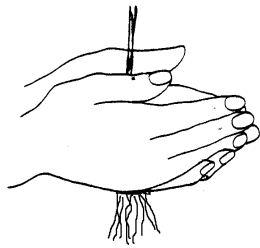
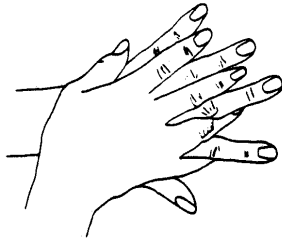


- Clean hard surfaces frequently touched by hands using a normal cleaning product

Appendix 1

# Handwashing Technique

Wash hands using the following 8 steps.

Each step consists of five strokes rubbing backwards and forwards.

<b>1.</b>	→		←	<b>2.</b>
<b>Wet hands under running water. Take a measure of soap.</b>				<b>Work into hands, palm to palm.</b>
<b>3.</b>	→		←	<b>4.</b>
<b>Right hand over back of left and vice versa.</b>				<b>Rub palm to palm, fingers interlaced.</b>
<b>5.</b>	→		←	<b>6.</b>
<b>Back of left fingers to right palms, fingers interlocked and vice versa.</b>				<b>Rotational rubbing of right thumb clasped in left hand and vice versa.</b>
<b>7.</b>	→		←	<b>8.</b>
<b>Rub left palm with clasped fingers of right hand and vice versa.</b>				<b>Left wrist with right hand and vice versa.</b>

*Rinse hands under running water and dry thoroughly*



Appendix 2

National colour coding for cleaning materials and equipment

National Colour Coding Scheme

**Red**

Bathrooms, washrooms, showers, toilets, basins and bathroom floors

**Blue**

General areas including wards, departments, offices and basins in public areas

**Green**

Catering departments, ward kitchen areas and patient food service at ward level

**Yellow**

Isolation areas