

Livewell Southwest
Infection Prevention and Control Policy
Version No. 2
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Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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1:6	Amendment	April 2016	Infection Prevention & Control Team	Appendices B C and D added.
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			& Control Team	
2	Amendment	June 2016	Infection Prevention and Control Manager	Minor changes. The PPE section has been added to. Most of the information has come from other IPC policies. The Sepsis care pathways have been removed, they sit better in the resus policy. We put them in our policy whilst waiting for the resus policy to be ratified. Full list of policies has been removed, as these change all the time and, I don't think that they need to be in the policy.

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Infection Prevention and Control Policy.

1. Introduction

1.1 Aim

The aim of this policy is to minimise the risk of infection to patients, staff and visitors, by promoting a high level of compliance with infection prevention and control practices. This document provides essential information and guidance for all staff.

1.2 Policy Statement

- The prevention and control of infection is fundamental to the provision of a safe clinical and hospital environment, and must be an integral part of the care given to all patients.
- Livewell Southwest will provide a managed environment, as described in this document, to prevent and minimise the risk of infection to patients, staff and visitors.
- This policy serves as a Livewell Southwest Infection Prevention & Control assurance framework and a programme of work is developed on an annual basis. The progress against implementation is monitored on a bi monthly basis by the Infection Prevention and Control Committee and monthly by the Safety, Quality & Performance Committee
- All Infection Prevention & Control policies are reviewed by the Infection Prevention and Control Team and ratified through the Policy Ratification Group and the Infection Prevention and Control Committee, Safety, Quality & Performance Committee and signed off by the Director of Infection Prevention & Control. Due consideration is given to clinical expert opinion and relevant government documents, and includes duties, process for enabling all relevant permanent staff groups, as identified in the training needs analysis, to complete Infection Prevention and Control training and details the process for monitoring the effectiveness of compliance. This information is included in the Monthly report and Annual Report provided by the Director of Infection Prevention & Control through the Infection Control Committee and Livewell Southwest Board.
- Information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling health care acquired infections are reviewed annually or earlier if required by the Department of Health.
- Intranet refers to appropriate core policies specified in the Hygiene Code 2008/10.

2. Purpose

- 2.1 This policy aims to provide essential infection prevention and control information and guidance to all staff, to promote a high level of compliance with infection control practice in order to reduce the risk of Healthcare Associated Infections (HCAI).
- 2.2 Healthcare Associated Infections may be transmitted to patients during their care in hospital, as well as in a primary care setting. Approximately 9% of patients acquire an

infection while they are in hospital, causing an estimated 100,000 infections per annum at a cost of £1000 million.

- 2.3 The Health and Safety at Work etc. Act 1974 makes provision for securing the health, safety and welfare of persons at work, and for protecting others against risks to health or safety in connection with the activities of persons at work. The Control of Substances Hazardous to Health (COSHH) Regulations 2002 as amended represents the main piece of legislation covering control of the risks to employees and other people arising from exposure to harmful substances generated out of or in connection with any work activity under the employer's control. Livewell Southwest also has a moral duty of care to minimise the risk of any preventable or controllable illness.
- 2.4 This policy is based on currently available evidence-based or best practice guidance (see References). Hand hygiene and a clean clinical environment are of prime importance in minimising the risk of HCAI.

3. Duties

- 3.1 The **Chief Executive** is ultimately responsible for infection prevention and control and the content of all Policies and their implementation. The Chief Executive delegates the day to day responsibility of implementation of the policies to the **Director of Infection Prevention and Control (DIPC)** and the Infection Prevention and Control team (IPCT).

3.2 Infection Prevention and Control Team

The Infection Prevention and Control Team (IPCT) is responsible for delivering, managing and developing the Livewell Southwest infection prevention and control service. This is a nurse led service with an SLA from the local infection control doctor for advice.

- 3.3 **Directors** are responsible for identifying, producing and implementing Livewell Southwest Policies relevant to their area.
- 3.4 The **Locality Managers** will support and enable operational Clinical Leads and *Managers to fulfil their responsibilities and ensure the effective implementation* of this Policy within their speciality.
- 3.5 The **Modern Matron** is responsible for ensuring that the development of local procedures / documentation doesn't duplicate work and that implementation is achievable.
- 3.6 **All Staff both clinical and non clinical** must possess an appropriate awareness of their role in the prevention and containment of infection in their area of work. All staff are expected to fully comply with this policy, as well as all Livewell Southwest Infection Prevention and Control Policies and are also expected to be aware of their duties in ensuring Livewell Southwest complies with the Code of Practice for the Control and Prevention of Healthcare Associated Infections. A high standard of infection prevention and control must be an integral part of the practice of all staff working in a clinical setting.

4.1 Hand Hygiene

4.1.2 Key Issues

Infection control is everyone's responsibility

Bare Below the Elbows

Hands and arms up to the elbow/mid forearm are exposed from clothing/jewellery. Health and Social Care workers should ensure their hands can be decontaminated throughout the duration of clinical work by:

- Being 'bare below the elbow' when delivering direct patient care ('hands-on' or face-to-face contact with patients).
- Removing wrist and hand jewellery (with the exception of a single plain band/alert bracelet) at the beginning of each shift.
- Making sure that finger nails are short, clean and free of nail polish, nail extensions and acrylic nails.
- Covering cuts and abrasions with waterproof dressings.

4.1.3 Hands must be decontaminated immediately before and after patient contact, after bodily fluids, after being in the patient's zone and before aseptic technique each and every episode of direct patient contact/care and after any activity or contact that potentially results in hands becoming contaminated. Hands should be washed with soap and water at the start and end of clinical duties, when hands are visibly soiled or potentially contaminated and following the removal of gloves. Routine periodic hand decontamination with alcohol-based rub should be performed between every patient contact or between each activity for the same patient when hands are not visibly soiled.

4.1.4 Alcohol handrub is provided in some inpatient areas. However in areas where there is a risk of harm to the client, following a risk assessment, then alcohol hand rub bottles carried by staff should be available. All Community Teams will have access to mini Hand Hygiene Products. Hand washing sinks/hand rub at the entrance to wards or departments must be used on entering and leaving. Patients and visitors should also be encouraged to use these facilities.

4.1.5 An effective hand washing technique involves five stages: and requires wetting hands under tepid running water, applying liquid soap (or an antimicrobial preparation), washing hands, rinsing and drying with a paper towel. The hand wash solution must come into contact with all the surfaces of the hand. The hands must be rubbed together vigorously for a minimum of 10-15 seconds paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers. Hands should be rinsed thoroughly prior to drying with paper towels.

- 4.1.6 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, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry. Should you have any concerns using the Hand Hygiene products provided by Livewell Southwest then you must inform your line manager and contact Occupational Health and Well Being for advice and on products that can be used.

See **Hand Hygiene Policy** (Intranet).

5 Standard (Universal) Precautions

5.1 Summary

Standard (universal) precautions must be rigorously adopted in clinical areas at all times in order to minimise the transmission of infection, including blood-borne viruses.

Key Issues

- Cover any cuts or abrasions with a water-proof impermeable dressing whilst at work.
- Employ good hand hygiene.
- Use gloves and personal protective equipment where appropriate.
- Safe handling and disposal of sharps.
- Report promptly contamination from any blood or body fluids, for example sharps, bites or scratches or body fluids that have entered a member of staff's eyes or mouth.

See **Isolation and management of the infected patient in hospital** (Intranet)

6 Personal Protective Equipment

6.1 Summary

The use of Personal Protective Equipment (PPE) is essential for health and safety. Selection of PPE must be based on an assessment of the risk of transmission of micro-organisms to the patient or to the carer and, the risk of contamination of the health and social care workers clothing and skin/mucous membranes. The benefit of wearing PPE is two-fold, offering protection to both patients/clients and those caring for them. The use of disposable plastic aprons are indicated for a wide array of activities within care settings including "clean" and "dirty" tasks. They must be worn when in close contact with the patient, materials or equipment, and when there is a risk that clothing may be become contaminated with pathogenic microorganisms or blood, body fluids, secretions or excretions, with the exception of perspiration.

- Gloves must be worn for invasive procedures, contact with sterile sites, and non-intact skin, mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions, as well as when handling sharp or contaminated instruments.

- Gloves must be worn as a single use item and put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves must be changed between caring for different patients, or between different care/treatment activities for the same patient. Gloves are not a replacement for good hand hygiene and staff must wash their hands after glove removal.
- Disposable plastic aprons must be worn when there is a risk that clothing or a uniform may become exposed to blood, body fluids, secretions and excretions. They must be worn as a single use item and changed between patients.
- Full body, fluid-repellent gowns must be worn where there is a risk of extensive splashing of blood, body fluids, secretions and excretions onto the skin of staff.
- Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions and excretions splashing into the face and eyes.
- Respiratory protective equipment must be used when clinically indicated
- All community staff must carry with them aprons, gloves and eye protection. The use of disposable plastic aprons are indicated for a wide array of activities within care settings including “clean” and “dirty” tasks. They must be worn when close contact with the patient, materials or equipment are anticipated, and when there is a risk that clothing may be become contaminated with pathogenic microorganisms or blood, body fluids, secretions or excretions, with the exception of perspiration.
- Stocks of PPE should be stored off the floor, e.g. on appropriate shelving, in designated clean and dry storage areas to ensure that they are not contaminated prior to use. When in use and in clinical areas they must be stored in appropriate glove and apron, wall mounted dispensers
- Do not store unused supplies of gloves or aprons/gowns in a dirty area such as a sluice, only those being currently used in this area should be kept here.
- PPE should not be decanted from the original box thus ensuring the expiry date is known and the integrity maintained.
- Never use disposable latex gloves that contain powder due to the risks associated with aerosolisation and an increased risk of latex allergies.
- Torn, punctured or otherwise damaged PPE should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.
- Hand hygiene should be carried out before donning gloves, immediately after removal and disposal of gloves, and between every change of gloves.
- Reusable items (e.g. non-disposable goggles/face shields/visors) should have a decontamination schedule with responsibility for this assigned. Items should be dealt with immediately following use.

6.2 Incident Reporting:

- Adverse reactions relating to the use of PPE should be reported, to Occupational Health and Wellbeing Department and, Health and Safety.
- Poor availability or lack of adequate PPE should be reported immediately to the responsible line manager, and also reported as per local incident reporting procedures.

6.3 When to change an apron/gown and how to remove and dispose of it

- Aprons/gowns should be changed between patients/clients/procedures. It may be necessary to change aprons/gowns between tasks on the same patient/client to prevent unnecessary cross-contamination. Remove aprons/gowns immediately once a task is finished. Never wear them while moving to a different patient/client/area.
- Torn or otherwise damaged aprons/gowns should not be used and should be removed immediately (safety permitting) if this occurs during a procedure and, disposed of safely and immediately following use, into appropriate receptacles according to local safe disposal of waste policies.
- Remove aprons/gowns carefully to avoid contact with the most likely contaminated areas (e.g. the front surface), and prevent contamination of clothes under them. The outer contaminated side of the apron/gown should be turned inward, rolled into a ball and then the item should be discarded immediately, as clinical waste, into appropriate receptacles according to local disposal of waste policies.
- Never place used aprons/gowns on environmental surfaces.
- Change disposable aprons used for clinical/care procedures before serving meals, a colour-coded system is commonly used for the latter.
- Perform hand hygiene immediately after removal/disposal of aprons/gowns.

6.4 Face, mouth/eye protection

- Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes.
- Well fitting, fit for purpose, comfortable protection is important to ensure adequate protection. Manufacturers' instructions should be adhered to while donning face protection to ensure the most appropriate fit/protection. Masks should always fit comfortably, covering the mouth and nose. When not in use for protection, they should be removed and not worn around the neck.
- Eye protection should provide adequate protection when the risk of splashing is present, e.g. those used must 'wrap around' the eye area to ensure side areas are protected. Face shields/visors should be considered, in place of a surgical mask and/or eye protection, where there is a higher risk of splattering/aeroionisation of blood/other body fluids.
- Face protection should not be touched while being worn and should be removed immediately following a procedure. Face protection should be changed between patients/clients/procedures. It may be necessary to change between tasks on the same

patient/client to prevent unnecessary cross-contamination. Remove PPE immediately once you have finished the task, these should never be worn while moving to a different patient/client/area.

6.5 Respiratory Personal Protective Equipment

Gowns should:

- Fully cover the area to be protected.
- Be worn only once and then placed in a receptacle as appropriate, and hand hygiene performed immediately after removal.
- Eye protection should always be worn during aerosol-generating procedures.
- Eye protection can be achieved by the use of any one of the following:
 - Full face visors.
 - Disposable eye protection.

6.6 Removal of respiratory PPE (see training on staff intranet)

a) PPE must be removed in the correct order:

- Remove gown and gloves inside the isolation room (please see training video on the staff intranet, how to remove PPE correctly)
- **Perform Hand Hygiene**
- Leave the room
- Remove eye protection or face shield
- Remove mask - **by grasping elastic behind ears – do not touch front of mask.**
- **Wash hands again**

Below is a chart indicating what type of PPE is required for staff caring for patients with some of the most common infections that are either suspected or confirmed

	Apron	Looped Apron	Gloves	Face Mask	Face shield	Eye Protection	Hand Hygiene
Influenza		✓	✓	✓	✓	✓	✓
TB		✓	✓	✓	✓	✓	✓
Ebola/VHF HH Liquid soap and running water		✓	✓	✓	✓	✓	✓
C Diff HH Liquid soap and running water	✓		✓				✓
MRSA	✓		✓			✓	✓
VRE/GRE	✓		✓				✓
CPE HH Liquid soap and running water		✓	✓				✓
Personal Care	✓		✓				✓
Risk of Bodily Fluids HH Liquid soap and running water	✓	✓	✓			✓	✓
Risk of Splashes	✓	✓	✓		✓		✓
Diarrhoea and Vomiting HH Liquid soap and running water	✓		✓				✓
Scabies	✓		✓				✓
Ecoli/ESBL	✓		✓				✓
PVL	✓		✓				✓

6.7 FFP3 respirator masks

- a) A FFP3 filtering disposable respirator mask conforming to EN149:2001 should be worn by members of staff in the following circumstances :
- By all persons present in the room during bronchoscopy and cough-inducing or aerosol-generating procedures. These include intubation, nasopharyngeal aspiration, tracheostomy care, chest physiotherapy, bronchoscopy, nebuliser therapy and autopsy of lung tissue. The performance of aerosol-generating procedures should be minimized as is feasible without compromising patient care. To avoid unnecessary exposures, only those health care workers needed to perform the procedure should be present. In addition to respirators, eye protection must be worn to prevent eye contact with infectious material during such procedures.
- b) If breathing becomes difficult, the respirator becomes damaged or distorted or contaminated by body fluids, or if a proper face fit cannot be maintained, the wearer should go to a safe area and change the respirator immediately. FFP3 respirators should be replaced after each use. If, during the process of providing care, respirators become contaminated with a patient's respiratory secretions they should be disposed of immediately. Respirators should be disposed of as clinical waste.

Respiratory mask fitting

Respirator Masks will only offer protection if fitted correctly and COSHH (Care of Substances Hazardous to Health) 2002 details the requirement for fit testing and supplies guidance as to how to carry this out. Individual members of staff must ensure they have received the correct FFP3 training before using these masks. Training must be sought from their line manager. All staff will attend three yearly qualitative essential mask fit training. Unless they have any facial changes (weight loss, dental work, etc.). In these circumstances, mask fit training will need to be carried out again immediately.

7 Safe use and Disposal of Sharps

7.1 Summary

Sharps are any items that have a potential to cause an inoculation injury. Sharps usage must be avoided where possible. Where usage is essential, safer sharps should always be used and particular care in handling and disposal must be exercised.

Key Issues

- The disposal of sharps is the responsibility of the user and must not be handed to anyone else for disposal.
- Particular care must be taken when dealing with confused or uncooperative patients. Only suitably trained and deemed competent staff should carry out an invasive procedure on a patient where the risk of an inoculation injury is increased or on a patient who is known to have a blood-borne virus.
- For venepuncture, the Vacutainer system must be used in line with the manufacturer's guidelines to reduce the risk of sharps injury.

- All sharps must not be re-sheathed. (Razors etc.).
- Sharps must be disposed of using one hand at the point of use into a designated sharps container that is an appropriate size, correctly assembled and labelled. It must be closed and locked when the fill line is reached; the label completed and stored in a secure area inaccessible to the general public. The Sharps container should be placed in a point of use disposal tray (POUD) to support the safe disposal of sharps and reduce the risk of injury.
- Sharps bins must be located in close proximity to the place of use. If sharps are taken to a patient, a portable sharps bin should form part of the equipment set. The temporary closure and a safety transport clip (if the sharps bin in use requires one) should be used when transporting sharps bins. Bins must not be positioned where they can be accessed by the public or children.
- The correct action (as outlined in **Inoculation Contamination) Incidents incorporating Blood Borne Virus SOP V2:1**(Intranet) must be taken following an inoculation injury, including the appropriate first aid and reporting.

See Safe Disposal of Sharps, Inoculation Contamination) Incidents incorporating Blood Borne Virus SOP V2:1

8 Occupational Health and Well Being Procedures and Immunisations

8.1 Framework, purpose and standards

- The occupational health and immunisation service is provided by Livewell Southwest free of charge to all staff. The immunisation programme assists in the protection of both staff and patients from infections.
- Whilst participation in the immunisation programme is generally voluntary, for certain groups of staff there are formal requirements from the Department of Health, to which Livewell Southwest adheres, in relation to freedom from infection and specific clinical duties (exposure prone procedures).
- Staff have a professional duty to seek and take advice from Occupational Health and Wellbeing if they are at risk from or believe they may have acquired a serious communicable disease (e.g. TB or a blood borne virus). Guidance to staff with other infections that may pose a risk to patients is also available from Occupational Health and Wellbeing.

8.2 General arrangements

- At pre-employment and other times determined by Livewell Southwest staff will attend Occupational Health and Wellbeing for health and immunisation review and update as appropriate.

- For staff undertaking exposure prone procedures, specific instructions exist from the Department of Health in relation to Hepatitis B, C and HIV. Employing managers identify staff who may undertake such work, and Occupational Health & wellbeing will undertake appropriate testing and with due regard to confidentiality.

8.3 Staff with infections, and untoward exposure to infections

- Occupational Health and Well Being offers a confidential advisory service to staff with infections, or who may have been placed at risk (e.g. needlestick injuries, exposure to infectious patients), and follows up/liases with other specialists as appropriate including Infection Control, PHNT TB and HIV specialists, and Dermatology (e.g. scabies on a ward). Occupational Health and Wellbeing liaises closely with the Infection Control Team in relation to risk assessment of generic and specific exposures.

8.4 Staff with specific infections

- **Tuberculosis, Hepatitis B and C, and HIV** – Department of Health guidance is followed. See **Control of Tuberculosis** and **Management of Inoculation Injuries** (Intranet).
- **Diarrhoea and vomiting** – staff should be free from symptoms of diarrhoea and or vomiting for 48 hours before returning to work. All staff must ensure they have a specimen pot for faeces in the event of an episode of diarrhoea. See **Outbreak (Management of an Outbreak) including Diarrhoea and Vomiting in a Clinical Area** (Intranet).
- **Skin lesions** - staff should avoid patient contact if they have skin lesions such as paronychia, eczema, or psoriasis unless the lesions are adequately covered. In general, skin must be intact and sufficiently robust to withstand hand washing as described elsewhere in this document. Further advice may be obtained from Occupational Health and Well Being, or the Department of Dermatology.
- **MRSA** - See **The Management and Control of Multi-Resistant Staphylococcus aureus** (Intranet).
- **Chicken pox, mumps and other disease** – Guidance from Department of Health, Public Health England and other authoritative sources is considered by Infection Prevention and Control and Occupational Health and Wellbeing both generically and on a case-by-case basis. Staff may/should approach either, and should recognise that this framework document cannot include all eventualities.

8.5 Latex (gloves)

Please refer to the Management of Latex Policy for guidance about the use of Latex and associated allergies.

9 Hospital Environmental Hygiene

9.1 Summary

The hospital environment, as well as items of medical equipment, must be visibly clean, free from dust, dirt and clutter, and of an acceptable standard for patients, visitors and staff.

Key Issues

- A piece of equipment that is used for more than one patient, for example a commode or a bath hoist, must be cleaned following each and every episode of use. Use the manufactures instructions. In the absence of any manufactures instruction, use detergent. If the equipment is soiled with any bodily fluids then the equipment should be cleaned with detergent followed by a disinfectant clean or a universal sanitising wipe. A green label or suitable alternative must be completed with date, time and signature, and attached to equipment as evidence of compliance with cleaning and de contamination guidelines.
- All community staff that use any equipment must ensure they carry appropriate cleaning products with them in the community.
- Statutory requirements must be met in relation to the safe disposal of clinical waste, laundry arrangements for used and infected linen, food hygiene and pest control.
- All staff involved in hospital hygiene activities must be included in education and training related to the prevention of HCAI.

See **Linen Policy** and **Disinfection and Cleaning Policy** (Intranet).

10 Liaison between IPCT & Persons Responsible for Estates and Planning

10.1 Summary

The IPCT liaises with Hotel services and Estates staff on a regular basis on many aspects of estates, facilities and planning management. This assures that the risks of infection are taken into account and reduced wherever possible. Formal interaction between the Teams will occur as follows:

- Infection Control Committee – senior members of the Estates, Hotel services are members of the Infection Control Committee.
- Outbreaks - senior members of the Hotel services are invited to all outbreak meetings and form part of the Outbreak Team.
- Patient Led Assessment of a Care Environment (PLACE) - senior members of the Estates, Hotel services and the IPCT are members of PLACE.
- PLACE inspections - senior members of the Estates, Hotel services and the IPCT are members of the team that perform the annual PLACE inspections.
- The IPCT will be contacted to provide infection control input to building and refurbishment projects in order to promote compliance with national and local infection control guidance as well as that outlined in the 'Renovation and Construction' Guidelines.

- Water Management Group - senior members of the Estates, Hotel services, Risk Management and the Director of Infection Prevention and Control are members of this group.

11 Safe use of Medical Equipment

11.1 Summary

Safe infection control practices for the use of medical equipment must be adhered to by all staff during their work, in order to prevent the risk of contamination and cross infection.

11.2 Key Issues

Medical equipment for intravenous therapy or other percutaneous procedures.

- Medical equipment for intravenous therapy or other percutaneous procedures, including needles, syringes, lines, catheters, tubing, and sterile saline or water for injection, must be for single patient use only.
- Sterile fluids intended for intravenous or other percutaneous injection, including saline, water, or drugs must be for single use only. If only part used, the remainder must be discarded. They must not be kept for multiple use on separate occasions, even for a single patient.

11.3 Surgical equipment or other medical equipment used for invasive procedures

- Surgical equipment or other medical equipment used for invasive procedures must be adequately decontaminated before re-use or repair.
- All other medical devices (as defined by the Medicines and Healthcare Products Regulatory Agency) should be decontaminated or appropriately cleaned before use on another patient or before sending to MEMS for repair. It is the responsibility of users to decontaminate equipment and communicate contamination status prior to referral for repair. An appropriate decontamination certificate should therefore accompany equipment sent to MEMS for repair or cleaning.
- Any such equipment that is designated as single use must not be re-processed under any circumstances.

The following symbol indicates for single-use only:



Other medical equipment designated for single use or single patient use

- Equipment designated for single patient use should not be used for more than one patient.

- Equipment designated for single use must not be re-processed or re-used.

See **Decontamination (cleaning and Disinfection) Guidelines the procedures policy.**

12 Reducing the Infection Risk from Medical Devices

12.1 Summary

Many patients acquire an infection because their body's natural defences are breached when catheters, tubes, drains and feeding lines are inserted as part of their care.

Key Issues

13 Urinary Catheters

- Urinary catheters should only be used when there is no suitable alternative, and must be kept in situ for as short a time as possible.
- Daily catheter care including an assessment of the continued need for a catheter should be documented when long term indwelling use is unavoidable, a catheter of low allogenicity must be used. Catheter specimens of urine should be taken aseptically using the needle less port of access.
- Urinary catheter insertion and care must be undertaken by staff who have undergone relevant training and deemed competent, using an aseptic non-touch technique.
- Correct labelling and documentation must be undertaken and the dates of insertion and removal of the device must be documented in the appropriate clinical record.

14 Peripheral Intravenous Cannulae

- Intravenous cannulae insertion must be undertaken by trained and competent staff, using an aseptic non-touch technique.
- The number of lines, lumens and stopcocks must be kept to a minimum consistent with clinical need.
- Peripheral intravenous cannulae insertion sites must be regularly inspected for signs of infection and the cannula removed if infection is suspected.

- Peripheral intravenous cannulae must be kept in for the minimum time necessary and changed every 72 hours irrespective of the presence of infection, unless the risk of changing the line outweighs the risk of keeping it in situ.
- Administration sets should be changed every 72 hours with the exception of the following: TPN and lipid sets should be changed when the bag is changed (i.e. at 24 – 36 hours); blood transfusion sets should be changed after two units have been given or every 12 hours, whichever is sooner.
- Correct labelling and documentation must be undertaken and the dates of insertion and removal of the device must be documented in the appropriate clinical record.

15 Intravenous Feeding Lines

- Intravenous feeding lines must be only used when there is no suitable alternative and kept in place for a short a time as possible.
- Insertion, manipulation, and removal of intravenous feeding lines must be undertaken by trained and competent staff using an aseptic non-touch technique.
- A dedicated line or lumen or a multi-channel line must be used. No other infusion or injection must go via this route. Three–way taps must only be used for the co-administration of an insulin infusion.
- Intravenous feeding cannulae insertion sites must be regularly inspected for signs of infection and the cannula removed if infection is suspected.
- Correct labelling and documentation must be undertaken and the dates of insertion and removal of the device must be documented in the appropriate clinical record.

16 Central Venous Lines

- Central venous line insertion, manipulation, and removal must be undertaken by trained and competent staff, using full sterile technique.
- Central venous line catheters must not be replaced over a guide wire if infection is present.
- A dedicated non-occlusive (i.e. semi-permeable) transparent dressing must be used to allow continuous inspection of the site and must be changed at no later than 7 days.

- Correct labelling and documentation must be undertaken and the dates of insertion and removal of the device must be documented in the appropriate clinical record.

17 Respiratory Support

- Ventilator tubing must be changed when visibly soiled or in line with the manufacturers recommendations.
- Gloves and appropriate personal protective equipment must be worn when handling respiratory secretions or contaminated objects.
- Correct labelling and documentation must be undertaken and the dates of insertion and removal of the device must be documented in the appropriate clinical record.

See **Guidelines on the Management of Urinary Catheters, and Peripheral and Central Venous**

18 Aseptic Non-Touch Technique

Summary

An aseptic non-touch technique is a method that is used to prevent contamination of a wound or an invasive site by micro-organisms that could lead to an infection. This is achieved by using only sterile equipment or fluids whilst undertaking all invasive interventions.

Key Issues

- Strict attention to hand hygiene is important. See **Hand Hygiene Policy** (Intranet).
- An aseptic non-touch technique must be performed, for example using sterile gloves. See **Policy for Aseptic Technique**.
- All objects coming into contact with the wound or invasive site must be sterile. The dressing trolley must also be cleaned with water and detergent prior to use.
- Ideally, all activities that can disperse micro-organisms into the air, for example during bed making should cease 30 minutes before a dressing is undertaken. Air movement should be kept to a minimum during the dressing. It is recommended that aseptic procedures be undertaken in a designated clean area, for example a clinical room.
- All open wounds must be exposed for a minimum amount of time.

- Clean wounds must be dressed before those that are contaminated.

See **Policy for Aseptic Technique**.

19 Infection Control in the Built Environment

19.1 Summary

The Healthcare environment is a secondary reservoir for micro-organisms that have the potential for infecting patients.

Key Issues

- It is important that infection control requirements are designed in at the planning stages of Healthcare facilities including new builds or renovation projects. This input must continue until the final stage of each project, when the IPCT will sign off the building plans.
- The following specifications require advice from the IPCT:
 - Sizing/Space.
 - Isolation Rooms/Single Rooms/Ventilation.
 - Hand-Wash Basins.
 - Ancillary Areas.
 - Storage.
 - Finishes and Floors, Walls, Ceilings, Doors, Windows, Interior Design, Fixtures and Fittings.
 - Decontamination.
 - Laundry and Linen Services.
 - Changing Facilities.
 - Design for a Safe Clean Environment.
 - Construction and the Role of Cleaning.
 - Post – Project Evaluation.

20 Active Surveillance and Investigation

Surveillance of HCAI is one of the essential foundations for good infection control practice. High quality information on HCAI and antimicrobial resistant organisms is essential to track progress, investigate underlying causes and implement prevention and control measures.

The aims of a surveillance programme are to:

- Establish rates of infection for alert organisms and conditions and monitor these over time, for example MRSA bacteraemia and Clostridium difficile.
- Provide support for clinicians to enable them to collect surveillance data in their areas.

- Provide data to fulfil local and national mandatory requirements.
- Guide local infection control activity.
- Ensure that surveillance results, analysis and recommendations are fed-back to clinicians, nurses and other staff.

21 Training and Education

Education in infection Prevention control is offered to all Healthcare staff, including those employed in support services in order to create a well-informed workforce that possesses the knowledge to prevent and reduce HCAI. Infection prevention and control principles are embedded within all general clinical training sessions.

- A corporate induction programme for all staff must include local guidance on infection control, particularly hand hygiene and standard infection control precautions.
- Infection control must be considered part of the professional development for all staff. It should also be included in appraisal and Mandatory update training for all staff.
- The process for delivery of corporate induction programme & mandatory training for all staff is described in the Livewell Southwest Induction Policy. It includes duties, process, checking process and follow-up of those who fail to attend, and monitoring compliance with the process.
- Monitoring of compliance of Hand Hygiene is undertaken by the Infection Control Liaison Practitioners and team leaders.

22 Infection Control Special Precautions

Some patients will require infection control special precautions to prevent cross infection.

- An outbreak of infection will require a need for infection control special precautions. This may be defined as an episode of infection where there is evidence of spread of sufficient seriousness to demand immediate action, for example several patients and staff with gastroenteritis. See **Hot Spot Policy**, and **Outbreak (Management of an Outbreak) including Diarrhoea and Vomiting IN A Clinical Area** (Intranet).

23 Prudent use of antibiotics

Antibiotic use will be based on local antibiotic guidelines. See **Plymouth Area Joint Formulary** and **Antibiotic Guidelines** on Intranet.

- Narrow spectrum antibiotics are preferred to the broad-spectrum groups.

- Prophylactic antibiotics must only be used in defined situations where the benefit has been proven.
- The choice of antibiotic(s) will normally be governed by local information about trends in antibiotic resistance or a known sensitivity of the organism, as detailed in the current Antibiotic Guidelines.
- The use of antibiotics must be regularly audited.
- The Medical Microbiologists and Pharmacists will provide support for prudent antibiotic prescribing. This process will be led by the Consultant Microbiologist lead for antibiotics and the Antibiotic Pharmacist. This will be based on an annual programme of work to promote prudent antimicrobial prescribing.

24 Management and Organisation of Infection Prevention and Control

The following must be in place in order to deliver a high quality infection control service. See **Annual Report**:

Defined Livewell Southwest Board level responsibility for infection control and clear lines of accountability for infection control matters throughout the organisation.

- There should be a Director of Infection Prevention and Control.
- An Infection Control Committee (ICC) that endorses all infection control guidelines/policies, procedures and guidance, provides advice and support on the implementation of guidelines/policies, and monitors the progress of the Infection Control Annual Programme of Work.
- An appropriately constituted and functioning IPCT.
- A robust performance management system to ensure the infection control service is monitored and reviewed by management and the Board.
- Prevention and control of infection is considered as part of all service development activity.
- An organisation wide Infection Control Strategy that details the annual programme of work. This document must be ratified by the Infection Prevention and Control Committee and approved by the Board. See **Annual Programme of Work**
- Written evidence-based or best practice policies, procedures and guidelines for the prevention and control of infection that reflect relevant legislation and published professional guidance. These should include, as a minimum, the core clinical care protocols outlined in Code of Practice for the Prevention and Control of Healthcare Associated Infection See **(Intranet)** and **Annual Report**.

- A programme for the ongoing audit of infection control policies and procedures. See **Annual Audit Plan**.
- A programme to ensure compliance with national guidelines and recommendations relevant to infection control (e.g. Code of Practice for the Prevention and Control of Healthcare Associated Infection, Standards for Better Health, 'Winning Ways', NHSLA Risk Management Standards for Acute Trusts).
- The provision of timely and effective specialist microbiological support.
- Surveillance of HCAI using defined methods in accordance with agreed objectives and priorities, which have been specified in an Annual Plan for Surveillance and the Infection Control Annual Programme of Work.
- Reporting of cases of statutorily notifiable diseases and outbreaks of infection to the Consultant for Communicable Disease Control (CCDC) at the Health Protection Agency.
- Reporting of Infection Control Serious Untoward Incidents to the Clinical Commissioning Group and Public Health England.
- Defined response to Infection Control Serious Untoward Incidents (e.g. outbreak, needle stick injury or exposure to a Hazard Group 3 micro-organism).
- A comprehensive Infection Control Annual Report produced by the Director of Infection Prevention and Control and ratified by the Infection prevention and control committee and presented to the Board.
- Infection Control education is provided for all Healthcare staff, including those employed in support services. The education programme should be based on a Training Needs Analysis. See **Annual Education Plan**.
- A network of Infection Control Liaison Practitioners who support the IPCT by undertaking infection control activities in their clinical environments.
- Collaborative working with the /Modern Matrons to ensure a high standard of infection control care is implemented throughout the organisation.
- Participation in national infection control initiatives, for example Livewell Southwest continuation of the CleanyourHands campaign and the WHO Clean Hands Save Lives.
- The provision of information to patients, relatives and the general public about the Livewell Southwest general process and arrangements for preventing and controlling HCAs, as well as information about specific infections. Information for patients and the public is available through patient leaflets, central and ward based notice boards.

25. National Guidance References

- The information and guidance contained within this framework have been derived from the following national documents:
- Department of Health (2010). The Health Act 2006. Code of Practice for the Prevention and Control of Health Care Associated Infections.
- Department of Health (2003). Winning Ways. Working Together to Reduce Healthcare Associated Infection in England. Report from the Chief Medical Officer. Department of Health. London.
- Department of Health (2005). 'Saving Lives – Reducing HCAI including MRSA'. Department of Health. London.
- Department of Health (2007). Epic2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 2007; Supplement 1.
- Department of Health (2002). Getting Ahead of the Curve. A Strategy for Combating Infectious Diseases (Including other Aspects of Health Protection). A Report by the Chief Medical Officer. Department of Health. London.
- Department of Health (2004a). Towards Cleaner Hospitals and Lower Rates of Infection. A Summary of Action. Department of Health. London.
- Department of Health (2004b). A Matron's Charter. An Action Plan for Cleaner Hospitals. Department of Health. London.
- Dougherty L and Lister S (2004). The Royal Marsden Hospital Manual of Clinical Nursing Procedures. (Sixth Edition). Blackwell. London.
- https://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf
- Health and Safety Executive (1974). Health and Safety at Work etc. Act.
- Health and Safety Executive (1992). Personal Protective Equipment at Work Regulations.
- Health and Safety Executive (2002). Control of Substances Hazardous to Health (COSHH) Regulations.
- National Audit Office (2004). Improving Patient Care by Reducing the Risk of Hospital Acquired Infection: A Progress Report. Report by the Comptroller and Auditor General. HC 876 Session 2003-2004: 14 July 2004. National Audit Office. London.
- National Patient Safety Agency (2004). Patient Safety Alert 04. 2 September 2004. Clean Hands Help to Save Lives. National Patient Safety Agency. London.

- <https://www.nice.org.uk/guidance/cg139/resources/healthcareassociated-infections-prevention-and-control-in-primary-and-community-care-35109518767045>
- NHS Estates (2012). Infection Control in the Built Environment.00-09 The Stationary Office. London.
- NHS Executive (2002). Controls Assurance Standard – Infection Control. NHS Executive. London.
- Infection Control Precautions to minimise the transmission of acute respiratory tract infection in healthcare settings. Public Health England 2014

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Infection, Prevention and Control

Date: 24th March 2016

Appendix A

All employees must adhere to the policies illustrated on the intranet. It is important to remember that all individuals, who enter a healthcare setting, need to be aware of infection prevention and control precautions, as this can have a huge impact on the reduction of Healthcare Associated Infections (HCAI).

Key information from policies has been carefully selected and put together to encourage and support best practice throughout the organisation.

Hand Hygiene, is one of the most effective ways of preventing HCAI from accruing, and must be carried out before patient contact, before aseptic technique, after patient contact, after bodily fluids, after being in the patient's zone area. When going on and off wards, after eating and after going to the toilet. Liquid soap and running water **must** always be used when caring for patients with diarrhoea/vomiting or C diff.

All staff must wear the correct uniform and be 'bare below the elbows' when delivering direct patient care ('Hands on' or face-to-face contact with patients). You must remove wrist and hand jewellery except a plain wedding ring or alert bracelet, which must be able to be easily moved, up and down to allow easily decontamination of hands and wrists. You must make sure that fingernails are short, clean and free of nail polish/false and acrylic nails. Cuts and abrasions must also be covered with waterproof dressings.

<p>Yes Short sleeves Plain wedding bands Short finger nails</p>	<p>No Ties, lanyards, necklaces Wrist watches, bracelets, rings with stones inbedded, long or artificial fingernails Any nail polish</p>
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The correct PPE must be selected at all times and put on/taken off in the correct way. There is a short video on the intranet under staff, training, PPE training, which shows the correct procedures for donning and doffing PPE.

You must be aware of the correct procedure for decontamination of patient equipment, and familiarise yourself with the whereabouts of the correct equipment for undertaking such tasks.

Detergent wipes	On equipment in-between patient use
Disinfectant wipes	On equipment if it has been contaminated with bodily fluids
Sporicidal Wipes (can only be obtained by the nurse in charge)	For C-Diff only, equipment after every use, equipment must not leave the patients room

Any poor practice that you may witness, must be reported immediately to the person in charge.

Sickness: You must not come to work if you have had any symptoms of Diarrhoea and/or Vomiting within the last 48 hours, or have worked on a ward that was restricted or closed due to these symptoms.

Sign below to agree to support the organisational aims adhering to policies outlined above and illustrated on the Intranet.

I..... hereby declare that I have read and understand the information outlined above, and agree to support Livewell Southwest in providing a holistic approach to care for all service users according to all guidelines and policies utilised by the organisation.

Appendix B

Infection prevention and control is everyone's responsibility. Livewell Southwest infection prevention and control team would like to take this opportunity to remind all staff regarding their obligations in ensuring risk of transmission of all infections is reduced.

Micro-organisms live both on our skin and in the environment. To reduce the risk both to us and others please follow these simple steps.

Please report to the person in charge on arrival at your area of work and check to see if there are any specific areas where special measures are in place and how these may affect you and your work.

What you can do to reduce the risk	Rationale
Wash your hands when you arrive at work. Hands become contaminated with germs through travel, driving the car and all other activities you may do on your way to work.	Washing hands when you arrive at work ensures hands are socially clean therefore reduces the risk of transmitting any germs to others.
If you visit any inpatient or community clinic areas wash your hands using liquid soap ensuring all areas of the hands are washed and rinsed properly. Dry your hands using paper towels. Alcohol hand gel may also be provided at some ward entrances; however this should be used in addition to hand washing. Hands must be washed when leaving the clinical area. Hands should be washed every time you visit the toilet, before food preparation/lunch and any other time you have been involved in any tasks where hands may become soiled for example blowing your nose, sneezing. Wash your hands before you go home. Moisturise hands to keep skin supple. Cover all cuts with a waterproof dressing.	Clean hands reduce the cross transmission of germs from one person to another.
Make sure you cough and sneeze into a tissue. Dispose of the tissue in a waste bin and wash your hands.	Reduces the risk of passing on your symptoms to others
If you have diarrhoea and vomiting please do not come to work at a Livewell Southwest. We advise that you Inform your manager and stay at home for 48 hours from your last symptom, and submit a stool specimen via your GP.	Coming to work with symptoms spreads infections to other staff and it is likely that it could spread to in patients' areas and put already vulnerable patients at risk. Staying at home for 48hours allows the germ to eventually pass through your system and so make you less likely to be able to pass it on to anyone else.

<p>The correct PPE must be selected and worn at all times</p>	<p>When staff are working in a variety of environments appropriate PPE must be worn. To prevent the risk of clothes becoming contaminated and to prevent cross transmission.</p>
<p>You must be aware of the correct procedure for decontamination of equipment used by yourself. We would advise, if equipment cannot be decontaminated effectively in-between jobs, two sets of tools are used. One for dirty jobs and one for clean (for example tools that are used in clean clinical areas must either be decontaminated effectively or different tools must be used when working in the sluice).</p>	<p>To prevent the risk of cross transmission.</p>

Any poor practice that you may witness, must be reported immediately to the person in charge.