

**INFECTION CONTROL:  
 STANDARD INFECTION CONTROL PRECAUTIONS POLICY  
 (INCORPORATING BLOOD AND BODY FLUID SPILLAGE)**

**To be read in conjunction with the  
 Needlestick and Contamination Injury policy**

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Relevant Staff Groups:	All Clinical Staff

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## DOCUMENT CONTROL

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<b>Contact for review</b>	Head of Infection Prevention Control / Decontamination Lead		
<b>Lead Director</b>	Director of Nursing and Patient Safety		

## CONTRIBUTION LIST Key individuals involved in developing the document

<b>Name</b>	<b>Designation or Group</b>
Lisa Stone	Senior Infection Prevention and Control Nurse
Michelle Barnham	Infection Prevention and Control Nurse
Nikki Hall	Infection Prevention and Control Nurse
Karen Anderson	Head of Infection Prevention and Control/Decontamination Lead
All Members	Infection Prevention and Control Assurance Group
All Members	Clinical Policy Review Group
All Members	Clinical Governance Group

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## 1. INTRODUCTION

- 1.1 The term Universal Precautions was first introduced in 1980's by the Centre for Disease Control in response to concerns over blood borne viruses such as HIV. The term was initially applied to only those body fluids capable of containing blood borne viruses. Later these principles were expanded to include all routes of transmission and all secretions and excretions capable of containing pathogenic micro-organisms and are now generally referred to as Standard Infection Control Precautions.

## 2. PURPOSE & SCOPE

- 2.1 The following policy sets out these Standard Infection Control Precautions which should be applied to the care of all patients by all healthcare workers (including Temporary, Locum, Bank, Agency and Contracted staff) where there is a risk of contact with blood, body fluids, excretions and secretions, in order to prevent health care associated infections.

## 3. DUTIES AND RESPONSIBILITIES

### 3.1 The Trust Board, via the Chief Executive is responsible for:-

- ensuring there are effective and adequately resourced arrangements for compliance to the Standard Infection Control Precautions policy within the Trust;
- identifying a board level lead for infection control;
- ensuring that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2008, revised 2015).

### 3.2 Director of Infection Prevention and Control (DIPC) - is responsible for:

- providing assurance to Trust Board in relation to staff compliance with Standard Infection Control Precautions;
- oversee the local control of and the implementation of the Standard Infection Control Precautions Policy.

### 3.3 Head of Estates/Facilities - is responsible for

- ensuring the facilities in relation to linen, waste and hand basins are sufficient to ensure that staff can achieve compliance with this policy.

### 3.4 The Infection Prevention and Control Assurance Group will:

- ensure that the procedures for the management of Standard Infection Control Precautions are continually reviewed and improved within the Trust.

- 3.5 **Infection Prevention and Control Team-** is responsible for:
- updating and reviewing the Standard Infection Control Precautions policy as required;
  - ensuring all staff receive adequate training at induction and mandatory updates on Standard Infection Control precautions;
  - in conjunction with the Director of Infection Prevention and Control, ensure that systems are in place to monitor compliance with the policy.
- 3.6 **Ward and Team Managers/Hospital Matrons/Service Managers/District and Community Nursing Staff** – are responsible for:
- ensuring all staff working in that area understand and implement the infection prevention and control precautions outlined in this policy;
  - ensuring that appropriate and sufficient Personal Protective Equipment is available in their ward or department;
  - ensuring that staff are aware of the policy and requirements for attending training as identified in the Training Needs Analysis. Managers will ensure that staff have attended all relevant training and have current updates;
  - ensuring that staff are released to attend relevant Training and for recording attendance at training in local training records. All non-attendance at training will be followed up by managers;
  - ensuring individual staff and team's training needs are met through appraisal and in line with the Training Needs Analysis. Training information should be passed to the Learning and Development Department who will update the electronic staff record.
- 3.7 **All Healthcare Staff** - involved in care of patients or their environment are responsible for:
- the implementation of, and compliance, with this policy;
  - reporting to ward/ department manager when there are insufficient facilities available to ensure compliance with the policy;
  - booking themselves onto initial and update mandatory training and for attending mandatory training.
- 3.8 **The Somerset Occupational Health Provider (Optima Health)** is responsible for:
- in normal working hours, advising staff following sharps contamination injuries and for skin complaints/ reactions as a result of hand hygiene products or glove use.
- 3.9 **Learning and Development Team** is responsible for:
- entering all data relating to Mandatory and Non-Mandatory training attendance onto the Electronic Staff Record (ESR) system and reporting non-attendance to Ward and Team Managers.

## 4. EXPLANATION OF TERMS USED

4.1 **Body fluids** - the following body fluids should be handled with the same precautions as blood:

- cerebrospinal fluid;
- amniotic fluid;
- synovial fluid;
- peritoneal fluid;
- vaginal fluid;
- semen;
- breast milk;
- pleural fluid;
- saliva ( in association with dentistry);
- any other body fluid visibly contaminated with blood;
- unfixed tissues and organs.

4.2 **Excretions** - are the waste products of metabolism and other non-useful materials and include:

- faeces;
- sputum;
- urine;
- perspiration;
- wound exudate.

4.3 **Secretions** - are substances produced by the body to serve a specific function and include:

- saliva;
- bile.

4.4 **Personal Protective Equipment (PPE)** - is defined as “all equipment which is intended to be worn or held by a person at work and which protects him from one or more risks to his health or safety” ( Health and Safety Executive 2005). In addition to protecting staff, its use reduces the opportunities for transmission of microorganisms in hospitals and includes:

- gloves;
- aprons;
- long sleeved gowns;
- masks and respirators;
- goggles and visors.

## 5. STANDARD PRECAUTIONS

Standard precautions can be divided into the following interventions:

- hand hygiene;
- use of Personal Protective Equipment (PPE);
- safe use and disposal of sharps;
- hospital environmental hygiene

## 5.1 Hand Hygiene

- 5.1.1 Micro-organisms capable of causing disease can be transferred to the hands of healthcare workers from other people and from the environment. They can then be transmitted to patients and this may lead to cross colonisation or to healthcare associated infection (HCAI)
- 5.1.2 Effective and timely hand decontamination is therefore considered to be one of the most important ways to prevent this cross transmission.
- 5.1.3 Hands should be decontaminated with alcohol gel or soap and water before and after each and every episode of patient care and after any activity that might result in contamination with micro-organisms.
- 5.1.4 Hand decontamination is still required if the procedure will involve wearing gloves, both before application and after removal.
- 5.1.5 The key moments for hand hygiene are represented in “My Five Moments for Hand Hygiene” (Appendix A) and correct technique, including when alcohol gel is not indicated is shown in Appendix B.
- 5.1.6 Staff must maintain skin integrity by ensuring emollients are used regularly and cuts are covered with waterproof dressings. Staff must consult the Trust Occupational Health provider if they experience skin irritation or skin conditions affecting their ability to adequately decontaminate their hands.
- 5.1.7 Clinical staff must ensure that they are “Bare Below the Elbow” when in direct contact with patients or their immediate environment, i.e. short sleeves are worn, fingernails are kept short, clean and free of artificial nails or polish and jewellery is limited to one plain wedding band. The Trust is mindful of the cultural and religious differences amongst its workforce and such issues will be dealt with sensitively when implementing this policy. It is mindful, however, of the need to maintain control of infection standards and these must have paramount importance.

## 5.2 Use of Personal Protective Equipment (PPE)

The correct and appropriate use of PPE helps to protect staff and reduces the opportunity for transmission of micro-organisms.

Selection of PPE must be based on an assessment of the risk of transmission of micro-organisms to the patient or health care worker (HCW) and the risk of contamination of the HCWs clothing and skin by patients' blood, body fluids, secretion or excretions or from hazardous chemicals and substances.

### 5.2.1 Gloves

There are two main reasons for the use of gloves in preventing HCAI:

1. To protect hands from contamination with blood, body fluids, secretions and excretions

2. To reduce the risk of cross transmission of microorganisms from hands of staff to patients and vice versa.

Gloves should not be worn unnecessarily as their prolonged and indiscriminate use may cause adverse reactions and skin sensitivity.

Gloves must be worn for:

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

There are various types of gloves available. Neither powdered, latex nor polythene gloves should be used for healthcare activities.

Examples of glove choice according to activity are:

- **sterile surgical gloves** should be worn for surgical procedures carried out in operating theatres and for other procedures where stringent asepsis is essential (e.g. podiatric surgery and endoscopy);
- **sterile gloves** should be worn when carrying out all aseptic procedures;
- **sterile non-surgical gloves** should be worn for:
  - aseptic procedures carried out in the general ward environment (e.g. urinary catheterisation);
  - procedures involving sharps e.g. cannulation and venepuncture;
  - handling cytotoxics, e.g., chemotherapy;
  - handling aldehydes (cold sterilants);
  - personal care;
  - simple wound dressing.

Gloves can leak and hands can become contaminated when removing gloves therefore hand hygiene must always be performed after removal of gloves, ideally with soap and water.

Gloves are a single use item and must not be decontaminated by washing or with alcohol gel. Gloves must be changed between different care activities on the same patient:

- gloves must not be worn for longer than is necessary;
- powdered, latex or polythene gloves must not be used;
- the correct size glove must be worn;
- used gloves are always disposed of as clinical waste.



### 5.2.2 Aprons and Gowns

Aprons and gowns are worn to protect the clothing of healthcare workers from contamination with blood, body fluids, secretions and excretions or harmful microorganisms.

**Plastic disposable aprons** must be worn for:

- close contact with a patient, materials or equipment and when there is a risk that clothing may become contaminated with pathogenic microorganisms, blood, body fluids, secretions and excretions (except perspiration);
- they may also be worn for some aseptic procedures such as wound dressings and suturing as long as the aprons are stored in a clean environment that minimises contamination;
- for decontamination activities such as cleaning and disinfection.

**Long sleeved, fluid repellent gowns** must be worn:

- where there is a risk of extensive splashing of blood, body fluids secretions and excretions ( except perspiration) e.g. assisting childbirth;
- when caring for patient with highly infectious agents e.g. crusted scabies until treated.

For further information see the **Isolation Policy** which includes an A to Z of organisms and level of PPE required.

**Sterile long sleeved gowns** are used to also protect the patient from infection when undergoing aseptic procedures e.g. in endoscopy or theatre suites.

Aprons and gowns are single use items and should be disposed of appropriately after a single episode of care i.e. as clinical waste if soiled or used while caring for patient requiring source isolation, otherwise can be disposed of as domestic waste.

### 5.2.3 Masks, respirators and eye protection

Surgical Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face of eyes e.g. wound irrigation, caring for a patient with hematemesis (vomiting blood).

Masks may also be required while caring for patients with infectious diseases. In these instances the type of mask required and when it should be worn will depend on the disease. For further information see the A-Z Guide of Infectious and Communicable Diseases in the **Isolation Policy**.

### 5.3 The safe use and disposal of sharps

In order to prevent sharps injuries and reduce the risk to healthcare workers or patients from infections such as those caused by blood borne viruses the following principles must be adhered to:

- avoid the use of sharps wherever possible;
- ensure that safe sharps are used (EU Directive 2013);
- sharps must not be passed directly from hand to hand. Keep handling of sharps to a minimum and never carry sharps to the patient by hand.

#### 5.3.1 It is the responsibility of the user to dispose of the sharp safely:

- when safe to do so, a sharps bin must be taken to the point of care so that the sharp can be disposed of immediately after use. The use of a sharps tray with integral sharps bin is advocated;
- needles must not be recapped/resheathed, bent, broken or disassembled prior to disposal.

Sharps containers:

- only sharps bins which conform to UN 3291 and BS 7320 standards must be used;
- sharps bins must be assembled correctly prior to use and the appropriate information entered on the sharps bin label;
- sharps bins must be positioned out of the reach of children at a height that enables safe disposal by all staff. They should be secured to avoid spillage;
- temporary closure on the bin should be used to prevent accidental access to the bin between uses;
- sharps bins must not be filled above the manufacturers mark (i.e. 2 thirds full);
- it is the responsibility of all users to correctly seal filled sharps bins and to enter the appropriate information on the sharps bin label;
- sharps bins awaiting collection should be kept in a safe designated area. It is the responsibility of ward managers to ensure appropriate removal and replacement of bins.

#### 5.3.2 Management of Sharps/ contamination injury

Prompt management of sharps injuries is essential. Other contamination injuries require the same actions as sharps injuries e.g. blood splash to eyes or mouth.

In the event of a sharps/contamination injury the following immediate first aid action must be taken:

- encourage bleeding of the wound site under running water, without squeezing;
- do NOT suck the wound;
- flush mucous membranes or skin with copious amounts of running water;
- apply waterproof dressing (plaster) to wound site;

- **immediately contact the Trust Occupational Health Provider's needlestick/contamination injury hotline on 0844 826 0308, between 0900 and 1700 Monday to Friday.**

**Out of hours refer to the Trust Needlestick and Contamination Injury policy and if necessary attend A&E where the on-call Medical registrar will be contacted.**

A Datix report is required for all needlestick incidents.

For further advice and information see the Trust's **Needlestick and Contamination Injuries Policy**.

## 5.4 Hospital Environmental Hygiene

Hospital environmental hygiene includes:

- maintaining a clean hospital environment;
- management of blood spillages;
- decontamination of shared equipment;
- safe management of linen;
- safe collection and disposal of general and clinical waste.

It also includes kitchen and food hygiene but this is beyond the scope of this policy. Please see the Trust's **Food Safety Policy**.

### 5.4.1 Maintaining a clean hospital environment

The Health and Social Care Act 2008: Code of Practice for health and social care on the Prevention and Control of Infections and related guidance (Department of Health 2008, revised 2015) states that registered providers "provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections" The healthcare environment should be kept clean, free from dust and soilage and acceptable to patients, their visitors and staff.

The NHS Healthcare Cleaning Manual outlines the standards of cleanliness expected of NHS trusts and can be accessed at <http://www.spaceforhealth.nhs.uk/>

Please refer to the Trust's Operational Cleaning Manual accessed via the Intranet site for further information.

### 5.4.2 Spills of blood and body fluids.

The following actions must be taken in the event of blood or body fluid spillage:

- **small blood spills onto hard surfaces:** wearing gloves, clean with universal/detergent wipes and dispose as clinical waste;
- **larger blood spills** e.g. spills onto floor **except urine:** wearing gloves and apron, use the blood spillage wipe and follow the instructions on the packet. Wash area with detergent and water;

- **very large blood spills including smears to walls etc.:** wearing gloves and apron, use spill wipes and leave to absorb for 30 seconds, wipe allowing the rest of the spill to be absorbed (if a larger spill), use the wipe contained within the pack to clean the area, place back into the bag, seal and dispose of in clinical waste;
- **blood stained urine spills - DO NOT USE blood spillage kit.** Wearing gloves and aprons, soak up urine with paper towels. Then wash areas with detergent followed by Chlorine dioxide solution (Tristel);
- **urine/vomit spills** – wearing gloves and an apron, use the urine/vomit spillage kit and follow the instructions on the packet. Wash with detergent and water. If urine/vomit spillage kit not available, soak up urine/vomit with disposable towels. Then wash area with detergent;
- **spills onto carpets or soft furnishings** - wearing gloves and aprons soak up spillage with paper towels then clean with detergent and water. Then, for carpets, steam clean or for soft furnishings launder or dry clean. If item remains soiled it must be disposed of;
- **spills from outbreaks other than C Difficile or known/suspected Norovirus** – follow procedures outlined above;
- **spills during a C Difficile or known/suspected Norovirus Outbreak** - all body fluid spills should be dealt with as above, and then followed by Chlorine dioxide solution (Tristel).

#### 5.4.3 Decontamination of shared equipment

Shared clinical equipment can act as a vehicle by which microorganisms are transferred between patients. This equipment, e.g. commodes, bath hoist, blood pressure cuffs, should therefore be decontaminated appropriately after each and every episode of use and between patients. The choice of the correct method of decontamination for Medical devices and instruments is related to the risk of infection associated with its use.

Please refer to the **Decontamination Policy** for further information.

#### 5.4.4 Management of linen:

- appropriate PPE must be used to handle soiled, wet, blood stained or infected linen;
- hands must be decontaminated after handling any used linen as well as after handling linen skips.
- linen must always be bagged at the bedside and not carried through a ward or department;
- care must be taken to ensure harmful objects, such as sharps, are not sent to the laundry;
- linen generated from the care of a patient in isolation must be put in a water soluble/ alginate bag which is then placed into a red laundry bag;
- soiled/foul linen i.e. linen contaminated with body fluids such as urine or faeces or infected linen must be placed in a water soluble bag which is then placed into a red laundry bag;

- used linen not visibly contaminated by blood, body fluids should be placed in a white plastic bag.

For further information please refer to the Trust **Linen Policy**.

#### 5.4.5 **Safe disposal of waste**

- Any “soft” waste contaminated with blood or body fluids, e.g. incontinence pads, dressings, gloves should be disposed of directly into orange clinical waste bags;
- if there is a risk of leakage, clinical waste should be disposed of into a yellow rigid leak proof clinical waste bin;
- a yellow fibreboard box should be used for contained fluids e.g. suction cylinders;
- domestic waste should be sorted into recyclable and non recyclable wastes. Recyclable wastes should be placed into the designated receptacle; non recyclable domestic waste should be placed into black domestic waste sack;
- waste bags must not be filled more than 2 thirds full and should be secured prior to leaving ward/ department;
- excreta must be discarded directly into the macerator. If this is not available it must be discarded into toilet/ sluice hopper. Care must be taken to ensure no splashing occurs.

For further information please refer to the Trust’s **Waste Management Policy** document.

## 6. **INCIDENT REPORTING, INVESTIGATION AND ACTION PLANS**

- All staff are responsible for reporting any incident or near miss.
- Ward, Team, Service Managers/ Matrons are responsible for ensuring that a suitable investigation is carried out according to the consequence of the incident and action plans are created and carried out in a suitable time frame. The Ward and Team Managers/ Matrons are also responsible for ensuring that the Datix report contains a full history of the process followed on each occasion and the eventual outcome.

## 7. **TRAINING REQUIREMENTS**

- 7.1 The Trust will work towards all staff being appropriately trained in line with the organisation’s Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

## 8. **EQUALITY IMPACT ASSESSMENT**

- 8.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained

in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **9. MONITORING COMPLIANCE AND EFFECTIVENESS**

### **9.1 Monitoring arrangements for compliance and effectiveness**

- Overall monitoring will be by the Infection Prevention and Control Assurance Group

### **9.2 Responsibilities for conducting the monitoring**

- The Infection Prevention and Control Assurance Group will monitor procedural document compliance and effectiveness where they relate to clinical areas.

### **9.3 Methodology to be used for monitoring**

- Annual audit included in the Trust Clinical Audit Plan.
- Incident reporting and monitoring

### **9.4 Frequency of monitoring**

- The Infection Prevention and Control Assurance Group reports to the Clinical Governance Group every quarter.

### **9.5 Process for reviewing results and ensuring improvements in performance occur.**

Audit results will be presented to the relevant Best Practice Groups for consideration, identifying good practice, any shortfalls, action points and lessons learnt. These groups will be responsible for ensuring improvements, where necessary, are implemented.

## **10. COUNTER FRAUD**

- 10.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **11. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

- 11.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 12: Safe care and treatment

- 11.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 11: General

- 11.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

### **Relevant National Requirements**

Department of Health (2008) The Health and Social Care Act 2008, Code of Practice for health and social care on the prevention and control of infections and related guidance. (Revised 2011)

## **12. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

### **References**

Epic2: National Evidence-based Guidelines for preventing Healthcare associated Infections in NHS Hospitals in England, Journal of Hospital Infection Vol 65 Feb 2007

Perry. C, (2007) Infection Prevention and Control. Blackwell: Oxford  
Department of Health (2008) The Health and Social Care Act 2008, Code of Practice for health and social care on the prevention and control of infections and related guidance.

### **Cross reference to other procedural documents**

- As stated and highlighted in Standard Infection Control Precautions Policy (Incorporating Blood and Body Fluid Spillage) document
- Trust Operational Cleaning Manual
- Health and Safety policy.
- Healthcare Waste policy
- Linen policy
- Needlestick and Contamination Injury policy
- Risk Management policy
- Risk Management Strategy
- Untoward Event Reporting policy
- Staff Training Matrix

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

## **13. APPENDICES**

- 13.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A The 5 Moments of Hand Hygiene

- Appendix B *Hand* Decontamination Technique
- Appendix C Needlestick and Contamination Injury Flowchart
- Appendix D Management of Blood and Other Body Fluid Spillages



THE 5 MOMENTS OF HAND HYGIENE



Your 5 moments for hand hygiene at the point of care



1	<b>BEFORE PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>WHY?</b> To protect the patient against harmful germs carried on your hands
2	<b>BEFORE AN ASEPTIC TASK</b>	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body
3	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
4	<b>AFTER PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
5	<b>AFTER CONTACT WITH PATIENT SURROUNDINGS</b>	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving - even if the patient has not been touched <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs

Adapted from WHO World Alliance for Patient Safety 2006

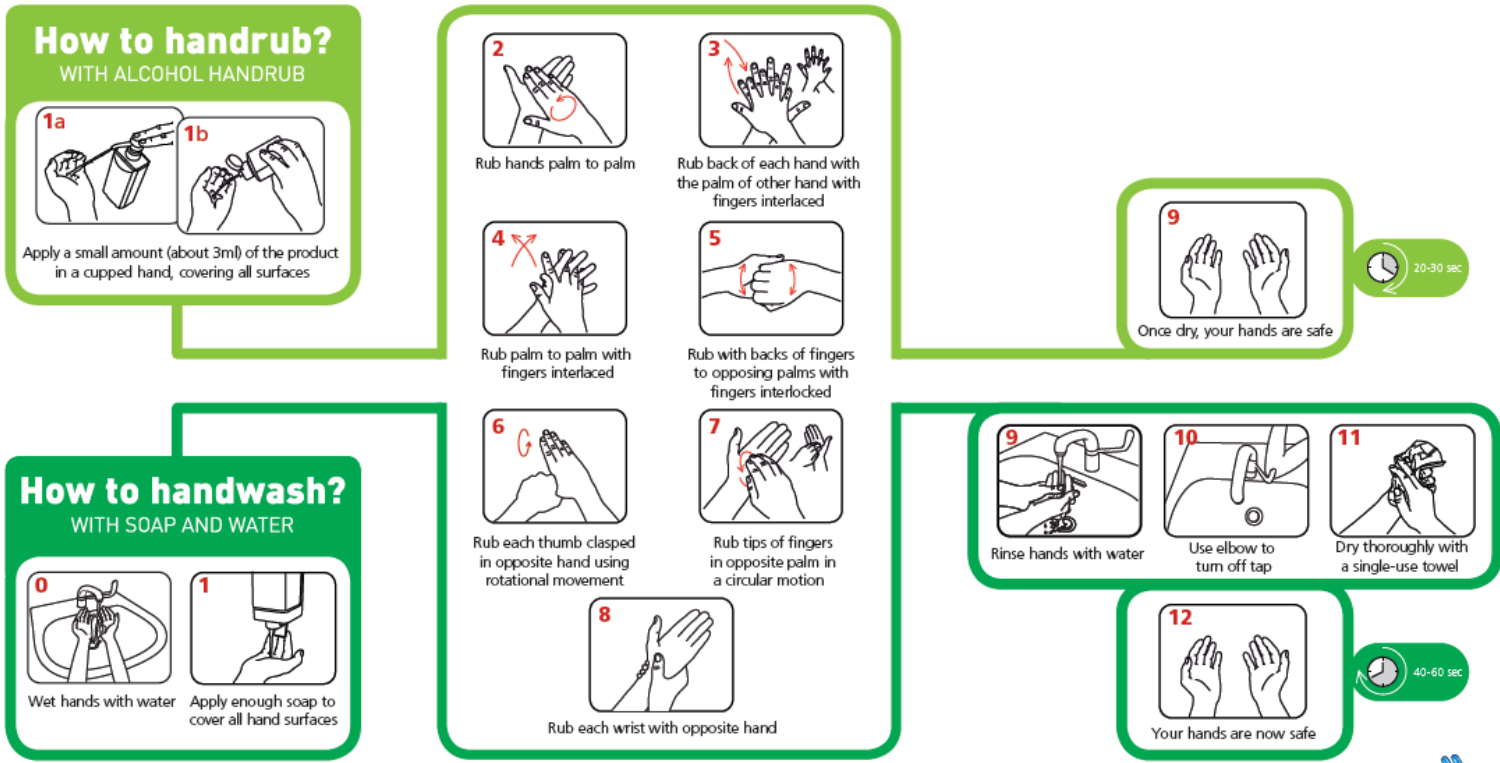


HAND DECONTAMINATION TECHNIQUE



National Patient Safety Agency

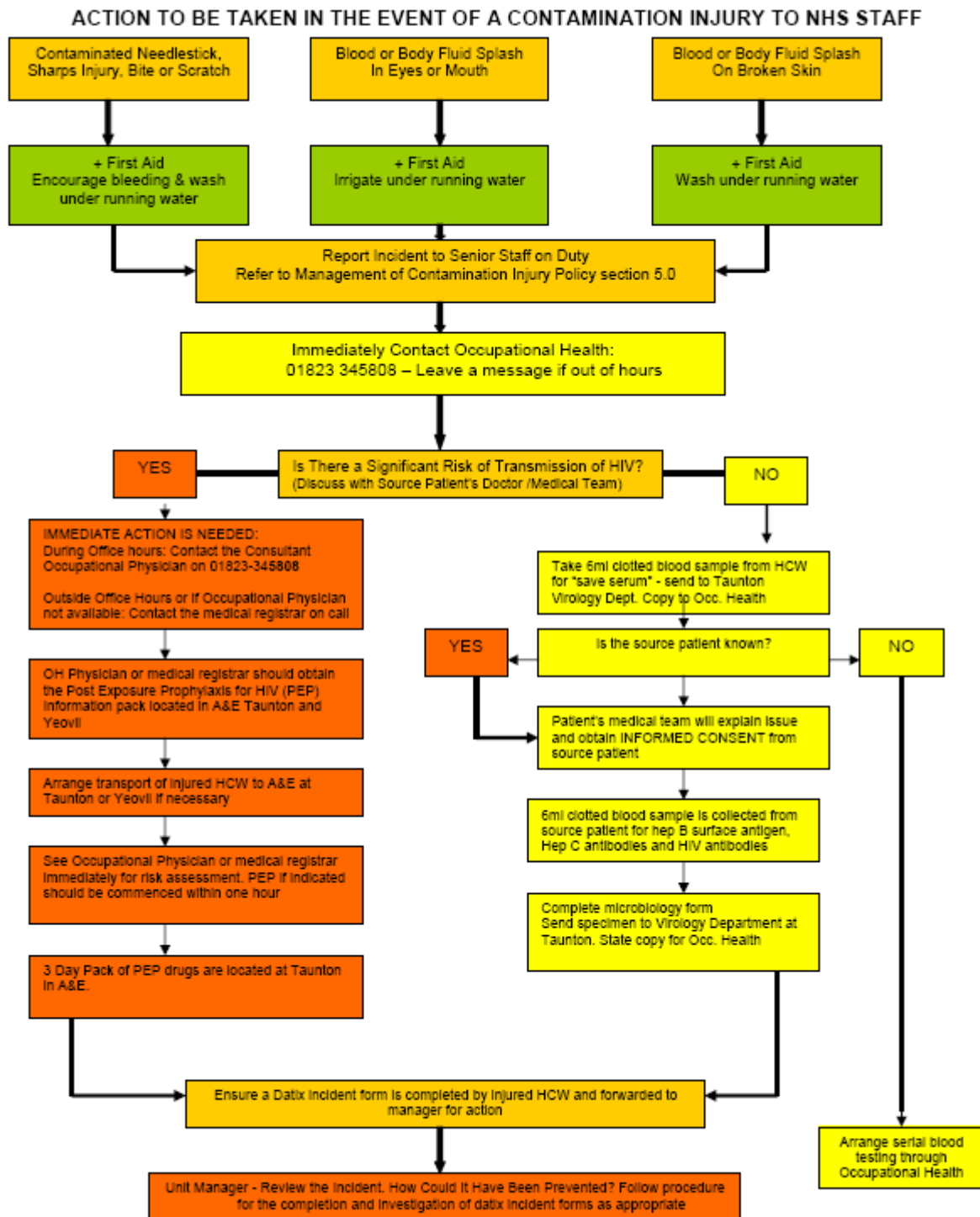
HAND CLEANING TECHNIQUES



Adapted from WHO World Alliance for Patient Safety 2006



NEEDLESTICK AND CONTAMINATION INJURY FLOWCHART



# Spill Wipes

Soaks up spills safely,  
in seconds

Clinell Spill Wipes are specifically developed to deal with bodily fluid spills quickly and efficiently. For use on blood spills, body fluid spills and urine.



Clinell SpillWipes - (NHSSC: VJT268 / Order Code: CSW1)

<p><b>1</b> Wear recommended PPE. Tear open the pack.</p>	<p><b>2</b> Remove wipes.</p>	<p><b>3</b> Place the active side (A) face down onto the spill. Leave to absorb for 30 sec.</p>
<p><b>4</b> Push down on plastic backed side (B) and wipe until spill is fully absorbed.</p>	<p><b>5</b> Remove a disinfectant wipe from the sachet.</p>	<p><b>6</b> Clean the spill area in an 'S' shaped motion, from clean to dirty.</p>
<p><b>7</b> Put soiled wipes and empty sachet back into the pack.</p>	<p><b>8</b> If required repeat steps 5-7 with the remaining wipe and reseal.</p>	<p><b>9</b> Dispose of pack as hazardous waste.</p>

**Dispose of in hazardous waste. Do not flush or macerate.**

For more information, please contact the Infection Prevention and Control Team.

J2N15244