

INFECTION PREVENTION & CONTROL POLICY

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Other relevant Documents	<ul style="list-style-type: none"> ● Agency Worker Handbook ● Needlestick & Similar Injury Policy ● Waste Management Policy and (HTM) 07-01 ● Covid-19 Risk Assessment Form ● BAME Assessment policy ● SOSMS LFD Testing Policy ● PHE COVID-19: infection prevention and control guidance ● Hand Hygiene Gov. Guidance ● SOSMS PPE Gov. Guidance

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1.0 INTRODUCTION

Infection control is one of the major areas in the provision of safe care within any health care setting. It is also one of the priorities in any governing inspection under ***CQC Regulation 12 of the Safe care and treatment, of the Health and Social Care Act 2008 and DHSSPS Regulation SECTION 1 of MINIMUM STANDARDS Point 2.0 Policies and procedures.*** ***“There is a need for practices to be compliant with regulations, all providers of healthcare and adult social care should meet or exceed the [Code of Practice on the prevention and control of infections and related guidance](#).***

The Code states:

“Good infection prevention (including cleanliness) is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

“Organisational processes are crucial to make sure that high standards of infection prevention (including cleanliness) are developed and maintained”. Included in this policy are the general requirements from the CQC/RQIA against which SOS Medical Staffing will be regulated and inspected.

During this pandemic it has become transparent that all staff must pay extra attention to infection control policies and undertake further duties to minimise the spread of infection. Additional guidance regarding Covid-19 can be found on SOS Medical’s website. All staff undertaking shifts on behalf of SOS Medical Staffing must adhere to each specific unit’s requirements.

2.0 SCOPE

This policy applies to all staff groups employed by SOS Medical Staffing, who itself has a duty of care to ensure that all staff groups are adequately and effectively managed with regard to infection prevention and control.

3.0 AIMS

This policy aims to provide all SOS Medical Staffing staff groups with clear guidance on the steps to be taken in relation to their part in ensuring good infection prevention and control and ensure their understanding of their personal responsibility to update themselves.

The National Standard hand hygiene and personal protective equipment policy published by NHS England and NHS Improvement March 2019 sets aims that staff employed by SOS Medical Staffing will adhere to. They are as follows:

support a common understanding – making the right thing easy to do for every patient, every time

reduce variation in practice and standardise care processes

improve how knowledge and skills are applied in infection prevention and control

help reduce the risk of healthcare-associated infection (HAI)

help align practice, education, monitoring, quality improvement and scrutiny.

4.0 ROLES & RESPONSIBILITIES

SOS Medical Staffing has a duty to protect their employees and others who may be affected by their work activities (such as sub-contractors, locums, patients and visitors.)

ALL SOS MEDICAL STAFF

There is a legal obligation under the Health and Safety at Work Act etc. 1974 (HSWA) for all employers to ensure their employees are appropriately trained and proficient in the procedures necessary for working safely.

All staff are required to undertake training specific to their role for infection control and clinical waste management and will adhere to governance dictated by the Compliance Officer prior to undertaking their first assignment.

All health care personnel must comply to this policy to make this measure effective.

Employees are responsible for compliance with this policy and any other systems and procedures put in place to ensure their health, safety and welfare. All staff have a responsibility under the Health & Safety at work Act (1974) not to employ practices that put others at risk.

All staff working in clinical areas must adhere to the 'Bare below the elbows' ruling and long hair must always be tied back.

Should any incidents occur, all staff have a responsibility to report it to the Nurse in Charge of the establishment, immediately and inform SOS Medical as soon as reasonably practicable.

All Managers

Managers will assess the risk to the health and safety of their staff and other people and if risks are identified, records should be made of the level of risk and the methods of elimination and control.

They should ensure that all staff in their sphere of management receive appropriate training as indicated in the compliance training requirements and that individuals understand the importance of preventing incidents or injuries and can follow safe working practices.

The Nurse Manager will be responsible for implementing this policy and keeping the implementation plan and will investigate incidents reported.

Immunisations

SOS Medical staffing accepts it is their responsibility as the employer to ensure, record and retain staff immunisation status. They will ensure they are able to provide evidence that staff have the required immunisations. Immunisation status is recorded as part of pre-employment policy. Immunisation status is revisited at annual appraisal and supervision interviews.

The Board is responsible for setting the strategic context in which organisational policies and procedures are developed and for the formal review and approval.

5.0 OCCUPATIONAL HEALTH

At present, the Occupational Health provision for SOS Medical Staffing Ltd is Arumas Health. In the event of injury or illness, staff will initially follow the policy of the establishment where the injury or illness occurred and then notify SOS Medical Staffing and complete a Staff Accident Form which they will then forward to the Nurse Manager as soon as reasonably practicable who will investigate.

6.0 HAND HYGIENE

As required by The National Standard hand hygiene and personal protective equipment policy

All staff employed by SOS Medical Staffing undertaking shifts will abide by the National Standards for hand hygiene, which state:

“Hand hygiene is considered an important practice in reducing the transmission of infectious agents that cause HAIs. Sinks for washing hands must be used solely for that purpose and not for disposing of liquids. Before performing hand hygiene:

- expose forearms (bare below the elbow)
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- ensure fingernails are clean and short, and do not wear artificial nails or nail products
- cover all cuts or abrasions with a waterproof dressing. To perform hand hygiene: Alcohol-based handrubs (ABHRs) must be available for staff as near to the point of care as possible.

Where this is not practical, personal ABHR dispensers should be used.

Perform hand hygiene:

1. before touching a patient
2. before clean or aseptic procedures
3. after body fluid exposure risk
4. after touching a patient; and
5. after touching a patient’s immediate surroundings.

NB: perform hand hygiene before putting on and after removing gloves.

8 Wash hands with non-antimicrobial liquid soap and water if:

- hands are visibly soiled or dirty
- caring for patients with vomiting or diarrhoeal illnesses
- caring for a patient with a suspected or known gastrointestinal infection, eg norovirus or a spore-forming organism such as *Clostridium difficile*.

In all other circumstances, use ABHRs for routine hand hygiene during care.

Where running water is unavailable, or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first opportunity.”

All staff will undertake mandatory hand hygiene e-learning training within the Infection Control E-learning module annually.

Appendix 1

shows best practice hand wash and hand rub.

7.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)

As required by the National standard hand hygiene and personal protective equipment policy

Before undertaking any procedure, staff should assess any likely exposure to blood and/or other body fluids, non-intact skin or mucous membranes and wear personal protective equipment (PPE) that protects adequately against the risks associated with the procedure.

All PPE should be:

- located close to the point of use
- stored to prevent contamination in a clean, dry area until required for use (expiry dates must be kept to)
- single-use only items unless specified by the manufacturer
- changed immediately after each patient and/or after completing a procedure or task
- disposed of after use into the correct waste stream, ie healthcare waste or domestic waste. Reusable PPE items – eg non-disposable goggles, face shields, visors – must be decontaminated after each use.

Gloves must be:

- worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely changed immediately after each patient and/or after completing a procedure or task
- changed if a perforation or puncture is suspected
- appropriate for use, fit for purpose and well-fitting

As of October 2020, government guidelines state:

All staff should be trained in the proper use of all PPE that they may be required to wear, including any staff who have had and recovered from Covid-19 who should continue to follow infection control precautions, including the PPE recommended in this document.

Any establishments where SOS Medical Staffing supply agency workers to, will adhere to government guidelines and update as such. See links for recommended PPE and correct procedure for donning and doffing.

All PPE should be:

compliant with the relevant BS/EN standards (European technical standards as adopted in the UK); located close to the point of use stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to) single-use only except those designated for sessional use as per government guidelines changed

immediately after each patient and/or following completion of a procedure or task and disposed of after use into the correct waste stream i.e. healthcare/clinical waste (this may require disposal via orange or yellow bag waste; local guidance will be provided depending on the impact of the disease.

Disposable apron/gown

Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing direct patient care and during environmental and equipment decontamination.

Fluid-resistant gowns must be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure/task being performed and when there is a risk of extensive splashing of blood and/or other body fluids e.g. during aerosol generating procedures (AGPs). If non fluid-resistant gowns are used, a disposable plastic apron should be worn underneath.

Disposable aprons and gowns must be changed between patients and immediately after completion of a procedure/task.

Disposable gloves

Disposable gloves must be worn when providing direct patient care and when exposure to blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination. Gloves must be changed immediately following the care episode or the task undertaken.

8.0 HEALTHCARE WASTE

All staff must be aware of correct disposal of clinical waste.

All staff undertake mandatory training for safe disposal within the Infection Control e-learning, as included in the governance set by SOS Medical Staffing Compliance Officer

All staff must be aware of the Needlestick & Similar Injury policy

Healthcare Technical Memorandum (HTM) 07-01 Safe Management of Healthcare Waste is a framework for best practice. It makes sure legislation such as Health and Safety at Work regulations are met. (See reference links)

All staff are responsible for ensuring that healthcare waste is:

- correctly segregated and labelled
- packaged appropriately for transport
- stored safely and securely
- described accurately and fully on relevant documentation
- transferred to an authorised person for transport to an authorised waste site.

Waste bins should be:

- positioned where they are easily accessible to staff
- lidded and operated with a foot-pedal if in clinical areas and toilets (to prevent hand contamination)

Waste bags should be:

- no more than two thirds full so the bag can be tied securely
- securely tied using a plastic tie or secure knot.

All waste bags and sharps containers should be:

- labelled with the address and date before collection so they can be traced if there is an incident
- stored in a designated area while awaiting collection – this must be kept secure from entry by members of the public, animals or pests.

Sharps

Sharps should be assessed and disposed of in the correct container. Containers are orange, yellow or purple lidded depending on nature of the item.

Containers should be labelled on assembly and on locking. They should not be filled above the black line. Lock and dispose of containers after three months even if not full.

All staff should be assessed for risk of contracting blood borne viruses. They should be offered vaccination as appropriate.

The process for action following a sharps injury should be clear and accessible to all staff.

Sharps containers awaiting collection should not be placed inside waste bags and must be processed separately by the contractor.

Ensure that sharps are disposed of in the correct container.

- Purple-lidded: cytotoxic and cytostatic medicinally-contaminated sharps; for example, hormone-containing medicines such as contraceptive injections, Goserelin (Zoladex) and testosterone (Nebido). [HTM 07-01](#) (page 167) gives a full list of relevant medicines.
- Yellow-lidded: other medicinally-contaminated sharps.
- Orange-lidded: non medicinally-contaminated sharps, for example stitch cutters and venepuncture equipment.

Complete labels on sharps receptacles on assembly and locking. Receptacles should not be filled above the black line. They should be locked and stored ready for collection three months after first use even if not full.

SOS Medical provide a Needlestick and Similar Injury policy, initial management flow charts are also in the Agency Workers Handbook.

9.0 SEPSIS

Sepsis is a term used to describe the body's abnormal response to infection. The [international definition of sepsis](#) is 'life-threatening organ dysfunction caused by a dysregulated host response to infection'. The effects are from the body's toxic response to the infection.

The [Sepsis Alliance](#) defines it as 'the body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure and death. In other words, it's your body's overactive and toxic response to an infection.' Sepsis affects many different organs so it can be hard to spot. A full set of physical observations can support clinical judgement to make this difficult diagnosis.

It can affect anyone but is more common in people who have a weakened immune system, a long-term condition, are very young or are frail. The incidence is particularly high in patients with a learning disability. It can be catastrophic if undetected and untreated; leading to multi-organ damage and [The UK Sepsis Trust](#) estimates it leads to 52,000 deaths each year in the UK.

All Staff must be aware of sepsis and be able to demonstrate how an acutely unwell or deteriorating patient is managed using local policies of the establishment they are working at.

Symptoms

Symptoms of sepsis for **babies and young children** may include:

- abnormal temperature – low as well as high
- difficulty breathing
- lack of interest in eating and drinking, or have stopped feeding
- not passing urine for 12 hours or longer
- repeated vomiting
- change in mental state including unresponsiveness or agitation
- irritability
- mottled pale or bluish skin, or a rash that does not fade when pressed

Parental concern is another key feature that needs to be considered.

Symptoms for **adults and older children** may include:

- feeling extremely unwell
- abnormal temperature – low as well as high
- chills and shivering
- a fast heartbeat
- fast breathing
- feeling dizzy or faint
- decreased urine production
- a change in mental state, such as confusion, disorientation or agitation

Early identification of sepsis

The 2015 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report Just Say Sepsis highlights the importance of accurate early assessment and recording and sharing clinical findings.

Physiological assessments

These are an important part of clinical assessment and include:

- pulse
- temperature
- blood pressure*
- respiratory rate*
- oxygen saturations

Perform these when a patient presents with an acute illness, or a deteriorating pre-existing condition, particularly where sepsis is suspected.

* A raised respiratory rate, poor perfusion or low blood pressure and new onset confusion offer a higher predictive value than the other measures. They are particularly important to record.

National Early Warning Score (NEWS2) is used by all hospitals and ambulance services in England as a tool for identifying patients with sepsis. Early indications are that mortality from sepsis falls at sites using scoring systems routinely at patient handover.

Use the term 'suspected sepsis' at handover alongside their NEWS2 score or physiological measurements.

10.0 SPECIMEN HANDLING

All specimens are a potential infection risk, therefore, all specimens must be collected using standard precautions.

Specimens should only be taken if there are indications of a clinical infection.

Urine should not be dipped for nitrites and leukocytes unless there are clinical signs of a urinary tract infection, treating a positive dipstick for nitrites and leukocytes without clinical signs of an infection may result in inappropriate prescribing of antibiotics.

- The container is appropriate for the purpose. If there is leakage or an inappropriate container is used, the specimen should be rejected as it will not be processed by the laboratory due to the infection risk
- The lid is securely closed
- There is no external contamination of the outer container by the contents
- Specimens are placed inside the plastic transport bag attached to the request form after they have been labelled

- The transport bag should be sealed using the integral sealing strip (not stapled, etc.)

Specimens must be labelled correctly to prevent misdiagnosis and wastage. If using patient identification labels on forms, ensure that the copy section also has a label. All specimens must be clearly labelled with the correct patient details which include:

- Patient's full name
- Patient's address
- Male or female
- Patient's date of birth and NHS number
- Type of specimen, e.g. catheter or mid-stream urine sample
- Relevant clinical details, e.g. pyrexia, increased confusion, description of the wound
- Date and time of sample collection
- Signature (unless electronic form)
- Relevant medication history, e.g. antibiotic history, symptoms and their duration, foreign travel
- Wherever possible, obtain a fresh specimen and take the specimen at a time when it can be transported to the laboratory in a timely manner
- Empty the urine into a macerator, discard the collection vessel into a clinical infectious waste bag. Appropriate PPE should be worn.

11.0 COVID-19 – SPECIAL INSTRUCTIONS

All staff undertaking shifts on behalf of SOS Medical Staffing MUST adhere to the establishment policies in which they are working.

Any chairs used, or equipment must be cleaned down by staff using Clinell (or alternative 70% isopropyl alcohol wipes) The link included in references/links section from Clinell shows the 5 principles of cleaning. Contact time is minimum of 30 seconds.

Clinell state: "**Clinell Universal Wipes and Clinell Antimicrobial Hand Wipes are effective against COVID-19 virus in 30 seconds**" Clinell Sporidical Wipes are proven effective against coronavirus in 60 seconds. That means it is important to understand contact time. Contact time is the length of time the surface being disinfected must remain wet for the disinfectant to work."

<https://www.bing.com/videos/search?q=how+long+to+clean+with+cliniell+wipes&docid=608043854708606156&mid=52D82A91D1EA4CFEDEC52D82A91D1EA4CFEDEC&view=detail&FORM=VIRE>

Staff that become unwell or live with a person displaying symptoms must adhere to Government guidelines for isolation, as per risk assessment for Covid Symptoms. Updated guidance is found in the links section.

12.0 RESUSCITATION DURING COVID-19 PANDEMIC

All staff must undertake Basic Life Support e-learning module to meet governance required by the Compliance Officer.

Staff are to adhere to Site specific CPR policies.

Healthcare workers should consult the recommendations from the World Health Organisation and Department of Health and Social Care for further information, and advice by nation is at the conclusion of this statement.

13.0 IMPLEMENTATION PLAN

Stakeholders and sub-contractors will be made aware of this policy and offered the opportunity to comment or advise on content.

The policy will be made available to all staff

All policies are held on the Company system and made available to all staff.

14.0 TRAINING/AWARENESS

IPC lead will need to provide evidence of recent IPC training. The Nurse Manager can supply this if required.

The policy will be introduced to all staff at induction and reviewed at annual appraisal or supervisory session. Infection Control training and Clinical Waste Management is mandatory annually for clinical staff

15.0 AUDIT/MONITORING

The policy will be monitored, assessed and reviewed through incident reporting and supervisory sessions. The Senior Management Team is responsible for review and the frequency that this review will be carried out.

Compliance with this policy will be monitored through the annual audit process and overseen by the Clinical Governance Committee.

It will be the day to day responsibility of all managers to monitor that the requirements of this procedure are being adhered too, and that appropriate risk control measures are in place.

Managers are responsible for ensuring affected staff have followed the reporting and management procedures highlighted in this policy.

16.0 BREACH OF THIS POLICY

This policy is mandatory and all staff must implement this policy and follow the procedures associated with it.

Conformance with this policy and its procedures is a contractual requirement and failure may result in termination of employment. Non-compliance with the policy and procedures will be dealt with in accordance with agreed disciplinary procedures

Appendices below

Appendix 1



Best Practice: How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.

Public Health
England

<p>1</p> <p>Wet hands with water.</p>	<p>2</p> <p>Apply enough soap to cover all hand surfaces.</p>	<p>3</p> <p>Rub hands palm to palm.</p>
<p>4</p> <p>Right palm over the back of the other hand with interlaced fingers and vice versa.</p>	<p>5</p> <p>Palm to palm with fingers interlaced.</p>	<p>6</p> <p>Backs of fingers to opposing palms with fingers interlocked.</p>
<p>7</p> <p>Rotational rubbing of left thumb clasped in right palm and vice versa.</p>	<p>8</p> <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	<p>9</p> <p>Rinse hands with water.</p>
<p>10</p> <p>Dry thoroughly with towel.</p>	<p>11</p> <p>Use elbow to turn off tap.</p>	<p>12 Steps 3-8 should take at least 15 seconds.</p> <p>... and your hands are safe*.</p>

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*Any skin complaints should be referred to local occupational health or GP.



Best Practice: How to handrub step by step images

1

Apply a palmful of the product in a cupped hand and cover all surfaces.

2

Rub hands palm to palm.

3

Right palm over the back of the other hand with interlaced fingers and vice versa.

4

Palm to palm with fingers interlaced.

5

Backs of fingers to opposing palms with fingers interlocked.

6

Rotational rubbing of left thumb clasped in right palm and vice versa.

7

Rotational rubbing, backwards and forwards with clasped fingers of right in left palm and vice versa

8

Once dry your hands are safe

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References/Links

Correct guide to donning and doffing in community and social care settings.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911313/PHE_quick_guide_to_donning_doffing_PPE_standard_health_and_social_care_settings.pdf

HTM 07-01 Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf

National Confidential Enquiry into patient outcome and Death: Just Say Sepsis

<https://www.ncepod.org.uk/2015sepsis.html>

Standard infection control precautions: national hand hygiene and personal protective equipment policy link:

https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf

<https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2>

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-ofpractice-on-the-prevention-and-control-of-infections-and-related-guidance>

Infection Prevention and Control Commissioning Toolkit

<https://www.rcn.org.uk/professional-development/publications/pub-005375>

Royal College of Nursing - Infection Prevention and Control - Subject Guide <https://www.rcn.org.uk/library/subject-guides/infection-prevention-and-control-subject-guide>

Royal College of Nursing - Infection Prevention and Control - Clinical Topics <https://www.rcn.org.uk/clinical-topics/infection-prevention-and-control>

Clinell wipes link:

<https://www.bing.com/videos/search?q=how+long+to+clean+with+cliniell+wipes&docid=608043854708606156&mid=52D82A91D1EA4CFEDEC52D82A91D1EA4CFEDEC&view=detail&FORM=VIRE>

PPE Recommendations

<https://www.gov.uk/government/publications/personal-protective-equipment-ppe-illustrated-guide-for-community-and-social-care-settings>

When to self isolate (Government update from 9.10.2020)

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/>