

SAFE WORKING PRACTICE INFECTION CONTROL IN THE COMMUNITY

May 2011

(Review date May 2013)

**This document is for use in Non NHS settings and must not be changed
in any way without discussion with the Health Protection Team.**

The Health Protection Team welcomes enquiries and provides advice on a range of subjects including;

- Infection control precautions;
- Assessing risks to infection;
- Managing outbreaks;
- Vaccination queries from health/social care professionals;
- Infection Control Training.

**Health Protection Team
Public Health & Planning Directorate**
NHS Grampian
Summerfield House
2 Eday Road
Aberdeen AB15 6RE
Telephone: 01224 558520
Email: grampian.healthprotection@nhs.net

Index

| | |
|----------------------------------------------------|-----------|
| General Principles | 3 |
| Hand Hygiene | 3 |
| Personal Protective Clothing (PPE) | 7 |
| Broken Skin | 7 |
| Sharps | 8 |
| First Aid Management for Injury or Exposure | 8 |
| Laundry | 9 |
| Environmental Hygiene | 10 |
| Handling Waste | 11 |
| Blood/Body Fluid Spillages | 11 |
| Other Useful Materials | 13 |

GENERAL PRINCIPLES

STANDARD INFECTION CONTROL PRECAUTIONS apply to everyone all the time irrespective of known, suspected or unknown infection. When people suffering from an infection are most likely to pass the illness onto others they will often not have:

- any signs or symptoms of illness;
- been tested;
- a diagnosis.

Body fluids can carry harmful germs for example Hepatitis B virus in blood/body fluids or E coli O157 in faeces. For this reason, safe working practice in relation to the control of infection should be **FOLLOWED AT ALL TIMES** by clients, staff and visitors.

The practices laid out in this document should prevent the spread of the majority of infections likely to affect the community setting, and will certainly promote a safe working environment.

Even though all staff are following this guidance it is Management's responsibility to undertake risk assessment to optimise the safety of others including service users and employees.

Advice about the potential risks posed by organisms (germs) can be obtained from the Health Protection Team or Occupational Health Provider if available.

Examples of how to avoid these risks include:

- appropriate infection control training and support;
- adequate resources to allow recommended infection control measures;
- protection through preventative vaccination¹ e.g. influenza, hepatitis B.

An outbreak is defined either as two or more linked cases of the same illness or when the observed number of cases exceeds the number expected. **All** suspected outbreaks should be reported to the Health Protection Team

1. HAND HYGIENE

Hand washing using running water and liquid soap and drying thoroughly is the preferred method of hand hygiene.

1.1. Hand washing

Scrupulous handwashing is essential in controlling the spread of infection. To prevent potentially harmful organisms being transferred to others on hands, the easiest method of deciding if hands require washing is to ask:

- What has been done since hands were last washed?
- What is about to be done?

However, hands should certainly be washed:

- before and after physically handling clients;
- after handling potentially contaminated articles, e.g. laundry, catheter bags;
- before handling/eating food;
- before clean/aseptic procedures;
- after going to the toilet;
- before and at the end of the time in a work setting or a client's home;
- when hands are visibly soiled;
- after wearing gloves.

WEARING DISPOSABLE GLOVES IS NOT AN ALTERNATIVE TO HANDWASHING

Hands should be washed under running water using liquid soap and dried with paper towels or hot air dryers to physically remove hitchhiking germs. Soaps labelled 'antibacterial' are not necessary for general handwashing in community settings. Dry skin conditions can harbour more organisms, making it difficult to clean skin effectively, therefore soaps containing softening agents are preferable. Sleeves should be rolled up to expose the forearms before starting to wash hands.

Skin care

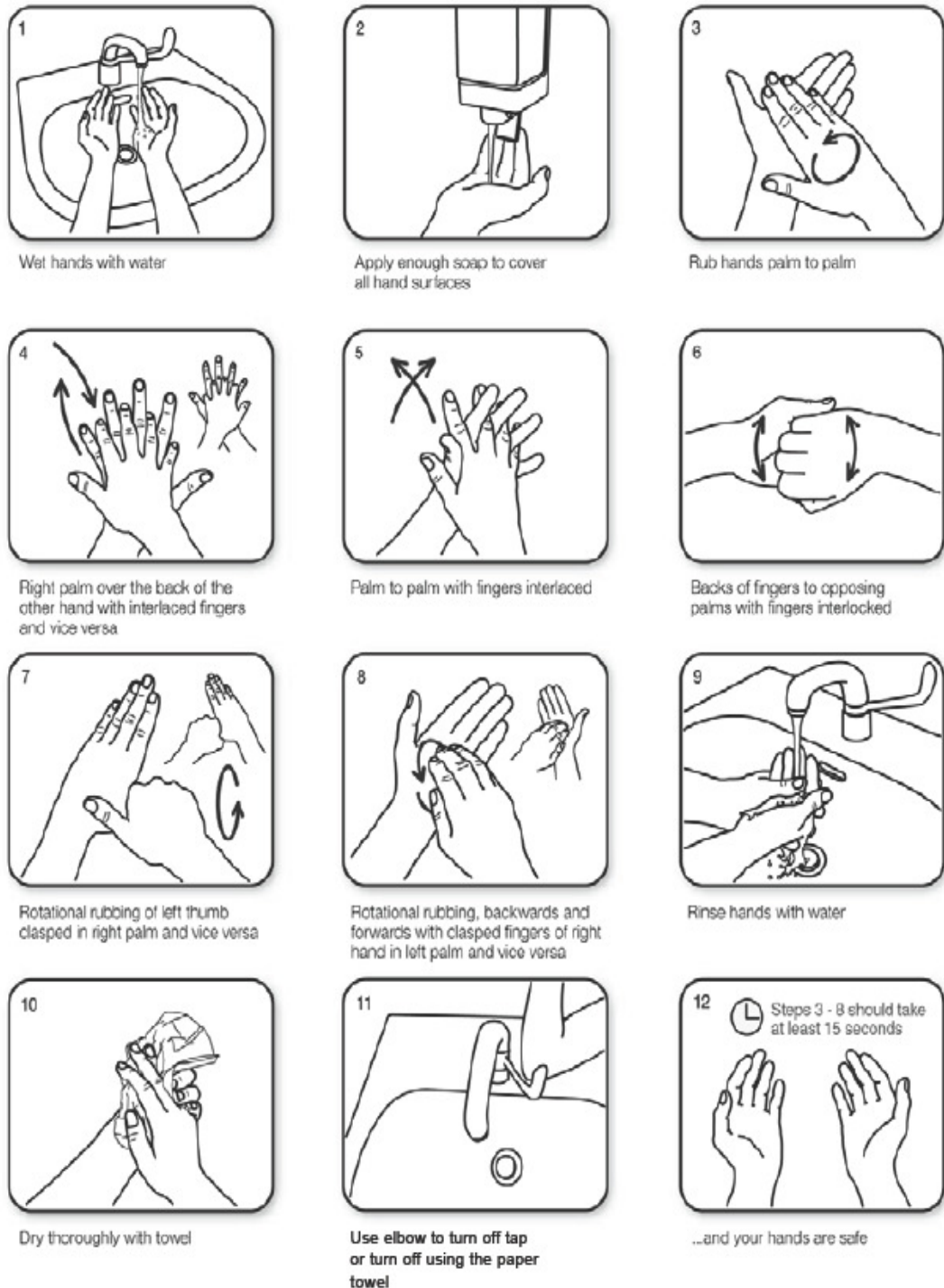
- Hand creams can be used by staff to keep their skin soft.
- Communal tubs of creams must not be used.
- Products that affect the effectiveness of soaps or harm disposable gloves should not be used.

1.2 Nail Care and jewellery

- It has been shown that nails, including chipped nail polish, can harbour potentially harmful bacteria.
- Nails must be kept short, clean and without nail polish.
- Wrist and hand jewellery except for plain bands e.g. wedding rings should be removed before care is provided.

Figure 1: **HANDWASHING TECHNIQUE**

Source: World Health Organisation



1.3. Alcohol based hand hygiene products

Type of product:

- alcohol based hand hygiene products with a concentration of 70% alcohol or over e.g. isopropanol, ethanol or propanol or a combination of two of these are generally used as they are more effective;
- products should also contain skin softeners to minimise the drying effects of alcohol-based hand hygiene products.

When to use alcohol-based hand rubs:

- alcohol-based hand rubs are only effective on **visibly clean** hands. If any matter/dirt/grime can be seen on hands they **MUST** be washed with liquid soap and running water as described above;
- alcohol based hand rubs are **NOT** effective against some germs found in the community, for example Norovirus, Clostridium difficile spores and cryptosporidium;
- alcohol based hand rubs must **NOT** be used if the individual has a diarrhoeal illness. In these cases hands **MUST** be washed as described above.

How to use alcohol based hand rubs:

- apply a palmful of the product in a cupped hand and cover **ALL** surfaces. Follow diagram 3 to 8 inclusive from the hand washing techniques above;
- the amount of alcohol based hand rub to be used each time varies between products. However **IF** hands feel dry after being rubbed together for 15 seconds then it is likely that not enough product was used;
- alcohol based hand rubs will build up on hands, therefore it is essential that hands are washed regularly;
- caution must be taken when using alcohol based hand rub in relation to flammability and ingestion.

1.4 Hand Hygiene in the Countryside

- Alcohol based hand hygiene products are unlikely to be effective against the germs found in the countryside. Furthermore hands are likely to be dirty and the alcohol cannot penetrate dirt. **Hands should be washed using running water and liquid soap.**
- If out in the countryside (e.g. hiking or cycling) as a **temporary measure** until hand wash facilities are available, large moist wipes could be used to physically remove dirt. Continue to use new wipes until all parts of the hands are visibly clean. **Hand washing with liquid water and running soap should be completed as soon as possible.**

2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Appropriate use of protective clothing requires assessment of each task for the likelihood of contact with blood/body fluids:

- If no contact with blood/body fluids:
No protective clothing is required;
- If contact with blood of body fluid but no splashing
Disposable gloves only
- If there is a risk of splashing:
Disposable gloves and apron

Additional protective clothing needs should be assessed for those working in buildings/areas where exposure to contaminated sharps is possible, e.g. empty house, gardens, public areas.

Staff MUST:

- have easy access to PPE i.e. located close to the point of use. PPE should be stored in a clean/dry area to prevent contamination;
- remove/change PPE once the task is complete and the risk of contamination has passed.

Staff must NOT:

- re-use or wash disposable gloves or aprons;
- use polythene gloves.

Hands should always be washed after taking off protective clothing.

Where uniforms or cotton tabards are used they should be changed daily or more often if visibly soiled and laundered using a biological powder at the hottest temperature allowed for the fabric.

3 BROKEN SKIN

- Cover all cuts or abrasions with waterproof dressing and re-apply if damaged e.g. torn, wet. This will prevent organisms entering or exiting through the cut/abrasion.
- Seek medical advice for skin conditions, e.g. eczema, chronic wounds.
- Always wear disposable gloves to perform tasks where there is a risk of contact with blood or body fluids.

4 SHARPS

Sharp objects must be disposed of safely by the user.

- DO NOT re-sheath needles, as this is the commonest cause of needle-stick injury.
- Dispose of the sharp object promptly into a UN approved sharps container.
- Sharps bins should not be overfilled, they will have a “fill” line marked on them.
- Sharps bins should be stored in a safe place and replaced regularly.
- Appropriate waste disposal arrangements must be in place. For some services this may involve formal licensed contracts.

5 FIRST AID MANAGEMENT FOR INJURY OR EXPOSURE

Any accidental exposure to blood or body fluids as a result of sharps injury, bites that draw blood or splashing to mucous membranes (e.g. eyes, mouth), should be dealt with **promptly**.

First aid for injury from contaminated sharps or human bites where blood is drawn:

- encourage free bleeding, do not suck the wound;
- thoroughly wash injured area with soap and running water;
- cover with a waterproof dressing;
- sharps may not have visible blood on them, but if used previously (or thought to have been used) they must be considered an infection risk.

First aid for splash exposure:

- if skin is splashed with blood/body fluids, wash with copious amounts of soap and water. Do not use a nailbrush, it may damage the skin;
- if splashed in eyes or mouth, wash with lots of running water.

Reporting and assessment of injuries in the work setting:

- report injuries to the manager (and occupational health provider, if relevant) and record in the accident book as per local policy, including date, time, type of injury/exposure, source of contamination and the actions taken;
- with any injury, and in particular when blood has mixed between two or more individuals or you are concerned about an infection risk, for example hepatitis B virus, hepatitis C virus, HIV, seek advice **promptly** from the A&E Department, GP or Occupational Health provider.

6 LAUNDRY

Gloves and aprons should always be worn when contact with blood or body fluids is likely e.g. bedding. When finished, gloves and apron should be removed and disposed of and hands should be thoroughly washed.

Storing laundry:

- clean laundry should be stored in a clean, designated area;
- clean and dirty laundry must be stored separately.

Handling used laundry:

- staff should avoid shaking linen since this may result in germs being spread around the environment;
- staff must not carry used laundry to the washing machine in care establishments – water soluble bags /laundry skips should be used;
- linen should not be placed on the floor or any surfaces e.g. table tops.

Soiled/foul laundry:

- do not hand rinse or hold soiled/foul laundry under running water;
- any solid material from laundry soiled with blood, vomit or faeces should initially be discarded down the toilet. The laundry should then be placed directly into water soluble bags (if available) and/or into the laundry hamper. It should then be taken directly to the washing machine;
- the items should then go through a pre-wash cycle, then a main wash cycle at the hottest temperature possible for the fabric.

Washing Laundry:

- if it is not possible to use a biological powder for the main wash (e.g. due to allergies) use it for the pre-wash cycle only;
- all bedding should go through the hot cycle in the machine;
- a designated laundry room should be provided if large amounts of laundry are being processed;
- staff should not take clients' laundry home to wash;
- ensure washing machines are well maintained and a service log is kept;
- each task should be finished before moving on to other duties.

Laundry in childcare settings

Solid matter should be removed from soiled clothing before putting the clothing into a plastic bag which should be sealed and given to the parent/guardian to launder at home.

7 ENVIRONMENTAL HYGIENE

7.1 Definitions

Cleaning is defined as the removal of deposits by washing with a general purpose detergent. This reduces the number of organisms present and removes dirt, grease and organic matter.

Disinfection results in the partial removal or destruction of most household organisms. Cleaning of objects must always be done prior to disinfection.

Sterilisation is the complete removal or destruction of all micro-organisms, including spores.

7.2 Use of cleaning products:

- gloves and aprons may be required when using cleaning products;
- always clean before using disinfectants;
- check the manufacturers recommendations regarding;
 - whether the product is suitable for the intended use;
 - whether the product needs to be diluted;
 - the length of time the product takes to act;
- never mix different cleaning agents;
- use freshly prepared solutions and discard unused solution down toilet;
- do not put cleaning solutions in spray containers, drinks or food containers;
- keep out of reach of children and incapacitated adults;
- store and use cleaning agents according to COSHH regulations;
- cleaning equipment should be stored in clean dry areas;
- mops, cloths, gloves etc should not be used anywhere other than their separate designated area:
 - toilets, bathrooms;
 - kitchens;
 - general environment.
- follow manufacturers' guidance on use and cleaning of care equipment.

Figure 2: Examples of environmental hygiene

| Item | General cleaning | Comment |
|-------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Bath/shower | Cream cleanser or detergent | Clean between use |
| Commodes | Cream cleanser or detergent Hypochlorite (bleach) | Clean between use |
| Toilets | Cream cleanser or detergent Hypochlorite (bleach) | Toilets should be cleaned at least once daily and whenever visibly soiled As required |
| Crockery and cutlery | Washed either in the dishwasher or in hand hot water and detergent | Store in a clean area. |
| Hand basins Tables Mattress/pillows | Hand hot water and detergent; dry thoroughly | Clean between use |

8 HANDLING WASTE:

- protective clothing should be worn when handling waste;
- all waste should be handled very carefully and disposed of into correct containers, these can be colour-coded;
- unless there is a specific service or company policy stating otherwise, all non-sharps waste should be double bagged for disposal in the household waste;
- individuals generating sharps waste are responsible for its safe, prompt disposal into a properly assembled UN type approved sharps container and stored in a safe place;
- needles should never be re-sheathed;
- all sharps containers should only be filled to the fill line before collection;
- all waste bags/containers should only be filled to $\frac{3}{4}$ full and tied/sealed securely before collection;
- waste from registered Care Homes will require a waste contract;
- residential homes, nurseries and other non-residential settings may require a waste contract to ensure the appropriate uplift of waste;
- the removal of clinical waste generated by community health care professionals must be arranged by the care co-ordinator.

Waste is a complex subject that is not easily summarised, concerns can be initially directed to the Health Protection Team on 01224 558520.

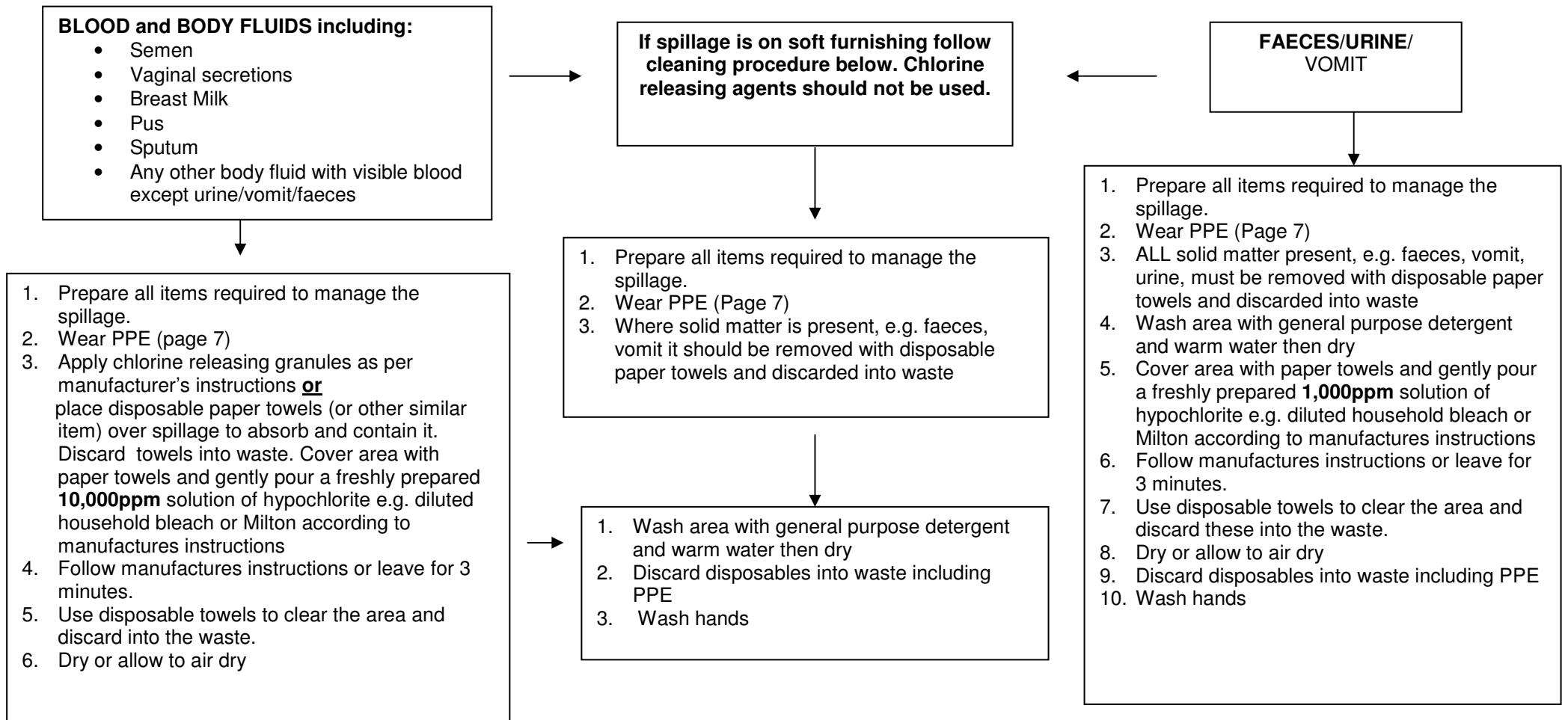
9 BLOOD/BODY FLUID SPILLAGES

Any spills of blood or body fluids should be dealt with promptly in one of the ways described in the following flow chart on page 12, depending on the affected surface.

Always ensure the room is well ventilated and follow the Health & Safety advice on the products used.

If glass or sharps are present these should be removed using forceps, a scoop or two pieces of stiff card, prior to cleaning up the fluids. Deposit safely into a sharps bin or an impenetrable box; secure and label appropriately. Contact the clinical waste contractor or the local authority about safe disposal of such sharps.

Management of Blood and Other Body Fluid Spillages



**Follow manufactures Health & Safety advice including keeping the room well ventilated e.g. open windows
Ensure non-disposable items used e.g. buckets are cleaned, dried and stored appropriately**

OTHER USEFUL MATERIALS

Guidance, policy and leaflets are available on NHS Grampians Health Protection website available at:

http://www.nhsgrampian.org/nhsgrampian/gra_display_simple_index.jsp?pContentID=5690&p_applic=CC&p_service=Content.show&

More detailed information on Standard Infection Control Precautions is available from **Health Protection Scotland's** Infection Control Team website at <http://www.hps.scot.nhs.uk/haic/ic/modelinfectioncontrolpolicies.aspx>.

However these Model Infection Control Policies are mainly developed for use in hospitals. The Health Protection Team are happy to discuss infection control issues on 01224 558520.

¹ **Immunisation Against Infectious Diseases, The Green Book',**

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917