UNIQUE IDENTIFIER NO: C-47-2013
Review Date: December 2023
Review Lead: Lead Infection, Prevention and Control Nurse

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Section C - Standard Precautions Policy

Version 8

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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Document Summary Table		
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Committee Name	**Committee Chair**	**Date**
Infection Prevention & Control Committee	Consultant Microbiologist / Infection Prevention & Control Doctor	December 2020
Other Stakeholders Consulted		
All Calderdale and Huddersfield NHS Foundation Trust Infection Prevention and Control Nurses		October 2020
Does this document map to other Regulator requirements?		
Health and Social Care Act 2008	Part 2 compliance criterion 2, 4, 6, 9, 10	
Health and Safety at Work Act 1974	Parts 1, 2, 7 and 8	
COSHH 2002	Whole document	
Personal Protective Equipment at Work Regulations 1992	Whole document	
NHS England and NHS Improvement Policy March 2019	Whole document	

Document Version Control	
Version 8	Further additions to reflect updates in publications since version 7 / 7.1 went live with the inclusion of the same in the references. Document mapping to other Regulator requirements have also been added. Footwear and Headwear has been added to the main document. Updated Respiratory and Facial Protection has been included in the appendices. Covid-19 inclusions added.
Version 7.1	Minor additions following the publication of the NHS Standard Infection Control Precautions policy (March 2019) and inclusion of the same in the references.
Version 7	Policy on a page has been added, policy has been streamlined and references have been updated to reflect current practice.
Version 6	Links to the Trust intranet have been added for Ebola and MERS including top up points for additional PPE if required.
Version 5	This document includes community use of these precautions. The Trust Equality Statement has also been updated.
Version 4	The document has been redesigned to ensure that all new and revised procedural documents are set out to a Trust wide format

	and the content of which includes a minimum set of criteria which include: • The training requirements for implementation • Monitoring arrangements for the document • Equality impact of the document In addition, the monitoring arrangements for this document have been included.

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1. Introduction

Standard precautions are necessary and essential components in reducing the risk of transmission of infectious conditions / micro-organisms in any healthcare setting. These precautions should be applied as standard principles by **all** health and social care workers (HSCW) to the care of **all** patients at **all** times.

Standard precautions regard all blood and body fluids to be potentially infected. They should **also** be followed when coming into contact with patients' intact skin and with the patient's immediate environment.

There are ten elements of standard precautions (NHS 2019). This policy specifically aims to clarify the use of personal protective equipment (PPE), the safe handling and disposal of sharps, managing blood and bodily fluids, handling and disposal of waste, and hand hygiene. The other elements are detailed in policies as identified in brackets below.

The 10 elements of Standard Precautions are:

1. Patient placement/assessment for infection risk (section W Bed Management Policy)
2. Hand hygiene (section H Hand Hygiene)
3. Respiratory and cough hygiene (section S Tuberculosis)
4. Personal protective equipment (PPE) (* see page 14)
5. Safe management of care equipment (Section F Decontamination policy)
6. Safe management of care environment (Management of CHFT estate policy)
7. Safe management of linen (Linen and Laundry Management)
8. Safe management of blood and body fluids (Section M Preventions and Management of Clinical Sharps injuries Exposure to Blood and High Risk Body Fluids)
9. Safe disposal of waste (including sharps) (Waste disposal policy; Section M Preventions and Management of Clinical Sharps injuries Exposure to Blood and High Risk Body Fluids)
10. Occupational safety/managing prevention of exposure (including sharps) (Blood Borne Virus policy; Section M Prevention and Management of Clinical Sharps injuries and Exposure to Blood and High Risk Body Fluids)

Standard precautions apply to **both non-uniform and uniform wearing staff including** any HSCW attending to a patient in their own home or any healthcare setting in the course of their daily duties who may or may not be employed by the Trust e.g. care home staff assessing patients, District Nurses, social workers.

All staff should be aware of and adhere to this policy together with **Section H, Hand Hygiene Policy**, those policies as identified above, and those on page 16 of this policy, **Theatre IPC Protocol** (CHFT 2020), and the **Standard infection control precautions: national hand hygiene and personal protective equipment policy** (NHS 2019) available at:
https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf

It is generally recognised that many patients, service users, visitors or staff who are not obviously ill may be carrying potentially harmful micro-organisms in their blood, other body fluids or on their skin which may present an infection hazard to other patients, service users and to HCSWs with whom they come into contact.

The implementation of precautions upon diagnosis of infection may not prevent cross transmission. Therefore, in order to protect staff and patients / service users we must consider **all blood and body fluids** from **all patients** i.e. adults, children and neonates to be infected and to consistently incorporate the correct measures to minimise the risk of exposure into everyday practices.

1.1 Key Points

- Standard Precautions are mandatory
- Help reduce the risk of healthcare-associated infection (HCAI)
- All blood and body fluids are potentially infectious
- All staff are responsible for their own safety and that of others through the correct application of Standard Precautions
- Risk assessment of exposure to blood and body fluids underpins Standard Precautions
- Supports a common theme – making the right thing easy to do for every patient, every time
- Where the standards within this policy are not followed, the omission and rationale must be documented, as omission may lead to disciplinary action being taken against the individual

2. Purpose

These guidelines describe the processes and rationales that need to be undertaken to minimise the risk of cross-transmission of potentially harmful micro-organisms between patients, HSCWs (incl. e.g. volunteers / locum staff / students from all disciplines) or other service users. These guidelines will also help align practice, thereby reducing any variations found in practice.

3. Definitions

Body Fluids

Any fluid found in, produced by, or excreted from the human body which includes blood, urine, faeces, saliva, tears, breast milk, CSF, semen, vaginal fluid, amniotic fluid, pleural fluid, peritoneal fluid, bile, digestive juices, vomit, pus, other infected discharges and serous fluid.

Definition of Contact

a) Social Contact

Social contact may be defined as a physical contact occurring between HSCWs, patients or service user that may occur in a non-intimate social setting e.g. a simple handshake.

b) Direct Clinical Contact

Direct contact is more than would be expected in a social environment and involves close contact with a patient, or service user and / or their immediate environment, including physical examinations performed on ward rounds. Direct clinical contact that involves contact with open wounds, invasive devices e.g. urinary catheters, chest drains, peripheral venous catheters, PEGs and other vulnerable sites significantly increases the risks of cross transmission and infection.

c) Indirect Contact

Indirect contact includes contact with equipment used for patients and with a patient's immediate environment. Policies and procedures are in place regarding cleaning and decontamination of such items: please see Section F of the Infection Prevention & Control Policies & Guidelines.

HSCW

Health Care Worker and/or Social Care Worker may be defined as anyone who undertakes any degree of care to a patient or service user, or who encounters contact with the patients' environment (e.g. a volunteer serving drinks on a ward).

HCAI

Is an infection caused by any infectious agent acquired as a consequence of a person's treatment or that which is acquired by a HSCW in the course of their daily duties.

Pathogen

Any microorganism capable of causing disease or infection**.**

4. Duties (Roles and responsibilities)

The **Chief Executive** is responsible for ensuring that there are effective infection control arrangements in the Trust.

Nursing staff must always comply with the Trust's policies and procedures; the Nursing and Midwifery Code of Professional Conduct '**The Code',** and 'delegate to those only who are competent for that delegated task'.

All other registered HSCWs must abide by their own Professional Code together with the Trust's policies and procedures.

All staff providing care must have up to date occupational immunisations, health checks and clearance requirements as appropriate (NHS 2019).

The Trust has vicarious liability for the actions of all appropriately trained staff, provided that agreed policies, procedures and mandatory training have been followed / attended.

5. Risk Assessment

All HCWs must carry out a risk assessment on the possible exposure to blood and body fluids and the risk of substances containing harmful organisms during the course of their duties. HCWs should always as a minimum implement standard **infection prevention and control precautions** to reduce the risk of transmission of such organisms and minimise the spread of infection.

HSCWs with direct clinical and environmental contact must assess the risk of contamination to both their own clothing / uniform and skin from microorganisms / blood / body fluids together with the risk of transmission of microorganisms to the patient and / or carer when deciding upon the suitability of appropriate Personal Protective Equipment (PPE).

6. Infection Prevention and Control Precautions

a) Hand Hygiene and Hand Care

Hand decontamination is the single most important measure in infection control. Effective hand decontamination can significantly reduce infection rates (WHO 2009; WHO 2009.02).

Hand hygiene must be undertaken immediately before and directly after any patient contact or procedures including those defined as 'social contact'. Hands must be decontaminated before and after all procedures and before and after removing gloves or any other PPE. Hands must be washed immediately if contaminated with blood or body fluids using soap and water and then dried thoroughly. A suitable hand moisturiser should be available for use in wards and departments and used as required. Hands should be free from organic material or dirt if using an alcohol gel; the solution must be allowed to evaporate and hands to dry. ***Appendix 1*** (WHO 2009.05).

Sinks / basins for washing hands must be used solely for that purpose and not for disposing of liquids e.g. waste water or medicinal fluids. Where running water is unavailable, or hand hygiene facilities are lacking, staff may use hand wipes followed by alcohol rub and should wash their hands at the first opportunity (NHS 2019**).**

Staff with chronic skin lesions or infected skin conditions to hands or forearms must seek advice from the Occupational Health Department before commencing work.

All HSCWs who carry out **social or direct clinical contact** with patients or service users or who work within the healthcare environment should adhere to **Section H Hand Hygiene Policy** of the Infection Control Policies and Guidelines Manual.

- Cover cuts, abrasions and/or lesions with waterproof dressings; which should be replaced as necessary
- Be 'Bare Below the Elbow' which includes:
  - Keep nails short, clean and unvarnished
  - Not wear wrist jewellery
  - Not wear rings, the only exception being a plain wedding band – this should be removed or moved up during hand hygiene
  - Not wear false nails including extensions / shellac / minx / overlays etc

All HCWs, including non-uniformed staff who carry out **direct clinical contact** which involves contact with open wounds, invasive devices or other vulnerable sites must adhere to the above **and also**:

- **Remove** outer clothing i.e. white coat/jacket
- Roll sleeves up **above** the elbow
- Put on a plastic disposable apron, and any other appropriate PPE
- If wearing a tie tuck this under the plastic apron

The next sections of the policy discuss the use of protective clothing. This applies to all **uniformed** and **non-uniformed** HSCWs who are undertaking **any patient / service user contact**. Further information on the dress code can be found under the Trust's General Policies for the Principles of Uniform and Non Uniform Staff.

b) Personal Protective Equipment

PPE should be stored in such a way that contamination with pathogens and moisture is prevented e.g a wall mounted dispenser.

PPE should be selected on the basis of a risk assessment of the transmission of micro-organisms to the patient and the risk of contamination of HSCWs clothing and skin by blood, body fluids, secretions, excretions. This can be by direct or indirect contact with the patient / service user and / or their immediate environment. **All PPE together with any waste produced must be disposed of into the appropriate waste stream.** Please refer to the **Waste Disposal Policy** available on the Trust's intranet.

The latest guidance/PPE/SOPs for Covid-19 is available via the Trust's intranet. Some of this guidance may change following the Covid-19

pandemic – please check with the updated guidance available on the Trust's intranet page.

Key areas have been chosen as top up points for additional PPE. These include:

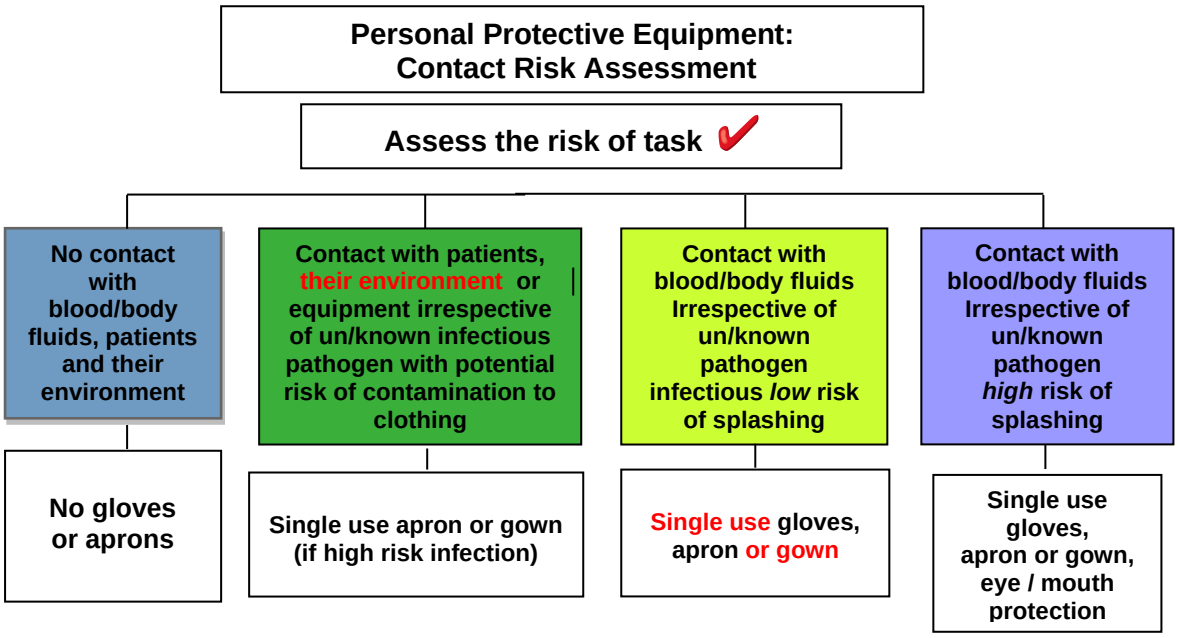
HRI A & E; Acute floor (wards 8 & 9); ICU; SAU (Ward 1).
CRH A & E; Acute floor (wards 2BCD); ICU (CCU).

Hand hygiene must be performed prior to and after removal of all / any PPE.

Risk assessment is required prior to implementation **Standard Precautions** to protect staff from infection and to reduce the risk of transmission. The key is to identify if there is an actual or potential risk of:

- Exposure to body fluids
- Cross infection to other service users or staff
- Contamination of equipment

If a risk is identified the following precautions are to be taken.



The guidance for aerosol generating procedures (AGP's) is reviewed regularly, during and moving forward from the Covid-19 pandemic please follow the guidance available on this link:
https://intranet.cht.nhs.uk/clinical-information/infection-prevention-control/coronavirus/ppe-ipc-guidance/

c) Gloves

Gloves **must** be worn for:

- invasive procedures
- contact with sterile sites
- contact with non-intact or skin-mucous membranes

- all activities that have been assessed as carrying a risk of exposure, or involve **direct contact** with, blood, body fluids, secretions and excretions
- handling contaminated instruments
- when in contact with a patient or their environment who is known or highly suspected to have e.g. Clostridium Difficile / MERS / CPE or any other high risk alert organism – please also refer to the appropriate policy for further information
- **Double gloving is NOT advised** (IPS 2020)

Hands should always be decontaminated before putting gloves on and after their removal.

Gloves are **not a substitute** for hand washing; they should be put on **immediately before** a task is to be performed. If extra items are required during an episode of patient care e.g. dressings that are not immediately to hand, PPE should be removed, discarded into the appropriate waste stream, hands decontaminated and the required items obtained prior to continuing with patient care.

Gloves should be worn as single-use items. Remove gloves immediately following completion of a task or episode of care and dispose into the appropriate waste stream. Gloves should be changed between caring for different patients or between different care or treatment activities for the same patient.

If known or highly suspected risk of infection gloves must be disposed of through the orange waste stream.

- **Sterile gloves** (low protein) should be worn for all operative and invasive procedures that require an **aseptic technique**
- **Non-sterile gloves** (low protein) should be worn for **non-sterile** procedures when contact with blood or body fluids is possible. Non-sterile gloves can be worn when performing an aseptic non-touch technique **(ANTT)** – see **Aseptic Policy Section G**
- **Special** gloves are required for use with certain **chemicals**. Seek advice from the manufacturer of the Chemical and comply with COSHH
- **Staff** with a known or suspected **latex allergy must not use latex gloves** and must contact Occupational Health as soon as possible for advice. Latex gloves must not be used if the patient has, or is suspected of having, a latex allergy. Alternative gloves can be provided for those with allergies. All non-sterile gloves are now nitrile across the trust. If however, staff are allergic to this type of glove they must contact Occupational Health as soon as possible for advice

d) <u>Plastic Aprons</u>

Disposable plastic aprons must be worn when there is a risk that clothing or uniform may become contaminated from the environment **blood, body fluids, secretions and excretions** with the exception of sweat.

Full body fluid repellent gowns are also single-use items and should be worn where a disposable apron is inadequate e.g. there is a risk of extensive splashing of blood, body fluids, secretions or excretions.

Uniforms/clothing that becomes contaminated must be laundered at the earliest opportunity. Please note the Trust's laundry should be used for contaminated staff uniforms - as per Laundry policy.

Disposable plastic aprons are **single-use items and must be changed immediately after** each patient care episode and/or after completing **a** task e.g. bed making / handling linen. If during patient contact it is realised extra items are required from a cupboard, PPE must be removed and discarded prior to collection of the item and fresh PPE to be worn prior to continued patient episode.

During procedures where protection from splashes is required and plastic aprons cannot be worn (e.g. X-ray) alternative clothing must be water resistant and cleanable.

e) Eye Protection

Eye protection must be available in all areas for use when there is a risk of blood, body fluids, secretions or excretions splashing into the eyes. Eye protection must **always** be worn during aerosol generating procedures; **regular corrective spectacles are not considered eye protection.**

The fit of eye protection must not be impeded by piercings or false eyelashes please refer to the Uniform Policy (CHFT General policy).

These should be decontaminated after use and stored clean. If single-use then dispose of immediately into the appropriate waste stream.

f) Fluid resistant surgical face masks (FRSM)

Surgical face masks and / or visor must be worn when there is a risk of contamination of the mouth and nose by splashes of blood, body fluids, secretions and excretions.

Surgical face masks must NOT be worn during aerosol-generating procedures irrespective of the patients' infectious / non-infectious status.

Surgical face masks must be worn to **protect patients** from the operator as a source of infection, e.g. when performing surgical procedures or epidurals or inserting a central vascular catheter (CVC).

Respirators (FFP3 masks should be worn for all procedures that create an aerosol (e.g. air power tools, bronchoscopy, open airway management or some respiratory diseases).

Respirators (FFP3 masks) may be recommended with certain respiratory diseases e.g. multi-drug resistant TB and influenza. For further information on the usage of masks please refer to **Tuberculosis Section S** of the Infection Control Policies and Guidelines Manual.

If a patient is suspected to have or is confirmed to have influenza (seasonal or pandemic) a surgical mask is sufficient to wear upon entering the patient or service users side room and for performing most medical and nursing tasks. If however, aerosol generating procedures are to be performed (e.g. bronchoscopy, CPR) a FFP3 mask is advised. For further information on the usage of masks (FFP3 and surgical masks) with influenza please refer to the IPC intranet page.

For further information on Respiratory and Facial Protection please refer to appendix 5.

A limited emergency supply of FFP3 masks are available from the Infection Control cupboards located within/next to the microbiology lab corridor at the Calderdale Royal Hospital (key held by site co-ordinator and Infection Prevention and Control Nurses) and outside the Pathology Dept. at Huddersfield Royal Infirmary (key from security staff on the front desk).

The ordering and stock levels of the FFP3 masks are the sole responsibility of the manager for that healthcare setting.

g) Footwear

Must be visibly clean, non-slip and well-maintained, support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps. Footwear must be removed before leaving a care area where **dedicated** footwear is used, e.g. theatre; these areas must have a de-contamination schedule with responsibility assigned. Hands should always be decontaminated before and after removal of any PPE (NHS 2019)

h) Headwear

Theatre (OD) settings
Refer to Theatre Protocol outlining IP & C practices within the OD.

Non-theatre settings
Headwear is not deemed necessary as a component of PPE outside theatres or e.g. within the Central Sterile Services Department (CSSD) or for minor surgery (NHS 2019).

Headwear for religious/cultural reasons
“Head and/or face coverings worn for religious/cultural reasons must not impede patient care or impact on clinical practice. If PPE is required to protect against blood/body fluid exposure, religious/cultural head/face wear must not compromise the protective barrier. If worn, religious/cultural head/face wear

should be clean and changed in accordance with uniform policy" (NHS 2016 accessed via the portal on NHS 2019 27/01/2020).

i) Safe Handling and Disposal of Sharps

Sharps that are handled incorrectly and not disposed of adequately are extremely dangerous. It is the responsibility of the user to dispose of their sharps device safely, immediately after use. This means the sharps container should be portable enough to take to the site of the intended procedure, and be designed specifically to allow sharp instruments and needles to be disposed of safely and easily at the point of use.

It is a legal requirement from that all NHS Trusts, or settings where healthcare is delivered, should comply with the European Sharps Directive (2013). Any HSCWs including **community staff** who may require further advice should refer to **Prevention and Management of Clinical Sharps Injuries and Exposure to Blood and High Risk Body Fluids policy Section M.**

j) Spillages of Blood and Body Fluids

Protective clothing must be worn prior to dealing with any spillage of blood and/or body fluids. Ensure **adequate ventilation** prior to using disinfection solutions or granules.

Procedure for spillages of blood or blood stained body fluids see also *Appendix 2*:

- **Cover spillage** with disposable paper towels. In the event of large spillages soak up the majority with paper towels and place into the appropriate waste stream taking care not to cause any new spillages then apply further paper towels to area

- Make up chlorine releasing agent e.g. Tristel Fuse. Impregnate paper towels or disposable 'j' cloths with the Tristel and clean the area thoroughly before discarding paper towels/'j' cloths and worn PPE into appropriate waste stream

- Allow to dry thoroughly (Tristel Fuse requires a 5 minute contact drying time/ spray requires 1 minute contact drying time (refer to appendix 3 for Tristel Fuse safety data sheet)

- Decontaminate hands

Spillages of faeces, vomit and urine – should be removed with paper towels first and then clean the area with a chlorine releasing agent e.g. Tristel Fuse, using paper towels, discarding all waste and protective clothing into the appropriate waste stream.

Any floor surface that has been cleaned and remains wet must have the appropriate Yellow warning sign in place.

k) <u>Accidental Spillages</u>

Protective clothing must be worn prior to dealing with any spillage of blood and/or body fluids. Ensure **adequate ventilation** prior to using disinfection solutions or granules.

Spillage from domestic waste (clear bag waste). Clean up with dustpan and brush or mop and place in fresh clear bag for disposal.

Spillage from offensive waste bags/clinical waste bags (tiger stripe bags/orange bags), sharps containers or laboratory waste bags – Inform the appropriate departmental manager immediately. A full risk assessment must be made prior to cleaning up spillages from the Orange waste bags as masks may need to be worn. Follow guidelines below and complete an incident report form:

- ***Clinical Waste Spillage*** – wearing disposable apron / gown and gloves together with any other appropriate PPE (having made a thorough risk assessment) carefully place the waste into another same type bag. Clean the contaminated area with paper towels followed by a chlorine releasing agent e.g. Tristel Fuse solution. Tristel Fuse is sufficient to use where there is visible blood. Place protective clothing and all paper towels into same type bag, seal and dispose of immediately

- ***Sharps Container Spillage*** – Always wear a disposable apron and gloves. For broken or partially open containers place into a larger sharps bin where possible

- ***Medicine Spillages*** - Any spilled medicine and all items used in the cleaning process e.g. gloves, paper towels / clothes/mop heads etc. must be placed into the correct waste stream

- ***Hazardous spillage*** **- For full information on cytotoxic spillage process and kit please refer to *Appendix 3***

Please refer to the Medicine Code section 17 page 8 using this link: http://nww.cht.nhs.uk/index.php?id=4848&cat=3

Spillages onto carpeted areas – wearing disposable apron and gloves soak up the excess fluid with a disposable cloth and clean the area with detergent and hot water. This may need repeating several times to remove all spillage. The carpet should be steam cleaned at the first available opportunity.

If a dust pan and brush is used the dust pan will require a thorough clean using Tristel. The brush may be contaminated with glass articles/chemicals and would therefore require disposing of in the appropriate waste stream e.g.

Pharmaceutical Liquid bin. Otherwise decontamination using Tristel would be required.

7. Training and Implementation

Mandatory training sessions delivered by the Infection Prevention and Control Team are available to all Trust staff i.e. Induction, 'Right from the Start' and 'Beyond the Basics'. There are also, targeted training sessions and ad hoc sessions available following discussion with the IPCT. This policy will be implemented further via the following routes:

- Information regarding the policy will be disseminated to the Infection Prevention and Control Link Practitioners
- The policy will be included in the Trust's Document Library
- The policy will be circulated to all Ward Sisters/Charge Nurses/Departmental Managers and Matrons

8. Monitoring Compliance with this Procedural Document

All clinical policies are subject to compliance with Standard Precautions and monitoring compliance would be dealt within that specific policy. Clinical audits i.e. Frontline Ownership Checklist (FLO); Quality Improvement Audits; Hand Wash Roadshow and ad hoc Infection Prevention and Control Audits. These audits and other relevant audits are an ongoing process. Furthermore, as this policy is based upon the instructions provided within the Health and Social Care Act 2008 it is the **responsibility** of all **clinical staff** to comply with this policy; **senior clinical staff** and **managers** are asked to **lead by example**. Continued failure by an individual to adhere to this policy may be managed under the Trust's disciplinary policy.

9. Trust Equalities Statement

Calderdale and Huddersfield Foundation Trust aims to eliminate discrimination, harassment and victimisation and advance equality of opportunity through fostering good relationships, promoting inclusivity and embedding the "One Culture of Care" approach throughout the organisation. A separate equality impact assessment has been completed. Stakeholder engagement is vital to analyse the equalities impact of this policy and ensure where there are any negative impacts, mitigation has been discussed and acted on.

10. Associated Documents

The following General policies and IPC policies should be read alongside this policy for further clarity as appropriate.

CHFT General Policies:
Blood Borne Virus
Control of Substances Hazardous to Health
Linen and laundry management

Management of CHFT estate
Principles for Uniform and Non-Uniform Staff
Theatre Protocol outlining IP & C practices within the Operating Department
Waste Disposal Policy

Infection Control Policies & Guidelines:
Section D Meningococcal Disease
Section E Major Outbreak of Infection
Section F Decontamination Policy*
Section G Aseptic Technique Policy*
Section H Hand Hygiene
Section J Multi Resistant Organism Policy*
Section K Isolation Policy*
Section M Prevention and Management of Clinical Sharps Injuries and Exposure to Blood and High Risk Body Fluids*
Section N Viral Haemorrhagic Fever Policy*
Section O Creutzfeldt-Jacob Disease Policy (section 8)
Section P Care of the Deceased
Section Q CPE Policy*
Section R Specimen collection Policy
Section S Tuberculosis*
Section T MRSA Policy inc. PVL*
Section U MERS-CoV Policy*
Section W Bed Management Policy
Section Y Control and Management of *Clostridium difficile**
Section Z Blood Culture Policy*

Medicine Code: Medicine Code 17 – Medicines no longer required - Return or disposal **http://nww.cht.nhs.uk/index.php?id=4848&cat=3**

11. References and further reading

CHFT (2019) Personal Protective Equipment (PPE) for Influenza. Available on the Trust intranet via the IPC web link entitled **Influenza** sub heading Personal Protective Equipment.

CHFT (2020) For Theatre & Operating Services (V1): Personal protective equipment (PPE) during COVID-19 Pandemic

DH (2015) The Health and Social Care Act (2008): Code of practice on the prevention and control of infections and related guidance.

Epic3 (2014) National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of hospital Infection 86S1 (2014) S1-S70

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WHO (2009) Guidelines on Hand Hygiene in Health Care. First Global Patient Safety Challenge Clean Care is Safer Care. Chapter 7

WHO (2009.02) Save Lives, Clean your Hands, guide to implementation. A Guide to the Implementation of the WHO Multimodal Hand Hygiene Strategy. Part 1

Hawker J, Begg N, Blair I, Reintjes R, Weinberg J, Ekdahl K. (2012) Communicable Disease Control Handbook (3rd edition)**,** Wiley-Blackwell, London

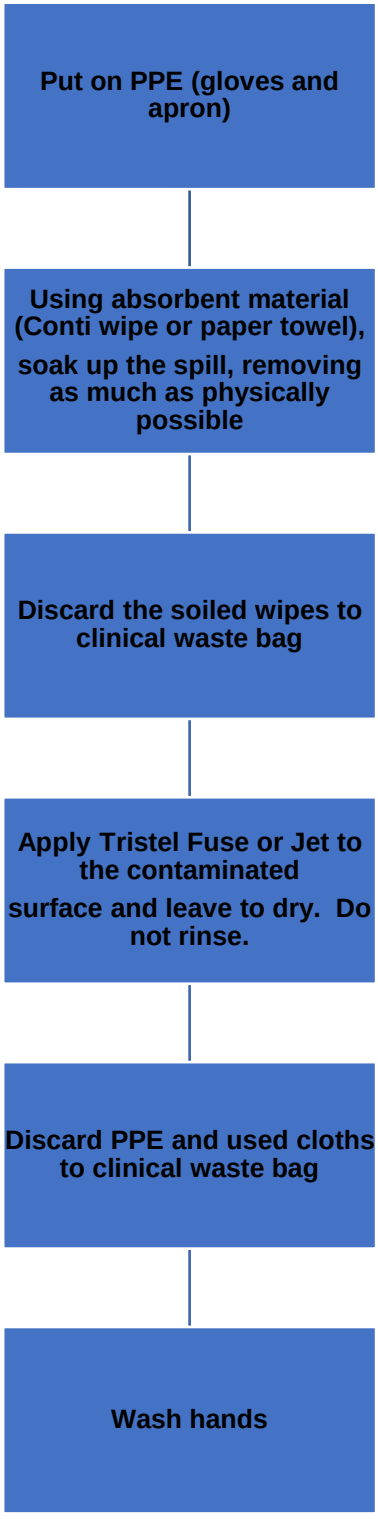
APPENDIX 1


My 5 moments for
HAND HYGIENE
1 BEFORE TOUCHING A PATIENT
2 BEFORE CLEAN/ASEPTIC PROCEDURE
3 AFTER BODY FLUID EXPOSURE RISK
4 AFTER TOUCHING A PATIENT
5 AFTER TOUCHING PATIENT SURROUNDINGS

APPENDIX 2

Management of blood / bodily fluid spillages

Tristel



Tristel Fuse for Surfaces
Working Solution Safety Data Sheet

APPENDIX 3

Product Name: Tristel Fuse for Surfaces – Working Solution

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Product Code: FUS/SUR

Type of product: High-level disinfecting and sporicidal solution for surfaces

Manufacturer: Tristel Solutions Limited
Lynx Business Park
Fordham Road
Snailwell
Cambs CB8 7NY

Telephone Number: +44 (0) 1638 721500

Fax Number: +44 (0) 1638 721911

Emergency Number: +44 (0) 7798 805692 (out of business hours)

Chemical type: Mild Oxidising Solution

Composition:

Ingredients	CAS No	EINECS No	Wt/Vol %	Symbol
Chlorine dioxide in aqueous solution	10049-04-4	233-162-8	0.01-0.0125	ClO
Surfactant: Decamine Oxide .Water	2605-79-0		0.002	H O

Hazards identification:

Chlorine dioxide generator (OES of 0.3ppm short term; 0.1ppm long term)

First aid measures:

Inhalation: Non-toxic

Eye contact: Rinse eyes with water

Skin contact: Wash affected area with water

Ingestion: Do not induce vomiting. Give water to drink
Seek medical advice where necessary

Fire fighting measures:

Non flammable

Accidental release measures:

Environmental precautions: Environmental precautions required but product is biodegradable under OECD conditions operational 6/1995

Clean up method: Flush to drain with water or soak up onto inert material and dispose of with clinical waste

Clothing for disposal: Wear appropriate gloves and apron

This document conforms with Regulation 6 of the Chemicals (Hazard

Handling and storage:

Handling guidelines: Safe handling in accordance with label instructions
Not to be mixed with other chemicals
Keep from children

Storage guidelines: Store out of direct sunlight
Single-Use solution

Exposure controls/personal protection:

Personal protection:	Avoid eye contact and prolonged skin contact Gloves and apron recommended
Skin contact:	Low risk No known hazard
Eye contact:	Low risk No known hazard
Inhalation:	Low risk
Ingestion:	Low risk, substantial ingestion may cause discomfort to mouth and digestive tissues

Physical and chemical properties:

Physical state:	Liquid
Appearance and odour:	Light yellow with mild odour
Evaporation rate:	As water
Boiling point:	100 degrees centigrade
Freezing point:	As water
% Volatile (by weight):	Not known
Solubility in water (20°C):	Soluble
pH:	5.5 approximately
Specific gravity	1.005 @ 20°C

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations 2002 (CHIP3)

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Stability and reactivity:

Decomposes to simple salt solution

Hazardous decomposition products: None under normal use

Chlorine donors and oxygen produced if heated

Toxicological information:

LD50 (oral, rat)	>5,000 mg/kg
Irritation to skin (rabbit)	Negative
Irritation to eyes (rabbit)	Negative
Sensitisation (guinea pig)	Negative

Ecological information:

Presents no known hazards to the environment

Disposal considerations:

Packaging:	Can be disposed of as normal waste in accordance with local authority regulations
Contaminated packaging:	May be disposed of safely under normal conditions in accordance with local authority regulations
Product:	Solution to be disposed of in accordance with spillage instructions as explained in accidental release measures

Transport information:

No special conditions apply, non hazardous

Regulatory information:

Not a licensed medicine

Other information:

Safety phrases:

(2) Keep out of reach of children

(50) Do not mix with other chemicals

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations (CHIP3)

Tristel User Manual/Section 4/Master File/January 2008/Revision Number 005 4

Tristel Fuse for Surfaces
Activator & Base Safety Data Sheet

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Product Name: Tristel Fuse for Surfaces – Activator Solution

Chemical Type: Sodium salt solution

Composition/information on ingredients:

Major ingredients: 2.1% Sodium chlorite solution in de-mineralised water

Hazards Identification: No specific hazards
Contact with acids liberates chlorine dioxide

First-aid measures:

Inhalation: Non-toxic

Eye contact: Rinse eyes with water

Skin contact: Wash affected area with water

Ingestion: Do not induce vomiting
give milk or water to drink
Seek medical advice where necessary

Fire fighting measures:

Non flammable

Accidental release measures:

Environmental Precautions: Environmental precautions required but product is biodegradable under OECD conditions operational 6/1995

Clean up method: Flush to drain with water or soak up onto inert material and dispose of with clinical waste

Clothing for disposal: Wear appropriate gloves and apron

Product Name: Tristel Fuse for Surfaces – Base Solution

Chemical Type: Organic acid blend

Composition/information on ingredients:

Major ingredients: 5% solution of citric acid, with preservatives and 20% surfactant (Decamine Oxide) in de-mineralised water

Hazards Identification: No specific hazards

First-aid measures:

Inhalation: Non-toxic

Eye contact: Rinse eyes with water

Skin contact: Wash affected area with water

Ingestion: Do not induce vomiting
give milk or water to drink
Seek medical advice where necessary

Fire fighting measures:

Non flammable

Accidental release measures:

Environmental Precautions: Environmental precautions required but product is biodegradable under OECD conditions operational 6/1995

Clean up method: Flush to drain with water or soak up onto inert material and dispose of with clinical waste

Clothing for disposal: Wear appropriate gloves and apron

Tristel Fuse for Surfaces

Activator & Base Safety Data Sheet

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Product Name: Tristel Fuse for Surfaces – Activator Solution

Handling and storage:

Handling guidelines:	Safe handling in accordance with label instructions
	Not to be mixed with other chemicals
	Keep from children
Storage guidelines:	Store out of direct sunlight
	Shelf life – two years – see product for expiry date

Exposure controls/personal protection:

Personal protection:	Avoid eye contact and prolonged skin contact
	Gloves and apron Recommended
Skin contact:	Low risk
	No known hazard
Eye contact:	Low risk
	No known hazard
Inhalation:	Low risk
Ingestion:	Low risk, substantial ingestion may cause discomfort to mouth and digestive tissues

Physical and chemical Properties:

Physical state:	Liquid
Appearance and	Clear colourless solution, no

Product Name: Tristel Fuse for Surfaces – Base Solution

Handling and storage:

Handling guidelines:	Safe handling in accordance with label instructions
	Not to be mixed with other chemicals
	Keep from children
Storage guidelines:	Store out of direct sunlight
	Shelf life – two years – see product for expiry date

Exposure controls/personal protection:

Personal protection:	Avoid eye contact and prolonged skin contact
	Gloves and apron recommended
Skin contact:	Low risk
	No known hazard
Eye contact:	Low risk
	No known hazard
Inhalation:	Low risk
Ingestion:	Low risk, substantial ingestion may cause discomfort to mouth and digestive tissues

Physical and chemical Properties:

Physical state:	Liquid
Appearance and	Pale green, mild odour

odour: odour

Evaporation rate: As water

Boiling point: 100 degrees centigrade

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations 2002 (CHIP2)

odour:

Evaporation rate: As water

Boiling point: 100 degrees centigrade

Tristel Fuse for Surfaces
Activator & Base Safety Data Sheet

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Product Name: Tristel Fuse for Surfaces – Activator Solution

Physical and chemical Properties continued:

Freezing point: As water

% Volatile Not known
(by weight):

Solubility in water (20° C) Soluble

pH: 11.5 - 13 approximately

Specific gravity: 1.025 @ 20° C

Stability and reactivity:

No decomposition if stored and used as directed

Hazardous decomposition products: None under normal use

Chlorine donors and oxygen produced if heated

Toxicological information:

Animal studies: No known risks to skin Exposure

Human studies: No known risks to skin exposure

Ecological information:

No known adverse effects from normal use

Disposal considerations:

Product Name: Tristel Fuse for Surfaces – Base Solution

Physical and chemical Properties continued:

Freezing point: As water

% Volatile Not known
(by weight):

Solubility in water (20° C) Soluble

pH: 1.5 – 3.5 approximately

Specific gravity: 1.020 @ 20° C

Stability and reactivity:

No decomposition if stored and used as directed

Hazardous decomposition products: None under normal use

Not compatible with alkaline substance and chlorine donors

Toxicological information:

Acute oral LD50: >4000 mg/kg

Animal studies: No known risks to skin exposure

Human studies: No known risks to skin Exposure

Ecological information:

No known adverse effects from normal use

Disposal considerations:

UNIQUE IDENTIFIER NO: C-47-2013
Review Date: December 2023
Review Lead: Lead Infection, Prevention and Control Nurse

Packaging:	Can be disposed of as normal waste in accordance with local authority regulations	Packaging:	Can be disposed of as normal waste in accordance with local authority regulations
Contaminated packaging:	May be disposed of safely under normal conditions in accordance with local authority regulations	Contaminated packaging:	May be disposed of safely under normal conditions in accordance with local authority regulations

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations 2002 (CHIP3)

Tristel Fuse for Surfaces
Activator & Base Safety Data Sheet

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Product Name: Tristel Fuse for Surfaces – Activator Solution

Disposal considerations continued:

Product: Solution to be disposed of in accordance with spillage instructions as explained in accidental release measures

Transport information:

No special conditions apply, non hazardous

Regulatory information:

Not a licensed medicine

Other information:

Safety phrases

(2) Keep out of reach of children

(24/25) Avoid contact with skin and eyes

(50) Do not mix with other chemicals

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply)

Product Name: Tristel Fuse for Surfaces – Base Solution

Disposal considerations continued:

Product: Solution to be disposed of in accordance with spillage instructions as explained in accidental release measures

Transport information:

No special conditions apply, non hazardous

Regulatory information:

Not a licensed medicine

Other information:

Safety phrases

(2) Keep out of reach of children

(24/25) Avoid contact with skin and eyes

Do not mix with other chemical

APPENDIX 4

Cytotoxic Drug Spillage

It is essential that all staff working in areas which handle liquid or powdered cytotoxics are aware of the procedure. All cytotoxic spills should be dealt with immediately and a **clinical incident form completed.**
The contents of the kit should be checked regularly to ensure everything as outlined below is enclosed.
The aim is to reduce risks of contamination and spread.
THE SPILLAGE MUST BE CLEANED UP EFFECTIVELY AND ALL CONTAMINATION DISPOSED OF SAFELY
SPILLAGE ONTO FLOORS, BENCHES ETC

1. Isolate the area. Call for assistance and warn others around you. Do not leave the spill unguarded.

1. Women who are, or think they may be pregnant, must not attempt to clean up the spillage. Obtain help from another member of staff.

1. Obtain cytotoxic drug spillage kit - these are located/available as follows: □□Aseptic Dispensing Unit (CRH & HRI) □□Wd12 & Wd7 Greenleigh unit (OPD) (HRI) □□Macmillan unit (CRH) □□Emergency cupboard (CRH) **Contents (Berner Cytotoxic Spill Kit)** 1 pair blue latex gloves 1 pair yellow over gloves 1 pair goggles 1 pair overshoes 1 gown 1 face mask 2 chemosorb pads 3 cleaning cloths 2 Waste bags/ties

Please note that sharps must not be picked up by hand

1. Put on the protective clothing (plastic apron, disposable overshoes, double gloves, mask and safety goggles) **Powders:** Gently cover the spilled material with moistened paper towels (to avoid raising a dust). Pour on sufficient water to dissolve the powder, then treat as for a liquid below **Liquids** Cover the spillage with sufficient paper towels to absorb the liquid. Transfer paper towels to the heavy-duty clinical waste bag

1. Wash the affected surface with detergent and water, using paper towels, and dry to avoid leaving a slip hazard

1. Place **All** the waste including **ALL** items contained in the spillage kit and any other items that were used in the cleaning process, into the waste bag and seal. Place this bag inside the large bag marked 18-01-08

1. This bag must then be placed into a **hazardous** (**purple) liquid bin**

Wash hands thoroughly with soap and water

Complete an incident report form
Obtain replacement spillage kit from pharmacy (NB must be booked out on the pharmacy computer system)

For guidance on disposal of medicinal waste refer to Medicines Code Section 17 –

http://nww.cht.nhs.uk/index.php?id=4848&cat=3

Infection Prevention & Control Guidance on the use of respiratory and facial protection

APPENDIX 5

Introduction:

In conjunction with the use of other personal protective equipment (PPE) i.e. aprons and gloves, this guidance supports Healthcare Workers (HCWs) in hospital or community settings to select and wear the appropriate respiratory and facial protection, to minimize the risk of respiratory infection acquisition in the workplace.

These guidelines may change following the PANDEMIC. Please check with the updated guidance available on the Trusts intranet page.

Surgical face mask (FRSM):

FRSM's provide a physical barrier to splashes and droplets that may contaminate the mucous membranes of a staff members' nose and mouth and respiratory tract. They do not provide protection against aerosolised particles. They are not designed to seal to the wearer's face, but should be worn moulded to the wearers nose, fitted snuggly under the chin and the strings fastened securely or the earloops fitted behind the ears without crossing/twisting the loops. They should be changed if they become damaged or contaminated with respiratory secretions, only worn once, or used sessionally as per national guidance during the Covid-19 pandemic, and discarded as infectious waste following use.

FFP3 Masks:

A Filtered Face Piece (FFP3) mask is used to provide respiratory protection using filters. FFP3 masks offer the highest level of protection and are advised for specific infections and for aerosol generating procedures (AGP) for all respiratory infections.

Fit Test – LEGAL REQUIREMENT

Before using any FFP3 masks (whether disposable or reusable), it must be verified that each user has a mask suitable for their face shape, they can put it on so that it leaves no gaps between the mask and their face for aerosols to pass though unfiltered. If the seal on the FFP3 mask is inadequate this mask **will** significantly reduce the level of protection it gives you. This exposure could lead to long-term health problems and potential life threatening infections.

This process is known as 'fit testing'. It is commonly achieved by a user putting an FFP3 mask on and then being challenged with a particulate spray of something sweet or bitter that they can taste, should it pass through the mask.

Pre-use wearer seal checks

Following the initial fit test an additional 'fit check' is needed every time an FFP3 mask is worn to ensure a good fit is achieved. Refer to guides for disposable masks and reusables.

It is the responsibility of all ward areas / departments to ensure all staff are fit tested for FFP3 masks, that this is recorded on the Trust medical devices database. Wards and departments need to ensure they know where to access FFP3 masks in case these are required as PPE for staff. In addition, a stock of FRSM's is to be made available.

The reusable masks require a quarterly inspection to ensure they remain fit for purpose. This inspection is to be recorded. These records are to be kept for 5 years from the date of the last entry. These records are also a **legal requirement**.

Refer to the chart on page 35 for guidance on mask choice.

Positive Pressure Hood:

These hoods have been distributed to designated areas e.g. A&E, ICU, Theatres, Acute Floor and the Respiratory ward at CRH. There are also some spare with the Clinical Commanders. These hoods provide respiratory protection through the use of positive pressure filtered air and are suitable for HCWs who have facial hair/cannot achieve an adequate seal with a tight fitting facepiece i.e. reusable FFP3 mask. Once a user has been shown the checks and fit of the hood this also needs to be recorded on the Trusts medical devices database.

Eye protection:

An element of facial protection that is often forgotten, eye protection provides a barrier to potentially infectious droplets and splashes into the wearer's eyes and should always be worn when there is a risk of contamination to the eyes from respiratory secretions, blood, body fluids. Eye protection should always be worn by all those present in the room where AGP's are being undertaken.e.g. theatres or in an area where there are multiple patients with AGP systems in place (see page 35) e.g. ICU..regardless of the patients' infectious/non-infectious status. Eye protection may be a reusable or disposable visor or goggles. For reusable eye protection, appropriate decontamination between uses is required.

Do's and Don'ts of Respiratory and Facial Protection this includes any PPE worn during approved sessional use)

Do:

- ✓ Perform hand hygiene before putting on any PPE (apron, mask, eye protection and gloves)
- ✓ Ensure the eye protection, FRSM or FFP3 mask is worn correctly, completely covering the eyes, nose and mouth and secured on to the face according to the manufacturer's instructions.
- ✓ Ensure the pre-use wearer-seal check (FIT CHECK) for an FFP3 mask or safety check for the hood is carried out. For Reusable FFP3's check the integrity of the straps, face seal and valves. For the hood check for cracks, damage and dirt and ensure the hoses are securely fastened. For all reusable devices, check the filters are in date (From opening & attaching to

the device: 1 month for Optrel Clearmaxx hood; 3 months for 3M FFP3's reusables, Scott Tornado hood and Drager hood; 6 months for Easiair hood).

- Change the FRSM/FFP3mask if it becomes moist, wet or damaged.

- Disinfect reusable devices that become contaminated. Report damaged
  - devices to the area manager including hoods which should also be sent to
  - EBME

- Ensure all PPE is removed at the end of a clinical procedure or task in the
  - correct order to minimize the risk of self-contamination:

Before leaving the room:
Remove and dispose of gloves, apron. Decontaminate hands (MERS-CoV is an exception – see specific guide). **In all cases, leave respiratory protection on.**

After leaving the room:

- If **disposable** FFP3 mask - remove mask and dispose in clinical waste. Decontaminate hands.

- If a **reusable** device is used – wearing clean apron and gloves gently wipe the device from clean to dirty using well wrung out Tristel soaked cloths or well wrung out detergent wipes (Tristel required for significant infections or contamination with blood/body fluids). Do not 'soak' or immerse as this may damage the device. Use several cloths – and at least a fresh cloth for each element of the clean below.
  Reusable FFP3: inside the mask (be careful not to dislodge the valves) > headband and straps > outside of the mask and filters (leave the filters insitu).
  Hood: Belt > motor > hose > inside the good > outside the hood. Specifically for the Easiair hood the tristel clean should be followed by a detergent clean.
- When dry, the device should be stored in clean, dry conditions away from direct sunlight, high temperatures or petroleum / solvent vapours.

✓ Always decontaminate hands after removing PPE.

Do not:

× Hang the surgical face mask or respirator down around the neck – this may contaminate the front of your clothing

× Re-use eye protection, FRSMs, PPE or RPE **that are designated for single use**

× Assume corrective spectacles will protect the eyes – fit for purpose goggles or visor are to be worn over spectacles

× Handle/reposition eye protection, FRSM or respirator once in the isolation room – your hands may be contaminated

× Continue to wear eye protection if it is visibly soiled and/or vision is impaired

- Touch the front of the mask/hood with un-gloved hands as it will be contaminated after use

See the respiratory protection chart below for the specific infection requirements

Precautions are required for the duration of infectivity – please discuss with infection control

Infection	**Aerosol generating procedure* (AGP)**	**FFP3** mask to be worn by **staff** on entering the room	**Surgical mask** to be worn by **staff** on entering the room	**Surgical mask to be worn by the patient during transfer between clinical areas**
Influenza (seasonal)	FFP3 & eye protection	No	Yes	Yes
Pulmonary TB	FFP3 & eye protection	No	No	Yes
MDR TB	FFP3 & eye protection	**Yes**	N/A	Yes
Chicken pox	**Susceptible HCW's**: should not enter if immune HCW's are available. Immune HCW's: no respiratory protection required. If susceptible HCW, wear FFP3 on entering the room (during infectious period)			Yes
Measles	FFP3 & eye protection	No	Yes	Yes
Mumps/Rubella	FFP3 & eye protection	No	Yes	Yes
Meningitis	Surgical mask & eye protection	No	No	No
MERS	FFP3 & eye protection	**Yes**	N/A	Yes
Covid-19	FFP3 & eye protection	**Yes**	N/A	yes
Other respiratory tract infections (inc. RSV, adenovirus, Rhinovirus, Paraflu	FFP3 & eye protection	No	Yes discuss with IPC if patient immuno-compromised	Yes discuss with IPC if patient immuno-compromised

***Defined Aerosol Generating Procedures (AGPs):**
Intubation, extubation and related procedures (e.g. manual ventilation and open suctioning of the respiratory tract, including upper respiratory tract)
Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
Bronchoscopy and upper ENT airway procedures that involve suctioning
Upper gastro-intestinal Endoscopy where there is open suctioning of the upper respiratory tract
Surgery and post-mortem procedures involving high speed devices
Some dental procedures (e.g. high-speed drilling)
Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure ventilation (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
High-frequency oscillating ventilation (HFOV)/High Flow Nasal Oxygen (HFNO), (AIRVO) Induction of sputum.
Resuscitation including chest compressions

** The FFP3 mask or hood is to be worn immediately prior to the commencement of certain procedures e.g. in endoscopy; dental procedures; cardio-respiratory tests.