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**AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

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1 PURPOSE

To provide protection for both staff and patients from identified and unidentified pathogens in the healthcare environment.

2 INTRODUCTION

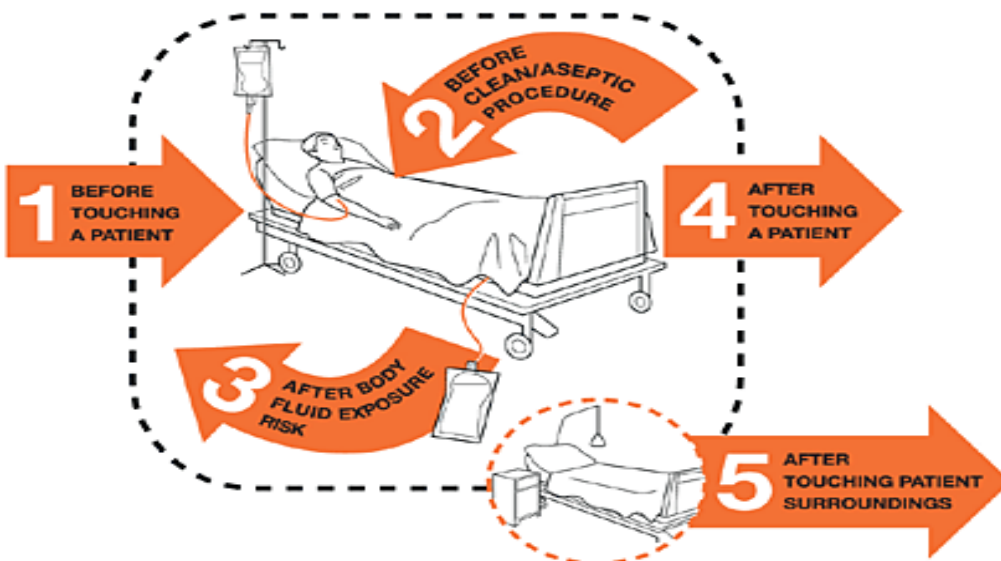
Standard Infection Control Precautions should be applied to all patients at all times regardless of their presumed infection risk. They draw together the main features of “Universal Precautions” and “Body Substance Isolation Precautions” used in the past. The components of Standard Infection Control Precautions are as follows:

2.1 Hand hygiene:

2.1.1 Handwashing is the most important measure in preventing the spread of infection.

2.1.2 Perform hand hygiene:

- 2.1.2.1 Before touching a patient.
- 2.1.2.2 Before clean/aseptic procedures.
- 2.1.2.3 After body fluid exposure.
- 2.1.2.4 After touching a patient.
- 2.1.2.5 After touching patient surroundings.



2.1.3 Wash hands immediately before donning and after gloves are removed.

2.1.4 Wash hands between patient contacts and when otherwise indicated to avoid transfer of micro-organisms between patients.

2.1.5 Use a plain (not antimicrobial) soap for routine handwashing.

2.1.6 Alcohol gel preparations can be used as an alternative to handwashing with soap and water for hands that are not visibly soiled.

2.1.7 All clinical staff should carry personal alcohol gel.

2.2 Gloves (see also Appendix 1 and ‘Glove Selection for Clinical Purposes’ TW10-042 SOP 40):

2.2.1 Perform hand hygiene prior to donning gloves.

2.2.2 Wear gloves (clean, non-sterile) when touching blood, body fluids, secretions, excretions and contaminated items or if dealing with patients with infection for example: Methicillin Resistant *Staphylococcus aureus* (MRSA). When undertaking aseptic non touch technique (ANTT).

2.2.3 Also wear gloves prior to touching mucus membranes and non-intact skin.

2.2.4 Remove gloves promptly after use and then perform hand hygiene.

- 2.2.5 Gloves get contaminated as easily as bare hands.
- 2.2.6 Gloves do not provide 100% protection.
- 2.2.7 Clinical staff should be 'bare below the elbow'.

2.3 Gowns and Aprons (see also Appendix 1):

- 2.3.1 Wear an apron/gown to prevent soiling of clothing when undertaking procedures or patient care activities that are likely to generate: splashes/sprays of blood, body fluids, excretions and secretions.
- 2.3.2 Disposable plastic aprons are preferred for general patient care.
- 2.3.3 Wear when undertaking ANTT procedures.
- 2.3.4 Wear when dealing with patients with known infections for example: MRSA.
- 2.3.5 Wear when close patient contact is anticipated.
- 2.3.6 Wear when cleaning equipment.
- 2.3.7 Remove as soon as the task is complete if soiled.
- 2.3.8 Wash hands after removing gown or aprons.

2.4 Masks and Eye Protection (see also Appendix 1):

- 2.4.1 Masks are rarely necessary in protecting against organisms spread in the air.
- 2.4.2 Protective goggles and mask should be worn if splashing of blood or bloody fluids is likely during procedures.

2.5 Caps and Overshoes:

These are not required.

2.6 Medical Equipment:

- 2.6.1 Single use or disposable equipment should be used if appropriate.
- 2.6.2 Equipment such as thermometers, sphygmomanometers and stethoscopes should be left in the room of a patient being isolated. They must be decontaminated on discharge of the patient.
- 2.6.3 Ensure that reusable equipment is not reused for the care of another patient until it has been cleaned and reprocessed appropriately.
- 2.6.4 Ensure single-use items are not reused, unless they are single patient use items which may be used multiple times with the same patient.

2.7 Other Equipment:

Follow the guidance in the Decontamination and Disinfection TW10-042 SOP 14 to ensure equipment is appropriately decontaminated.

2.8 Laundry:

- 2.8.1 Handle used linen in a manner that prevents skin and mucous membrane contamination and avoids contamination of the clothing.
- 2.8.2 Linen disposal should follow hospital policy.
- 2.8.3 Linen soiled with blood, body fluids, excretions or secretions should be sealed in a red alginate bag and then placed into a white linen bag.

2.9 Crockery, Cutlery and Water Jugs:

- 2.9.1 Disposable crockery and cutlery are not required and should not be used.
- 2.9.2 Crockery and cutlery should be returned to the kitchen for washing.
- 2.9.3 Water jugs should be washed in detergent and hot water, rinsed and dried.

2.10 Waste:

- 2.10.1 Waste contaminated with blood, body fluids, excretions or secretions should be placed in an orange bag for incineration.
- 2.10.2 Uncontaminated waste should be placed in a black waste bag.
- 2.10.3 Body fluids should be carefully poured down a sluice.

2.11 Patient Placement:

Patients must be promptly assessed for infection risk on arrival at the care area (if possible, prior to accepting a patient from another care area) and should be continuously reviewed throughout their stay. This assessment should influence placement decisions in accordance with clinical/care need(s). Patients who may present a cross-infection risk and require a side room include those:

2.11.1 With diarrhoea, vomiting, an unexplained rash, fever or respiratory symptoms.

2.11.2 Known to have been previously positive with a Multi-drug Resistant Organism (MDRO) for example: Methicillin Resistant *Staphylococcus aureus* (MRSA), Carbapenemase-producing Enterobacteriaceae (CPE).

2.11.3 Transfers in from other hospitals.

2.11.4 Always check the infection control risk (ICR) status on the health information system (HIS) banner.

2.12 Charts:

2.12.1 Patients' charts should be kept outside the contaminated areas.

2.12.2 The infection hazard from charts is generally small. Patient folders should be wipeable.

3 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this SOP and they have, where appropriate, been fully reflected in its wording.

4 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats for example: large print, Braille and audio cd.

For more details please contact Human Resources Department on 01942 77 (3766) or email equalityanddiversity@wwl.nhs.uk.

USE OF PERSONAL PROTECTIVE EQUIPMENT

- 1** Two reasons, which apply equally to staff and visitors, exist for the wearing of Personal Protective Equipment (PPE) in health-care settings:
 - 1.1 To protect the skin and mucous membranes of the carer from exposure to blood/body fluid.** In this situation the PPE should be removed after contamination and hands then decontaminated.
 - 1.2 To prevent contamination of clothing and reduce the opportunity of spread of organisms from patients or fomites to other patients or environments.** The PPE should be removed before leaving the patient environment and hands then decontaminated.
- 2** As the absence of pathogens is never known with certainty, the use of PPE is necessary when dealing with blood, body fluids and unfixed tissues and organs. The health-care worker (HCW) should assess the level of risk of contact with blood and body fluids for each procedure undertaken, and to select the appropriate protective clothing. The HCW must complete a similar exercise for all people visiting a patient in isolation and, when protective wear is considered necessary, he or she is responsible for educating the visitor and supervising its use.

2.1 Gloves:

2.1.1 The use of gloves should never be viewed as a substitute for appropriate hand hygiene. The inappropriate use of gloves can be a hazard and has been associated with cross infection. Provided gloves are correctly used they are an important aid in reducing the transfer of micro-organisms. They perform four functions:

- 2.1.1.1 To provide a protective barrier and prevent gross contamination of the hands when touching blood, body fluids, secretions, excreta, mucous membranes and non-intact skin. This decreases the risk of exposure to blood-borne pathogens.
- 2.1.1.2 To reduce the likelihood that organisms from the hands of personnel will be transmitted to patients during invasive or other patient care procedures that involve touching mucous membranes and non-intact skin.
- 2.1.1.3 To reduce the likelihood that the hands of personnel contaminated with organisms from a patient or a fomite can transmit these micro-organisms to another patient.
- 2.1.1.4 To protect the skin against hazardous substances, for example: chemicals.

2.2 The following points should be noted when using gloves:

- 2.2.1 Defects in gloves may be present and hands may be contaminated during their removal. It is important that hands are always decontaminated before and after using gloves.
- 2.2.2 Cuts and other lesions must always be covered with a water-proof dressing.
- 2.2.3 Gloves must be changed both between patient contacts *and* between performing separate procedures on the same patient.
- 2.2.4 Gloves must be removed immediately after completion of the patient process for which they were worn, for example: phlebotomy.
- 2.2.5 Gloved hands should not be wiped with any form of alcoholic substance or washed.

2.2.6 Sterile gloves need only be used for procedures involving surgical aseptic techniques. Non sterile gloves can be used for standard ANTT.

2.2.7 Gloves contaminated with blood and/or body fluids must be treated as clinical waste and disposed of accordingly.

2.3 Gowns and Plastic Aprons:

2.3.1 Plastic aprons and water impervious gowns provide an impermeable barrier to micro-organisms, whereas cotton gowns do not.

2.3.2 Impermeable gowns should be used in situations when there is contact with, or high risk of exposure to large volumes of fluid. These articles must be removed immediately after the procedure is complete and discarded.

2.3.3 Re-use of gowns carries a risk of contaminating the next wearer.

2.3.4 After use, plastic aprons, which are for single use only, and disposable impermeable gowns should be regarded as clinical waste if visibly contaminated with blood and/or body fluids.

2.3.5 Aprons should be large enough to ensure good cover round the body and of appropriate length.

2.3.6 Re-usable gowns should be laundered in accordance with local policy.

2.3.7 Selection of the appropriate item is detailed in Table 1.

Table 1: Assessment of apron and gown types against use.

Apron/Gown type	Aim	Suggested uses
Disposable plastic aprons	To prevent contamination of uniform/clothing. To prevent spread of organisms via contaminated uniform/clothing. To prevent uniform from getting wet.	Likelihood of splashing with blood and body fluids. Contact with patients who are carrying or heavily shedding, organisms likely to be spread by contact transmission, for example: eczema. Carrying out procedures such as bathing patients, etcetera.
Full length plastic aprons OR Disposable *water impervious gowns	To prevent contamination of uniform/clothing. To prevent spread of organisms via contaminated uniforms/clothing.	Likelihood of splashing with large amounts of blood or body fluids. Likelihood of prolonged/extensive contact with patients heavily shedding organisms (see above).
Sterile, water impervious gowns*	To prevent spread of organisms from contaminated clothing or skin of wearer to patient.	For use in surgical procedures which may involve the likelihood of splashing with large amounts of blood or body fluids.

* There are risks in re-using impervious gowns. The gowns may contaminate the next wearer if re-used before disposal or laundering. Repeated laundering may cause the gown to leak.

2.4 Mucous Membrane Protection and Masks:

- 2.4.1 If there is risk of splashing or spraying of blood, body fluids, secretions or excretions, a face shield or eye protection together with a mask will physically protect the mucous membranes from organisms spread by the contact routes.
- 2.4.2 Other situations that may provoke consideration of mucous membrane and respiratory protection. Are procedures likely to create significant aerosols? for example: suctioning, dentistry, surgery, intubation etcetera.
- 2.4.3 FFP3 and surgical masks are single use items and should be disposed of as clinical waste when visibly contaminated with blood and/or body fluids.
- 2.4.4 Air-powered hoods are reusable so need to be decontaminated according to Manufacturer's instructions between use.

Table 2: Mucous Membrane Protection

Risk Assessment	Example	Aim	Action	Guidance Notes
Risk of exposure to droplets or droplet nuclei from material positive for <i>Mycobacterium tuberculosis</i> (TB)	Staff involved in: <ul style="list-style-type: none"> ◆ Cough induction ◆ Bronchoscopy ◆ Prolonged close contact 	Prevent inhalation of organisms	Wear High Efficiency Particulate respirator for example: FFP3 mask	Discard following procedure or after one hour
	Infectious patient outside isolation room	Prevent dissemination of organisms	Patient wears surgical mask	Discard on return to room
Risk of exposure to aerosols of blood, bone, tissues or body fluids	Staff involved in: <ul style="list-style-type: none"> ◆ Vascular surgery ◆ Orthopaedic surgery ◆ Post mortems ◆ Accident and emergency ◆ Maternity 	Prevent contact with the eyes, the respiratory and oral mucous membranes	Wear a fluid repellent surgical mask <u>and</u> eye protection*	Discard mask after use Clean/discard as appropriate the goggles/visor after each use
Risk of exposure to infectious droplets or droplet nuclei for example: patient has chicken pox	Non-immune essential staff in the same room as infectious chicken pox patient	Prevent inhalation of infectious particles	Wear a surgical mask	Discard when contact ceased Try to restrict contact to immune staff
No risk of exposure of face to infectious material	Staff involved in: <ul style="list-style-type: none"> ◆ Low blood loss procedures such as ENT surgery ◆ Short term contact with infectious patients 	Prevention not required	No facial protection required	

* Eye protection can be an integral visor, full visor or goggles to be worn with a mask.