55-56 West Clyde Street
Helensburgh
G84 8AX
Tel: 01436 672677
www.thelomondclinic.com

The Lomond Clinic Infection control and decontamination Policy

DATE April 2024 REVIEW DATE April 2027

Reviewer Name : Anna Blackshaw

Infection control and decontamination Policy

1.1 Patient Placement/Assessment for infection risk

Patients must be promptly assessed for infection risk on arrival at the clinic and should be continuously reviewed throughout their stay. This assessment should influence patient placement decisions in accordance with clinical/care need(s).

1.2 Hand Hygiene

Hand hygiene is considered an important practice in reducing the transmission of infectious agents which cause HAIs.

Hand washing sinks must only be used for hand hygiene and must not be used for the disposal of other liquids.

Before performing hand hygiene:

- expose forearms (bare below the elbows);
- remove all hand/wrist jewellery
- ensure finger nails are clean, short and that artificial nails or nail products are not worn; and cover all cuts or abrasions with a waterproof dressing.

Hand washing should be extended to the forearms if there has been exposure of forearms to blood and/or body fluids.

To perform hand hygiene:

Alcohol Based Hand Rubs (ABHRs) must be available for staff as near to point of care as possible. Where this is not practical, personal ABHR dispensers should be used.

- before touching a patient;
- before clean/aseptic procedures. If ABHR cannot be used then antimicrobial liquid soap should be used;
- after body fluid exposure risk;
- after touching a patient; and
- after touching a patient's immediate surroundings

Some additional examples of hand hygiene moments include:

- Before handling medication

the lomond clinic
HEALTH AND WELLNESS

55-56 West Clyde Street
Helensburgh
G84 8AX
Tel: 01436 672677
www.thelomondclinic.com

- Before preparing food
- Before donning (putting on) and after doffing (taking off) PPE
- After visiting the toilet
- Between carrying out different care activities on the same patient
- After cleaning and disinfection procedures
- After handling waste

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

- hands are visibly soiled or dirty;
- caring for patients with vomiting or diarrhoeal illnesses; or
- caring for a patient with a suspected or known gastro-intestinal infection e.g. norovirus or a spore forming organism such as Clostridioides difficile..

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

Skin care:

Alcohol based hand rubs when used for hand hygiene should contain emollients in their formulation.
Warm/tepid water should be used to reduce the risk of dermatitis; hot water should be avoided.
Pat hands dry thoroughly after hand washing using disposable paper towels; avoid rubbing which may lead to skin irritation/damage.
Use an emollient hand cream during work and when off duty.
Do not use refillable dispensers or provide communal tubs of hand cream in the care setting.
Staff with skin problems should seek advice from their GP.

1.3 Respiratory and Cough Hygiene

Respiratory and cough hygiene is designed to minimise the risk of cross-transmission of respiratory illness (pathogens):

Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose. If a disposable tissue is not available use elbow to cover the nose and mouth when coughing or sneezing.
Patients showing symptoms of respiratory illness should be encouraged to wear a surgical (TYPE II R FRSM) face mask where it is clinically safe and tolerated by the wearer.
Dispose of used tissues and face masks promptly into a waste bin.
In the absence of disposable tissues and hand hygiene facilities only, individuals should cough or sneeze into their elbow/sleeve.
Wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
Where there is no running water available or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity.
Keep contaminated hands away from the eyes nose and mouth.
Staff should promote respiratory and cough hygiene helping those (e.g. elderly, children) who need assistance with this e.g. providing patients with tissues, plastic bags for used tissues and hand hygiene facilities as necessary.

1.4 Personal Protective Equipment

Before undertaking any care task or procedure staff should assess any likely exposure to blood and/or body fluids and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

55-56 West Clyde Street
Helensburgh
G84 8AX
Tel: 01436 672677
www.thelomondclinic.com

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 adhered to);
- single-use only items unless specified by the manufacturer;
- 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 waste or domestic waste.

Gloves must:

- be worn when exposure to blood, body fluids, (including but not limited to secretions and/or excretions), non-intact skin, lesions and/or vesicles, mucous membranes, hazardous drugs and chemicals, e.g. cleaning agents is anticipated/likely.
- Gloves are a single-use item and should be donned immediately prior to exposure risk and should be changed immediately after each use or upon completion of a task;
- never be worn inappropriately in situations such as; to go between patients, move around a care area, work at IT workstations;
- be changed if a perforation or puncture is suspected or identified;
- be appropriate for use, fit for purpose and well-fitting;
- not be worn as a substitute to hand hygiene.

Aprons must be:

- worn to protect uniform or clothes when contamination is anticipated/likely
- changed between patients and following completion of a procedure or task.

Fluid Resistant Type IIR surgical face masks must be:

- worn by a patient known or suspected to be infected with a micro-organism spread by the droplet or airborne route.
- worn if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated/likely;
- well fitting and fit for purpose (fully covering the mouth and nose);

- removed or changed;
  - -at the end of a procedure/task;
  - -if the integrity of the mask is breached, e.g. from moisture build-up after extended use or from gross contamination with blood or body fluids;
  - -in accordance with specific manufacturers' instructions.

Footwear must be:

- non-slip, impervious, clean and well maintained, and support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps
- Footwear found to be defective should be repaired or replaced before further use.

Sessional use of PPE

Typically, sessional use of any PPE is not permitted within health and care settings at any time as it may be associated with transmission of infection within health and care settings.

the lomond clinic
HEALTH AND WELLNESS

55-56 West Clyde Street
Helensburgh
G84 8AX
Tel: 01436 672677
www.thelomondclinic.com

Due to the much wider and frequent use of FRSMs eye/face protection (where required) by HCWs during the ongoing COVID-19 pandemic and during periods of increased respiratory activity in health and care settings both as part of service user direct care delivery and extended use of facemasks guidance, sessional use of FRSMs and eye/face protection is permitted at this time.

This means that FRSMs and eye/face protection (where required) can be used moving between service users and for a period of time where a HCW is undertaking duties in an environment where there is exposure to patients with suspected or confirmed respiratory infection. A session ends when the healthcare worker leaves the clinical setting or exposure environment. When using FRSMs and eye/face protection sessionally it is important to note the following;

FRSMs/Face protection must be replaced if visibly contaminated, wet, damaged, uncomfortable, when moving between patients with suspected or confirmed respiratory infection and those without.
FRSMs must be replaced following procedures where splash/spray is generated
HCWs must not touch their FRSM, face protection whilst in situ. If they inadvertently do so, they must perform hand hygiene immediately afterwards
The above measures in conjunction with safe donning and doffing of PPE ensure the safety of the HCW and the service user.

No other PPE is permitted to be worn sessionally moving between service users or care tasks. This includes gloves, aprons and gowns.

PPE for Visitors

PPE may be offered to visitors to protect them from acquiring a transmissible infection. If a visitor declines to wear PPE when it is offered then this should be respected and the visit must not be refused. PPE use by visitors can not be enforced and there is no expectation that staff monitor PPE use amongst visitors. Below is the PPE which should be worn where it is appropriate to do so and when the visitor chooses to do so.

Visitors do not routinely require PPE unless they are providing direct care to the individual they are visiting. In line with extended use of face mask guidance, visitors are strongly recommended to continue to wear a face covering when visiting a healthcare setting. Should they arrive without one, they can be provided with a FRSM.

Encourage the use of face covering (or provide with Type IIR FRSM if visitor arrives without a face covering) in line with Extended use of face masks guidance

1.5 Safe Management of Care Equipment

Care equipment is easily contaminated with blood, other body fluids, secretions, excretions and infectious agents. Consequently it is easy to transfer infectious agents from communal care equipment during care delivery.

Care equipment is classified as either:

- Single-use – equipment which is used once on a single patient and then discarded. Must never be reused even on the same patient.
- Needles and syringes are single use devices. They should never be used for more than one patient or reused to draw up additional medication.
- Never administer medications from a single-dose vial to multiple patients.
- Single patient use – equipment which can be reused on the same patient.
- Reusable invasive equipment - used once then decontaminated e.g. surgical instruments.

the lomond clinic
HEALTH AND WELLNESS

55-56 West Clyde Street
Helensburgh
G84 8AX
Tel: 01436 672677
www.thelomondclinic.com

- Reusable non-invasive equipment (often referred to as communal equipment) - reused on more than one patient following decontamination between each use e.g. commode, patient transfer trolley.

Before using any sterile equipment check that:

- the packaging is intact
- there are no obvious signs of packaging contamination
- the expiry date remains valid

Decontamination of reusable non-invasive care equipment must be undertaken:

- between each use
- after blood and/or body fluid contamination
- at regular predefined intervals as part of an equipment cleaning protocol
- before inspection, servicing or repair

Adhere to manufacturers' guidance for use and decontamination of all care equipment.

All reusable non-invasive care equipment must be rinsed and dried following decontamination then stored clean and dry.

Decontamination protocols should include responsibility for; frequency of; and method of environmental decontamination.

1.6 Safe Management of Care Environment

It is the responsibility of the person in charge to ensure that the care environment is safe for practice (this includes environmental cleanliness/maintenance). The person in charge must act if this is deficient.

The care environment must be:

- visibly clean, free from non-essential items and equipment to facilitate effective cleaning
- well maintained and in a good state of repair
- routinely cleaned in accordance with the Health Facilities Scotland (HFS) National Cleaning Specification:

A fresh solution of general purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty or at 15 minutes intervals or when changing tasks.
Routine disinfection of the environment is not recommended. However, 1,000ppm available chlorine should be used routinely on sanitary fittings.
Staff groups should be aware of their environmental cleaning schedules and clear on their specific responsibilities.

Cleaning protocols should include responsibility for; frequency of; and method of environmental decontamination.

When an organisation adopts decontamination processes not recommended in the NIPCM the care organisation is responsible for governance of and completion of local risk assessment(s) to ensure safe systems of work

1.7 Safe Management of Linen

Clean linen

- Should be stored in a clean, designated area, preferably an enclosed cupboard.

the lomond clinic
HEALTH AND WELLNESS

55-56 West Clyde Street
Helensburgh
G84 8AX
Tel: 01436 672677
www.thelomondclinic.com

Ensure a laundry receptacle is available as close as possible to the point of use for immediate linen deposit.

1.8 Safe Management of Blood and Body Fluid Spillages

Spillages of blood and other body fluids may transmit blood borne viruses.

Spillages must be decontaminated immediately by staff trained to undertake this safely.

Responsibilities for the decontamination of blood and body fluid spillages should be clear within each area/care setting.

1.9 Safe Disposal of Waste (including sharps)

Scottish Health Technical Note (SHTN) 3: NHS Scotland Waste Management Guidance contains the regulatory waste management guidance for NHS Scotland including waste classification, segregation, storage, packaging, transport, treatment and disposal.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 outline the regulatory requirements for employers and contractors in the healthcare sector in relation to the safe disposal of sharps.

Categories of waste:

- Healthcare (including clinical) waste – is produced as a direct result of healthcare activities e.g. soiled dressings, sharps.
- Special (or hazardous) waste – arises from the delivery of healthcare in both clinical and non-clinical settings. Special waste includes a range of controlled wastes, defined by legislation, which contain dangerous or hazardous substances e.g. chemicals, pharmaceuticals.
- Domestic waste – must be segregated at source into:
- Dry recyclates (glass, paper and plastics, metals, cardboard).
- Residual waste (any other domestic waste that cannot be recycled).

Waste Streams:

- Black – Trivial risk:
- Domestic waste or yellow and black stripes (small quantities of hygiene waste).
  Final disposal to Landfill.
  Clear/opaque receptacles may also be used for domestic waste at care area level.
- Orange, Light Blue (laboratory) – Low risk
  Orange - consists of items which are contaminated or likely to be contaminated with blood and/or body fluids including saliva . Final disposal following heat disinfection is to landfill.
- Yellow– High risk:

Safe waste disposal at care area level:

Always dispose of waste:

- immediately and as close to the point of use as possible; and
- into the correct segregated colour coded UN 3291 approved waste bag (either orange/yellow for healthcare waste or black/clear/opaque for domestic) or container (sharps box).
- Liquid waste e.g. blood must be rendered safe by adding a self-setting gel or compound before placing in an orange lidded leak-proof bin.

the lomond clinic
HEALTH AND WELLNESS
55-56 West Clyde Street
Helensburgh
G84 8AX
Tel: 01436 672677
www.thelomondclinic.com

Waste bags must be no more than 3/4 full or more than 4 kgs in weight; and use a ratchet tag/or tape (for healthcare waste bags only) using a 'swan neck' to close with the point of origin and date of closure clearly marked on the tape/tag.

Store all waste in a designated, safe, lockable area whilst awaiting uplift. Uplift schedules must be acceptable to the care area and there should be no build-up of waste receptacles.

Sharps boxes must:

- have a dedicated handle
- have a temporary closure mechanism, which must be employed when the box is not in use
- be labelled with date of assembly, point of origin and date of closure.
- be disposed of when the manufacturers' fill line is reached or following 3 months of assembly (whichever is first)

1.10 Occupational Safety: Prevention and Exposure Management (including sharps)

Exposure in relation to blood borne viruses (BBV) is the focus within this section and reflects the existing evidence base.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 outline the regulatory requirements for employers and contractors in the healthcare sector in relation to:

- arrangements for the safe use and disposal of sharps
- provision of information and training to employees
- investigations and actions required in response to work related sharps injuries
- Sharps handling must be assessed, kept to a minimum and eliminated if possible with the use of approved safety devices.

Manufacturers' instructions for safe use and disposal must be followed.

Needles must not be re-sheathed/recapped.

Always dispose of needles and syringes as 1 unit.

If a safety device is being used safety mechanisms must be deployed before disposal.

An occupational exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids.

A significant occupational exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids from a source that is known, or found to be positive for a blood borne virus (BBV).

Examples of significant occupational exposures would be:

- a percutaneous injury e.g. injuries from needles, instruments, bone fragments, or bites which break the skin; and/or
- exposure of broken skin (abrasions, cuts, eczema, etc); and/or
- exposure of mucous membranes including the eye from splashing of blood or other high risk body fluids.

There is a potential risk of transmission of a Blood Borne Virus (BBV) from a significant occupational exposure and staff must understand the actions they should take when a significant occupational exposure incident takes place. There is a legal requirement to report all sharps injuries and near misses to line managers/employers.

the lomond clinic
HEALTH AND WELLNESS

55-56 West Clyde Street
Helensburgh
G84 8AX
Tel: 01436 672677
www.thelomondclinic.com

Additionally, employers are obligated to minimise or eliminate workplace risks where it is reasonably practicable. Immunisation against BBV should be available to all qualifying staff, and testing (and post exposure prophylaxis when applicable) offered after significant occupational exposure incidents.

Exposure prone procedures (EEPs) are invasive procedures where there is a risk that injury to the healthcare worker may result in the exposure of the patient's open tissues to the blood of the worker (bleed-back).

There are some exclusions for HCWs with known BBV infection when undertaking EPPs. The details of these and further information can be found in the occupational exposure management (including sharps) literature review.

Decontamination

Care equipment and the environment can easily be contaminated with fluids such as:

blood
other body fluids
secretions
excretions
infectious agents
The equipment is classified as either:

single use
single patient use
reusable invasive equipment
reusable non-invasive equipment

Single use
This is equipment which is used once on a single patient and then thrown away. Single use equipment mustn't be reused, even on the same patient.

Single patient use
Single patient use equipment can be reused on the same patient.

Reusable invasive equipment
This can be used once then decontaminated, for example, surgical instruments.

Reusable non-invasive equipment
This is often referred to as communal equipment and can be reused on more than one patient following decontamination between each use, for example, a commode or a patient transfer trolley.

Decontamination
Correct decontamination is cleaning, disinfecting and sterilising healthcare equipment and the environment. Decontamination is essential to lower the number of cross-infections between people and also to prevent Healthcare Associated Infections (HAI). Processes need to be in place within healthcare settings to ensure the environment and equipment, for example patient rooms and commodes, are decontaminated properly.

The level of decontamination used will depend on the risk involved with the medical instruments or equipment. The risk levels are:

high
medium

the lomond clinic
HEALTH AND WELLNESS

55-56 West Clyde Street
Helensburgh
G84 8AX
Tel: 01436 672677
www.thelomondclinic.com

low
High risk items
These come into close contact with broken skin or are introduced into a normally sterile body area, for example:

surgical instruments
needles
urinary catheters
other catheters
These items would either be single use or must be sterilised.

Medium risk items
Medium risk items come into close contact with mucous membranes or are items contaminated with particularly virulent or readily transmissible organisms for example, endoscopes or semi-invasive ultrasound probes. These items should be single-use, disinfected or sterilised.

Low risk items
Low risk items only come into contact with normal intact skin for example, a bed or a commode. Cleaning and drying is usually enough for these items.

There are new and innovative ways to clean the healthcare environment and now there's also reusable patient care equipment. We've investigated these and have produced literature reviews.

References:

Infection prevention and control standards for health and adult social care settings May 2022
https://www.healthcareimprovementscotland.org/idoc.ashx?docid=b32b9181-000b-4b44-aba4-dbb574f0b192&version=-1

National Infection Prevention and Control Manual
https://www.nipcm.scot.nhs.uk