

## **INFECTION CONTROL**

Infection Control is working in a way that reduces the spread of infection to yourself and others in your workplace.

### **What is the role and responsibilities of a worker for infection control?**

It is your responsibility to maintain your own hygiene and the cleanliness of your work area. Clean up after yourself and any areas you notice need cleaning. Wear the correct PPE and dispose of waste effectively and efficiently, reporting any concerns and illnesses to your line manager immediately. Follow risk assessments, company policy and manufacturer's instructions at all times.

### **What are the legal requirements of a worker for infection control?**

The ICS Infection Prevention Policy states: "No risk is more fundamental than the risk of infection therefore ICS places the prevention and control of Healthcare Associated Infections (HCAI) as a high priority across all parts of the organization. All ICS workers should promote client safety following the correct procedures when caring for people with diagnosed or potential infections, and promoting practice that reduces the risk of infection.

The Regulation and Quality Improvement Authority (RQIA), Scottish Care Inspectorate (SCI), Care and Social Services Inspectorate Wales (CSSIW) and Care Quality Commission (CQC) all have outcomes that state people should be cared for in a clean environment and protected from the risk of infection.

The Health and Social Care Act 2008 says "Good infection prevention (including cleanliness) is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone." For more information and to read the codes of practice for infection control please use the link in the useful website section.

As it is such an important subject, there are several pieces of legislation you should be aware of including:

- The Health & Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Personal Protective Equipment at Work Regulations 1992
- The Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Hazardous Waste Regulations 2005
- Environmental Protection (Duty of Care) Regulations 1991
- The Health Protection (Notification) Regulations 2010
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

### **What are the main aims of a worker for infection control?**

The ICS policy documents the summary of infection prevention and control principles. It is essential that good working practices are applied at all times and these involve:

- Careful handling of all blood and bodily fluids from all service users, regardless of whether or not there is a risk of infection.
- Apply good basic hygiene practices with regular hand decontamination i.e. washing with soap and warm water or use of alcohol hand gel.
- Hand decontamination should be practiced between contacts with all clients

- Cover existing wounds or skin lesions with waterproof dressings.
- Wear appropriate protective clothing, i.e. disposable gloves and plastic aprons must be worn when in contact with blood and bodily fluids.
- Protect the mucous membranes of the eyes, nose and mouth from blood splashes.
- Treat all blood or bodily fluids as potentially infectious.
- Clean and disinfect all blood spillages immediately with detergent available in the client's home.
- Do not re-sheath or recap needles. They must be placed directly into an approved sharps container preferably by the user.
- Hazardous or infectious waste must be disposed of according to the waste management section in the ICS Health and Safety policy.
- If the ICS worker has had symptoms of gastroenteritis he/she must consult their GP and must not return to work until symptom free for 48 hours. Inform the line manager/appropriate other.
- Report any illness such as diarrhoea, vomiting, chicken pox, shingles or flu to the line manager/appropriate other.

### Hand washing

Correct and regular hand washing is the key to infection control. As stated in your policy hands must be washed before and after each task with each service user/patient. There is no excuse for not washing your hands. Hand washing should take 15-30 seconds and hands should be dried properly with disposable paper towels afterwards. Remember effective drying is just as important as hand washing.

### NHS CG1 Standard Infection Prevention and Control Guidelines state:

#### Hand hygiene compliance

To ensure compliance with hand hygiene NHS Professionals Flexible workers must:

- keep nails short, clean and polish free
- avoid wearing wrist watches and jewellery
- avoid wearing rings with ridges or stones (a plain wedding band is usually acceptable, but check the Trust local policy)
- not wear artificial nails or nail extensions
- cover any cuts and abrasions with a waterproof dressing
- wear short sleeves clothes or roll up sleeves and comply with local dress code or uniform policy
- report any skin conditions affecting hands for (e.g. psoriasis or dermatitis) to the Nurse in Charge when on an assignment, or the Client Relations Team

#### Alcohol-based hand rub

- Is useful when sinks for hand washing are not readily available or when hands may be contaminated, but not visibly soiled (e.g. entering or leaving a ward/clinical/patient area.)
- Is **not effective** if hands are soiled as organic matter can inactivate the activity of alcohol
- Is **not effective** against spore-forming organisms (e.g. *Clostridium difficile*) or norovirus
- Can also be used following hand washing to provide a further cleansing and residual effect.
- Steps to perform hand hygiene using alcohol-based hand rub are the same as when performing hand washing

- Hand-hygiene with alcohol rub should take 15-30 seconds
- The amount/volume to provide adequate coverage of the hands should be indicated in the manufacturers' instructions but is normally around 3 mls

Hand washing technique using soap and water:

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm
4. Rub back of each hand with palm of other hand with fingers interlaced
5. Rub palm to palm with fingers interlaced
6. Rub with back of fingers to opposing palms with fingers interlocked
7. Rub each thumb clasped in opposite hand using a rotational movement
8. Rub tips of fingers in opposite palm in a circular motion
9. Rub each wrist with opposite hand
10. Rinse hands with water
11. Use elbow to turn off tap
12. Dry thoroughly using a single use towel
13. Hand washing should take 15-30 seconds

For more information please follow the link to the PDF document: NHS CG1 Standard Infection Prevention and Control Guidelines:

<http://www.nhsprofessionals.nhs.uk/download/comms/cg1%20standard%20infection%20prevention%20and%20control%20guidelines%20v4%20march%202013.pdf>

### **Personal Protective Equipment (PPE)**

Types of PPE in Health and Social Care are disposable gloves, disposable aprons, disposable masks and goggles.

You must wear gloves and an apron every time you are likely to come into contact with any of the following:

- Bodily fluids e.g. blood, urine, faeces, vomit etc
- Hazardous substances

Gloves and apron must always be worn when assisting with personal care tasks.

New gloves and apron should be used for each task, with each person.

Masks are used when there is a risk of airborne infections such as MRSA and TB.

Goggles are used when there is a risk of bodily fluids entering the eye. This is particularly relevant when suctioning an endo-tracheal or tracheostomy tube.

Below we look at the correct application and disposal of PPE.

### **Disposable Gloves**

Disposable gloves should be used once only and for one task only. Hands should be thoroughly washed and dried before and after using each pair of gloves. Gloves should be taken straight from the box and every effort should be made not to touch the outside of the glove. Handle by the

neck/cuff of the glove with one finger and your thumb. If you have selected the correct size you should easily be able to insert your hand, wriggle your fingers and slip on the glove without contaminating the outside of the glove. Using the same technique put on the other glove. To remove your gloves, hold by the neck/cuff with one finger and your thumb and pull the glove off away from your body. Hold the removed glove in the palm of your gloved hand and using your thumb and one finger of your ungloved hand pulling away from the body, remove the second glove. You should have the first glove inside the second glove which is inside out. Dispose of the gloves immediately in the correct waste bin (Clinical waste where available).

If you or the service user are allergic to latex gloves there are other options available. Please discuss with your line manager. Not wearing gloves is NOT an option.

### **Disposable Aprons**

Like disposable gloves disposable aprons are for one task only. Always put on your gloves before putting on an apron. Take care that the front of the apron does not touch you or any of your surroundings as you put it on.

Always take off your apron before your gloves, by undoing the ties and slipping the neck support over your head away from the body. Roll into a ball then dispose in the correct waste bin (Clinical waste where available).

### **Disposable masks**

Again, like disposable gloves and aprons, disposable masks are for one task only. They are most likely to be elasticated. Masks must be put on before your gloves and apron. Hold the mask by its ties and place on the bridge of your nose first before placing against the face. Take the elastic over the top of the ears and ensure the elastic sits comfortably around the ears.

To remove hold the elastic and take off the mask away from the face taking care not to touch the mask. Dispose of the mask in the correct waste bin (Clinical waste where available). Remove your mask after removing your gloves and apron with washed hands. You will need to wash your hands again after removing and disposing of the mask.

### **Jewellery/piercings/personal hygiene/hair**

Jewellery must be kept to a minimum, it is sensible to only wear a plain band wedding ring as other jewellery such as watches, stoned rings, piercing rings etc can cause an infection control hazard as they can harbour bacteria and prevent effective hand washing and can be an infection control hazard.

Your Thornbury Nursing Services Policy states:

“Minimal make-up and jewellery to be worn

The Agency recommends that minimal make-up, jewellery and piercings are worn, particularly as the presence of rings has also been shown to decrease the effectiveness of hand washing (Salisbury, 1997).

The following guidance is given regarding the decontamination of Uniforms:

It is not good practice to travel to and from assignments in uniform and we urge all Agency workers to travel to and from shifts in plain or ordinary clothes, if changing facilities exist.

Agency workers must, if facilities exist, change out of their uniform promptly at the end of a shift.

Agency workers must presume some degree of contamination, even on clothing which is not visibly soiled.”

You should always maintain a good standard of personal hygiene as this can be an infection control risk as well as being unpleasant for your service user/patients and colleagues.

Hair should always be tied back if it is long enough to do so. Remember if you touch your hair, you should always wash your hands afterwards.

### **Recording, reporting, risk assessment, waste management and laundry**

The following topics are very important to the management of infection control and you should understand them fully. They are covered in the Health and Safety module. Please revisit them and follow the links in the useful website section to refresh your understanding.

- Accident/Incident reporting
- RIDDOR
- COSHH
- Risk assessment
- Waste disposal
- Laundry
- Housekeeping

### **Food Hygiene**

Food hygiene has a module of its own.

### **Accidents/Incidents/Near misses**

All accidents, incidents and near misses must be reported on the correct form and verbally to the duty desk as soon as possible after the incident. This will help prevent another person becoming injured. Always follow your Trusts policy for accident and incident reporting as well as the ICS Incident reporting policy which states; “If a worker has an accident, it must be reported as soon as possible to enable an investigation. All accidents, near-misses and cases of work-related ill health must be recorded. All workers have a duty to read and understand the Incident reporting policy. The Clinical Director reports any accidents or major incidents that occurs to the HSE enforcing authority under RIDDOR.

In the case of Northern Ireland, whilst we ensure that all incidents are followed up and managed appropriately, all incidents that may affect the wellbeing of a patient/client require reporting to The Regulation and Quality Improvement Authority. The Nursing Agencies Regulations (Northern Ireland) 2005 states the Agency must notify The Regulation and Quality Improvement Authority of any incident reported to the police not later than 24hrs after the Agency has reported the matter to the police or is informed that the matter has been reported to the police.

### **RIDDOR**

RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. These Regulations require employers, the self-employed and those in control of premises to report specified workplace incidents.

Always report any accidents, incidents and near misses, as your employer may have to report them to the Health and Safety Executive (HSE) under the RIDDOR regulations. If in doubt report it, let your employer make the decision.

HSE defines reportable incidents as:

- Death
- fractures, other than to fingers and toes,
- amputations,
- any injury likely to lead to any injury likely to lead to permanent loss of sight or reduction in sight,
- any crush injury to the head or torso causing damage to the brain or internal organs,
- serious burns (including scalding) which: covers more than 10% of the body, causes significant damage to the eyes, respiratory system or other vital organs,
- any scalping requiring hospital treatment,
- any loss of consciousness caused by head injury or asphyxia, any other injury arising from working in an enclosed space which: leads to hypothermia or heat-induced illness, requires resuscitation or admittance to hospital for more than 24 hours
- Gas incidents

If a worker is off or unable to perform their normal work duties for more than 7 consecutive days the accident must be reported. This 7 day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Accidents that leave a worker unable to work for 3 or more consecutive days must be recorded but not reported, this will usually be on the company's DATIX risk management software.

Employers must report diagnoses of certain occupational diseases

Dangerous occurrences are certain, specified near-miss events.

For more information on RIDDOR follow the link on RIDDOR in the useful website section.

## **COSHH**

What is COSHH?

COSHH stands for Control of Substances that are Hazardous to Health and is law that your employer is required to follow. COSHH is designed to help prevent or control exposure to substances to prevent ill health.

What are the Hazardous Substances you may be exposed to?

- Chemicals and cleaning products
- Blood,
- Faeces,
- Human tissue,
- Other bodily fluids,
- Incontinence pads,
- Colostomy bags,
- Disposable bed pans,
- Used condoms etc.

How do I keep myself safe?

- Follow the risk assessment and manufacturer's instructions
- Wear correct PPE
- Follow correct hygiene procedures
- Never mix substances
- Keep the room well ventilated
- Report any concerns immediately

## **Risk Assessment**

Risk assessment is identifying a hazard and assessing how dangerous it could be, then identifying ways of managing the risk to reduce the hazard. We all risk assess informally all day long. We take note of hazards and often move them without thinking. For example you walk into your home after a long day at work and see the rug has folded over in the corner, you automatically straighten it out. In work we need to risk assess more formally and write down the risk and how we can best manage the risk. It is your responsibility to report any hazards you think will pose a risk.

In the useful website section is a link to the HSE's Five steps to risk assessment, this is a useful tool for everyone to use to help you focus, even if you do not complete formal risk assessments. The link will help you to understand the purpose and how the decision has been reached. Risk assessments are there to protect you and your service user/patients, always read and follow them.

The 5 steps are:

1. Identify the hazards
2. Decide who might be harmed and how
3. Evaluate the risks and decide on precautions
4. Record your findings and implement them
5. Review your assessment and update if necessary

## **Waste**

In Health Care there are several ways of disposing of waste. These are:

Yellow sharps boxes – these are used to dispose of needles, razor blades, broken glass and any other sharp items.

Yellow Clinical Waste Bags – these are used for waste that includes blood, faeces, human tissue, other bodily fluids, incontinence pads, colostomy bags, disposable bed pans, used condoms etc.

General Waste Bags – these are for general waste, including food, paper, cans, etc. Where possible recycle these items and keep general waste to a minimum.

Clinical waste and sharps boxes are collected and disposed of by a specialist service. Always make sure you are using the correct bin for your waste. If in doubt always ask for advice.

**NEVER FILL ANY WASTE DISPOSAL (BAG/BOX ETC) MORE THAN 75% FULL. Handle bags by the neck and NEVER take out any waste from the sharps box! Always wear PPE when handling waste.**

### **Laundry**

Laundry/Linen must always be handled correctly, as it can put your health at risk. Full laundry bags can be very heavy, so never fill more than 75% full and if it is heavy use a laundry trolley to protect yourself.

Laundry can be infectious or soiled so always wear your PPE when handling laundry.

Soiled laundry should be put straight into a red soluble laundry bag. These dissolve in the washing machine so reduce the risk of spreading infection. Soiled items should be washed on a suitable sluice cycle.

Non-soiled linen is kept in white bags. Laundry waiting to be washed should be stored neatly in a safe place where no one can trip on it.

When loading or unloading a washing machine, kneel down to prevent injury to your back.

Laundry must never go through a food preparation area.

Irons are also a hazard and should never be left unattended when in use, always unplug and put an iron in a safe place before you leave the room. Remember the steam from an iron can scald as well as the surface being hot. Never put an iron away until it has cooled down.

### **Housekeeping**

Good housekeeping is essential for good health and safety. Items left on the floor are a trip hazard, overflowing bins are a health hazard, dirty work surfaces can cause an infection hazard etc. Always ensure you tidy up your own mess after yourself. Never put items on the floor where someone could trip over them. Keep all areas clean and tidy, mop up any spillages as soon as they occur and put out 'wet floor' signs to warn others of the potential danger.

Keep escape routes clear at all times and make sure corridors are not obstructed.

### **Needle stick/Splash Injury**

Your Thornbury Nursing Services Policy states:

"Action to take:

- You must act immediately
- Wash thoroughly.
- Gently encourage bleeding.
- Do not scrub.
- Do not suck.
- Irrigate any mucus membrane with water.
- Dry and cover with a waterproof dressing.
- If known, note the name, date of birth and hospital number of the source / patient.
- Report the incident to the manager on the unit or ward and follow the Trust's policy. You will need to contact their OH department within normal working hours or attend their A&E department out of hours as soon as possible for risk assessment.
- Complete the Trust's Incident Form and request a copy for yourself.
- You must inform The Agency via the call centre and complete the appropriate accident form.

### **Universal Precautions and Safe Working Practice for the Prevention of Sharps Injuries and Splash Exposures**



You must:

- Always keep up-to-date with all relevant immunisations.
- Always watch what you are doing and ignore distractions whilst using sharps.
- Always wear gloves / goggles / protective clothing if exposure to the patient's body fluids is a possibility.
- Always get help with uncooperative patients. It only takes a slight movement on their part to endanger yourself and the patient.
- Always cover all cuts and abrasions in any area of exposed skin.
- Always keep sharps bins closed between uses.
- Always use the device on the sharps bin to remove the needle from the vacutainer.

You must:

- Never re-sheath needles.
- Never reach into sharps bins.
- Never use sharps bins after they are 2/3rds full. Ensure supplies of new sharps bins are available.
- Never grab at falling instruments.
- Never rush or attempt short cuts whilst using sharps or needles.
- Never move sharps by hand.
- Never take a used device apart.

Don't forget..."Out of the patient...into the sharps bins. You used it...you dispose of it."

## **Microorganisms**

A person is populated by millions of microorganisms, most of them protect us from harm. Many microorganisms live on the skin permanently. These are called resident microorganisms and they protect us from harmful microorganisms.

Transient microorganisms are non-resident but lodge on and off temporarily - these microorganisms are the ones where infection may begin. These microorganisms come in three types, viruses, bacteria and fungi. These microorganisms become a problem when it enters the bloodstream they injure the body tissue and the host becomes ill. Routes of entry to the body are:

1. Down the respiratory tract into the lungs.
2. Breaks in the skin.
3. Down the digestive tract
4. Up the urinary and reproductive systems.

Your role in infection control is to minimise the amount of transient microorganisms that could infect your service user/patients.

Microorganisms come under COSHH regulations. Always follow the COSHH guidelines.

## **MRSA**

Your Thornbury Nursing Services Policy states "MRSA or methicillin resistant staphylococcus aureus, is a variant of Staphylococcus aureus, a type of bacterium carried normally by about a third of the population. In most people Staphylococcus aureus causes no harm. However, when the skin is broken or where a patient is otherwise unwell the bacteria can cause boils or pneumonia and can prevent wounds from healing properly. MRSA behaves in much the same way as its more common relative but, while Staphylococcus aureus is readily treatable with modern antibiotics, MRSA has a high resistance to antibiotics which makes MRSA infections much harder to treat.

In healthcare settings, MRSA is spread by hand from person to person unwittingly by healthcare workers who do not wash their hands sufficiently between person contacts. It can also become established in clinical settings, on equipment and in such things as bedding and clothes. Extremely vigorous cleaning and infection control techniques are required to eradicate it or halt its growth.

#### Policy on Preventing MRSA

Department of Health Guidelines states that the implementation of sound infection control techniques, especially rigorous attention to hand washing, are sufficient to control the spread of the bacteria.

Therefore all Agency workers should:

- comply with the organisation's infection control policies and procedures and adhere to best practice in infection control at all times
- adhere to an organisation's hand washing policy and protective clothing policy
- ensure cuts, sores, and wounds on themselves and service user/patients are covered with suitable impermeable dressings
- ensure blood and bodily fluid spills are dealt with immediately according to an organisation's infection control policy
- ensure sharps are disposed of into proper sharps containers
- ensure equipment (such as commodes) are cleaned thoroughly with detergent and hot water after use
- ensure MRSA risks are included in COSHH assessments and any appropriate control measures taken to reduce identified risks.

Routine MRSA screening should not be required unless there is a clinical reason for such screening to be performed (for example a wound getting worse or new sores appearing).

Advice can be sought from the provider of Occupational Health services to both Thornbury Nursing Services and the Scottish Nursing Guild."

The above is an extract from your Thornbury Nursing Services policy on MRSA. Please ensure you read the full policy and understand the content.

#### VIDEOS

NHS Hand washing: <https://www.youtube.com/watch?v=bAwS0UsIEDs>

Glove removal: <https://www.youtube.com/watch?v=dyLEd9cng5U>

COSHH: <https://www.youtube.com/watch?v=bkpn5zcs0M>

Hand washing: [http://www.youtube.com/watch?v=WhhVHIYI\\_Ho](http://www.youtube.com/watch?v=WhhVHIYI_Ho)

Infection Prevention & Control in Domiciliary Care: <http://www.youtube.com/watch?v=fkyJ2itsvdg>

Infection Control: <http://www.youtube.com/watch?v=l73JfV3n1bQ>

#### USEFUL WEBSITES

Health and Social Care Act 2008 – Infection Control Codes of Practice:  
<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

Healthcare Infection Society: [www.his.org.uk](http://www.his.org.uk)

The Infection Prevention Society (IPS): [www.ips.uk.net](http://www.ips.uk.net)

RIDDOR: <http://www.hse.gov.uk/riddor/reportable-incidents.htm>

RIDDOR in HSC: <http://www.hse.gov.uk/healthservices/riddor.htm>

Sensible risk assessment: <http://www.hse.gov.uk/healthservices/sensible-risk-assessment-care-settings.htm>

Five steps to risk assessment - <http://www.hse.gov.uk/risk/fivesteps.htm>

COSHH: <http://www.hse.gov.uk/coshh/index.htm>

Sharps Injury: <http://www.hse.gov.uk/healthservices/needlesticks/index.htm>

Sharps Legislation: <http://www.hse.gov.uk/pubns/hsis7.pdf>

Infection at work: Controlling the risks: <http://www.hse.gov.uk/pubns/infection.pdf>

NHS CG1 Standard Infection Prevention and Control Guidelines:  
<http://www.nhsprofessionals.nhs.uk/download/comms/cg1%20standard%20infection%20prevention%20and%20control%20guidelines%20v4%20march%202013.pdf>

MRSA Action: <http://www.mrsaactionuk.net/>

Beware of common household germs: <http://www.nhs.uk/Livewell/homehygiene/Pages/common-household-germs.aspx>

Causes of food poisoning: <http://www.nhs.uk/Conditions/Food-poisoning/Pages/Causes.aspx>

Healthcare associated infections: <http://www.npsa.nhs.uk/cleanyourhands/resource-area/nhs-resources/faqs-for-coordinators/faqs-hcai/>

## REFERENCES

CQC. (n.d.). *CQC Essential Standards*. Retrieved June 5, 2014, from CQC:  
<http://www.cqc.org.uk/content/essential-standards>

Health, D. o. (n.d.). *Health and Social Care Act 2008*. Retrieved June 5, 2014, from Department of Health:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216227/dh\\_123923.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216227/dh_123923.pdf)

HSE. (n.d.). *COSHH*. Retrieved May 28, 2014, from <http://www.hse.gov.uk/pubns/indg136.pdf>

HSE. (n.d.). *HSE COSHH*. Retrieved May 31, 2014, from HSE:  
<http://www.hse.gov.uk/coshh/basics.htm>

HSE. (n.d.). *HSE COSHH CONTROL MEASURES*. Retrieved May 31, 2014, from HSE:  
<http://www.hse.gov.uk/coshh/basics/control.htm>

HSE. (n.d.). *HSE RIDDOR*. Retrieved May 31, 2014, from HSE:  
<http://www.hse.gov.uk/riddor/reportable-incidents.htm>

HSE. (n.d.). *HSE RIDDOR in HSC*. Retrieved May 31, 2014, from HSE:  
<http://www.hse.gov.uk/healthservices/riddor.htm>

NHS. (n.d.). *NHS CG1 Standard Infection Prevention and Control Guidelines*. Retrieved June 5, 2014, from NHS CG1 Standard Infection Prevention and Control Guidelines:  
<http://www.nhsprofessionals.nhs.uk/download/comms/cg1%20standard%20infection%20prevention%20and%20control%20guidelines%20v4%20march%202013.pdf>

Reviewed 19<sup>th</sup> September 2016