

Infection Prevention & Control Induction Workbook



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Team Structure & Introduction	3
Chain of Infection	5
Hand Hygiene	10
Service User Education	14
Aseptic Non Touch Technique (ANTT)	15
Personal protective equipment	16
Management of sharps injuries	18
Cleaning advice	20
Waste Management	24
Monitoring & Performance (Essential Steps/ Saving Lives)	25
Knowledge Check	28
Infection Prevention and Control Employee checklist	32
Manager Checklist	33
References and Useful links	34

Team Structure

SBC Infection and Prevention Control Support Team

- Infection Prevention & Control Nurse Specialist - Elaine Foreman
- Gemma Ashton - IP&C Surveillance and Audit Assistant (part-time)
- Infection Control Link workers - each service has a link worker, do you know who yours is?
- Director of Infection Prevention and Control (DIPC) - DCS

Great Western Hospital (GWH):

- Great Western Hospital Infection Prevention & Control Team
- Consultant Microbiologist

Public Health England:

South West (North) - Consultant in Communicable Disease Control (CCDC),
Health Protection Nurses (HPNs)



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Introduction - Your role in helping prevent the transmission of Infection

Effective infection prevention and control practices are essential in ensuring service users who access health and social care services we deliver, receive safe and effective care.

SBC is committed to providing a service where effective prevention and control of infection is part of everyday practice and is applied consistently by everyone.

Robust management and organisational processes developed by the Infection prevention and control team and implemented by you, are crucial in ensuring high standards of infection prevention and control are maintained across our organisation.

What do the regulations say?

All health and social care providers are required to register with the Care Quality Commission (CQC) in order to legally operate. In order to successfully register, SBC are required to provide evidence of compliance to the CQC's 'Essential Standards of Quality and Safety' (2011).

In order to assure sound infection prevention and control practices, compliance to Regulation 12, Outcome 8 we must be able to provide the evidence that 'cleanliness and infection control' is being achieved.

Outcome 8 is aligned to the requirements of the Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance (referred to in this document as the Code of Practice).

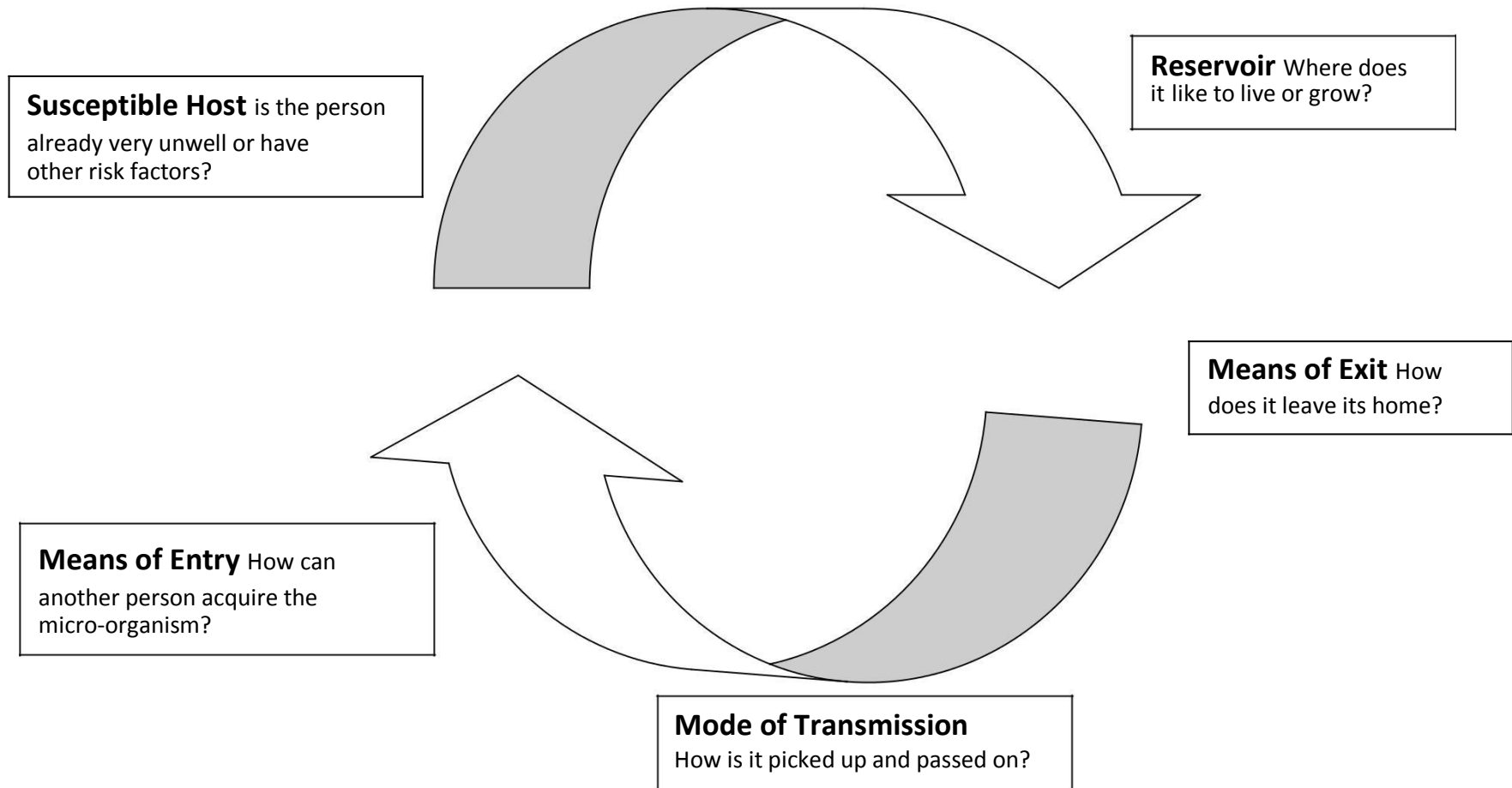
This workbook has been written to provide you with an introduction to the essential aspects of Infection Prevention and Control that will keep you and your service users safe wherever you practice.

There are significant learning points included in the workbook that will help you identify persons at risk and the effective infection prevention and control measures.

This workbook has been developed on the principles of adult learning where you take responsibility for your own learning and subsequent practice. A knowledge check at the end of the workbook is to be completed, helping embed key knowledge and skills in your work. You then need to enter this learning on your Learning Management System (LMS) Record to demonstrate compliance with this area of your mandatory training.

Chain of Infection

Infectious Agent e.g.
bacterium, virus, parasite



Link 1 - Infectious Agent (pathogenic micro-organism)

The causative agent is any pathogenic micro-organism capable of gaining access to a host. The main types of organism causing human infection include bacteria (e.g. salmonella, *Staphylococcus aureus*), viruses (e.g. hepatitis A, B or C), fungi, or yeasts (e.g. *Candida albicans*).

Link 2 - Reservoir of Infection

These are places where the organism may live and survive. Reservoirs can include people, animals, the environment, food or water. Contaminated food may act as a reservoir, for example if it is contaminated with salmonella or campylobacter. Other examples of reservoirs for micro-organisms include articles such as towels, flannels, wash bowls, bed pans, contaminated equipment etc. Micro-organisms can survive on surfaces for varying periods of time, where they may persist and survive but not necessarily grow.

Humans are also significant reservoirs of potentially infective organisms, our skin and particularly the sweaty areas can harbour *Staphylococcus aureus* and our noses or throats could harbour cold and flu viruses or Group A streptococcus.

Link 3 - Means of Exit/Way out

Pathogens need to escape from the original reservoir in order to spread and this can occur in a number of ways. The 'way out' can include vomit (e.g. norovirus), faeces (*Salmonella*), droplets from the nose, sneezing (e.g. cold and flu as well as wound fluid (exudate), skin cells, hair etc. Some micro-organisms e.g. norovirus, may combine two or more exit routes e.g. vomit and faeces.

Skin scales which are home to *Staphylococcus aureus* are often shed when dressing or undressing, especially when skin is very dry or when towelling after a shower, this can allow skin organisms on the scales to be shed into the environment.

Link 4 - Mode of Transmission

Having escaped from the original reservoir, the pathogens must spread to another host to survive. This can be through direct contact/spread (i.e. direct from reservoir to victim with no other objects involved), for example via droplets breathed out from an infected person and then directly breathed in by a susceptible person or via contaminated hands. Indirect spread involves transmission via contaminated objects, for example unsterile wound dressings, contaminated toilets, hand-contact surfaces or contaminated food/water.

Contaminated hands are the most common way infections are spread. Some micro-organisms may spread in more than one way e.g. influenza /cold viruses can be breathed in via droplets, however it is thought up to 40% may be caused by touching contaminated surfaces or contaminated fingers touching the nasal/mouth area.

Link 5 - Means of Entry/Way In

Once the micro-organism has escaped from the reservoir and found its way to another potential host, it will usually need a way in, i.e. the micro-organism needs to enter the body prior to establishing itself and prompting an infective response.

Organisms can be inhaled (e.g. colds/flu) or ingested (norovirus, salmonella), they can enter via breaks in the skin (cuts and wounds, lines) or other devices which bypass the body's outer defences (e.g. urinary or peripheral catheters). Micro-organisms must at some stage find a 'way in' in sufficient numbers to the right part of the body to cause infection. This may be immediately after exposure or after a period of harmless colonisation.

Link 6 - Susceptible Host

People are at risk of developing infection if they are in contact with the pathogenic organism in sufficient numbers that would cause illness. Some people have a higher risk of developing an infection than others. People who are very young or the very old are more at risk because their immune system may not be fully developed or may be waning. Those who are immunosuppressed (e.g. undergoing chemotherapy, HIV positive or on long term steroid), are malnourished or have unprotected wounds are also more susceptible than others to some diseases. Although people differ in their susceptibility, all human beings have some protection known as 'innate resistance'. Every infection is a battle between the ability of the micro-organism to cause disease and the ability of the host to resist infection.

Breaking the Chain of Infection

In order to prevent or reduce the spread of infectious diseases the 'Chain of Infection' must be broken. Breaking the chain means removing one or more links to halt the spread of infection. This usually involves:

- a) **Controlling or eradicating the source of infection** through appropriate actions such as isolation, immunisation, cleaning, disinfection and sterilisation of items, equipment and the environment.
- b) **Control of transmission** is the easiest way to break the chain which you put into practice every day and can be achieved through effective hand-washing, aseptic techniques and control of healthcare environment.

Effective hand decontamination has been shown to be effective in preventing the spread of infection by reducing the overall numbers of transient and resident skin flora.

Effective cleaning and decontamination of equipment and the environment is essential to reduce the environmental burden.

- c) **Protecting the individual at risk** by immunisation
- d) **Preventing microbes from entering the body** by wearing protective clothing, using an aseptic technique when handling invasive devices, skin decontamination, covering wounds and insertion sites with sterile dressings or maintaining a closed drainage system when handling urinary catheters for example.

[Aseptic Non-Touch Technique](#) (ANTT) must be practised for sterile procedures (e.g. urinary catheterisation, wound care) and will prevent the transmission of micro-organisms. **Before** any health care professional, registered or non-registered undertakes an aseptic procedure, they need to complete the ANTT training and ANTT competency (found on Child Health Policies page).

Pathogenic micro-organisms are naked to the human eye so it is not always impossible to identify anyone who may be infectious to others unless signs and symptoms are obvious indicating infection is active. Some diseases are actually infectious before any signs develop, as in the case of chickenpox, however, some infections may not show any obvious signs or symptoms at all, such as hepatitis B or HIV.

Some people may be carriers without developing an infection themselves, e.g. salmonella or MRSA. For this reason it is important that everyone who is caring for service users carries out the principles of **Infection Prevention and Control by implementing a set of standard precautions at all times**, regardless of whether infection is present or suspected.

The principles of Infection prevention and control relate to:

- Hand hygiene
- Environmental Hygiene
- Personal protective equipment
- Safe use and disposal of sharps
- Principles of asepsis

The setting in which you deliver your care is immaterial, it is important that standard precautions are adhered to wherever you are, for example soap, water and hand towels may not be available, however hand wipes, kitchen towel and alcohol gel can achieve appropriate standards and are readily available.

Standard Precautions include:

- Hand hygiene
- Use of protective clothing and equipment
- Safe use of sharps
- Cleaning and disinfection of equipment and the environment
- Principles of asepsis
- Respiratory Etiquette
- Disposal of waste
- Food hygiene
- Safe provision of linen & laundry
- Management of inoculation injuries (bites and injuries with sharps and body fluids)
- Management of invasive devices and wounds

KEY LEARNING POINTS

- The way in which infection is spread can be thought of as a continuous chain with 6 links.
- In order to prevent infection or stop it spreading, one or more links in the chain must be broken.
- This can be done by controlling or eradicating the source of infection, control of transmission, protecting the individual at risk and/or by preventing microbes from entering the body.
- The easiest way of breaking the chain is by controlling transmission
- This can be achieved through practising standard infection control precautions.
- Standard infection control precautions include Hand hygiene; Use of protective clothing and equipment; Safe use of sharps; Cleaning and disinfection of equipment and the environment; Principles of asepsis; Respiratory Etiquette; Disposal of waste; Food hygiene; Safe provision of linen & Laundry; Management of inoculation injuries (bites and injuries with sharps and body fluids); Management of invasive devices and wounds.

Hand Hygiene



Hand hygiene is the most important method of preventing the spread of micro-organisms. The purpose of hand hygiene is to remove or destroy any bacteria picked up on the hands (transient bacteria). In some situations (e.g. prior to invasive procedures), it is necessary to also reduce the numbers of bacteria that normally live on the skin (resident bacteria). This prevents organisms being transferred to other people, while at the same time protecting oneself. The hand hygiene product (soap/ antibacterial soap/ alcohol hand gel) needs to come into contact with all surfaces on the hand, Epic 3 (2013).

What can you do? Decontaminate your hands using an effective technique



STEP 1
Rub palms together.



STEP 2
Rub the back of both hands.



STEP 3
Interlace fingers and rub hands together.



STEP 4
Interlock fingers and rub the back of fingers of both hands



STEP 5
Rub thumb in a rotating manner followed by the area between index finger and thumb for both hands.



STEP 6
Rub fingertips on palm for both hands.

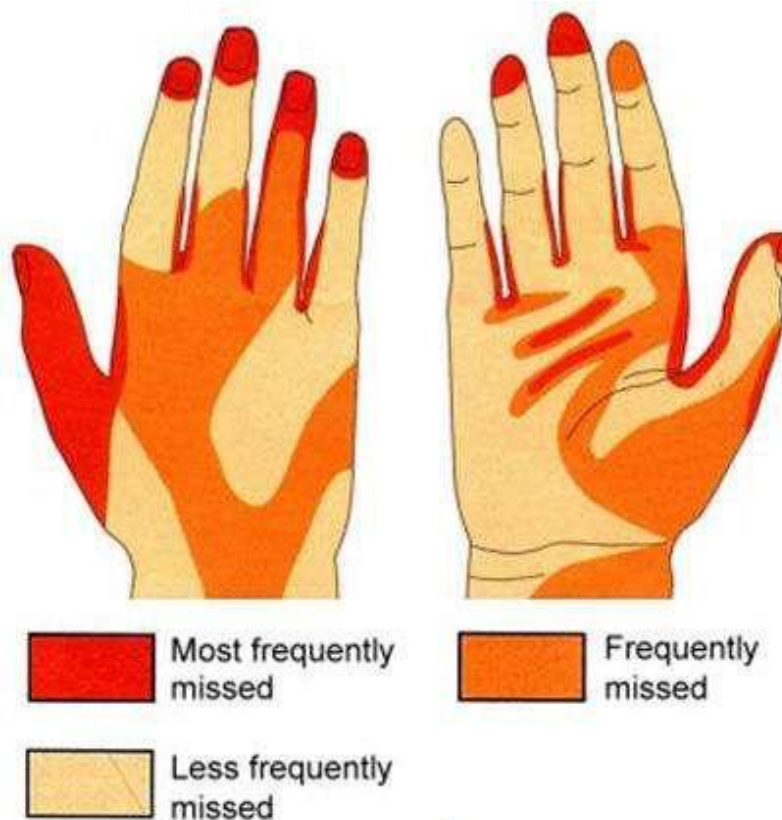


STEP 7
Rub both wrists in a rotating manner. Rinse and dry thoroughly.



Remember Applying an alcohol hand rub should follow exactly the same technique described above, to cover all areas of the hands

In this diagram the darker areas show the area's most commonly missed when washing hands. Following a recognised technique may help ensure all areas of the hands are decontaminated.



Hands can be decontaminated either through hand washing with soap and water or by using an alcohol gel or rub.

Hand washing

Hand washing must be carried out using running water at a comfortable temperature. Clinical hand washbasins should be provided wherever the clinical care is being provided e.g. Treatment/ clinic rooms, dirty utility rooms and kitchens. A clinical hand washbasin consists of lever-operated mixer taps, with no plug and no overflow. If mixer taps are not available for any reason, a thermal control can be added to the hot tap to provide warm running water. In homes, colleagues must also be able to wash their hands under warm running water.

Liquid soap should be used for hand washing. This should be provided in wall mounted dispensers with disposable cartridges or disposable pump action bottles. Refillable cartridges are not recommended. Dispensers must be kept clean and replenished.

Alcohol hand rubs/gels

Alcohol hand rubs/gels must conform to current British Standards (BS EN 1500:1997) and may be used as an alternative to soap and water if the hands are visibly clean.

Alcohol rubs/gels **must not** be used if:

- hands are visibly soiled or potentially contaminated with body fluids
- When there is potential for the spread of alcohol resistant organisms (such as *Clostridium difficile* or other organisms that may cause diarrhoeal illness).

Wet hand wipes should be available for use in situations where appropriate hand washing facilities may not be present. If hands are not visibly soiled alcohol gel/rub may also be used.

Alcohol gels and wet hand wipes are a good option for service users who are less mobile so could be recommended by you when you are advising them of how to manage their hand hygiene.

Colleagues are encouraged to regularly use Hand creams, to help protect hands and condition the skin. This must be supplied as individual labelled tubes or in a pump action container and not in shared pots.

Disposable paper towels must be available at all hand wash basins in clinical/care settings including toilets and kitchens. Communal (e.g. cotton) towels must **NOT** be used in clinical/care settings. In service users own homes use paper/kitchen roll or a clean cotton towel.

Routine Hand Hygiene

The aim of routine hand hygiene is to remove dirt and most removable (transient) micro-organisms found on the hands. It is essential that it is performed in the following circumstances:

1. Before starting work and going home
2. Before and after patient/client contact
3. After using the toilet
4. Before eating, handling and preparing food
5. After handling pets
6. After handling refuse and clinical waste
7. When hands look or feel dirty
8. After any cleaning activities



Healthcare associated infection (HCAI) is not just a problem for hospitals. These days many service users often travel between different health and social care settings to

receive their care, meaning that there is a greater risk that pathogenic micro-organisms are being spread. Regular, effective hand hygiene among health and social care staff is one of the most critical factors in reducing this spread and demonstrates good practice to colleagues and service users alike.

KEY LEARNING POINTS

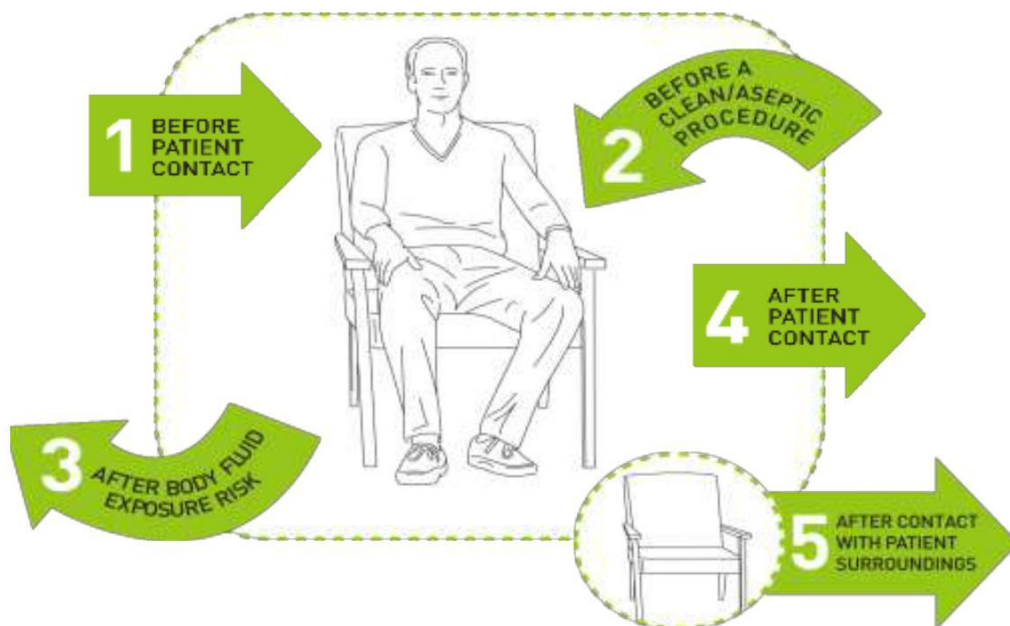
When providing care or interacting with service users, colleagues must ensure they can decontaminate their hands at all times by:

- Being bare below the elbow when delivering direct care i.e. wearing short or rolled up sleeves
- Removing wrist and hand jewellery i.e. not wearing a wrist watch or stoned rings
- Keep fingernails short, clean and free from nail varnish and extensions
- Covering cuts and abrasions with waterproof dressings

SBC actively promotes hand hygiene with all its health and social care staff and is also committed to ensuring colleagues receive the correct resources, training and support in order to perform hand hygiene at the right time and in the right way to prevent HCAI. To facilitate this we have adopted multiple approaches including the World Health Organisations (WHO) ‘My 5 Moments for Hand Hygiene’ approach. This defines the 5 key moments when health and social care staff should perform hand hygiene during their working day.

Five Moments

The 5 Moments for hand hygiene approach defines the key moments when health and social care workers should clean their hands when interacting with service users.



It is important that all SBC health care staff such as care assistants, support workers, nurses and therapists have access to good hand hygiene facilities in a wide range of settings including in service user areas, clinics, health centres, and people’s homes. Colleagues are prompted to decontaminate their hands using either alcohol hand gel or soap and water at the critical time and place - ‘at the point of care’ wherever and whenever service user care is provided.



Remember: The point of care is exactly where the care action takes place and is defined as “the place where three elements come together: the patient, the health care worker, and the care or treatment, involving contact with the patient” WHO 2012.

Remember to:

- Look after your hands
- Dry properly and thoroughly
- Apply hand moisturiser at the start and end of shifts or when going on a break
- If skin problems develop contact [Occupational Health 01793 604472](tel:01793 604472)

Service user education

NICE Clinical Guideline 139 and the latest guidance Epic 3 (2013) has re-emphasised the role service users have in being partners in their care and particularly how we, as health care staff need to give advice and guidance on effective hand hygiene so they can continue protecting themselves following our care delivery .

It states:

Patients and relatives should be provided with information about the need for hand hygiene and how to keep their own hands clean.

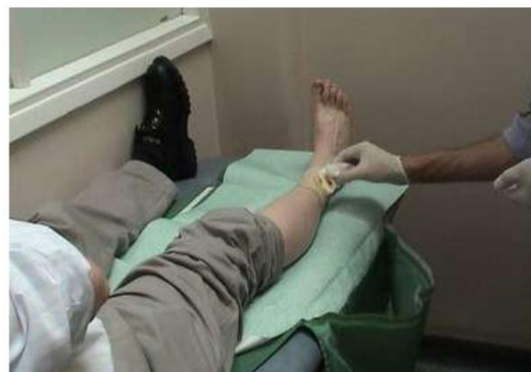
Patients should be offered the opportunity to clean their hands before meals; after using the toilet, commode or bedpan/urinal; and at other times as appropriate.

Products available should be tailored to patient needs and may include alcohol-based hand rub, hand wipes or access to hand wash basins.

There are some higher risk activities that require service users to be very aware of their care practice and hand hygiene. These include care of **Invasive devices**.

You are required to inform, educate and support service users who have these indwelling devices to reduce their ongoing risk. After discussing this area of care with them, please give them a patient information leaflet (on policy site to help remind them and document the advice given in the care record).

Underpinning Clinical Practice



What is ANTT?

ANTT is a series of nationally peer reviewed clinical guidelines which standardise practice for the most common aseptic practices. ANTT practice aims to prevent micro-organisms on hands, surfaces and equipment from being introduced to a susceptible site

- **When do we need to use ANTT?**
 - At all times when undertaking any clinical procedure requiring asepsis
- **Who needs to undertake ANTT?**
 - Any person who undertakes clinical procedures requiring asepsis, irrespective of grade or title

All colleagues who undertake aseptic procedures as part of their role are required to complete the SBC ANTT training.

Further information can also be found at www.antt.org

You will be required to follow the latest guidance for insertion, maintenance and care of any Invasive Devices and ANTT is crucial in all steps of the process.

The areas where you can minimise risk when working with **vascular invasive devices** are related to your actions when:

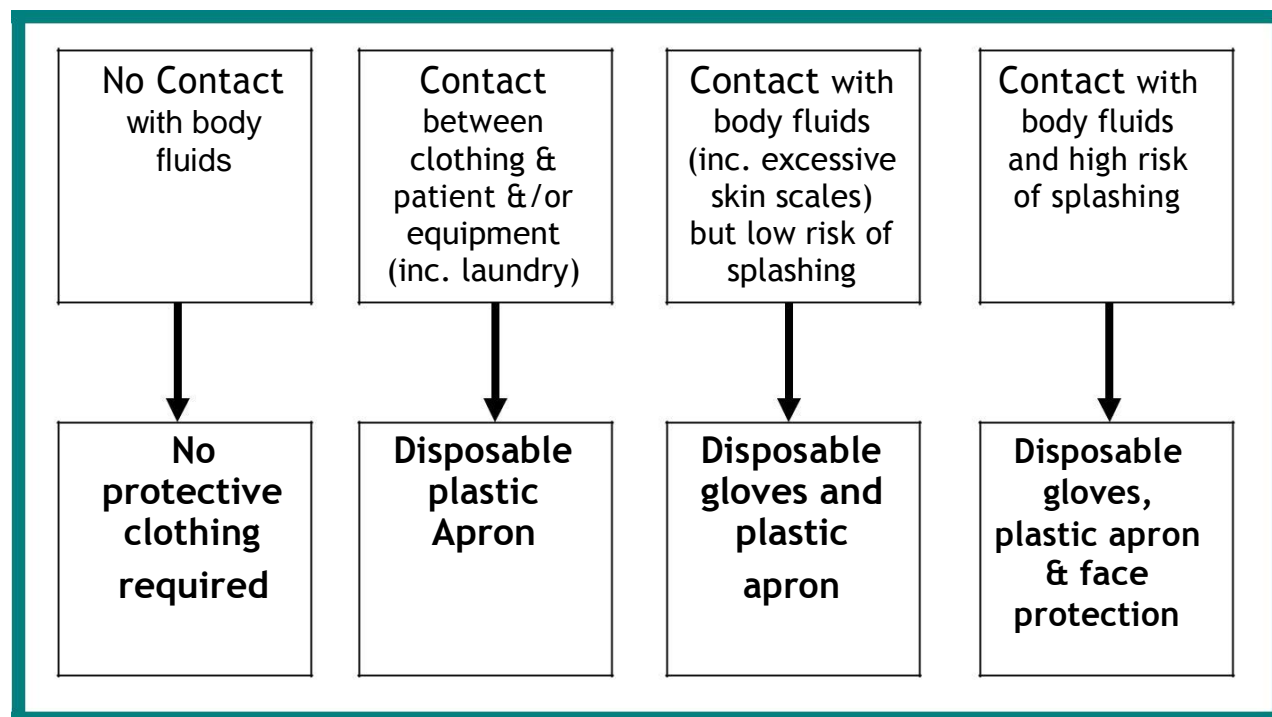
Inserting a Vascular Access Device	Maintenance and delivering on-going care
Hand hygiene	Hand hygiene
Personal protective equipment	Continuing clinical indication
Skin preparation	Site inspection
Dressing	Dressing
	Cannula access
	Administration set replacement
	Routine cannula replacement

Latest evidence based guidance on insertion and care of vascular access devices is available at guidance.nice.org.uk/CG139

Personal Protective Equipment

Protective clothing is an essential part of health and social care. It is used to protect a person from risk to their health and safety while at work. It is used to protect the skin from contact with blood and body fluids and also protects clothing from gross contamination.

Risk assessment for PPE



Selection of Personal Protective Equipment must be based on an assessment of the risk of transmission to the service user and the risk of contamination of colleagues clothing and skin by service users blood, body fluids, secretions and excretions.

Gloves

Gloves must be worn for:

- Invasive procedures
- Contact with sterile sites and non-intact skin or mucous membranes
- All activities that carry a risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments
- Gloves must be worn as single use items and must be changed after each procedure or different care activity with the same client and hands washed following their removal
- Gloves should be appropriate to the task and must conform to European Union legislation



- Latex free gloves are in use throughout SBC- any skin irritations or allergies should be reported to Occupational Health

Aprons

These are worn to protect the clothing from gross contamination. The decision to wear an apron is based upon an assessment of the risk of contamination with body fluids. A long sleeved fluid repellent gown should be worn if there is a risk of extensive splashing of blood, body fluids, secretions or excretions



Remember: Aprons and Gloves are **both** single use and should be changed between tasks then discarded appropriately.

Refer to the principles of ANTT for decision making on when to use sterile or clean gloves

Examples of when aprons should be worn:

- When delivering direct care, e.g. bathing a service user
- When helping service users in the toilet
- When cleaning equipment and environment
- During bed making
- During food handling

Masks, visors, eye protection

Face masks and eye protection **must** be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face or eyes.



KEY LEARNING POINTS

- Decontaminate your hands using either alcohol hand rub or soap and water at the critical time and place - 'at the point of care' wherever and whenever care is provided.
- Patients and relatives should be provided with information and guidance about the need for hand hygiene and how to keep their own hands clean.
- All colleagues who undertake aseptic procedures as part of their role are required to complete the SBC ANTT training package and competency
- Gloves are **NOT** to be worn as an alternative to hand hygiene & hands must always be decontaminated immediately after the removal gloves
- PPE is used to protect the skin from contact with blood and body fluids and also protects clothing from gross contamination.

Management of Sharps



Clinical sharps include needles, scalpels, stitch cutters, glass ampoules, pen injection devices, sharp instruments and broken glass. The safe handling and disposal of sharps is paramount in reducing the risk of exposure to blood borne viruses and extreme care must always be taken when using and disposing of sharps.



All colleagues have a responsibility to:

- Use safe working practices when handling and using sharps or working procedures likely to expose them to blood or body fluids **including using safer sharps** where provided
- Attend training and updates as required
- Avoid acts or omissions that may endanger themselves or other persons when handling and using sharps or carrying out procedures where exposure to blood and body fluids could occur
- Ensure you are familiar with any risk assessments which have been undertaken in relation to the practices and procedures for use of sharps or exposure to blood and body fluids
- Report all injuries and incidents using the online reporting system for clinical incidents (Sentinel)



Remember:

- Never pass sharps directly from hand to hand
- Keep the handling of sharps to a minimum
- Used needles must be discarded directly into a rigid sharps container at the point of use
- Never re-sheath, bend, break or disassemble needles prior to use or disposal. Discard needle and syringe as one unit into a sharps bin.
- Never fill the sharps bin more than two-thirds full and ensure that it is correctly assembled, labelled and secured before disposal.
- Use Safer needles or devices whenever provided

Sharps containers must

- Be located in a safe position that avoids spillage
- At a height that allows the safe disposal of sharps
- Be away from public access areas
- Be out of the reach of children
- Be disposed of when the fill line is reached
- Be temporarily closed when not in use
- Disposed of every 3 months even if not full



What to do in case of injury

First Aid

- Encourage wound to bleed - do not suck the wound
- Wash well under running water
- Cover wound with a waterproof dressing
- Get injury risk assessed by Occupational Health or Great Western Hospital Emergency Department Out of Hours

Report Incident

- Report to line manager and complete Sentinel
- Contact Occupational Health immediately between 08:30 - 16:30 ☎ 01793 604472
- If out of office hours contact GWH Emergency Department ☎ 01793 604104

Cleaning Advice



In order to minimise the acquisition and/or spread of infection within a healthcare facility all equipment and environments should be clean.

In general, it is considered that the environment has a relatively low role in the transmission of infection. However the environment is known to play an

important role in cross infection during outbreaks. Door handles, flush handles, taps etc have all been implicated. Therefore, special attention must be played to these fittings during outbreaks. In addition, accumulations of dust, dirt and liquid residues will increase infection risks and must be reduced to the minimum. This can be achieved by regular cleaning and by using good design features in buildings, fittings and fixtures.

Disposable, non-shedding cloths or paper roll should be provided for cleaning purposes. Equipment and materials used for general cleaning should be kept separate from those used for the cleaning of body fluid spillage. Do not leave cloths or mops stored in disinfectants or buckets.



Remember:

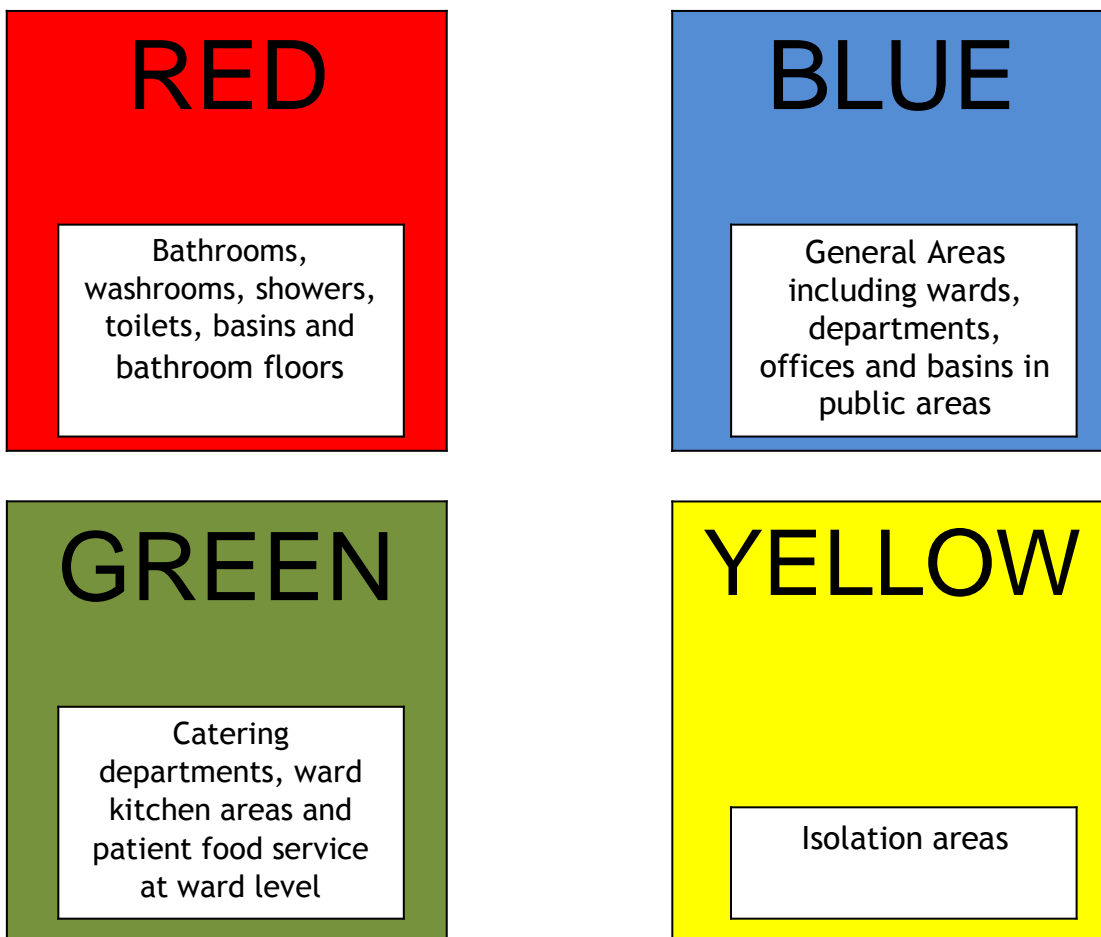
The golden rule: Work from the cleanest area towards the dirtiest area. This greatly reduces the risk of Cross Contamination.

1. The aim of a colour coding system is to prevent cross contamination.
2. It is vital that such a system forms part of any employee induction or continuous training programme.
3. A minority of people are colour blind in one or more colours. Some individuals may not know this and colour identification testing should form part of any induction training.
4. The colour-coding system must relate to all cleaning equipment, i.e. mops, buckets, cloths and where possible aprons & gloves.
5. Monitoring & stock control of colour-coded disposable items is extremely important.

(The Revised Healthcare Cleaning Manual)

National colour coding scheme for hospital cleaning materials and equipment

All healthcare organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.



(Revised Healthcare Cleaning Manual 2009)

Cleaning/Decontamination of Equipment

Equipment can be categorised according to the risk of infection it poses to the client.

- Items in contact with intact skin are classed as **low risk** and should be cleaned unless there is a known infection risk e.g. *Clostridium difficile* which increases the risk of cross infection
- Items in contact with mucous membranes (eyes, mouth or rectum) are classed as **intermediate risk** and at least **cleaned and disinfected** between uses.

- Items that enter the body or have contact with broken skin, broken mucous membranes or with the vagina are classed as **high risk** and must be **single use or cleaned and sterilised before each use**.

Decontamination of Equipment

Risk	Application of Item	Recommendation
Low	<ul style="list-style-type: none"> In contact with healthy skin or: Not in direct contact with service user e.g. furniture, mattresses, surfaces	<ul style="list-style-type: none"> Single use item or Clean item
Intermediate	<ul style="list-style-type: none"> In contact with mucous membranes or Contaminated with virulent or readily transmissible organisms (body fluids) or <i>C.difficile</i> Prior to use on immunocompromised service users E.g. thermometers, auroscope earpieces	<ul style="list-style-type: none"> Single use item or Clean item then disinfect or sterilise (Item does not need to be sterile when used) NB Items used in the vagina or cervix must be single use or sterilised
High	<ul style="list-style-type: none"> In contact with a break in the skin or mucous membrane or For introduction into sterile body areas E.g. uterine sounds, surgical instruments	<ul style="list-style-type: none"> Single use item or Clean item then sterilise Use sterile items

Adapted from MAC Manual (2010) Part 2

Single Use Items

Single use devices are medical devices that are intended to be used on an individual service user during a single procedure and then discarded. They are not intended to be reprocessed and used on another service user or episode of care. The labelling identifies the device as disposable and not intended to be reprocessed and used again.

Some single use devices are marked as non-sterile. These devices require processing to make them sterile and ready for use. The manufacturer of the device will include appropriate processing instructions to make them ready for use.

The expression 'Single Use' on the packaging of medical devices means that:

- the device must be used once and then discarded;

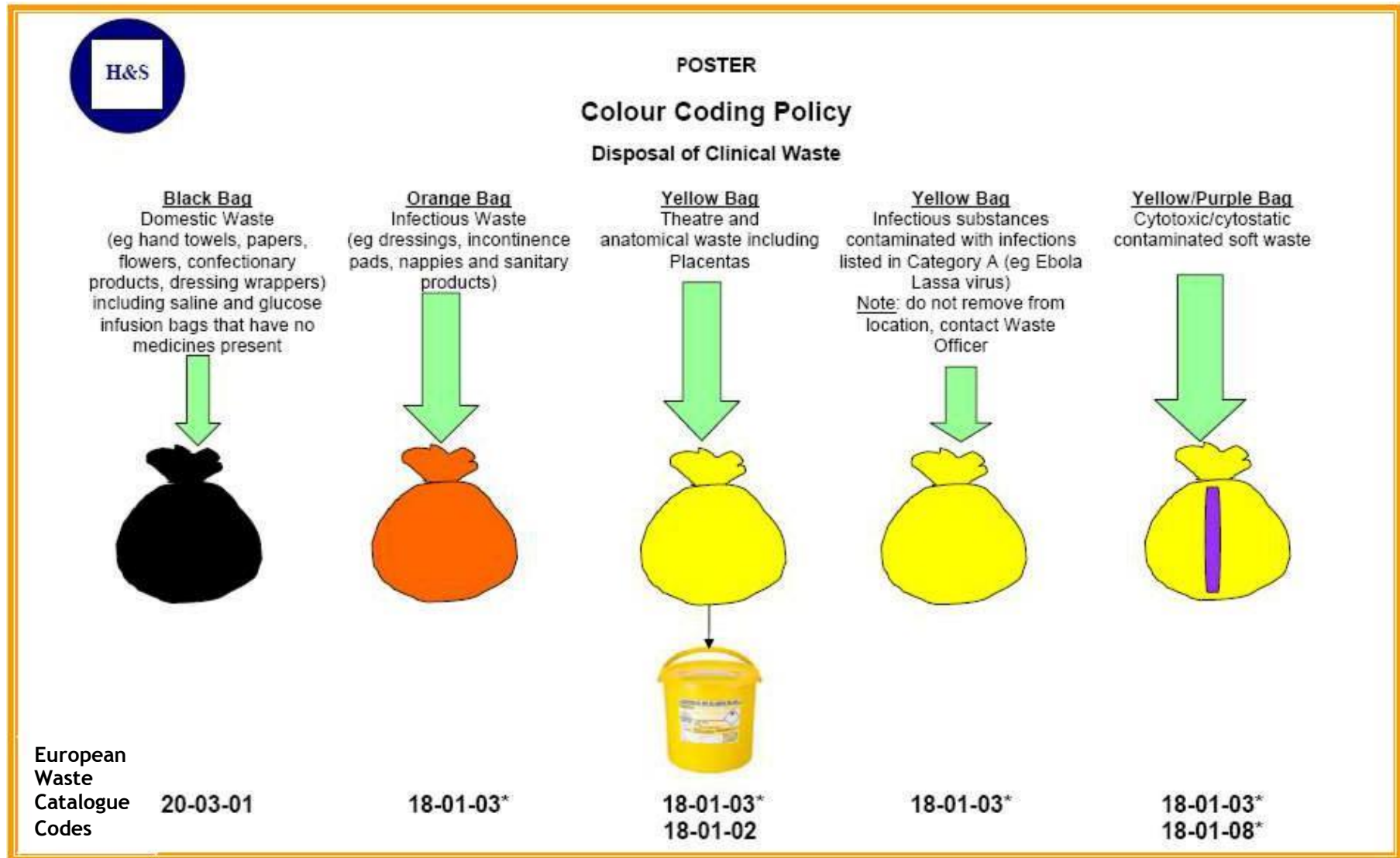
- the manufacturer has evidence to confirm that reuse of the device would be unsafe

Single Use Item Symbol



Waste Management

For SBC staff delivering clinical activities



Adapted from Waste Management Protocol 2013

Offensive Waste is waste that is non-infectious and non-hazardous but may cause offense to others coming into contact with it. Examples include used incontinence products. You may come across this waste stream in a residential care setting and the bags will be yellow with a black stripe, often referred to as a 'tiger bag'.



Essential Steps Care Bundles

Essential Steps to Safe, Clean Care was introduced by the Department of Health in 2006 and was aimed at organisations that provide and commission health and social care services in community and non acute settings. This programme provides a framework to support the prevention and management of infections throughout the whole organisation with and provides an emphasis on engaging and empowering frontline health and social care colleagues. The essential steps framework is made up of a number of interlinked tools and products and can be used on an organisation wide basis, as well as individual departments and teams. Full implementation of essential steps provides evidence of compliance with the health and social care act 2008 code of practice.

Essential steps tools enables peer review of practice and allows colleagues to make any changes necessary to ensure they are meeting best practice, therefore improving service user safety. These reviews of practice are consolidated to provide an overall score which can demonstrate compliance with best practice within the organisation. SBC use the results from the review tools to form the basis of an audit programme which provide us the means of monitoring, measuring and addressing our effectiveness and quality of current practices.

There are three Essential Steps care review tools currently used within SBC community services:

Preventing the spread of infection

Aim:

To reduce the risk of microbial contamination in everyday practice and ensure there is a managed environment that minimises the risk of infection to service users, colleagues and visitors.

Risk elements:

- Hand hygiene
- Use of personal protective equipment
- Aseptic technique
- Safe disposal of sharps

Urinary catheter care

Aim:

To reduce the occurrence of urinary tract infection related to indwelling urethral catheters

Risk elements:

Catheter Insertion

- Assess the need for catheterisation
- Clean the urethral meatus
- Selection of catheter drainage options
- Prevention of the spread of infection

Continuing care

- Sterile sample of urine
- Maintaining a closed drainage system
- Draining bag position
- Preventing the spread of infection

Enteral feeding

Aim:

To reduce the risk of infection associated with enteral feeding

Risk elements:

- Preparation and storage of feeds
- Administration of feeds
- Care of insertion site and enteral feeding tube
- Preventing the spread of infection

Saving Lives: reducing infection, delivering clean and safe care

In 2007 Saving Lives: reducing infection, delivering safe clean care, was launched by the Department of Health to support more acute areas of health care meet the legal requirements relating to infection prevention and control outlined in the then ‘new’ code of practice.

It included a revised assessment and action planning tool based on the duties contained within the Code, known as High Impact Interventions (HIIs), they are based on a “care bundle” concept, integrate the latest evidence-based guidelines and provide a means for staff to measure compliance to key clinical procedures.

They are designed to help SBC staff to ensure that every patient receives the right care, every time. The most relevant HII’s in SBC community health services are:

High Impact Intervention No 1 Central Venous catheter care bundle

Aim: To reduce the incidence of catheter-related bloodstream infection (CR-BSI)

Risk Elements

- Insertion
- ongoing care.

High Impact Intervention No2 Peripheral intravenous cannula care bundle

Aim: To reduce the incidence of peripheral intravenous cannula infections

Risk Elements

- Insertion
- ongoing care.

High Impact Intervention No 6 Urinary Catheter Care bundle

Aim: To reduce the incidence of urinary tract infections related to indwelling urethral catheters

Risk Elements

- Insertion
- ongoing care.

High Impact Intervention No 7 Care bundle to reduce the risk from *Clostridium difficile*

Aim: To reduce the risk of infection from and the presence of *Clostridium difficile*,

Risk Elements

- Antibiotic prescribing
- Hand & Environmental hygiene
- Personal Protective Equipment
- Isolation



Remember: The engagement and empowerment of front line colleagues is central to the success of implementing the review tools. Please ask your ICLN to see the tools and the Infection Prevention and Control dashboard. It is an essential part of the induction that all colleagues are familiar with using the review tools and are also reviewed themselves.

KEY LEARNING POINTS

- In order to minimise the acquisition and/or spread of infection within a healthcare facility all equipment and environments should be clean
- Equipment can be categorised according the risk of infection it poses to the client, low risk, intermediate risk and high risk. There is no such thing as NO risk!
- All healthcare practitioners have a duty to ensure that healthcare waste is disposed of in a safe and appropriate way that ensures the health and safety of themselves, other professionals, service users, contractors, waste carriers and ultimately the environment.
- Essential Steps, Saving Lives and SBC care bundle tools enable peer review of practice and allow colleagues to make any changes necessary to ensure they are meeting best practice, improving service user safety and enhancing professional and personal development.

Infection Prevention and Control Questions

After reading the work book please answer the questions below.

The link networker for my area is _____contact number _____

What is the name of the Care bundle review tools in use in your area.

1. What are the six links in the chain of infection?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

2. How can micro-organisms be spread from person to person?

3. There are 4 ways to break the chain of infection, what are they?

4. Who is a susceptible person?

5. What do standard infection control precautions include?

6. What are the five key moments when health care workers should clean their hands?

1. _____
2. _____
3. _____
4. _____
5. _____

7. When should alcohol hand gel not be used?

8. How many steps are there when washing your hands?

9. Name two commonly missed areas when washing hands:

1. _____
2. _____

10. Why is Personal Protective Equipment (PPE) worn?

11. What assessment needs to be undertaken before wearing PPE?

12. When should gloves be worn?

13. Can the same apron be worn several times? _____

14. If there is a risk of fluid splashing in your face what protective clothing would you wear?

15. What actions must you take in the event of a sharps injury?

16. What does this symbol mean?



17. Prior to decontaminating items of equipment what should be taken into consideration?

18. What are the four colours of the national coding scheme for cleaning equipment and what areas do they relate to?

1. _____
2. _____
3. _____
4. _____

19. What is the difference between Orange bag waste and black bag waste?

20. What is the purpose of Essential Steps/ Saving Lives and SEQOL Care Bundles?

21. Name the three Essential steps care review bundles currently in use.

1. _____
2. _____
3. _____

22. What is central to the success of care review bundles?

23. When do we need to use ANTT?

24. Who needs to use ANTT?

25. What two professional development actions must you taken prior to undertaking any procedure that requires an aseptic technique?

26. Where do you record your competency for undertaking ANTT procedures?

27. In relation to service user education, what should service users be provided with according to NICE Clinical CG139 and epic 3 guidelines?

28. Where on the extranet can you find the staff and service users Infection Prevention and Control leaflets?

29. Who is responsible for Infection Prevention and Control in your area?

30. What date have you booked for your next mandatory Infection Prevention and Control update?

Congratulations you have now completed your Infection Prevention & Control Induction. Make sure you remember to log this learning on your LMS Infection Prevention and Control Colleague Checklist

Name Role

Area

Start date Mentor

Colleague Checklist	Signature of mentor	Date	Signature of employee	Date
To be completed within first week of commencing employment				
Introduce yourself to team/service ICLN				
Complete the Infection Control Induction Work Book & record its completion on your LMS record				
To be completed within first month of commencing employment				
Peer reviewed by a colleague using an Essential Steps review tool				
Ensure findings/scores reported to ICLN				
Undertake a peer review of colleague using an Essential Steps review tool as appropriate. Report findings/scores to ICLN				
Access extranet and locate Infection prevention and control policy, procedures and leaflets.				
To be completed within six weeks of commencing employment				
Plan a date for attendance at an I P & C update, 12 mths after starting & relevant to your area of practice to meet mandatory trg. requirements				
Complete ANTT training and competency if relevant to role				
Complete Urinary Catheter training if relevant to role.				

Infection Prevention and Control Managers Checklist	Date & Signature
To be completed by manager within the first week of colleague commencing employment	
Introduced themselves to team/service ICLN	
Record Completion of the Infection Control Induction Work Book <i>(Ensure colleague updates Learning Management System (LMS). Keep record of completion in colleague members file</i>	
To be completed within first month of commencing employment	
Is peer reviewed by a colleague using an Essential Steps/Saving Lives/SEQOL review tool as appropriate? <i>(Ensure findings/scores reported to ICLN)</i>	
Undertake a peer review of colleague using an Essential Steps review tool. <i>(Ensure findings/scores reported to ICLN)</i>	
Can demonstrate accessing Infection prevention and control policies, procedures and leaflets via extranet	
Ensure that employee checklist is completed, signed and dated.	
To be completed within six weeks of commencing employment	
Completed ANTT Training and Competency if relevant to role	
<i>Ensure colleague updates Learning Management System (LMS) Record. Copy of competency to be kept in colleague members file.</i>	
Completed Urinary Catheter training if relevant to role.	
<i>Ensure colleague updates Learning Management System (LMS). Keep record of completion in colleague members file.</i>	

References

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2015) available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf

Essential Standards for Quality and Safety (CQC)

<http://www.cqc.org.uk/content/regulations-service-providers-and-managers>

epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England (2013) available at

<http://www.journals.elsevier.com/journal-of-hospital-infection/>

Revised Cleaning Manual (2009) National Patient Safety Agency/ available at <http://www.ahcp.co.uk/resources/healthcare-cleaning-manual.html>

National Institute for Health and Social Care Excellence. (2012) CG139 Infection Control: Nice guideline available at

<http://guidance.nice.org.uk/CG139/NICEGuidance/pdf/English>

Sterilization, disinfection and cleaning of medical equipment: guidance on decontamination from the Microbiology Advisory Committee (the MAC manual) (2010) Part 2 (Archived). Medicines Healthcare Regulatory Agency

World Health Organisation (2012) Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities available at

http://apps.who.int/iris/bitstream/10665/78060/1/9789241503372_eng.pdf

Useful Links

Antibiotic Prescribing Guidance for Primary Care 2013-2015 available at

Look out for the infection prevention and control newsletters