OCCG Core Policy 2

Standard Precautions

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| Date policy adopted:- |
| Date for review:- 3 yearly or earlier if new guidance published |

# Introduction

* 1. The care of patients must at all times include safe working practices that reduce the risk of cross-infection to other patients, staff and visitors to the practice. Cross-infection may occur when there is contact and contamination with micro-organisms from blood or other body fluids, secretions and excretions, or when contact occurs with contaminated materials or equipment. These safe working practices are referred to as “Standard Precautions” (see point 5)1 and include:
* Hand Hygiene
* Use of Personal Protective Equipment
* Safe Use and Disposal of Sharps
* Safe management of blood or body fluid spillages
* Handling of Healthcare Waste
* Decontamination of equipment and the environment

The principles of this policy must be followed where there is a risk of cross infection.

* 1. “The Health and Social Care Act 2008” (2015)2, Care Quality Commission and Health and Safety at Work Regulations3 make explicit the legal duty placed on the registered provider of healthcare and its staff to be able to identify the measures it needs to take to reduce foreseeable risks and comply with the legislation.

# Policy Statement

* 1. Proactively manage hazards / risks faced by staff, patients and visitors to the practice in order to provide a safer working environment. This will be achieved by providing adequate resources for staff to adhere to this policy.
  2. Ensure that a suitable risk assessment is carried out to identify infection prevention and control. Using a risk assessment process provide evidence that the hazards/risks identified are assessed, analysed, recorded and prioritised. Identified risks would be monitored through the practice risk reduction process.

# Scope

This Policy applies to all *insert practice name* staff *(*including those managed by a third party e.g. agency staff or contracted domestic staff) and premises where they work, and compliments the Health & Safety Policies.

1. **Aim**

The aim of standard infection control precautions is to reduce the risk of exposure of potentially infective materials to healthcare workers and patients and to prevent the transmission of infection.

1. **Definition**

Standard precautions are defined by the Centre for Disease Control (CDC 2007)1 as:-

* “A group of infection prevention practices that applies to all patients, regardless of suspected or confirmed diagnosis or presumed infectious status.
* Standard Precautions is a combination and expansion of Universal Precautions and Body Substance isolation.
* Standard precautions is based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents.
* Standard Precautions includes hand hygiene and depending on anticipated exposure, use of gloves, apron, mask, eye protection, or face shield.
* Therefore the term **Standard** Precautions has now replaced the term **Universal** precautions.

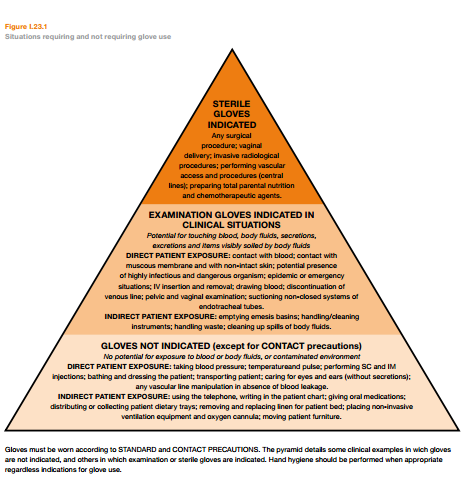
1. **Review and monitoring**

The Infection Control Lead will monitor and update this policy as necessary, to reflect substantial changes in the nature of operations, examples of best practice or changes in legislation.

1. **Use of Personal Protective Equipment**
   1. Personal Protective Equipment (PPE) is an essential element of healthcare. PPE can be used alone or in a combination to protect mucous membranes, skin and clothing from contact with infectious agents. This includes gloves, aprons, masks or face shield and eye protection and in some circumstances a full coverage gown and respirators.
   2. Selection of PPE must be made following an assessment of the risk of transmission of micro-organisms to the patient and the risk of contamination of the healthcare practitioner’s clothing, skin and mucous membranes by patient’s blood, body fluids, secretions and excretions. The risk assessment chart in appendix 1 can be used to determine the level of precautions required.
   3. Everyone involved in providing care should be educated about standard precautions and trained in the appropriate use of PPE.
   4. All PPE should comply with the European Community (EC) directive on design, certification and testing of PPE, and carry the Conformitė Europėenne (CE) mark. It must comply with Health and Safety legislation3.
   5. Visitors to the environment which includes healthcare professionals must be asked to follow the same procedures as service staff if there is an infection risk.

**Gloves**

* 1. Gloves must be worn for invasive procedures, contact with sterile sites, non-intact skin, mucous membranes, blood, body fluids, a patient with an infection such as *Clostridium difficile* or MRSA and when handling sharp or contaminated instruments & all activities that have been assessed as carrying a risk of exposure.
  2. Gloves must be disposed of as infectious waste when used for situations when 7.11 applies and hands decontaminated after the gloves have been removed, either with soap and water or with an alcohol hand rub.
  3. Gloves must be worn as single use items. They must be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves **must** be changed between patients, or between different care/treatment activities for the same patient. Hands must be decontaminated (using either soap and water or alcohol gel and thoroughly dried) before gloves are put on and as soon as they are removed.
  4. The choice of gloves should be made following a suitable assessment of the task, the risk to the patient and the risk to the healthcare worker. A guide to choice of glove has been published by WHO (2009).
  5. WHO (2009)



* 1. Neoprene or nitrile gloves should be worn as an alternative to latex when handling blood, blood stained fluids, body fluids, mucous membrane cytotoxics drugs or other high risk substances.
  2. Sterile gloves should be worn when carrying out sterile procedures e.g minor surgery, catheterisation.

**Apron**

* 1. Disposable plastic aprons must be worn when close contact with the patient, materials or equipment are anticipated and where there is a risk that clothing may become contaminated with pathogenic micro-organisms or blood, body fluids, secretions or excretions.
  2. Plastic aprons/gowns should be worn as single- use items, for one procedure or episode of patient care and then discarded and disposed of as clinical waste. After the apron has been removed, hands must be decontaminated either with an alcohol hand rub or with soap and water.
  3. Full-body fluid repellent gowns must be worn where there is a risk of extensive splashing of blood, body fluids, onto the skin or clothing of healthcare personnel.
  4. The National Patient Safety Agency (NPSA) introduced a *Safer Practice Notice* giving advice on colour coding for cleaning materials and equipment. Therefore aprons can be colour coded using this standard.

**Masks, Safety Glasses/ Goggles**

* 1. Masks safety glasses/goggles must be worn when there is a risk of blood, bodily fluids splashing into the face and eyes.
  2. Respiratory protective equipment i.e. a particulate filter mask (FFP3) must be used when caring of patients with respiratory infections transmitted by airborne particles e.g. when nursing patients with Infectious Pulmonary Tuberculosis or in a pandemic influenza. An FFP3 mask must be fitted correctly by trained personnel.

**Hand Hygiene: - see OCCG Core Policy 1; hand hygiene**

* 1. Hands must be decontaminated immediately before and after each and every episode of direct patient contact / care and after any activity or contact that potentially results in hands becoming contaminated.
  2. All exposed areas of broken skin, cuts or abrasions must be covered in a waterproof dressing whilst in clinical areas. Skin conditions should be reported to the registered manager

**Safe Use and Disposal of Sharps**

* 1. The safe handling and disposal of sharp instruments is an important part of the overall strategy to protect staff, patients and visitors from exposure to blood borne pathogens. All staff both clinical and non-clinical must be aware of their responsibilities in prevention of injury to themselves and other through needle stick injuries.
  2. Sharps must not be passed directly from hand to hand and handling should be kept to a minimum.
  3. Needles must not be resheathed, bent, broken or disassembled during use or before disposal.
  4. Used sharps must be discarded into a sharps container (conforming to BS 7320/UN standards) at the point of use by the user. The bin must not be filled above the mark that indicates that it is full, (usually ¾ ) signed and dated.
  5. All Sharps Bins must be assembled and labelled correctly with the date of opening and used for no longer than 3 months (or ¾ filled as above) (Waste policy)
  6. All sharps bins should be positioned out of reach of children at a height that enables safe disposal by all members of staff. They should be secure to avoid spillage.
  7. All staff both clinical and non-clinical must be educated about the safe use and disposal of sharps. As a waste producer practices would be held accountable if any staff received a sharps injury through poor practice.
  8. **If a sharps injury occurs – also refer to OCCG Core Policy 4**

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|  | Bleed it  Wash it  Cover it  Report it | Encourage Bleeding  Wash the injured area  Cover the affected area with a fully occlusive waterproof dressing  Inform manager & complete a incident report  Contact occupational health on 01865 902504 or if out of hours call microbiology through John Radcliffe switchboard |

1. **Spillages**
   1. Occupational exposure to blood, other body fluids, secretions and secretions through spillages poses a potential risk of infection, particularly to those exposed while providing healthcare.
   2. **Spillage of blood or body fluid visibly containing blood:-**
   3. It is the responsibility of clinical staff to immediately deal with any spillage of blood or other body fluid, to minimise the risk of transmission of micro-organisms.
   4. Should a spillage occur and no clinical staff are available to deal with it immediately, non- clinical staff who have received ‘spillage kit’ training and are vaccinated appropriately may need to clear the spillage.
   5. Wearing appropriate PPE (aprons and gloves) **blood or body fluid (not urine)** should be treated with Chlorine releasing granules 10,000-ppm (HAZTAB granules or Precept) and left in-situ for 2 minutes. The spill can then be safely cleared up using paper towels. The area should then be washed with warm water and detergent. Discard paper towels and PPE as infectious waste. Hand hygiene must be performed afterwards.
   6. If the spill is small Clinell disinfection wipes can be used, again wearing PPE.
   7. **Spillages of urine**:-

**Chlorine releasing agents as above must not be used to deal with urine spillages as chlorine gas may then be released from the urine**

* 1. Wearing appropriate PPE (aprons and gloves)urine must be dealt with promptly using warm water and detergent. If the urine is visibly contaminated with blood, soak up the spillage with disposable towels and then clean the area with 10,000-ppm available chlorine. Hand hygiene must be performed afterwards.

1. **Isolation of service users**

The practice does not require dedicated isolation rooms;however in certain circumstances such as pandemic influenza or if a patient arrives with a communicable disease such as suspected measles, a single room with vinyl flooringshould be used to isolate the patient. Staff will be notified via the practice email system and nominated and immunised staff will be assigned to care for the patients. Staff attending the patient should wear the appropriate PPE depending on infection and risk.

1. **Safe management of healthcare Waste – refer to OCCG Core Policy 6, Waste Segregation in General Practice**
   1. The production, handling, segregation, storage and disposal of wastes are significant activities within the practice and require effective management procedures to prevent risks to employees, members of the public and the environment. Effective management is also essential to ensure compliance with Infection Control and Health & Safety Policies. The disposal of waste generated in clinical areas is subject to strict controls as detailed in legislation issued by the Health & Safety Executive, Environment Agency and Health Services Advisory Committee.
2. **Decontamination of Equipment and the Environment** 
   1. Decontamination is the term widely used to collectively describe the combination of processes including cleaning, disinfection and/or sterilisation used to achieve decontamination of the environment and equipment, and to make a re-usable surgical instruments or a device safe for further use on patients and safe for the user.
   2. Reusable equipment must be thoroughly cleaned and decontaminated between each patient use and when visibly soiled using the appropriate cleaning agent in accordance with manufactures or disinfection guidance.
   3. Further detailed guidance can be sought in the OCCG Infection Prevention and Control, Extended guidelines and resources for General Practice document.
3. **Evaluation & Monitoring**

Implementation of policies & procedures can only be effective if adequate evaluation, monitoring and reviewing of this policy and ensure any shortcomings are identified and dealt with. This policy will be monitored annually as part of the infection control audit.

**14 REFERENCES**

1. Siegel JD, Rhinehart E, Jackson M, Chiarello L and the Healthcare Infection Practices Advisory Committee. Centre for Disease Control (2007) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
2. Health and Social Care Act 2008 (2015): Code of Practice on the prevention and control of infections and related guidance.

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

1. Health and Safety Executive (2014) The Health and Safety Toolbox <http://www.hse.gov.uk/pubns/books/hsg268.htm>
2. Pratt R.J, Pellowe C.M, Wilson J.A et al (2012) epic3:National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Thames Valley University. London.
3. Department of Health Safe (2013) Safe Management of Healthcare Waste (HTM 07-01). <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf>
4. Medical Devices Agency (1996) Sterilization, Disinfection and Cleaning of Medical Equipment. *Guidance on decontamination from the Microbiology Advisory Committee to the Department of Health* Part 1 Part 2 (2000) ISBN 1 85839 518 6.
5. WHO (2009) Guidelines on Hand Hygiene in Health Care <http://apps.who.int/iris/bitstream/10665/44102/1/9789241597906_eng.pdf>