

# Staff Handbook and Training Manual

# **Principles of Infection Control**

## **Training Manual**

**Sussex Community  
Dermatology Service  
Worthing Laser & Skin Clinic  
Brighton Laser & Skin Clinic  
Hove Laser and Skin Clinic**

# **Contents**

**Introduction**

**Hospital environmental hygiene**

**Care and management of clinical waste**

**Care and management of sharps**

**Handwashing**

**Decontamination**

**Linen**

**Preventing spread of infection**

**Protective clothing**

**Skin preparation (cutaneous antisepsis)**

**Environmental cleaning within the clinic**

**Signing off page for infection control workbook**

# Introduction

This booklet is intended to discuss the basic principles of infection control. It is not intended to be an exhaustive reference document and all other policies should be read associated with risk management. It should be regarded as a basis from which health care workers may pursue expanding their knowledge on the key issues of infection control.

The booklet should undertake and complete the objectives described in each section as a way of structuring their learning about infection control and its application within the environment in which they work.

Health care workers should consider the ways in which they can use the information gained, in conjunction with preparing their portfolio.

---

## Hospital Environmental Hygiene

### Aim

Health care workers should have an overall understanding of the importance of maintaining a clean safe patient environment and the association between poor environmental hygiene and the transmission of micro-organisms that may cause hospital acquired infections (HAI).

### Objectives

Health care workers should be able to discuss how microorganisms in the environment may cause HAI and appropriate preventative measures.

1. Understand the concepts of how microorganisms are transmitted (giving examples of two types of pathogens known to cause HAI).
2. Be aware of Trust policies/procedures relevant to environmental hygiene along with any related Health & Safety legislation.
- 3.
4. Define the differences between cleaning/decontamination of the environment and patient equipment.
5. To have an understanding of potential sources/reservoirs of pathogenic microorganisms that may exist within the clinical environment and the measures necessary to reduce/prevent cross infection.

### General Principles

- The hospital environment must be visibly clean, free from dust and soilage and acceptable to patients, staff and visitors.
- Spillages of blood and body fluids need to be cleaned and decontaminated effectively to reduce risks of infection.

- Where a piece of equipment is used for more than one patient, (e.g. commode, hoists) it must be cleaned between each and every episode of use.
- Statutory requirements must be met by the Trust in relation to the safe disposal of all waste produced with particular relevance to clinical waste, infected linen, food hygiene and pest control.
- All staff including contractors, involved in hospital hygiene activities must be included in education and training related to the prevention of HAI.

### **Learning Objectives**

Investigate how, when and what environmental cleaning is carried out (to also include patient equipment) in your present clinical area.

Locate the policy on spillages of blood and body fluids and other hazardous materials. Note how this is carried out in practice at ward level.

Discuss an aspect of environmental cleaning observed in your present clinical placement, with relation to infection control. Undertake a literature search, including legislative documents, citing a minimum of five references to support your comments.

## **Care and Management of Clinical Waste**

### **Aim**

The health care worker will have an understanding of the correct procedures for the care and handling of Clinical Waste.

### **Objectives**

The health care worker will be able to identify:

1. The relevant legislation in relation to clinical waste.
2. The clinic policy for the care and management of clinical waste.
3. What items are defined as clinical waste.
4. Three ways of ensuring the safe handling of clinical waste.

### **General Principles**

- The collection, transportation and disposal of waste must comply with 'The Environmental Protection Act (1990), Carriage of Dangerous Goods/Classification, Packaging and Labelling (CDGCPL2 - 1996) and be in accordance with HTM2065 Guidelines.
- The risk of infection from hospital waste is low, providing the correct procedures are followed to ensure the safe handling, transportation and disposal of waste. There are certain items which because

of their nature are not acceptable for disposal by landfill. Therefore special arrangements need to be made for the disposal of these items which should be clearly identifiable as requiring treatment and incineration.

“Clinical Waste” means

- a) Any waste which consist, wholly or partially, of human or animal tissue, blood or other body fluids, excretions: drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it, and any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching, or research, or the collection of blood for transfusion, being waste which may cause infection to any other person coming into contact with it.

The Controlled Waste Regulations 1992/S1588 1992, made up under the EPA (1990); Section 1(2).

**Definition of Clinical Waste**

Group A	Human Tissue Blood Surgical dressings/Swabs Material from infectious
Group B	Needles/Syringes Contaminated sharp items
Group C	Pathology Waste
Group D	Pharmaceutical Waste
Group E	Disposables used to collect/contain body fluid e.g. bed pan liners, incontinence pads, vomit bowl.

**Safe Handling Of Clinical Waste**

- Clinical Waste bags must be to UN3291 specification.
- Must not be filled more than 2/3<sup>rd</sup> full.
- Must be labelled according to policy.
- Must be suspended in an appropriate container (ie. Foot operated lidded bin)
- Must be sealed at the point of production.
- Must be labelled with date and source.
- Must be transported and disposed of in an appropriate container according to policy.

## **Learning Objectives**

1. Identify how clinical waste is managed within the clinic from the point of generation to disposal.
2. To review the practice in relation to Clinical Waste within your ward/department and identify ways that practices may be improved and why.

Supplementary evidence should be produced e.g. specific policies/procedures to support the knowledge gained.

---

## **Care and Management of Sharps**

### **Aim**

The health care worker will have an understanding of the correct procedures for the care and management of sharps.

### **Objectives**

The health care worker will be able to identify:

1. The relevant legislation in relation to sharps containers.
2. Three means of preventing a sharps injury.
3. The policy for the care and management of sharps.
4. The correct action to be taken following an inoculation accident.

### **General Principles**

- Sharps containers must be approved to current British Standards (BS7320) and UN3291.
- The contents should be limited to devices which may cause physical injury or those items which cannot be separated from them e.g. syringes.
- Sharps boxes must be assembled correctly in accordance with manufacturers instructions.
- Must not be over-filled.
- Must have the aperture temporarily closed between use.
- Stored out of reach of children.
- Should be sealed when 2/3<sup>rd</sup> full.
- Should be stored in a locked area prior to collection.

## **Prevention of an Inoculation Accident**

- Never re-sheath needles.
- Never carry needles/syringes in your hand , always use a tray.
- Be careful of needles left inadvertently lying around e.g. beds, lockers, chairs, notes.
- Never decant an over-filled sharps box.
- Always ensure sharp boxes are correctly assembled and closed.

## **What to do in the event of an Inoculation Accident**

### 1. First Aid

- Needlestick - encourage to bleed - *do not suck the wound*
  - Wash with copious amounts of water
- Splash to Eyes- Broken skin on Mucous Membrane
  - Wash with copious amounts of water

### 2. Reporting

- Report the incident to the Manager or Supervising Nurse immediately
- Attend Occupational Health Department (or A & E out of hours – see local arrangements)
- If out of hours contact Occupational Health Department on the next working day.

### 3. Documentation

- Complete relevant documentation for the incident.

## Learning Objectives

1. Identify what documentation is in place in the clinic, which needs completing following an inoculation accident.
2. Identify how you would maintain your own records for the following:
  - In the event of you sustaining an injury
  - What vaccinations (eg. Hepatitis B) and boosters you have received including dates and results
3. State why it is important to ensure objectives identified in 2 above are maintained.
4. Within your clinical areas review practices relating to the care and management of sharps and identify ways in which practices can be improved and why.
5. Identify three staff groups that can be affected by the inappropriate disposal of sharps and why.



# Hand Decontamination

## Aim

To raise awareness of the importance of hand decontamination in infection control and promote good practice.

## Objectives

1. To understand the transmission of cross infection via contaminated hands.
2. To be aware of the effect of inadequate hand washing facilities in the clinical area.
3. To acknowledge the importance of hand care in protecting both the patient and the health care worker.
4. To apply the principles of hand decontamination.
5. To acquire the correct technique and adopt good hand hygiene practice.
6. To demonstrate an effective hand decontamination technique.

Transmission of micro-organisms on the hands is the most important means of spreading infection. Hands become contaminated with a wide variety of organisms, which are picked up by handling and touching people and objects. Hand decontamination removes these organisms, thus preventing transmission to others or your self. Hand decontamination is the single most important procedure for infection control.

<b>Hands should be washed before:</b>	<b>Hands should be washed after:</b>
<ul style="list-style-type: none"><li>❖ Starting work</li><li>❖ Serving food or drugs</li><li>❖ Aseptic procedures e.g. catheter care</li><li>❖ Going for a break</li><li>❖ Leaving for home.</li></ul>	<ul style="list-style-type: none"><li>❖ Taking care of an infected or colonised patient</li><li>❖ Handling patients</li><li>❖ Handling patients' secretions or excretions</li><li>❖ Handling contaminated bedding or equipment</li><li>❖ Eating or smoking</li><li>❖ Visiting the toilet</li><li>❖ Toileting patients</li><li>❖ Emptying catheter bags</li><li>❖ Cleaning</li><li>❖ Any nursing procedure</li><li>❖ Removing gloves worn for care procedures</li><li>❖ When hands are soiled</li></ul>

In addition to this, nails must be short and without varnish and jewellery is kept to a minimum of a plain wedding ring only. Cuts, sores and wounds should be covered with a waterproof dressing.

Bacterial counts increase when the skin is damaged, so it is important to keep your skin in good condition. Nail brushes are not recommended for routine use. Where required, eg. Theatres, they should be single use and sterile.

## Hand Decontamination technique

Liquid soap in a wall-mounted dispenser is recommended. Wet hands before applying soap. Wash hands under running water; paying particular attention to areas most frequently missed (i.e. tips of fingers and thumbs and finger webs). Rinse and dry hands thoroughly using paper towels. The drying aids the removal of organisms and reduces the risk of chaffing. Hand creams help reduce skin damage.

Antiseptic soaps are often used for disinfection of the hands prior to surgery or invasive procedures (see local policy).

## Alcohol hand rubs

These are an effective and rapid means of hand decontamination, used on physically clean hands. They are useful in situations where hand-washing facilities are inadequate, or where frequent hand cleansing is necessary. Alcohol hand rubs are also used as an addition to hand washing in preparation for aseptic technique (see local policy).

## Literature review

Question: whose research culminated in the effective hand decontamination technique back in 1978?

## Learning Objectives

- Find out exactly when hand decontamination should be undertaken in your clinical area.
  - Why is the use of bar soap not recommended in clinical areas?
  - What solutions are used for hand decontamination in your location?
- 

## Decontamination

### Aim

To acknowledge equipment used in clinical and care procedures may act as a source or reservoir of organisms which may cause infection.

### Objectives

1. To identify the different processes involved in decontamination to render an item safe in a given situation.
2. To appreciate the level of risk is governed by the procedure for which an item is to be used.
3. To raise awareness of health and safety issues with regard to decontamination.
4. To distinguish between single use and single patient use.

### Definitions

#### Cleaning

Removal of accumulated deposits by washing with detergent and hot water

#### Objective

To give a preliminary reduction in the numbers of organisms and remove dirt, grease and organic matter which might protect organisms from disinfection and sterilisation process

### Disinfection

The removal of some pathogenic organisms but not spores and partial reduction in the total number of organisms present.

**Objective**

To reduce the number of organisms to below that required to cause infection

### Sterilisation

Complete removal of all organisms including spores

**Objective**

To render an object safe for aseptic procedures

### Categorising equipment by risk

Medical devices are categorised according to the risk they pose for patients.

The procedure rather than the instrument governs the risk.

The table below summarises the classification of the infection risk associated with the decontamination of medical devices:

Risk	Application	Recommendation
High	Items in close contact with a break in the skin or mucous membrane or introduced into a sterile body area. <b>E.g. Surgical instruments</b>	<b>Sterilisation required</b> These instruments must be sterile at the time of use
Intermediate	Items in contact with intact skin, mucous membranes or body fluids, infected or immunocompromised patients <b>E.g. examination specula</b>	<b>Sterilisation required</b> Chemical disinfection only acceptable for heat labile
Low	Items in contact with healthy skin, mucous membranes or not in contact with the patient <b>E.g. thermometers, furniture, environmental surfaces</b>	<b>Cleaning required</b> Clean with detergent and hot water. Chemical disinfection may be required if item is contaminated with body fluids

## Health and Safety Issues

The control of substances hazardous to Health Regulations (1999) is designed to protect against risks to health from hazardous substances in the work place, including chemical and biological agents. The employer has a duty to protect employees, patients and other visitors who may be exposed to hazardous substances, and must ensure that policies are implemented and regularly reviewed.

Employees must also act in a way that safeguards their own health and does not put the health of others at risk. For example, they must comply with local policy use protective clothing and equipment, and report any unsafe conditions to their line manager.

### Single use disposable items

May be the most cost effective method if a small number of procedures are being undertaken. This may also be the best option for smaller units where reprocessing facilities e.g. deep sinks and autoclaves are not available.

**NB** 'single use' on the packaging of a medical device indicates that the manufacturer intends the item to be used once then discarded. However, 'single patient use' items can be decontaminated appropriately and kept for use by that patient only.

If single use items are reused or reprocessed any manufacturers warranties for the product are likely to be void. If such a device during reuse causes damage or injury, **the reprocess or and the reuser are likely to become personally responsible.**

### Literature review

Look up Health Service Circular 2000/032.

### Learning Objectives

- Look up in the infection control policy/manual the summary of decontamination recommendations.
- What is the sign which denotes 'single use' on packed items?

---

## Linen

### Aim

To raise awareness that micro organisms may be present on used linen but that the risks of cross infection can be reduced provided staff take care when handling such items and appropriate precautions applied.

### Objectives

1. To practice safe handling by wearing protective clothing
2. To acknowledge the relationship of safe handling and transportation of linen to the laundry will reduce the risk of infection.
3. To practice safe segregation and packing of linen.

Protective clothing may include:

A plastic apron when handling used linen (e.g. for bed making).

Gloves and a plastic apron when handling foul/infected linen or clothing.

Careful handling i.e. no shaking of linen and appropriate transportation to the laundry in a designated container will reduce the risk of infection.

This involves placing used linen in a linen bag or designated container, which can be washed/cleaned after use.

Infected linen in a sealed water-soluble bag, which must be taken directly to the laundry/luice for secure storage prior to reprocessing.

**Staff must never soak or manually sluice linen and clothing due to the risk of splash of body fluids (see local policy). All staff must wash their hands after handling soiled linen.**

### Literature review

Look up NHS (1995) Hospital Laundry Arrangements for Used and Infected Linen. HSG 18 HMSO.

### Learning Objectives

- Identify the systems in place that categorise soiled, infected and dirty linen.
- 

## Preventing spread of infection

### Routes of Spread

The microorganisms which can cause infection, or **pathogens**, may originate from

- the patient. This is termed **endogenous** infection.
- another source, either other people or the environment. This is referred to as **exogenous** infection.

### Organisms, gain entry into the body via a number of routes:

- Inhalation
- Inoculation
- Via the placenta (transplacental)
- Ingestion
- Sexual Intercourse

**It is important to bear these routes of transmission in mind when considering what precautions are needed to prevent further spread of the organism.**

---

## Universal Precautions

The precautions listed below form the basis of safe nursing practice. Health care workers should use these precautions to prevent skin and mucous membrane contamination with blood and other body fluids. These precautions will also reduce the risks to both staff and patients from other potentially harmful organisms.

### Action

- Wash hands before and after patient or specimen contact.
- Cover cuts and abrasions with waterproof plasters.
- Treat blood and other body fluids of all patients as potentially infectious.
- Follow sharps safety policies.
- Wear protective eyewear and mask or full face visor if splatter with blood or body fluid is possible
- Use appropriate protective clothing to prevent splash of blood and body fluids onto self or clothing. e.g. plastic apron.
- Wash hands after removing protective clothing.
  
- Handle all linen and waste carefully, follow appropriate policies
- All patient specimens should be treated as potentially infectious. Specimens should be labelled and packaged according to policy.
- Follow the spillage procedure for mopping up spills of blood and body fluids
- In case of emergency if hands or skin contaminated with blood or other body fluids, wash off thoroughly with soap and water immediately. If eyes are contaminated, irrigate with sterile saline (or tap water). Some areas may have irrigation bottles available for this purpose.
- Follow the Inoculation Accident Policy

### Deciding on patient location

In some cases it will be necessary to nurse the patient in a single room to control the spread of the organism concerned. This is **isolation** nursing. It is also sometimes referred to as barrier nursing.

### Definition

Isolating a patient involves the use of practices to control the spread of pathogenic organisms in the clinic environment.

## **Types of Isolation**

### **Source Isolation**

This form of isolation is intended to stop the spread of pathogenic micro-organisms between patients, hospital personnel and visitors.

This is achieved by nursing the patient

- On the Infectious Disease Unit
- In a single room on general wards

In some circumstances patients with the same infection maybe nursed in a group together away from other patients. This is referred to as **cohort nursing** and is normally arranged on the advice of the Infection Control Team.

### **Protective Isolation**

This form of isolation is intended to prevent a more susceptible patient acquiring infection, and is best achieved in a Protective Isolation Unit, or the Infectious Disease Unit (IDU), otherwise a general sideroom may be used.

### **Strict Isolation**

This type of isolation is rarely required and is applicable only in cases of highly infectious disease such as Viral Haemorrhagic Fever.

## **Developing an Isolation Plan**

**Isolation nursing** is an extension of routine practices. Handwashing, glove wearing and universal precautions are the basis of all isolation procedures.

It is the responsibility of the nurse in charge of the ward to liaise with the Infection Control Team concerning appropriate precautions required for any patient presenting an infection hazard.

In order to create a safe working environment other staff and visitors will need to be informed of the precautions necessary. Staff and visitors should report to the nurse in charge who should give appropriate information without breaking patient confidentiality. Should the patient need treatment in another department or need to be moved to another location, porters, ambulance crews and receiving wards / departments / hospital, should be informed of precautions required in advance, before the patient leaves the ward. This will ensure appropriate facilities are available for transfer and reception of the patient.

## **Action**

The following action should be taken when considering the need to isolate a patient:

- Precautions should be commenced for any patient suspected of having an infection or infectious disease. These may need to commence before a definite diagnosis is made. Further assistance in confirming a diagnosis can be sought from the Infectious Disease physicians or medical microbiologists.
- Inform the Infection Control Team.
- Identify the risk or potential risk posed by the patient given the transmission route of the organism concerned.

- Ensure handwashing and universal precautions are being undertaken.
- Further precautions may then need to be added to account for specific **risks from certain diseases eg respiratory spread of TB.**
- Ensure necessary specimens are taken, particularly if this may **clarify the infection status of the patient.**
- A plan of care for an infected patient should be formulated to include appropriate precautions. These can be determined by identifying the route of transmission of the organism concerned and putting in place precautions to interrupt further spread.
- *However, it is important to identify a plan of care which suits the individual circumstances and does not compromise patient care.* The patient's general condition, degree of risk of cross infection occurring, ability of the ward to accommodate the patient satisfactorily etc. will need to be considered.

### **Learning Objectives**

During your clinical placement complete the following;

- Locate the Isolation policy for your area
  - Identify an example of a pathogen for each route of transmission.
  - Review the isolation precautions used for patients identified as having MRSA. Undertake a literature search to identify best practice in this area and list the aspects of good practice you experience during your placement and the problems that isolation of a patient may involve.
-



## Protective Clothing

Various items of protective clothing are available to help prevent the wearer becoming contaminated during different activities.

<b>Caps</b>	Use to prevent hair contaminating environment, eg. Theatres, food preparation. Otherwise use only if splashing or heavy contamination is expected.
<b>Eye protection</b>	Goggles, spectacles or visor masks are advised for use when there is a risk of splash with blood and body fluids.
<b>Masks</b>  <i>Filter Type</i>  <i>Combined mask and visor eg. visimask</i>  <i>Dust/mist filter type</i>	Used by theatre scrub team to avoid droplet contamination. Generally of little value elsewhere.  Used for protection against splash of blood / body fluids to the eye or mucous membranes.  Used for nursing care of multidrug resistant tuberculosis.
<b>Full face visor</b>	Used for protection against splash of blood / body fluids to the eye or mucous membranes.
<b>Plastic apron</b>	Impermeable to bacteria and water. Allows good protection for areas of clothing most likely to become contaminated, ie. Chest and lap.
<b>Disposable fluid repellent gown</b>	Used if splashes of blood or body fluid are anticipated.
<b>Plastic tabard</b>	Plastic tabards are available and can be used when protection of shoulder clothing is required.
<b>Cotton Gowns</b>	Used in theatre as sterile clothing for scrub team. <u>Not advised</u> for isolation nursing.
<b>Gloves</b>	Non sterile latex/vinyl gloves should be worn for handling blood or body fluids and for cleaning
<b>Overshoes</b>	<u>Not advised</u> , rapidly damaged in use and can contaminate hands when putting on or removing.

## Learning Objectives

During your induction

- Identify the protective clothing that is available
  - Find a definition for risk assessment
  - How does the provision of protective clothing meet health and safety requirements for staff?
  - Which items of protective clothing can be worn to reduce risks to the patient?
- 

## Skin preparation (cutaneous antisepsis)

Organisms are carried on the skin as part of the body flora or can be acquired through daily activities as transient contamination. In order to reduce the risk of introducing organisms from the skin into tissues during surgical procedure, skin preparation is required.

### Aim

The health care worker should have a clear understanding of the relevance, application and importance of skin cleansing prior to surgical procedure within the clinical environment.

### Objectives

The health care worker must be able to clearly understand the important aspects necessary to achieve safe and effective skin cleansing in relation to each of the following:

1. To be able to evaluate and select the most appropriate skin cleansing agent in relation to the procedure performed.
2. To maintain the safety of patients and users of skin cleansing products in relation to Control of Substances Hazardous to Health (COSHH) Regulations.
3. To be aware of any patient allergies/conditions that may prohibit the use of particular skin cleansing agents.
4. To ensure that skin cleansing preparations are used for the specific purpose intended and applied at the appropriate time.
5. To understand the difference between transient and resident organisms.

### General principles

- Skin cleansing is undertaken to minimise the potential risk of infection from endogenous and exogenous pathogenic organisms that may colonise the skin.
- Skin cleansing must be undertaken when performing any procedure that involves compromising the integrity of the skin. For example surgery, and insertion/implantation of medical devices.
- Appropriate personal hygiene should be performed prior to the application of skin cleansing preparations to maximise efficacy.
- The skin should be cleansed immediately prior to procedure.

- Always check the integrity of the product to ensure optimum efficacy in terms of packaging, sterility and expiry date.

### **Learning Objectives**

This assignment should ideally be undertaken during your clinical placements.

1. Identify three different types of skin cleansing preparations used in your present clinical setting.
2. Discuss two of these skin cleansing preparations in terms of common usage, application, any recognised/associated skin allergy problems and safety relating to COSHH Regulations.
3. Undertake a literature search identifying a minimum of five articles to support your findings in relation to the above.

---

## **The Elderly Person Infection Control**

Infections are an important cause of ill health in the elderly, leading to distress, suffering hospital admission or even death. Where the elderly are in a closed communities e.g. nursing or residential homes outbreaks of infection are a hazard. Certain communicable infections e.g. viral gastroenteritis or scabies spread rapidly once introduced into a residential or nursing home. There are specific risk factors for infection in the care setting: The resident, the environment and the type of care given.

Advancing age results in a decline in physical and mental health, which increases susceptibility to infection. The old and frail have a poor response to infection. Signs and symptoms of infection are often absent in the elderly or the infection may present in other ways e.g. as a confusion or a fall.

Elderly skin damages easily, and healing and recovering rates are much slower. Underlying diseases such as diabetes, vascular insufficiently, neoplasm and immune deficiency predispose to infections.

The loss of physical and mental skills e.g. mobility, memory and understanding undermine the individual's ability to carry out competent basic personal hygiene and self care activities, thus increasing the risk of infection.

Some elderly persons rely upon others for their care, and unless the standard of practice of carers is high, the risk of cross-infection from others increases. Residents with urinary or faecal continence problems, those with chronic skin conditions, e.g. varicose ulcers or catheterised persons with a urinary tract infection may become a source of infection for others.

---

## **Environmental Cleaning within the Clinic**

### **Aim**

To reinforce that a clean, dry, uncluttered, and well-ventilated environment with natural light is a hostile environment to micro-organisms growth and multiplication.

### **Objectives**

1. To acknowledge a basic standard of cleanliness is therefore important in reducing the risk of infection in a clinical setting. Staff must follow a regular and approved programme of cleaning
2. To emphasis body fluid spillages need immediate attention the transmission of blood borne viruses.

### **General cleaning procedure**

(Adequate for most surfaces and furniture):

- Use a freshly prepared detergent solution (e.g. washing up liquid and hot water) and a disposable cleaning cloth
- Follow this by drying (if possible)
- **Never use the same cloth to clean different areas** – separate areas require separate cloths (e.g. commodes and kitchen)
- When using disinfectants, staff must follow the manufacturers instructions (following guidelines for dilution and contact time).

---

## **Spillages of blood and body fluids**

A spillage is a leak or spill of blood or body fluid from a person, specimen container or equipment. Spillages of blood or body fluid are an infection danger and must be dealt with immediately.

### **Equipment Required**

- Disposable plastic apron and non-sterile latex gloves, face visor or goggles are recommended if there is a splash risk.
- Disposable cloth/towels and yellow clinical waste bag.
- Chemical disinfectant e.g. Presept, Actichlor (10,000 ppm Hypochlorite if using tablet form) or liquid bleach 1:10.
- Chlorine releasing granules may be used for blood spills as an alternative.
- Chlorine bleaches the colour from soft furnishings and fabrics. It is corrosive to some metals (see local policy on use in these circumstances).
- **Hypochlorite solution and chlorine granules are NOT used for cleaning spillage of urine.**

### **Accidents and Incidents**

Should an accident occur whilst dealing with a spillage: -

- Give first aid (see poster in appendix two) and that follow-up at the local Accident and Emergency or Occupational Health Department, if necessary.
- Follow policy for documenting the incident and report it to your manager.

### **Recommended Practice**

#### **Chlorine-releasing granules**

- Put on disposable latex/vinyl gloves and a disposable apron
- Cover fluid completely with chlorine granules
- Leave for 2 minutes
- Remove granules and fluid with disposable paper towels and discard it into a yellow clinical waste bag
- Wash the area with detergent and water and allow to dry
- Dispose of protective clothing as clinical waste in yellow bag
- Clean mop and bucket, disinfect and allow to dry
- Wash and dry hands thoroughly.

#### **Hypochlorite solution**

- Put on disposable gloves and apron

- Cover spills with disposable paper towels
- Remove soiled towels and discard into a yellow waste bag
- Decontaminate with hypochlorite solution.
- Wash the area with detergent and water and allow to dry
- Dispose of protective clothing as clinical waste in yellow bag
- Ensure mop and bucket are cleaned, disinfected and allowed to dry
- Wash and dry hands.

### **Urine spillage**

- Put on disposable gloves and apron
- Soak up spill with disposable paper towels
- Discard into a yellow waste bag
- Wash the area with detergent and water and allow to dry
- Dispose of protective clothing as clinical waste in yellow bag
- Clean mop and bucket, disinfect and allow to dry
- Wash and dry hands.

### **Literature review**

Look up the Control of Substances Hazardous to Health Regulations.

HSE (1999) Control of Substances Hazardous to Health Regulations London: HSE

### **Learning Objectives**

- To look up the policy on environmental cleaning in your clinical area.
- How is non disposable equipment managed to avoid it becoming contaminated?
- Reflect on the problems of applying standard procedures for decontamination in the variety of community settings encountered, eg. Doctors surgery, Clinic, patients' home.

### **References**

Lewis J and Meese D (1997) *Promoting Public Health - Infection Control in the Community*. The EA Partnership: St Ives Cambridgeshire.

Lewis J and Pennels D (1998) *Infection Control in Residential and Nursing Homes*. The EA Partnership: St Ives Cambridgeshire.

May H (2001) *Control of Infection in Nursing and Residential Homes* Birmingham Health Authority: Birmingham.

May H (2001) *Control of Infection in General Practice and Primary Care* Birmingham Health Authority: Birmingham.

Royal College of Nursing (2000) *Good Practice in Infection Control* RCN: London.

## Signing off Page for Infection Control

### Learning Objectives

- ***Hospital Environmental Hygiene***

Assessor/Manager signature .....

Health care worker signature .....

- ***Care and Management of Clinical Waste***

Assessor/Manager signature .....

Health care worker signature .....

- ***Care and Management of Sharps***

Assessor/Manager signature .....

Health care worker signature .....

- ***Hand Washing***

Assessor/Manager signature .....

Health care worker signature .....

- ***Decontamination***

Assessor/Manager signature .....

Health care worker signature .....

- ***Linen***

Assessor/Manager signature .....

Health care worker signature .....

- ***Preventing Spread of Infection***

Assessor/Manager signature .....

Health care worker signature .....

▪ ***Protective Clothing***

Assessor/Manager signature .....

Health care worker signature .....

▪ ***Skin preparation (cutaneous antisepsis)***

Assessor/Manager signature .....

Health care worker signature .....

▪ ***Elderly Person Infection Control***

Assessor/Manager signature .....

Health care worker signature .....

▪ ***Environmental Cleaning Within the Clinic***

Assessor/Manager signature .....

Health care worker signature .....