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### Policy Objective

To provide HCWs with details of their roles and responsibilities in preventing and minimising the risk of transfer of blood borne pathogens and other micro-organisms from infectious body fluids from both recognised and unrecognised sources of infection


This policy applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts.

### Document Control Summary

Approved by and date	BICC 10 <sup>th</sup> November 2008
Date of Publication	10 <sup>th</sup> November 2008
Developed by	Infection Control Policy Sub-Group - 0141 201 4931
Related Documents	NHSGGC Decontamination of Equipment and the Environment. NHSGGC Hand Hygiene Policy NHSGGC Laundry Policy NHSGGC Transmission Based Precautions Policy NHSGGC Personal Protective Equipment Policy SOP Procedures to Reduce Sharps Injuries
Distribution/Availability	NHSGGC Infection Prevention and Control Policy Manual and the Internet <a href="http://www.nhsggc.org.uk/infectioncontrol">www.nhsggc.org.uk/infectioncontrol</a>
Implications of Race Equality and other diversity duties for this document	This policy must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.
Equality & Diversity Impact Assessment Completed	November 2008
Lead	Nurse Consultant Infection Control
Responsible Director/Manager	Board Infection Control Manager

The most up to date version of this policy can be viewed at the following website:

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## 1 RESPONSIBILITIES

### 1.1 HCWs

- Comply with the guidance contained within this policy.
- Report, using the Incident Reporting System, if there is personal contamination with blood, body fluid or faeces.

### 1.2 Managers

- Ensure HCW comply with this Policy.
- Ensure HCWs under their supervision are aware of, and have access to, this policy.
- Ensure HCWs have access to personal protective clothing to prevent exposure.

### 1.3 ICT


- Act as resource for information and support.
- Provide education opportunities on this policy.
- Monitor the implementation of this Standard Precautions Policy in the clinical settings.
- Assist managers/senior charge nurses to audit the implementation of this policy.
- Regularly review and update this policy.

### 1.4 Health & Safety, Occupational Health:

- Act as a resource for information and support.
- Consult with managers, supervisors, ICTs and HCWs regarding personal protective equipment.

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## 2 STANDARD PRECAUTIONS

Standard precautions are the precautions necessary to reduce the risk of transmission of micro-organisms from both recognised and unrecognised sources of infection. Standard Precautions (previously known as universal precautions) are the practices that should be adopted by all healthcare workers when in contact with patients or their environments.


*Transmission Based Precautions* is the second category that includes all the additional precautions necessary for specific pathogens to prevent the transfer of infections. See *Transmission Based Precautions Policy* [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)

**ALL HCWs in ALL situations involving the care of patients or contact with the environment must use Standard Precautions.**

Prior to any procedure the HCW must consider any potential exposures from blood and body fluids and use personal protective equipment (PPE) to prevent any direct contact.

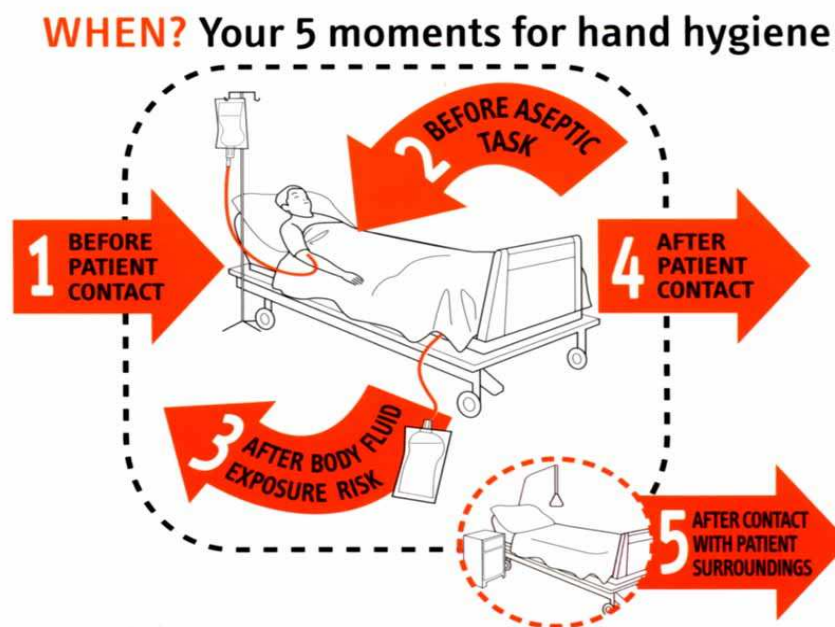
*There are 10 elements to Standard Precautions. These are detailed from 2.1 – 2.10.*

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## 2.1 Hand Hygiene

- Hands should be decontaminated at 5 key moments



- Wash hands before donning and after removing gloves.
- It may be necessary to change gloves and wash hands between tasks on the same patient.
- Soap and water **MUST** replace alcohol hand gel if in contact with a patient who has loose stools/diarrhoea.


Refer to the **Hand Hygiene** policy.

## 2.2 Personal Protective Equipment (PPE)

All equipment which is intended to be worn or held by a person at work and which protects the worker against one or more risks to the worker's health or safety (HSE 1992). This also includes equipment worn to protect the patient from micro-biological agents.

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### 2.2.1 PPE - GLOVES

- Gloves should be worn when there is a risk or potential risk of contamination by direct contact with blood or body fluids, mucous membranes, non-intact skin and other potentially infectious materials or when handling or touching visibly or potentially contaminated patient care equipment and environmental surfaces.
- Gloves are single-use items and should be changed in between patients.
- You must change gloves in between tasks performed on the same patient to prevent cross-contamination of body sites
- Always remove gloves as soon as possible after use to reduce the possibility of contaminating the environment, equipment, other patients and yourself. Gloves should not be worn if handling case notes or charts, or answering telephones etc.
- When removing gloves the wrist end of the glove should be grasped and the glove should be pulled down gently over the hand turning the outer contaminated surface inward.
- Hand hygiene should be performed before donning and after removing gloves.


Refer to the **Personal Protective Equipment** Policy.

### 2.2.2 PPE - APRON / GOWN

- Aprons/gowns should be worn when in direct contact with a patient when providing personal or clinical care or when in direct contact with a patient's environment, e.g. cleaning activities, bed making.
- Aprons/gowns are single-use items and should be changed in between patients, and if significantly contaminated, in between procedures.
- Following completion of the procedure(s) the apron must be removed and discarded into the clinical waste stream.
- Colour coded aprons may be used in specific areas, ITUs or for specific tasks, e.g. serving meals. In this instance local procedures must be followed.

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- Where there is a significant risk of exposure to body fluids, e.g. theatre or during an invasive procedure, a risk assessment should be undertaken and if appropriate an impermeable gown should be worn.

Refer to the **Uniform Policy and the PPE Policy**.

### 2.2.3 PPE - MASK, GOGGLES OR FACE SHIELD

- Should be worn to protect the HCW from contact with infectious material from patients, e.g. respiratory secretions and body fluids.
- Goggles should provide adequate protection when a risk of splashing is present. If used they should be the ‘wrap around’ type which will protect the area to the side of the eye or if re-usable, e.g. goggles. Follow manufacturer’s instructions for cleaning but if heavily contaminated discard as clinical waste.
- Face shields/visors should be considered, rather than a surgical mask and/or goggles if there is an increased risk of splashing or aerosolisation of blood or body fluids.
- HCW should avoid touching face protection while it is being worn.
- Disposable face protection should be changed in between patients, and if significantly contaminated, in between procedures. Surgical masks should be changed if they become wet.
- Hand hygiene must be performed after removing and discarding face protection.


Refer to the **Personal Protective Equipment Policy**.

### 2.3 Occupational Exposure Prevention

- **All cuts and abrasions must be covered with a waterproof dressing.**
- Take care to prevent injuries when using needles, scalpels and other sharp instruments or devices.

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[www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)

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- **Use gloves when handling sharps.** If a sharp injury occurs gloves will wipe the outer surface of the needle and reduce the amount of blood transferred.
- **Never re-sheath needles.**
- Never manipulate any sharp that involves directing the point of a needle toward any part of your body.
- Dispose of sharps immediately into an approved sharps container (BS7320).
- Always take a sharps container to the point of use.
- Never over fill sharps boxes.
- Refer to the NHSGGC Management of Occupational and Non-Occupational Exposures to Bloodborne Viruses [www.nhsggc.org.uk/phpu](http://www.nhsggc.org.uk/phpu)
- HCWs with skin conditions should seek the advice of the Occupational Health Department especially if they have any exfoliative skin conditions.

Refer to the **Occupational Health** Policy.

#### 2.4 Blood and Body Fluid Spillages

- Disinfect all blood and body fluids spillages immediately wearing appropriate protective clothing (gloves, apron and if risk of splash, goggles).
- Chlorine releasing granules must not be used directly on urine spillages as chlorine gas can be released.
- Decontaminate spillages as per the instructions contained within the **Decontamination** Policy.

(Refer to: Spillage section of the **Decontamination** Policy).


#### 2.5 Patient Equipment

- Patient care equipment should be decontaminated as stated in Decontamination Policy.
- Patient-related equipment, e.g. commodes, pumps, drip stands, etc., **must** be kept clean and decontaminated between patient use.

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- Wear protective clothing when handling contaminated patient care equipment.
  - **Never reuse single-use equipment.**
  - **Never reuse single-patient equipment on more than one patient.**
- Equipment should be cleaned with NHSGGC approved cleaning solutions or disinfectants.
- Any equipment sent from a ward or department should have a decontamination certificate/label attached if being sent for repair.

Refer to the **Decontamination** Policy

## 2.6 Environment

- The hospital environment must be visibly clean, free from dust and debris.
- Particular attention must be paid to cleaning of horizontal surfaces, floors, beds, bedside equipment and other frequently touched surfaces.
- If the environment is not visibly clean the Domestic Supervisor should be informed.
- Every HCW must be aware of their specific responsibilities for cleaning equipment in clinical areas.


Refer to SOP **Cleaning of Near Patient Equipment**

## 2.7 Clinical Waste

- Segregate waste according to the Clinical Waste Policy.
- Seal all containers in line with the policy.
- **Linen/laundry**
- Linen/laundry soiled with blood or body fluids must be handled in a manner that prevents skin or mucous membrane exposure or contamination of the HCWs clothing or the patient's environment. Always wear a plastic apron (and gloves when linen is soiled) if handling used linen.

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[www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)

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- Discard linen soiled with blood / body fluids, or from a patient in isolation, directly into a red water soluble bag and then a secondary bag clear plastic bag, this should then be placed in a laundry bag.
- Never place linen (soiled/used or clean) on the floor

Refer to: **Laundry Policy**

## 2.8 Patient Placement

- Following local risk assessment, place a patient who could contaminate the environment with blood, body fluids or faeces in a single room.
- Patients with suspected infections/communicable diseases should be placed in isolation.
- If the patient is clinically unsuitable for isolation nursing a risk assessment must be undertaken by the clinical team in conjunction with a member of the ICT.
- Babies and children will be isolated if they have symptoms suggestive of an infectious disease which can spread person to person. The ICT will advise as necessary.
- If a single room is not available, consult with a member of the ICT.


Refer to the **Transmission Based Precautions Policy**

## 2.9 Respiratory Hygiene/Cough Etiquette

- Patients with suspected respiratory infections should be placed in isolation and the door of the isolation room should be closed.
- Patients with respiratory infections should be asked to use disposable tissues and encouraged to cover their mouth/nose when coughing or sneezing.
- Hand hygiene must always be performed after contact with respiratory secretions.
- There should be spatial separations (ideally >3 feet) of persons with respiratory infection in common waiting areas where possible.

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- If tolerated, patients with respiratory infections who are being transferred between wards or departments should wear masks to prevent dispersal of respiratory secretions into the air or environment.
- HCWs with respiratory infections should avoid direct patient contact with high-risk patients.

## 2.10 Definition & Rationale

	Definition	Rationale
<b>Standard Precautions</b> includes Universal Precautions	The precautions necessary to reduce the risk of transmission of micro-organisms from both recognised and unrecognised sources of infection including blood borne viruses. Standard precautions expand the coverage of <b>Universal Precautions</b> by recognising that any body fluid may contain infectious micro-organisms.	The minimum level of infection control precautions applicable in all situations to prevent the transfer of bloodborne viruses and other organisms that may cause cross-infection. <b>Standard Precautions</b> will not prevent the spread of micro-organisms spread via airborne, droplet or combination of airborne/droplet and contact routes.
<b>Transmission based precautions</b>	The precautions in addition to <b>Standard Precautions</b> necessary to prevent spread of infections from the airborne, droplet or a combination of contact, airborne and droplet routes.	Designed to prevent transmission of important pathogens for which additional precautions are necessary to the <b>Standard Precautions</b> advocated for all patients and in all clinical situations.

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### 3 AUDIT

Area being audited \_\_\_\_\_

Criteria	Achieved	Not Achieved	Not Applicable
HCWs understand the term Standard Precautions (Ask 2 HCWs different disciplines).			
Hand hygiene is observed after dirty procedures once gloves are removed. (Observe 2 procedures) {If gloves are not used standard not achieved}.			
Gloves and aprons are available throughout the area.			
Eye protection is available in the area (Ask 2 HCWs where it is).			
HCWs are clear when they would use eye protection (Ask 2 HCWs).			
HCWs do not reuse single use equipment (Ask 2 HCWs).			
The environment is visibly clean (Visit 2 near patient areas).			
Linen is discarded as per the policy (Observe twice).			
HCWs know what to do should a sharps injury occur. (Ask 2 HCWs).			
Patients who have suspected respiratory infections are placed in isolation. (Ask a senior charge nurse/staff nurse)			
HCWs know how to decontaminate blood and body fluid spillages.(Ask 2 HCWs).			
Total			

Date: \_\_\_\_\_

General comment on performance: \_\_\_\_\_

Agreed action plan: \_\_\_\_\_


Signed Manager: \_\_\_\_\_

Signed ICN: \_\_\_\_\_

Send audit result to: \_\_\_\_\_

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#### 4 EVIDENCE BASE

- Infection Control Nurses Association. Protective Clothing Guidelines. (2003)
- Health and Safety at Work Act (1974) <http://www.healthandsafety.co.uk/haswa.htm>
- Control of Substances Hazardous to Health (COSHH) regulations (2002)  
<http://www.hse.gov.uk/coshh/>
- Health and Safety Executive (HSE). A short guide to the Personal protective Equipment at Work Regulations (1992) <http://www.hse.gov.uk/>
- Health Protection Scotland – Transmission Based Precautions (2008)  
<http://www.hps.scot.nhs.uk/>
- Health Protection Scotland – Standard Infection Control Precautions (2008)  
<http://www.hps.scot.nhs.uk/>
- Centres for Disease Control – Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)  
<http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>

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