

D01e

Hand hygiene and standard infection control precautions

This document is provided to Carers Trust 4all (now referred to as ‘the organisation’) as a Network Partner of Carers Trust.

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1.0 HAND HYGIENE

1.1 Hand hygiene is **the** most important way of preventing spread of infections.

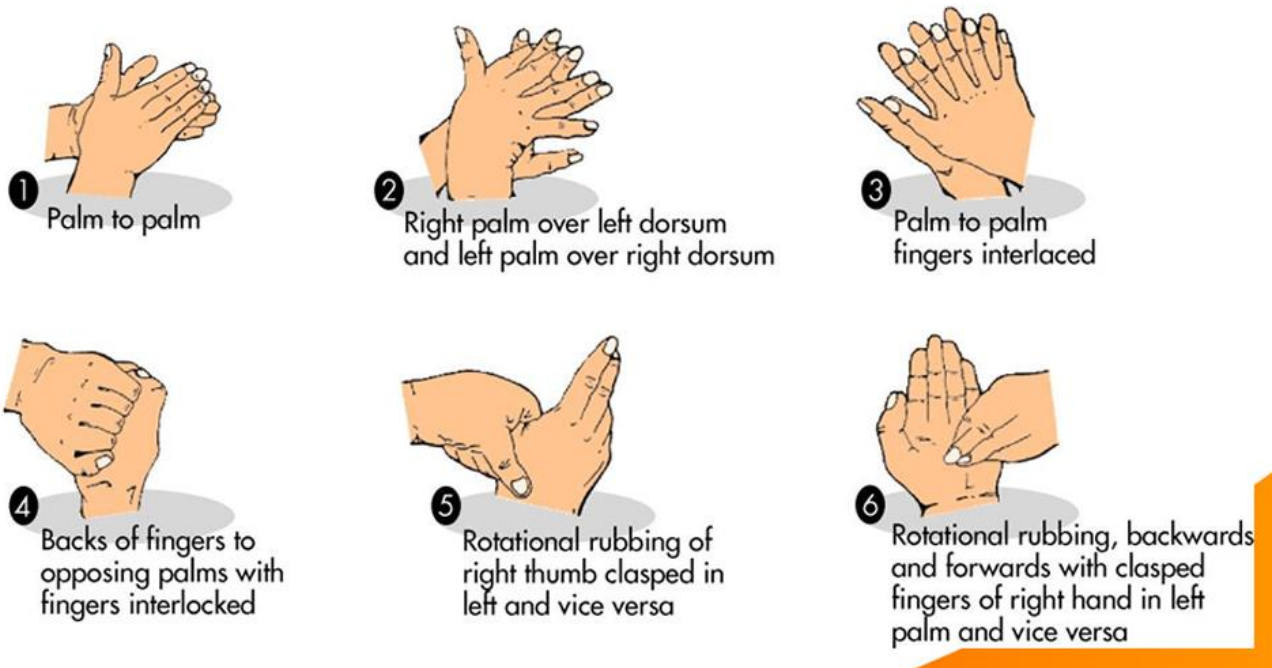
1.2 Hand washing using soap and water

- Remove watches, bracelets and stoned rings (you can wear a plain wedding band), so that your arms and hands are bare below the elbow.
- Wet hands with water (warm or cold)
- Apply enough soap to cover all surfaces.
- Follow the six-step approach below, which will take approximately 20 seconds.

HAND WASHING



Hand washing technique:



To finish:

- Rinse hands.
- Dry hands thoroughly, using a clean towel (preferably disposable).
- Use towel to turn off tap.

1.3 Always wash your hands:

- after using the toilet
- before eating or handling foods
- after handling raw foods (for example chicken, meat, vegetables, eggs)
- after smoking, coughing and sneezing
- after you handle rubbish or waste
- whenever your hands are obviously dirty
- after handling animals.

1.4 If you are involved in providing care and support services to a person with care needs, you must also wash, rinse and thoroughly dry your hands:

- when you arrive at and before you leave the place in which you are providing the care
- before and after you provide personal care
- between different care activities for the same person
- between going from one person to another where direct contact is involved
- after handling any bodily fluids (including specimens) or soiled items such as laundry, nappies or pads
- before and after wearing disposable gloves
- after you have done any cleaning
- after touching your mouth, face or hair.

1.5 Soap and water MUST be used to cleanse hands, regardless of whether or not gloves have been worn, when:

- hands are visibly soiled or potentially contaminated with body fluids
- caring for a person who has a vomiting or diarrhoeal illness.

1.6 Hand sanitisers

Hand washing facilities will normally be available in your place of work. When facilities are not suitable (for example, in a service user's home), or clean running water is not available, you can generally use an alcohol hand sanitizer as an alternative, but see exceptions at 1.5 above.

- Hand sanitisers are usually alcohol-based but there are makes available that are alcohol-free if you are allergic to alcohol or prefer not to use it.
- You cannot use them routinely instead of soap and water when you are handling food.
- Some are safe to use with food and can be used in one-off circumstances where you aren't able to wash your hands with soap and water (for example in an emergency or on an outing such as a picnic).

To use a hand sanitiser:

- read the label for dosing instructions and follow manufacturer's instructions¹
- apply sanitiser to the palms of your hands
- rub your hands together, covering all surfaces of your hands, especially the tips of your fingers, your thumbs and between your fingers
- keep rubbing until the solution has evaporated and hands are dry
- an emollient hand cream should be applied to protect skin from the drying effects of regular hand decontamination.
- if skin irritation occurs, an occupational health team should be consulted

2.0 STANDARD INFECTION CONTROL PRECAUTIONS

2.1 There is always a risk that a person's blood or bodily fluids are infectious. Never presume to know who has and who does not have an infectious disease. When providing personal care and support, always use the standard infection control precautions set out below, whatever the age or condition of the person concerned.

¹ Compliant to BS EN1500; standard for efficacy of hygienic handrubs (using a reference of 60% isopropyl alcohol).

2.2 Nails

- Keep your nails short and clean.
- Do not wear nail varnish or artificial nails.
- Long nails can puncture disposable gloves, scratch or injure.
- Bacteria can live under long / artificial nails.
- Nail varnish may chip off and fall into food.

2.3 Jewellery

- Keep jewellery worn to a minimum.
- Do not wear rings, necklaces, earrings, watches or bracelets that may snag on clothing, gloves or skin, as this can cause injury and increase the risk of cross-infection.

2.4 Skin

- Intact skin (without cuts, grazes or sores) defends against infection.
- Cover cuts and grazes with a water-resistant plaster or dressing.

2.5 Personal Protective Equipment (PPE)

- Using gloves and aprons wrongly can increase the risk of cross contamination / infection.
- They protect you during tasks where there is a risk of contact with body fluids / blood.
- It is your responsibility to properly use/ replace / dispose of the PPE provided.

2.5.1 Disposable aprons

These are for single use only and need to be disposed of immediately after use.

Wear a disposable apron when you:

- are involved in activities that may result in contamination with blood / body fluids
- are in direct contact with a person known to have a specific infection (for example C Difficile, Norovirus)
- assist with personal hygiene
- handle and clean contaminated equipment and linen
- carry out a wound dressing
- prepare and serve food
- carry out cleaning tasks.

Do **not** wear a disposable apron when you are cooking food over a direct source of heat (such as a gas cooker) as the apron is a fire hazard in such circumstances.

2.5.2 Disposable gloves (non-latex, such as vinyl or nitrile)

These are for single use only. Put them on whenever there is a risk of your hands becoming contaminated with blood or other body fluid or when you are cleaning or handling soiled laundry.

- Wear a fresh pair of gloves for each care task.
- Change your gloves if moving from person to person to provide care.
- Put on gloves immediately before you start a procedure / task and remove them immediately afterwards.
- Don't walk around with gloves on as this increases the risk of cross infection.
- Never wash gloves with soap and water or alcohol hand rub.
- Dispose of gloves immediately after use.

2.5.3 Footwear

This needs to be sturdy and non-slip, with flat heels, enclosed back or strap and enclosed toes. One of the reasons for this is to reduce the risk of injury from sharps and potential exposure to body fluids.

2.6 Cleaning spillages

Treat every spillage of body fluids or body waste as potentially infectious and deal with it as quickly as possible.

- Put on disposable gloves and apron.
- Clear up wetness with paper towels.
- Always use fresh cloths and paper towels in each area where there is a spillage.
- If it won't cause damage to the soiled surface, use a solution of 10% bleach in water to wipe the area clean. Ensure the area is well ventilated when making up this solution.
- On other surfaces (such as carpets), allow remaining spillage to dry, and use a standard cleaning product or hot soapy water to clean.
- Remove gloves and aprons and dispose.
- Wash hands.

When handling heavily contaminated laundry (such as sheets, towels, clothing, flannels and other cloths):

- put on disposable gloves and apron
- wipe away any solids with paper towels
- sluice off the laundry (ideally in the bathroom) as much as possible and then place in the washing machine
- remove gloves and aprons, dispose and wash hands
- close the washing machine door and start the wash cycle
- wash the laundry with detergent at the hottest setting for the fabric concerned with normal washing powder.

2.7 Safe disposal of waste

2.7.1 Household waste:

- Unless otherwise directed, dispose of **offensive** waste containing bodily fluids (for example sanitary towels, nappies, incontinence pads, soiled disposable gloves and aprons) in ordinary household waste.
- **Double-bag** such items separately before placing in dustbin.
- Do not put them into dustbins loose.

2.7.2 Clinical waste:

In some circumstances items containing bodily fluids (for example nappies, pads, dressings) are classed as clinical waste rather than household waste. This will usually indicate that the person concerned has an infection or communicable disease that can be transmitted to others.

Where you are informed that waste needs to be treated as clinical waste:

- dispose of all flushable material such as urine, faeces and vomit down the toilet
- clean the toilet afterwards using usual household products (for example, bleach)
- dispose of other clinical waste containing bodily fluids (for example sanitary towels, nappies, incontinence pads, soiled disposable gloves and aprons) into the clinical waste disposal bags provided by the local authority for this purpose

- seal and safely store clinical waste disposal bags when they are no more than three quarters full, ready for collection - if overfull, the bags are more likely to split
- store as directed.

2.8 Respiratory and cough hygiene

To help prevent spread of infection via respiratory means, make sure you:

- cover your nose and mouth with a disposable tissue when sneezing, coughing, wiping or blowing your nose
- dispose of tissues promptly after use in a waste bin
- wash your hands after coughing, sneezing, using tissues or after contact with respiratory secretions or objects contaminated by them
- avoid unnecessary contact by wearing the PPE provided.

2.9 Personal hygiene

Where your job involves close contact with service users (for example care work), it is important you maintain a high standard of personal hygiene.

- Make sure the clothes you wear to work are always clean.
- Pay attention to body odour.
- If your clothing gets significantly dirty (for example, soiled with blood or bodily fluids), contact your line manager / the person on call to discuss what action you need to take.

2.10 Staff illness.

If you get an infection (for example a cold or sore throat), inform your line manager. It is important to avoid transmitting your illness to others, especially those who are vulnerable, namely:

- older people
- babies, infants and children
- people with certain diseases such as HIV or hepatitis
- people taking certain medications (such as steroids / medication for the treating cancer)
- people who have undergone organ transplants or those who have completed cancer treatments in the last 6 months.

If you develop nausea, vomiting, diarrhoea or stomach cramps:

- stay off work
- do not return to work until 48 hours after the last episode of vomiting or diarrhoea.

If you develop these symptoms while you are at work, inform your line manager / the person on call straight away.

2.11 Sharing

Never share items such as towels, flannels, razor blades or toothbrushes with anyone else as they may be contaminated with blood or bodily fluids and pass on infections.

2.12 Environmental cleaning

Accumulations of dust, dirt and liquid residue are a potential source of healthcare related infection. Make sure you keep your working environment clean and tidy.

- Place used crockery, cutlery and kitchen utensils in the dishwasher or wash in hot water and detergent.

- Clean any equipment you use (such as commodes) with detergent and hot water. Do not leave it in a soiled condition.
- Clean work surfaces with detergent, rinse with a damp cloth and leave to dry. Pay particular attention to surfaces that have been in contact with waste products.
- Use separate cloths and mops for the kitchen, bathroom, toilet and other areas to avoid cross-contamination.

2.13 Look after your own health

Take advantage of any health checks you are offered. It is recommended that you inform your line manager if any of the following apply:

- you have psoriasis, eczema or dermatitis on your face, hands or lower arms
- you are pregnant or planning on becoming pregnant
- you are immuno-deficient or immune-suppressed
- you are undergoing treatment for cancer or are on steroid therapy
- you have an infectious disease or communicable disease, for example MRSA, hepatitis, TB or HIV.

You are not obliged to provide this information, but your manager will be better able to support you and to ensure your safety at work if you give them the necessary information.

2.14 Splashes to eyes or mouth

If you are splashed in the eyes or mouth, take the following action:

Eyes:

- Irrigate with sterile water, keeping contact lenses in place.
- Remove contact lenses and irrigate again with sterile water.

Mouth:

- Swill with drinking water and spit out.
- Repeat.

Eyes and mouth:

- Report to your line manager or the person on call and follow their guidance.
- Write down what happened (for example on a client report form and complete an incident report form).

If you were splashed with bodily fluids, you must visit an Accident and Emergency Department (A&E) as soon as possible. You may need to have blood samples taken and be given post-exposure prophylaxis (PEP).

3.0 SHARPS

3.1 Disposal of clinical sharps

- If you are required to use clinical sharps in the course of your work or if you are working in a service user's home where sharps are being used, your manager has to make sure there is a sharps container available so that they can be disposed of safely.
- If clinical sharps are being used and there **isn't** a sharps container available, let your line manager / the person on call know straight away.
- If you use a clinical sharp, it is your responsibility to dispose of it safely.

3.2 Do's and don'ts of using a sharps container

Always:

- wear gloves and an apron when disposing of a clinical sharp
- dispose of a clinical sharp straight away, as soon as you have used it
- take the sharps container to the task rather than carry the sharp to the container
- dispose of needles and syringes as one unit
- report to your line manager / the person on call any sharps container that has been broken or damaged
- ensure sharps containers are kept out of reach of children and pets
- ensure sharps containers are closed when not in use.

Never:

- re-use a clinical sharp
- re-sheath a needle
- bend or break a needle prior to disposing of it
- detach a needle from a syringe
- leave a sharp lying around or leave for someone else to discard
- pass a clinical sharp to another person
- put your hands or fingers into a sharps disposal box
- attempt to retrieve anything from inside a sharps container
- attempt to press down sharps to make more room in the container
- decant the contents of one container into another
- place clinical sharps in any other form of container, such as soft drink cans, plastic bottles or similar containers
- fill sharps disposal boxes beyond the marked load line.

3.4 Action required if you find a clinical sharp

If a sharps container is available:

- ask the person who used the sharp to dispose of it into the sharps container themselves, or
- place it in the sharps container yourself following the guidelines set out above
- write down what happened on the client report form and let your line manager / the person on call know.

If you find a clinical sharp and there isn't a sharps container to put it in, get in touch with your line manager / the person on call straight away so that they can advise you what to do. Again, write down what happened on the client report form.

3.5 Action required if you sustain a sharps injury or are bitten

- **BLEED IT:** Encourage wound to bleed, but don't suck it.
- **WASH IT:** Wash under running water (do not use antibacterial soap).
- **COVER IT:** Use a waterproof dressing.
- **REPORT IT:** Inform your line manager or the person on call.
- **RECORD IT:** Write down what happened (for example, on client report form or incident report form).
- **OBSERVE IT:** Watch wound for signs of infection.

If this happens to you, you must visit A&E as soon as possible. You will need to have blood samples taken and may need post-exposure prophylaxis (PEP) or follow-up for Hepatitis B & C and HIV

APPENDIX 1

Definition of terms used

Sharp

- Any sharp item used by staff in the provision of care (for example razors).
- Other sharp items such as open tins, broken glass.

Clinical sharp

Any sharp instrument used in the provision of care or by a healthcare professional, including:

- lancets (used for obtaining small blood samples for testing blood sugars)
- hypodermic needles (used for injecting or taking blood)
- ampoules (small glass phials in which sterile drugs for injection are sealed).

Sharps container

- This is a medical waste container that has been designed to hold sharp medical instruments such as needles, scalpels, lancets, ampoules.
- It is made of thick durable plastic, making it safe to handle and able to withstand puncture by clinical sharps.
- It has a sealable lid and is marked with a horizontal line to indicate when it is full.

Sharps injury

- An injury from any device that is contaminated with blood or bodily fluids that punctures or penetrates the skin.
- A bite or scratch that breaks the skin.
- Such an injury may occur indirectly, for example from sharps found in the home and not directly used in the provision of care.

'Needlestick' or inoculation injury

- The commonest form of sharps injury.
- It occurs when someone accidentally pricks themselves with a used needle whilst disposing of it.

Contact with blood or bodily fluids

- A splash of blood or bodily fluids into the mouth, nose or eyes (mucous membranes) or onto broken skin.
- Bodily fluids include urine, faeces, vomit, saliva, sputum.

Post-exposure prophylaxis (PEP)

PEP is the administration of medicines to a person who may have been exposed to a blood-borne virus such as hepatitis B or HIV.