1. Document Control

Title			
Standard Infection Control Precautions Policy			
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Directorate Nursing		**Department** Infection Prevention and Control	
Version	**Date Issued**	**Status**	**Comment / Changes / Approval**
0.1	Mar 2004	Final	Ratified by Trust Board
2.0	Jul 2007	Final	Ratified by Trust Board
2.1	Apr 2008	Revised	Approved at Infection Prevention & Control Committee 26.2.08 and ratified at Trust Board in April 2008.
2.2	Aug 2008	Revision	Final amends to ensure corporate identity requirements
2.3	Feb 2010	Revision	Amends for NHSLA requirements. Approved at Patient Safety & Infection Prevention and Control Committee on 23 February.
2.4	Mar 2010	Revision	Corporate Affairs amends include formatting for document map and hyperlinks for appendices before publishing on Tarkanet.
2.5	May 2010	Revision	Corporate Affairs amendments to document control report, formatting and added NHSLA text to section 9.2
2.6	Jan 2012	Revision	Harmonised policy as a result of the merging of Northern Devon Healthcare NHS Trust and NHS Devon community services. A summary of key issues and differences is on page 3. The training and monitoring sections have been strengthened as a result of revised NHSLA requirements. NHSLA Compliance monitoring form added as appendix F.
3.0	Feb 2012	Final	Approved by Northern Infection Prevention & Control Committee (NIPCC) on 07/02/12 following consultation at NIPCC 06/12/11 and EIPCC 13/12/11.
3.1	May 2012	Revision	Issue date of version 2.6 corrected from Jan 2010.
3.2	October 2012	Revision	Addition of information regarding face protection and use of gowns. Minor amendments by Corporate Governance Manager to document control report and formatting. Addition of reference.
3.3	March 2015	Revision	Addition of information from Epic 3 recommendations and review of information for community workers. Update of format to new trust template Out-dated NHSLA standard removed

3.4	Sept 2018	Revision	New template Removal of Eastern contacts and updated appendices
4.0	Sept 2018	Final	Approved at IPCC meeting September 25th 2018

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Lead Director
Director of Nursing

Superseded Documents

NDHT Standard precautions policy v2.5
NHS Devon / Devon Provider Services Standard Precautions policy v3

Issue Date	Review Date	Review Cycle
Sept 2018	Sept 2021	Three years

Consulted with the following stakeholders: (list all)

- Infection Prevention and Control Committee
- Compliance Manager

Approval and Review Process

- Infection Prevention and Control Committee

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CONTENTS

1. Purpose

This document sets out Northern Devon Healthcare NHS Trust's system for the use of standard infection control precautions in clinical practice. It provides a robust framework to ensure a consistent approach across the whole organisation, and supports our statutory duties as set out in the Health & Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and related guidance.

The policy applies to all Trust and Sodexo staff in all settings. This is a merged policy reflecting the incorporation of community services in Exeter, East and Mid Devon with Northern Devon Healthcare NHS Trust in April 2011.

Standard infection control precautions represent a standard of care to be used routinely for all patients, regardless of the presence or absence of any known or perceived infection risks.

The purpose of this document is to inform and guide staff on the use of standard infection control precautions in order to protect themselves and their patients from healthcare associated infections.

Standard infection control precautions are the safe working practices required to reduce the transmission of micro-organisms from the patient to the healthcare worker's clothing or skin by a patient's blood, body fluids, secretions or excretions (Pratt et al, 2001). These include the following:

- Hand Hygiene
- Use of personal protective equipment
- Maintaining a clean environment
- Safe use and disposal of sharps
- Appropriate decontamination of instruments and equipment
- Safe disposal of domestic and clinical waste
- Safe handling and laundering of linen

These precautions underpin safe practice and protect patients and staff from healthcare associated infections.

2. Definitions

2.1 Personal Protective Equipment (PPE)

Refers to the use of gloves, plastic aprons, fluid repellent aprons, barrier face masks, eye protection, and waterproof boots to protect the healthcare worker from contact with another person's blood and/or body fluids.

2.2 Resident micro-organisms

Are those which inhabit the deeper layers of skin and hair follicles. They are not easily transferred to other people or objects, nor are they easily removed by soap and water hand washing.

2.3 Transient micro-organisms

Are those which may be acquired on the surface of the skin during contact with other people, their immediate surroundings and equipment. These can subsequently be deposited directly onto patients and/or their immediate environment.

3. Responsibilities

3.1 Role of the Director of Nursing

The Director or Nursing is responsible for:

Acting as a second point of contact to support

Ensuring that a replacement main contact is identified should the original author be re-deployed or leave the organisation

3.2 The Infection Prevention and Control Committee

Monitoring compliance with the policy

Ensuring that the policy is approved after review and prior to publishing

3.3 Ward/ Departmental Managers

Responsibility for implementation of this policy lies with the Senior Nurse (usually Ward Sister) or Departmental Manager in Charge of the areas to which these statements apply unless specifically stated otherwise in the text.

3.4 Infection Prevention and Control Team

The Infection Prevention and Control Team undertake to provide education and clarification to support the utilisation of this policy when requested to do so by Clinical or Facilities staff and managers.

3.5 Clinical Staff

It is the responsibility of all Trust Clinical Staff to follow the guidance contained in this Policy and report any problems with compliance to their line manager.

3.6 Role of Infection Control Link Practitioners (ICLPs)/ Nurses

The role of ICLPs is to provide a focus on wards, other clinical settings and for community teams working in patient's homes forwarding key aspects of the Infection Prevention and Control programme. In particular they are responsible for undertaking monthly hand hygiene audits and other relevant audit work as identified and agreed through the Infection Prevention & Control Committees

3.7 Role of Directorate/Divisional Managers

Ensure that Clinical Governance systems under their control incorporate infection prevention and control results. Ensure that there is a divisional/ directorate level infection control action plan that incorporates hand hygiene objectives and other elements of standard precautions as needed. This must be regularly updated and available for inspection when requested by the IP&C Team and relevant external inspectors.

3.8 Role of Ward/Clinical Department, Community Nursing Team Leaders/ managers

Maintain compliance with this policy, including staff education and competency requirements. Ensure ICLPs are in place and effective. Receive and act on results of audits as needed. Attend MRSA and C difficile Root Cause Analysis meetings when requested.

Ensure adequate supplies of equipment identified within this policy are available for staff use and to ensure that supplies are available. The range of products can be found on BOB in the Infection Control Products list.

3.9 Role of all staff

All healthcare staff in all settings where clinical care is delivered, including patients' homes, are required to adhere to the information, guidelines and procedures contained within this policy, which provide a framework for safe and best practice, aimed at preventing the spread of infection.

To use the correct equipment identified within this policy and report any low stock levels or replenish supplies as needed. The range of products can be found on BOB in the Infection Control Products list.

4. Contacting the Infection Prevention and Control Team

North: The Infection Prevention and Control Team can be contacted in hours on 01271 322680 (ext 2680 internal at North Devon District Hospital), via bleep 011 or out of hours by contacting the on-call Medical Microbiologist via North Devon District Hospital switchboard.

5. Standard Precautions

5.1 Hand Hygiene

Effective hand hygiene will reduce the risk of transmission of micro-organisms from or via the hands of staff (see Appendix A for the hand hygiene procedure in pictures).

Hands must be decontaminated:

- Within the World Health Organisation (WHO) five moments for hand hygiene (see Appendix B for the pictorial version)

    1. Before touching a patient
    2. Before a clean/ aseptic procedure
    3. After body fluid exposure risk
    4. After touching a patient
    5. After touching patient surroundings

As well as:

- After removing personal protective equipment (e.g. gloves, aprons)
- Before preparation of medications
- Before food handling or preparing feeds
- After going to the toilet.

Staff must also bear in mind the following:

- Hands must be decontaminated by either an appropriately formulated alcohol gel/rub (normally a combined antibacterial and antiviral formulation, with or without the addition of other agents used for improvement of residual activity on the skin, and as approved by the IPCC) or use of soap and water, but liquid soap and water must be used for the following:

    - Hands visibly or potentially soiled with dirt or organic material, (i.e. following the removal of gloves).
    - After caring for or examining patients with diarrhoea or vomiting patients.

- Hands should be washed with soap and water after several consecutive applications of alcohol hand gel/rub.

- Healthcare workers should ensure that their hands can be decontaminated throughout the duration of clinical work by being bare below the elbows in the clinical environment. This includes community workers engaged in clinical care in a patient's home. All wristwatches, other wrist and hand jewellery, with the exception of a plain band ring, must be removed prior to commencing work in a clinical area (although a plain band ring must be removed prior to surgical procedures).

- Cuts and abrasions must be covered with waterproof dressings.

- Fingernails should be kept short, clean and free from nail polish. False nails and nail extensions must not be worn by clinical staff.

- The wearing of gloves does not negate the need for hand decontamination

Further guidance on hand decontamination for aseptic techniques can be found in the Aseptic and Clean Techniques Policy.

The Trust level for compliance with hand hygiene is >95% (appears as green on performance monitoring dashboard, 85%-95% appears as amber, and <85% appears as red – see section 5.11)

5.2 Routine Hand Wash

Washing hands with soap under running water will remove dead skin scales and transient micro-organisms. Indications as listed in 5.1 above.

The procedure is as follows:

- Preparation requires wetting hands under tepid running water before applying sufficient liquid soap to create a lather over all the surfaces of the hands

- Hands should be rubbed together vigorously for a minimum of 20 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, not forgetting the wrists, using the scheme set out in the pictorial Appendix A or the diagrams on the liquid soap station backboards.

- Hands should be rinsed thoroughly prior to drying (by patting rather than rubbing for skin care) with paper towels, or in non clinical areas with hot air hand dryers, and in the patient's own home a clean towel provided by the patient.

5.3 Antiseptic Hand Wash

Washing with an antiseptic detergent preparation alone or non-medicated soap followed by alcohol gel will remove transient micro-organisms and reduce resident micro-organisms.

Indications:

- Before procedures which involve the bypassing of normal body defences (those requiring sterile gloves)
- Before touching neonates or highly immuno-compromised patients.

Procedure as follows:

- Follow the method outlined in routine hand hygiene using an antiseptic detergent instead of soap
- If you are sensitised to chlorhexidine (contact Occupational Health) consider povidone-iodine antiseptic detergent.
- Alternatively a routine soap and water hand wash followed by application of alcohol gel/rub

5.4 Surgical Hand Wash

Washing with an antiseptic detergent preparation alone or non-medicated soap followed by alcohol gel will remove transient micro-organisms and reduce resident micro-organisms. This will reduce the risk of transmission of micro-organisms from or via the hands and forearms of staff during surgery.

Indications:

- Before all surgical procedures in theatres
- Before all surgical procedures outside theatres.

Procedure for washing with antiseptic detergent or liquid soap as follows:

- Wet hands and forearms to elbows under running water
- Apply antiseptic detergent of choice to all hand and forearm skin surfaces for 6 minutes (WHO 2009)
- Rinse off all traces of detergent
- Turn off taps using elbows (unless automatic sensor taps in place)
- Dry skin surfaces from finger tips to elbows with sterile towels using patting and squeezing actions.

It is important to use one antiseptic detergent consistently to derive maximum accumulative/ residual effect. It is recommended that a chlorhexidine based detergent is used (contact Occupational Health if chlorhexidine-sensitive).

Use of nail brush as part of surgical scrub technique is not recommended, unless there is visible ingrained dirt which is not being removed by normal washing.

An antiseptic detergent wash or a liquid soap followed by alcohol gel method must be used for the first case on a list. Thereafter it is an acceptable alternative to use alcohol gel/rub to hands, wrists and forearms if there is no visible blood contamination on the skin. (NICE 2008). Alcohol gel/rub hand and arm decontamination minimum duration of application time 1 minute (WHO 2009)

5.5 Hand Hygiene using Alcohol Hand Gel or Rub

Hands should be free of dirt and organic material.

The alcohol gel/ rub must come into contact with all surfaces of the hand and wrist, and for surgical procedures the forearm as well.

The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the gel/rub has evaporated and the hands are dry.

Near patient alcohol hand gel must be available at each bedside and outside each patient bay and single room. For some workers, such as community nurses, personal alcohol gel/rub dispensers (often known as tottles) may be required. This approach may also be necessary in certain settings to ensure patient safety, such as children's wards/depts. Emergency Department/MIUs.

5.6 Hand Care

Bacterial counts increase when the skin is damaged therefore care must be taken to maintain skin integrity:

- Always wet hands thoroughly prior to application of liquid soap or antiseptic detergent.
- Rinse hands thoroughly to remove soap or antiseptic detergent.
- Dry hands carefully, patting rather than rubbing dry.
- After washing hands apply good quality non ionic hand cream at the end of a shift (from a communal pump action dispenser or personal tube).

Any staff who develop eczema, dermatitis or any other skin condition must seek advice from the Occupational Health Department and should report the incident on an incident form/via Datixweb

Any member of staff unable to use the recommended hand cleansing agents due to a skin condition/allergy must seek advice from the Occupational Health Department.

Cuts and abrasions must be covered with a waterproof dressing.

Always cleanse hands after removing gloves, to reduce any build up of bacteria on the hands from prolonged glove wear and to remove micro contamination (non visible) that may have occurred due to loss of glove integrity during wear or from manufacturing faults and also inoculated during the removal process.

5.6.1 Patient Hand Hygiene

Patients and relatives should be provided with information about the need for hand hygiene and how to keep their own hands clean. (Epic 3, 2014)

Patients must be offered hand hygiene facilities and encouraged to wash their hands particularly after using toilet/commode/bedpan and prior to meals. Hand cleansing wipes can be obtained from NHS Supply Chain and must be offered to in-patients who are unable to access hand washing facilities. Patients in their own homes should be advised by their HCW on the importance of hand hygiene which may be enhanced by use of wet wipes although the trust would not be expected to fund these.

5.6.2 Visitor Hand Hygiene

Visitors should be shown hand hygiene facilities and encouraged to wash their hands and/or use alcohol gel/rub:

- After using the toilet
- Before eating or helping someone else to eat
- After helping give care e.g. washing, dressing or using the toilet
- On leaving a ward or department
- After coughing or sneezing

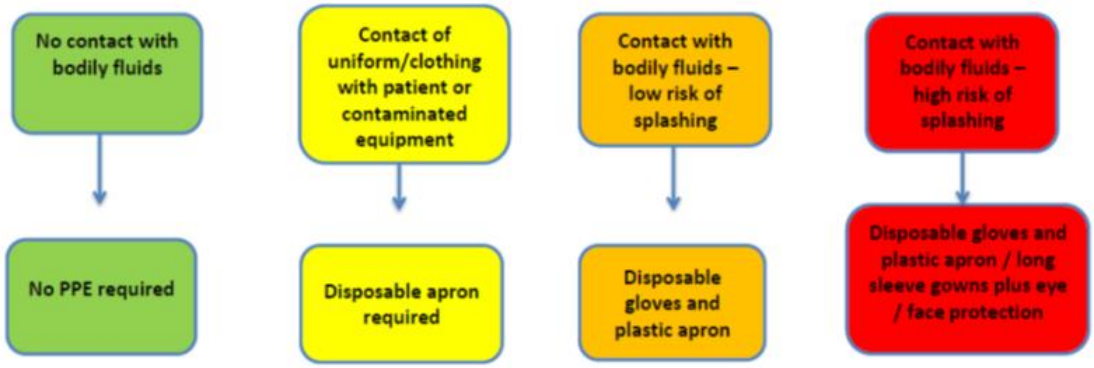
Visitors should be advised to use soap and water for hand washing when visiting someone who has diarrhoea and/or vomiting (e.g. C.difficile, norovirus).

5.7 Use of Personal Protective Equipment (PPE)

An assessment for the risk of likelihood of contact with blood or body fluids must be carried out on all tasks (see chart below) and Appendix C.

Using Personal protective equipment (PPE) for standard infection control precautions.

- Most commonly used PPE are gloves, disposable aprons and face protection.
- Risk assessment of the task will determine the choice of PPE:-



- PPE should be changed after each patient and/or following completion of a procedure (Loveday et al, 2014).

- Where contact with blood or body fluids is necessary, appropriate personal protective equipment (PPE) must be worn. See the Personal Protective Equipment (PPE) at Work Policy. It is a line manager's responsibility to ensure this is available in their area of work, and that appropriate training in the correct use of PPE is provided.

- Use of Single Use Gloves (see Gloves Policy) is required for all procedures where there is exposure to, or potential for, exposure to blood or body fluids. This includes the taking of blood samples. The only exception to this rule is when the wearing of gloves, including sensitive touch varieties, prevents identification of the vein. Under these circumstances where the sample is essential and cannot be performed from a different anatomical location using gloves, either normal or sensitive touch versions, it is acceptable to proceed without gloves using an aseptic non touch technique. Hands must be decontaminated with alcohol hand gel/rub prior to the procedure.

Disposable plastic aprons must be worn where there is a risk that clothing or uniform may become exposed to blood or body fluids and removed as soon as the task is completed. Personal protective equipment should be removed in the following sequence to minimise the risk of cross/self-contamination:

- gloves;
- apron;
- eye protection (when worn); and
- mask/respirator (when worn).

Hands must be decontaminated following the removal of personal protective equipment.

- Full body fluid repellent gowns must be worn where there is a risk of extensive splashing of blood and/ or body fluids (e.g. theatre gowns), or transmission of skin infection e.g. Scabies in accordance with the Scabies Policy.
- The use of face protection is necessary during procedures where there is a risk of blood splash.
- Face protection covers the mucous membranes of eyes nose and mouth through which transmission of blood borne virus is possible. It will also protect areas of broken skin on the face, particularly minor cuts or abrasions from facial hair shaving.
- Depending on the procedure, face protection may consist of a full face shield, a water resistant mask and integral eye shield, or a water resistant mask with separate safety glasses/eyewear.

These precautions are also required if there is a risk of transmission of infection via the respiratory tract e.g. multi drug resistant tuberculosis or influenza, in accordance with the Tuberculosis Policy and the Influenza Operational Guidance.

- Managers of departments undertaking invasive procedures where splash inducing or aerosol inducing procedures are carried out, notably Operating Department and Central Delivery Suite, must ensure that face protection is readily available to all staff that need it and that they are taught how and when to use it.
- All gloves, aprons, gowns or masks contaminated with blood or body fluids must be changed at the earliest opportunity and always between patients.
- Gloves, aprons and masks must be disposed of as offensive waste (tiger stripe) in accordance with the Waste Policy and Waste Management Procedure. If the PPE is soiled with blood or body fluids from a person in isolation, known or suspected to be infected or in association with outbreak restrictions the waste stream to be used is infectious (orange bag).
- Intact skin is a barrier to inoculation with blood borne viruses. However it remains an important principle to reduce contact of blood with intact skin through the wearing of waterproof aprons or gowns where a procedure or situation contains a risk of blood or body fluid contamination.
- Non-intact skin may be present from minor cuts and abrasions or result from skin disruptive diseases such as eczema.

- Non intact skin on exposed surfaces such as hands and forearms must be covered with waterproof occlusive dressings when clinical tasks are being undertaken.

- Spillage of blood or body fluids must be cleared up and surfaces decontaminated at the earliest possible opportunity in accordance with the Decontamination Policy.

5.8 Safe use and disposal of sharps

Staff members must use appropriate safety devices wherever they are provided (e.g. sharps with integrated safety devices, needleless devices, blade removers).

Staff are requested to inform Infection Prevention and Control if they are using sharps that do not come with integral safety devices and if the devices that are provided are considered inadequate to maintain safety for the user. Infection Prevention and Control will explore alternative safer products in conjunction with the Medical Products Group in order to comply with the Safer Sharps Directive from the EU.

Handling of sharps must be avoided wherever possible.

Sharps must not be passed directly from hand to hand.

Walking about with unsheathed needles or other sharps is prohibited.

Needles must not be bent or broken prior to disposal.

Sharps bins must be taken to the site of the procedure for direct disposal of sharps used. This avoids the transportation of sharps to another area for disposal.

When not in use, the lid on the sharps bins must be in the temporary closed position.

Needles and syringes must not be disassembled by hand prior to disposal. They must be disposed of as a whole where possible.

Needles must not be re-sheathed.

Used sharps, other than those retained for counting, must be disposed of directly into a sharps container conforming to UN3291 and BS7320 at the point of use.

in dentistry, if recapping or disassembly is unavoidable a risk assessment must be undertaken and appropriate safety devices should be used whenever possible.

If scalpel blades are removable this must done using non touch technique, i.e. forceps or specialist blade removal device/sharps bin.

Sharps that are retained for counting, prior to disposal, must be held on a device designed to keep them secure (e.g. sticky mat) and then be disposed of directly into the sharps bin without further handling.

Sharps containers must be stored in a secure area to prevent them being tipped over, preferably bracketed to a wall or trolley, or on a tray made specifically to hold a sharps container and out of reach of young children.

Remove any sharps bins from areas of the ward or department which do not have constant supervision where patients with confusion or dementia could harm themselves through inappropriate investigation of the brightly coloured bins.

Sharps bins must be available in suitable sizes for the purpose of sharps disposal.

Sharps bins must not be filled above the maximum fill line. Sharps bins must be assembled, sealed and labelled according to the manufacturer's instructions by a person who has undertaken adequate training to perform this task correctly. Bins should be disposed of every 3 months even if not completely full. Any bins transported by staff for use between sites or in patient's own homes must be contained within an UN3291 approved container (e.g. Community Nursing Container web basket code FSL 262) and temporary closure device should be activated.

All sharps must be removed from equipment being returned to the Central Sterile Services Department (CSSD).

5.9 Maintaining a Clean Environment

The hospital environment must be visibly clean, free from dust and blood/ body fluids and acceptable to patients, staff and visitors.

All healthcare workers should be aware of their individual responsibility for maintaining a safe environment for patients and staff. All members of staff within the organisation should be aware of their specific responsibilities for cleaning equipment and clinical areas (especially those areas in close proximity to patients).

The cleanliness of patient's homes is beyond the scope of this policy however community workers undertaking clinical procedures need to ensure they are able to create a suitable working area. This is likely to involve use of wound dressing packs containing sterile fields, relevant use of disposable plastic (e.g. aprons) to create clean working surfaces, and the where possible the exclusion of mobile pets (e.g. cats and dogs) who may interfere with the procedure and create hazard to patient or staff member.

5.9.1 Cleaning

Increased levels of cleaning may be advised by the Infection Prevention and Control Team during outbreaks of infection where the pathogen concerned survives in the environment and environmental contamination may be contributing to spread.

The use of detergent and water followed by a disinfectant solution may be advised by the Infection Prevention and Control Team in outbreaks of infection where the pathogen concerned survives in the environment and environmental contamination may be contributing to spread, particularly gastrointestinal pathogens causing diarrhoea and vomiting. The Decontamination policy should be consulted for detail on approved agents

Equipment used in the clinical environment for more than one patient (e.g. commodes) must be decontaminated appropriately after use on each patient. For more specific information, please refer to the Decontamination Policy and the A – Z of cleaning.

5.9.2 Linen / Waste / Food Hygiene / Pest Control

Statutory requirements must be met in relation to safe disposal of all categories of waste, the safe handling, disposal and laundering of used and soiled linen, food hygiene, and pest control. Detailed information on these will be found in the relevant Infection Control policies.

5.10 Policy Monitoring

Responsibility for implementation of this policy lies with Consultants, Senior Nurses/Matrons, Department Managers and Team Leaders for the areas in which this policy applies.

Incidents where non-compliance with this policy is noted and are considered to be an actual or potential risk to safe patient care should be documented on an incident report form or via Datixweb, by the person witnessing the incident.

The Infection Prevention & Control Team undertake weekly monitoring of all infection control related incidents notified to them by the Datixweb system or directly from the Incident Report team of the Corporate Governance Dept.. The IP&C Team take follow up action in concert with relevant local managers as necessary to prevent recurrence of incidents. A monthly report on incidents is a standing agenda item at the Infection Prevention & Control Committee.

5.11 Audit

The IP&C Team will review this policy every three years. If new guidance is received or circumstances change this policy will be reviewed accordingly.

Hand hygiene resources will be audited at least annually at the instigation of the Infection Prevention and Control Team, This may either be a specific audit undertaken by the IP&C Team or as part of environmental walkabouts (e.g. PLACE), a link practitioner audit using a tool recognised by the IP&C Team (e.g. Quality Improvement Tools by the Infection Prevention Society)

Observational hand hygiene audits will be performed monthly by the Infection Control Link Practitioners with support from the Infection Prevention and Control Team.

Hand hygiene audit results will be assessed to monitor compliance with the Trust target of >95% at the monthly Infection Prevention and Control Committee meetings. The results will be presented in the Performance Monitoring Dashboard. The Trust level for compliance with hand hygiene is >95% (appears as green on performance monitoring dashboard, 85%-95% appears as amber, and <85% appears as red – see section 5.1, 5.2 and 5.5).

Ward/ Department based hand hygiene results will be made available to the public through display and on request.

The Infection Prevention and Control Team will review incident report forms received weekly at the IPC Team meeting and where non-compliance is noted take appropriate action as required.

Any personnel noting shortfalls within this policy should highlight these directly to their manager. The line manager should forward any such concerns to the Infection Prevention & Control Team in writing.

6. Monitoring Compliance with and the Effectiveness of the Policy

Standards/ Key Performance Indicators

Key performance indicators comprise:

- Hand Hygiene compliance.
- Incident and complaint monitoring.

Process for Implementation and Monitoring Compliance and Effectiveness

After final approval, the author will arrange for a copy of the policy to be placed on the Trust's intranet. The policy will be referenced on the home page as a latest news release.

Information will also be included in the Chief Executive's Bulletin which is circulated electronically to all staff.

Line managers are responsible for ensuring this policy is implemented across their area of work.

Monitoring compliance with this policy will be the responsibility of the Infection Prevention and Control Team.

Compliance of this policy against all minimum requirements in the NHSLA Risk Management Standards will be monitored on a continuous basis through:

- Assessment of hand hygiene compliance as listed in the monthly dashboard to IPCC presented by the Infection Control Teams.
- Review of related incidents and complaints on a weekly basis by the Infection Control Teams, plus presentation of these cases where appropriate in the monthly incident report at IPCC.

Responsibility

The Director of Infection Prevention and Control (DIPC) will be responsible for monitoring and reporting to the Infection Prevention and Control Committee, and the Trustwide position to the Trust Board. The Lead Nurse for Infection Prevention and Control will be responsible for reporting information to the DIPC and to the Infection Prevention and Control Committee.

Methodology

The hand hygiene audit tool attached (see Appendix D) is used trustwide.

Reporting Arrangements

The results of the audit will be presented to the IPCC

Recommendations for action developed from the audit results by the Infection prevention and Control teams will be presented to the IPCC.

Divisional representatives to the IPCC will ensure that action plans are developed to improve compliance. Actions may be incorporated into the overarching Divisional Action Plans, which are presented monthly by exception reporting to the IPCC.

Identified risks related to the non-compliance with this policy through audit will be registered on the Trust Risk Register system by the Risk Co-ordinator.

Where non-compliance is identified, support and advice will be provided by the Infection Prevention and Control Teams to improve practice

7. Equality Impact Assessment

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			x	
Disability			x	
Gender			x	
Gender Reassignment			x	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			x	
Pregnancy			x	
Maternity and Breastfeeding			x	
Race (ethnic origin)			x	
Religion (or belief)			x	
Sexual Orientation			x	

8. References

- Infection Prevention Society guidance at a glance v1 April 2018
- Department of Health (2010) Health & Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and related guidance Dec 2010
- NHSLA Risk Management Standards
- NHSLA Risk Management Handbook
- WHO (2009) WHO Guidelines on hand hygiene in healthcare: First Global Patient Safety Challenge Clean Care is Safer Care. ISBN 978 92 4 159790 6

The National Patient Safety Agency (NPSA) website offers further information and resources in relation to hand hygiene training at www.npsa.gov.uk and www.npsa.nhs.uk/cleanyourhands.

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- National Patient Safety Agency (NPSA). (2008). Patient Safety Alert 2008/02. Clean Hands Save Lives. (2nd edition). Available at: www.npsa.nhs.uk
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- The House of Commons Committee of Public Accounts. (2005). Improving Patient Care by Reducing the Risk of Hospital Acquired Infection: A Progress Report. London: The Stationery Office. Available at: www.dh.gov.uk
- EU Directive 2010/32/EU on the prevention of sharps injuries in the health care sector
- Royal College of Nursing (2011) Sharps safety. RCN, London.

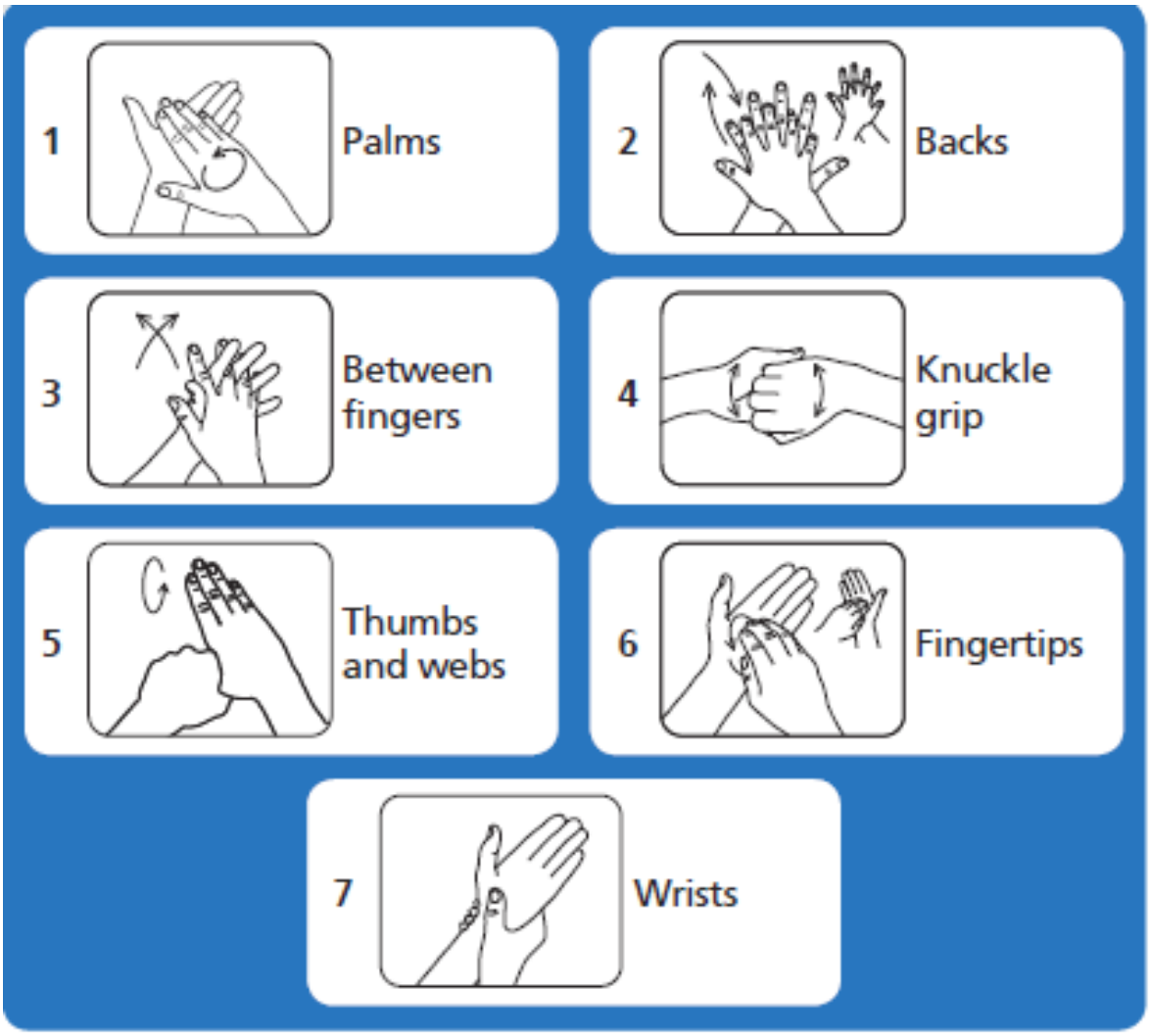
Associated Documentation

- Aseptic and Clean Techniques Policy
- A – Z of cleaning
- Decontamination Policy
- Gloves Policy (superseded)
- Induction policy
- Risk Management Policy
- Risk Management (Statutory and Mandatory) Training Policy (superseded)
- Waste Management Procedure
- Waste Policy (superseded)

Appendix A –Hand Hygiene Diagrams

Hand Hygiene Technique

Good hand hygiene only takes 20 seconds



Appendix B: 5 Moments for Hand Hygiene

Your 5 Moments for Hand Hygiene

1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

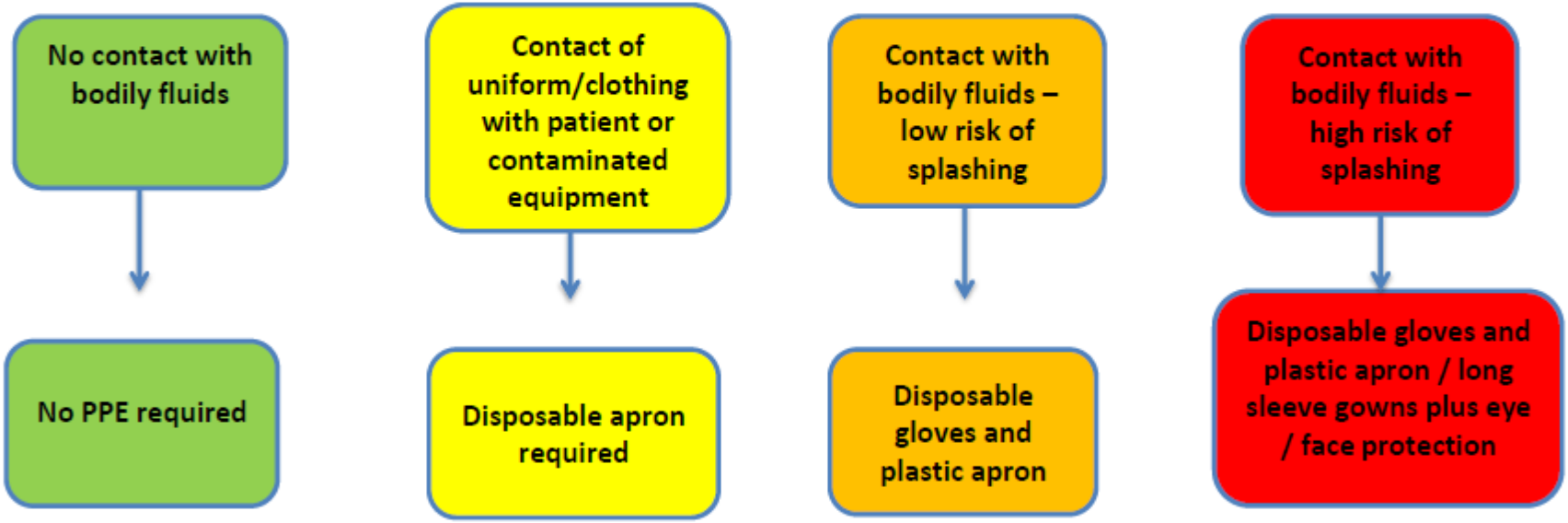
World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

Appendix C: Personal Protective Equipment (PPE)

ITEM OF CLOTHING	PURPOSE/USE	COMMENTS
GLOVES		**Gloves do not replace the need for hand hygiene.**
Sterile, surgeons gloves	Surgery and other major invasive procedures where comfort, dexterity and sensitivity is required.	Double gloving is recommended for orthopaedic implant surgery. The Expert Advisory Group on AIDS and HIV also recommends double gloving as a method of reducing percutaneous exposure during surgical procedures on patients with blood borne pathogens.
Sterile, examination gloves	• Non surgical aseptic procedures • Sterile pharmaceutical preparations	
Non sterile, vinyl examination gloves	• Non sterile procedures with potential exposure to blood/blood stained body fluids • Non sterile procedures involving used sharps • Handling disinfectants (excluding aldehydes)	Gloves must be manufactured to BS EN 455 (n.b. Polythene gloves are not a suitable alternative)
Non sterile, nitrile examination gloves	– Handling aldehydes • Handling cytotoxic material • An alternative to vinyl gloves when vinyl deemed unsuitable by Occupational Health	
Rubber household gloves	– For domestic and ancillary staff for cleaning duties. – For unavoidable manual cleaning of surgical instruments	Reusable. Gloves should be washed in detergent and warm water after use
PLASTIC APRONS	Offers protection to/from clothing at site of greatest exposure/contact during routine patient care activities	Must be changed between clean and dirty tasks
EYE PROTECTION **Glasses, goggles, visors**	To protect eyes from aerosol or splash contamination of body fluids e.g. from surgery, endoscopy, suctioning	

Using Personal protective equipment (PPE) for standard infection control precautions.

- Most commonly used PPE are gloves, disposable aprons and face protection.
- Risk assessment of the task will determine the choice of PPE:-



- PPE should be changed after each patient and/or following completion of a procedure (Loveday et al, 2014).

Appendix D: Hand Hygiene observational audit tool

Observe the first 10 people you see attending to a patient once your observation time has commenced

Do not include visitors but include any members of staff, partner organisations or volunteers/helpers

Record whether the person followed the hand hygiene procedure during the above potential 5 'moments'.

Each 'moment' should have either a 'Yes', 'No', or 'N/A' box:-

Yes = They washed their hands or used alcohol hand gel at this stage
No = They did **not** wash their hands or use alcohol hand gel at this stage
N/A = This stage was not applicable to this patient on this occasion

MICROORGANSIMS SPREAD INFECTION- AND THE EASIEST WAY TO PASS ON MICROORGANISMS IS WITH YOUR HANDS!

HAND HYGIENE OBSERVATIONAL TOOL

Staff Catagories
Med= Medical
Phys= Physiotherapy
H/K= Housekeeping
Phlb=Phlebotomist
OT=Occupational therapy
Amb=Ambulance
H= Helper Other (Please state)
Nur= Nursing Staff

WARD/DEPT:

AUDITOR:

Observation number	Staff Category (please choose one of the above categories to describe the person being observed)	If 'MED' please specify:- JD= Junior MG=Middle Grade Con=Consultant A = Anaesthetist (Add "L" to above if Locum)	1 BEFORE PATIENT CONTACT			2 BEFORE AN ASEPTIC TASK			3 AFTER BODY FLUID RISK			4 AFTER PATIENT CONTACT			5 AFTER CONTACT WITH PATIENT SURROUNDINGS			6.HAND WASHING/ ALCOHOL GEL FACILITIES SUITABLE?		7.BBE CONDITIONS MET?		IF NO, WHAT DID THEY FAIL ON?					
			Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	Y	N	Varnish / False Nails	Stoned Ring	Long Nails	Watch	Bracelet	Sleeves
1																												
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												

Additional Notes- (Record the observation number to which the comments refer, in the left-hand column

Observe the first 10 people you see attending to a patient once your observation time has commenced
Do not include visitors but include any memebers of staff, pertner organisations or volunteers/helpers
Record whether the person followed the hand hygine procedure during the above potential 5 'moments'.

Each Moment should have a tick in either Yes, No, or N/A box:-

Yes= They washed their hands or used alcohol gel at this stage

No= They did Not wash their hands or use alcohol gel at this stage

N/A= This stage was not applicale to this patient on this occasion

NDDH/CAED/YD 2015

Hand Hygiene Assessment

Northern Devon Healthcare
NHS Trust

Be a partner in your healthcare

All healthcare staff who have direct contact with you should clean their hands with soap and water, or use antiseptic hand gel

We would value your feedback to assess our hand hygiene practice

Your feedback is confidential and anonymous

Please record your observations overleaf

Northern Devon Healthcare
NHS Trust

Clinic:	
Date:	

Please tick the boxes below to record your observations:

BEFORE examining you or providing your treatment did the member of staff **WASH** their hands or use antiseptic hand gel? **YES** ☐ **NO** ☐

AFTER examining you or providing your treatment did the member of staff **WASH** their hands or use antiseptic hand gel? **YES** ☐ **NO** ☐

Was the member of staff **bare below their elbows**? (i.e. have bare forearms) **YES** ☐ **NO** ☐
-**Wearing** short sleeves
-And **not wearing** a wrist watch, stoned ring, bracelet

Any further Comments?

Your feedback is confidential and anonymous

Please leave this completed survey in the box provided.

Thank You