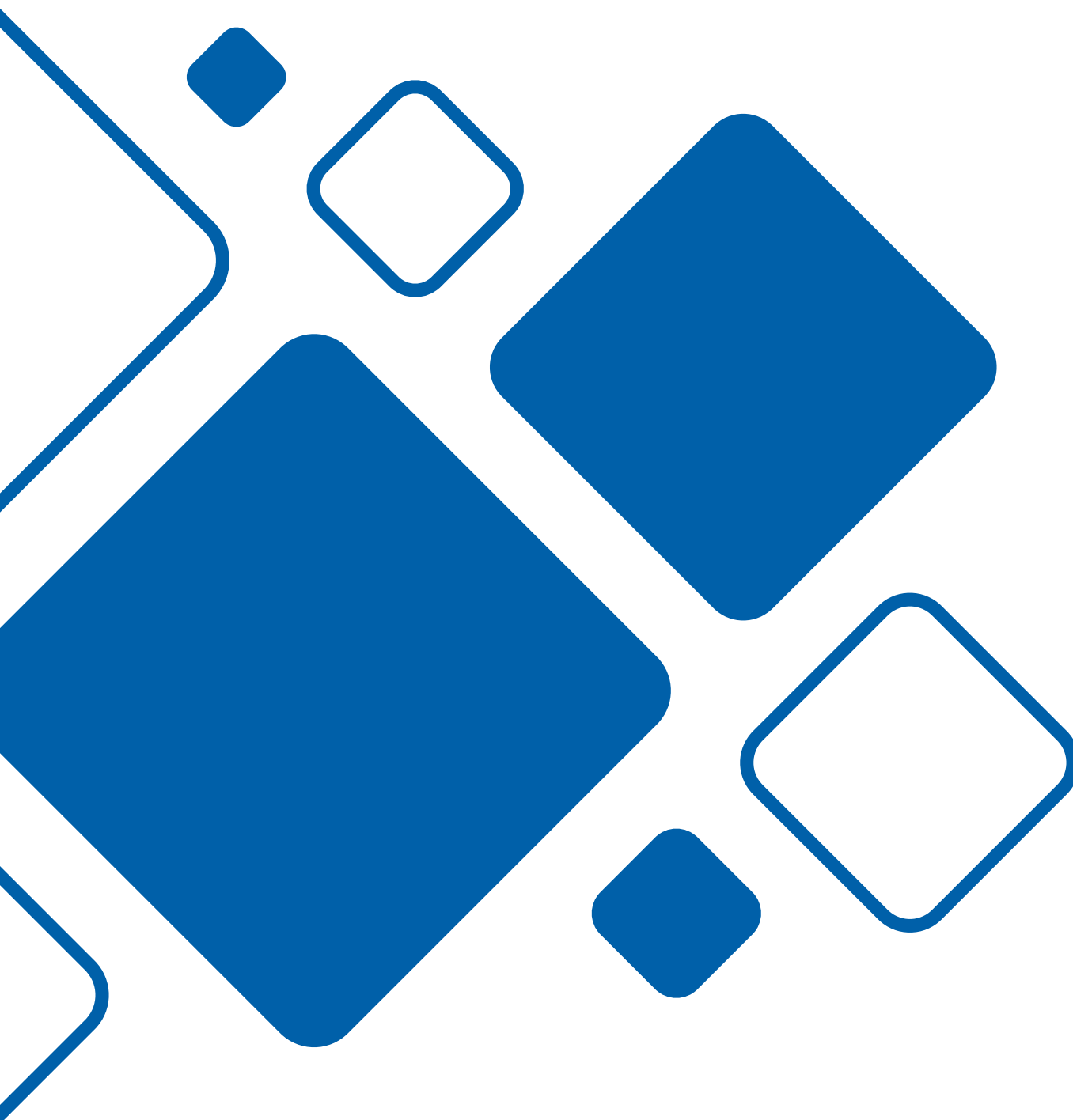


NURSDOC

POLICY NUMBER: **91**

POLICY TITLE: **INFECTION CONTROL GUIDANCE**

WHO MUST ABIDE BY THIS POLICY? **ALL STAFF**



INFECTION CONTROL GUIDANCE

REDUCING HEALTHCARE ASSOCIATED INFECTIONS

Infection prevention and control guidance booklet for flexible staff (e.g. bank and agency staff).

Healthcare Associated Infections (HCAI) are infections that are acquired in acute hospitals, community hospitals or as a result of healthcare interventions in **any** setting.

It is the responsibility of everyone to help tackle infections and promote safe, clean care. Flexible workers are an important part of the healthcare team and can help to reduce infections by adhering to the guidance in this leaflet.


This guidance can be used by flexible workers working in any area of the trust.




Enter the name of the community hospital or service where completed and ensure the HCT manager (or person in charge) countersigns the guidance booklet.





Read each section and tick to demonstrate understanding.







Where additional information is required to enable complete understanding, **ASK**.



Enter N/A in the tick column if not relevant to the setting you are working in.

GOOD PRACTICE		✓
	Be clear on how and where to access relevant policies	
	Be clear what your responsibilities are and if you do not understand, ASK	
	Don't assume anything, if you are not sure, ASK	
	Do not identify a problem and walk away without fixing it or reporting it	
	Do not re-use single use items or items past their expiry date	
	Do not sit on beds	

PERSONAL PROTECTIVE EQUIPMENT		✓
PPE e.g. gloves, aprons, eye/face protection 	 	It is the healthcare workers responsibility to risk assess the need for PPE for each situation. Use PPE for contact with blood and body fluids, waste, used/soiled linen, patients in isolation, cleaning tasks etc Used PPE must be discarded into the clinical waste stream in community hospital settings. PPE must only be used for one episode of care - it must be changed between patients and between dirty and clean tasks. Hands must be washed after removing PPE.
DO NOT store gloves in uniform pockets		

LAUNDRY AND WASTE MANAGEMENT		✓
Laundry must not be hugged to the body. Hands must be washed after handling used, soiled or infected laundry even if gloves and aprons have been worn.		
USED LAUNDRY	 Used laundry must be placed directly into a white laundry bag	
SOILED OR INFECTED LAUNDRY	 Soiled or infected laundry must be placed directly into a red alginate liner and then placed inside a white laundry bag.	
Domestic and clinical waste must be appropriately segregated. The foot pedal must be used to avoid contaminating hands by touching the lid of the bin. Gloves and aprons must be worn when handling any type of waste. Hands must be washed after handling waste.		
DOMESTIC WASTE	 Domestic waste (e.g. paper towels, newspapers etc.) should be discarded into the black waste stream or dedicated recycling bins in healthcare settings.	
CLINICAL WASTE	 Infectious/Hazardous waste, e.g. used dressings, gloves, pads etc. in healthcare settings (and infectious waste in home settings) should be discarded onto the orange or yellow waste stream.	

CLEANING, DISINFECTION AND BODY FLUID SPILLS		✓
All patient care equipment, e.g. commodes, raised toilet seats etc. must be checked for cleanliness before. Equipment must always be cleaned or disinfected between patients.		
'High Touch' surfaces such as call bells and bed rails in community hospitals must be checked frequently for cleanliness.		
	Commodes must be taken apart and all surfaces disinfected using chlor-clean after EACH and EVERY use, and labelled with green 'I am clean tape'. Be sure to sign the tape with your initials.	
	DETERGENT WIPES - Use for general cleaning in all settings.	
	DISINFECTANT WIPES - Use for combined cleaning and disinfection, e.g. baby weighing scales, bathroom surfaces. DO NOT USE FOR CLEANING COMMODES	
Spillages must be cleaned up promptly and should not be left for anyone else to clean up.		
	ENVIRONMENTAL DISINFECTION - 1000ppm chlorine (chlor-clean), use for terminal cleans, cleaning commodes and urine and vomit spills in community hospitals. Must be made up to the correct dilution EVERY day. Out of date disinfectants must not be used.	
	BLOOD SPILLS - 10000ppm chlorine (Haz-Tabs) in community hospitals (granules or solution), spill kits in other healthcare settings.	
	URINE AND VOMIT SPILLS - Clear up gross contamination and then clean with chlor-clean. Use spill kits in other healthcare settings.	

SHARPS MANAGEMENT		✓
YELLOW LIDDED SHARPS BIN		For all sharps except those contaminated with cytotoxic drugs.
PURPLE LIDDED SHARPS BIN		For sharps contaminated with cytotoxic drugs.




SAFE SHARPS MANAGEMENT		✓
1.	Staff must be competent before using sharps - if in doubt, ASK and seek training BEFORE they are used.	
2.	Sharps bins must be placed out of reach of children and vulnerable adults.	
3.	The temporary lid closure on the sharps bin must be used.	
4.	Needles MUST NOT be re-sheathed without a safety device.	

SHARPS INJURIES		✓
BLEED IT	Squeeze the wound to make it bleed.	
WASH IT	Wash under running water. Rinse splashes to the eye with lots of water.	
COVER IT	Cover wounds with a waterproof plaster.	
REPORT IT	Report to the trust occupational	
Occupational Health: Tel 01438 286514 *East and North Hertfordshire NHS Trust - Health at Work Service		

ASSESSING PATIENTS FOR INFECTIOUS DIARRHOEA - FOLLOW THE SIGHT MNEMONIC (SEE BELOW)




Community hospitals - document all bowel actions on the stool chart. Report T5, 6 or 7 stool to the nurse in charge **within 2 hours** to allow appropriate assessment and isolation (if required) to take place

Type 5 Soft blobs with clear cut edges (passed easily) 	Type 6 Fluffy pieces with ragged edges (a mushy stool) 	Type 7 Watery, no solid pieces (entirely liquid) 
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S	Suspect infection if no alternative cause for diarrhoea/loose stools - Assess patients with Bristol Stool Chart T5, 6, 7 stool for risk of infection (joint medical/nursing assessment using 'the stool algorithm'. Document outcome of the review in the patient records.
	I
	Isolate the patient in a single room (within 2 hours) - If no clear alternative cause for loose stool.
	G
	Gloves and Aprons - Wear for all contact with the patient and their surroundings.
H	
Hand Washing - With soap and water.	
T	
Test the Stool - If infection suspected, send the stool for microscopy culture and sensitivity (MC&S) and <i>C.Difficile</i> testing.	

HAND HYGIENE



	Good hand hygiene is the single most important action to reduce the risk of healthcare associated infection.
	The 5 moments must be applied by all staff at all times.
	Staff must be 'Bare Below the Elbows' - no wrist watches, bracelets, rings with stones, long sleeves, false nail/nail varnish.

THE 5 MOMENTS:



Before Patient Contact	When?	Clean your hands before touching a patient when approaching him/her
	Why?	To protect the patient against harmful germs carried on your hands
During a Clean or Aseptic Task	When?	Clean your hands immediately before performing a clean/aseptic procedure e.g. when handling urinary catheters or IVs
	Why?	To protect the patient against harmful germs, including the patients own, from entering his/her body
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 healthcare environment from harmful patient germs
After Patient Contact	When?	Clean your hands after touching a patient and his/her immediate surroundings, when leaving a patients side
	Why?	To protect yourself and the healthcare environment from harmful patient germs
After Contact with Patient Surroundings	When?	Clean your hands after touching any object or furniture in the patients immediate surroundings - even if the patient has not been touched
	Why?	To protect yourself and the healthcare environment from harmful patient germs

MRSA



Always refer to the MRSA policy and MRSA integrated care pathway to ensure treatment is given appropriately	
Colonised Patients - Place in single room in community hospitals. Patients can come out of room to attend communal therapy/rehabilitation activities and to eat meals	
Infected Patients - Isolate in single rooms in community hospitals. The door must be kept shut and the patient requires individual therapy/rehabilitation until the infection has resolved	

PATIENT ISOLATION



	Put on PPE before entering the isolation room, remove before leaving the room and wash hands	
	Monitor the patients clinical condition and escalate concerns promptly	
	Keep the isolation door closed unless in 'extra care'	
	Document all bowel actions on the stool chart	
	Ensure the patient has their own commode or en-suite toilet	