

Infection Prevention and Control Guidance for Flexible Staff (e.g. Bank and Agency Staff)

Healthcare Associated Infections

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 policy.

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.

Incident Grade	Tick
Be clear on how and where to access relevant policies	
Be clear what your responsibilities are and if you do not understand, ASK	
Do not 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)		Tick
PPE e.g gloves, aprons, eye/face protection. Do not store gloves in uniform pockets.	It is the healthcare worker’s 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 & clean tasks	
	Hands must be washed after removing PPE.	

Laundry and Waste Management		Tick
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 must be placed directly into a white laundry bag.		
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 (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 into the orange or yellow waste stream.		

Cleaning, Disinfection and Body fluid Spill		Tick
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 3 '- 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 clear up		
Environmental Disinfection - 1,000ppm chlorine (Chlor-Clean), use for terminal cleans, cleaning commodes and urine & 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 - 10,000ppm chlorine (Hal-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		Tick
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		Tick
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		Tick
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 health provider' 'in hours' and the nearest A&E 'out of hours' for initial support and guidance. Flexible workers must log the incident via the NHS professionals website (HCT staff should also log the incident on Datix)	

Assessing Patients for Infectious diarrhoea - Follow The SIGHT Mnemonic (see below)		Tick
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)	
S	Suspect infection if no alternative cause for diarrhoea/loose stools - assess patients with Bristol Stool Chart T5, 6 or 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 stools	
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 C.difficile testing	

Hand Hygiene		Tick	
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, brace- lets, rings with stones, long sleeves, false nails/nail varnish			
The 5 Moments		Tick	
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.	
Before 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 patient's 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 health-care environment from harmful patient germs.	
After patient contact	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	
After contact with patient surroundings	When	Clean your hands after touching any object or furniture in the patient's immediate surroundings- even if the patient has not been touched	
	Why	To protect yourself and the health-care environment from harmful patient germs.	

MRSA	Tick
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 the 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 infection has resolved	

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

