Infection Prevention and Control Essential Guide

Infection Prevention & Control (IP&C) Team

Mon-Fri 09:00 to 17:00
Tel: ext. 5847
E-mail: IP&Cadministrator@nnuh.nhs.uk

Post/In-person: West Annexe 2, Level 1, NNUH

Out of hours
On-call service for urgent advice only.
Report to Site Manager in Operations Centre in first instance then IP&CN contacted by switchboard.

Infection Prevention and Control
Essential Guide

Introduction

There are countless numbers of microorganisms in our environment, on our skin and even inside our bodies. Many organisms have functional and important roles to play and are necessary for maintaining a balance of these eco-systems. A small percentage of these can be harmful to human beings, these are called pathogens. In the healthcare setting we pay particular attention to these as controlling them is key to our patient's receiving safe and effective healthcare at the Norfolk and Norwich University Hospital NHS Foundation Trust (NNUHFT).

Further guidance and advice can be found on the Infection Prevention and Control Department page on The Beat where you can find IP&C policies and other useful resources.

We strive to be an approachable and supportive Infection prevention and control team, so if you have questions or want to know more, please just ask.

If you are unsure how to do something, please feel confident to ask a more experienced member of staff. IP&C would advise that you read any relevant guidance but if you require further help, contact the IP&C Team as per the contact information above.

Everyone has role in Infection Prevention and Control

- To be up to date with IP&C mandatory training
- To follow IP&C Trust guidelines
- To wear Personal Protective Equipment according to guidelines
- To observe the World Health Organisation 5 moments for hand hygiene

Current legal and relevant expert guidance

- NHS National infection prevention and control manual 2022 (Updated July 2023)
- Epic3: National Evidence-based guidelines for preventing HAI in NHS Hospitals in England
- Public Health (Control of Disease Act 1984)
- The Control of Substances Hazardous to Health (COSHH) Regulations 2002
- NHS England (NHSE) & NHS Improvement (NHSI)
- Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance
- NICE – IP&C quality standards
- World Health Organisation
- Infection Prevention Society
- Health and Social Care Act 2008(Updated Dec 2022)

Our priority at NNUH is to prevent patients from acquiring or developing healthcare associated infections which were neither present nor incubating at the time of admission.

What is a healthcare associated infection (HCAI)?

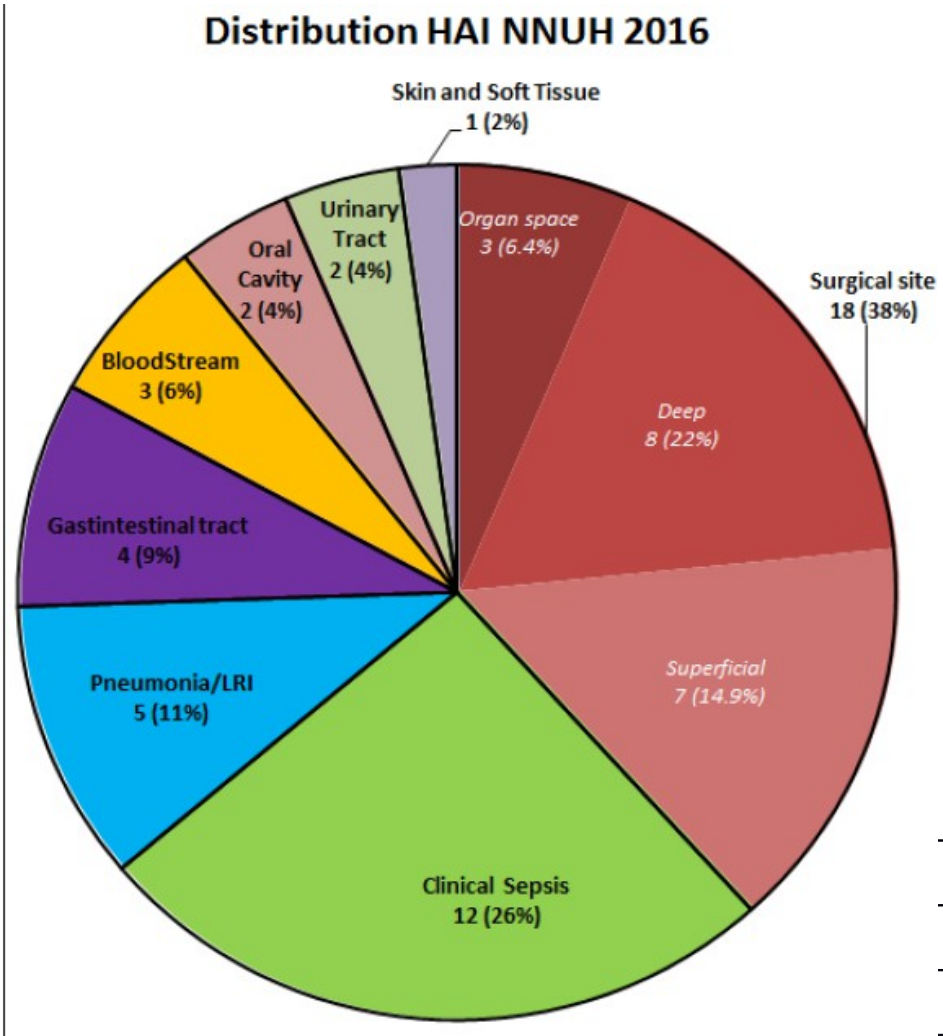
Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting.

The term HCAI covers a wide range of infections. The most well-known include those caused by methicillin-resistant Staphylococcus aureus (MRSA) and Clostridioides difficile (C. difficile). An HCAI can affect any part of the body, including the urinary system (urinary tract infection), the lungs (pneumonia or respiratory tract infection), the skin, surgical wounds (surgical site infection), the digestive (gastrointestinal) system and even the bloodstream (bacteraemia).

HCAIs pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS and cause significant morbidity to those infected. As a result, infection prevention and control is a key priority for the NHS.

What types of infections are associated with healthcare?

This chart shows a breakdown of healthcare associated infections by body system at NNUH following a Point of Prevalence survey conducted in 2016:



Definitions

Infection	
Bacteraemia	
Viraemia	
Fungaemia	The term 'fungaemia' is used if the micro-organisms in the blood are fungi (e.g. yeasts).
Bloodstream infection	The presence of micro-organisms in the blood with signs of infection. This can be 'primary' i.e. inoculated directly into the bloodstream e.g. via an IV line or 'secondary' spread to the bloodstream from an original focus somewhere in the body e.g. urinary tract.
Surgical site infection	A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial

	infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material.
Urinary tract infection	The presence of symptoms or signs attributable to micro-organisms that have invaded the urinary tract (the organs involved in the production and excretion of urine) e.g., pain and frequency of urination.
Respiratory infection	The presence of symptoms or signs attributable to micro-organisms that have invaded the respiratory tract (the lungs, trachea, nose and throat) e.g., cough, sputum and sneezing. Often caused by a virus rather than bacteria.
Skin and soft tissue infection	Micro-organisms enter the tissues of the skin and related body tissues, often at the site of damage such as sores, ulcers or wounds, causing symptoms such as redness, swelling, pain and pus.
Gastrointestinal infection	Micro-organisms infect the gastro-intestinal tract (digestive system: stomach and intestines) causing symptoms such as diarrhoea, vomiting and abdominal pain
Colonisation	Micro-organisms takes up residence harmlessly (for example on the skin, in the nose or in the bowel) but does not cause an infection e.g. MRSA can colonise skin

Many infections are caused by micro-organisms already present in or on the patient's own body. Normally harmless, these cause problems only when the body's defences are breached by surgery, or other medical procedures.

Infections may also be caused by micro-organisms originating from another patient either by direct contact or spread via the hospital environment for example MRSA.

With treatment most patients recover from a HCAI without any problems. However, these infections can extend a patient's stay in hospital, and in severe cases can cause prolonged illness, disability or even death.

Who is most at risk of developing a HCAI?

Although anyone can get a HCAI some people are more susceptible to acquiring an infection. There are many factors that contribute to this:

- Illnesses, such as cancer, diabetes and heart disease, can make patients more vulnerable to infection as their immune system is less able to fight it.
- Medical treatments for example, chemotherapy, which suppress the immune system.
- Medical interventions and devices for example surgery, artificial ventilators, and intravenous lines provide opportunities for micro-organisms to enter the body directly
- Antibiotics harm the body's normal gut flora ("friendly" micro-organisms that live in the digestive tract and perform several useful functions). This can enable other micro-organisms, such as Clostridioides difficile, to take hold and cause problems. This is especially a problem in older people.

- The very young are at increased risk as they can have an underdeveloped immune system (e.g. neonates in our Neonatal Intensive Care Unit)
- Older patients are also at increased risk as their immune systems can be affected by chronic conditions, they may have more frequent contact with healthcare settings and may have reduced nutritional intake and mobility.

Long hospital stays can increase the opportunities for a patient to acquire an infection. This is because:

- Many patients are cared for together in multi occupancy rooms, this provides an opportunity for micro-organisms to be spread between patients.
- Patients may have invasive procedures or indwelling devices such as cannulas and catheters.
- Reduced mobility leading to chest infections, falls or skin damage

Where do micro-organisms causing HCAI come from?

Endogenous Infection - from the patient's own "micro flora"

Most infections, such as surgical wound infections and urinary tract infections, are caused by bacteria normally carried harmlessly on a patient's own skin (for example, *Staphylococcus aureus*) or intestine (for example, *Enterococcus* and *Escherichia coli*).

Exogenous Infection - pathogens enter the patient from their environment from a contaminated device, healthcare worker, surface or another vector.

- Some infections affecting patients with severely weakened immune systems or those in intensive care can come from micro-organisms present in the environment - in or outside hospital (for example, *Acinetobacter*, *Aspergillus* and *Pseudomonas*). These bacteria cause lung infections.
- Antibiotic-resistant micro-organisms (for example, MRSA, ESBL producers) are likely to have come from another infected or colonised patient, either via the hands of a healthcare worker, or through a contaminated hospital environment where an infected patient has been cared for. These can cause a range of infections.
- *Clostridioides difficile*, a cause of diarrhoea in a patient on antibiotics, can either be carried in the intestine or acquired from another patient with an infection (therefore either exogenous or Endogenous). *C. difficile* makes spores which can survive for up to 5 months outside the body and still have the potential to cause infection if it is ingested.

  These spores are tough, resistant and are not killed by alcohol-based hand sanitizers. Hands need to be washed with soap and water. Equipment and surfaces must be cleaned with a chlorine releasing cleaning chemical.

What is colonisation?

When someone is exposed to a micro-organism such as MRSA or *C. difficile*, they can become colonised. This means that the organism takes up residence harmlessly (for example on the skin, in the nose or in the bowel) but does not cause an infection. This colonisation may:

- continue harmlessly indefinitely
- clear spontaneously
- develop into an infection.

Sometimes it is possible to use medical treatments to help the colonisation clear, e.g. before an operation with an anti-microbial wash i.e. Octenisan wash for MRSA decolonisation.

What is antibiotic resistance?

Antibiotics are used to prevent and treat bacterial infections. Antibiotic resistance occurs when bacteria change in response to the use of antibiotics. Antibiotic resistance leads to higher medical costs, prolonged hospital stays and increased mortality.

To prevent and control the spread of antibiotic resistance, we must;

- Only use antibiotics when prescribed by a certified health professional.
- Never demand antibiotics if a healthcare worker says you don't need them.
- Always take antibiotics as prescribed and finish the course.
- Never share or use leftover antibiotics.
- Prevent infections by regularly washing hands, preparing food hygienically, avoiding close contact with sick people, practising safer sex, and keeping vaccinations up to date.

To prevent and control the spread of antibiotic resistance, health professionals can:

- Prevent infections by ensuring your hands, instruments, and environment are clean.
- Only prescribe and dispense antibiotics when they are needed, according to current guidelines.
- Report antibiotic-resistant infections to surveillance teams.
- Talk to your patients about how to take antibiotics correctly, antibiotic resistance and the dangers of misuse.
- Talk to your patients about preventing infections (for example, vaccination, hand washing, safer sex, and covering nose and mouth when sneezing).

Some infections are caused by antibiotic-resistant micro-organisms, such as MRSA (*Meticillin-resistant Staphylococcus aureus*), CPE (*Carbapenemase producing enterobacteraciae*) and

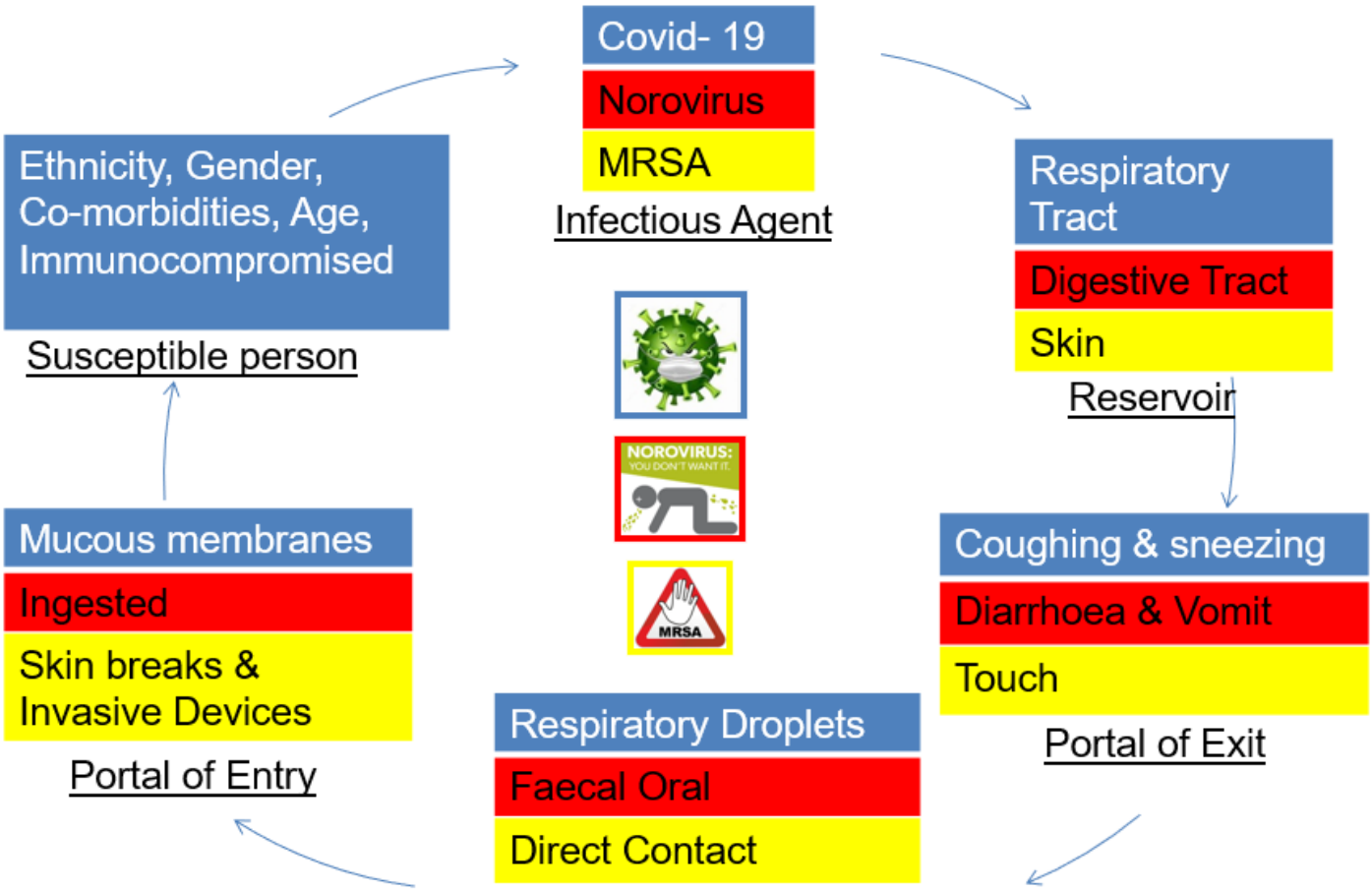
ESBL- (extended- spectrum beta-lactamase) producing organisms. These organisms may cause superficial or invasive infections or silently colonise one patient and pose a risk of transmission to another patient. These organisms are resistant to the antibiotics most commonly used to treat these infections, which makes treatment more difficult.

If bacteria become 'resistant' to antibiotics, many routine treatments will again become increasingly dangerous. Setting broken bones, basic operations, even chemotherapy all rely on access to antibiotics that work. Antibiotic resistance is one of the biggest threats facing us today

Visit [Antibiotic Guardian – Pledge to be an Antibiotic Guardian] and find out about the simple steps you can take to save our antibiotics.

The chain of infection

This diagram represents how a patient can acquire an infection. The links of the chain show how organisms are transferred and where healthcare staff can put prevention strategies in place to break the chain and stop infection spreading.



Route of Transmission

Infectious agent	Any disease-causing micro-organism (pathogen): e.g. bacterial, viral, fungal, parasitic, prion.
Reservoir	Where a micro-organism normally lives and reproduces: e.g. humans, animals, water, food.
Portal of exit	The route of escape of the pathogen from the reservoir: e.g. faeces, urine, wound discharge, mucus, blood, vomit.

Mode of transmission	The way the pathogen gets from the reservoir to the new host:
	• Airborne - "aerosols"- tiny particles from an infected person released when they cough or sneeze which can be breathed in directly to the respiratory tract or onto a mucosal surface or conjunctivae of another individual
	• Droplet – larger infected particles from the respiratory tract, at risk if within 1 meter of patient
	• Contact
	  ○ direct contact - actual contact with an infected person
	  ○ indirect contact - contact with contaminated surfaces touched by the infected person, or where droplets of body fluid have landed; Spread on unwashed hands
	• Consuming contaminated food/water or swallowing of micro-organisms carried on the hands
	• Blood exposures
	• Vertical transmission - mother to baby
	• Sharps injury

Portal of entry	Inhaling, ingestion, breaks in the protective skin barrier e.g. surgery, intravenous lines, injury, mucous membranes - mouth, eyes, nose.
Susceptible host	A person who can become sick when they are exposed to a pathogen. Some pathogens will only affect immunocompromised people, the very young or old or those with chronic conditions. Others, like norovirus, can affect anybody.

Standard infection control precautions (SICPs)

Based on the NHS England » National infection prevention and control manual (NIPCM) for England April 2022

Standard infection control precautions are to be used by **all** staff, in **all** care settings, at **all** times for **all** patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment.

There are 10 elements of SICPs:

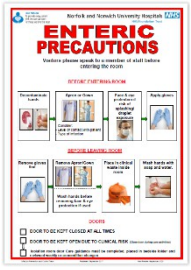
1. Patient Placement – isolate when infection is suspected or confirmed
2. Hand Hygiene – using sanitiser or soap and water
3. Respiratory and cough hygiene – Catch it, Bin it, Kill it
4. Personal Protective Equipment
5. Cleaning of the care environment
6. Cleaning of care equipment
7. Safe management of healthcare linen
8. Safe management of blood and body fluids
9. Safe disposal of waste (including sharps)
10. Occupational safety/managing prevention of exposure (including sharps)

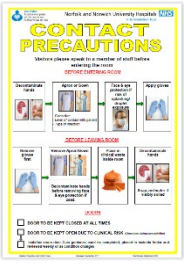
Transmission Based Precautions are additional measures to SICPs and are based on the route of transmission.

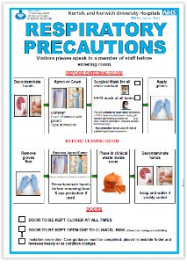
- **Contact precautions:** Direct contact with a patient or indirect contact with the patient's environment or equipment. MRSA, Group A strep and Shingles are spread through contact with hands or equipment

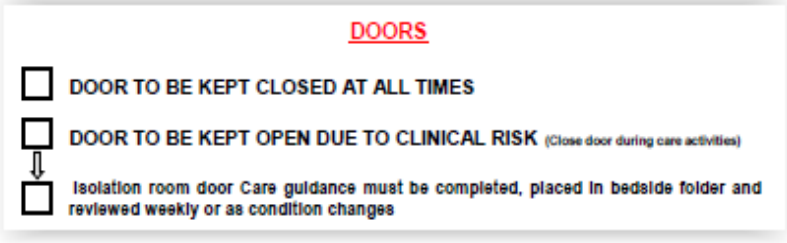
- **Droplet precautions:** Airborne (fine particles widespread transmission) or droplet (larger particles drop at approx. 1 meter), in some rare cases also oral/faecal e.g. MERS-CoV (on occasions it may be necessary to display more than 1 precautions poster). Beware of increased transmission risks with aerosol generating procedures (AGP) e.g. sputum induction, NIV, Intubation & resuscitation. Covid-19, seasonal influenza, the common cold and Tuberculosis are spread in respiratory droplets
- **Airborne precautions:** Airborne organisms or Aerosol Generating Procedures (AGP's) The **National infection prevention and control manual for England** lists medical procedures that are considered to be aerosol generating and associated with an increased risk of respiratory transmission is:
- **awake bronchoscopy** (including awake tracheal intubation)
- **awake ear, nose, and throat** (ENT) airway procedures that involve respiratory suctioning
- **awake upper gastro-intestinal endoscopy**
- **dental procedures** (using high speed or high frequency devices, for example ultrasonic scalers/high speed drills)
- **induction of sputum**
- **respiratory tract suctioning**

- **surgery or post-mortem procedures** (like high speed cutting / drilling) likely to produce aerosol from the respiratory tract (upper or lower) or sinuses
- **tracheostomy procedures** (insertion or removal).
- **Enteric precautions:** Direct and indirect faecal-oral transmission via hands or equipment. Diarrhoea and/or vomiting (e.g. Norovirus, Clostridioides difficile). Colonisation with certain organisms may not exhibit any symptoms (e.g. Carbapenemase Producing Enterobacteraciae, Vancomycin Resistant Enterococcus and other multi drug resistant organisms) are spread via the oral faecal route









- Display the appropriate poster (see below) on the door and follow instructions on poster.
- Keep the door closed (document in care plan if risk assessed requires door open)
- Dedicated observation equipment
- Minimise storage of equipment and single use items (Pad's, wipes, linen)
- De-clutter the room to enable effective daily cleaning by Trust and domestic staff
- Trust equipment in the room must be cleaned daily and labelled with a Clinell 'I am clean' sticker.
- Give the patient a While you are in Isolation information leaflet
- Reason for isolation should be on nursing handover
- Notes and charts to be stored off the floor outside the room

The following Care plans can be completed if it would be unsafe to close the side room door or when it would be unsafe to isolate a patient due to clinical need. The care plan highlights interventions aimed at reducing the risk of transmission to other patients.

Trust Docs: 11954 &11955

CARE DOMAIN 13: Care Plan for: ISOLATION ROOM DOORS	
AIM	**GUIDANCE FOR EVALUATION**
To reduce the risk of transmission of known/suspected infectious diseases from patients nursed in single room isolation, where due to a clinical reason (e.g. falls risk, epilepsy, confusion) it is not safe to keep the isolation room door closed.	1. Use "evaluation of care" column to either: a. Tick "no issues" b. Write brief details of issue and the care required and given as a result of your evaluation 2. If significant care is given or changes in status, also write in PCR and document in column 'See PCR' and date. 3. Complete form below indicating that the risk of closing the isolation room door open has been assessed and reviewed.

HEALTHCARE PROFESSIONAL INTERVENTION

Patients with known/suspected infectious diseases should be isolated in a single room as per the 'Trust Policy for the Management of Isolation Procedures'. This policy dictates that the single room door should be kept closed.

In circumstances where it is unsafe to keep the single room door closed, this guidance can be used to reduce the risk of transmission of the infectious disease. The risk to the patient's safety associated with keeping the door closed, as well as the risk of transmission of the infectious disease, must be regularly reviewed and assessed.

It is essential that the single room door is closed during care activities in the room (e.g. bed making, toileting/washing, wound dressings and Aerosol Generating Procedures (AGP's) to further reduce the risk of transmission.

Key measures:

- Isolation precautions poster must be **visible** prior to entry to the isolation room.
- Complete boxes on poster re door closure and care plan.
- Ensure that appropriate elements of isolation procedures indicated on the posters (according to known/suspected infectious disease) are adhered to:
  - PPE.
  - Hand hygiene.
  - Environmental cleaning.
  - Waste disposal.
  - Laundry management.
  - Dedicated/disposable equipment.
- Review the risk of keeping the isolation room door open at least weekly or as condition changes.

Risk identified (e.g. falls, confusion)	Staff member completing form (print name)	Signature	Date (dd/mm/yyyy)	Date of next review (dd/mm/yyyy)

CARE DOMAIN 13: Care Plan for: PATIENTS UNSAFE TO ISOLATE IN A SINGLE ROOM	
AIM	**GUIDANCE FOR EVALUATION**
To reduce the risk of transmission of known/suspected infectious diseases from patients nursed in a multiple occupancy room due to a clinical safety issue (e.g. falls risk, epilepsy, confusion) meaning that single room isolation is not suitable.	1. Use "evaluation of care" column to either: a. Tick "no issues" b. Write brief details of issue and the care required and given as a result of your evaluation 2. If significant care is given or changes in status, also write in PCR and document in column 'See PCR' and date. 3. Complete form below indicating that the risk of isolating the patient has been assessed and reviewed.

HEALTHCARE PROFESSIONAL INTERVENTION

Patients with known/suspected infectious diseases should be isolated in a single room as per the Trust Policy for the Management of Isolation Procedures. In circumstances where isolation in a single room is not suitable, this guidance can be used to reduce the risk of transmission of the infectious disease.

However, every effort must be made to isolate the patient (e.g. 1:1 nursing, escalation to matron/bed manager), and this should be documented in the patient's notes. The risk of isolation, as well as the risk of transmission, must be reviewed at least weekly or as the patient's condition changes.

It is essential that patients with infectious diseases such as CPE, VHF and those requiring respiratory precautions (e.g. TB, chickenpox) are always isolated in single rooms. In these cases, any queries regarding the inability to follow Trust isolation policy should be discussed with the IP&C team.

Key measures:

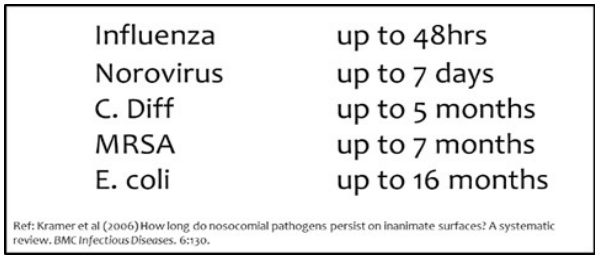
- Document the risk to isolation and consideration of other options to manage in a single room safely.
- Staff involved in the patient's care should be aware of the known/suspected infectious disease (via patient care records, ward handover, wardview border etc.).
- Failure to isolate is communicated to matron/bed manager as per Trust Policy for Patient Flow.
- Cohort nursing is used as appropriate (e.g. for suspected outbreaks of viral gastroenteritis) and cohort audit form is completed.
- Ensure that appropriate elements of isolation procedures indicated on posters (according to known/suspected infectious disease) are adhered to:
  - PPE
  - Hand hygiene
  - Environmental cleaning
  - Waste disposal
  - Laundry management
  - Dedicated/disposable equipment
- If appropriate (e.g. when gastroenteritis or *Clostridium difficile* is suspected), allocate a commode or toilet for the patient's own use.
- Consider physical separation or segregation methods (e.g. tactical bedspace allocation, use of incubator/cot, bedspace "blocking"), considering the immune status of cohort patients.

Risk identified (e.g. falls, confusion)	Staff member completing form (print name)	Signature	Date (dd/mm/yyyy)	Date of next review (dd/mm/yyyy)

Hospital environmental hygiene

- The Hospital environment must be visibly clean, free from non-essential items (clutter), dirt and dust and acceptable to patients, staff and visitors.
- The Trust Facilities team oversee the Trust cleaning contract with our external providers. If the cleaning in your area falls below the expected standard log an iSerco request or call x3333 to report the problem.
- Equipment must be cleaned between patient use, when visibly contaminated and when used for a suspected/confirmed infectious patient, with an appropriate cleaning product,
- According to the Cleaning and Disinfection Policy your responsibilities are to:

    - Adhere to the cleaning policy.
    - Highlight and report any issues with cleanliness.
    - keep work area and patient bed spaces clean in order to facilitate cleaning by the contractor.
    - Ensure patient equipment is clean and well maintained and report any concerns to Ward Sisters/Charge Nurses.



Influenza	up to 48hrs
Norovirus	up to 7 days
C. Diff	up to 5 months
MRSA	up to 7 months
E. coli	up to 16 months

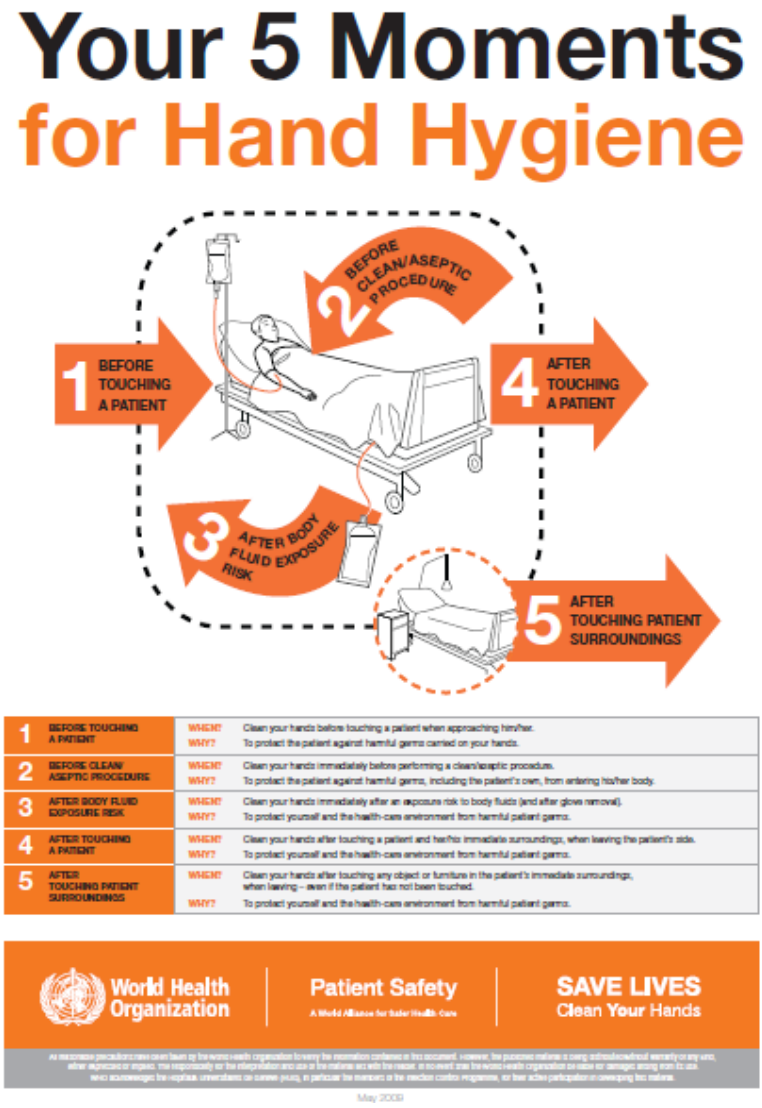
Ref: Kramer et al (2006) How long do nosocomial pathogens persist on inanimate surfaces? A systematic review. *BMC Infectious Diseases*. 6:130.

A National Cleaning Colour Coding Scheme for all cleaning materials and equipment is used to reduce cross-contamination risk between different types of area, e.g. bathrooms and kitchens. For example, cloths (reusable and disposable), mops, buckets and non-disposable gloves that are colour-coded red are only used in bathroom facilities.

Red **Bathrooms, washrooms, showers, toilets, basins and bathroom floors**	**Blue** **General areas including wards, departments, offices and basins in public areas**
Green **Catering departments, ward kitchen areas and patient food service at ward level**	**Yellow** **Isolation areas**

Hand Hygiene

- The single most important measure to help prevent HCAI's.
- Hands must be decontaminated according to the '5 moments of care':



WHO 5 Moments Hand Hygiene accessed online April 2023

Hands must be decontaminated in a systematic and thorough way to ensure that all surfaces of your hands have been cleaned. See below for Trust approved hand decontamination technique.

- Hand sanitiser is a very effective product for decontaminating hands, however it is ineffective when hands are visibly soiled or when caring for a patient with diarrhoea and/or vomiting or with any potentially infectious 'enteric' (occurring in the intestines) organism - even if gloves are used.
- Healthcare workers should ensure that their hands can be decontaminated effectively by
  - Removing all wrist and hand jewellery (one plain band ring is allowed at NNUH)
  - Wearing short-sleeved clothing in clinical areas (**bare below the elbows**)
  - Making sure that fingernails are short, clean, not artificial and no nail polish/gel
  - Covering cuts and abrasions with waterproof dressings.
- Protect your skin by moisturising regularly.
- Ensure your patients can decontaminate their hands before eating and after toileting. Packets of hand wipes are available for this purpose.

- An empty dispenser is a barrier to effective IP&C, so if a relative, visitor or patient notifies you a dispenser is empty, please act on this
  - Soap (blue) and Moisturiser (green) – speak to ward cleaner, log a call on iSerco or call ext 3333
  - Hand Sanitiser (red)– Trust supply this. Cleaner may replace for you, but otherwise areas should have a key to access the dispenser.
- Regular hand hygiene audits are undertaken across the NNUH using the audit tool below. Auditing staff compliance with the hand hygiene policy is key to protecting our patients from harm.

Hand hygiene audit tool

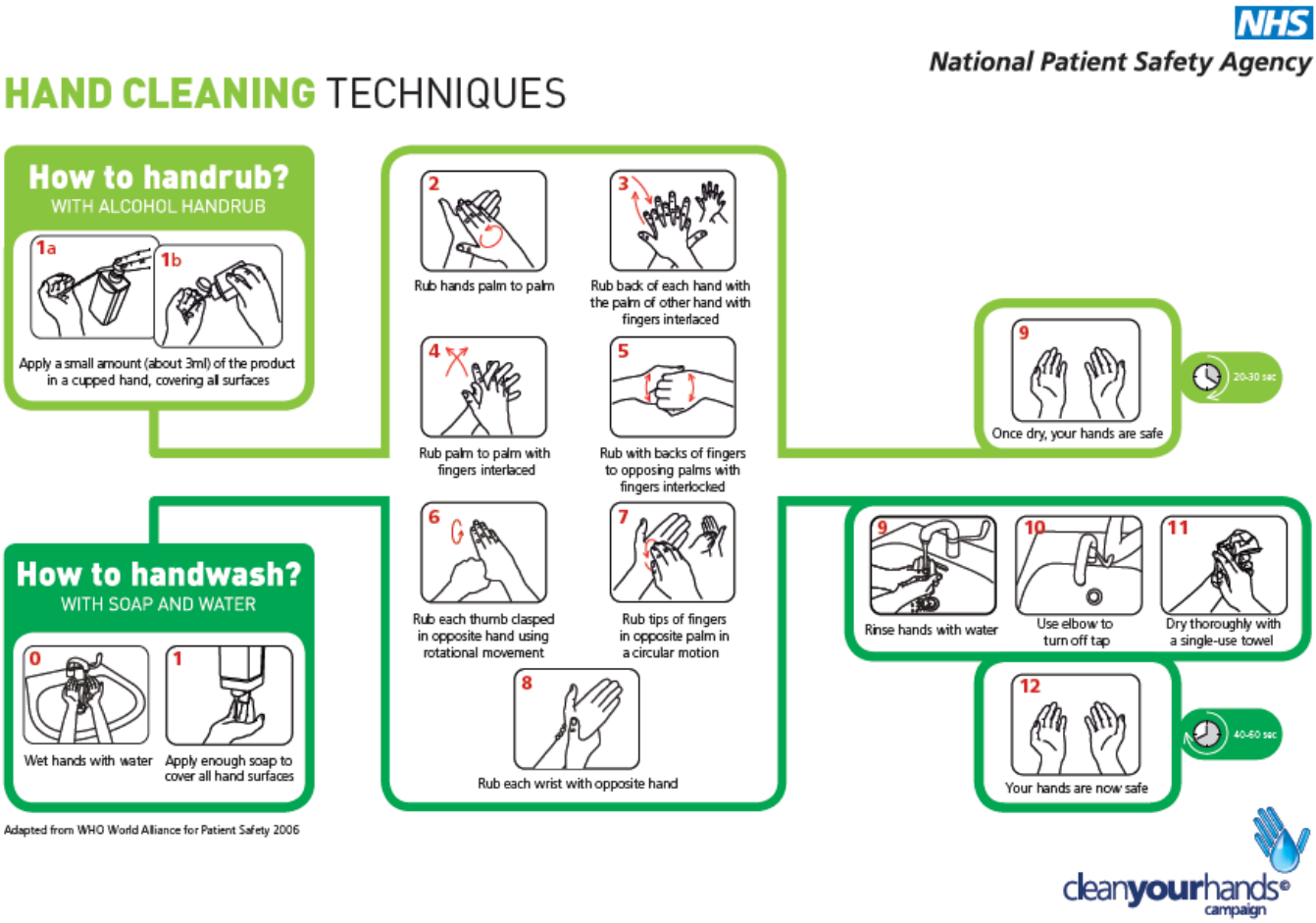
This is the audit tool which will give you a guide to the required standard at NNUH

Infection Control Hand Hygiene Audit			Y/N	Room No.
A| Poster & Hand Sanitiser	1	Are Posters promoting hand decontamination available and displayed in areas visible to staff?		
	2	Is Sanitiser (alcohol hand rub) available in the bed space?		
	3	Is There Alcohol gel Outside the Ward Entrance?		
	4	Is There Alcohol gel Inside the Ward Entrance?		
	5	Is there Soap in all dispensers?		
	6	Is there a Cohort Bay?		

Date:		
Ward:		
Matron & Ward Sister:		
Auditor:		

			Score Yes = pass [1] No = fail [0]										Comments
		Professional Group (Dr, S/N, HCA etc)											
B | Hand Hygiene	7	Staff member decontaminates/washes hands when necessary (5 moments)											
	8	The correct procedure for hand washing is used. a) Are hands correctly prepared for hand hygeine? b) Wet hands prior to soap application c) Hand wash for 40 - 60 seconds d) Rinse thoroughly under running water e) Dry thoroughly f) Use elbows or clean paper towels to turn taps off **or** The correct procedure for hand sanitising (using alcohol hand rub) is used. (Refer to Hand Cleaning Technique Poster)											
	9	Staff member can indicate when it is not appropriate to use hand sanitizer (alcohol hand rub)											
C | Dress Code	10	No wrist-watches, stoned/engraved rings or other wrist jewellery worn when carrying out hand decontamination											
	11	Short sleeves / rolled up sleeves to the elbow, when carrying out hand decontamination											
	12	Nails are short, clean and free from nail varnish, nail extensions and false nails											
D	13	Are Sinks free from clutter YES/NO If no room please list room numbers											Fed back to:

Trust approved hand decontamination technique:



Personal Protective Equipment (PPE)

- PPE is worn to protect the patient from infection and the wearers clothing/uniform when there is a potential risk of contamination with blood or body fluids or suspected infection risk.
- Your uniform/scrubs does not count as PPE
- PPE must fit the wearer appropriately
- Specific Fit Testing is required if using FFP3 respiratory masks, this is coordinated by Health and Safety and by the matrons for each area.
- Gloves must be worn for all procedures that have been risk assessed as carrying a risk of exposure to blood/body fluids and when handling sharp or contaminated instruments.
- Gloves and aprons must be changed between procedures and between patients.
- Disposable plastic aprons should be worn when there is a risk that clothing or uniform may become exposed/ contaminated with blood/ body fluids.
- Facemasks and eye protection must be worn where there is a risk of blood/body fluids droplets and aerosols splashing or landing onto the eyes/face. Prescription spectacles are not considered as PPE
- Please refer to Personnel Protective Equipment policy in the Health & Safety Manual.

UK Health Security Agency

Guide to donning and doffing PPE: Droplet Precautions

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water.
Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

1. Put on your plastic apron, making sure it is tied securely at the back.

2. Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.

3. Put on your eye protection if there is a risk of splashing.

4. Put on non-sterile nitrile gloves.

5. You are now ready to enter the patient area.

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

1. Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.

2. Perform hand hygiene using alcohol hand gel or rub, or soap and water.

3. Snap or unfasten apron ties the neck and allow to fall forward.

Snap waist ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

4. Once outside the patient room. Remove eye protection.

5. Perform hand hygiene using alcohol hand gel or rub, or soap and water.

6. Remove surgical mask.

7. Now wash your hands with soap and water.

Please refer to the standard PPE video in the COVID-19 guidance collection:
www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

Non-Sterile Glove Use:

The use of non-sterile gloves has been associated with a significant potential for cross-contamination and transmission of healthcare-associated infections. This is because they are often used when they aren't needed, put on too early, taken off too late or not changed at critical points (Wilson, Loveday, 2017).

(IP&C OWL MAY 2022)

Safe use and disposal of sharps

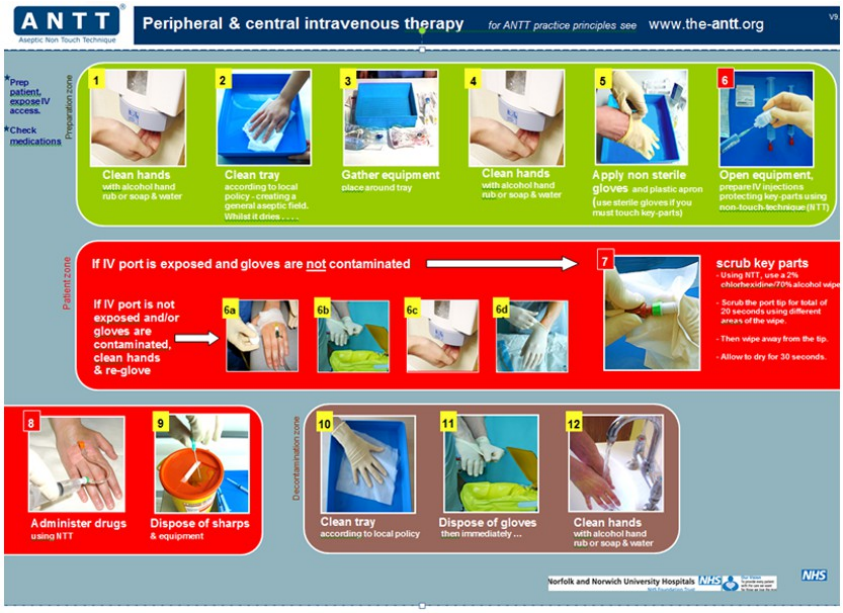
(See Workplace Health and Wellbeing Department page: Blood and Body Fluid Exposure (working with sharps) advice)

Aseptic Non-Touch Technique

Aseptic Non-Touch Technique is an essential component of infection prevention & control. Ability to undertake ANTT is an important clinical skill for all health professionals, especially nurses and

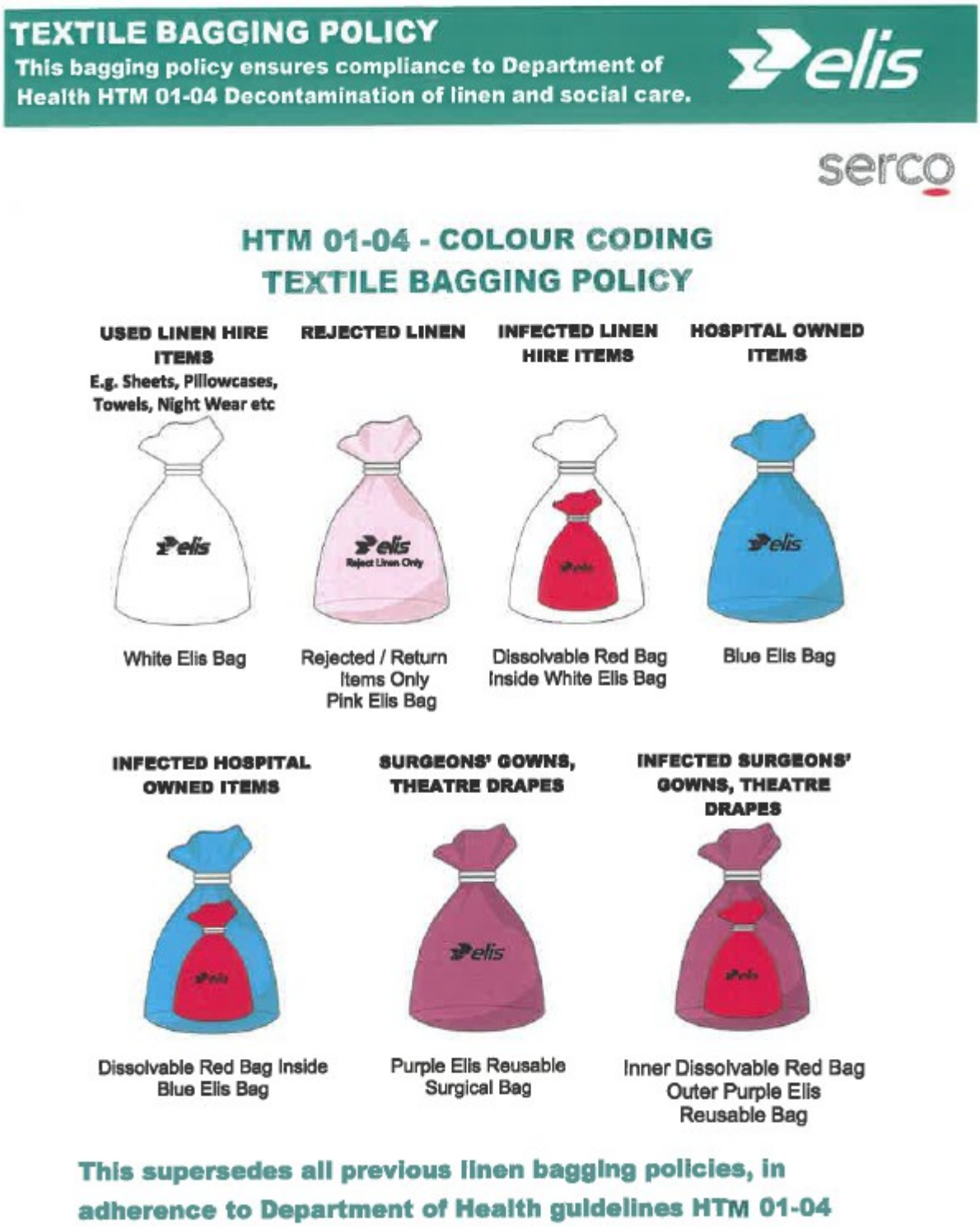
midwives. ANTT technique is used to support procedures such as cannulation, insertion of urinary catheters, blood cultures, wound dressings and administration of intravenous drugs.

ANTT information including process posters & training opportunities are available on Trust Docs and The Beat.



Linen

(Serco document - Trust Docs 20432)



For isolation rooms

- Leave the white outer bag outside the room. Hand the pink bag out and into a white bag before taking to the sluice/disposal hold.
- Do not fill the bags more than 3/4

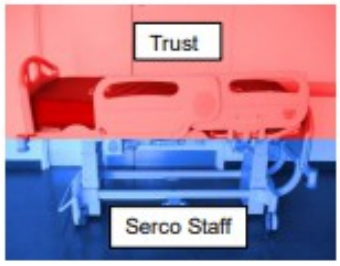
Mattress checks

After use air Mattresses must be cleaned with detergent wipes and placed in the red bag that should be under the mattress on the bed deck. Air mattresses are then returned to the supplier for decontamination.

Take a moment to read the mattress poster below

Bed & Mattress Cleaning Advice

- All base mattresses must be checked & cleaned between every patient, on discharge or if contaminated.
  Staff to use correct Personal Protective Equipment (PPE).
  I.e. Gloves & Apron
- **Upper section** is the responsibility of the Trust to clean including safety sides and linen shelf.
- **Lower section** (below safety sides) is Serco's responsibility
- During a **Clinical Clean** Serco are responsible for cleaning the whole bed, but trust staff must check the mattress.



Close the curtains before checking the mattress.

Check the mattress cover is intact, not stained and zip functioning.

Check the mattress core for soiling. Dispose of mattress if soiled.*

If clean place a dated, timed and signed "I am clean" sticker inside the base mattress cover where the zip closes as evidence of a check being completed.*

Clean the mattress cover using Clinell wipes

Allow to dry naturally.

If contaminated with bodily fluids, or if from an isolation area, **clean as above then** use Trust approved disinfectant to disinfect cover. Allow to dry naturally to give sufficient contact time. Refer to Mattress cleaning guideline for further details

All dynamic mattresses must be placed in red bags to be collected by the equipment library and returned to the contractor for decontamination.

Mattresses from isolation rooms need to be double bagged.

Please retain red bag with unique bar code under mattress for bagging after use. Refer to How to roll a dynamic mattress poster & Mattress cleaning guideline.

***Disposal of mattress**

- In permanent marker, write the word 'Condemned' on the mattress cover.
- Wearing appropriate PPE, place mattress in large yellow bag and seal with ward specific blue and white tape and attach condemning certificate. Refer to appendix 5, waste management policy.
- Yellow bags are available through iSerco or service desk 3333. Place mattress in disposal hold and log 3333 call for collection.

**** Please keep a record of all mattress checklists for 12 consecutive months.***

Author: IP&C Team Document: Bed and Static Mattress Cleaning Advice Poster
Trust Docs ID: 12150 Approved: April 2023 Review: April 2026

Waste

Follow the colour coded bins below and look out for recycling initiatives around the Trust

Waste Stream	Waste Item	Procedure
CLINICAL FOR INCINERATION 	Human Limbs Empty medicine bottles which may contain residue	▪ Yellow Bag must be sealed with identification tape when 75% full. ▪ Place into Yellow Wheeled Bin in Disposal Hold
SHARPS 	Needles Syringes with needles Sharps	▪ Sharps for disposal in sharps bins Provided.
CLINICAL FOR AUTOCLAVE 	Aprons Gloves Dressings Swabs	▪ Orange bag must be sealed with identification tape when 75% full ▪ Place into yellow wheeled bin in disposal hold
RECYCLING 	Newspapers and magazines Paper Food Cans Clean Cardboard Hand Towels Clean Aluminium Plastic Bottles	▪ Green bag must be sealed with identification tape when 75% full. ▪ Place in Disposal Hold for collection or Green Wheeled Bin where provided. ▪ All cardboard boxes to be flattened and to be placed NEXT TO Black Wheeled Bin within Disposal Hold for recycling collection.
CYTOTOXIC CYTOSTATIC	Residual substances / contaminated waste etc.	▪ Cytotoxic / Cytostatic
DOMESTIC 	Sweet Wrappers Flowers Non-recyclable Dc waste	▪ Clear bag must be sealed with identification tape when 75% full. ▪ Black Bag within food preparation areas must be sealed with identification tape when 75% full. ▪ Place into Black Wheeled Bin in Disposal Hold.

A-Z guide of infections

If you come across an infection, you are unsure about why not check our Diagnosis Specific Precautions A – Z Guide Trust Doc 13019 - see below for an example.

Disease	Precautions required in addition to standard precautions	Infective Material	Comments	Type of clinical clean and code required for iSerco
Abscess, aetiology unknown draining	Contact	Pus	Send swab for microscopy, culture and sensitivity (MC&S)	Clinical clean 2
Abscessus (Mycobacterium)	Respiratory	Respiratory secretions	Risk to those with Cystic fibrosis and structural lung disease Segregate on different ward to those with CF	Clinical clean 2
Acinetobacter baumannii	Respiratory Contact	Respiratory secretions, skin & soft tissue	Single en-suite rooms in high risk settings e.g CCC/NICU/oncology/ haematology	Clinical clean 2
Acquired immunodeficiency syndrome (AIDS) (Human immunodeficiency virus, HIV)	None	Blood and body fluids	Isolation only required if uncontrolled blood or body fluid loss.	Standard clean 3 unless widespread blood/body fluid contamination in which case Clinical clean 1 required

Priority Guideline for the Isolation of patients with a known/suspected infection

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NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Priority Guideline for the Isolation of patients with a known/suspected infection

All patients with suspected or known infections must be isolated in line with IP&C guidelines.
All single rooms should be reviewed by ward staff **daily** to identify single room usage by updating the wardview system – all patients in isolation should have an isolation border added.

- If single rooms are in short supply, use the priority rating below and document rationale & escalation process in patient notes.
- If it is unsafe to isolate a patient or for the Isolation room door to be closed, a completed Unsafe to isolate risk assessment or Unsafe to close isolation room door must be filed in patient bedside notes.

1a) Negative pressure room	1b) Single room at all times	2) Single room preferably – clearly document rationale if moved to open bay.	3) Standard precautions in bay

Priority Rating	Description of Infection
1a	**High risk Respiratory infections**
	E. g. MERS-CoV, Tuberculosis, Mpox (formerly Monkeypox)
1b	All suspected/known infectious diarrhoea isolated with enteric precautions until an infectious cause is discounted as per diarrhoea assessment & management guideline. • *C. difficile* - Isolation can be discontinued when the patient has been symptom-free for at least 72 hrs. and has passed a stool normal for the patient • Norovirus & food poisoning related (e.g. *salmonella/campylobacter*)- Isolation can be discontinued 48hrs after the resolution of +/-vomiting and/or diarrhoea
	Multi Drug Resistant Organisms (MRDO's)
	Suspected and confirmed multi drug resistant organisms (MDRO's) e.g. Carbapenemase-Producing Enterobacteriaceae (CPE), Carbapenemase producing organisms (CPO), Extended spectrum beta lactamases (ESBL), Vancomycin resistant Enterococcus (VRE), Glycopeptide resistant Enterococcus (GRE).
	MRSA – Current/Previous MRSA positive result in and/or with the following risk factors: • MRSA bacteraemia • Sputum • Wound including surgical wounds & drain sites • Urine • Exfoliating/shedding skin conditions
	Others
	• SARS-CoV2 (Covid-19), Influenza (A+B), Group A Streptococcus, Chicken pox, Pyrexia of unknown origin/ recent travel and signs of infection. VHF (Ebola) has very specific guidelines to follow. Please refer to the Diagnosis Specific Precautions A-Z Guide for further guidance.
	Inter Hospital Transfers - Patients transferred from other UK or overseas hospital settings
	Patient has wounds, diarrhoea/vomiting or there are IP&C issues in the transferring ward. Maintain isolation until **all** screening results are available e.g. MRSA, CPE.
2	**Inter Hospital Transfers** - Patients transferred from other UK or overseas hospital settings
	Patient has no diarrhoea/vomiting, No wounds & No IP&C issues in transferring ward. Isolate until **all** screening results are available e.g. MRSA, CPE.
	Multi Drug Resistant Organisms (MRDO's)
	MRSA positive colonisation only. No wounds, urinary catheter or obvious signs of infection. **Must** be on MRSA decolonisation treatment.
	Previously MRSA positive awaiting admission screening results. On Octenisan with no wounds or obvious signs of infection, to include catheterised patients.
	Previous ESBL/ VRE / GRE with no signs of active infection/ wounds/ negative samples from previously positive sample sites. **(CPO/CPE to always remain isolated)**
3	Previously MRSA positive patients with 3 consecutive negative MRSA screens including an admission screen (including any clinical sites e.g. wounds).
	Resolved Diarrhoea e.g *C.difficile* (72 hours & normal stool), Norovirus (48 hours)
NB there are other infections that may also require a single room, as advised by Infection Prevention & Control, Microbiology and/or Virology. ***Clinically extremely vulnerable individuals require protective IP&C measures.**	

Author: Infection Prevention and Control Version 7 Trust Docs ID: 10516 Date Approved: 03/02/2023 Date of Review: 27/07/2024

Covid-19

Information on Covid-19 can be accessed through the IP&C page on The Beat or by using the red and green hand icon on your desktop.

Here you will have access to up to date UKHSA (formerly known as PHE) guidance including PPE guidance, frequently asked questions and other essentials. As this is an ever-evolving situation we strongly recommend that the latest guidance is adhered to as advice changes according to new information and research coming via UKHSA.

Information includes:

- Investigation of Suspected Cases
- IP&C/PPE
- Sampling
- UKHSA information

The following links takes you to the latest UKHSA Covid 19 and generic IP&C guidance

https://www.gov.uk/guidance/covid-19-information-and-advice-for-health-and-care-professionals

NHS England » National infection prevention and control

MRSA management and screening

(See 'Management of Meticillin Resistant \Staphylococcus Aureus (MRSA)' – Trust Doc id 6798 & 'Clinical Guideline for the Screening of MRSA' – trust Doc id 6797)

All patients admitted to the NNUHFT will be screened for MRSA either through pre op assessment or on arrival to the ward e.g. emergency admission.

The MRSA status of each patient arriving at NNUH must be checked to see if they have previously tested positive for MRSA. There are a number of ways of doing this:

- Ask the patient if they know whether they have been MRSA positive in the past NB: this may be from another Healthcare facility and none of the following alerts may be present.
- The majority of patients that have had a positive MRSA result will have a computerised medical alert on the Patient Administration System (PAS).

Click on alert button  on the PAS system to view alert.

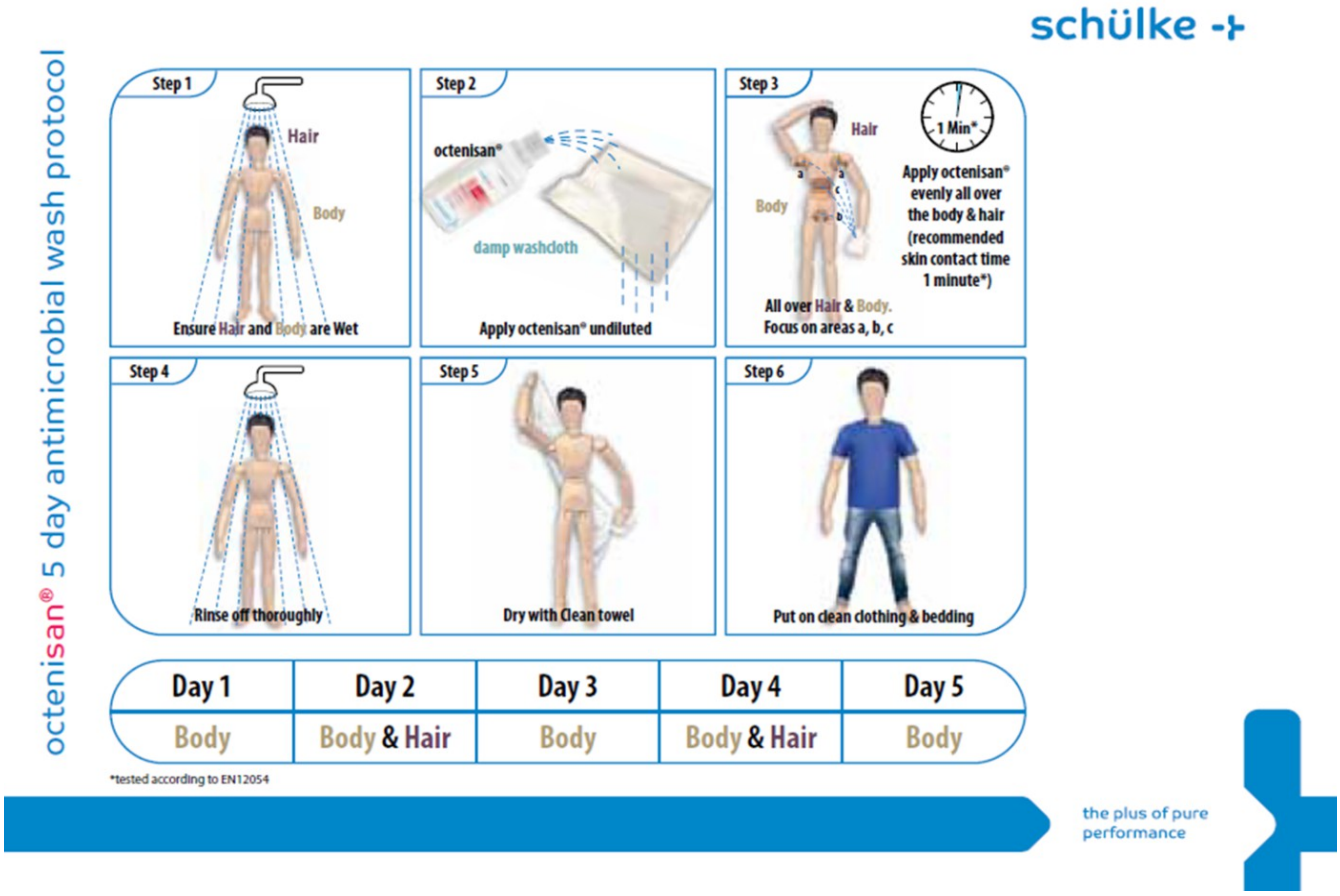
- Check on the ICE system for any previous MRSA microbiology results. The patient demographic details on ICE that have a yellow banner indicate this patient has an alert. This alert must be checked by clicking on the  button to see if the alert is related to a MRSA positive and/or previously MRSA positive result. (NB: the presence of the alert symbol  may be associated with other and/or multiple reasons).
- MRSA status may also be documented on paperwork inside the patients' medical notes or the relevant section in the PCR.

Octenisan body wash

- Used for MRSA decolonisation and prophylaxis.
- All inpatients (other than those on admission and short stay wards) should be provided with their own personal Octenisan wash for use throughout their stay in hospital to reduce the risk of MRSA carriage.

Remember:

- Offer the patient written information on Octenisan wash before use
- Apply to damp skin via washcloth (**do not dilute into a bowl**)
- **1 minute** contact time before rinsing and drying
- Can use emollients after use
- Patient to wear clean clothing and clean linen on bed after washes
  - Hair washes on 2 of 5 days when on treatment (twice a week on prophylaxis)
  - If full hair washing not possible, ensure hairline is washed as a minimum.
  - Document when hair washing completed or if unable to complete.
  - Patient's Octenisan bottles should be labelled



Carbapenamase-Producing Enterobacteriaceae (CPE)

See Carbapenemase-producing Enterobacteriaceae (CPE) (Trust Guidelines for the Management of)

All patients to be risk assessed for CPE on admission - see Carbapenemase-producing Enterobacteriaceae (CPE) Risk Assessment Form

Potential carriers, as identified by the risk assessment, should be screened on admission with a rectal swab (preferably) or a stool sample where there is risk of bleeding.

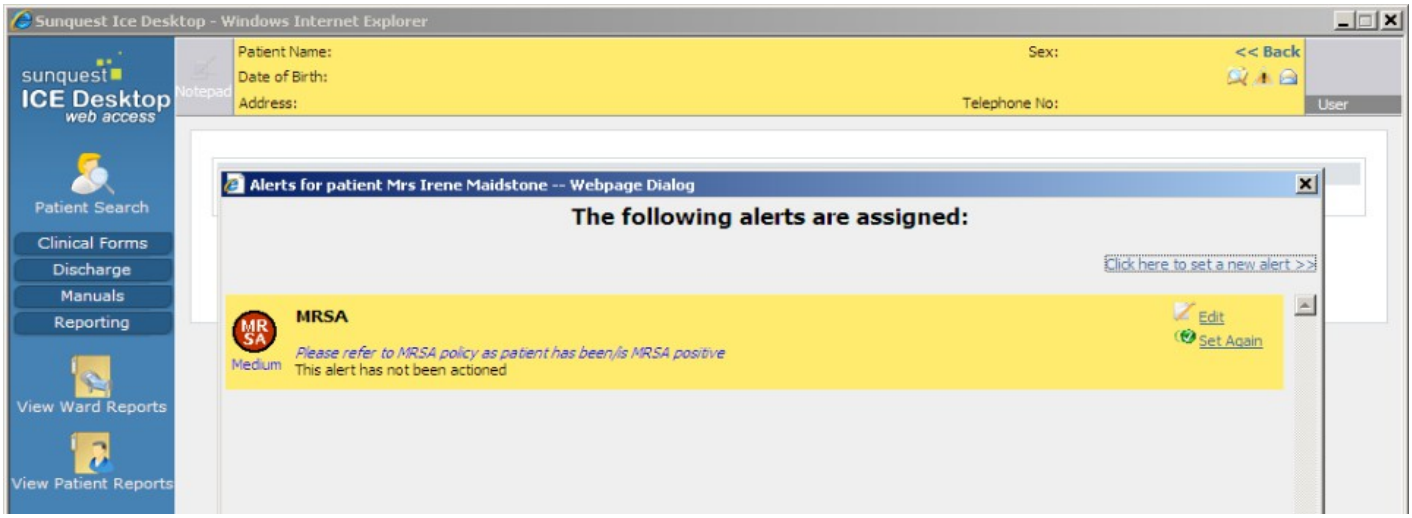
Patients meeting the criteria for swabbing should be managed as a case of potential CPE until their screening results are reported.

Patients with a known current or previous positive CPE result must managed with ongoing CPE precautions.

Key actions to prevent transmission:

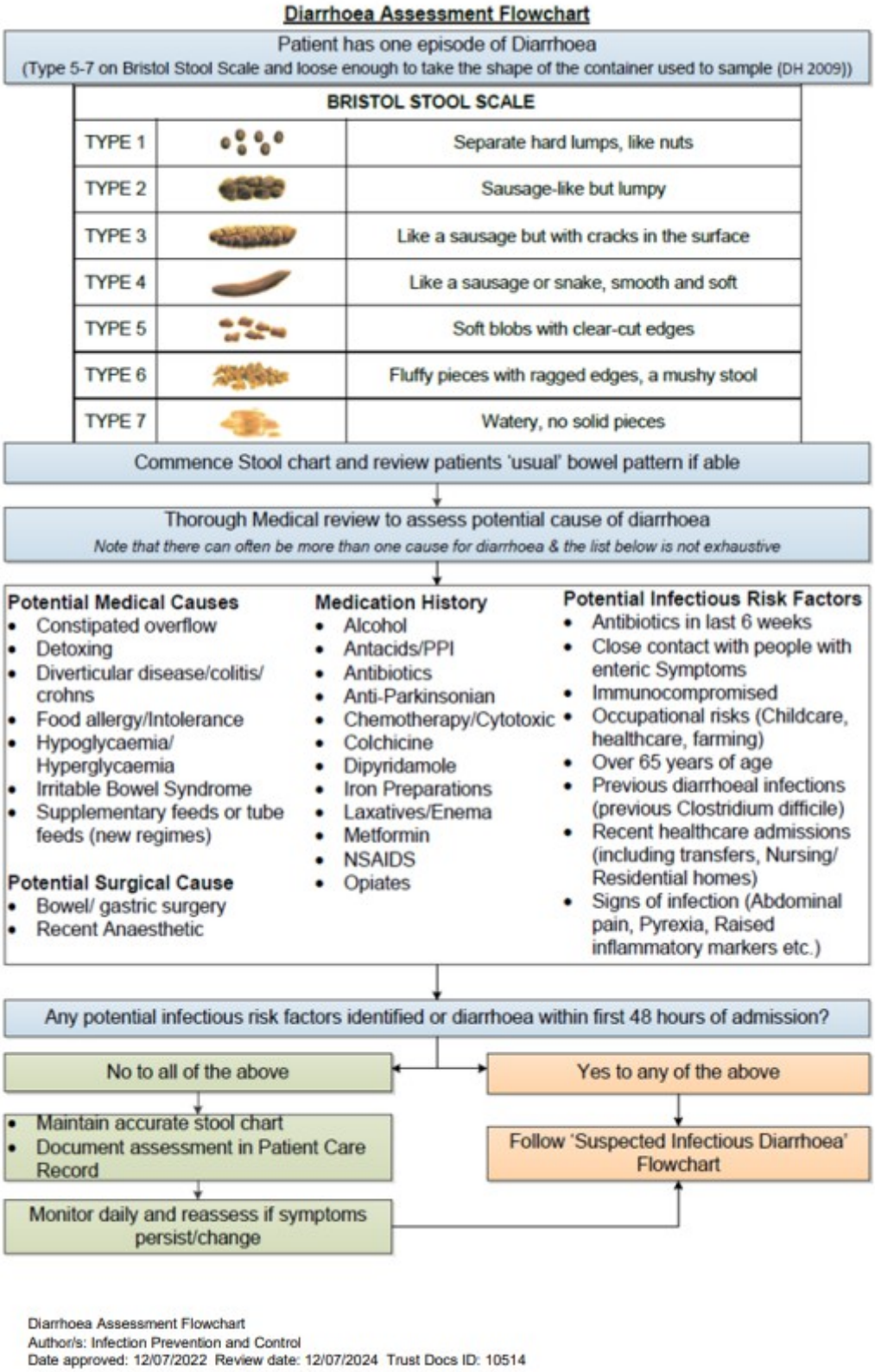
- Risk assessment on admission
- Screening of potential carriers
- Hand hygiene
- Enteric Precautions
- PPE (apron or gown)
- Dedicated patient equipment
- Cleaning & disinfecting rigorously
- Double terminal clinical clean for Positive CPE cases
- Communicate risk to others (verbal & written)

ICE alerts



Diarrhoea Assessment

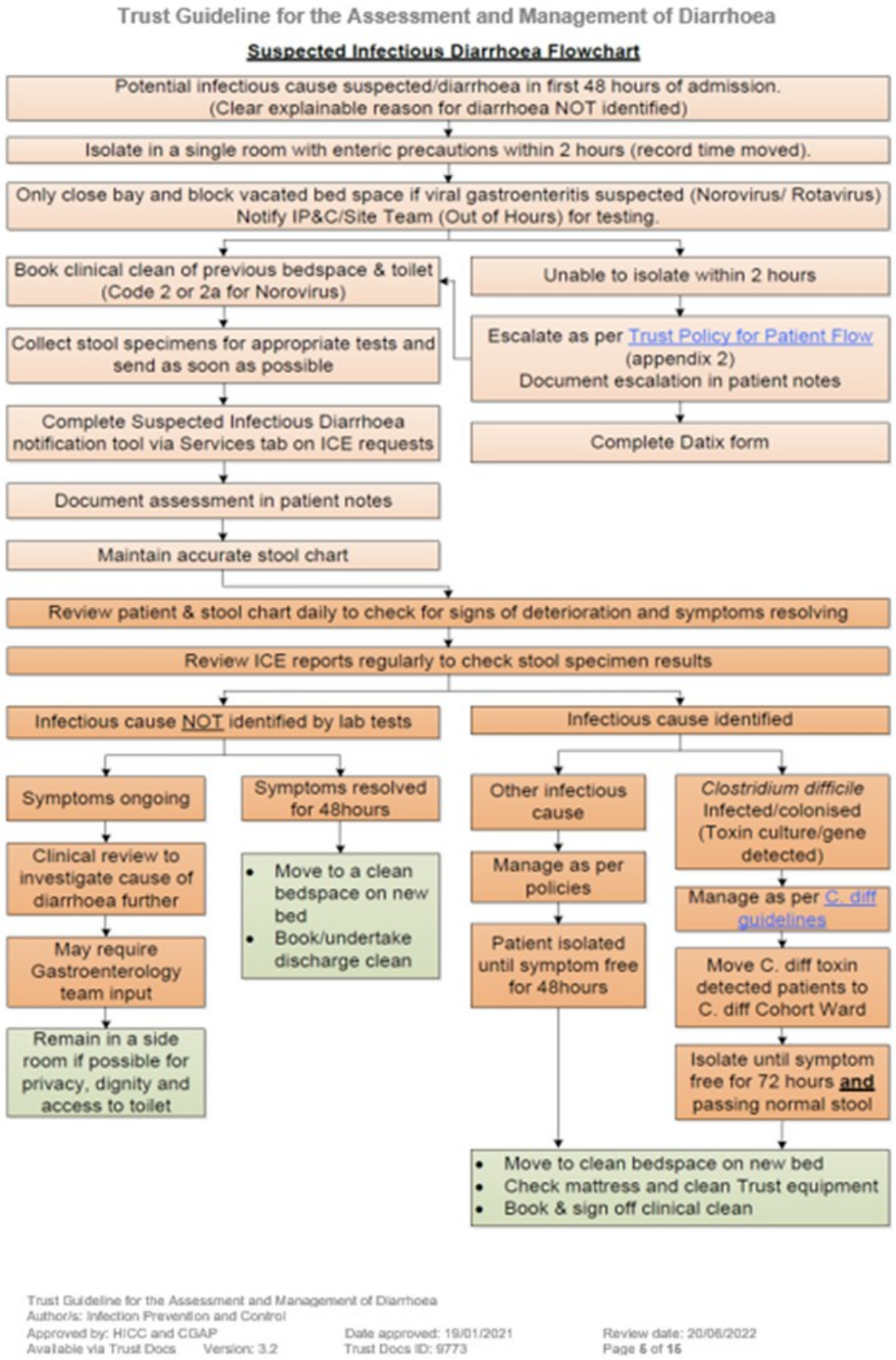
There can be more than one reason for a patient to be having diarrhoea, see the flow chart below.



Suspected Infectious Diarrhoea:

(see 'Trust Guideline for the Assessment and Management of Diarrhoea' - Trust Doc id 9773 & 'A Clinical Guideline for the Management of Viral Gastroenteritis e.g. Norovirus, Rotavirus' –

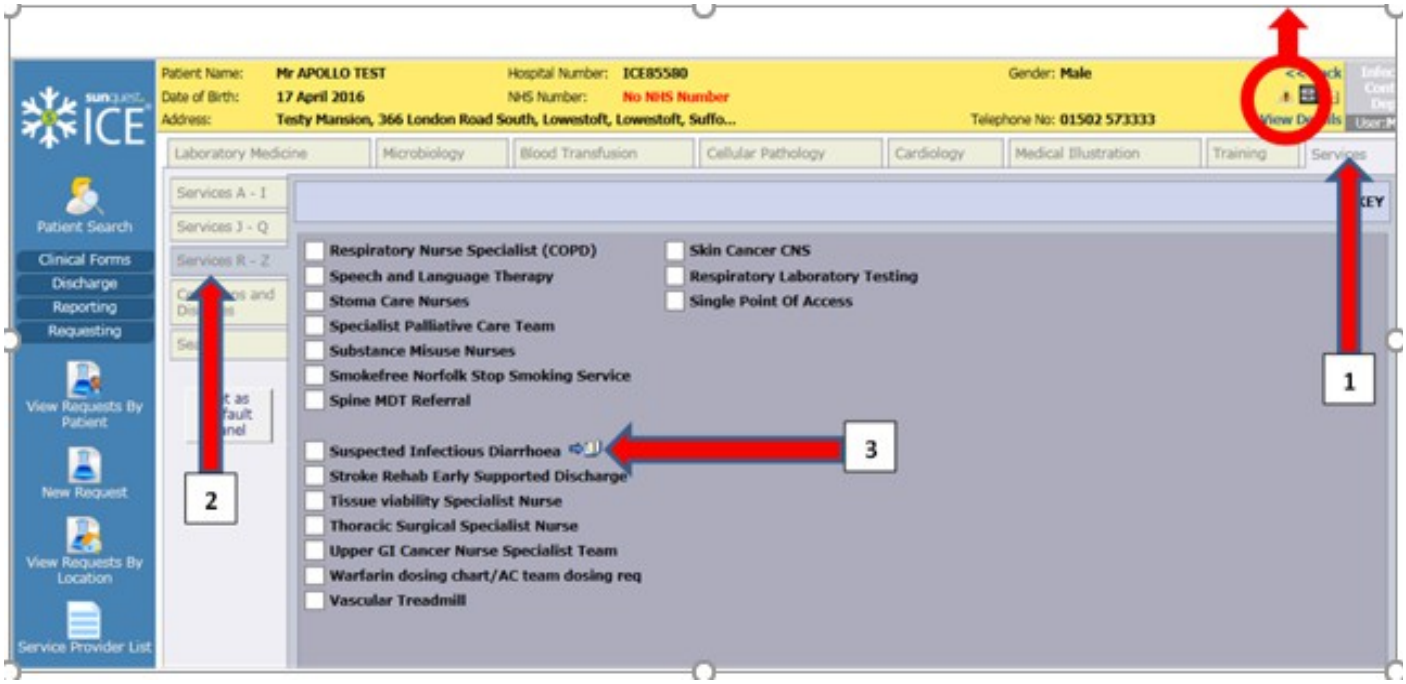
Trust doc ID 611.



S.I.G.H.T.

S	Suspect that a case may be infective where there is no clear alternative cause for diarrhoea
I	Isolate the patient within 2 hours from onset while determining the cause of the diarrhoea
G	Gloves and aprons must be used for all contacts with the patient and their environment
H	Hand washing with soap and water should be carried out before and after each contact with the patient and the patient's environment
T	Test the stool, by sending a specimen immediately for appropriate tests. (Notify IP&CT via Suspected Infectious Diarrhoea notification in services tab on ICE)

Sending a Suspected Infectious Diarrhoea' (SID) form on ICE :



The Norovirus testing list is authorised by IP&C, once a SID is submitted on ICE

Bowel assessment and documentation:

Stool charts to be used for all patients with diarrhoea (including non-infectious) to help accurately identify changes in bowel pattern. Ask the Patient about their normal bowel pattern.

Stool charts must be updated at least once every shift, even if bowels not open (BNO) and after every bowel movement.

Patients may complete their own stool chart after they have received instruction from a member of healthcare staff.

Patients should be offered hand wash or hand wipes after toileting and before meals.

PATIENT BRISTOL STOOL CHART (Patient Label below)

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B

Patient name……
Hospital number……
Date of birth ……
Ward……

Patients may complete their own stool chart after they have received instruction from a member of healthcare staff. The stool chart must be updated once per shift even if only to tick Bowels Not Open (BNO)

Patients should be offered hand wash or wipes after each bowel movement

What is the patients "normal" bowel pattern? (Consistency, frequency, aperients/diet etc.)

……

Patient Result

……

Specimen not sent because:
A) Results known **B)** Awaiting result/samples already sent
C) Stool chart for monitoring only **D)** Unable to obtain stool sample

Date (dd/mm/yy)	Time	Consistency (Please use Bristol Stool Chart to gauge type and tick relevant box)								Description							Specimen sent? If yes, patient must be isolated.*If specimen not sent, please enter code A-D from box above		Signature and print name	Designation
		*BNO	1	2	3	4	5	6	7	Vomit	MUCOUS		BLOOD		COLOUR OF STOOL	AMOUNT OF STOOL	Y	N*		
											Y	N	Y	N						

Type 1		Separate hard lumps, like nuts
Type 2		Sausage-like but lumpy
Type 3		Like a sausage but with cracks in the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces

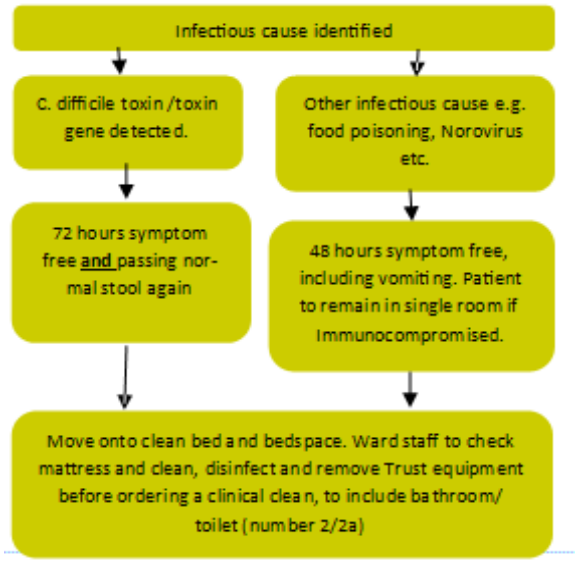
If photocopying/printing for ward, please ensure continuation sheet is copied

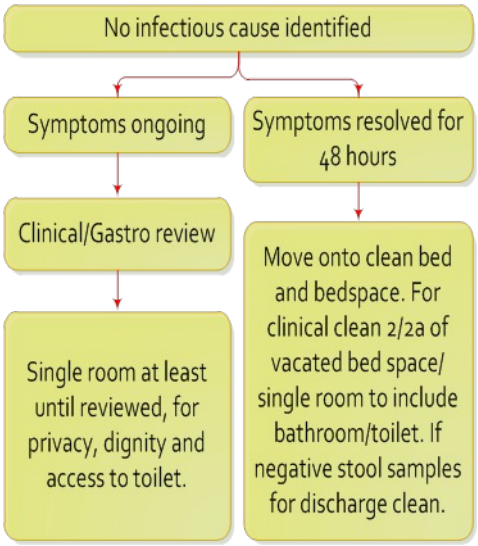
*BNO = Bowels not opened

Infection Prevention & Control Date Approved: July 2022 Review Date: July 2025 Trust Docs ID: 3000

An accurately completed stool chart will help you to assess when infections such as Norovirus and C.diff are resolving

When can a patient with diarrhoea come out of isolation?





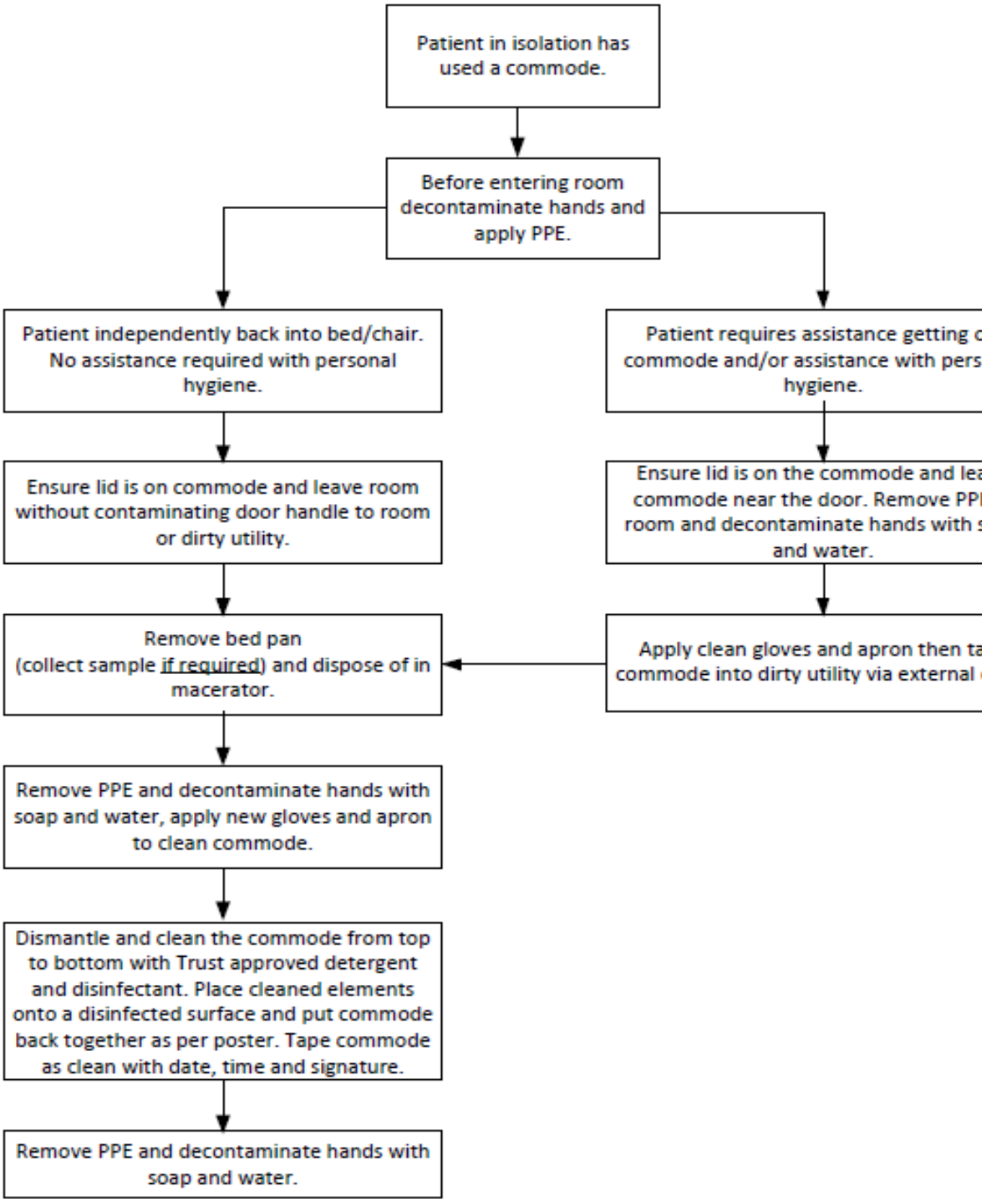
Prior to a clinical clean

Trust Staff Responsibilities for Clinical Cleans

Empty room of all equipment and laundry prior to ordering a clinical clean

- Decontaminate hands and put on PPE
- Strip bed, N.B. Check integrity of mattress and pillow covers and replace if necessary (refer to mattress fact sheet) Trustdocs Id 12150
- Laundry to be managed as infected linen
- All clinical equipment to be cleaned first with water and detergent solution and then disinfected with Chlorosan before removal from room, e.g. Commodes, shower chairs, seat raises, pumps, IV stands, blood pressure monitoring machines and cuffs.
- Discard all non-reprocessable items that are not encased in fluid-impermeable covers. However, items that are enclosed in a fluid-impermeable cover should be wiped over as above.
- Clean suction unit jar and yellow tubing with Actichlor plus.
- Suction liner and clear patient tubing should be disposed of in the clinical waste.
- Clean and disinfect patient wash bowl, folders and suction units.
- Check inside locker for patient property.
- Request clean with iSerco or call service desk on ext. 3333.
- After clinical clean, please check standard is satisfactory, before signing sheet for cleaner.

Process for removing a commode from an isolation room to minimise cross infection ri



Commodes:

NHS
Norfolk and Norwich University Hospitals

Commodes MUST be cleaned using Trust approved disinfectant after each use.

- Wearing PPE (gloves and apron), dispose of commode liner in macerator.
- Remove PPE. Decontaminate hands with soap and water.
- Apply new PPE.
- Create a clean surface area to place reusable parts of commode on.
- Commence systematic process ensuring all areas are cleaned using **red** cloths.

Commode Cleaning Process

1. 
Apply the brakes

2. 

Remove the backrest, clean and place on a clean surface

3. 
Place the arms in the upright position to remove for cleaning

4. 
High risk area
Remove the lid and seat, clean the top and underneath and place on a clean surface

5. 
Remove the commode liner support, clean the top and underneath and place on a clean surface

6. 
High risk area
Tip the commode over onto its back to clean the frame and the wheels

7. 
Reassemble and apply signed and dated Clinell tape across both arms of the commode

- A daily record for any preparation of Trust approved disinfectants must be kept; displaying the date, time and initials of staff member. Please note any disinfectants should be changed **every 24 hours.** Template available on trust docs **16113**
- Remember to pay particular attention to any high risk areas which could be exposed to bodily fluids.
- Clinell® 'I am Clean' labels are for the use of labelling **bedpans only.**
- Tape should remain on commode until presented to the patient.

Author: IP&C Approved: June 2021 Version 1 Trust docs: 18769 Review: June 2024

clinell® clean

SELF-ADHESIVE INDICATOR TAPE

Helping you conform to NHS Saving Lives Initiative

'Hig

Stick

Tristel

How to use Tristel Fuse for **Surfaces**

High-level disinfecting & sporicidal solution

1. Pour 5 litres of cold water into container.
2. Take one sachet, hold in half and squeeze one side of sachet to burst contents through centre seal. Contents will start to turn yellow.
3. Tear or cut sachet.
4. Pour contents into five litres of water.
5. Apply to surface with mop for floors or a cloth for damp dusting other surfaces and leave to dry naturally.

- Make up solution in a well ventilated area.
- Wear gloves and apron before commencing and wash hands after removing gloves and apron.
- Store in original packaging in a cool, well ventilated area out of direct sunlight.
- Once mixed, solution can be kept for up to 24 hours when stored in an air tight container.
- Dispose of empty packaging in accordance with local policy and national regulations.
- Avoid contact with skin and eyes. Contact with the disinfectant may cause mild irritation. Wash affected areas with plenty of soap and water.
- For professional use only.

Tristel Solutions Limited, Iyon Business Park, Fordham Road, Soutbeck, Cambridgeshire, CB7 5YY Tel +44 (0)1638 721 500 Fax +44 (0)1638 721 501 Email mail@tristel.com Website www.tristel.com

This
ordered through top up.

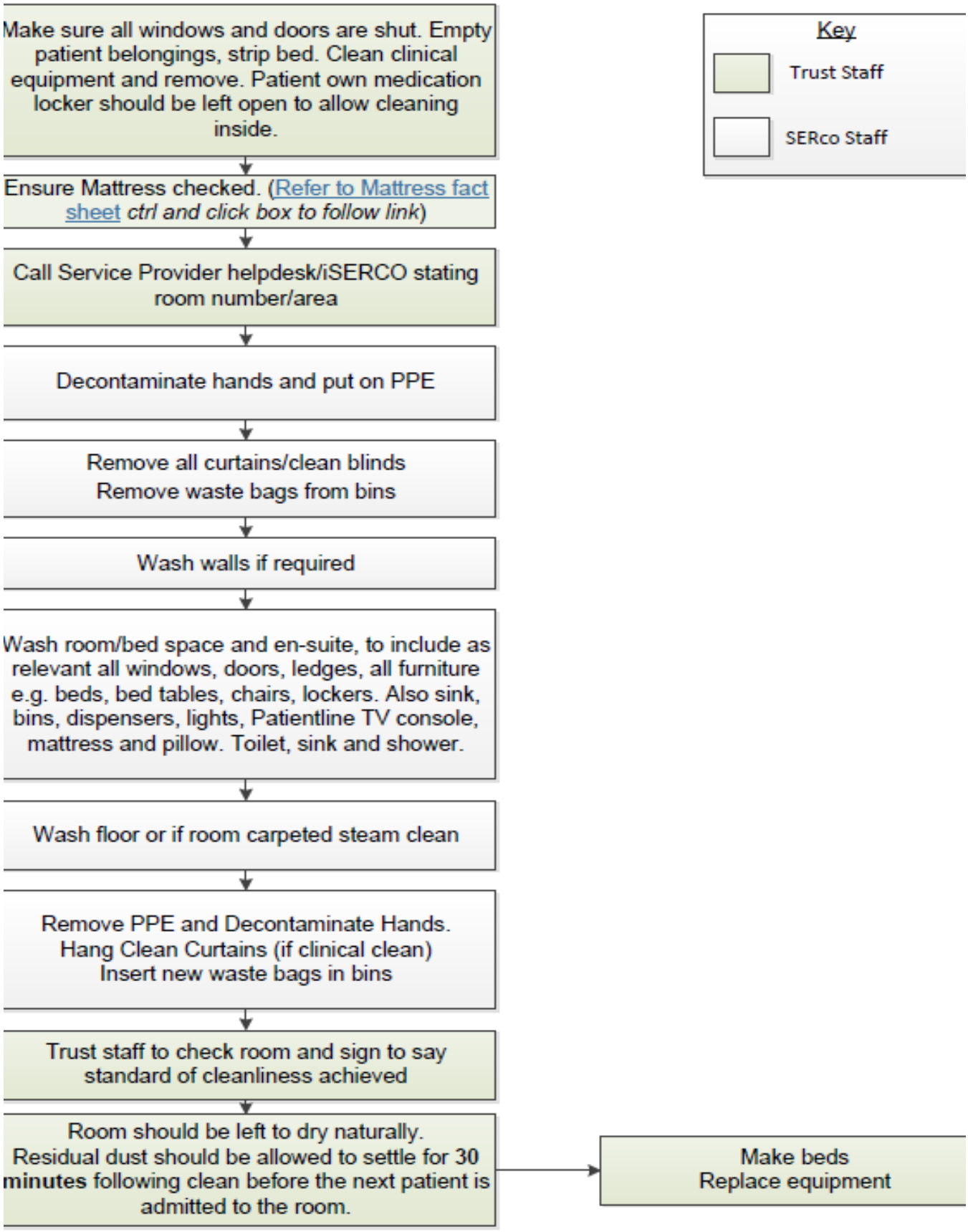
Tel: 0845-2011-644, Email: info@gamahealthcare.com, www.gamahealthcare.com

Clinell Universal Disinfectant Wipes

- These are good general disinfecting wipes, safe to use on equipment and surfaces. They are single use wipes to use one at a time (unfold it fully)
- These wipes should be readily available around your department
- They are <u>not sporicidal</u> (will not kill C. diff spores)

Flow Chart for Clinical Cleans

Including Standard/ Discharge/Transfer Cleans



Author: Infection Prevention and Control Team
Approved by: HICC

Date of Issue: June 2016
Date approved: July 2018

Water safety

What Can I Use This Clinical Handwashing Sink For?	What should I do Instead?
Handwashing ✓ 	
Filling bowls for washing ✓ 	
Disposing of bowls of water after washing ✗ 	Staff should dispose of wash water in the water disposal unit of the sluice
Cleaning Teeth or dentures ✗ 	Use a bathroom sink, or use a disposable cup of drinking water. Staff should dispose of the waste water in the sluice
Disposing of drinks ✗ 	Drinks should only be disposed of in the kitchen. Catering staff regularly collect cups and water jugs from patient bedsides.
Drinking Water ✗ 	Always source drinking water from the kitchen or beverage bay
Disposing of liquid medication ✗ 	Dispose of liquid medication into a PHARMI bin (blue bin with a blue lid) in treatment room

Inappropriate use of hand wash sinks will significantly increase the risk of hand and environmental contamination and has been linked to outbreaks of infection, likely due to splash back in hand wash sinks.

Wash Water Disposal

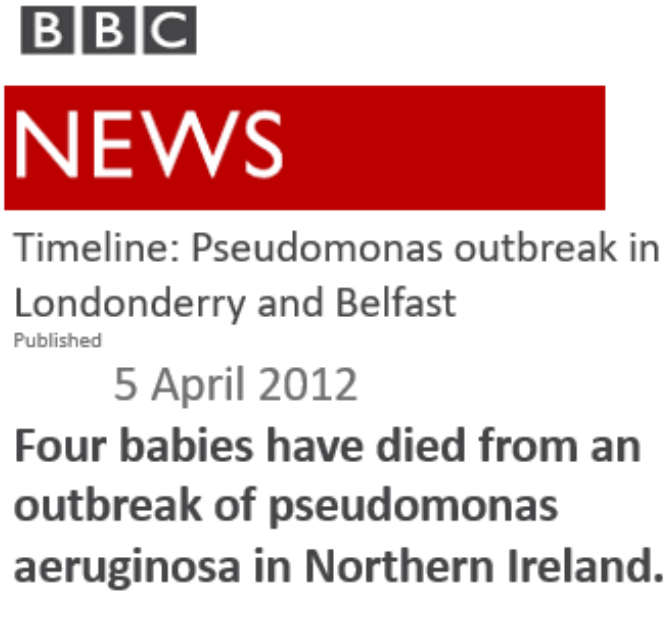
Put the bag inside the bowl (rather than bowl inside the bag) so you can tie it up after the wash to reduce splashes and spills

Wash water should be disposed of in dirty utility

The water safety group & Authorised Engineer promote robust governance of design, installation, commissioning & management of water safety

Regular flushing applies to all infrequently used outlets. During temporary closure of wards or departments, a flushing regime should be instigated

Current statutory legislation requires employers & employees to be aware of their individual & collective responsibility. HTM 04-01: Safe water in healthcare Premises 2016



HTM 04-01, part a: design, installation and commissioning

PDF, 1.19MB, 94 pages

HTM 04-01, part b: operational management

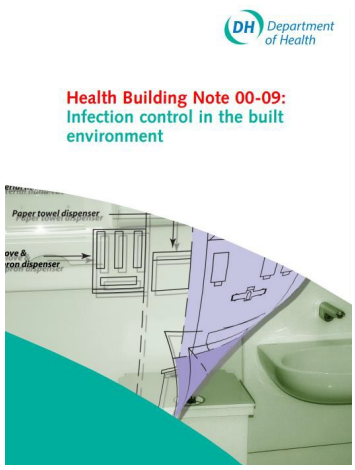
PDF, 3.67MB, 98 pages

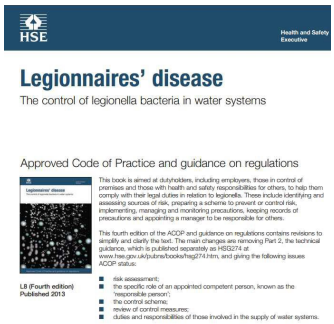
HTM 04-01, part c: pseudomonas aeruginosa, advice for augmented care units

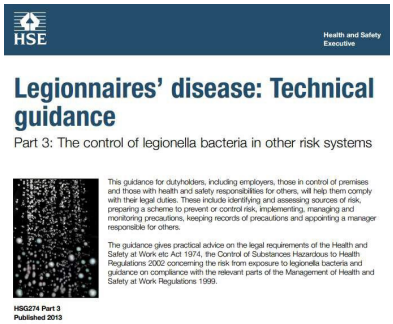
PDF, 4.2MB, 20 pages

HTM 04-01 supplement: performance specification D 08, thermostatic mixing valves (healthcare premises)

PDF, 1.69MB, 64 pages







Potential Waterborne Organism Risk

Ice from Trust ice machines must not be consumed Using & cleaning Ice machines

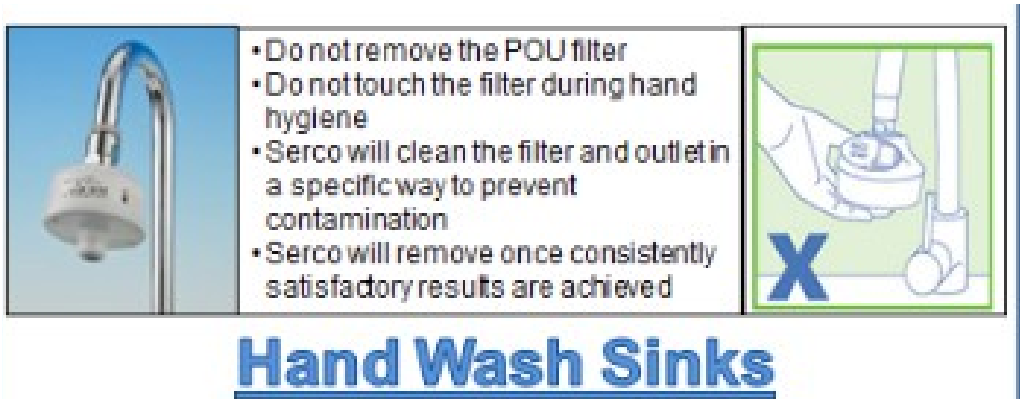
Direct contact

Ingestion

In-direct contact

Aerosol inhalation

Aspiration

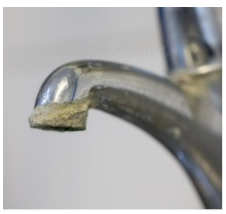


"Legionnaires disease" is a potentially fatal form of pneumonia which can affect anybody, but principally affects those who are susceptible because of age, illness, immuno-suppression, etc.

Patient contact equipment (e.g nebulisers) should be used, drained, cleaned, rinsed & always be allowed to air dry thoroughly before use

Biofilms are layers of microorganisms that can form on and coat surfaces especially if rust, sludge or scale are present

Pseudomonas aeruginosa is commonly found in wet or moist environments. It has the potential to cause infections in almost any organ or tissue, especially in our vulnerable patients. Increasingly showing antibiotic resistance



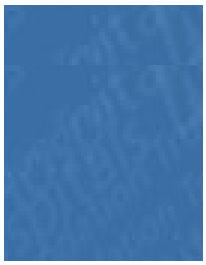
Uniforms:

(According to Trust Dress code and Uniform Policy)

- A clean uniform must be worn every shift/working day.
- Uniform should be washed separately from general household laundry.
- National Guidance recommends washing at 60ºC for ten minutes.
- The Trust's approved contractor will launder heavily soiled uniforms e.g. soiled with body fluids, blood and badly stained, on an ad hoc basis using the personal laundry system. These uniforms should be changed immediately.
- All staff within the operating department must wear freshly laundered trouser/scrub suits.
- All staff should travel to and from work in their own clothes and change into uniform at work. (This is currently in line with Trust Guidance in response to the Covid Pandemic)
- Staff must not be seen smoking in uniform at this is unprofessional, (Trust Smoke Free Policy, Trust Docs ID 1002)
- Staff must not go shopping in uniform as this is unprofessional and contravenes infection prevention and control.

Useful links

NNUH Infection Prevention and Control Intranet department page and Manual



IP&C on The Beat

Royal College of Nursing IP&C guidance
http://www.rcn.org.uk/development/practice/infection_control/publications

Infection Prevention Society www.ips.uk.net