

Infection Control Policy



Category	Policy
Summary	This policy outlines BAPAM's principles and procedures for infection prevention and control in the clinics environment. It is applicable to all BAPAM personnel (staff, clinicians, volunteers).
Valid from	25 April 2018
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Approval date/ via	BAPAM Medical Committee
Distribution	BAPAM clinicians e-mail & online forum Staff e-mail and meetings Public website
Related documents	Needle stick injury flow chart (Appendix) <i>Incidents Policy</i> <i>Medicines management policy</i>
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Further information/contacts	<i>NICE Clinical Guideline 139: Prevention and control of healthcare-associated infections in primary and community care</i>

1. Policy Aims:-

Patients have the right to expect that those who provide their care meet appropriate standards of hygiene and follow the correct procedures to minimise the risk of healthcare associated infection.

Everyone involved in providing care should be educated about the standard principles of infection prevention and control and trained in hand decontamination, the use of personal protective equipment and the safe use and disposal of sharps. (*see Medicines Management Policy for safe sharps disposal*).

BAPAM is committed to providing facilities and resources to ensure that all reasonable steps are taken to reduce or remove risk of infection to personnel and patients. This undertaking includes maintenance of premises, equipment, drugs and procedures to the standards outlined in this policy.

This policy outlines BAPAM's principles and procedures for infection prevention and control and is relevant to all BAPAM personnel (staff, clinicians, volunteers).

The procedures outlined apply principally to BAPAM's London clinic premises at 7-9 Bream's Buildings. Clinicians working in other environments should follow the policies in place in their host settings (e.g. GP practice, consulting rooms) in conjunction with Nice Clinical Guideline 139.

2. Responsibilities:-

The BAPAM Director is responsible for overall development and implementation of the policy, in consultation with the Honorary Medical Director and Office and Clinics Manager.

The Office and Clinics Manager is responsible for implementing and monitoring infection control procedures on a daily basis.

Breaches of policy, incidents or concerns should be reported to the Office and Clinics Manager in the first instance. The Director is responsible for recording incidents as outlined in the *Incidents policy*.

3. Definitions:-

Direct Patient Care:- 'Hands on' or face to face contact with patients. Any physical aspect of the healthcare of patients including treatments, self-care and administration of medications.

Hand Decontamination:- The use of hand rub or hand washing to reduce the number of bacteria on the hands.

Hand rub:- A preparation applied to the hands to reduce the number of viable microorganisms. This guideline refers to hand rubs compliant with British standards (BS EN1500; standard for efficacy of hygienic hand rubs using a reference of 60% isopropyl alcohol).

Healthcare waste: This refers to any waste produced by, and as a consequence of healthcare activities.

Personal protective equipment: Equipment that is intended to be worn or held by a person to protect them from risk to their health and safety while at work. Examples include gloves, aprons, and eye and face protection.

4. General Infection Control procedures and principles

4.1 7-9 Bream's Buildings Cleaning & Furnishings

The cleaning and furnishings of the clinic premises in London are undertaken by our host organisation, Royal College of Emergency Medicine (RCEM) and overseen by the Operational Manager.

The building is cleaned daily so all rooms must be vacated by 6pm. Cleaners will empty the bins.

BAPAM holds contract with Direct 365 for clinical waste and sharps. Direct 365 supplies two bins and when one is approaching the maximum level marker it is closed and locked and a pick up booked. All sharps/clinical bins are disposed of every 3 months even when not in use. The clinical waste/sharps bin is kept in the patient record cupboard unless a clinic is in progress.

BAPAM completes 3 monthly cleaning audits. Results and any action plans are discussed at Medical Committee meetings, attended by BAPAM's Office and Clinics Manager. Any concerns with cleaning and/ or infection control should be discussed with the Office and Clinics Manager.

7-9 Bream's Buildings has washable and disposable items such as soft furnishings and consumables on clinic premises e.g. seating materials, examination tables and couch rolls, hand towels etc, and ensure that these are laundered, cleaned or frequently changed to minimise risk of infections. Cleaning and laundering arrangements are the responsibility of the Office and Clinics Manager.

The RCEM have a contract with Chatfield Cleaning who are registered with the Environment Agency under no: CBDU50429. The BAPAM Office and Clinics Manager carries out a COSHH risk assessment and implements any safety requirements. This is reviewed on an annual basis.

Monitoring and re-stocking supplies of single use and disposable materials within the London clinic consulting room is the responsibility of the BAPAM Office and Clinics Manager.

Staff are responsible for cleaning work stations and keeping rooms tidy throughout the day and when finished.

During clinic sessions, BAPAM staff must ensure that key contact surfaces (door handles, examination couches, chair arms, computer keyboards) in the dedicated consulting room and administrative area and are regularly rubbed down with anti-microbial, disposable wipes.

4.1.2 General practice: The above is good practice in all environments, and staff and clinicians working in other settings should adopt regular handwashing and surfaces wipe down. If staff or clinicians have any concerns about standards of cleanliness of infection control in the environments where they undertake work for BAPAM, they should contact the BAPAM Office and Clinics Manager. They should also report any incidents relating to infection control.

4.2 Clothing

Our general guidelines for attire in the office and clinic premises are as follows:

General clothing:

Clothes should be clean and fit for purpose.

When delivering direct patient care, clinicians should ensure that their hands can be decontaminated (**see section 4.3**) throughout the duration of clinical work by:- being bare below the elbow, removing wrist and hand jewellery, making sure fingernails are short, clean and free of nail polish and covering any cuts or abrasions with waterproof dressings

Use of Personal Protective clothing:

a. Gloves used for direct patient care:

- must conform to current EU legislations (CE marked as medical gloves for single use) and should be appropriate to the task
- must be worn for invasive procedures, contact with non-intact skin or mucous membranes and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions, excretions or to sharp or contaminated instruments
- must be worn as single-use items
- Gloves used for direct patient care that have been exposed to body fluids must be disposed of correctly in accordance with local policies (**section 4.5**)

b. Aprons:

Aprons should be worn when there is a risk that clothing may be exposed to blood, body fluids or secretions

Disposable plastic aprons should be used as a single use item, for one procedure or one episode of direct patient care

c. Facial protection:

Goggles, mask or visor should be worn when there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes.

4.3 Hand Decontamination

Hand decontamination has a dual role to protect both the patient and the healthcare worker from acquiring micro-organisms (bugs) which may cause them harm.

When to decontaminate hands:-

- immediately before every episode of direct patient contact or care
- immediately after every episode of direct patient contact or care
- immediately after any other activity or contact with a patient's surroundings that could potentially result in hands becoming contaminated
- immediately after removal of gloves

In addition all BAPAM personnel (including non-clinical staff) should wash their hands well at the beginning and end of the day and at regular intervals throughout the day, regardless of whether or not they are in contact with patients.

How to decontaminate hands:-

Decontaminate hands preferably with a hand-rub except in the following circumstances when liquid soap and water must be used:

- When hands are visibly soiled or contaminated with body fluids or
 - In clinical situations where there is potential for the spread of alcohol resistant organisms (such as *Clostridium difficile* or other organisms that cause diarrhoeal illness)
- a. *Decontaminating hands using a hand-rub:* Hands should be free from dirt and organic material. The solution must come into contact with all surfaces of the hands and the hands must be rubbed together vigorously paying attention to the tips of the fingers, the thumbs, and the areas between the fingers, until the solution has evaporated and the hands are dry.
- b. *Decontaminating hands using liquid soap and water:* An effective hand-washing technique involves 3 stages, Preparation, washing and rinsing, and drying. Detailed instructions for hand-washing are displayed in the clinic and will also be provided at induction and training.

In brief, the procedure should involve:

- Wetting hands under tepid water before applying any liquid soap or an antimicrobial preparation.
- The hand-wash solution must come into contact with all of the surfaces of the hands and the hands must be rubbed together vigorously for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
- Hands should be rinsed thoroughly before drying with good quality paper towel

An emollient cream should be applied regularly to protect the skin from the drying effects of regular hand decontamination.

4.4 Blood and body fluid (BBF) spillages

In the event of a spillage of a BBF spill (blood or another bodily fluid – vomit, faeces, urine, oral secretions etc), staff should contact the Office and Clinic Manager in London or the person who is responsible for cleaning and infection control within the premises in which they are working.

Staff should ensure that the following procedures are observed:

- the spill should be dealt with immediately
- the area of spill should be cordoned off during cleaning
- protective clothing should be worn as above and wounds should be covered
- accidental contact with skin or eyes should be dealt with as per needle stick injuries *see action to be taken following a needle stick injury/splash flowchart*
- the spill should be managed as per the instructions in the 'Virusolve' kit
- Cleaning materials and protective items should be disposed of in clinical waste bags
- Cleaning staff should be alerted
- A record of the spill and action taken should be recorded and submitted to the Chief Executive for recording in the *Incidents* register

BAPAM personnel involved in a BBF spill incident must also report it to the BAPAM Office and Clinics Manager.

4.5 Clinical waste disposal

Disposal of clinical waste represents a high risk of infection and is the responsibility of the Office and Clinics Manager. The BAPAM Office and Clinics Manager should ensure that staff are aware of local procedures as well as procedures in the consulting room as follows:

- Sharps, single use devices (otoscope speculae, tongue compressors etc), medicines and swabs used during SIM administration should be disposed of in the clinical waste disposal bin as outlined in the *Medicines Management* policy.
- Healthcare waste must also be disposed of by the person generating the waste into clinical waste bin. Similarly, any other waste representing risks (e.g. aprons, cloths for dealing with a blood spill) should be disposed of in the clinical waste bin.
- When one bin is reaching maximum level it is locked and Direct 365 are called for a pick up.

4.6 Venepuncture procedure (SIM administration)

Administration of injections at BAPAM is only undertaken by trained and authorised clinicians as outlined in the *Medicines Management* policy. Clinicians seeking authorisation should contact the Honorary Medical Director.

The following procedure applies:

- A *surgical hand wash* should be undertaken as per instructions above (**section 4.3**)
- Wounds or abrasions should be covered
- Disposable gloves should be worn
- Equipment should be easily accessible
- Sterile Phlebotomy (Vacutainer system) syringes and needs must be used only once
- Clinicians should ensure that no blood contacts their skin by covering the site of the needle puncture with a cotton wool ball when removing the needle, and using it to capture any blood drops
- The needle (unsheathed), vacutainer and small waste items should be immediately placed in the sharps box (*see disposal of sharps, medicine management policy*)
- Any other waste items (gloves, aprons) should be placed in clinic waste bags (**section 4.5**)
- Surgical handwash should be repeated once gloves are removed

3.7 Needle stick injuries / Bodily fluid splash into the eyes or mouth

Follow the flow chart: action to be taken following a needle stick or bodily fluids splash (appendix 1)

The Office and Clinics Manager should also be consulted in the first instance, as per the flowchart.

Details of the incident should be recorded in the Incidents log by the Clinics manager, and on the *Incidents* register by the Director, and also noted in the patient's notes.

4. Training

BAPAM staff and clinicians must familiarise themselves with the guidance in this policy, and with the guidance appropriate to their local clinical environment. All personnel will receive infection control training at induction, and at 3 yearly intervals.

5. Breach of Policy

Breaches of this policy may constitute professional misconduct and could lead to disciplinary action.

Version 1.0 = December 2012

Version 2.0 = September 2015; Version 2.1 = March 2016 (update by D Charnock)

Version 3.0 = updated April 2018

Next review = May 2021