Standard Infection Prevention and Control Precautions (SICPs) Policy

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The latest approved version of this document is online.
If the review date has passed, please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

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Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	Nov 2023

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Infection Prevention & Control Team
Groups as identified below

Circulated to the following for Consultation

Date	Role / Designation
03/10/2023	Consultant Nurse for IP&C
	IP&C Team
	Women and Childrens Service Manager
	Head of Nursing
	Deputy Director of Nursing
	Head of Facilities
	Occupational Health Manager
	Head of Estates
	Head of Mental Health Nursing
	Senior manager of Unscheduled Care
	Theatres manager
	Deputy Director of for Workforce and OD
	Director of Therapies and Health Sciences

Evidence Base
Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area? As outlined in the reference list

Impact Assessments

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** Please remember policy documents are published to both the **intranet** and **internet.** The version on the internet must be translated to Welsh.
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Human Rights	x				

Risk Assessment Summary
Have you identified any risks arising from the implementation of this policy / procedure / written control document? None identified
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? None identified
Have you identified any training and / or resource implications as a result of implementing this? Infection Prevention & Control Level 1 & 2 Training

1 Policy Statement / Introduction

This Policy provides guidance to all those involved in care provision and must be adopted for all infection prevention and control practices and procedures. It applies to all Health Board staff, visitors, patients, contractors, subcontractors, and all persons engaged in activities on behalf of the organisation on health board premises.

The commitment of the Health Board is to promote a culture of zero tolerance to any healthcare associated infection (HCAI), with the aim of preventing all avoidable HCAI. This is in accordance with the document Healthcare Associated Infections – A Strategy for Hospitals in Wales (2004) which sets out national standards for the management and control of healthcare associated infections using a clinical governance and risk management approach.

This policy is based on the National Infection Prevention and Control Manual used by health organisations in Wales which has been adopted from NHS Scotland. This e-manual is based on systematic reviews of the literature and policies from Health Protection Scotland, and we gratefully acknowledge their work.

2 Objective

It is the intent that this Policy will provide a common, consistent approach to infection prevention and control through:

- Promoting awareness and use of the 10 Standard Infection Control Precautions prescribed by health organisations to prevent and control the transmission of infection.
- Embedding the importance of infection prevention and control into everyday practice
- Reinforcing the message that infection control is everyone's responsibility.
- Reducing variation in infection prevention and control practice and standardising care processes
- Providing information on consistent, current, and standardised IPC measures to support practice.
- Improving the application of knowledge and skills in infection prevention and control
- Helping to reduce the risk of Healthcare Associated Infection (HCAI) particularly cross- infection/contamination.
- Helping to align practice, monitoring, quality improvement and scrutiny using appropriate systems and processes.
- Appropriate communication to all relevant parties on infection risk, outbreaks, and periods of increased incidence.

3 Definitions

- **PTHB** Powys Teaching Health Board
- **SICPs** Standard Infection Prevention and Control Precautions
- **HCAI** Healthcare associated infection
- **FRSFM** Fluid Resistant Surgical Face Mask
- **HPS** Health Protection Scotland
- **ABHR** Alcohol based hand rubs
- **PPE** Personal Protective Equipment
- **EPP** Exposure Prone Procedures
- **AGP** Aerosol Generating Procedures

4 Responsibilities

The chief executive has overall responsibility for implementation, monitoring, and review of this policy.

4.1 Clinical/Operational Managers/Senior Nurses have responsibility to ensure that:

- Staff are informed of the policy.
- Practice complies with this policy.
- Equipment and training are available to facilitate compliance with the policy.
- All staff receive instruction/education on the principles of SICPs, and are monitored via ESR
- Adequate resources are in place to allow the recommended infection prevention and control measures such as the use of SICPs to be implemented.
- Risk assessments are undertaken to optimise patient/client and staff safety, with consultation from infection prevention and control team if/as required.
- Advice is sought on the provision of alternatives to latex based products.
- Staff are supported in any corrective action or interventions if an incident occurs that may have resulted in the transmission of infection.
- Any staff with health concerns, including any skin irritation relating to occupational exposure to PPE, or who have become ill due to occupational exposure, are referred to the relevant agency e.g., General Practitioner or Occupational Health.
- Local policies are in place for the management of staff with known or suspected infections, and these policies are adhered to.
- Any areas of non-compliance are highlighted and rectified through appropriate escalation and management.

4.2 Clinical staff working directly with patients and the public

Clinical staff working directly with patients (Providing direct care in a health or social care setting including a patient's/client's own home) and the public, have a responsibility to ensure that they:

- Familiarise themselves with the policy.
- Have support and resources available to implement, monitor and take corrective action to ensure compliance with infection prevention and control.
- Report to line managers and document any deficits in knowledge, resources, equipment and facilities or incidents that may result in transmission of infection.
- Attend induction, mandatory and subsequent updates in infection prevention and control education sessions or access via eLearning.
- Apply the principles of SICPs and ensure that all other staff/agencies apply these principles.
- Explain to patients/clients/residents, carers and visitors or other staff of any infection prevention and control requirements to protect themselves and to protect others, such as hand hygiene, use of PPE and cough etiquette.
- Ensure that supplies of PPE are readily available for all to use, including visitors.
- Report to line managers any deficits in relation to knowledge of SICPs/PPE, facilities/equipment, or incidents, that may have resulted in cross contamination.
- Report any illness because of Occupational Exposure to their line manager.
- Not attend for clinical duty with known or suspected infections. If in any doubt consult with your General Practitioner, Occupational Health Department or the local Infection Prevention and Control/ Health Protection Team.
- Any staff who have difficulty complying with this policy or require reasonable adjustments should inform their line manager and the Infection Control Team should be contacted for advice

4.3 The IPC Team

The IPC Team will:

- Promote implementation of this policy in clinical practice and conduct regular compliance audits for feedback to wards/departments/senior management.
- Support education for staff and management on this policy – available via eLearning and face-to-face.
- Act as a resource for guidance and support when advice on SICPs is required.
- Provide advice on individual risk assessments for SICPs decisions.
- Provide advice on appropriate placement for patients with suspected or confirmed infections in hospital.
- Produce timely feedback on surveillance of infection for wards/units, departments, and the Health Board

- Produce reports to relevant committees and groups and for the PTHB Board on IPC issues.
- Ensure that relevant clinical teams are aware of patients following identification of infection
- Ensure all reportable infections are reported to Public Health Wales via surveillance systems (e.g., ICNet).
- Support the investigation of and learning from any infection/ bacteremia through the use of post infection review meetings

4.4 Occupational Health Department

- The Infection Prevention and Control Team will work collaboratively with the Occupational Health Department to provide advice to staff on minimising the risk of transmission between staff, patients, and visitors.
- The Occupational Health team will provide advice on immunisation and develop policies for immunisation against infectious diseases.

4.5 Head of Estates is responsible for:

- Ensuring that Estates staff comply with the Policy.
- Ensuring that enhanced cleaning is undertaken by the facilities team for all patient areas prior to estates staff undertaking the enabling works to assist with the deep cleaning process.
- Ensure that authorisation has been received from the relevant personnel that the area is safe to enter to undertake the relevant works.
- Ensure staff decontaminate any tools used within the work area on completion of the works, prior to been removed from the work area

4.6 Head of Facilities is responsible for

- Ensuring facilities staff have undertaken the initial cleaning process of the following items prior to them being removed as part of the enabling works:

  ✓ Furniture (including bed, bed table, mattress, lamp, handles fixings and fittings etc).

  ✓ Dust collecting ledges (e.g., conduits, coving, defuses, radiator covers, sills etc).

5 Standard Infection Prevention and Control Precautions

SICPs covered in this Policy document, are intended for use by all staff, in all settings at all times for all individuals whether infection is known to be present or not, to ensure the safety of those being cared for and staff and visitors in the care environment.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of micro-organisms from recognised and unrecognised sources of infection. These sources of (potential) infection include contact, droplet, airborne route, blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that are likely to become contaminated.

The application of SICPs during care delivery is determined by the assessment of risk and includes the task/level of interaction and/or the anticipated level of exposure to blood or other body fluids.

There are ten elements of SICPs;

1 Patient Placement/Assessment for infection risk

2 Hand Hygiene

3 Respiratory and Cough Hygiene

4 Personal Protective Equipment

5 Safe Management of Care Equipment

6 Safe Management of Care Environment

7 Safe Management of Linen

8 Safe Management of Blood and Body Fluid Spillages

9 Safe Disposal of Waste (including sharps)

10 Occupational Safety: Prevention and Exposure Management (including sharps)

5.1 Patient Placement

The potential for transmission of infection or infectious agents must be assessed at the patient's entry to the care area and must be continuously reviewed throughout their stay. This must influence placement decisions in accordance with clinical need (**see appendix 1 – single room prioritisation guide**)

Avoid unnecessary movement of patients between care areas.

Patients who may present a cross-infection risk e.g., diarrhoea, vomiting, unexplained rash, must be assessed and placed in a suitable environment to minimise the risk of cross infection e.g., in a single room with a clinical wash-hand basin or cohort area.

5.2 Hand Hygiene

Hand hygiene is considered to be the single most important practice in reducing the transmission of infectious agents, including HCAI, when providing care.

Before performing hand hygiene;

- Be bare below the elbows (BBE)
- Remove all hand/wrist jewelry (a single, plain metal finger ring is permitted but must be removed (or moved up/down) during hand hygiene)
- Ensure fingernails are clean, short and that artificial nails or nail products are not worn.
- Cover all cuts or abrasions with a waterproof dressing.

Hand hygiene must be performed as stated by the World Health Organisation 5 moments of hand hygiene (see appendix 2 – how to Hand wash)

- before touching a patient
- before clean/aseptic procedures
- after body fluid exposure risk
- after touching a patient
- after touching a patient's immediate surroundings

Alcohol based hand rubs (ABHRs) must be used for hand hygiene and must be available to staff as near to the point of care as possible. (**see appendix 3 –How to Hand rub**)

If hands are visibly dirty or soiled and/or when exposure to spore forming organisms, such as *Clostridioides difficile* (C. diff) or a gastro-intestinal infection e.g., Norovirus,

is suspected/proven, and all patients with diarrhoea, ABHR must not be used alone, and hands must be washed first with liquid soap and water.

Skin care:

- Emollient hand cream must be used by staff during work breaks and when off duty.
- Communal tubs of hand cream must not be used Surgical scrubbing/rubbing:
- Surgical scrubbing/rubbing must be undertaken before donning sterile theatre garments.
- All hand/wrist jewellery must be removed.
- Single use sterile nail brushes should not be used routinely. Single-use sterile nail picks can be used if nails are visibly dirty.
- An antimicrobial liquid soap licensed for surgical scrubbing or an ABHR licensed for surgical rubbing (as specified on the product label) must be used.
- ABHR can be used between surgical procedures if licensed for this use.

Follow the technique in Appendix 4 for Surgical Scrubbing. Follow the technique in **Appendix 5** for Surgical Rubbing

5.3 Respiratory hygiene and cough etiquette

Respiratory hygiene and cough etiquette is designed to contain respiratory secretions to prevent transmission of respiratory infections:

- cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose.
- dispose of all used tissues promptly into a waste bin
- use hand wipes or wash hands with liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- keep contaminated hands away from the mucous membranes of the eyes and nose.

Staff must promote respiratory hygiene and cough etiquette to all individuals and help those who need assistance with containment of respiratory secretions e.g. those who are immobile will need a receptacle (e.g. plastic bag) readily at hand for the prompt disposal of used tissues and offered hand hygiene facilities.

It may be advisable to don a FRSFM, advice can be sought from IPC teams.

5.4 Personal Protective Equipment (PPE)

The type of PPE used must provide adequate protection to staff against the risks associated with the procedure or task being undertaken.

All PPE must be:

- located close to the point of use

- stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to)
- single use only items, unless specified by the manufacturer. Reusable items, e.g. non-disposable goggles/face shields/visors must have a decontamination schedule with responsibility assigned
- For the recommended method of donning and doffing of PPE correctly for non-aerosol generating procedures and aerosol generating procedures see appendix 12.

Full body/reusable washable gowns must be:

- worn when there is a risk of extensive splashing of blood and/or other body fluids e.g., in the operating theatre.
- changed between patients and immediately after completion of a procedure.
- can be used for sessional use on risk assessment and advice can be sought from the IP&C team.

Aprons must be:

- worn to protect uniform or clothes when contamination is anticipated/likely e.g., when in direct care contact with a patient or contaminated items, waste etc.
- changed between patients and/or following completion of a procedure or task.

Fluid repellent surgical masks (FRSM) must:

- be worn if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa is anticipated/likely.
- be well fitting and fit for purpose (fully covering the mouth and nose)
- adhere to manufacturers' instructions.
- must ensure the most appropriate fit/protection.
- be removed appropriately without touching the front of the mask (please see appendix 13) or changed at the end of a procedure/task if the integrity of the mask is breached, e.g. from moisture build up after extended use or from gross contamination with blood or body fluid in accordance with manufacturers' instructions

Filtering face piece (type 3) (FFP3) masks

- FFP3 masks **MUST** be used for any aerosol generating procedures on a suspected or confirmed influenza/COVID case. Risk assessments will also dictate the need for these types of masks for other infectious diseases and must be carried out in conjunction with Infection Prevention staff. These masks must be correctly fitted, and staff must be trained in their use. The Health and Safety team is responsible for delivering face fit training for FFP3

masks.

Eye/face protection (including full face visors) must be:

- worn if blood and/or body fluid contamination to the eyes/face is anticipated/likely (always during Aerosol Generating Procedures (AGPs) and on risk assessment by all members of the surgical theatre team). Regular corrective spectacles are not adequate eye protection.

Gloves must be:

- worn when exposure to blood and/or other body fluids is anticipated/likely.
- changed immediately after each patient and/or following completion of a clinical procedure or task followed by hand hygiene.
- changed if a perforation or puncture is suspected.
- appropriate for use, fit for purpose and well-fitting to avoid excessive sweating and interference with dexterity.

Footwear must be:

- non-slip, clean and well maintained, and support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps.
- removed before leaving a dedicated footwear area e.g. theatre.

Headwear (such as surgical caps/ beard covers) must be:

- worn in theatre settings/clean rooms e.g., HSDU or equivalent.
- well-fitting and completely cover the hair.
- changed/ disposed of between sessions or if contaminated with blood or body fluids.

5.5 Management of Care Equipment

Care equipment can become contaminated with blood, other body fluids, secretions and excretions and transfer infectious agents during the delivery of care.
Care equipment is classified as either:

- single use - used once then discarded. The packaging carries this symbol.

- single patient use - for use only on the same patient.
- reusable invasive equipment - used once then decontaminated e.g., surgical equipment though HSDU.

- reusable non-invasive equipment (often referred to as communal equipment) - reused on more than one patient following decontamination between each use e.g., commode.
- Manufacturers' guidance must be adhered to for use and decontamination of all care equipment.

All crockery and cutlery (including patients in isolation) can be returned to the kitchen and processed via the kitchen dishwasher. Disposable cutlery and crockery are not required for any infectious diseases **EXCEPT** those with Category 4 Infectious Diseases (**see appendix 6 List of High Consequence Infectious Diseases**). Seek advice from IPC if in doubt.

Decontamination of reusable non-invasive care equipment must be undertaken:

- between each use
- after blood or body fluid or other visible contamination
- at regular predefined intervals as part of an equipment cleaning protocol
- before disinfection
- before inspection, servicing, or repair
- All reusable non-invasive equipment must be rinsed and dried following decontamination. Cleaning protocols must include responsibility for, frequency of' and method of equipment.
- decontamination (including appropriate cleaning solutions/disinfectants).

For how to decontaminate non-invasive reusable care equipment see Appendix 7

5.6 Control of the Environment

It is the responsibility of the person in charge to ensure that the care area is safe for practice, and this includes environmental cleanliness/maintenance. The person in charge has the authority to act if this is deficient. **FTP/004 - Environmental Cleanliness Standards Operating Procedure** can be viewed for the expected standards and is available via the intranet.

The care environment must be:

- free from clutter to facilitate effective cleaning.
- well maintained and in a good state of repair
- clean and routinely cleaned in accordance with the National Cleaning Standards for Wales
- audited regularly via MICAD.

Staff groups must be aware of their environmental cleaning schedules and clear on their specific responsibilities. Cleaning protocols must include responsibility for, frequency of, and method of environment decontamination.

5.7 Safe Management of Linen

Clean linen must be stored in a clean, appropriately maintained designated area, preferably an enclosed cupboard. If clean linen is not stored in a cupboard, then the trolley used for storage must be designated for this purpose and completely covered with an impervious covering that is able to withstand cleaning and/or disinfection. **FTP/001 – Safe Management of Linen** can be viewed for the expected standards and is available via the intranet.

Linen is categorised as clean, used, or infectious. Previous categories such as soiled or foul are no longer in use.

For all used linen (previously referred to as soiled linen):

- ensure a laundry bag is available as close as possible to the point of use for immediate linen deposit.

Do not:

- rinse, shake or sort linen on removal from beds.
- place used linen on the floor or any other surfaces e.g., a locker/table top.
- re-handle used linen once bagged.
- overfill laundry receptacles.

For all infectious linen i.e., linen that has been used by a patient who is known or suspected to be infectious and/or linen that is contaminated with blood or other body fluids e.g., faeces:

- Place directly into a water-soluble/alginate bag and secure; then place into a plastic bag e.g., clear bag and secure before placing in a laundry receptacle. This applies also to any item(s) heavily soiled and unlikely to be fit for reuse.
- Used and infectious linen bags/receptacles must be tagged e.g., ward/care area and date.
- Store all used/infectious linen in a designated, safe, lockable area whilst awaiting uplift. Uplift schedules must be acceptable to the care area and there should be no build-up of linen receptacles.

All linen that is deemed unfit for re-use e.g torn or heavily contaminated, should be categorised at the point of use and returned to the laundry for disposal.

Any linen used during patient transfer e.g., blankets, should be categorised at the point of destination.

5.8 Management of blood and bodily fluid spillages

Spillages of blood and other body fluids are considered hazardous and must be dealt with immediately by staff in line with Appendix 8 Management of Blood and Body Fluid Spillages. Responsibilities for the cleaning of blood and body fluid spillages must be clear within each area/care setting.

5.9 Safe disposal of waste

Welsh Health Technical Memorandum 07-01 contains the regulatory waste management guidance for the NHS in Wales including waste classification, segregation, storage, packaging, transport, treatment, and disposal.

Always dispose of waste:

- immediately and as close to the point of use as possible
- into the correct segregated colour coded UN 3291 approved waste bag. Waste bags must be no more than 3/4 full or more than 4kgs in weight and secured using a ratchet tag (for healthcare waste bags only) with a 'swan neck' method of closing. See appendix 11.

Sharps boxes must have a dedicated handle and a temporary closure mechanism, which must be employed when the box is not in use. The sharps box label must always be completed in full. Sharps boxes must be the approved UN 3291 standard and be no more than 3/4 full.

Healthcare waste must be stored securely with a frequent collection schedule to prevent build up. See appendix 9 & 10 Tiger-Stripe and Orange Bag waste and Appendix 11 for Swan Necktie.

5.10 Occupational Exposure Management (Including sharps safety)

There is a potential risk of transmission of a Blood Borne Virus (BBV's) from occupational exposure and staff need to understand the actions they must take to prevent exposures and when occupational exposure incident takes place (please see **OHP/002 – Needlestick & Body Fluid Contamination Injuries** policy, which is available via the intranet for further information).

Prevent exposures by:

- keeping sharps handling to a minimum and eliminating unnecessary handling
- disposing of needles and syringes as a single unit
- not re-sheathing/capping needles
- using needle safe devices (EU Directive 2010, HSE 2013)
- practicing safe disposal by using clearly marked and secure containers that are placed close to the areas where medical sharps are used.

A significant occupational exposure is:

- a percutaneous injury for example injuries from needles, instruments, bone fragments, or bites which break the skin; and/or
- exposure of broken skin (abrasions, cuts, eczema, etc.); and/or

- exposure of mucous membranes including the eye/mouth from splashing of blood or other high risk body fluids

6 Training

Infection Prevention and Control mandatory training is **annually** for clinical staff to complete level 2, and all other staff level 1, access through ESR learning data base. It is the responsibility of the Manager to ensure ALL staff complete the Infection Prevention and Control Mandatory training.

Infection Prevention and Control staff will support staff training with virtual and face to face education and will offer bespoke training on request.

7 Implementation

Implementation of policies and procedures can only be effective if adequate evaluation and monitoring is used to check the system and ensure any shortcomings are identified and dealt with. Locally, Managers are responsible for initiating an ongoing monitoring process within their areas of responsibility.

From an organisation perspective, the Infection Prevention and Control Committee shall be responsible for monitoring this Policy and ensure appropriate actions are being taken to maintain patient safety.

8 Monitoring Compliance, Audit & Review

Compliance with this policy will be monitored through monthly, bi-monthly, ad-hoc and annual audit processes. Audits will be undertaken by ward/department managers/IPC link workers on a regular basis with validation audits completed by the IPC team and various external agencies such as suppliers of hand hygiene/healthcare products as part of services offered within contractual agreements.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

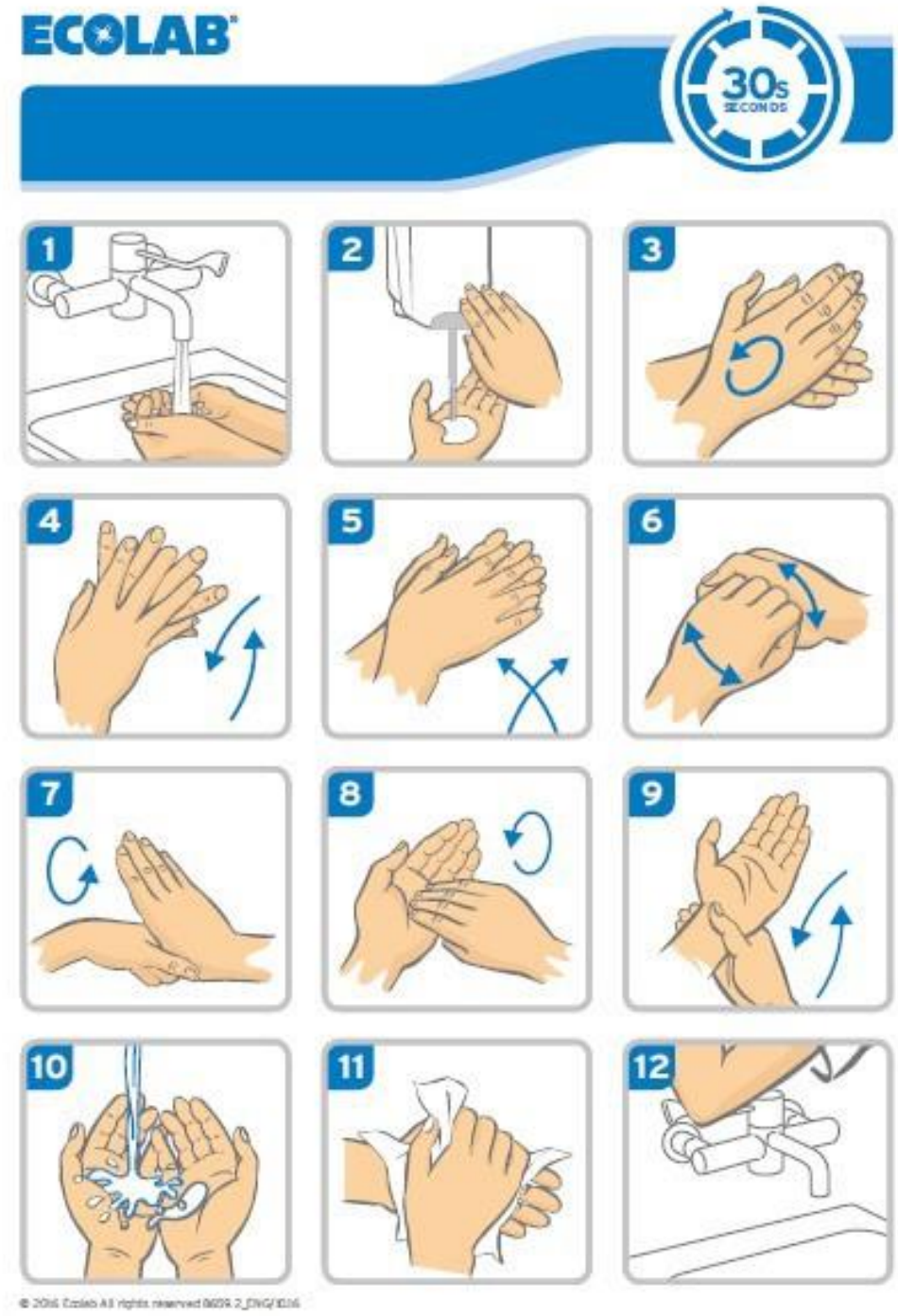
9 References / Bibliography

- Department of Health (2015) The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.
- European Directive 2010/32/EU on the Prevention of Sharps Injuries in the Healthcare Sector
- Guide to donning (putting on) and doffing (removing) PPE (non AGP) in adult social care settings (text only version) - GOV.UK (www.gov.uk)
- Health and Safety at Work etc. Act 1974
- Health and Safety Executive 2013 Sharps Instruments in Healthcare Regulations
- Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK (www.gov.uk)
- HTM 07-01. Management and Disposal of Healthcare Waste 2013 WHTM 07-01.pdf (wales.nhs.uk) nwssp.nhs.wales/ourservices/specialist-estates-services/specialist-estates-services-documents/whtms-library/whtm-07-01-safe-management-of-healthcare-waste-pdf/
- https://nhsproviders.org/media/690124/guidance-for-remobilisation-of-services.pdf
- National Clinical Guideline Centre at The Royal College of Physicians; London
- National Infection Prevention and Control Manual: Chapter 1 - Standard Infection Control Precautions (SICPs) (scot.nhs.uk)
- National Infection Prevention and Control Manual: Home (scot.nhs.uk)

Appendix 1 Single Room Prioritisation Guide

Priority	Condition	Notes/Duration of isolation
Isolation is Essential	Active confirmed C difficile	Until 48 hours symptom free and normal stool
	Avian/Swine/Pandemic influenza	Until symptom free and treatment completed
	Chickenpox or shingles	until lesions are dry
	Confirmed Carbapenemase producing organisms (including previous colonisation)	Will need isolation for entire admission and all future admissions
	measles	4 days after rash onset
	meningitis	First 48 hours of antibiotics and symptom improvement
	Active Pulmonary Tuberculosis (confirmed or suspected)	suspected or confirmed multidrug resistance will need negative pressure isolation room
	SARS/MERS	contact consultant microbiologist
	Viral Haemorrhagic Fevers	contact consultant microbiologist
Isolation is Strongly Advised	Chest infection with MDRO or MRSA where patient has a productive cough	Isolation priority can be downgraded once cough no longer productive
	Group A Strep (streptococcus pyogenes)	Until 48 hours of antibiotics
	Norovirus, Rotavirus or other suspected viral gastroenteritis	Until at least 48 hours symptom free. If there is an outbreak, affected patients can be nursed in cohort bays.
	Norwegian Scabies	Until full treatment complete
	Seasonal Influenza	Until 5 days post onset of symptoms. Patients may be nursed in cohort bays
	SARS CoV-2 (COVID-19)	Until symptom resolution & clinical improvement. Patients may be nursed in cohort bays Contact IPC Team
	Suspected C difficile infection or other infective cause	molecular enteric PCR testing negative (x1) or 48 hours symptom free and normal stool
	Suspected CPO case (not contacts) whilst awaiting screening	Until 3 negative screens
	GRE/VRE (with gut carriage)	Duration of admission
Isolation is Recommended	Diarrhoea if infective cause not definitely ruled out but considered unlikely	Until 48 hours symptom free and normal stool OR PCR test negative
	GRE/VRE/ESBL antibiotic resistant (Not CPO or XDRO)	Duration of admission
	Febrile neutropenia from other causes	whilst neutropenic
	MRSA	Duration of admission (unless 3 consecutive negative screens)
	Other multi resistant organisms (Not CPO)	Duration of admission
	Pyrexia of unknow origin in a returning overseas traveller	until clinically improved
Lowest priority for isolation	Other infective diarrhoea e.g. salmonella, Campylobacter, VTEC 0157, Shigella. Hepatitis A & E	Where there is poor hygiene keep isolated until 48 hours symptom free and normal stool
	Respiratory viruses (not influenza/COVID-19) Human Meta pneumo-virus HMPV, Rhinovirus, Respiratory Syncytial Virus (RSV)	Whilst symptomatic, cough etiquette and hand hygiene are essential to reduce transmission risks
	Blood borne viruses e.g. HIV, Hepatitis B & C	Isolation is only required if bleeding profusely
	Classic scabies	If patient compliant isolation should not be required
	Lice	isolation not required
	Legionnaires' disease	isolation not required
	Malaria	isolation not required
	Hepatitis A or E with diarrhoea	While symptomatic and where poor hygiene is a concern.

Appendix 2 How to Hand Wash



Appendix 3 How to Hand Rub

HAND RUB TECHNIQUE

duration of procedure 30 SECONDS

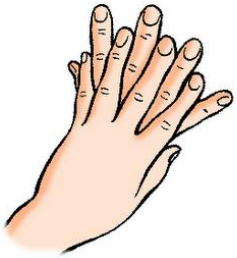
1

Apply 3ml of Spirigel® to the palm of one hand

2

Cover whole surface of hands up to wrists, rubbing palm to palm

3



Spread Spirigel® over the back of each hand including the wrists with fingers interlaced

4

Rub palm to palm with fingers interlaced

5

Grip the fingers on each hand and rub in a sideways back and forth movement

6

Clasp each thumb in the opposite hand and rotate

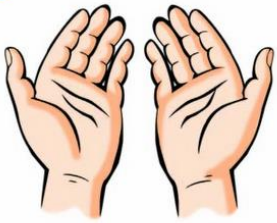
7

Press fingers into palm of each hand and rotate

8

Rub each wrist with the opposite hand

9



Once dry, your hands are safe

Educational Content Approved
Infection Prevention Society
Inform • Promote • Sustain
www.ips.uk.net

ECOLAB®

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In line with the WHO Guidelines on Hand Hygiene in Healthcare, May 2009

Appendix 4 How to Surgical Scrub

A Guide to Surgical Hand Antisepsis

The aim of the surgical hand antisepsis is to remove or destroy transient microorganisms and inhibit the growth of resident microorganisms (AfPP 2016).

Preliminary wash

The hands of the surgical team should be clean before entering the operating room by washing with a non-medicated soap and running water. If hands are visibly soiled, use pick to gently remove debris from underneath tips of nails on each hand, and then discard.

WHO (2016) guidelines recommend washing hands and removing debris from underneath fingernails using a nail cleaner (not brushes) under running water (sinks should be designed to reduce the risk of splashes). Rinse hands and forearms up to elbows.

Preparation of personnel

All staff should be in the appropriate theatre attire before commencing surgical hand antisepsis. Keep nails short and remove all jewellery, artificial nails or nail polish before surgical hand preparation.

Process

Each step of surgical 'scrubbing' consists of five strokes rubbing backwards and forwards and adapts Ayliffe's six step technique (Ayliffe et al 2000) into nine steps. Sources of evidence drawn on include AfPP's Standards and Recommendations for Safe Perioperative Practice (AfPP 2016), AORN's recommended practices (Paulson 2004), Ayliffe's six step hand washing technique (Ayliffe et al 2000) and WHO guidelines (2016).

Surgical hand antisepsis

Surgical hand antisepsis should be performed using either (but not combined) alcohol-based hand rub (ABHR) or a suitable antimicrobial antiseptic solution before donning sterile gloves (WHO 2009, 2016). Hands and forearms should be washed for the length of time recommended by the manufacturer, usually 2–5 minutes (WHO 2009, 2016). If using an antimicrobial solution, the temperature and flow of the water must be adjusted before the procedure is started to achieve comfort and avoid getting the scrub suit wet.

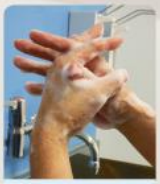
Ensuring that no part of the sink or taps is touched wet the hands and arms up to the elbow working from the fingertips towards the elbow in one direction only, keeping the hands higher than the elbows. During each of the following steps keep hands (clean area) above the elbows (dirty area) allowing water to drain away; avoid splashing surgical attire.

Step One

Wet hands and forearms. Apply the specified amount of appropriate solution, according to the manufacturer's recommendations, from dispenser (one downward stroke action). Work into hands palm to palm, and then encompass all areas of the hands and arms to just below the elbows as shown in steps 2-9. Perform the same manoeuvres if using ABHR but without water and rinsing.

Step Two

Right palm over back of left and vice versa with fingers interlaced.



Step Three

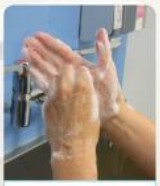
Rub palm to palm, fingers interlaced.

Step Four

Rotational rubbing backwards and forwards with clasped fingers of right hand into left palm and vice versa.

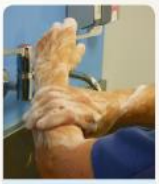
Step Five

Rotational rubbing of right thumb clasped in left hand and vice versa.



Step Six

Rub finger tips on palms for both hands.



Step Seven

Continue with rotating action down opposing arms, working to just below the elbows - do not move back towards wrist. If using ABHR an additional dose may be required here, one for each arm.

Step Eight

Rinse and repeat steps 1-7 keeping hands raised above elbows at all times.
This wash should now only cover two thirds of the forearms to avoid compromising cleanliness of hands.
Local policy may include repeating these steps a third time but to wrists only.

Step Nine - Ending Scrub

If using a solution, rinse hands under running water - clean to dirty area. Turn off tap using elbows if necessary. Open gown pack onto a clean surface and take a hand towel. Hands are dried first by placing the opposite hand behind the towel and blotting the skin, then, using a corkscrew movement, to dry from hand to elbow - do not move back down towards wrist. Discard towel. Using a second towel, repeat the process on other hand and forearm before discarding.
If using ABHR, allow hands and forearms to dry completely before donning sterile gloves (WHO 2009, 2016).

Supported by ECOLAB

Appendix 5 How to Surgical Rub

Appendix 6 High Consequence Infectious Diseases

List of high consequence infectious diseases

A list of HCIDs has been agreed by the UK 4 nations public health agencies, with advisory committee input as required:

Contact HCIDs	Airborne HCIDs
Argentine haemorrhagic fever (Junin virus)	Andes virus infection (hantavirus)
Bolivian haemorrhagic fever (Machupo virus)	Avian influenza A H7N9 and H5N1
Crimean Congo haemorrhagic fever (CCHF)	Avian influenza A H5N6 and H7N7*
Ebola virus disease (EVD)	Middle East respiratory syndrome (MERS)
Lassa fever	Mpox (monkeypox) (Clade I only)**
Lujo virus disease	Nipah virus infection
Marburg virus disease (MVD)	Pneumonic plague (Yersinia pestis)
Severe fever with thrombocytopaenia syndrome (SFTS)	Severe acute respiratory syndrome (SARS)***

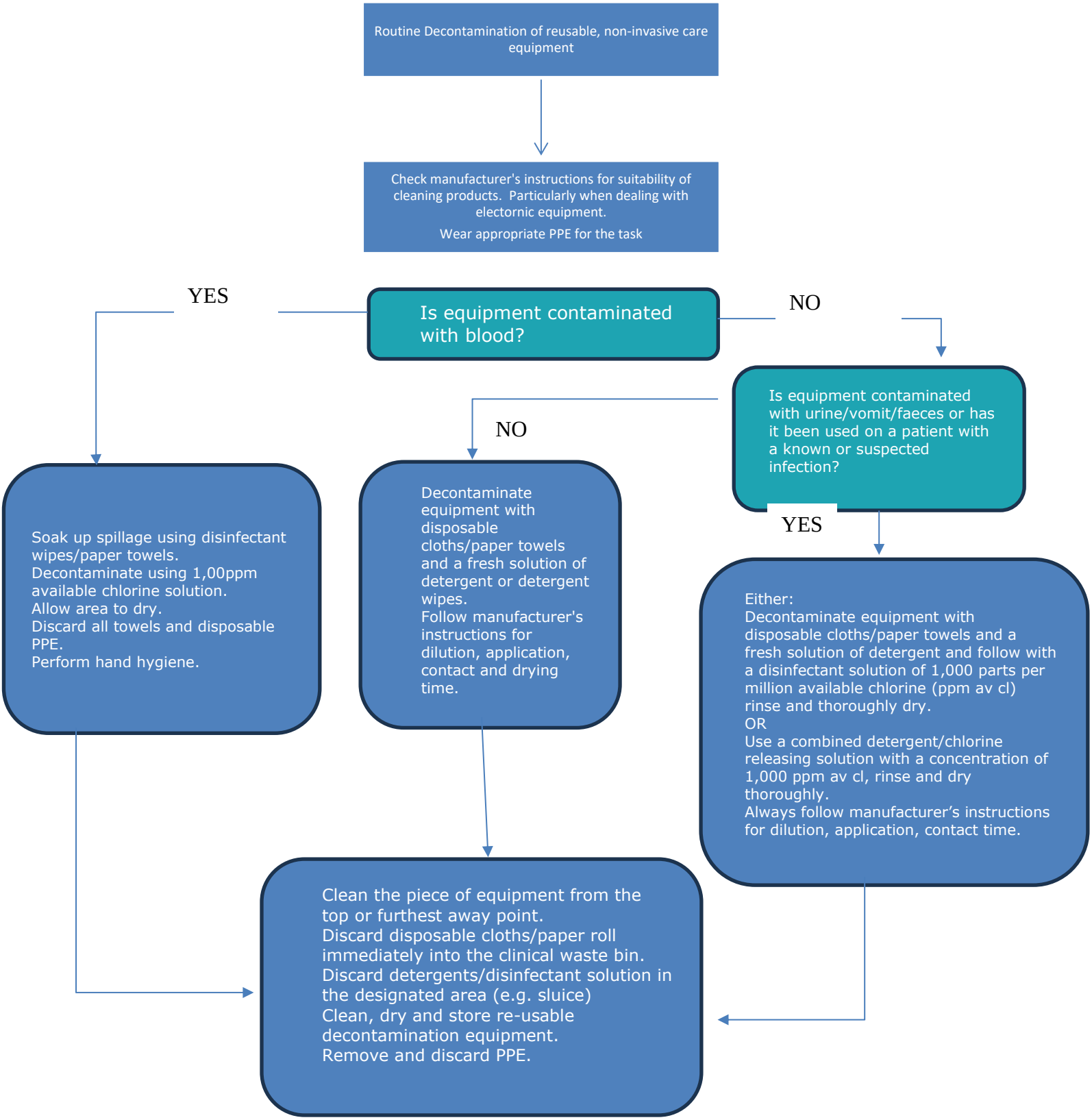
*Human-to-human transmission has not been described to date for avian influenza A(H5N6). Human to human transmission has been described for avian influenza A(H5N1), although this was not apparent until more than 30 human cases had been reported. Both A(H5N6) and A(H5N1) often cause severe illness and fatalities. Therefore, A(H5N6) has been included in the airborne HCID list despite not meeting all of the HCID criteria.

**Based on the new WHO nomenclature, the mpox virus is comprised of 2 clades: Clade I (formerly Congo Basin (Central African) Clade) and Clade II (formerly West African Clade). Clade II consists of the subclades Clade IIa and Clade IIb, with the latter subclade referring mainly to the group of variants circulating in the 2022 global outbreak. See HCID status of mpox for further details on status classification.

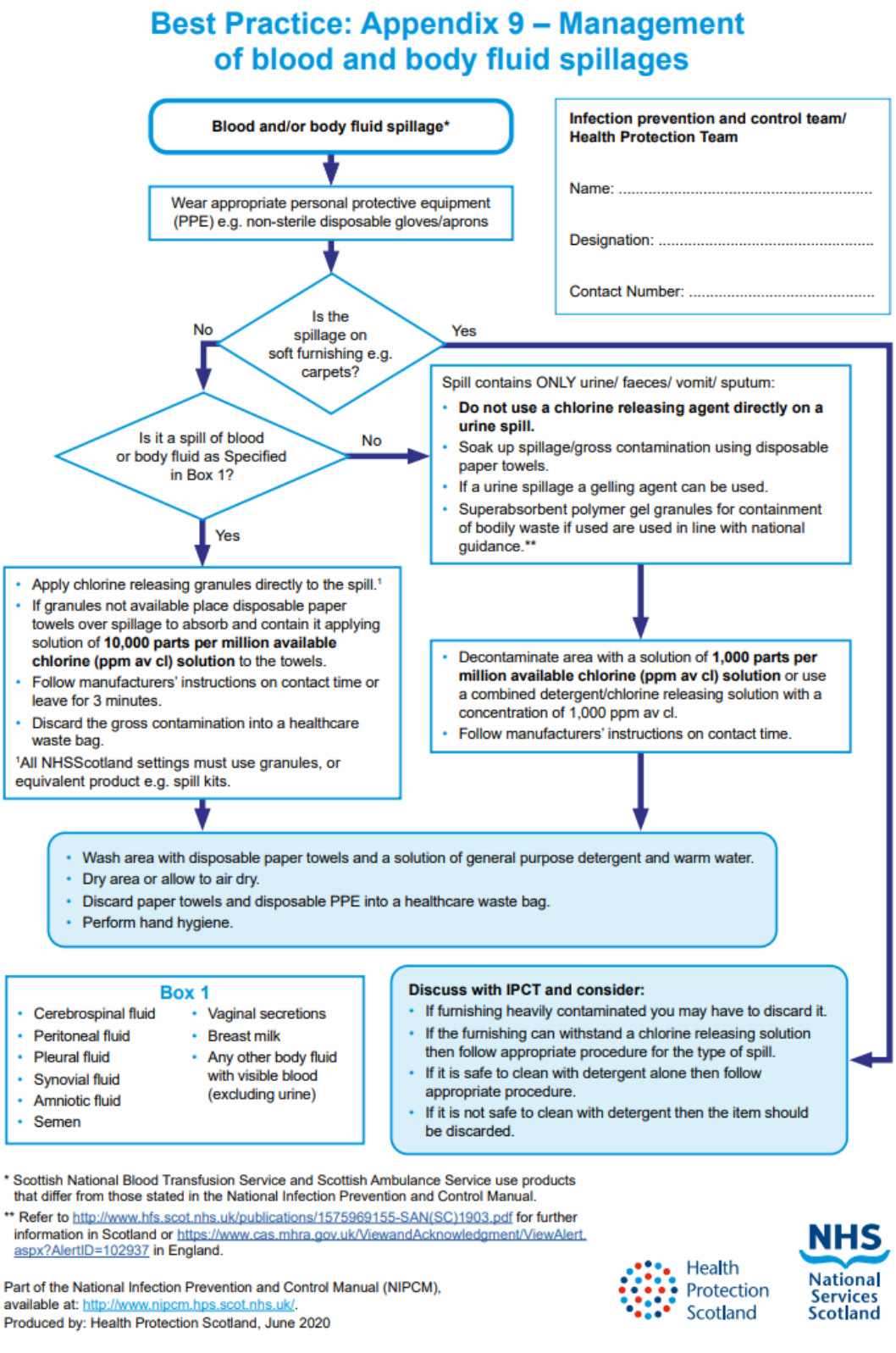
***No cases reported since 2004, but SARS remains a notifiable disease under the International Health Regulations (2005), hence its inclusion here.

The list of HCIDs will be kept under review and updated by the UK 4 nations public health agencies, with advisory committee input as required, if new HCIDs emerge that are of relevance to the UK.

Appendix 7 Routine Decontamination of reusable, non-invasive care equipment



Appendix 8 Management of blood and body fluid spillages



Appendix 9 Tiger Stripe Waste

Tiger bags

For offensive, non-infectious waste such as nappies and incontinence pads, or soft items contaminated with offensive waste but not chemical or medicinal waste.

Do not use for medicinally or chemically contaminated waste. **Do not** use for potentially infectious waste.

Do not use for the disposal of free liquids.

Do not use for the disposal of sharps or rigid items likely to puncture the bag.

Bags should be filled **no more** than two thirds full OR to a maximum weight of 8kg, whichever is reached first.

Bags should be sealed at the point of production using the **swan-neck** method.

We protect what matters.

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Appendix 10 Orange Bag Waste

Orange bags

For infectious or potentially infectious soft clinical waste contaminated with blood/bodily fluids e.g. dressings, swabs, wipes, gloves, gowns, masks, aprons, and blood bags.

Do not use for medicinally or chemically contaminated waste.

Do not use for the disposal of free liquids.

Do not use for the disposal of sharps or rigid items likely to puncture the bag.

Bags should be filled **no more** than two thirds full OR to a maximum weight of 8kg, whichever is reached first.

Bags should be sealed at the point of production using the **swan-neck** method.

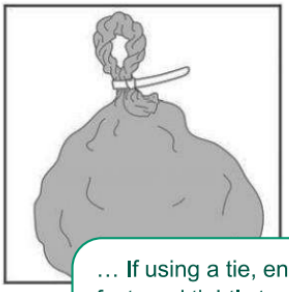
Appendix 11 Swan Neck Tie

Securing bags by the ‘swan-neck’ method

When the bag is filled to the warning line (or two thirds) twist the excess at the top of the bag …

Double over and hold the twist firmly …

Securely fasten the bag, either by knotting the twisted neck of the bag or by passing a tie (e.g. cable) over the twisted neck …



… If using a tie, ensure it is fastened tightly to create an effective seal.

This is the swan-neck method.

Bags should be filled **no more** than two thirds full OR to a maximum weight of 8kg, whichever is reached first.

NO FREE LIQUIDS

Do not use for the disposal of free liquids.

NO SHARPS

Do not use for the disposal of sharps or rigid items likely to puncture the bag.

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Appendix 12 Donning and Doffing PPE

Taken from Department of Health and Social Care (2022).

The items of PPE you need will depend on the caring scenario.

Putting on PPE

Before putting on your PPE, make sure you:

- drink some fluids
- tie hair back
- remove jewellery
- check which items of PPE you need
- check PPE in the correct size is available

To put on your PPE safely and correctly:

1. Clean your hands and wrists using alcohol-based hand rub or gel, or use soap and water
2. Put on apron and tie at waist
3. Put on face mask
4. Fit mask around nose – cover mouth and chin
5. Put on eye protection
6. Put on gloves

Taking off PPE

To take off your PPE safely and correctly:

1. Remove gloves.
2. Clean hands and wrists (and forearms if necessary) with alcohol-based hand rub or gel or use soap and water.
3. Remove apron – do not touch the outside front of the apron, this will be contaminated.
4. Clean hands and wrists (and forearms if necessary) again with alcohol-based hand rub or gel or use soap and water.
5. When 2 meters from the client, carefully remove eye protection by the sidearms or side straps. Discard or disinfect for next use.
6. Clean hands and wrists (and forearms if necessary) again with alcohol-based hand rub or gel or use soap and water.
7. Remove mask – do not touch the front of the mask but remove by the ear loops or ties.
8. Clean hands and wrists (and forearms if necessary) again with alcohol-based hand rub or gel or use soap and water.
9. If required, put on a clean face mask before contact with others in a care setting or service.

Public Health England

Guide to donning and doffing standard Personal Protective Equipment (PPE)

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.

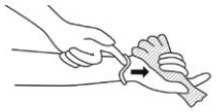
4. Put on non-sterile nitrile gloves.

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 waste 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 PHE 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

If you require the PPE for aerosol generating procedures (AGPs) please visit:
www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

Appendix 13 How to wear and remove FRSFMs