INFECTION CONTROL POLICY

Last Reviewed: 25th June 2020 Review
Due: 25th June 2021

INTRODUCTION

Healthcare acquired infection (HAI) affects nearly 1 in 9 patients, resulting in increased need for care and treatment. An estimated 5,000 deaths in England are directly attributable to HAI.

The purpose of this policy is to give guidance on methods of infection prevention and control within Rehabplus. Guidelines from the Department of Health, NHS and other expert groups have been incorporated into these policies.

The policy will be updated and reviewed annually by the Executive Management Team.

The responsibilities of the Management Team include:

- ✓ Monitoring, identification, investigation and control of outbreaks of infection
- ✓ Surveillance of HAI
- ✓ Formation of Policies and Procedures for prevention of infection reflecting recognised best practice
- ✓ Dissemination and implementation of Infection Prevention and Control Policies
- ✓ Education of all levels of staff and physiotherapists on principles of infection prevention and control
- ✓ Undertaking infection control audit and monitoring clinical practice as part of ongoing monitoring
- ✓ To work in partnership across the health community on Infection Control issues.
- ✓ Provision of information on prevention and control of infection, assessing risk; and
- ✓ Advising on resources required to reduce the risk of infection within Rehabplus.

IN THE EVENT OF AN INFECTION CONTROL CONCERN, A MEMBER OF REHABPLUS. MANAGEMENT TEAM SHOULD BE CONTACTED IMMEDIATELY.

PRINCIPLES OF INFECTION CONTROL

The following measures are standard precautions. They should be used for all contact with patients, even if the patient is not known to have an infection.

All body fluids must be handled with the same precautions as blood.

The following fluids are not likely to pose a risk of blood-borne virus transmission but are still significant concerns pertaining to COVID-19, and therefore guidance relating to standard precautions should apply as well as specific COVID-19 guidance:

- ✓ Nasal secretions
- ✓ Sweat
- ✓ Urine
- ✓ Vomit
- ✓ Sputum
- ✓ Tears
- ✓ Faeces

COVID-19

In addition to the procedures detailed below the following elements should be adhered to at all times as a result of the COVID-19 Global Pandemic

- ✓ IIR Face Masks should be worn at all time whilst with Patients
- ✓ Gloves and Aprons should be worn at all time whilst with Patients and should be changed between each patient
- ✓ All Physiotherapists are to be clean shaven at all times to maintain a good seal with the IIR Face Mask
- ✓ Hand Washing should occur as defined in this document at the beginning and end of each shift and between each patient consultation and treatment
- ✓ You should wash uniforms and work clothing at the hottest temperature suitable for the fabric. Check the care label, which is usually near a seam in the garment. A 10-minute wash at 60ºC removes almost all micro-organisms. Washing with detergent at a range of temperatures between 30ºC-60ºC removes most micro-organisms. Wash separately from household linen and at no more than half load capacity
- ✓ All surfaces are to be cleaned down at the start and end of each shift and between patients including non-clinical surfaces and equipment such as Laptops, tablets, door handles, etc….

HAND HYGIENE

Wash hands with soap and water if visibly contaminated, at the start and of each day and between patients. Use an alcohol hand rub around procedures and after any form of contact with a patient. Hands must be decontaminated before and after contact with the patient and/or their immediate environment (please refer to Disinfection policy).

CUTS AND ABRASIONS

Before your shift, cover all cuts and abrasions with waterproof dressings on areas of the body likely to come into contact with the patient.

SHARPS

Sharps handling and disposal is vital to prevent the risk of blood borne virus transmission. A sharp can be defined as any item that is capable of penetrating the skin and may be contaminated with blood or body fluids. The person using the sharp is responsible for handling the device in a safe manner and for its safe disposal.

- ✓ Eliminate any unnecessary use of sharp instruments and needles.
- ✓ An approved sharps containers must be available at the point of use.
- ✓ Take sharps box to bedside or point of patient care.
- ✓ Use the temporary closure mechanism when not in use.
- ✓ Dispose of acupuncture needles in one unit.
- ✓ Do not overfill the sharps container, no more than ¾ full – change once at the fill line.
- ✓ All sharps boxes must be kept out of reach of children.
- ✓ Sharps containers will be fixed to the wall at a safe height.
- ✓ Sharps containers are to be stored safely away from children and unauthorised people.
- ✓ All sharps boxes to be dated.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Protective clothing is worn to reduce the potential risk of cross infection.

Protective clothing should be available in all areas where staff are giving direct patient care or likely to come into contact with blood, body fluids and substances listed under COSHH.

GLOVES

(Latex or vinyl) must be worn where direct contact with blood, body fluids, mucous membranes or contaminated equipment is anticipated. Gloves must be discarded after each procedure and hands washed with soap and water.

PLASTIC APRONS

Must be worn when there is a risk of exposure to blood or body fluids, contaminated equipment, non-intact skin or an infectious patient and their linen.
Aprons should be readily available. Aprons must be changed between each patient contact or care procedure. All aprons should be removed by breaking the neck strap, disposed of as clinical waste followed by hand hygiene.

FACE, EYE AND RESPIRATORY PROTECTION

With regards to COVID-19 IIR Face Masks should be worn by all Physiotherapists at all times during consultation and treatment. Patients will be asked to wear a face covering or face mask at all consultations.

Face masks and eye protection (e.g. goggles or visors) should be worn where there is a risk of blood, body fluids, secretions, foreign bodies and excretions splashing into the face and eyes.

All protective equipment should be washed at the end of each session using hot water and detergent, rinsed and stored dry.

SPILLAGES

All blood and body fluids should be considered potentially infectious.

Disposable gloves and an apron must always be worn when dealing with a spillage. Materials for dealing with spillages must be readily available.

Blood / blood stained body fluids on impervious flooring:

1. Wear protective clothing (gloves and apron)
2. Cover spillage with paper towels and then saturate with a sodium hypochlorite solution 1% (Milton)
3. Leave for 2 minutes then wearing gloves and apron wipe up the spillage disposing of waste produced into the clinical waste bin.
4. Clean area using a solution of hot water and detergent, using disposable cloths, rinse and dry.
5. Remove protective clothing and wash hands.
6. Masks should be changed between clients and should not be carried or worn round the neck and must not be reused.
7. Dispose of immediately after use into the clinical waste followed by hand hygiene.

Spillages of urine/vomit/faeces:

1. Wear protective clothing (gloves and apron)
2. Soak up spillage with paper towels and dispose of as clinical waste.
3. Clean area thoroughly with a solution of hot water and detergent using disposable cloths, rinse and dry.
4. Wipe over the area with a fresh solution of Chlor-clean
5. Remove protective clothing and wash hands
6. When the spill occurs on a carpeted area/ soft furnishing, which may be damaged by the use of chlorine, based product mop up the spillage using paper towels and then clean area with a solution of hot water and detergent.

WASTE

- ✓ Waste should always be disposed of according to type.
- ✓ All waste bins should be rigid and be able to withstand cleaning
- ✓ Waste bins should be foot operated
- ✓ Waste sacks should only be handled by the neck
- ✓ On no account should waste sacks or sharps bins be left in corridors or areas accessible to the public prior to collection
- ✓ Clinical waste stored outside awaiting collection should be stored in locked yellow bins (cuboids)
- ✓ Waste contaminated with blood or body fluids must be discarded into yellow bags for incineration, ensuring that no fluid leaks from the bag.

CONTAMINATED LINEN

- ✓ Clean linen should be stored in a clean area and protected from contamination.
- ✓ All linen should be disposed of appropriately
- ✓ Linen skips and the appropriate linen bag should be taken to the area required. Used linen should be placed directly into the bag.
- ✓ Linen bags should be sealed at the neck when ¾ full and placed at the designated place for collection.
- ✓ An apron and gloves should be worn when handling used linen.
- ✓ Linen heavily contaminated with blood and body fluids must be placed into a red alginate bag and then placed into a red laundry bag.
- ✓ Towels to be washed above 60 degrees.

TREATMENT TABLES / EQUIPMENT

- ✓ Treatment tables to be covered with paper couch roll for every patient.
- ✓ After each treatment session per patient, clean the treatment table with soap and water provided.
- ✓ Complete the cleaning schedule and Rota for cleaning of all equipment at each clinic.
- ✓ Run hot taps for 3-5mins on a weekly basis, run cold taps and flush toilets weekly to avoid Legionnaires.

INJECTIONS / ACUPUNCTURE

Safe injection practices are intended to prevent transmission of infectious diseases between one patient and another, or between a patient and clinician during preparation and injection of medications.

Because of reports of transmission of infectious diseases by inappropriate handling of injectable medications, CDC now considers safe injection practices to be a formal element of Standard Precautions.

INJECTIONS SAFETY

To ensure injection safety, Physiotherapists should:

- ✓ Use a sterile, single-use, disposable needle and syringe for each injection, and discard them intact in an appropriate sharps container after use.
- ✓ Use single-dose medication vials, prefilled syringes, and ampules when possible.
- ✓ Avoid administering medications from single-dose vials to multiple patients or combine leftover contents for later use.
- ✓ Restrict multiple-dose vials (if used) to centralised medication area or use only for a single patient. Never re-enter a vial with a needle or syringe used on one patient if that vial will be used to withdraw medication for another patient. Store vials in accordance with manufacturer's recommendations and discard if sterility is compromised.

- ✓ Avoid using bags or bottles of intravenous solution as a common source of supply for multiple patients.
- ✓ Use aseptic technique to avoid contamination of sterile injection equipment and medications.

HAND HYGIENE AND GLOVES

To ensure hand hygiene and proper use of gloves, Physiotherapists should:

- ✓ Wash their hands with soap and water, or use an alcohol-based hand rub before preparing and administering an injection, before and after donning gloves and between treating patients.
- ✓ Wear gloves for procedures that might involve contact with blood and change gloves and wash hands between patients.

WORK ENVIRONMENT

In maintaining a safe and sanitary work environment, Physiotherapists should:

- ✓ Dispose of used syringes and needles at the point of use in a sharps container that is puncture- resistant and leak- proof, and that can be sealed before completely full.
- ✓ Maintain physical separation between clean and contaminated equipment and supplies.
- ✓ Prepare medications in areas physically separated from those with potential blood contamination.
- ✓ Use barriers to protect surfaces from blood contamination.
- ✓ Clean and disinfect blood-contaminated equipment and surfaces in accordance with recommended guidelines.

MANAGING CONTROL OF INFECTION

Rehabplus require all staff working for the organisation to follow the following procedures steps to avoid infection:

HAND HYGIENE

- ✓ Hand washing (40–60 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel.
- ✓ Hand rubbing (20–30 sec): apply enough product to cover all areas of the hands; rub hands until dry. Summary indications:
- ✓ Before and after any direct patient contact and between patients, whether or not gloves are worn. Immediately after gloves are removed.
- ✓ Before handling an invasive device.
- ✓ After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn.
- ✓ During patient care, when moving from a contaminated to a clean body site of the patient.
- ✓ After contact with inanimate objects in the immediate vicinity of the patient.

GLOVES

- ✓ Wear when touching blood, body fluids, secretions, excretions, mucous membranes, nonintact skin.
- ✓ Change between tasks and procedures on the same patient after contact with potentially infectious material.
- ✓ Remove after use, before touching non-contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal.

FACIAL PROTECTION (EYES, NOSE, AND MOUTH)

- ✓ Wear a surgical or procedure mask and eye protection (face shield, goggles) to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

APRONS/GOWNS

- ✓ Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- ✓ Remove soiled gown as soon as possible, and perform hand hygiene.

PREVENTION OF NEEDLE STICK INJURIES

- ✓ Use care when handling needles, and other sharp instruments or devices.
- ✓ Cleaning used instruments correctly.
- ✓ Disposing of used needles correctly.

RESPIRATORY HYGIENE AND COUGH ETIQUETTE

- ✓ Persons with respiratory symptoms should apply source control measures: cover their nose and mouth when coughing/sneezing with tissue or mask, dispose of

used tissues and masks, and perform hand hygiene after contact with respiratory secretions.

- ✓ Persons who are feeling unwell or meet the criteria for COVID-19 Self Isolation should not attend clinic and should be turned away if attending clinic with any symptoms
- ✓ Hand hygiene resources, tissues and masks should be available in common areas and treatment rooms used for the evaluation of patients with respiratory illnesses.

ENVIRONMENTAL CLEANING

- ✓ Use adequate procedures for the routine cleaning and disinfection of environmental and other frequently touched surfaces.

LINENS

- ✓ Handle, transport, and process used linen in a manner which: prevents skin and mucous membrane exposures and contamination of clothing. Avoids transfer of pathogens to other patients, staff and or the environment.

WASTE DISPOSAL

- ✓ Ensure safe waste management.
- ✓ Treat waste contaminated with blood, body fluids, secretions and excretions as clinical waste, in accordance with local regulations.
- ✓ Human tissues and laboratory waste that is directly associated with specimen processing should also be treated as clinical waste.
- ✓ Discard single use items properly.

PATIENT CARE EQUIPMENT

- ✓ Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.
- ✓ Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient.

Ref: World Health Organisation