



Community Infection Prevention and Control Guidance for General Practice

(also suitable for adoption by other healthcare providers,
e.g. Dental Practice, Podiatry)

Standard precautions

STANDARD PRECAUTIONS

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STANDARD PRECAUTIONS

1. Introduction

Standard precautions are applied during working practices to protect patients and staff from infection. All blood and body fluids are capable of transmitting infection, standard precautions are the basic minimum standard of hygiene to be applied throughout all contact with blood and body fluids from any source. It is the basis for controlling the spread of infection within clinical practice.

Body fluids include:

- Blood
- Breast milk
- Faeces
- Peritoneal fluid
- Semen
- Urine
- Vaginal fluids
- Vomit

2. Handwashing

Please also refer to the 'Hand hygiene guidance'.

Handwashing is one of the single most important procedures in the control of infection. Good hand hygiene should be undertaken by staff, patients and visitors.

Liquid soap should be used as bar soap can harbour micro-organisms. Liquid soap should be wall mounted with a single use cartridge or bottle. To prevent contamination of liquid soap, dispensers should not be refilled/topped up. Hands should be washed before and after contact with a patient and before and after all clinical procedures. Hands should be wet under warm running water, apply liquid soap and rub all parts of the hands and wrists thoroughly, rinse and dry using disposable paper towels.

Antimicrobial solutions are not recommended for routine hand washing as they dry the skin which can cause damage. They are recommended for use prior to an invasive procedure, e.g. minor surgery.

All cuts and abrasions should be covered with a waterproof dressing.

When delivering patient care, staff should be 'bare below the elbows' (please refer to 'Hand hygiene guidance').

Lesions on the hand that may be infected must be reported to the person in charge, Occupational Health Provider or GP.

Routine use of nailbrushes is not recommended. If used, they must be sterile and single use.

Alcohol handrub

Alcohol handrubs are of particular value where handwashing facilities are limited or not available. They should be applied to dry, visibly clean hands. These products are only effective if hands are physically clean. It is important to wash hands which are visibly contaminated prior to its application.

Alcohol handrub should not be used when dealing with a patient with suspected Norovirus (viral gastroenteritis) or *Clostridium difficile* as it is **not** effective. Therefore, handwashing with liquid soap and warm running water is essential when dealing with any patient known to have had diarrhoea within the last 48 hours.

Patients should be encouraged to use alcohol handrub when entering and leaving the GP Practice.

3. Personal protective equipment

GLOVES

If contact with blood and/or body fluids, non-intact skin or mucous membranes, is anticipated or the patient has a known infection, disposable gloves should be worn that are appropriate for the task. Gloves must be worn as single use items and changed between each different task on a service user.

Hands must be washed or alcohol handrub applied immediately before putting on and after removing each pair of gloves.

Clinical gloves must be powder-free and can be latex, nitrile or vinyl material. Glove selection should be based on risk assessment of:

- The nature of the task
- The risk of contamination
- Barrier efficacy of gloves

Gloves must comply with European Standard EN 455 Medical Gloves for single use (Parts 1-4) and be CE marked for single use. The Medical Devices Agency recommends that only powder-free gloves are purchased due to latex allergy/sensitivity.

Latex gloves are made from natural rubber and due to their elasticity provide a better fit. They have resistance to puncture and resealing properties which make them the glove of choice when handling sharps, and when dealing with blood and blood stained body fluids. Latex gloves can cause skin sensitivity and following risk assessment some employers are using alternative products such as nitrile.

Nitrile gloves are a synthetic alternative to latex gloves. They are suitable to be worn when in contact with blood and blood stained body fluids and if a patient or member of staff is latex sensitive.

Vinyl gloves are looser fitting than nitrile or latex gloves, are less durable for procedures involving twisting and more likely to tear. They are not recommended for contact with blood and blood stained body fluids. Therefore, they should only be worn when there is no risk of exposure to blood or blood stained body fluids and if tasks are short and non-manipulative. They are not associated with skin irritation.

Polythene gloves are not recommended for clinical use.

Gloves should be disposed of after each procedure or care activity. Gloves should be changed between different procedures on the same patient. The re-use of gloves is not recommended for the following reasons:

- Glove integrity can be damaged if in contact with substances such as isopropanol, ethanol, oils and disinfectants
- Many gloves will develop micro-punctures very quickly and will no longer perform their barrier function
- There is a risk of transmission of infection
- Washing of gloved hands or using an alcohol handrub on gloves is considered unsafe practice

All used gloves should be disposed of appropriately (see 'Waste management guidance' for further information).

APRONS

Disposable aprons are impermeable to bacteria and body fluids and protect the areas of maximum potential contamination on the front of the body.

A disposable apron should be worn whenever body fluids or other source of contamination is likely to soil the front of the uniform or clothing, especially when:

- Undertaking an aseptic technique
- Decontaminating equipment or the environment
- Undertaking a procedure on a patient with a known or suspected infection

A disposable apron should be removed and disposed of after each task. Never wear an apron for a dirty task and then move onto a clean task without changing it. Hand hygiene should be performed after removing the apron.

Colour coding of aprons

Clinical duties

- White aprons should be worn for clinical duties.

Cleaning activities

It is recommended that for cleaning activities, aprons worn should be in line with the National Colour Coding Scheme for cleaning materials and equipment.

- Green aprons for kitchen areas.
- Yellow aprons for treatment and minor operation rooms.
- Red aprons for sanitary areas including sinks in sanitary areas.
- Blue aprons for general areas, e.g. waiting rooms, consulting rooms and sinks in general areas.

FACIAL PROTECTION

Eye Protection

If there is a risk of splashing of blood and/or body fluids to the face, safety spectacles or a visor should be worn to protect the eyes. Normal prescription glasses do not provide adequate protection and additional protection is required when splashing is anticipated.

Non-disposable eye protection should be decontaminated appropriately following each use.

Masks

A surgical mask or visor should be worn to protect staff when there is a risk of blood, body fluids, secretions or excretions splashing on to the face.

Surgical masks should:

- Cover both the nose and mouth and not be allowed to dangle around the neck after use
- Not be touched once put on
- Be changed when they become moist
- Be worn once and discarded as infectious waste. Hand hygiene must be performed after disposal

FFP3 Disposable respirator

A disposable respirator providing a high protection factor is rarely required in General Practice, advice on the wearing of these masks during an influenza pandemic is issued by Public Health England. The fit of respiratory masks is critically important and every user should be fit tested and trained in the use of

the respirator. Additionally, a seal check should be carried out each time a respirator is worn.

Correct order for putting on personal protective equipment (PPE)

- Pull apron over head and fasten at back of waist (see Appendix 1).
- Secure mask ties at back of head and neck. Fit flexible band to nose bridge.
- Place eye protection over eyes.
- Put on gloves and extend to cover wrists.

Correct order for removing PPE

To minimise the risk of cross/self-contamination, gloves, which are potentially the most contaminated item of PPE, must always be removed first (see Appendix 1).

- Grasp the outside of the glove with opposite gloved hand, peel off. Hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off.
- Unfasten or break apron ties. Pull apron away from neck and shoulders lifting over head, touching inside of the apron only. Fold or roll into a bundle.
- Handle eye protection only by the headband or the sides.
- Unfasten the mask ties – first the bottom, then the top. Remove by handling ties only.

Always clean your hands before putting on and after removing PPE.

4. Sharps management and inoculation injuries

Please also refer to the 'Sharps management and inoculation injuries guidance'.

General Practices, their contractors and employees have legal obligations under the *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. All employers are required to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place. Where it is not practicable to avoid using sharps, safer sharps incorporating protection mechanisms should be used.

It is the responsibility of the user to dispose of sharps safely into sharps containers that comply with UN3921 and BS9320 standard. Syringes and needles should be discarded as one unit. Needles must not be re-sheathed unless an approved device for re-sheathing of needles is available. Sharps should be disposed of at the point of use.

5. Blood and body fluid spillages

Please also refer to the 'Environmental cleanliness guidance'.

All spillages must be dealt with promptly using an appropriate spillage kit as per manufacturer's instructions. It is important to regularly check that the spillage kit is within the expiry date.

6. Disposal of waste

Please also refer to the 'Waste management guidance'.

All staff are responsible for the safe management and disposal of waste. All contaminated waste in a GP Practice should be correctly segregated and disposed of to prevent injury or infection.

7. Laundry

Please also refer to the 'Laundry including uniforms guidance'.

Best practice is not to use linen in General Practice, alternative disposable options are available, e.g. paper towels, couch rolls.

8. Decontamination of equipment

Please also refer to the 'Decontamination of equipment guidance'.

All re-usable equipment should be decontaminated appropriately.

Items sent for repair/investigation, must be accompanied by Declaration of Contamination Status certificate (please refer to the 'Decontamination of equipment guidance').

9. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Practice in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 20 IPC Guidance documents (Policies) for General Practice
- 'Preventing Infection Workbook for General Practice'
- 'IPC CQC Inspection Preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Advice Bulletin for GP Practice Staff'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

10. References

Department of Health (2015) *The Health and Social Act 2008. Code of Practice for the Prevention and control of healthcare associated infections*

Department of Health (2013) *Choice Framework for local Policy and Procedures (CFPP) 01-04 Decontamination of linen for health and social care: Social care*

Department of Health (2007) *Transport of Infectious Substances best practice guidance for microbiology laboratories*

Department of Health (2006) *Essential steps to safe, clean care*

Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. HSE Information sheet www.hse.gov.uk/pubns/hsis7.pdf [Accessed 9 October 2017]

Health and Safety Executive (2009) *The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG 2009)* www.legislation.gov.uk/uksi/2009/1348/contents/made

Health and Safety Executive (1974) *Health and Safety at Work, etc. Act 1974* London

Loveday HP, et al, epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection* 86S1 (2014) S1-S70

National Institute for Health and Care Excellence (2012 – Updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

National Patient Safety Agency (August 2010) *The national specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises*

11. Appendices

Appendix 1: Correct order for putting on and removing Personal Protective Equipment



Correct order for putting on and removing Personal Protective Equipment (PPE)

Order for putting on PPE



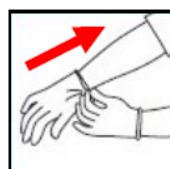
Pull apron over head and fasten at back of waist.



Secure mask ties at back of head and neck. Fit flexible band to nose bridge.



Place eye protection over eyes.



Extend gloves to cover wrists.

Order for removing PPE



Grasp the outside of the glove with opposite gloved hand, peel off. Hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off.



Unfasten or break apron ties. Pull apron away from neck and shoulders lifting over head, touching inside of the apron only. Fold or roll into a bundle.



Handle eye protection only by the headband or the sides.



Unfasten the mask ties—first the bottom, then the top. Remove by handling ties only.

Personal protective equipment should be removed in the above sequence to minimise the risk of cross/self-contamination. Hands must be decontaminated following the removal of PPE.

(HP Loveday et al., epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospital in England *Journal of Hospital Infection* 86S1 (2014) S1-S70)

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