Title: Standard Infection Control Precautions

Ref: IPC-0001-018-v3.1

Status: Approved
Document type: Procedure
Overarching Policy: **Infection Prevention and Control Policy**

Contents

1   Introduction

Standard Infection Control Precautions (SICPs) are the essential infection prevention and control measures necessary to reduce the risk of transmission of microorganisms from recognised and unrecognised sources of infection. There are 10 standards set out by the Health and Social care Act (2008), which are embedded within the National infection prevention and control manual (NIPCM) for England (2022). These standards represent the high standard of care expected to be used routinely for all patients, regardless of the presence or absence of any known or perceived infection risks.

The 10 standard precautions provide the building blocks to protect effectively against infection risks. The ten standards are:

1. Patient Placement/assessment of infection risk	2. Hand Hygiene	3. Respiratory and cough hygiene	4. Personal protective equipment
5. Safe management of the care environment		6. Safe management of care equipment	7. Safe management of health care linen
8. Safe management of blood and body fluids	9. Safe disposal of waste (including Sharps)	10. occupational safety/managing prevention of exposure (including sharps)	

This procedure is critical to the delivery of Our Journey To Change (OJTC) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- cocreating a great experience for patients, carers, and families, by contributing to the delivery of outstanding and compassionate care all the time.
- cocreating a great experience for our colleagues by contributing to ensuring their workplace is fit for purpose and they are well led and managed.

2   Purpose

Following this procedure will help the Trust to: -

- inform and guide staff on the use of standard infection control precautions to protect themselves and their patients from healthcare associated infections.

3   Who this procedure applies to

- This procedure applies to all Trust staff.

- This procedure aligns with Trust values as we collaborate with staff and respect their views. We ensure any staff member who has difficulties with the measures detailed in this procedure can discuss their needs so that standards are maintained while individual differences are recognised and supported.

4 Related documents

> ⚠ This procedure sets out the standard infection prevention and control precautions to be used by Trust staff, which is informed by the National infection prevention and control manual (NIPCM) for England (2022). The NIPCM is an evidence-based practice manual for use by all those involved in care provision in England. Therefore, this procedure must be read in conjunction with the NIPCM to ensure practice remains up to date.

Other related documents are highlighted within the relevant sections.

5 Standard Precautions

The following standard precautions are essential for staff to reduce the risk of cross infection in clinical areas.

5.1 Patient placement/Assessment of infection risk

> ⓘ All new admissions must be risk assessed for risk of infection and continue to be monitored throughout their stay within our services. This is to protect our patients, staff, and any visitors from the risk of cross infection.
>
> Staff must refer to the Acute Respiratory Infections (including SARS-CoV-2 and Influenza) procedure and use the admission screening tools to screen new admissions for respiratory illness.
>
> In the event of an infection risk presenting at any point of an inpatient stay, staff must refer to the relevant procedure below:
>
> outbreak of infection procedure
>
> Infectious diseases
>
> Scabies, fleas, and lice – management of patients
>
> Blood borne viruses
>
> CJD (Creutzfeldt-Jakob Disease) and patient management

[Clostridium Difficile Associated Diarrhoea (CDAD)](link)

[MRSA - Management of patients](link)

[Tuberculosis](link)

[Multi Resistant Gram-Negative Bacteria](link)

Staff must seek advice from the Infection prevention and control team for any infection risk not covered by the above procedures.

5.2 Hand hygiene

Hand hygiene requirements are set out in the [Hand Hygiene Procedure](link). All staff must be familiar with this procedure, and read in conjunction with [section 1.2 Hand Hygiene of the NIPCM.](link)

5.3 Respiratory and Cough Hygiene

Staff to refer to Section [1.3 of the NIPCM](link) for the most up to date evidence based practice for respiratory and cough etiquette.

5.4 Personal Protective Equipment (PPE)

⚠ The Trust will supply appropriate PPE to all employees who may be exposed to risks of contamination at work.

- ✓ Staff must read section [1.4 of the NIPCM (PPE)](link)
- ✓ Health care workers must use the appropriate PPE where necessary.
- ✓ PPE must be worn for any direct contact with blood or body fluids.
- ✓ Unless specified by the manufacturer, all items of PPE must be worn as single use for one procedure or episode of patient care and then discarded and disposed of as clinical waste, before washing and drying hands.

5.4.1 Gloves

Glove use in healthcare is required for specific circumstances. Research has demonstrated an association linked to gloves being used when they aren't needed, put on too early, taken off too late or not changed at critical points (Wilson, Loveday et al, 2017). Wearing gloves more than is necessary can lead to skin irritation for the glove wearer and may provide a barrier to effective hand hygiene, thus increasing the risk of spread of infection to our patients.

To tackle these inconsistencies, NHS England launched the 'Gloves are off' campaign (2018). This aimed to improve patient safety by ensuring staff have clean hands by reducing hand dermatitis due to overuse of gloves and improving hand hygiene compliance.

> ✓ Staff must read section 1.4 of the NIPCM (PPE)
> ✓ <u>Staff must wear nonsterile nitrile gloves when handling blood and body fluids, mucous membranes, or non-intact skin, and for cleaning surfaces soiled with blood or body fluids.</u>
> ✓ Decontaminate hands prior to wearing and after removal of gloves.
> ✓ Nonsterile nitrile gloves are required when performing venepuncture.
> ✓ Sterile gloves are only required when performing aseptic techniques and for surgery/surgical procedures.

5.4.2 Face Masks

> ⚠ Protective face masks such as Fluid Resistant Surgical Facemasks (FRSM) are not routinely required within our settings. They are worn in specific circumstances, such as when there is a risk from splashes or aerosol spread of blood, body fluids, chemicals or when advised by the infection prevention and control team.

> Staff must read section 1.4 of the NIPCM (PPE) and seek advice from the IPC team for specific guidance on when face masks must be used in their setting for the purpose of prevention of spread of infection.
>
> Consideration must be given to service users with communication difficulties, such as an individual who relies on lip reading or a person with autism who needs to see the whole of the staff members face to interpret meaning from the interactions they have with staff. There are approved clear facemasks to order. The list of suppliers is available on the Trust Intranet via the Infection Prevention and Control page.

5.4.3 Aprons / Long Sleeved Gowns

> ⓘ
> - ✓ Staff must read section 1.4 of the NIPCM (PPE)
> - ✓ Must be worn during procedures that are likely to generate splashes of blood or body fluids. Wear disposable plastic aprons / long sleeved gowns to protect clothing/uniforms when making beds, performing dirty tasks or when the risk of contamination is high.
> - ✓ Aprons or gowns must be changed in between different care activities for the same patient and hands must be washed and dried with every apron change.

5.4.4 Eye or face protection

> ⓘ In our settings eye or face protection are not routinely required. However, use of this PPE must be used if blood and/or body fluid contamination to the eyes or face is anticipated or likely. Staff must read section 1.4 of the NIPCM (PPE).

5.5 Safe management of care equipment

Equipment used in the care environment can become easily contaminated. It is important the equipment used within our services are well maintained, used in accordance with the manufacturers' recommendations and decontaminated at the correct moment.

> ⓘ Staff must read the specific Decontamination of equipment procedure as well as the complementary guidance set out in 1.5 Safe management of care equipment.

5.6 Safe management of the care environment

Routine cleaning is fundamental in the safe management of the care environment. The Trust's cleaning plan sets out the Trust's cleaning strategy.

> ⓘ Staff must be familiar with the cleaning plan. The cleaning plan divides the specific cleaning responsibilities amongst the relevant teams. Staff teams must be aware of the cleaning arrangements for their setting. Staff must be familiar with section 1.6 Safe management of the care environment of the NIPCM.

5.7 Safe management of linen

> ⓘ Staff must refer to the Laundering and Safe Handling of Linen and Clothing Procedure and be familiar with section 1.7 Safe management of linen of the NIPCM.

5.8 Safe management of blood and body fluid spillages

> (!) Staff must refer to [chapter 6 (Cleaning of spillages of blood or body fluids) of the Decontamination of Equipment procedure](#) and be familiar with [1.8 Safe management of blood and body fluid spillage of the NIPCM.](#)

> ⚠ Please refer to the flowchart in appendix 3 'Best practice - management of blood and body fluid spillage'.

5.9 Safe disposal of waste (including sharps)

> (!) Staff must refer to the Trust [Waste Management Policy](#) and [Sharps – safe use and disposal of procedure](#). Staff must also be familiar with [1.9 Safe disposal of waste (including sharps) section of the NIPCM.](#)

5.10 Occupational safety: prevention of exposure (including sharps injuries)

> (!) Staff must refer to the Trust [Accidental Inoculation Procedure](#) and section [1.10 Occupational safety of the NIPCM.](#)

6   Terms and definitions

Term	Definition
SICPs	• Standard Infection Control Precautions
NIPCM	• National Infection Prevention and Control Manual
PPE	• Personal Protective Equipment

7   How this procedure will be implemented

- This procedure will be published on the Trust Intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Trust Staff	IPC online (ESR)	1hr	Annual

8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	IPC Environmental Audit	Annual IPC audit undertaken by an IPC Nurse or with agreement from the IPCC – the nursing team.	Infection Prevention and Control Committee (IPCC).

9 References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the Prevention and control of infections and related guidance.* [available from] The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (publishing.service.gov.uk) (accessed 25/11/2022)

Doncaster and Bassetlaw Teaching Hospitals (2020) *Standard Infection Prevention and Control Precautions Policy.* [available from] Infection Control - Doncaster and Bassetlaw Teaching Hospitals (dbth.nhs.uk) (Accessed 25/11/2022)

NHS England (2018) *The Gloves are off* [available from] NHS England » 'The gloves are off' campaign (accessed 01/12/2022)

NHS England (2022) *National infection prevention and control manual (NIPCM) for England.* [available from] NHS England » National infection prevention and control manual (NIPCM) for England (accessed 25/11/2022)

NHS Wales (2017) *Standard Infection Prevention and Control Precautions (SICPs) Policy* foi-043c-14.pdf (wales.nhs.uk) (accessed 28/10/2022)

Royal College of Nursing (2022) *How to reduce glove use* [available from] How to reduce glove use | RCN Magazines | Royal College of Nursing (accessed 25/11/2022)

Wilson, A, J., Loveday, P, H et al (2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection.* S1-S70.

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	14 December 2022
Next review date	14 December 2025
This document replaces	IPC-0001-018-v3 Standard (Universal) Precautions for Infection Prevention and Control
This document was approved by	Infection Prevention and Control Committee (IPCC)
This document was approved	14 December 2022
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	29 November 2022
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1	7th March 2013	New document	Withdrawn
2	26th July 2016	Full revision	Withdrawn
3	April 2019	Full revision of hyperlinks, web addresses and revision of wording	Withdrawn

	July 2020	Review date extended 6 months	Withdrawn
3.1	14 Dec 2022	Minor changes: to title, in format, hyperlinks added, references updated to include the national IPC manual for England, which is the standardised approach to standard infection control precautions.	Published

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance/ IPC and Physical Healthcare
Title	IPC-0001-018 v3.1 Standard Infection Control Precautions
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	To comply with the HCAI code of Practice of the Health and Social Care Act 2008 and the National infection prevention and control manual (NIPCM) for England (2022).
Start date of Equality Analysis Screening	20/10/2022
End date of Equality Analysis Screening	29/11/2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All trust staff, patients and visitors, including other healthcare/ partner organisations
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men, women and gender neutral etc.) **NO** • **Gender reassignment** (Transgender and gender identity) **NO**

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Last amended: 14 December 2022

	• **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Veterans** (includes serving armed forces personnel, reservists, veterans and their families) **NO**
Describe any negative impacts	No barriers envisaged to implementing this procedure
Describe any positive impacts	Adherence to the Standard Infection Control precautions procedure will ensure risk of healthcare acquired infection is massively reduced, hopefully eradicated.

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	see reference section for full list of information sources
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes.
If you answered Yes above, describe the engagement and involvement that has taken place	Members of the IPCC were consulted. Comments received from several individuals (staff and patients) describing the communication difficulties experienced when staff wear facemasks. This was taken into consideration and sources found for alternative facemasks; clear facemasks

	that would protect the wearer and others around them but allow for effective communication.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	N/A

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked
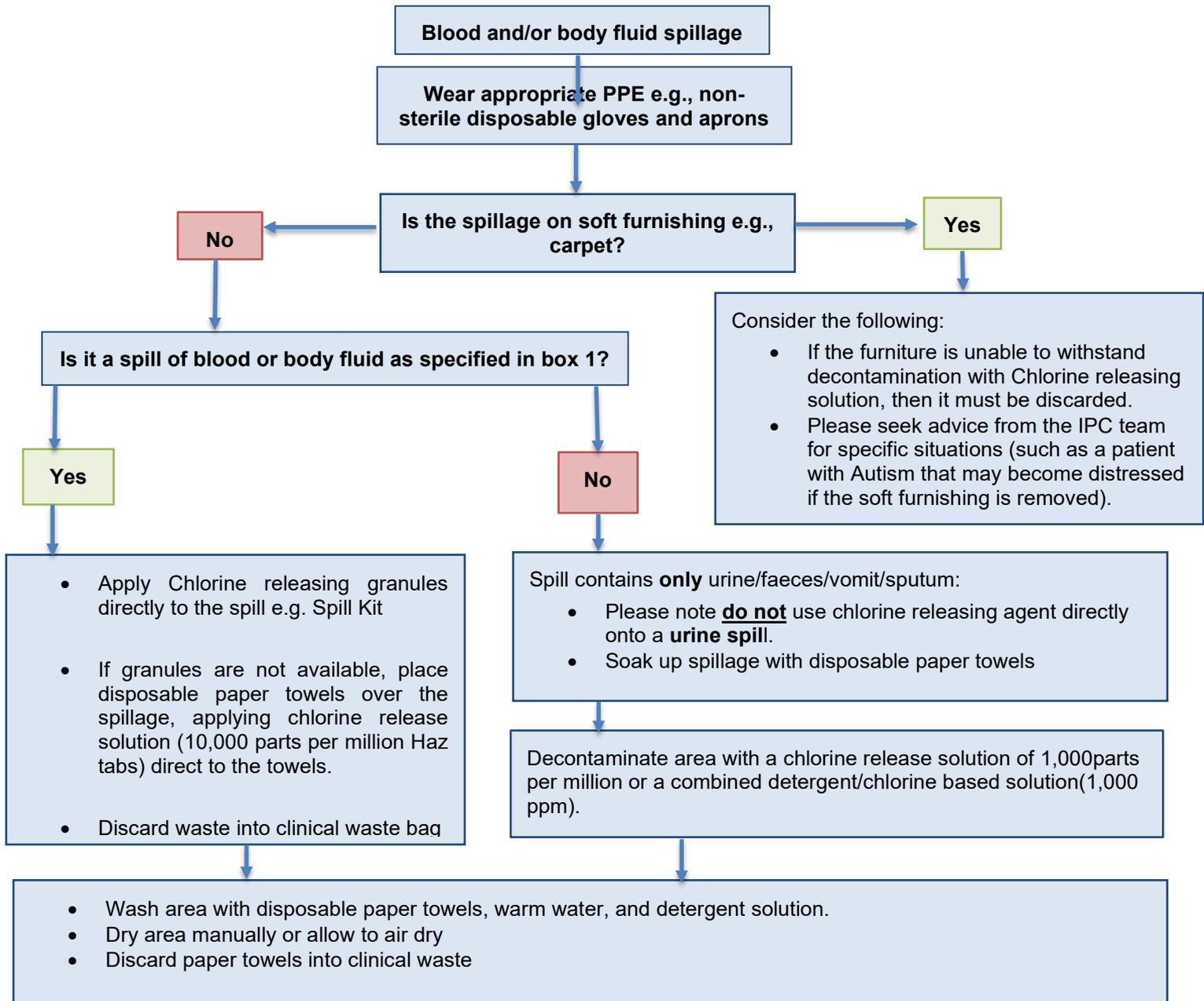
Appendix 2 – Approval checklist

<mark>To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.</mark>

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	yes	
3.	**Development Process**		
	Are people involved in the development identified?	yes	
	Has relevant expertise has been sought/used?	yes	
	Is there evidence of consultation with stakeholders and users?	yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	yes	
4.	**Content**		
	Is the objective of the document clear?	yes	
	Is the target population clear and unambiguous?	yes	
	Are the intended outcomes described?	yes	
	Are the statements clear and unambiguous?	yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	yes	
	Are key references cited?	yes	
	Are supporting documents referenced?	yes	
6.	**Training**		
	Have training needs been considered?	yes	
	Are training needs included in the document?	yes	
7.	**Implementation and monitoring**		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	yes	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	yes	
10.	**Publication**		
	Has the policy been reviewed for harm?	yes	
	Does the document identify whether it is private or public?	yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 – Best practice – management of blood and body fluid spillage (adapted from Appendix 9 NIPCM)

Blood and/or body fluid spillage

Wear appropriate PPE e.g., non-sterile disposable gloves and aprons

Is the spillage on soft furnishing e.g., carpet?

No → Is it a spill of blood or body fluid as specified in box 1?

Yes → Consider the following:
- If the furniture is unable to withstand decontamination with Chlorine releasing solution, then it must be discarded.
- Please seek advice from the IPC team for specific situations (such as a patient with Autism that may become distressed if the soft furnishing is removed).

Yes →
- Apply Chlorine releasing granules directly to the spill e.g. Spill Kit
- If granules are not available, place disposable paper towels over the spillage, applying chlorine release solution (10,000 parts per million Haz tabs) direct to the towels.
- Discard waste into clinical waste bag

No →
Spill contains **only** urine/faeces/vomit/sputum:
- Please note **do not** use chlorine releasing agent directly onto a **urine spil**l.
- Soak up spillage with disposable paper towels

Decontaminate area with a chlorine release solution of 1,000parts per million or a combined detergent/chlorine based solution(1,000 ppm).

- Wash area with disposable paper towels, warm water, and detergent solution.
- Dry area manually or allow to air dry
- Discard paper towels into clinical waste

Box 1:
- Any body fluid containing visible blood (excluding urine)
- Semen
- Vaginal secretions
- Breast milk