Infection and Control - Scotland

Policy Number	83
Version	4
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Date Issued	01st November 2017
Reviewed	01st June 2024
Next Review Date	01st June 2025
Target Audience	Staff & Agency Workers
Approved by	OneCall24 Policy Team

Introduction

It is the responsibility of all healthcare staff to minimise the potential risk of service users acquiring a healthcare associated infection when working with One Call 24. This policy has been written to ensure compliance with the requirements of applicable guidance and best practice, including:

- The NHS Scotland National Infection Prevention and Control Manual (NIPCM)
- COVID-19: Guidance for Domiciliary Care, Health Protection Scotland
- Clean Safe Care, Reducing Infections and Saving Lives" (DH 2008)
- The Health & Social Care Act 2009, "Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance" (DH 2009)

This has recently been updated in accordance with the NICE Guidelines; -

- CG139 Prevention and Control of Healthcare-Associated Infections Pathway" (NICE 2012).

Application of the National IPC Manual

Over the last few years there has been significant work nationally to set a common approach to improvement and standards in IPC. Central to this has been the NIPCM. Published in 2012[7], the National Manual sets out the standards, good practice and resources for improvement for IPC across NHS Scotland. One Call 24 adopts and implements the NIPCM, a copy of this manual can be found by clicking on the link below:
https://www.nipcm.scot.nhs.uk/infection-prevention-and-control-manual-for-older-people-and-adult-care-homes/

Management Responsibilities

The Head of Compliance is responsible for ensuring that effective infection control training is delivered to all care staff during the registration process and that this is updated yearly.

Specific responsibilities are as follows.

- The Head of Compliance is the infection control lead for the organisation.
- The Head of Compliance is responsible for infection control risk assessment and staff training.

- The Clinical Lead is responsible for ordering resources such as personal protective equipment, cleaning materials and hand sanitiser.

Care staff at One Call 24 have standard procedures to follow in the event of an outbreak of an infectious disease or if they come into contact with an infectious person, however they have the responsibility of following the infection and control policy put in place in each of the home, hospital or setting they may be placed in.

All workers are supplied with an agreed number of uniforms and must wear a clean uniform daily. If the clothing is soiled during a shift, then the worker must change their uniform as soon as possible and before any contact with another service user.

Care Staff Responsibilities

Every worker has a responsibility to:

- Deliver healthcare to his/her service user in the safest and most effective way possible.
- Make themselves aware of the contents of this policy.
- Bring to the attention of their Clinic Lead at One Call 24 any issues regarding infection control
- Encourage patients, carers, visitors and other staff to comply with the principles of infection control precautions
- Comply with any infection prevention and control training
- Report any illness which may be because of occupational exposure, to their Consultant at One Call 24
- Not provide direct patient care while infectious and if in any doubt consult their Consultant at One Call 24
- To see infection control principles as an objective within continuing professional development.
- Comply with local and national policies, procedures, and campaigns regarding infection control precautions.

Standard Infection Control Precautions (SICPs)

As per guidance provided by the NIPCM, care staff working at One Call 24 have the responsibility to minimise exposure to and transmission of potential micro-organisms from both recognised and unrecognised sources by the following methods; -

- Use effective hand hygiene
- Not wearing jewellery on the hands or wrists
- Make sure fingernails are short, clean and free of nail polish
- Be bare below the elbow when delivering direct patient care
- Cover cuts and abrasions with waterproof dressings
- Treat all blood and body fluids as infected
- Wear protective clothing when dealing with any body fluids and substances hazardous to health
- Use and dispose of sharps safely
- Adhere to local Environmental Hygiene Policy including dealing promptly with body fluid spillages
- Dispose of clinical waste correctly and safely (if appropriate)
- Manage any linen used appropriately to limit the risk of contamination with microorganisms

Hand Hygiene

Hands are the most common way in which micro-organisms, particularly bacteria, might be transported and subsequently cause infections, especially in those who are most susceptible to infection.

Good hand hygiene is the most important practice in reducing transmission of infectious agents, including Healthcare Associated Infections (HCAI) during delivery of care.

The term hand hygiene refers to all processes, including hand washing using soap and water and hand decontamination achieved using other solutions e.g., alcohol hand rub.

Staff should wash their hand:

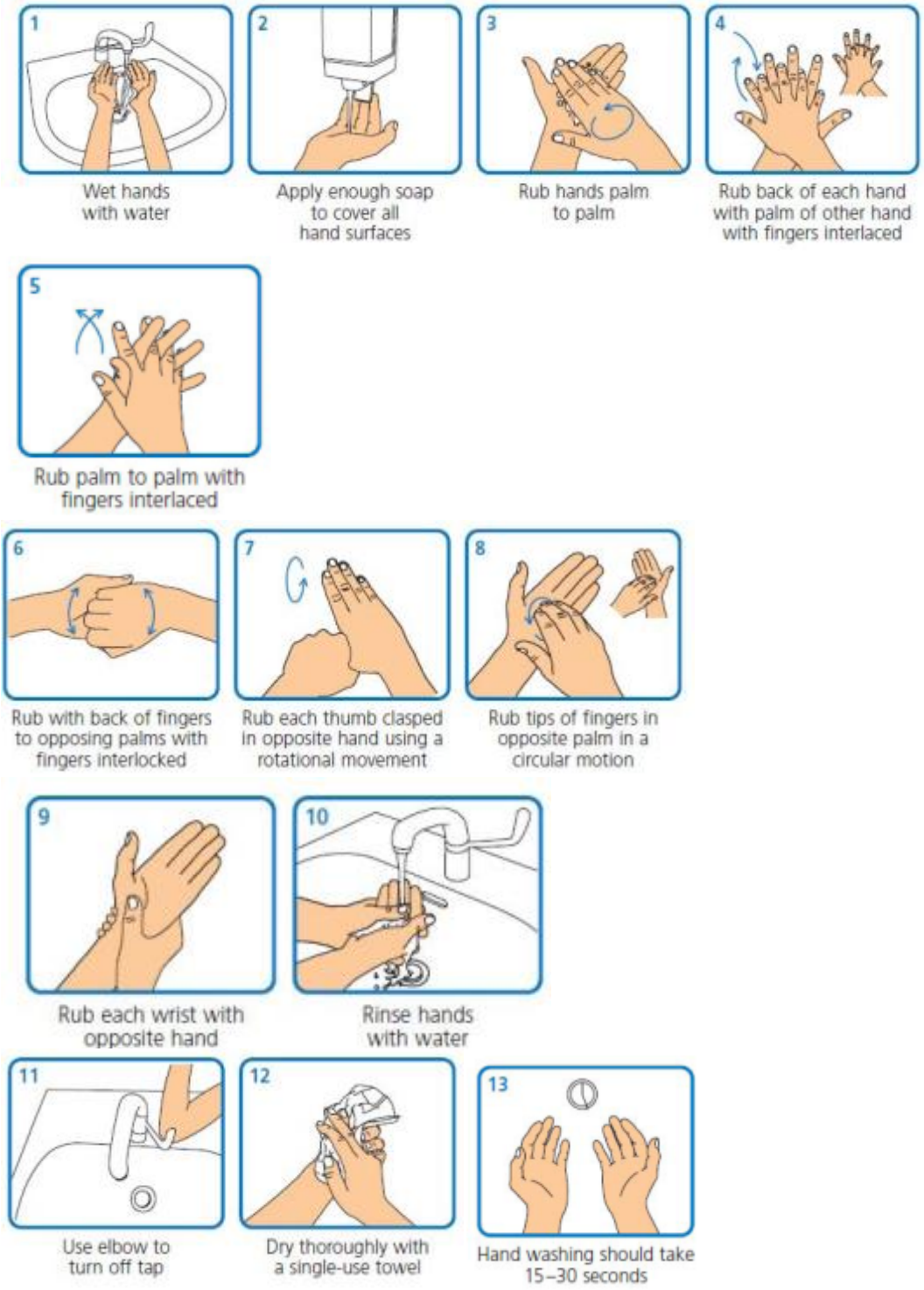
- Regularly and thoroughly with soap and water
- Before and after preparing food
- After going to the toilet
- Before and after eating
- After coughing and sneezing
- After removing personal protective equipment like mask and disposable gloves
- Before service user contact
- After body fluid exposure
- After service user contact

Hand hygiene should be performed for between 15 seconds and 3 minutes depending on the level of hand hygiene being performed. Washing for longer than these times is not recommended as this may damage the skin leading to increased shedding of skin scales and increased harbouring of micro-organisms.

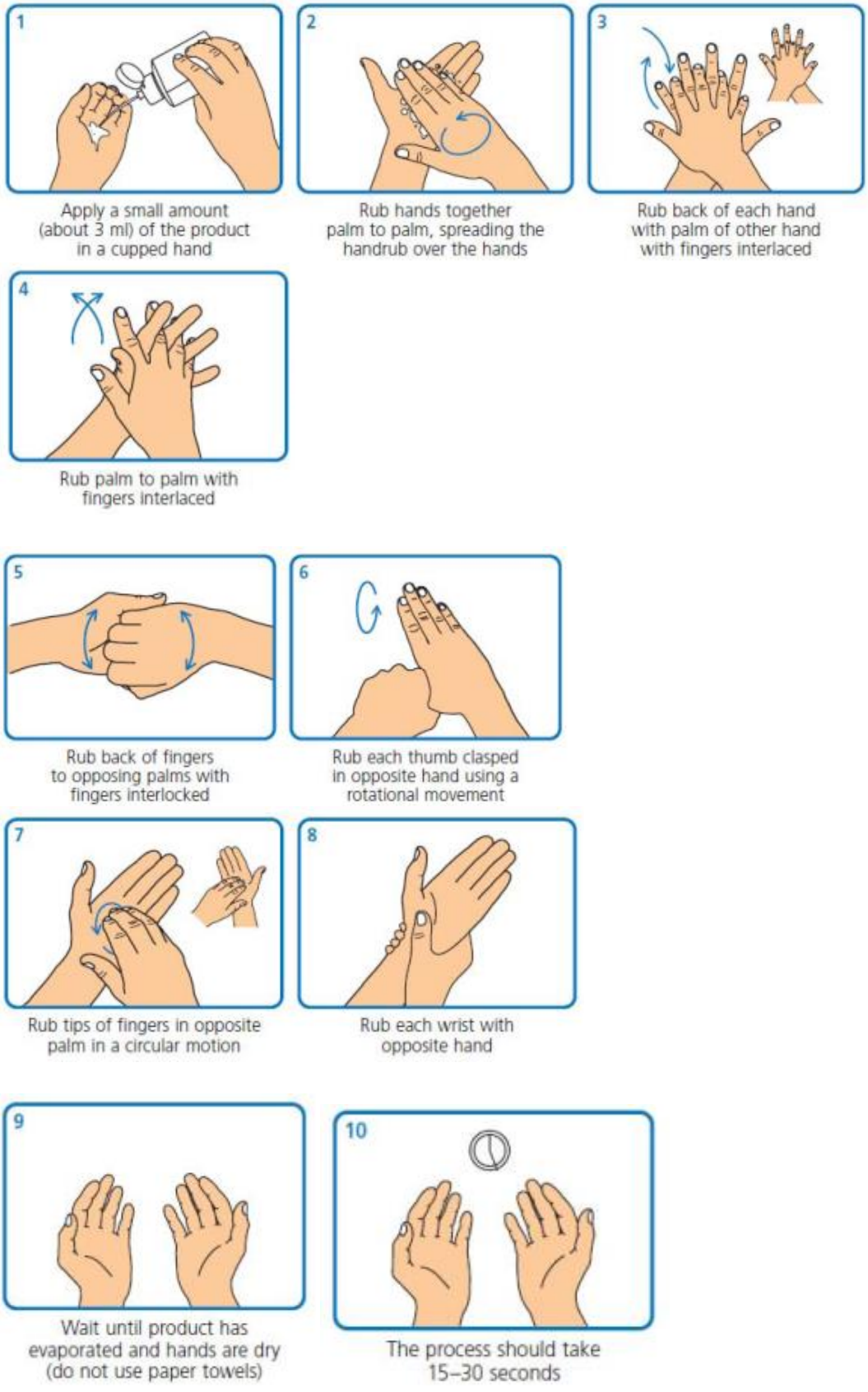
Preparation

- Ensure that everything which is needed to perform hand hygiene is present
- Ensure the area is free from extraneous items, e.g. medicine cups, utensils
- Ensure jackets/coats are removed, and wrists and forearms are exposed
- Jewellery must be removed
- Ensure nails are short (false nails must not be worn)

Hand Washing Technique with Soap and Water



Hand Washing Technique Using Alcohol-Based Hand Rub for Visibly Clean Hands



Additional Points to Note

- Dispose of the paper towels without re-contaminating your hands e.g. use the foot pedal.
- Nailbrushes must not be used to perform hand hygiene
- If hands have patient contact but are not soiled with any body fluids and therefore do not require re-hand washing with soap or an antiseptic hand cleanser, then alcohol-based hand rub can be used.
- Where infection with a spore forming organism (e.g. Clostridium difficile) or with a gastroenteritis virus (e.g. Norovirus) is suspected or proven, hand hygiene must be carried out with liquid soap and water, although it can be followed by alcohol-based hand rub.
- Bar soap must not be used by staff for hands
- Solutions used may vary but the physical actions of performing hand hygiene should be the same

Hand Hygiene and Jewellery

It has been shown that contamination of jewellery, particularly rings with stones or intricate jewellery can occur. Jewellery must be removed when working in care settings to prevent the spread of micro-organisms. Jewellery should be removed at the start of the working day though it is acceptable to wear plain wedding bands which must be removed when hand washing.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette should always be applied which include:

- Cover nose and mouth with disposable single use tissues when sneezing, coughing and blowing noses. Where tissues are not available use elbow to cover mouth and nose when coughing or sneezing.
- Dispose of used tissues into a waste bin
- Wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Staff members may use hand wipes followed by ABHR and should wash their hands as soon as possible in the absence of running water or hand hygiene facilities.
- Keep contaminated hands away from the mucous membranes of the eyes and nose
- Patients showing symptoms of respiratory illness should be encouraged to wear a surgical (TYPE II R FRSM) face mask where it is clinically safe and tolerated by the wearer.

Personal Protective Equipment

As per guidance provided by the NIPCM ,One Call 24 care staff is required to wear protective equipment when providing personal care to service users.

Disposable gloves should be worn when exposure to blood and body fluids is likely or anticipated. Gloves should also be worn when working in contact with non-intact skin, mucous membranes and hazardous chemicals and drugs. Only disposable, single use gloves are to be used and disposed immediately after each task. Damaged gloves are to be replaced immediately should be fit for purpose and not used as an alternative to hand hygiene. Double gloving is only necessary during exposure prone procedure and not deemed necessary during other activities.

Aprons should be worn when in direct care contact with the patient/resident or when in tehri area. All aprons should be worm to protect uniforms and clothing from contamination and should be disposed of and replaced with a new one between patients/residents.

Eyes and face protection must be worn when contamination with blood and or body fluid is anticipated or likely to happen and always be worn during Aerosol Generating Procedures. All eyes and face protection must be fit for purpose and not be hindered by items like artificial eyelashes or piercings. Eyes and face protection must not be touched when used.

Single use fluid-repellent surgical masks must be worn during personal care and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions and when handling sharp or contaminated instruments. Fluid-repellent surgical masks must be worn alongside a full-face shield, integrated half face shield or googles. During transfers and transportation and where possible, individuals receiving care should wear fluid-repellent surgical masks if known or suspected to be infected with a micro-organism spread by droplet or airborne routes. Single use fluid-repellent surgical masks must be fit for purpose, covering the mouth and nose in full, and be disposed after each task or replaced if damaged.

Footwear should be sensible and comply with local conditions for safety. Must be clean and in a good state of repair. Footwear must be low heeled, closed toe with non slip soles in order to minimise risk, reduce noise levels for patients/residents, and to ensure care staff are able to respond rapidly in emergency situations. This is also necessary to ensure staff are protected from spillage of bodily fluids or other spillages, and to facilitate safe manual handling.

Safe Management of Care Equipment

Care equipment is classified as:

- Single use: this includes all equipment that must be used only once on a single individual and then disposed of. Single use equipment must never be reused not even on the same individual. Examples of single use equipment are needles and syringes and single-dose vial or intravenous (IV) bag
- Single patient use: this include all equipment that can be reused on the same individuals but not on others.
- Reusable Invasive equipment: this include all equipment such as surgical instruments that can be reused following proper decontamination
- Reusable non invasive equipment: this include all equipment that can be reused on more than one individual following proper decontamination after each use

Blood, other bodily fluids, secretions, excretions, and infectious organisms are easily spread to care equipment. As a result, it is simple to spread infectious agents from shared care equipment when providing care.

Before using any sterile equipment care staff must check that the packaging is intact, there are no obvious signs of packaging contamination and that they are still in date.

Care staff must proceed to the decontamination of any reusable non-invasive care equipment between each use and after blood or body fluid contamination.

Occupational Exposure Management Including Needlestick ("Sharps") Injuries.

In order to avoid occupational exposure to potentially infectious agents, particularly those microorganisms that may be found in blood and other body fluids, precautions are essential while

providing care. It must always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. Therefore, precautions to prevent exposure to these and subsequent harm in others receiving or providing care must be taken as standard. Occupational exposure management, including needlestick (or "sharps") injury, is one of the elements of Standard Infection Control Precautions (SICPs), which should be applied in all healthcare settings.

Needlestick (or "sharps) injuries are one of the most common types of injury to be reported to Occupational Health Services by healthcare staff. The greatest occupational risk of transmission of a Blood Borne Virus (BBV) is through parenteral exposure e.g. a needlestick injury, particularly hollow bore needles. Risks also exist from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes; however, this risk is considered to be smaller. There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal-oral route. However, precautions are important to protect all who may be exposed, particularly when treatment for certain BBVs is not readily available.

Good Sharps Practice

- Sharps should not be passed from hand to hand and handling should be kept to a minimum
- Once a sterile needle pack has been opened the needle must be used immediately
- Used sharps must be discarded into a sharp's container conforming to UN3291 and BS 7320 standards
- Items should never be removed from sharps containers. The temporary closure mechanism on sharps containers should be used in between use for safety.

Actions in the Event of an Occupational Exposure Including Needlestick or Similar injury

Perform first aid to the exposed area immediately as follows:

Skin/tissues

- Skin/tissues should be gently encouraged to bleed. Do not scrub or suck the area.
- Wash/irrigate with soap and warm running water. Do not use disinfectants or alcohol.
- Cover the area using a waterproof dressing.

Eyes and mouth

- Eyes and mouth should be rinsed / irrigated with copious amounts of water.
- If contact lenses are worn, irrigation should be performed before and after removing these. Do not replace the contact lens.
- Do not swallow the water which has been used for mouth rinsing following mucocutaneous exposure.

Reporting an incident or Near Miss

The person who attended to the accident or incident must record the details as soon as possible on an accident and incident report form to be assessed by the clinical lead at One Call 24.

They must also immediately notify the management team in the care home, hospital or establishment they are working in.

Urgency is important in these situations as post exposure prophylaxis (PEP) for HIV or other treatments may be required and ideally should be commenced within **1 hour** of the incident.

Safe Management of Linen

It has been shown that soiled fabric within healthcare settings can harbour large numbers of potentially pathogenic microorganisms, so it is important to ensure appropriate precautions are taken.

- Towels should be changed between patients if they come into direct contact with the patient.
- Paper roll can be used over towels and disposed of after each patient contact.
- Soiled Towels should be placed in the linen collection bag immediately.
- All towels must be changed at the end of each clinic
- All towels are laundered appropriately by an external company.

Care of Uniforms

It is not considered that uniforms are a serious source of infection though there are some good practice guidelines which can be followed to reduce the likelihood of cross contamination and these include:

- Wear soft-soled, closed toe shoes
- Change into a clean uniform at the start of each shift
- Wear short sleeved tops/shirts.
- Change immediately if clothes become heavily soiled or contaminated
- Wash uniforms at the hottest programme suitable for the fabric

General Good Practice Advice

- All staff must ensure that the occupational immunisations and clearance checks relevant to their practice are up to date (e.g. hepatitis B immunisation)
- Cuts and abrasions should be covered with a waterproof dressing before providing care.
- Staff with skin conditions should seek GP advice to minimise risk of infection through open skin lesions.
- All staff must wear gloves when exposed to blood, other body fluids, excretions, secretions, non-intact skin or contaminated wound dressings might occur
- All staff must not wear open footwear.
- All staff must clean spillages of any body fluids or contaminated items immediately
- All staff must dispose of clinical waste immediately
- All staff should wear a clean uniform each day

Procedure for dealing with infectious diseases

If a worker at One Call 24 develops symptoms of an infectious disease, they must not return to work until they have been symptom-free for at least 48 hours.

Transmission Based Precautions (TBPs)

Transmission Based Precautions (TBPs) are categorised according to the route of transmission of the infectious agent such as contact, airborne and droplet.

TBPs are required because Standard Infection Control Precautions (SICPs) alone will not stop the transmission of some agents.

TBPs are necessary in all healthcare settings when a patient is known or believed to be infected/colonised with an infectious agent or an epidemiologically significant organism that can spread through contact, aerosol, or droplet routes.

TBP: Contact and Droplets Precautions

Use Contact Precautions for patients who pose a higher risk for contact transmission due to known or suspected infections. In order to establish resident placements, a risk assessment should be carried out taking into account the suspect/confirmed infection and the risks to other residents/patients.

Use droplet precautions when treating patients who are known or suspected to have respiratory pathogens that are spread by coughing, sneezing, or talking patients who produce respiratory droplets. The direct transmission of large droplets from the respiratory tract of an infected person to another's mucosal surface or conjunctivae (such as their eyes, nose or moth) is knowns as droplet transmission. Droplet transmission can occur through coughing, sneezing, talking or medical procedures such as intubation.

Ensure appropriate patient placement in a single patient space or room if available in acute care hospitals. In long-term and other residential settings, make room placement decisions weighting risks to other patients. A single room with staff hand washing facilities and en-suite toilet facilities is the preferred option. Should a single room not be available, then a dedicated commode must be used in all single room with staff hand washing facilities but with no en-suite facilities and all single room without any hand washing or toilet facilities. A dedicated commode must be used. Cohorting of patients should only be considered when single rooms are in short supply and should be undertaken in conjunction with the local IPCT In ambulatory settings, place patients requiring contact precautions in an exam room or cubicle as soon as possible.
A notice should be placed on the room door/area advising visitors and other HCW's to report to staff-in-charge before entering. To protect residents' privacy, signage should just list the measures that must be taken and not any details about their health. The door should remain closed at all times.

Residents/patients should be educated about the reason for Contact/Droplets Precautions and instructed to wash their hands with soap and water before eating and after using the restroom. Assistance should be offered to those who need it and they should be asked not to leave the room unless it is absolutely required.

Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Disposable gloves and plastic aprons should be worn for all care activities that involve direct contact with the resident skin, equipment used for client care or surfaces in close proximity to the resident. During care gloves should be changed and hand hygiene carried out in line with the 5 moments for hand hygiene. Wearing of PPE upon room entry and properly discarding before exiting the patient room should be done to contain pathogens.

Limit transport and movement of patients outside of the room to medically-necessary purposes. Inform transport personnel and the receiving department/healthcare facility of the need for Contact/Droplets Precautions. When transport or movement is necessary, cover or contain the infected or colonized areas of the patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact/Droplets Precautions. Wear clean PPE to handle the patient at the transport location. Transport equipment (stretcher, bed, wheelchair) used for the transfer must be cleaned and decontaminated before use on another resident. Only take essential equipment and supplies into the room. Do not overstock the room as unused stock will have to be discarded on cessation of Contact/Droplets Precautions. Residents' charts/records should not be taken into the room.

Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient. Communal equipment should be cleaned with general purpose neutral detergent in a solution of warm water followed by a disinfection solution of 1,000 parts per million (ppm) available chlorine or a combined detergent/disinfectant solution at a dilution of 1,000 ppm available chlorine.

Prioritize cleaning and disinfection of the rooms of patients on contact/droplets precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily or prior to use by another patient if outpatient setting) focusing on frequently-touched surfaces and equipment in the immediate vicinity of the patient. In addition to cleaning, the requirement for disinfection should be based on a risk assessment, considering the National guidance on specific infectious agents e.g Norovirus, resident/patient ability to maintain their hygiene, degree of environmental contamination and local guidance from Infection Prevention and Control Nurse.

Following patient transfer, discharge, or once the patient is no longer considered infectious, remove from the vacated isolation room/cohort area, all healthcare waste and any other disposable items (bagged before removal from the room); bedding/bed screens/curtains – manage as infectious linen (bagged before removal from the room); reusable non-invasive care equipment (decontaminated in the room prior to removal). Rooms must be cleaned from highest to lowest points and from least to most contaminated points.

TBP: Airborne Precautions

The transmission of very small respiratory particles which are expel from an infected person to another individual through activities like coughing, sneezing or talking is known as airborne transmission. Airborne transmission can also happen during medical procedures such as intubation. Examples of infection spread by airborne route are infectious pulmonary or laryngeal tuberculosis, rubella, measles and chicken pox.

In order to establish resident placements, a risk assessment should be carried out taking into account the suspect/confirmed infection and the risks to other residents/patients. Depending on what infection is suspended it may be necessary to place the patient/resident in an airborne isolation room. An airborne isolation room may be required. An airborne isolation room is a negative pressure isolation room with an anteroom or a room with neutral pressure design. The door must remain closed. Should an airborne isolation room not be available the patient should be transferred to another unit or hospital with adequate facilities

Residents/patients should be educated about the reason for Airborne Precautions and instructed to wash their hands with soap and water before eating and after using the restroom. Assistance should be offered to those who need it and they should be asked not to leave the room unless it is absolutely required.

Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Disposable gloves and plastic aprons should be worn for all care activities that involve direct contact with the resident skin, equipment used for client care or surfaces in close proximity to the resident. During care gloves should be changed and hand hygiene carried out in line with the 5

moments for hand hygiene. Wearing of PPE upon room entry and properly discarding before exiting the patient room should be done to contain pathogens.
FFP3 masks are recommended for aerosol generating procedures (e.g. suctioning) for all residents and for routine care of residents with Multi Drug Resistant TB (MDR- TB) and Extensively Drug Resistant TB (XDR-TB).

FFP2 masks are recommended for routine care of residents with known or suspected pulmonary or laryngeal TB where MDR-TB or XDR-TB is not suspected.

HCWs visiting a resident in their own home should wear either an FFP2 or FFP3 mask in accordance with the above recommendations for FFP2 and FFP3 masks.

Residents being cared for using Airborne Precautions should not be transferred unless their medical condition warrants it or for placement in an appropriate isolation room. When transport or movement is necessary, encourage the resident to use a surgical mask, and train them on proper coughing technique and respiratory hygiene. If worn, surgical masks should be changed when they become severely contaminated, moist from breath, or broken. If the resident cannot tolerate wearing a surgical mask, it may be required for transport workers to wear a respirator or surgical mask. FFP2 or FFP3 masks are not recommended for use by resident on Airborne Precautions. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Airborne Precautions. Only take essential equipment and supplies into the room. Do not overstock the room as unused stock will have to be discarded on cessation of Airborne Precautions. Residents' charts/records should not be taken into the room.

Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient. Communal equipment should be cleaned with general purpose neutral detergent in a solution of warm water followed by a disinfection solution of 1,000 parts per million (ppm) available chlorine or a combined detergent/disinfectant solution at a dilution of 1,000 ppm available chlorine.

Staff members should be aware of their immunity status for infectious infections known to be spread via the airborne route in addition to following standard precautions (e.g., varicella zoster virus, measles virus). Direct contact with infected residents should be avoided by non-immune staff members. Consult the occupational health department for detailed advice.

Visitors should be limited and visitors who are susceptible to the infection should stay away from the resident until it is determined that they are no longer contagious.

Support and Outbreaks

One Call 24 will work in collaboration with community partners and with the local Health Protection Team (HPT) to maintain the highest standards of infection control at all times and ensure that, as far as is reasonably practicable, people who use the service and staff are protected from the spread of infection.

Contact details: Caroline Simpson, email: caroline.simpson@onecall24.co.uk, Tel: 07340870660

During the Covid-19 coronavirus pandemic, on identification of a new suspected or confirmed Covid-19 case, care staff should report the case to their line/duty manager. Providers will work with

community partners and the person receiving care to review and assess the impact on their care needs.

Review

This policy statement will be reviewed annually as part of our commitment to upholding professional standards. It may be altered from time to time in the light of legislative changes, operational procedures or other prevailing circumstances.