

Reference Number: UHB 149 Version Number: 3	Date of Next Review 12 May 2019 Previous Trust/LHB Reference Number: T43
STANDARD INFECTION CONTROL PRECAUTIONS PROCEDURE	
Introduction and Aim	
<p>This procedure provides guidance to all those involved in care provision on standard precautions to be adopted, for infection prevention and control practices and procedures.</p>	
Objectives	
<p>To provide advice on the standard precaution to be adopted for the control of healthcare associated infection within Cardiff and Vale UHB.</p>	
Scope	
<p>This procedure applies to all of our staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB.</p> <p>In order to prevent the possible spread of infectious agents amongst patients and staff it is recognised that the UHB requires a procedure document to ensure effective management of infection by adopting standard precautions throughout the organisation.</p> <p>Cardiff and Vale University Health Board accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to an infectious disease in patients, staff and other persons working at or using its premises.</p>	
Equality Impact Assessment	<i>An Equality Impact Assessment has been completed The Equality Impact Assessment completed for the procedure found there to be no impact.</i>
Documents to read alongside this Procedure	<i>C&V UHB Hand Decontamination Procedure C&V UHB Transmission Based Precautions Procedure C&V UHB Waste Management Policy All Wales NHS Dress code</i>
Approved by	<i>Infection Prevention & Control Group</i>
Accountable Executive or Clinical Board Director	<i>Nurse Director</i>
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Disclaimer

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
3	12 May 2016	10 June 2016	Revised document – Reference to ANTT
2	January 2014	July 2014	Revised document

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1. INTRODUCTION

This document has been adapted from Welsh Healthcare Associated Infection Programme, National Model Policies for Infection Prevention and Control, Part 1 Standard Infection Control Precautions (October 2012).

1.1 The procedure aims to:

- Embed the importance of infection prevention and control into everyday practice
- Reduce variation in infection prevention and control practice and standardise care processes
- Improve the application of knowledge and skills in infection prevention and control
- Help reduce the risk of Healthcare Associated Infection (HCAI) particularly cross-infection/contamination
- Help align practice, monitoring, quality improvement and scrutiny

1.2 Standard Infection prevention and control Precautions (SICPs), covered in this procedure document, are intended for use by all staff, in all care 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.

1.3 There are ten elements of Standard Infection prevention and control Precautions (SICPs):

- Patient placement
- Hand hygiene
- Respiratory hygiene and cough etiquette
- Personal protective equipment
- Management of care equipment
- Control of the environment
- Safe management of linen
- Management of blood and body fluid spillages
- Safe disposal of waste
- Occupational exposure management (including sharps safety)

1.4 **Please note more detailed procedure documents are linked to this document, for example the Hand Decontamination Procedure.**

1.5 The practice recommendations set out are drawn from appraisals of the available professional literature on infection prevention and control, conducted by colleagues at Health Protection Scotland which can be found via the link to the Health Protection Scotland (HPS) web site

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<http://www.hps.scot.nhs.uk/haiic/ic/standardinfectioncontrolprecautions-sicps.aspx>

2. STANDARD INFECTION PREVENTION AND CONTROL PRECAUTIONS (SICPs)

- 2.1 Standard Infection prevention and control Precautions (SICPs), covered in this procedure document, are intended for use by all staff, in all care 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.
- 2.2 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 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.
- 2.3 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.
- 2.4 There are ten elements of Standard Infection prevention and control Precautions (SICPs):

2.5 *Patient Placement*

- 2.5.1 The potential for transmission of infection or infectious agents should be assessed at the patient's entry to the care area and should be continuously reviewed throughout the stay and this should influence placement decisions in accordance with clinical need.
- 2.5.2 Avoid unnecessary movement of patients between care areas.
- 2.5.3 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 cross transmission e.g. in a single room with a clinical wash-hand basin or cohort area.

2.6 *Hand Hygiene*

- 2.6.1 Hand hygiene is considered to be the single most important practice in reducing the transmission of infectious agents, including Healthcare Associated Infections (HCAI), when providing care.
- 2.6.2 Before performing hand hygiene:
- expose forearms

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- remove all hand/wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up/down) during hand hygiene)
- ensure finger nails are clean, short and that artificial nails or nail products are not worn; and
- cover all cuts or abrasions with a waterproof dressing

2.6.3 Hand hygiene should be performed:

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

2.6.4 Alcohol based hand rubs (ABHRs) should be used for hand hygiene and must be available to staff as near to the point of care as possible.

2.6.5 If hands are visibly dirty or soiled and/or when exposure to spore forming organisms, such as *Clostridium difficile* or a gastro-intestinal infection e.g. Norovirus, is suspected/proven, ABHR should not be used alone and hands must be washed first with non-antimicrobial liquid soap and water.

See Appendix 1 and 2 for techniques.

2.6.6 Skin care:

- Emollient hand cream should be used by staff when off duty and ideally during work breaks (but see below and only use products approved by the organisation while on duty)
- Hand creams that affect the efficacy of hand hygiene products or glove integrity must not be used while on duty
- Communal tubs of hand cream must not be used

2.6.7 Surgical scrubbing/rubbing:

- Surgical scrubbing/rubbing must be undertaken before donning sterile theatre garments
- All hand/wrist jewellery must be removed.
- Brushes should not be used. 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

See Appendix 3 and 4 for techniques

More detail on hand hygiene can be found in the Health Board Hand Hygiene Procedure that can be accessed via the link below:

http://www.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/INFECTION_CONTROL_CP/CLINICAL_GUIDANCE/HAND%20DECONTAMINATION%20PROCEDURE.PDF

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2.7 Respiratory Hygiene and Cough Etiquette

2.7.1 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
- 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
- keep contaminated hands away from the mucous membranes of the eyes and nose; and
- cough/sneeze into the inner elbow if tissues are not immediately available to hand also known as “sneeze into your sleeve”

2.7.2 Staff should promote respiratory hygiene and cough etiquette to all individuals and help those (e.g. elderly, children) 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.

2.8 Personal Protective Equipment (PPE)

2.8.1 The type of PPE used must provide adequate protection to staff against the risks associated with the procedure or task being undertaken. It should be removed as soon as is practicable, once the procedure is completed; and always changed between patients/different tasks on the same patient.

2.8.2 All PPE should be:

- located close to the point of use
- stored to prevent contamination or deterioration in quality (check manufacturer’s instructions) in a clean/dry area until required for use (expiry dates must be adhered to); and
- single-use only item unless specified by the manufacturer. Reusable items, e.g. non-disposable goggles/face shields/visors must have a decontamination schedule with responsibility assigned

2.8.3 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
- changed if a perforation or puncture is suspected; and
- appropriate for use, fit for purpose and well fitting to avoid excessive sweating and interference with dexterity

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2.8.4 Double gloving is recommended during some Exposure Prone Procedures (EPPs) e.g. orthopaedic and gynaecological operations.

For appropriate glove use and selection see Appendix 5

2.8.5 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; and
- changed between patients and/or following completion of a procedure or task

2.8.6 Full body 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; and changed between patients and immediately after completion of a procedure

2.8.7 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 by all members of the surgical, theatre team). Regular corrective spectacles are not adequate eye protection

2.8.8 Fluid repellent surgical face masks must be:

- worn if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa is anticipated/likely
- well fitting and fit for purpose (fully covering the mouth and nose)
- manufacturers' instructions must be adhered to ensure the most appropriate fit/protection; and
- removed 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 fluids; and
 - in accordance with manufacturers' instructions
 - removed before leaving a dedicated area e.g. theatre

2.8.9 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; and
- removed before leaving a dedicated footwear area e.g. theatre

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

- worn in theatre settings/clean rooms e.g. Central Sterilising Department or equivalent
- well fitting and completely cover the hair; and

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- changed/ disposed of between sessions or if contaminated with blood or body fluids
- removed before leaving a dedicated area e.g. theatre

For the recommended method of putting on and removing PPE see Appendix 6

2.9 Management of Care Equipment

2.9.1 Care equipment can become contaminated with blood, other body fluids, secretions and excretions and transfer infectious agents during the delivery of care.

2.9.2 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.
- Reusable non-invasive equipment (often referred to as communal equipment) - reused on more than one patient following decontamination between each use e.g. commode.

2.9.3 Manufacturers' guidance must be adhered to for use and decontamination of all care equipment.

2.9.4 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; and
- before inspection, servicing or repair

2.9.5 All reusable non-invasive equipment must be rinsed and dried following decontamination.

2.9.6 Cleaning protocols should include responsibility for; frequency of; and method (including appropriate cleaning solutions/disinfectants) of equipment decontamination.

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

2.10 Control of the Environment

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2.10.1 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.

2.10.2 The person in charge has the authority to act if this is deficient.

2.10.3 The care environment must be:

- free from clutter to facilitate effective cleaning
- well maintained and in a good state of repair; and
- clean and routinely cleaned in accordance with the national cleaning standards for Wales

2.10.4 A fresh solution of general purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty, at 15 minutes intervals or when changing tasks.

2.10.5 Routine disinfection of the environment is not required routinely. However 1,000ppm available chlorine or a locally agreed equivalent (see Appendix 10) should be used routinely on sanitary fittings. Additionally routine disinfection of the environment of some or all clinical settings may be in place using 1,000ppm available chlorine or a locally agreed equivalent (see Appendix 10).

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

2.11 Safe Management of Linen

2.11.1 Clean linen should 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.

2.11.2 For all used linen (often referred to as soiled linen):

- ensure a laundry receptacle 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, or
- overfill laundry receptacles

2.11.3 For all foul/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 red coloured linen bag and secure before placing in a laundry receptacle; or

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- if the item(s) is grossly soiled and unlikely to be fit for reuse following laundering then dispose of as healthcare waste (note for patient's own clothing, permission will need to be sought) .

2.11.4 Store all used/infectious linen in a designated, safe, lockable area whilst awaiting uplift. Uplift schedules from used/infectious linen areas must be acceptable to the care area and there should be no build up of linen receptacles.

2.12 Management of Blood and Body Fluid Spillages

2.12.1 Spillages of blood and other body fluids are considered hazardous and must be dealt with immediately by staff trained to undertake this safely. Responsibilities for the cleaning of blood and body fluid spillages should be clear within each area/care setting.

For management of blood and body fluid spillages see Appendix 8.

2.13 Safe Disposal of Waste

2.13.1 "Health Technical Memorandum 07-01: Safe management of healthcare waste" contains the regulatory waste management guidance for the NHS in Wales including waste classification, segregation, storage, packaging, transport, treatment and disposal.

2.13.2 Categories of waste:

- Healthcare (including clinical) waste – is produced as a direct result of healthcare activities e.g. soiled dressings, sharps
- Hazardous waste – arises from the delivery of healthcare in both clinical and non-clinical settings. Hazardous waste includes a range of controlled wastes, defined by legislation, which contain infectious or dangerous/hazardous substances e.g. chemicals, pharmaceuticals
- Domestic waste – waste similar in composition to waste from household premises e.g. paper towels

2.13.3 Waste Streams:

- Black
 - Domestic waste which does not contain infectious materials, sharps or medical products. Final disposal is to landfill
- Orange
 - Infectious Waste (subject to risk assessment) which may be treated to render it safe prior to disposal or can be incinerated
- Yellow
 - Waste which poses ethical, highly infectious or contamination risks. This includes anatomical and human tissue which is recognisable as body parts, medical devices and sharps waste boxes that have red, purple or blue lids. Disposal is by specialist incineration
- Yellow/Black Stripe
 - Offensive/ hygiene waste. Final disposal is to landfill

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2.13.4 Safe waste disposal at care area level:

Always dispose of waste:

- immediately and as close to the point of disposal as possible
- into the correct segregated colour coded UN 3291 approved waste bag (either orange/yellow for healthcare waste or black for domestic); or
- into approved sharps waste box which must be not be overfilled (no more than 3/4 full)

2.13.5 Sharps boxes must have a dedicated handle and a temporary closure mechanism, which must be employed when the box is not in use.

2.13.6 Liquid waste e.g. blood must be rendered safe by adding a self-setting gel or compound before placing in a healthcare waste bag.

2.13.7 Waste bags must be no more than 3/4 full or more than 4kgs in weight; and using a ratchet tag (for healthcare waste bags only) with a 'swan neck' to close or label (for sharps waste boxes) with point of origin and date of closure.

2.13.8 Healthcare waste must be stored securely with a frequent uplift schedule to prevent build up.

2.14 Occupational Exposure Management (including sharps safety)

2.14.1 There is a potential risk of transmission of a Blood Borne Virus (BBV) from a significant occupational exposure and staff need to understand the actions they should take to prevent exposures and when a significant occupational exposure incident takes place.

2.14.2 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
- adopting the use of devices with safety-engineered protection mechanisms following local risk assessment
- safe disposal as described above

2.14.3 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 from splashing of blood or other high risk body fluids

For the management of an occupational exposure incidents see Appendix 9.

3. RESOURCES

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- 3.1 The necessary resources for the management, training, risk assessments, monitoring and auditing of infection control standard precautions are already in place and the implementation of this procedure will not entail additional expenditure.

4. TRAINING

- 4.1 Mandatory Infection Prevention and Control training updated every two years.
- 4.2 Further departmental based training as identified by training needs analysis.

5. IMPLEMENTATION

- 5.1 The document will be available on the UHB intranet site and the Infection Prevention and Control clinical portal.
- 5.2 Clinical Boards will be responsible for the implementation of the procedure document in clinical areas.

6. FURTHER INFORMATION

- 6.1 This document has been adapted from Welsh Healthcare Associated Infection Programme, National Model Policies for Infection Prevention and Control, Part 1 Standard Infection Control Precautions (October 2012).
- 6.2 The practice recommendations set out are drawn from appraisals of the available professional literature on infection prevention and control, conducted by colleagues at Health Protection Scotland which can be found via the link to the Health Protection Scotland (HPS) web site

<http://www.hps.scot.nhs.uk/haic/ic/standardinfectioncontrolprecautions-sicps.aspx>

7. AUDIT

- 7.1 Audit of compliance with the procedure document, will be carried out by the Infection Prevention and Control Department, as part of their procedure audit programme.

8. REVIEW

- 8.1 This procedure will be reviewed every three years or sooner if any new guidelines are published

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9. REFERENCES

- 9.1 National Model Policies for Infection Prevention and Control, Part 1 Standard Infection Control Precautions. Welsh Healthcare Associated Infection Programme, (October 2012).

<http://www.hps.scot.nhs.uk/haic/ic/standardinfectioncontrolprecautions-sicps.aspx>

- 9.2 Health and Safety at Work etc Act. 1974
9.3 Control of Substances Hazardous to Health Regulations 2002, SI 2002 No 2677, HMSO
9.4 Health Technical Memorandum 07-01: Safe management of healthcare waste (2006).

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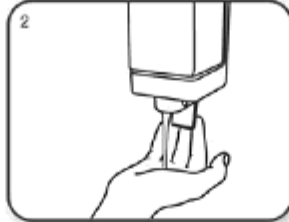
Appendix 1

How to hand wash step by step images Steps 3 – 8 should take at least 15 seconds.

Source: World Health Organisation



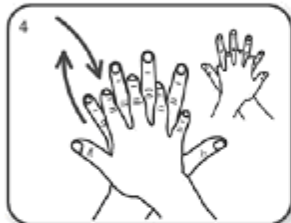
Wet hands with water



Apply enough soap to cover all hand surfaces



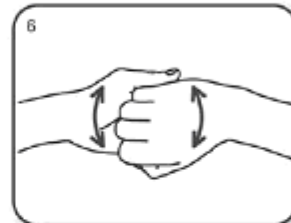
Rub hands palm to palm



Right palm over the back of the other hand with interlaced fingers and vice versa



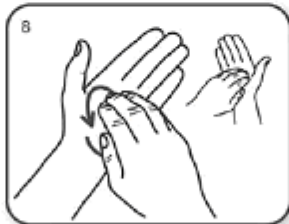
Palm to palm with fingers interlaced



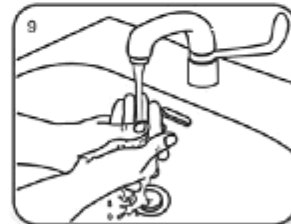
Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of left thumb clasped in right palm and vice versa



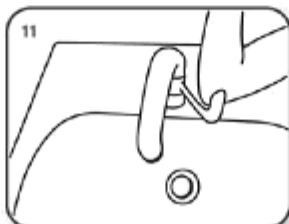
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



Rinse hands with water



Dry thoroughly with towel



Use elbow to turn off tap or turn off using the towel



Steps 3 - 8 should take at least 15 seconds

...and your hands are safe



Adapted from the World Health Organization


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Appendix 2

How to hand rub step by step images

How to handrub?

Steps 2 – 7 should take at least 15 seconds

 Duration of the entire procedure: 20-30 sec.

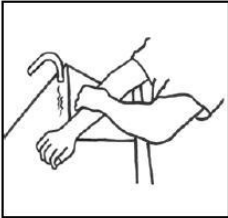
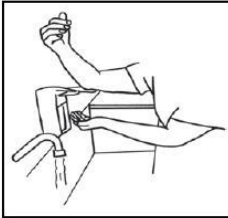
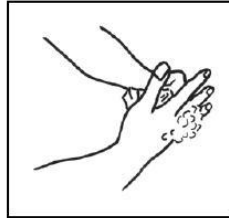
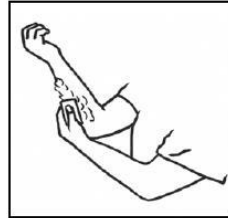
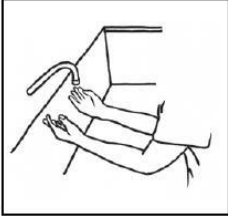
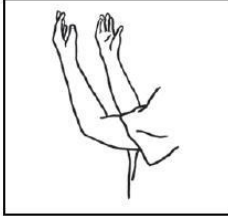
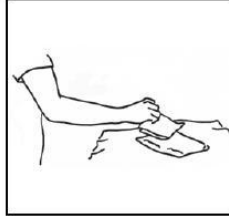
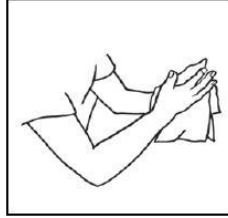
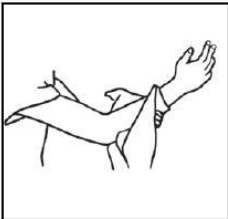
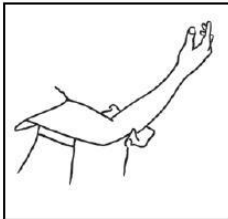


Adapted from the World Health Organization

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Appendix 3

Surgical Scrubbing: surgical hand preparation technique using antimicrobial soap - step by step images

			
<p>1. Wet hand and forearms.</p>	<p>2. Put approximately 1 dose (5mls) of antimicrobial liquid soap onto a pad or palm of your left hand using the elbow of your other arm to operate the dispenser.</p>	<p>3. Doing the right hand first, scrub each side of each finger, between the fingers and the back and front of the right hand for 2 minutes.</p>	<p>4. Put another 1 dose (5mls) of antimicrobial liquid soap onto the palm of your left hand using the elbow of your other arm to operate the dispenser. Use this to scrub the right arm, keeping the hand higher than the arm at all times to prevent recontamination of the hands by water.</p>
<p>5. Repeat the process for the other hand and arm keeping hands above elbows at all times.</p> <p>If the hand touches anything at any time, the scrub must be lengthened by 1 minute for the area that has been contaminated.</p>			
			
<p>6. Rinse hands and arms by passing them through the water in one direction only, from fingertips to elbow. Do not move the arm back and forth through the water.</p>	<p>7. Hold hands above elbows.</p>	<p>8. Hands and arms should be dried using a sterile disposable towel and aseptic technique before donning sterile gown and gloves.</p>	<p>9. The skin should be blotted dry with sterile disposable towels. Using one towel per hand work from fingertips to elbows.</p>
		<p>12. Repeat the process for the opposite hand.</p>	
<p>10. Hands are dried firstly by placing the opposite hand behind the towel and blotting the skin – then using a corkscrew movement to dry from the hand to the elbow.</p>	<p>11. The towel must not be returned to the hand once the arm has been dried and must be discarded immediately.</p>		

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Appendix 4

Surgical Rubbing: surgical hand preparation technique using alcohol based hand rub (ABHR) - step by step images

- The handrubbing technique for surgical hand preparation must be performed on clean, dry hands.
- On arrival in the operating theatre and after having donned theatre clothing (cap/hat/bonnet and mask), hands must be washed with soap and water.
- After the operation when removing gloves, hands must be rubbed with an alcohol-based formulation or washed with soap and water if any residual talc or biological fluids are present (e.g the glove is punctured).
- Surgical procedures may be carried out one after the other without the need for handwashing, provided that the handrubbing technique for surgical hand preparation is followed (Images 1 to 14)

1.



Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the dispenser.

2.



Dip the fingertips of your right hand in the handrub to decontaminate under the nails (5 seconds).

3.



3. Images 3 – 7. Smear the handrub on the right forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds). Repeat for opposite hand and arm.

4.



5.



6.



7.



8.



Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the distributor. Rub both hands in the same time up to the wrists, and ensure that all the steps presented in images 9 – 14 are followed. Repeat for opposite hand and arm.

9.



Cover the whole surface of the hands up to the wrist with alcohol-based hand rub, rubbing palm against palm with a rotating movement.

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10.



Rub the back of the hands up to the wrist with alcohol-based handrub, rubbing palm against palm with a rotating movement.

13.



Rub the thumb of the left hand by rotating it in the clasped palm of the right hand and vice versa.

11.



Rub the back of the left hand, including the wrist, moving the right palm back and forth and vice-versa.

14.



When the hands are dry, sterile surgical clothing and gloves can be donned.

12.

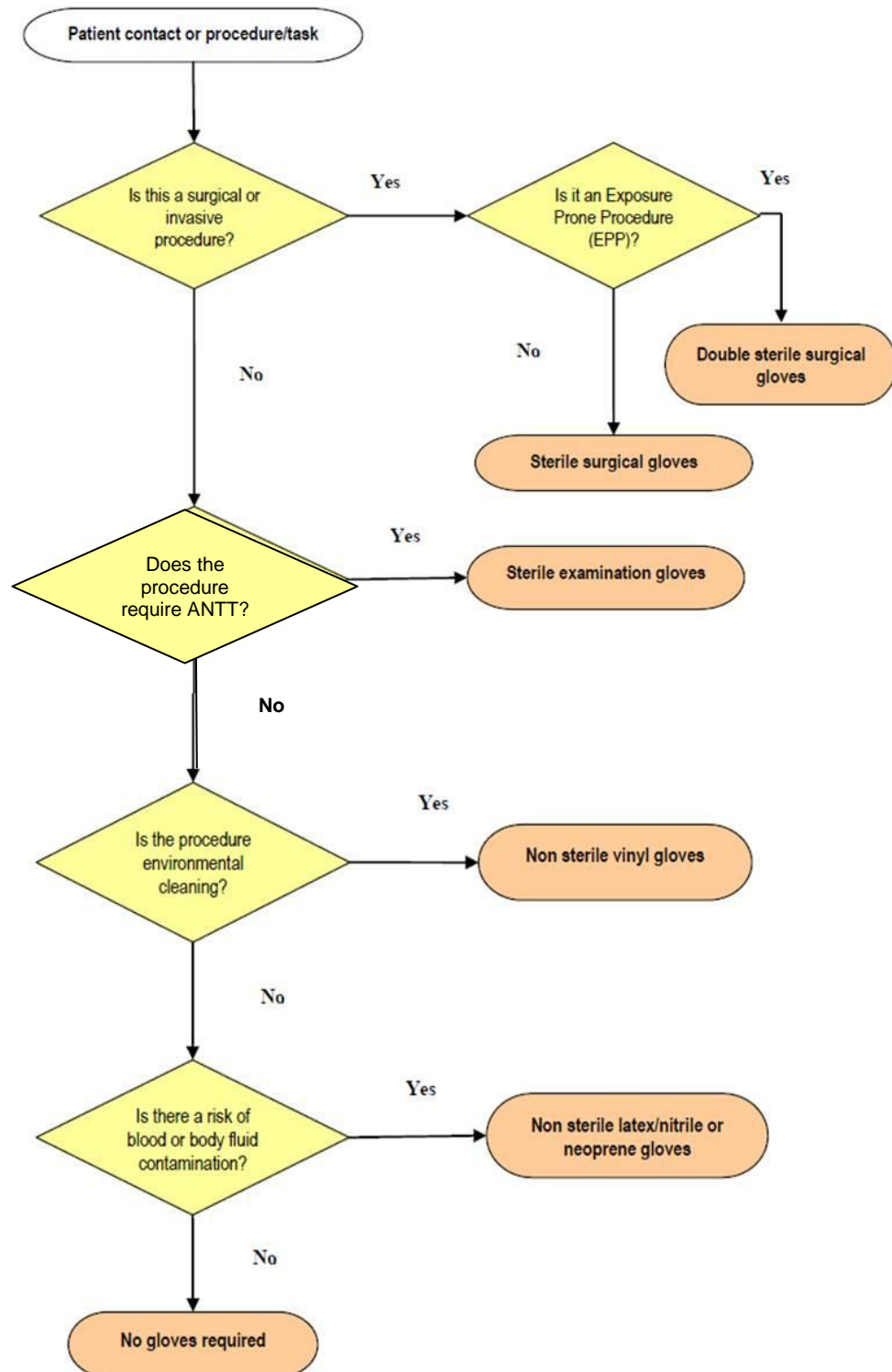


Rub palm against palm back and forth with fingers interlinked.

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Appendix 5 – Glove use and selection








Appendix 6

Putting on and removing PPE






The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required. The order for putting on PPE is Apron or Gown, Surgical Mask, Eye Protection (where required) and Gloves.

1. Putting on Personal Protective Equipment (PPE)

- Perform hand hygiene before putting on PPE

	Apron	<ul style="list-style-type: none"> Pull over head and fasten at back of waist.
	Gown	<ul style="list-style-type: none"> Fully cover torso from neck to knees, arms to end of wrist and wrap around the back. Fasten at the back.
	Surgical Mask (or respirator)	<ul style="list-style-type: none"> Secure ties or elastic bands at middle of head and neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Fit cheek respirator if being worn.
	Eye Protection (Goggles/Face Shield)	<ul style="list-style-type: none"> Place over face and eyes and adjust to fit.
	Gloves	<ul style="list-style-type: none"> Select according to hand size. Extend to cover wrist.

2. Removing Personal Protective Equipment (PPE)

	Gloves	<ul style="list-style-type: none"> Outside of gloves are contaminated. Grasp the outside of the glove with the 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. Peel the second glove off over the first glove. Discard into an appropriate lined waste bin.
	Apron	<ul style="list-style-type: none"> Apron front is contaminated. Unfasten neck ties. Pull apron away from neck and shoulders lifting over head, touching inside only. Fold or roll into a bundle. Discard into an appropriate lined waste bin.
	Gown	<ul style="list-style-type: none"> Gown front and sleeves are contaminated. Unfasten neck, then waist ties. Remove gown using a peeling motion; pull gown from each shoulder toward the same hand. Gown will turn inside out. Hold removed gown away from body, roll into a bundle and discard into an appropriate lined waste bin or linen receptacle.
	Eye Protection (Goggles/Face Shield)	<ul style="list-style-type: none"> Outside of goggles or face shield are contaminated. Handle only by the headband or the sides. Place in designated receptacle for reprocessing or into an appropriate lined waste bin.
	Surgical Mask (or respirator)	<ul style="list-style-type: none"> Front of mask/respirator is contaminated – do not touch. Unfasten the ties – first the bottom, then the top. Pull away from the face without touching front of mask/respirator. Discard into an appropriate lined waste bin.

Use safe work practices to protect yourself and limit the spread of infection

- Keep hands away from face and PPE being worn
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Regularly perform hand hygiene

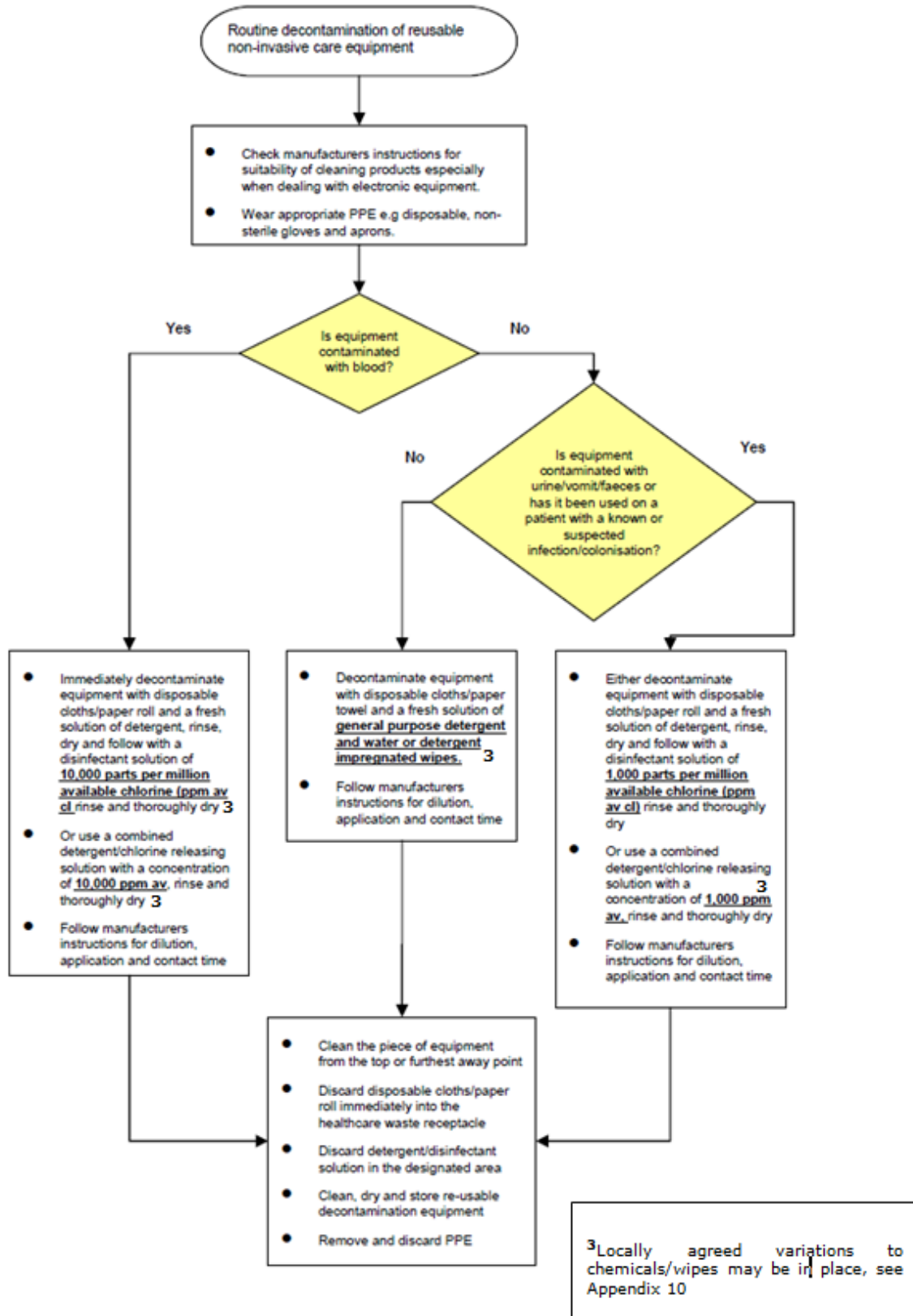
NE Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.

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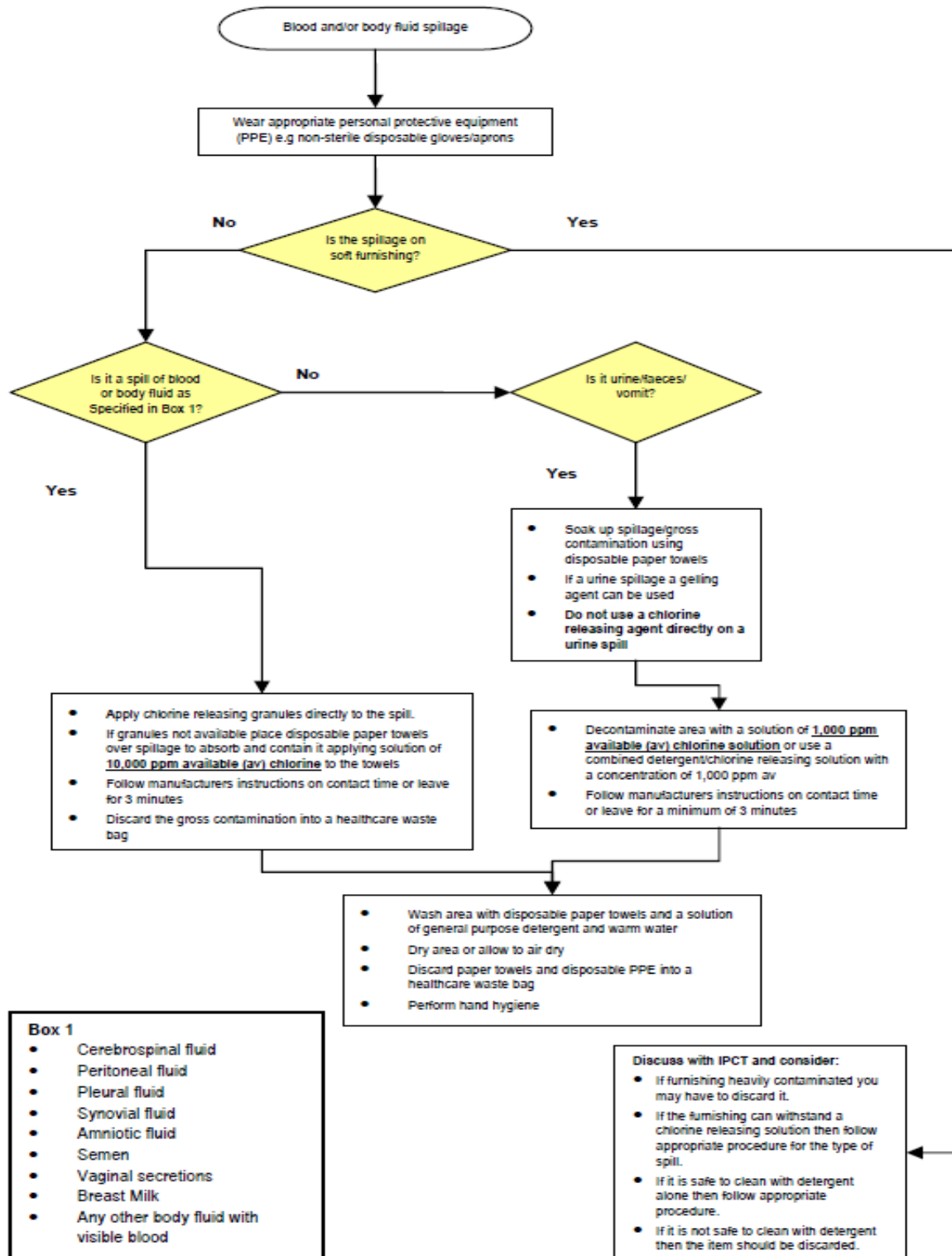
Appendix 7

Routine decontamination of reusable non-invasive patient care equipment



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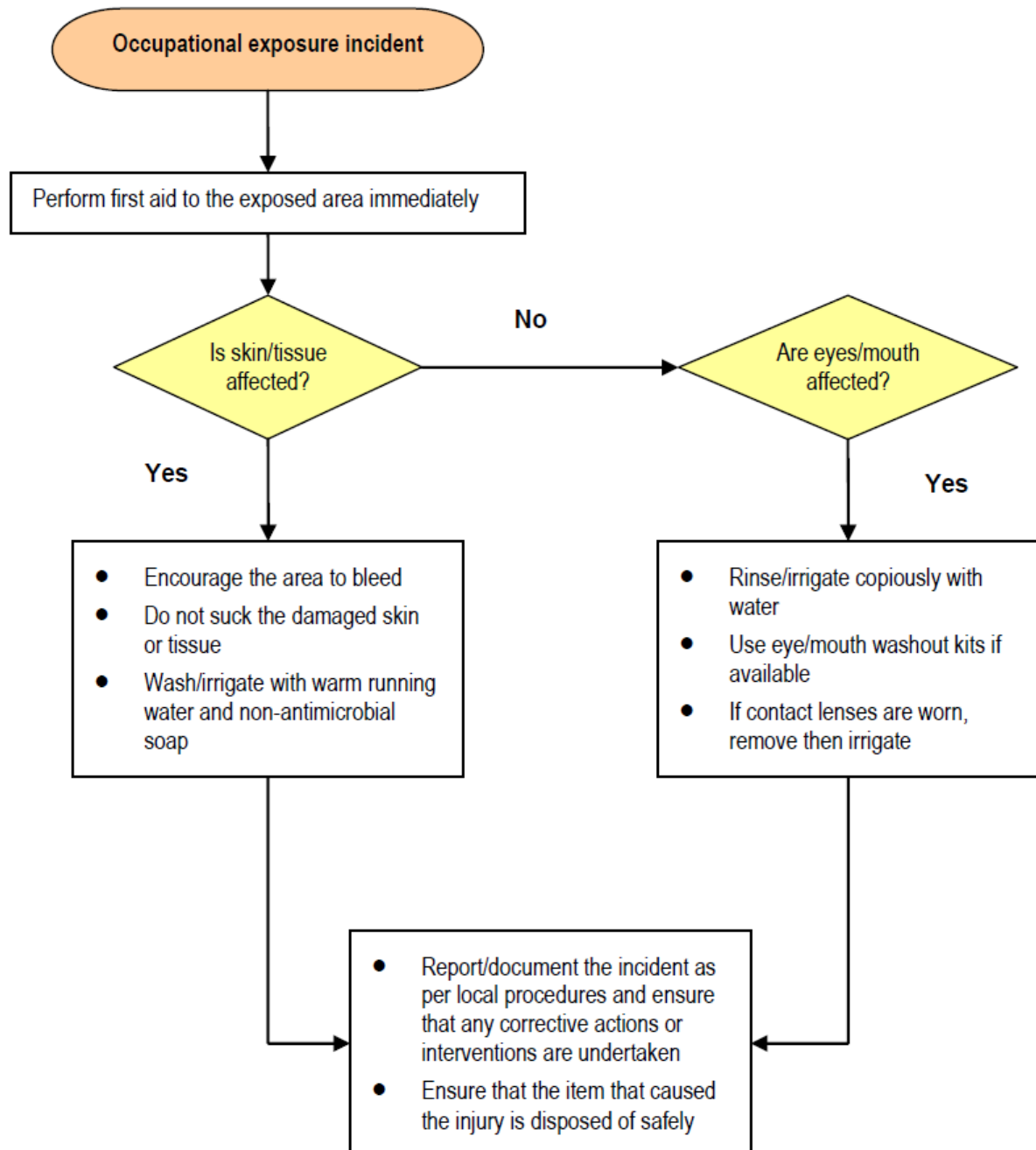
Appendix 8 Management of blood and body fluid spillages



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Appendix 9

Management of occupational exposure incidents



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Appendix 10

Locally agreed variations

Name of Organisation: Cardiff and Vale UHB

Note: all variations to the national model procedure must be agreed and approved by the Infection Prevention and Control Group or organisational equivalent.

Choice of environmental disinfectants

If the organisation has agreed an alternative to a disinfectant or combined detergent/disinfectant product to the standard 1000 ppm available chlorine this should be documented here:

Name of agreed disinfectant	Actichlor Plus – to be used for cleaning of clinical areas in agreed areas / circumstances such as outbreaks.
Date of agreement to use	2009
Date of review	2015

Other variations or additional information

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Appendix 11

Local Contacts for Infection Prevention and Control

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