

## **Cleanliness Champions Version 3 – Programme Updates and Amendments**

March 2015  
NES HAI Team

This addendum for the Cleanliness Champions Programme is provided to:

- Keep the programme up to date since Version 3 was published in April 2012
- Clarify content according to user feedback
- Raise awareness of new legislation, policies and guidance

**We have provided amendments for some of the units. Please add the amendment pages to your programme binder at the appropriate places.**

### ***National Infection Prevention and Control Manual***

Please note that the 'National Infection Prevention and Control Manual' was updated after the publication of this version of the Cleanliness Champions Programme.

Some content in this programme is therefore outdated.

Please check that you have accessed the latest version of the 'National Infection Prevention and Control Manual' here:

<http://www.hps.scot.nhs.uk/haic/ic/publicationsdetail.aspx?id=49785>

"National Infection Prevention and Control Manual Part 1" is now called "Chapter 1".

**Please note that some of the titles of the Standard Infection Control Precautions have now been changed slightly.**

### **Other Terminology changes**

Infection Control Teams are now widely called "Infection Prevention and Control Teams".



## **Unit 1 - Introduction**

The links for the following items are now incorrect:

- Cleanliness Champion Evaluation Report: Executive Summary
- Cleanliness Champion Evaluation Report: Full Report
- HAI Task Force
- Full list of all web links in the programme

Please check the document with all current links for the programme here (top of the page, under “Weblinks”):

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/educational-programmes/cleanliness-champions/additional-student-materials-and-evaluation-reports.aspx>

### **Page 3: The Context**

Please note that the percentage of patients with an HAI in acute hospitals in Scotland has changed. The Scottish National Point Prevalence Survey of Healthcare Associated Infection and Antimicrobial Prescribing 2011 has shown that now 5% of patients in acute hospitals have an HAI.

### **Page 5: What is this programme about?**

Further information for all staff - 3rd web link: This is now the Scottish National Point Prevalence Survey of Healthcare Associated Infection and Antimicrobial Prescribing 2011  
<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=51028>  
accessed 30 December 2014

### **Page 8: The Cleanliness Champions Concept**

Additional web link: The Vale of Leven Hospital Inquiry Report (2014)  
<http://www.valeoflevenhospitalinquiry.org/report.aspx>  
accessed 30 December 2014

### **Page 11: Standard Infection Control Precautions**

The new title for SICP 1 is: Patient Placement/Assessment for infection risk  
It is used to assess infection risk and to care for in a safe environment.



## Unit 2 – The Chain of Infection

### Page 5: Further Information

Additional resource:

NICP Manual Chapter 2 Transmission Based Precautions Appendix 14 – List of infectious agents and/or diseases that require Transmission Based Precautions (TBPs) in addition to SICPs.

<http://www.hps.scot.nhs.uk/haic/ic/transmissionbasedprecautions.aspx>

accessed 30 December 2014

### Page 14: Respiratory Hygiene and Cough Etiquette

Further information box refers to DOH England website. Current link is broken.

Please refer to NIPC Manual Chapter 1.1.3 Respiratory and Cough Hygiene

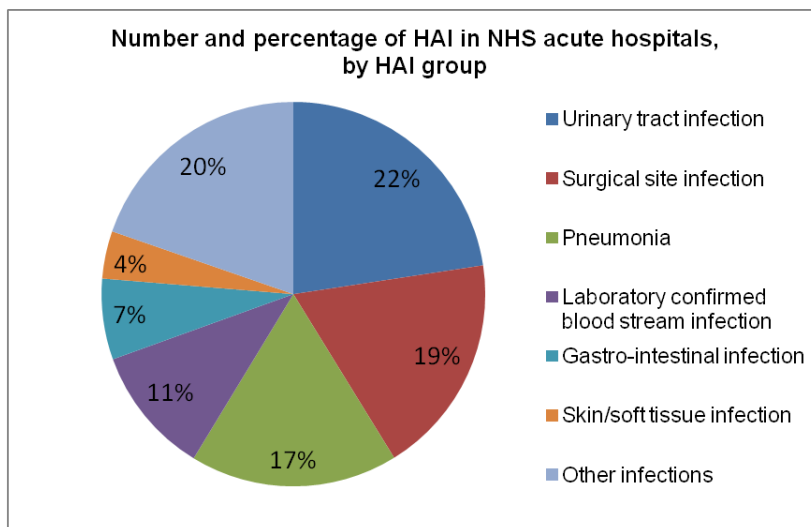
NIPC Manual Chapter 1 Standard Infection Control Precautions

<http://www.hps.scot.nhs.uk/haic/ic/publicationsdetail.aspx?id=49785>

accessed 30 December 2014

### Page 18: Means of Entry

New data available:



- The most commonly occurring HAI was urinary tract infection (UTI) followed by surgical site infection (SSI) and pneumonia
- All 3 accounted for nearly 60% of HAIs in acute hospitals
- Approximately half of patients with a UTI had a urinary catheter in place in the 7 days prior to infection
- More than half of the SSIs were deep or organ/space infections
- The occurrence of the most common invasive device infections were peripheral vascular cannulae (31%), central venous catheters (4%) and urinary catheters (19%).

Evidence for Care Bundles and other Quality Improvement  
Tools (Health Protection Scotland)  
<http://www.hps.scot.nhs.uk/haic/ic/evidenceforcarebundles.aspx>

**Page 21: Activity**

Please note that the correct answer for the Scenario “Sharps are disposed of at the point of use” is: The Mode of Transmission.

**Folder of Evidence – Activity 4 – Page 26**

Please note that you do not need to find the reference (Bowell-Webster, 1990) in order to complete the activity. The tool used in the activity has been adapted from a tool used in the reference and the adapted tool is presented in the Folder of Evidence, ready to use.

## Unit 3 – Hand Hygiene

### General further clarification on performing hand hygiene

Performing hand hygiene:

Alcohol Based Hand Rubs (ABHRs) should be used for hand hygiene and must be available to staff as near to point of care as possible. Where this is not practicable, personal ABHR dispensers should be used.

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.

Hands must be washed with non-antimicrobial liquid soap and water if:

- hands are visibly soiled or dirty;
- exposure to spore forming organisms such as *Clostridium difficile* or a gastro-intestinal infection e.g. Norovirus, is suspected or known.

Whenever liquid soap or soap is mentioned in the programme, **non-antimicrobial liquid soap** is the full correct term.

Antimicrobial agents (e.g. Hibiscrub) are not needed for routine hand hygiene, only if surgical scrubbing is being performed.

### Page 6 (top): Transient Microorganisms

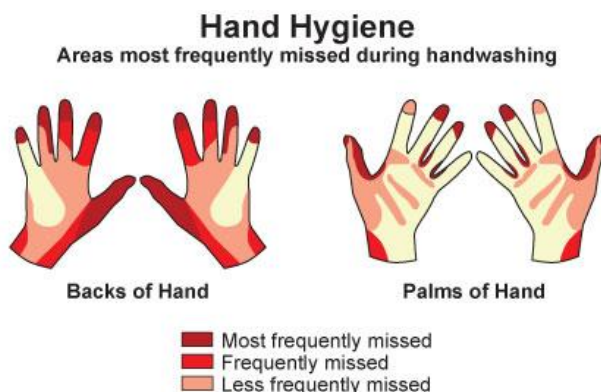
Swine flu link replaced by:

Health Protection Scotland “Germs – wash your hands of them”

<http://www.washyourhandsofthem.com/home.aspx>

accessed 1 January 2015

### Page 7 (bottom): Research has shown that some parts of the hands are frequently missed.



Please note the image shown in the workbook is incorrect. The correct image is shown to the left.

Based on work by Taylor L (1978) 'An evaluation of handwashing techniques.'  
Nursing Times: Jan 12, 1978 (pp 54-55)

### **Page 10: Taking Care of Your Hands**

Ensure that hands are wet with water before using hand washing solutions. Application of products onto dry hands (except ABHRs) can also dry out hands.

### **Page 11**

Please disregard the text in the Key Points box and refer to the general statement about performing hand hygiene above.

### **Page 12**

ABHRs should not be used when caring for a patient with a suspected or known gastro-intestinal infection e.g. norovirus or a spore forming organism such as *Clostridium difficile*.

Please disregard all text below the Key Points box on page 12.

### **Page 13: Activity 1**

Please do not complete this activity. It is no longer current.

### **Page 15: When to Perform Hand Hygiene**

The World Health Organisation (WHO) has now published various resources for hand hygiene in outpatient care, home-based care and long-term care facilities. Please check these here:

[http://www.who.int/gpsc/5may/EN\\_GPSC1\\_PSP\\_HH\\_Outpatient\\_care/en/index.html](http://www.who.int/gpsc/5may/EN_GPSC1_PSP_HH_Outpatient_care/en/index.html)

### **Page 18: Stop and Think**

Other decisions you will need to make include:

- Should hands be washed with **non-antimicrobial liquid soap**, or can an alcohol-based hand gel/rub be used?
- Should gloves be worn?

### **Page 24: Summary and Conclusion**

EPIC 2 National Evidence-Based Guidelines for Preventing HAI – now superseded by EPIC 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England (2014)

[http://www.journalofhospitalinfection.com/article/S0195-6701\(13\)60012-2/abstract](http://www.journalofhospitalinfection.com/article/S0195-6701(13)60012-2/abstract)  
accessed 1 January 2015



## ***Unit 4: Personal Protective Equipment (PPE)***

### **Page 5: Gloves**

Please check the updated **Appendix 5 – Glove use and selection** in the National Infection Prevention and Control Manual.

<http://www.hps.scot.nhs.uk/haic/ic/publicationsdetail.aspx?id=49785>

### **Page 5: Wearing Gloves**

It is inappropriate to wear gloves when bed bathing patients (if there is no blood/body fluid present).

### **Page 7: Which Type of Gloves?**

Stop and think: “Is there a high risk of contact with blood?” – Should be “Is there a high risk of contact with blood or body fluids?”

### **Page 10: Activity 1**

Note new glove selection chart in National Infection Prevention and Control Manual (see link above).

### **Page 12: Disposable Plastic Aprons**

This also applies when in direct contact with patients in isolation or their environment, or those with a known OR SUSPECTED infection for which additional precautions are being taken.



## ***Unit 5: Safe Use and Disposal of Sharps***

### **General**

You should be aware of the following new regulations

### **NEW: Health and Safety (Sharp Instruments in Health) Regulations 2013**

The ‘Sharps Regulations’ came into force in May 2013 and apply to employers and contractors working in the healthcare sector. They require employers and contractors to:

- Put in place effective arrangements for the safe use and disposal of medical sharps:
  - avoid unnecessary use
  - use safer sharps where reasonably practicable (sharps with built-in safety features)
- Provide information and training to workers
- Investigate and take action in response to sharps injuries

For more practical advice you can download an information sheet from the Health and Safety Executive web site:

<http://www.hse.gov.uk/pubns/hsis7.htm>

### **NEW: RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013**

The new RIDDOR 2013 puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report

- certain serious workplace accidents
- occupational diseases
- specified dangerous occurrences (near misses)

### **Page 6: Occupational exposure by profession**

New data are now available:

Of the 4830 injuries reported between 2004 and 2013, the occupation of the healthcare worker was specified in 4735 incidents. Of these, 42% (1986) were experienced by nurses and healthcare assistants. Over the same period, a similar percentage of exposures (41%, 1940) were reported by doctors.

### **Page 7: Needlestick Injuries – More Information**

Please note that the First sentence “Although most injuries were related to venepuncture, you can see a significant number occurred during clearing the work area, disposal of sharps or handling of clinical waste” applies to 2002 data which have now been superseded. Delete sentence.

Please note: Sharps boxes must have a **temporary closure mechanism**, which **must** be employed when the box is not in use”.

### **Page 8: Steps to prevent sharps injuries**

Update: Use approved safety devices where possible.

### **Page 11: Minimising Risks from Sharps**

There are now updated figures:

Of the 4296 incidents reported in the Public Health England’s 2014 report 54% involved a source patient known or thought to be HCV positive, 30% involved an HIV positive source patient and 9% an HBV positive source patient. A further 7% of healthcare workers were exposed to a source patient known to be co-infected with two or all three of the BBVs.

The link to Bloodborne viruses (BBV) and occupational exposure is now broken. Replace with:

Health Protection Scotland A-Z Subject Index (Blood, bloodborne infections):

<http://www.hps.scot.nhs.uk/search/AtoZ.aspx?keyword=B>

### **Page 12: Sharps Injuries - Procedure**

**Please note:** While first aid takes priority, you should also ensure that the item that caused the injury is disposed of as soon as possible. You should not wait with this until after you filled in the accident form.

The flow chart is no longer up to date. Please check:

NIPC Manual Chapter 1 Standard Infection Control Precautions

<http://www.hps.scot.nhs.uk/haic/ic/publicationsdetail.aspx?id=49785>

accessed 1 January 2015

## **Unit 6: Maintenance of a Clean Healthcare Environment**

### **Page 5: What has been done to address this problem?**

The Care Inspectorate regulates and inspects care, social work and child protection services. It publicly reports on compliance with standards of these services across Scotland.

Care Inspectorate reports

[http://www.scswis.com/index.php?option=com\\_content&view=article&id=7909&Itemid=727](http://www.scswis.com/index.php?option=com_content&view=article&id=7909&Itemid=727)

accessed 1 January 2015

### **Page 6: Cleaning – Removing Visible Dirt and Dust**

**Please note:** Over bed tables, lockers and the underside of bed frames need to be cleaned regularly. They are often forgotten about.

**Please note:** Every member of staff needs to be clear about their specific responsibilities for cleaning of equipment and the environment. Find out in your own area who is responsible for cleaning what, and the frequencies and methods used.

#### **Additional link:**

Please check some of the recent Healthcare Environment Inspectorate Reports and look at some of the pictures of visibly contaminated equipment.

Healthcare Environment Inspectorate Reports

[http://www.healthcareimprovementscotland.org/programmes/inspecting\\_and\\_regulating\\_care/environment\\_inspectorate\\_hei/hei\\_reports.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/environment_inspectorate_hei/hei_reports.aspx)

accessed 1 January 2015

Please refer to the National Infection Prevention and Control Manual Chapter 1 (Appendix 7) for advice on decontaminating reusable non-invasive care equipment.

### **Page 7: Cleaning Materials**

Please refer to the National Infection Prevention and Control Manual Chapter 1 (Appendix 7) for advice on decontaminating reusable non-invasive care equipment.

### **Page 7: Suitable Furniture and Fittings**

**Please note:** Mattress covers should be waterproof and must be checked regularly for signs of wear **and tear and/or visible staining**.

### **Page 8: Ensuring Uncluttered Spaces**

Please note: Equipment should be stored off the floor if it is not stored in cupboards. This does obviously not apply to floor standing equipment.

## Page 9: When to Clean

Please note: Terminal cleans are not routinely carried out on patient discharge rather they are for after patient discharge if the patient has been in isolation or after an outbreak. Otherwise a routine cleaning is carried out.

### Decontamination of reusable non-invasive care equipment must be undertaken:

- between each use
- after blood or body fluid contamination
- at regular predefined intervals as part of an equipment cleaning protocol
- before inspection, servicing or repair.

## Page 9: How to Clean

- Ensure cleaning equipment is clean, fit for purpose, in a good state of repair and close to hand before use
- Ensure use of disposable personal protective equipment and cloths
- Ensure all areas are thoroughly cleaned and free from dust and grime
- Pay particular attention to corners, edges and underneath of beds
- **Pay particular attention to frequently touched areas**
- Use a fresh solution of general purpose neutral detergent in warm water for routine cleaning as per manufacturer's instructions
- Detergent wipes and disinfectant wipes should be used according to local policy
- Do not use alcohol based products as they may damage equipment

If in doubt ask your local Infection Control Team for advice

## Page 10: Blood and body fluid spillages

Please note: The relevant chart is now Appendix 11 of the NIPC Manual Chapter 1 Standard Infection Control Precautions  
<http://www.hps.scot.nhs.uk/haic/ic/publicationsdetail.aspx?id=49785>  
accessed 1 January 2015

## Page 10: Chlorine releasing agents

Correction: "...commonly 10,000 ppm (parts per million)" should be "10,000 parts per million available chlorine"

## Page 11: Spillages – Key Points

**Please note:** Aprons should be worn at all times when dealing with blood and body fluid spillage.

**Please note:** The relevant chart is now Appendix 11 of the NIPC Manual Chapter 1 Standard Infection Control Precautions  
<http://www.hps.scot.nhs.uk/haic/ic/publicationsdetail.aspx?id=49785>  
accessed 1 January 2015

## **Page 16: Risk Assessment**

**Please note:** The key point infers that routine decontamination requires a risk assessment which is not always the case. Only in particular circumstances would alternative decontamination methods be used and this would be within local policy. Please check your local policy.

## **Page 17: Risk Assessment Guide**

**Additional routine measures may be required in high risk areas. The guidance below is required on a routine basis to minimise the risk of Pseudomonas aeruginosa from water.**

Guidance for neonatal units (NNUs) (Levels 1, 2 & 3), adult and paediatric intensive care units (ICUs) in Scotland to minimise the risk of Pseudomonas aeruginosa infection from water.

<http://www.hps.scot.nhs.uk/haic/ic/guidelinedetail.aspx?id=54784>

**Intermediate risk:** Another example for an intermediate risk is bedpans or commodes used for patients with known or suspected gastrointestinal infections.

**High risk:** Items may be disposable rather than requiring sterilisation.

## **Page 18: Local decontamination policy**

You should also check your local Procurement Policy and the manufacturer's instructions.

## **Page 20: Check your learning**

Questions 9 and 10 mentions 1,000 and 10,000 ppm chlorine. This should be 1,000 and 10,000 ppm available chlorine.





## ***Unit 7: Safe Management of Waste and Linen***

### **General comment**

If water soluble bags are mentioned in this unit, this also includes alginate bags.

### **Page 13: Waste handling**

Please note: Tape can also be used instead of a ratchet tag.:

“Healthcare waste bags should be fastened securely by means of a 'swan neck' and ratchet tag/tape”.

### **Page 14: Further Information**

#### **Health Facilities Scotland (2010) Scottish Health Technical Note 3**

Scottish Health Technical Note 3. NHSScotland Waste Management Guidance has been update. Please see the link below for NHSScotland waste management guidance. Part D: Guidance and example text for waste procedures (Feb 2015).

<http://www.hfs.scot.nhs.uk/publications-/>

### **Page 17: Different types of linen**

Please note: Used and infectious linen bags/receptacles must be tagged, e.g. with ward/care area and date.

### **Page 17: Handling**

Please note the following changes in guidance:

4<sup>th</sup> bullet point: When stripping beds, separate out items individually as rolling in together can hide extraneous items.

Last Bullet point: Linen heavily stained with blood or body fluids should be managed as infectious linen and not disposed of as healthcare waste.

### **Page 19: Patients clothing**

Updated link to leaflet:

Washing Clothes at Home: Information for people in hospitals or care homes and their relatives (HPS)

<http://www.hps.scot.nhs.uk/Search/guidedetail.aspx?id=39120>

accessed 1 January 2015



## ***Unit 8: Occupational Health and Food Hygiene***

### **Page 5: Being unwell at work**

Correction: Parovirus B19 should be Parvovirus B19.

As a general rule 48 hours clearance is sufficient after vomiting and/or diarrhoea but this may be extended if e.g. a food poisoning organism is isolated. If person is suffering from a food poisoning organism then they should check with OHS or their GP before returning to work in case there are exclusion periods.

### **Page 7: Risk Factors**

Updated Salmonella link:

Salmonella outbreak investigated 2014

<http://www.bbc.co.uk/news/health-28804267>



## ***Unit 9: The Role of the Cleanliness Champion and its Impact on the Patient Experience***

### **Page 4: Infection Control is Everyone's Business**

Scottish Government (2014) Preventing healthcare infections

<http://www.scotland.gov.uk/Topics/Health/Services/Preventing-Healthcare-Infections>

accessed 31 December 2014

### **Page 5: Organisational Responsibilities**

Please note: Organisations must ensure that SICPs implementation and compliance monitoring is in place in ALL care areas, covering ALL care staff.

### **Page 13: Two Key Themes**

Please note: The two themes emphasise:

- Safety for patients
- Safety for staff AND visitors

### **Page 17: What next?**

Please contact your local Infection Prevention and Control Team/Advisor for further support.