



Standard Infection Control Precautions

A pocket guide for staff working and providing care in the General Practice setting





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Preventing Infection in General Practice

Standard Infection Control Precautions

A pocket guide for staff working and providing care in the General Practice setting

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General Practice Setting Scenario – Page 38

This scenario offers the learning opportunity for you to apply the Standard Infection Control Precautions in the General Practice setting

Patient Placement / Assessment of Infection Risk



When a person is found to be, or thought to be, suffering from an infection, it is necessary to consider the possible source and route of transmission in order to apply appropriate control measures. This may include rescheduling appointments at the start of the end of a clinical or separating the infectious patient from other patients in the waiting area. It is important to promptly assess an individual for infection risk on their arrival.



People who may present an infection risk are those:

- With diarrhoea and vomiting
- Unexplained rash
- Fever
- Respiratory symptoms
- Previously positive with multi drug resistant organisms such as MRSA or Carbapenemase Producing Enterobacteriaceae (CPE)
- Hospitalised outside Scotland in the last twelve months



Note: Standard Infection Control Precautions (SICPs) may be insufficient to prevent transmission of some infections. Additional precautions called transmission based precautions (TBPs) are required to be used by staff. Refer to the National Infection Prevention and Control Manual on TBPs.



Hand Hygiene

Hand hygiene is considered an important practice to prevent the spread of infections.

ABHR is the preferred product for hand hygiene in health and social care settings unless hands are visibly contaminated / soiled, or when there is likely to be exposure to spore forming organisms (*Clostridium difficile*) or infectious diarrhoeal diseases (Norovirus). In these circumstances hands should be washed with liquid soap and warm water.

Alcohol based hand rubs should contain 60-80% alcohol by volume and application of sufficient volume to cover all surfaces of the hands and rubbed in until dry – see technique on page 11.



Before performing hand hygiene:

- Expose your forearms (roll up long sleeves)
- Remove all hand / wrist jewellery (a single, plain metal finger ring is permitted but should be removed or moved up during hand hygiene)
- Ensure finger nails are clean, short and that artificial nails or nail products are not worn
- Cover all cuts or abrasions you have with a waterproof dressing

Hand wipes **should not** be used by staff in the General Practice setting for hand hygiene unless there is no running water available. In this circumstance staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity.



Skin care:

- Dry hands thoroughly after hand washing using disposable paper towels
- Use an emollient hand cream regularly after washing hands for example when you are off duty or going on a break
- Do not use or provide communal tubs of hand cream in the care setting
- Report to line manager or occupational health **if your hands become irritated and / or the integrity of your skin is broken**

ALWAYS carry out hand hygiene:

- Before touching a person
- Before clean / aseptic technique
- After body fluid exposure
- After touching a person
- After touching a person's surroundings

Your 5 Moments for Hand Hygiene

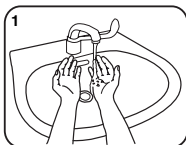


Based on the 'My 5 moments for Hand Hygiene'

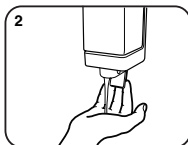
<http://www.who.int/gpsc/5may/background/5moments/en/index.html>

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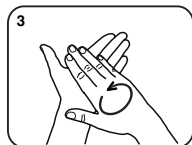
Hand Washing Actions



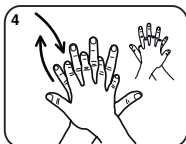
Wet hands with water



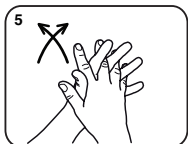
Apply enough soap to cover all hand surfaces



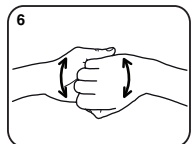
Rub hands palm to palm



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



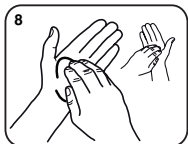
Palm to palm with fingers interlaced



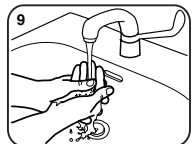
Backs of fingers to opposing palms with fingers interlocked



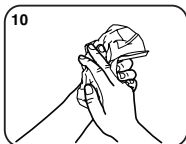
Rotational rubbing of left thumb clasped in right palm and vice versa



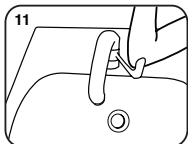
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



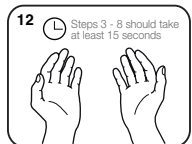
Rinse hands with water



Dry thoroughly with towel



Use elbow to turn off tap



Steps 3 - 8 should take at least 15 seconds

...and your hands are safe

Based on the 'How to Handwash':

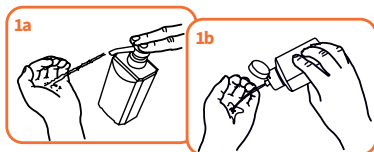
http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf

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Hand Rubbing Actions

Steps 2-7 should take at least 15 seconds.

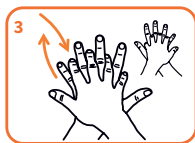
 Duration of the entire procedure: **20-30 sec.**



Apply a palmful of the product in a cupped hand and cover all surfaces.



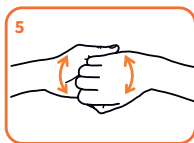
2 Rub hands palm to palm



3 Right palm over left dorsum with interlaced fingers and vice versa



4 Palm to palm with fingers interlaced



5 Backs of fingers to opposing palms with fingers interlocked



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



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



8 Once dry, your hands are safe

Based on the 'How to Handrub':

http://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf

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Respiratory and Cough Hygiene

Respiratory and cough hygiene is designed to minimise the of risk micro-organisms from the respiratory route.

In the case of colds and flu, millions of viral particles rush out of the nose and mouth and contaminating the surfaces on which they land, e.g. on exposed food or on our hands.

Using a disposable tissue to catch these harmful microbes by covering the nose and mouth and disposing of the tissue in the waste bin minimises the risk of infection transmission.

Hands must be washed after wiping and blowing the nose or catching a sneeze or a cough because the virus will otherwise remain on the hands and can spread quickly on everything you touch.

Catch it Kill It Bin It:

- Use disposable tissue to catch your sneeze or cough discard immediately after use; encourage others to adopt good respiratory hygiene practices
- Keep contaminated hands away from mucous membranes of the eyes and nose
- Perform hand hygiene



Note: Hand wipes should not be used for hand hygiene unless there is no running water available. Staff using hand wipes should follow their use with Alcohol Based Hand Rub (ABHR) and should wash their hands at the first available opportunity.



Personal Protective Equipment



The use of Personal Protective Equipment (PPE) such as disposable plastic aprons and disposable gloves is a requirement of health and safety legislation. PPE protects you (your uniform / personal clothing) from direct contact with any potential blood and / or body fluid contact.

Disposable gloves must be:

- Worn when exposure to blood and body fluids is anticipated or likely
- Changed for each person you are caring for, and each new task
- Change if perforated or puncture is suspected
- Appropriate for use, well fitting, fit for purpose and not interfere with dexterity



Note: Jewellery must not be worn under gloves (a single plain metal finger ring is permitted). NEVER carry gloves in your pocket, wash gloves or reuse disposable gloves. Hands must be washed after removal of gloves.

The correct procedure to remove gloves is to:

- 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
- Ensure safe disposal in waste bag / bin

Aprons

Aprons should be worn to protect uniform or clothes when contamination is anticipated / likely e.g. when in direct contact with a patient.

As with disposable gloves, aprons should be changed for each person you are caring for and each new task.

You should always assume your worn apron is contaminated and remove safely by:

- Unfasten or break the ties
- Touching only the inside of the apron, pull the apron away from neck and shoulders
- Fold or roll into a bundle
- Ensure safe disposal in waste bag / bin
- Perform hand hygiene



Eye / Face Protection (including full-face visors) must be:

Worn if blood and / or body fluid splashes to the eye / face are anticipated. They must not be impeded by accessories such as piercings / false eyelashes. Removed at the end of procedure / task and disposed of if single use, or decontaminated after use if reusable.

Fluid resistant (Type IIR) surgical face masks must be worn if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated / likely. They should be:

- Well-fitting and fit for purpose (fully covering the mouth and nose – manufacturer’s instructions must be adhered to ensure effective fit / protection)
- Removed or changed and at the end of a procedure / task



Note: Regular corrective spectacles are not considered eye protection.

Safe Management of Care Equipment

Care equipment can become contaminated with blood, other body fluids, secretions and excretions and transfer micro-organisms during the delivery of care. Cleaning and maintaining equipment is essential to prevent people acquiring an infection.

Care equipment can generally be categorised as either:

Single Use

(equipment such as dressing packs or syringes)

- These must never be re-used again even if they look in a good condition
- These must be disposed of safely after use
- Never administer medications from a single-dose vial or intravenous bag to multiple patients
- The packaging carries the symbol below



Single Patient Use

(e.g. items such as an oxygen mask or nebulisers)

- These are used for one person only and cannot be shared
- They need to be cleaned after each use or cleaned regularly if in continuous use

Reusable invasive equipment (e.g. surgical instruments)

- Use once then decontaminate at a sterilisation unit

Reusable non-invasive equipment (communal equipment)

(e.g. wheelchair or examination couch that is being used by more than one person)

- These must be cleaned regularly and between use by different patients
- These must be cleaned after blood and / or body fluid contamination as per local policy
- These must be cleaned at predefined intervals as part of equipment cleaning protocols (which should include

responsibility for frequency of, and method of, environmental decontamination)

- These must be cleaned before inspection, servicing, or repair

When cleaning all reusable non-invasive equipment it must be washed, rinsed and dried thoroughly, and stored clean and dry between uses. Cleaning and maintaining equipment is essential to prevent vulnerable and susceptible people acquiring an infection.

Remember:

- Adhere to manufacturers' guidance for use and decontamination of all care equipment
- An equipment decontamination status certificate will be required if any item of equipment is being sent to a third-party, e.g. for inspection, servicing or repair
- You should be aware of equipment items that are single use and should be discarded, and those that are communal and can be cleaned

- You should have a good understanding of equipment cleaning procedures
- Wear PPE, i.e. disposable gloves and apron when cleaning equipment
- Perform hand hygiene after every task



Note: Guidance should be sought prior to procuring, trialling or lending any reusable non-invasive equipment.

Safe Management of Care Environment

A clean environment can help to reduce the spread of infection.

There are many areas in the General Practice setting that become easily contaminated with micro-organisms, e.g. toilets, waste bins, handwash basin with fixture and fittings, and treatment rooms. Furniture and floorings in a poor state of repair can harbour micro-organisms in hidden cracks or crevices.

To minimise the spread of infection, the environment must be kept clean and dry and, where possible, clear from litter or non-essential items and equipment.

Use of a general purpose neutral detergent and warm water is usually enough to make sure the environment is clean and safe. A fresh solution should be made up for each cleaning task



(always check manufacturers' instructions regarding amount to use) and should be changed when dirty or at fifteen minute intervals.

Routine disinfection of the environment is not recommended. However, 1,000ppm chlorine should be used routinely on sanitary fittings.

It may be useful to have a regular routine / schedule for cleaning tasks / areas required on a daily or weekly basis. Ensure the cleaning equipment you use is fit for purpose and is not a potential source of infection itself. Cleaning equipment should be stored clean and dry

Remember:

- Where possible maintain a clutter and dust free, clean environment to prevent infection
- The use of freshly made general purpose neutral detergent solutions for each task is usually enough to keep it clean
- Do not use antiseptics or hand hygiene products for environmental cleaning
- Perform hand hygiene after environmental cleaning tasks



Safe Management of Linen

Linen includes bed linen, pillow cases, towels, curtains and personal clothing. Used linen harbours large numbers of micro-organisms.

For all used linen (previously known as soiled linen):

- Put on disposable gloves and apron prior to handling used linen
- Ensure a laundry receptacle is available close to the point of use (if available in your care environment)
- Roll or fold into a bundle and place into the correct laundry bag for linen that is used
- Perform hand hygiene on removal of personal protective equipment (PPE)



If linen, for example curtains, are used in the General Practice, ensure:

- There is a local policy to include a disinfection cycle in the washing process – the load temperature should be at 65°C (150°F) for a minimum of ten minutes, or preferably at 71°C (160°F) for a minimum of three minutes
- Used, soiled and infected linen is segregated
- Clean and dirty linen is stored separately
- Inappropriate items, e.g. used equipment / needles are not placed in the laundry receptacle
- Used and infectious linen bags / receptacles are tagged, e.g. care area and dated
- All used / infectious linen is stored in a designated, safe, lockable area while awaiting uplift – uplift schedules must be acceptable to the care area and there should be no build-up of linen receptacles



Do Not:

- Shake, sort or rinse linen following removal
- Place used linen on floor or other surfaces
- Re-handle linen once bagged
- Overfill laundry receptacle

For staff uniforms:

Follow local policy for the laundry of staff uniforms or staff uniforms contaminated with blood or body fluids.



Note: Infection linen has been used by a person known, or suspected to be infectious, and linen that is contaminated with blood or body fluids e.g. faeces.

Safe Management of Blood and Body Fluid Spillages

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

It is recommended that blood and body fluid spillages should be directly treated with a chlorine releasing agent such as sodium hypochlorite. Urine spillages should not be directly treated using a chlorine releasing agent such as sodium hypochlorite.

Follow manufacturers instructions for concentration and contact time.



Note: A gelling agent may be used to solidify urine spills.

If the spillage involves blood or a body fluid with visible blood (not urine, vomit or faeces) and you have chlorine releasing granules / agent available:

- Ensure all cuts and grazes are covered
- Wear appropriate PPE following manufacturers' instructions, e.g. non-sterile disposable gloves and apron
- Apply chlorine releasing granules
- Follow manufacturer's instructions on contact time or leave for three minutes
- Discard waste into healthcare waste bag or disposable, leak-proof plastic bag
- Wash area with solution of general purpose neutral detergent
- Dry area with paper towels
- Discard paper towels and PPE in appropriate waste bag
- Carry out hand hygiene



If the spillage involves blood and body fluid and you do not have chlorine releasing granules / agent available:

- Ensure all cuts and grazes are covered
- Wear appropriate PPE following manufacturers' instructions, e.g. non-sterile disposable gloves and apron
- Prepare a solution to clean the spillage as per local policy and ensure you follow the product / manufacturer's instructions
- Place paper towels over the spillage and apply the disinfectant solution to the paper towels
- Allow the disinfectant solution, paper towels to soak up the spillage
- Scoop up the paper towels and place into a disposable, leak-proof plastic bag
- Wipe up any disinfectant solution left after clearing the spillage
- Using paper towels soaked in general purpose neutral detergent solution, wipe down the spill area
- Wipe the area dry with paper towels
- Ventilate the room if possible and keep any pets away until the area is dry



Note: Check that disinfectants / solutions available are suitable for use on carpets and other soft furnishings as they may cause damage / discolouration.

If the spillage involves urine, vomit or faeces:

- **Do not** use chlorine-releasing agent or chlorine-based disinfectants, e.g. household bleach directly on to a urine spillage
- Ensure all cuts and grazes are covered
- Wear appropriate PPE following manufacturers' instructions, e.g. non-sterile disposable gloves and apron
- Soak up urine and /or remove any gross soiling with paper towels
- If urine spillage a gelling agent can be used if available
- Decontaminate area with a solution of **1,000 parts per million (ppm)** as per local policy
- Follow manufacturer's instruction on contact time
- Wash area with solution of general purpose neutral detergent and warm water and paper towels
- Dry area with paper towels
- Discard paper towels into a disposable, leak-proof plastic bag
- Perform hand hygiene on removal of PPE

Safe Management of Waste (Including Sharps)

Health and safety issues must be considered with risks assessed and managed appropriately. This should ensure that contaminated waste is disposed of correctly and does not cause subsequent harm. Occasionally, collection arrangements for special equipment or contaminated waste may be required.

Categories of waste:

- **Healthcare (including clinical) waste** – is produced as a direct result of healthcare activities e.g. soiled dressings, sharps
- **Special (hazardous) waste** – arises from the delivery of healthcare in both clinical and non-clinical settings. Special waste includes a range of controlled wastes, defined by legislation, which contain dangerous or hazardous substances, e.g. chemicals, and pharmaceuticals

- **Domestic waste** – must be segregated at source into:
 - Dry recyclates (glass, paper and plastics, metals, cardboard)
 - Residual waste (any other domestic waste that cannot be recycled)

Waste Streams

Black – Trivial Risk:

- Domestic waste or yellow and black stripes (small quantities of hygiene waste)
- Final disposal to Landfill
- Clear / opaque receptacles may also be used for domestic waste at care area level

Orange – Low Risk 3:

Consists of items which are contaminated or likely to be contaminated with blood and / or body fluids. Final disposal following heat disinfection is to landfill.

Light Blue – Low Risk 3:

Laboratory / microbiological waste that must be autoclaved before disposal via the orange stream.



Yellow – High Risk:

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.

Red – Special Waste:

Chemical waste.



Note: Local contractors waste disposal may differ from categories described above.



Safe Disposal of Waste:

- Always use appropriate personal protective equipment (PPE)
- Dispose of immediately and as close to the point of origin as possible
- Use a 'swan neck' technique for closure of the back and label with date and location as per local policy
- Dispose of into the correct UN 3291 approved waste bin or sharps container
- Waste bins should never be overfilled, i.e. once three-quarters full, tie them up and put into the main waste bin
- Have a schedule for emptying the household bins at the end of the day, and during the day if required
- All waste bins should be cleaned regularly with a general purpose neutral detergent
- Waste bins should be emptied at the end of the day and at regular frequencies
- Waste should be stored in a safe and secure area whilst awaiting uplift
- When you have finished handling waste, remove PPE and perform hand hygiene

Sharps

Used needles or lancets must not be re-sheathed and all sharps must be discarded directly into a sharps container.

Sharps containers must be:

- Taken to the place where the procedure is taking place and the sharp immediately disposed of after use
- Only filled to the mark that indicates that the bin is full – that is no more than three-quarters
- Not be placed on the floor and the **temporary closure mechanism must be activated when not in use**
- Labelled with date and origin of closure
- Must be disposed of when the manufacturer's fill line is reached

Occupational safety: Prevention and Exposure Management (Including Sharps)

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 outline the regulatory requirements for employers and contractors in the healthcare sector in relation to:

- Arrangements for the safe use and disposal of sharps
- Provision of information and training to employees
- Investigations and actions required in response to work related sharps injuries

Sharps handling must be assessed, kept to a minimum and eliminated if possible with the use of approved safety devices:

- Manufacturers' instructions for safe use and disposal must be followed
- Needles must not be re-sheathed / recapped
- Always dispose of needles and syringes as one unit
- If a safety device is being used safety mechanisms must be deployed before disposal



You may on occasions be exposed to items or substances that have the potential to be harmful. Following the Standard Infection Control Precautions will help protect you from harm.

A significant occupational exposure is:

- A percutaneous injury e.g. injuries from needles, instruments, bone fragments, or bites which break the skin
- Exposure of broken skin (abrasions, cuts, eczema, etc.)
- Exposure of mucous membranes including the eye from splashing of blood or other high risk body fluids

If you are exposed by splashes:

- Skin should be washed with liquid soap and warm water
- Personal Protective Equipment that is splashed should be changed immediately
- Splashes to the eyes or mouth should be rinsed / irrigated immediately in copious water
- If you wear contact lenses, remove them before you irrigate



- Do not swallow the water you have used to rinse your mouth
- Do not suck the damaged skin or tissue



Note: If running water is unavailable use pre-packed solutions, e.g. sterile water / saline for irrigation.

Sharps:

- Should an injury occur that breaks the skin, you should act immediately
- Encourage the wound to bleed
- Do not suck the wound area or shake it
- Gently wash under running warm water with ordinary liquid soap and do not scrub
- Dry, then cover the area with a waterproof dressing
- Ensure the item that caused the injury is disposed of safely

Any exposure to spillages or sharps should be reported to your supervisor / line manager and you should follow the specific accident reporting policy in your setting.

Cervical Smear Scenario and Related SICPs

The following scenario offers learning opportunities related to the application of the Standard Infection Control Precautions (SICPs) outlined in this pocket guide. The SICP icons that appear throughout the scenario will indicate the chapter of the pocket guide where you can access further knowledge and guidance.

The scenario takes place in General Practice setting, however, throughout the scenario it is encouraged that you relate the key learning points to your own practice setting and note any points for discussion within your care team.

Overtoun Park Surgery

Talisha is attending the surgery for her routine cervical smear. She is anxious about having the smear even though she has had the procedure carried out previously.

The General Practice Nurse calls her name and introduces herself to Talisha.

In the consulting room, the nurse and Talisha talk about the forthcoming procedure. Talisha mentions to the nurse her anxieties about having a smear done. The nurse is able to reassure Talisha about the concerns that she has.

The nurse asks for, and obtains Talisha's consent to perform the cervical smear prior to asking her to prepare herself by lying on the examination couch which has been cleaned between individual patients.

If using paper roll it must be changed between patients.

Refer to: 

The nurse carries out hand hygiene using Alcohol Based Hand Rub (ABHR) as her hands are visibly clean before applying PPE (such as well-fitting gloves and apron).

The smear is performed without complications. The nurse removes her gloves and apron and disposes of them into a healthcare waste bag and performs hand hygiene with ABHR.

Refer to:   

As the nurse is labelling the sample Talisha calls from behind the curtain and informs the nurse that she is feeling light headed and then vomits onto the floor. The nurse ensures that Talisha is feeling ok before she leaves the consulting room.

The nurse collects the equipment that is required to deal with a non-blood body fluid spillage and puts on her PPE which includes gloves and apron. She recognises that there is no risk of splashing and therefore does not require to wear eye protection.

Refer to:  

She removes the vomit using disposable paper towel and disposes this as healthcare waste. The nurse decontaminates the area using a solution of **1,000 parts per million available chlorine (ppm av cl)**.

She then cleans the affected area with disposable paper towels and a solution of general purpose detergent and warm water, allows the area to air dry and discards the paper towels, gloves and apron into the healthcare waste bag.

The nurse performs hand hygiene using liquid soap and warm water as she notices that there is a small drop of contamination at her wrist.

Refer to:    

The nurse notices that vomit has splashed onto the curtain around the examination couch. The nurse should check off the local arrangements that are in place for laundering the curtains.

The laundering arrangements must comply with national guidance regarding temperature control. (Please note curtains should also be fire resistant.)

Prior to handling the contaminated curtains, the nurse put on a plastic apron and pair of disposable gloves. The curtains are removed and bagged and labelled as per policy.

The nurse removes her protective clothing following the correct procedure removing her gloves first and then the plastic apron and performs hand hygiene.

Refer to:    

Preventing Infection in General Practice

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This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.

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