



INFECTION CONTROL POLICY AND PROCEDURES

BADGER GROUP
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Destroy All Previous Issues

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Contents

1	INTRODUCTION	1
2	AIM	1
3	COMPLIANCE REQUIREMENTS	1
4	GENERAL	2
4.1	Infection control	2
4.2	Universal Infection Control Precautions	2
4.3	Monitoring, Audit and Reporting	3
4.4	Training	3
5	STANDARD OPERATING PROCEDURES	3
5.1	Hand Decontamination	3
5.2	Personal Protective Equipment	4
5.3	Sharps Management and Disposal (Appendix 2)	5
5.4	Inoculation Injury (Appendix 3)	6
5.5	Body Fluids Spill Management (Appendix 4)	6
5.6	Waste Disposal	6
5.7	Cleaning and Equipment Decontamination	7
5.8	Occupational Health	7
5.9	Notification of Infectious Disease	8
6	APPENDIX 1	9
6.1	Procedure for Handwashing	9
6.2	Alcohol Based Hand Gel	9
7	APPENDIX 2	11
7.1	Procedure for Safe Disposal of Sharps	11
8	APPENDIX 3	12
8.1	Procedure for Decontamination (Sharps or Splash Injuries)	12
9	APPENDIX 4	13
9.1	Procedure for Safe Disposal of Body Fluid Waste	13

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Approval

Version	Name	Position	Signature	Approved Date
V1.0	Board Members	Badger Board		Feb 2011
V1.4	Badger Executive	Executive Team		Feb 2015

Glossary

Term	Description

1 INTRODUCTION

These guidelines meet quality standards and ensure safety within the workplace.

Evidence includes legal requirements; recommendations supported by studies or viewed as effective by experts in the field, based on strong rationale and suggestive evidence and therefore viewed as good practice.

Infection control advice can be obtained from Public Health England (PHE), <https://www.gov.uk/emergency-contacts-public-health>

Our local health protection team leads the Public Health England response to all health related incidents.

The team covers the areas of Birmingham, Solihull, Coventry and Warwickshire.

If you need any information on health protection or are concerned by a health related problem in our area, contact the team.

Contact details

5 St Philip's Place,
Birmingham,
B3 2PW

Tel: Tel: 0344 225 3560 Option 2 then Option 1

Out of hours advice

For health professionals:

To contact a public health professional in an emergency out of hours; in the evenings (Monday-Friday 17:00-08:30am), at weekends or during bank holidays, please phone **01384 679 031**.

2 AIM

The aim of this policy and the standard operating procedures (SOPs) which support it is to provide a safe environment for patients and staff, minimise risk of cross-infection, and clarify correct means of disposing of clinical waste. The SOPs provide guidelines for the safe handling, storage, collection, transportation and disposal of waste to be used by the Badger Group ("Badger"). This is to ensure maximum protection without the need to divulge an individual's diagnosis or other information that may be considered confidential.

This policy and standard operating procedures (SOPs) will be updated as appropriate in line with changes in practice and legislation.

Badger undertakes to dispose of all waste material produced through its activities by appropriate and safe methods. Badger will ensure that any waste management activities contracted out are managed and operated to the required standards of the organisation.

3 COMPLIANCE REQUIREMENTS

LEGAL

- Health & Safety at Work Act 1974
- Control of Pollution Act 1974

- Special Waste Regulations 1996
- The Public Health (Control of Disease) Act 1984
- Control of Pollution (Amendment) Act 1984
- The Environmental protection Act 1990
- The Environmental Protection (Duty of Care) Regulations 1991
- Waste Management – The Duty of Care – a code of Practice 1991
- The Water Industry Act 1991
- Controlled Waste Regulations 1992
- Control of Substances Hazardous to Health Regulations 1994

4 GENERAL

4.1 Infection control

Infection control is essential in protecting both health care workers and those accessing the services. The Health and Safety at Work Act (1974) states that both the employer and the employee have responsibilities to provide a safe working environment and to ensure the safety of all staff working there, as well as that of any other persons who may be affected by their acts or omissions in the workplace. In order to comply with these requirements, all health care providers should adopt and implement an infection control policy, which uses the principles of Universal Infection Control Precautions (UICPs).

4.2 Universal Infection Control Precautions

It is not always possible to tell simply by looking at a person what is wrong with them or whether or not they have an infectious illness. Therefore, regardless of age, ethnicity, gender, background or lifestyle, Universal Infection Control Precautions (UICPs) are a simple standard of infection control to be applied in the care of all clients/patients at all times. Since every patient is a potential infection risk it is essential that universal/standard precautions are used for all patients all of the time.

The aim of UICPs is to:

- Reduce the risk of cross transmission of organisms between patients/clients, usually via the hands of health care workers.
- Reduce the risk of transmission of organisms from patients to health care workers.

These precautions include the use of:

1. Hand Decontamination
2. Personal Protective Equipment (gloves, aprons, masks, and face protection),
3. Sharps management and Disposal
4. Inoculation Injury Action
5. Body Fluid Spill Management
6. Waste disposal
7. Cleaning and Equipment Decontamination
8. Occupational Health e.g. Immunisations
9. Notification of Infectious Disease

The use of UICPs should be based on a risk assessment.

When used routinely, infection control precautions outlined in this document minimise the spread of potential pathogens from staff to patient and patient to staff. All new staff commencing employment must be educated as to the use of UICPs.

The UICPs described in this document should be regarded as basic good practice and can be modified to ensure that their use is relevant to each situation. Clinical staff have a responsibility towards the safer working practices of their colleagues or co-workers such as trainees under their supervision.

4.3 Monitoring, Audit and Reporting

The review of clinical practice through audit is a well-established method of monitoring and improving the quality of care and supporting the implementation of changes in practice. Care and services are safer and more effective when continuously monitored and systematically reviewed to improve standards.

BADGER's audit tool measures the practices of infection control and includes hand hygiene, decontamination of patient equipment, management and disposal of sharps, waste handling, clinical practice and the clinical environment.

Infection control risk assessments and audits are undertaken at least annually at all Treatment Centres.

4.4 Training

Training is an essential part of implementing any infection control policy. Staff training will take place on induction, on any change of role within the organisation and periodically as mandatory update training.

As part of any induction programme staff will be given appropriate training, information and instruction according to their role, in:

- Risks and procedures that apply to their particular type of work
- Personal hygiene
- The appropriate use of protective clothing
- Procedures for dealing with spillages and accidents
- The risks associated with health care waste, its segregation, handling, storage and collection
- Notification of infectious disease

5 STANDARD OPERATING PROCEDURES

5.1 Hand Decontamination

- **Micro-organisms**

The hands of staff are the most common vehicles by which micro-organisms are transmitted between patients and have frequently been implicated as the route of transmission of outbreaks of infection. Good hand hygiene is a proven method of reduction of micro-organisms and is acknowledged to be the most important infection control activity

Transient flora are micro-organisms acquired on the surface of the skin through contact with other people, objects or the environment. These are easily removed mechanically by washing with soap and water.

The skin also supports the growth of a wide variety of micro-organisms known as resident or normal flora. These organisms are generally of a low pathogenicity and are not readily transferred from person to person. They are not easily removed by soap and water but their numbers can be significantly reduced by using anti-microbial agents e.g. Hibiscrub.

- **Hygiene**

Nails should be kept short: the majority of flora on the hand is found under and around the fingernails

Any cuts/grazes must be covered with waterproof plasters.

A hand wash basin should be available in every consultation room

An effective hand washing method must be used: see Appendix 1

- **Hand Rubs and gels**

Alcohol hand rub solution is advised for aseptic procedures or when dealing with susceptible patients including the immunocompromised. It is effective if used on physically clean hands.

Alcohol hand rubs can be used without the need of a hand wash basin or bin and are therefore useful for home visits. However, it is preferable for soap and water to be used. Alcohol hand rubs will remove both transient organisms and resident bacteria and also contain lanolin. In most situations, they can be used if the hands are not visibly soiled. Care should be taken to ensure that the whole hand is covered. Alcohol sprays are used to clean equipment, and should not be used on the skin.

Where there is no provision for handwashing, hand gels/rubs must be used between patients.

5.2 Personal Protective Equipment

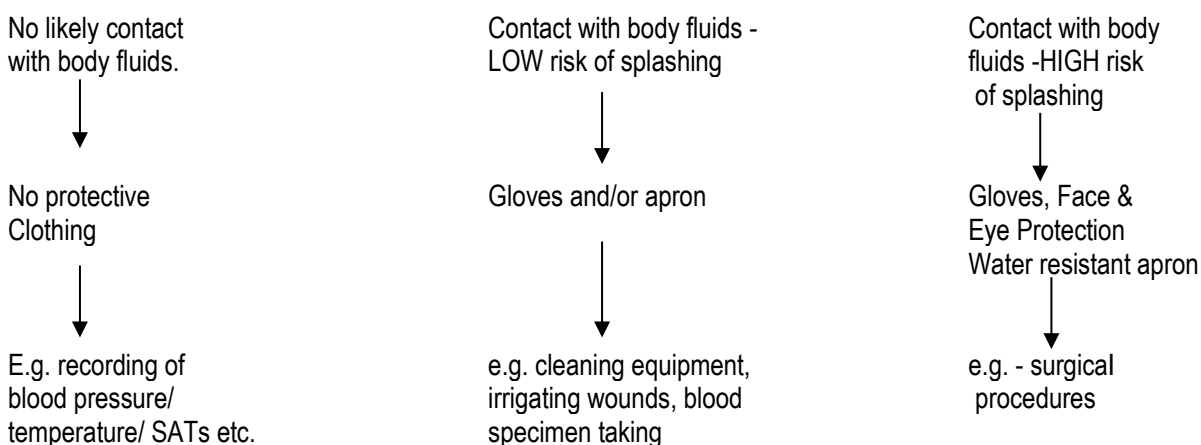
5.2.1 Summary

Protective clothing includes:

- Gloves
- Aprons
- Face protection
- Masks

Addendum: during Covid 19 pandemic or at other times when notified, clinicians must wear full PPE (scrubs, gowns, aprons, FFP2 masks, visor and gloves) when dealing with patients face to face.

The regulations of the Health and Safety Commission require that employers ensure that personal protective clothing is available to all employees, and that it is in fact, worn. The decision on which protective clothing should be worn should be based on a risk assessment (outlined below) of the procedure to be performed.



Following COVID-19: In addition to the above, a face mask should be worn by each staff member in all clinical areas.

5.2.2 Gloves

Gloves should be worn for any activity where body fluids may have contact with the hands. They must be intact, not easily torn and readily available. There are two types of gloves: sterile and non-sterile. Sterile gloves are used when carrying out procedures designated as sterile (e.g. minor surgery); Non sterile for all other procedures.

Gloves must be changed between patients

Gloves will be provided for all staff as required in the pursuance of their duties, and non-latex gloves will be available for those with allergies. Latex gloves conform well to the hands although a degree of sensitisation has been reported. Vinyl gloves are looser fitting, but not associated with skin reactions.

Hands should be washed on removal of any gloves as the skin is easily contaminated when gloves are taken off, or the gloves may be punctured.

5.2.3 Aprons

The front of the body is the part most frequently contaminated by body fluids. Plastic disposable aprons provide adequate protection in most circumstance. Following COVID-19 disposable aprons should be worn for all close patient contact.

5.2.4 Face Protection

Eye and face protection should be worn for any activity where there is a risk of body fluids splashing into the face i.e. taking throat swabs.

5.3 Sharps Management and Disposal (Appendix 2)

It is important that correct use and disposal of sharps is of a high standard to safeguard both staff and patients/carers such that the risk of inoculation injury is minimised. Sharps include any item that may cause a laceration or puncture e.g. needles, stitch cutter, lancets.

- Needles should never be re-sheathed. Where this cannot be avoided it must be carried out safely (e.g. mushroom device or single-handed scoop method).
- Discard disposable syringes and needles as a single unit.
- Sharps must never be carried by hand – if they have to be transported, use a suitable container.
- Needles must never be broken or bent.
- Never leave sharps lying around

All disposable sharps must be placed in sharps containers immediately after use and not discarded with other clinical waste. Do not fill above “fill line”. No attempt should be made to retrieve items from a sharps container. The containers must be closed securely and labelled. Sharps must be disposed of in rigid containers conforming to UN3291/British Standard 7320 and Carriage of Dangerous Goods Regulations. Sharps containers must be placed in a secure area inaccessible to the public.

N.B. THESE SECURE AREAS ARE SPECIFIC TO THE INDIVIDUAL TREATMENT CENTRE LOCATIONS AND ARE SPECIFIED WITHIN THE LOCAL PROCEDURAL GUIDANCE AT TREATMENT CENTRES.

5.4 Inoculation Injury (Appendix 3)

This is defined as the significant exposure to body fluids (urine, vomit, blood, saliva etc.) of the recipient person via broken skin or mucous membranes. It can occur by penetrating wounds, splashes, bites or scratches. When an Inoculation Injury occurs, it is essential that this be managed rapidly to reduce the risk of acquiring a blood borne virus. The most common viruses to consider are Hepatitis B & C as well as Human Immunodeficiency Virus.

The action required will depend on the nature of the exposure to body fluids. Penetrating or scratching injuries need immediate and thorough washing with soap and water followed by drying and covering with a waterproof dressing. Exposure to the eye requires irrigation with copious amounts of water. Oral exposure requires washing out of the mouth with rinsing but not swallowing of the water. Immediate medical advice should then be sought for further management. This might include baseline blood testing of the recipient, advice on post exposure prophylaxis and assessment of the source (where practicable).

5.5 Body Fluids Spill Management (Appendix 4)

Equipment and or surfaces subject to a body fluid/waste spillage should be decontaminated in a safe and timely manner so reducing the impact and risk of cross infection. As part of Badger standards, a named person should be responsible for dealing with spillages and making the area safe. Before starting to clean up the spill, a risk assessment should be carried out before deciding upon the required action and choice of cleaning agents. The staff member undertaking the cleaning procedure will always wear personal protective equipment e.g. disposable gloves, plastic apron etc.

Spillages containing blood or body fluids containing blood are potentially dangerous because they could contain pathogens e.g. - Hepatitis B/C or Human Immunodeficiency Virus. Always use freshly prepared cleaning solutions in clean containers and discard the remaining solution after use. Use disposable wipes where possible and discard them into a clinical waste bag whenever possible. Always use a disinfectant when the spill has occurred from a patient with a suspected or known infection. If there is any delay in dealing with a spillage, staff should never leave a public area unattended.

Always follow the instructions in the spillage kits provided at each location.

A note on near patient testing – spills avoidance

If the patient is to provide a urine specimen for testing at the Treatment Centre, they need to be given an appropriate specimen container. Occasionally patients may be asked to take a further specimen to their own GP. In this case, an appropriate specimen container, and instructions should be provided.

5.6 Waste Disposal

The basis of clinical waste management is segregation into clinical and domestic waste streams. Badger is legally responsible for clinical waste under the Duty of Care legislation. Incorrect disposal of clinical waste is potentially hazardous and unsafe. Therefore correct usage and disposal of clinical waste is essential.

Clinical waste is defined as:

- Any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressing or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it.
- Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research or the collection of blood from transfusion, being waste which may cause infection to any person coming into contact with it.

The following items should be excluded from clinical waste:

- All prescription drugs

- Domestic refuse
- Aerosols
- Batteries
- “Special Waste” substances

Clinical waste with the exception of sharps should be disposed of in yellow waste bags

Domestic waste should be disposed of in black bags.

Sharps should be disposed of in a sharps container according to the appropriate procedure.

Clinical waste bags should be tied when $\frac{3}{4}$ full or secured at the neck using plastic tags. They are collected regularly by a registered carrier and are incinerated. Bags clearly identify the origin of waste.

The local procedure at each Treatment Centre should be followed.

5.7 Cleaning and Equipment Decontamination

It is important for the Treatment Centre to be clean and acceptable to the general public. This includes items such as toys, flooring and furniture that will be in use by patients / carers whilst waiting to be seen. Premises leases should stipulate the details of cleaning arrangements.

Commonly used equipment (This list is not exhaustive)		
ITEM	METHOD	FREQUENCY
Auroscope	Use disposable speculae	Discard after use
Thermometer	Use thermoscan or non contact	Discard earpiece after single use
Ophthalmoscope	Clean with azo wipe	When visibly contaminated
Sphygmomanometer cuff	Clean with soap and water	When visibly contaminated
Stethoscope ear pieces	Clean with disposable antibacterial wipes	Between users and when visibly contaminated
Stethoscopes (diaphragm)	Clean with disposable antibacterial wipes	Between patients
Vaginal Speculum	Disposable	Discard after single use
Blood glucose meter	Meter - disposable antibacterial wipes Platform and lancet - disposable	Discard platform and lancet after single use
Pulse oximeter	Clean with disposable antibacterial wipes	Between patients

At times of pandemic or if otherwise notified, enhance decontamination may be required.

Under no circumstances should disposable, single use or discard type equipment be reused.

5.8 Occupational Health

All staff should make themselves aware of their local facilities for Occupational Health. Occupational health assessment of all relevant staff will be undertaken, where necessary, at the beginning of their employment. Subsequent referrals to occupational health can be made via the Workforce / HR Manager, and any staff member may request the service.

5.8.1 Immunisation

Staff as well as employers have a responsibility for their own health and to ensure that they are up to date with required immunisations e.g. Hepatitis B and Rubella.

5.8.2 Hepatitis B

All health care workers, who have direct contact with patients blood or body fluids or tissues (including specimens) should be immunised against HBV. The immune response to the vaccine must be checked and any follow up action taken, particularly the investigation of non-responders. Staff should also be aware of other blood borne viruses, including Hepatitis C which is prevalent in specific populations.

5.8.1 AIDS/HIV Infected Workers

All health care workers are under an overriding ethical as well as legal duty to protect the health and safety of their patients. They also have a right to expect that their confidentiality will be respected and protected.

Provided appropriate infection control precautions are adhered to, the majority of procedures pose no risk of transmission. There is a low risk of HIV transmission during exposure prone procedures.

HIV infected health care workers must not perform exposure prone procedures, where exposure prone procedures have already been carried out by a member of staff who is HIV+, patients should be notified and offered an HIV antibody test if appropriate.

Health care workers who believe that they may have been exposed to HIV must seek professional advice on whether or not they should be tested. Those infected with HIV must seek medical and occupational health service advice. Health care workers who know or who have good reason to believe that an HIV infected worker is practising in an unsafe manner, must inform an appropriate person.

There is a duty to maintain confidentiality and employers should assure infected health that their status and rights as employees will be safeguarded and if necessary alternative work and retraining offered.

5.9 Notification of Infectious Disease

Certain infectious diseases and food poisoning must be formally notified by the attending clinician (usually the GP) to the Proper Officer of the Local authority, usually the Consultant in Communicable Disease Control (section 11(1) of the Public health (Control of Disease Act) 1984). The list of specifies diseases is available online at

<http://www.patient.co.uk/doctor/Notifiable-Diseases.htm>

Diseases with public health implications should also be reported by telephone to the Communication Disease Control Unit at the Local Authority. A supply of appropriate forms is available at each Treatment Centre. A Badger clinician may satisfy the act if they believe that the responsible general practitioner has undertaken the notification process.

6 APPENDIX 1

6.1 Procedure for Handwashing

INTRODUCTION

Some areas of the hands are frequently missed during hand washing (NB: WHO global campaign - clean your hands which took place on 5 May 2014). Hand washing should take place:

- between patient contacts
- following any task where contact with body fluids has taken place
- following contact with any contaminated or potentially contaminated equipment

WASHING

- All rings with stones and wristwatches should be removed before washing to avoid the risk of harbouring micro-organisms. Cuts and abrasions should be completely covered with a waterproof occlusive dressing.
- All surfaces of the hands must be washed by the technique described; each step consists of 5 backward and fore ward strokes; the areas most commonly missed are the thumbs, backs of hands, between fingers and fingertips.
- Liquid soap and water is normally effective for routine hand washing and will remove 90 -95% of transient organisms picked up during normal patient contact. This is sufficient for low to medium risk procedures.
- Hands should not be scrubbed as this is harmful and debrides the skin.

DRYING

Single use disposable paper towels or hot air driers (where provided) must be used. A foot operated or lidless bin should be used in order to prevent direct hand contact with the contents of a waste bin and therefore recontamination of hands.

6.2 Alcohol Based Hand Gel

This is a quick and convenient and alternative to hand washing for already physically clean hands which are not visibly contaminated with dirt or organic material, especially when soap and water for hand washing is not readily available.

When dealing with diarrhoea and vomiting illnesses, soap and water should always be used. In this case, the use of hand sanitiser is NOT recommended.

Hand washing sinks or hand sanitiser dispensers are located across all our clinical and non-clinical areas. Hand sanitiser is usually situated at strategic locations within the clinical area near to where patient care is given.

Good hand hygiene habits are mandatory for staff but patients and visitors are also encouraged to make use of these provisions in order to reduce the risk of infectious germs being transferred around the treatment centres on their hands. It also reduces the risk of an infection being transmitted to the individual themselves.

Directions for application can be seen below:



Alcohol handrub hand hygiene technique – for visibly clean hands

1
Apply a small amount (about 3 ml) of the product in a cupped hand

2
Rub hands together palm to palm, spreading the handrub over the hands

3
Rub back of each hand with palm of other hand with fingers interlaced

4
Rub palm to palm with fingers interlaced

5
Rub back of fingers to opposing palms with fingers interlocked

6
Rub each thumb clasped in opposite hand using a rotational movement

7
Rub tips of fingers in opposite palm in a circular motion

8
Rub each wrist with opposite hand

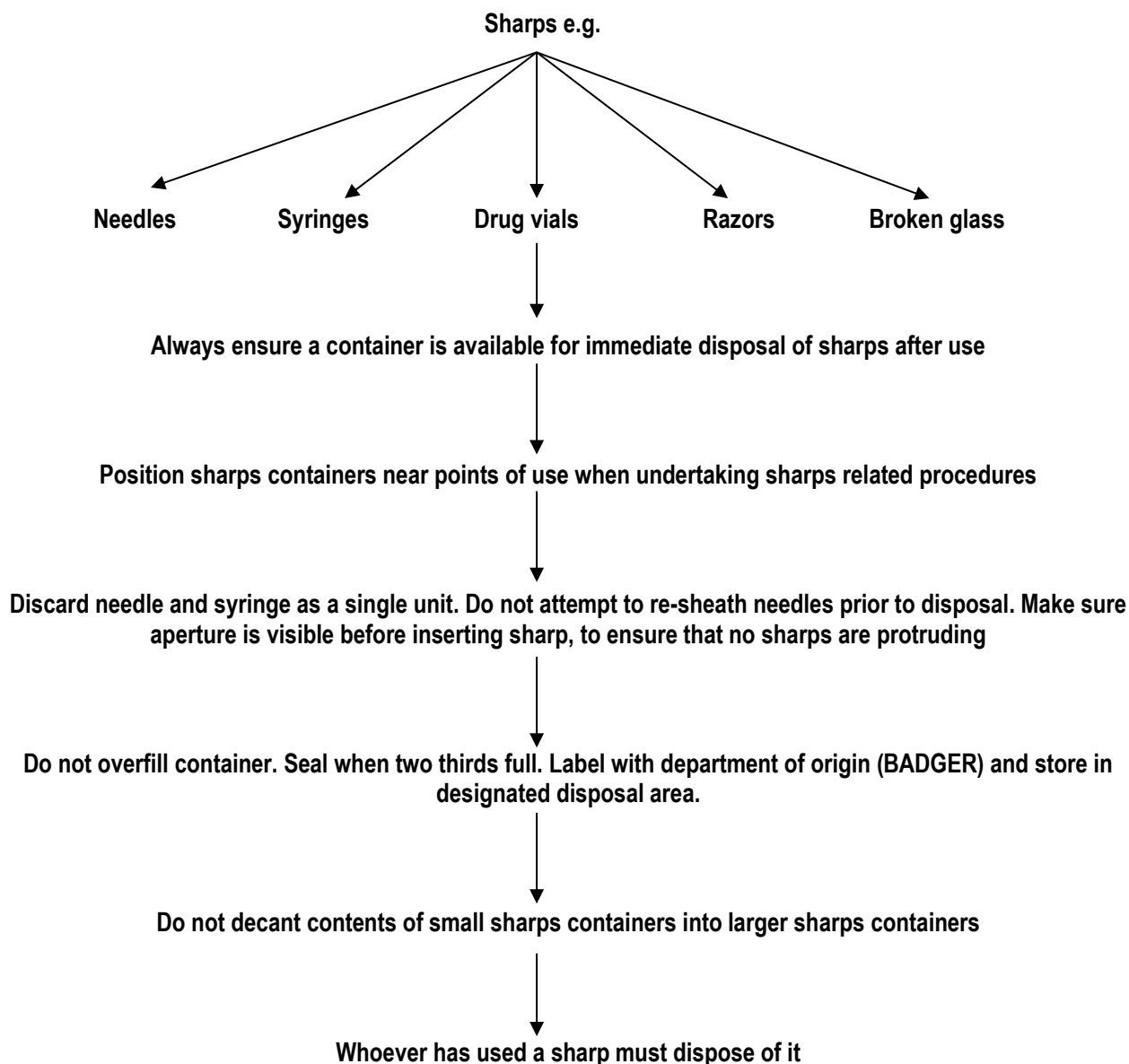
9
Wait until product has evaporated and hands are dry (do not use paper towels)

10
The process should take 15–30 seconds



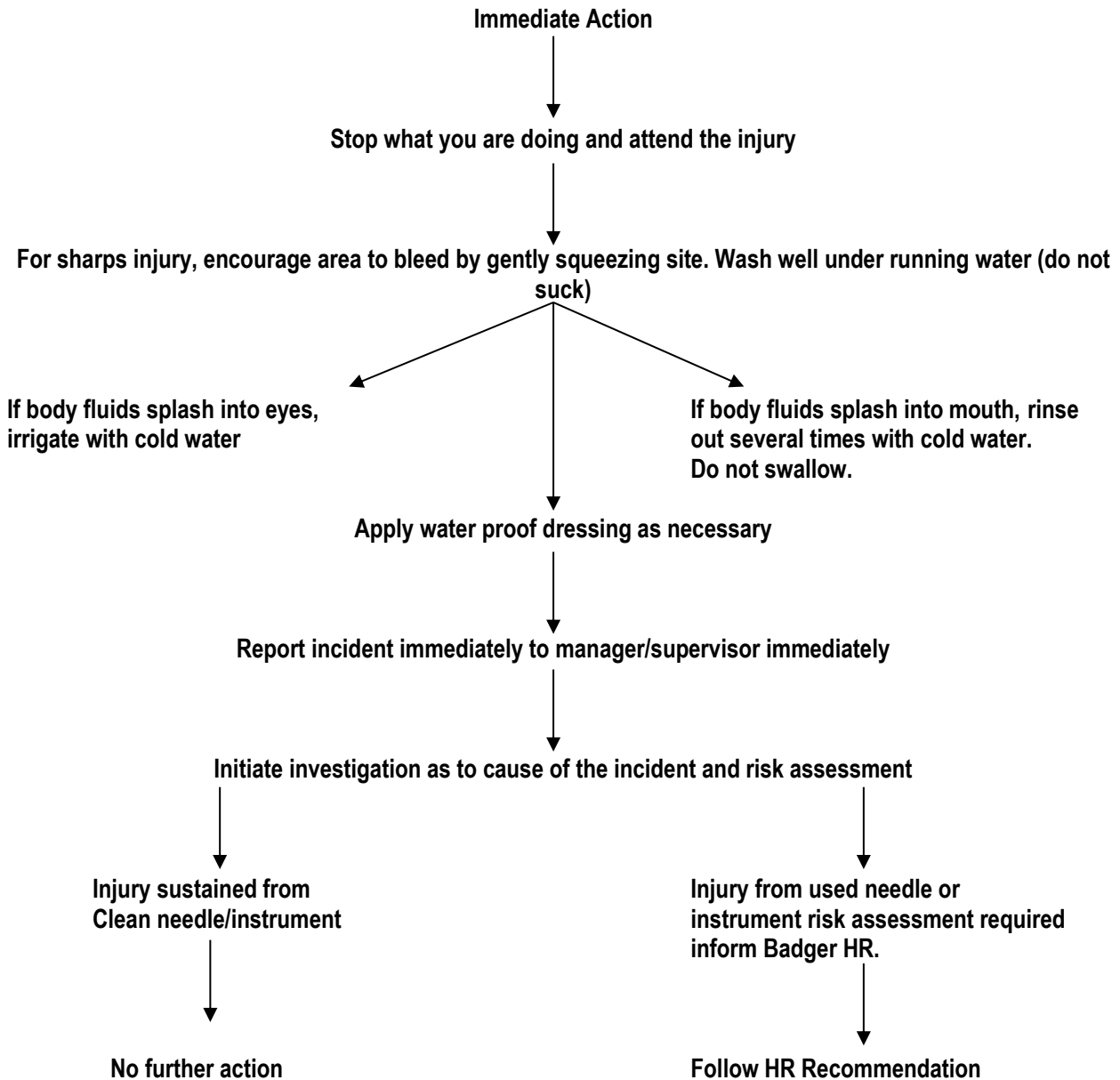
7 APPENDIX 2

7.1 Procedure for Safe Disposal of Sharps



8 APPENDIX 3

8.1 Procedure for Decontamination (Sharps or Splash Injuries)



9 APPENDIX 4

9.1 Procedure for Safe Disposal of Body Fluid Waste

