Standard Infection Control Precautions

INTRODUCTION AND SCOPE OF GUIDANCE

This document sets out the AECC Clinic policy on infection control. The AECC clinic will take all practicable steps to ensure the prevention and control of infection, through effective clinical governance processes that include the production and regular review of an Infection Control Policy, a named Infection Control Lead for each department, staff training, an annual infection control audit for each clinic and appropriate waste disposal and effective cleaning of all Clinic premises.

The Infection Control Lead and named person responsible for implementing The Infection Control policy in each department are as follows:

1. Intern and X-Ray Clinics is Dr Neil Osborne; Director of Clinic.
2. Ultrasound Clinic is Dr Budgie Hussain, Director of Clinic.
3. MRI Clinic is Dr Alan Breen, Director of Clinic.

The Infection Control Lead will work closely with, and take guidance from the Clinical Governance Group (CGG), MRI and CUS leads, and the Director of Estates and Administration to ensure that the Clinic's infection control policies and procedures are effective. Standard infection control precautions (SICP) are designed to prevent cross transmission from recognised and unrecognised sources of infection. These sources of (potential) infection include blood and other body fluid excretions (excluding sweat, non-intact skin or mucous membranes) and any equipment or items which are likely to become infected.

SICPs are necessary to ensure the safety of patients and clients as well as healthcare personnel.

The application of SICPs during care delivery is determined by:

- The level of interaction between the patient and the healthcare worker;
- The anticipated level of exposure to blood and other body fluids.

The Clinic Practice Manager will be responsible for the maintenance of personal protective equipment and the provision of personal cleaning supplies within clinical areas.
The Clinic Practice Manager will be responsible for the maintenance of the provision of personal cleaning supplies within non-clinical areas
The Clinic Practice Manager will be responsible for the maintenance of sterile equipment and supplies, and for ensuring that all items remain in date.

CONTENTS

1.	Hand Hygiene	
2.	Respiratory Hygiene	
3.	Clothing including Personal Protective Equipment	
4.	Occupational Exposure management including Sharps	
5.	Management of Care Equipment	
6.	Safe Care of Linen (including intern scrubs)	
7.	Control of the Environment	
8.	Safe Waste Disposal	
9.	Dealing with Spillages	
10	Hepatitis B	
11.	Clinic maintenance and cleaning	
12.	Incident Reporting (infectious diseases and incidents)	
13.	Audit (building cleanliness, hand hygiene, linen care and management)	
14.	Training (clinic staff, students, service providers)	

1. HAND HYGIENE

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

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

In many cases it is impossible to tell who has or is carrying an infection without a laboratory test and since every service user is a potential infection risk, it is essential that all healthcare staff apply safe systems of working at every opportunity.

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

1.1 Levels of hand hygiene

	LEVEL 1 Social Hand Hygiene	LEVEL 2 Hygienic (aseptic) Hand Hygiene	LEVEL 3 Surgical Scrub
Why perform hand hygiene?	Physically clean hands to remove microorganisms picked up during activities considered 'social' activities (transient micro-organisms).	To remove or destroy transient micro-organisms. Also to provide residual effect during times when hygiene is particularly important in protecting yourself and others (reduces those resident micro-organisms which normally live on the skin)	To remove or destroy transient micro-organisms and to substantially reduce resident micro-organisms during times when surgical procedures are carried out

The level of hygiene required at the AECC clinic is never anticipated to exceed level 2 and all clinic staff are required to undertake hand hygiene training as part of their induction process.

1.2 When to perform hand hygiene

Hands should be decontaminated;

1. Before patient contact
2. After an aseptic technique (e.g. TMD, dealing with body fluid, int. coccygeal etc.)
3. After patient contact

1.3 Hand hygiene (hand washing) procedures

Hand hygiene should be performed for between 15 and 30 seconds or longer in the case of (2) above. Hand washing should not

exceed 3 minutes as this may damage the skin, thus increase the chance of harbouring micro-organisms.

1.3.1. **How to wash your hands**.

A notice with visual instructions is visible in all treatment rooms and toilets (Appendix A)

I. Wet hands with water
II. Apply enough soap and hand wash to cover all hand surfaces
III. Rub hands palm to palm
IV. Right palm over the other hand with interlaced fingers and vice versa
V. Palm to palm with fingers interlaced
VI. Backs of fingers to opposing palms with fingers interlocked
VII. Rotational rubbing of left thumb clasped in right palm and vice versa
VIII. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
IX. Rinse hands with water
X. Dry thoroughly with paper towel. Duration of procedure: At least 15 seconds.

1.4 Hand hygiene using alcohol-based hand rub

Alcohol-based rubs are useful for performing hand hygiene when sinks are not readily available for hand washing or when hands may be contaminated, but not visibly soiled e.g. entering or leaving a clinical area.

Alcohol-based hand rub can also be used following hand washing, e.g. when performing aseptic techniques, to provide a further cleansing and residual effect. Alcohol-based hand rubs are not effective against spore-forming organisms such as *Clostridium Difficile* or norovirus.

1.5 Hand care

Hand care is important to protect the skin from drying and cracking. Cracked skin may encourage micro-organisms to collect and broken areas can become contaminated, particularly when exposed to blood and body fluids.

Hand creams can be applied to care for the skin on hands and is encouraged.

1.6 **Hand hygiene, nail varnish and jewellery**

It has been shown that contamination of jewellery, particularly rings with stones and/or jewellery of intricate detail, can occur. Jewellery must be removed when working in clinical areas to prevent the spread of micro-organisms by contact with contaminated jewellery. It is, however, acceptable to wear plain wedding bands, but these should be removed when hand hygiene is being performed in order to reach the bacteria which can collect underneath them.

Clinician's nails need to be kept short, clean, short and free from nail varnish / polish and adornment. This is also recommended for administrative staff.

1.7 NICE guidelines state that all clinicians should ensure that their hands cannot be decontaminated throughout the duration of clinical work by ensuring that:

- Sleeves are rolled up to above the elbow, or wear short sleeved shirts/blouses
- ties must be securely tucked in, or a bow tie or no tie can be worn
- no wrist watches, rings or jewellery other than a plain wedding band
- cuts and abrasions must be covered with waterproof dressings

2. RESPIRATORY HYGIENE

2.1 To prevent the transmission of all respiratory infections in healthcare settings, including influenza, the following respiratory hygiene and cough etiquette must be applied as a standard infection control precaution at all times:

i. Cover nose and mouth with disposable single use tissues when sneezing, coughing, wiping and blowing noses;

ii. Dispose of used tissues into a waste bin;

iii. Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions;

iv. Keep contaminated hands away from the mucous membranes of the eyes and nose.

3. CLOTHNG INCLUDING PERSONAL PROTECTIVE EQUIPMENT (PPE)

The use of personal protective equipment (PPE) is essential for health and safety Selection of PPE must be based on an assessment of the risk of transmission of micro-organisms to the patient or to the member of staff, and

the risk of contamination of the healthcare worker's clothing and skin/mucous membranes by patients' blood, body fluids, secretions and excretions.

The usual clinical interventions that require the use of PPE is limited to intra-oral and per-rectal coccygeal techniques when gloves will be mandatory. Other PPE is provided for use at the discretion of the clinician and for the purposes of cleaning up body fluids in the event of biological spillage.

For the purposes of this guideline, the PPE described, includes:

i. Gloves
ii. Aprons
iii. Gowns
iv. Surgical masks

3.1 **Gloves**

3.1.1 Non-latex gloves are available in all treatment rooms, the tutor's room, the rehab exercise room and the clinic practice manager's office. These are considered sufficient to protect against the risks encountered.

3.1.2 Gloves must be well fitting to avoid interference with dexterity, friction, excessive sweating and finger and hand muscle fatigue. Therefore, the supply and choice of the correct size and material of glove, e.g. small, medium, large is important.

3.1.3 Wearing gloves is not a substitute for good hand hygiene and must be worn as single use items. They are put on immediately before an episode and removed as soon as the activity is completed. Gloves should therefore be changed for each patient episode. Hand hygiene should be performed prior to putting on gloves and immediately after the removal and disposal of gloves.

3.1.4 Never perform hand washing whilst wearing gloves, and never use products such as alcohol-based hand rub to clean gloves.

3.1.5 Torn, punctured or damaged gloves should not be used and should be removed immediately (safety permitting) if this occurs during a procedure.

3.1.6 Gloves should be removed promptly and before touching any surfaces/equipment, stationary, environmental surfaces, or other persons. Care should be taken when removing gloves to avoid contamination of hands and clothes. The outer

contaminated side of the gloves should be turned inward, rolled into a ball and then the item should be discarded immediately, as clinical waste, into appropriate receptacles according to local disposal of waste policies. Used gloves should never be placed on environmental surfaces. Hand hygiene should be performed immediately after the removal and disposal of gloves.

3.2 **Gowns & shorts**

The use of re-useable patient gowns and shorts is provided for all patients primarily for patient modesty. However, they also provide a useful PPE, particularly in protecting the bench from cross-contamination. The inner contaminated side of the gown should be turned inward, rolled into a ball and then the item should be discarded in the gown room at the end of the patient visit. The gown should not be placed on environmental surfaces.

3.3 **Aprons**

3.3.1 The use of disposable plastic aprons are rarely indicated in the activities at AECC clinic, but certainly when there is a risk that clothing may be contaminated with pathogenic micro-organisms or blood, body fluids, secretions or excretions. They will be available for all encounters where the clinician feels that they are required and should be especially considered when dealing with infant patients. Never re-use single-use disposable aprons.

3.1.2 Where aprons are required they must be changed between patients or procedures. It may be necessary to change gowns between tasks on the same patient to prevent unnecessary cross-contamination. Remove immediately once a task is completed. Never wear them while moving to a different patient or area. Torn or damaged aprons should be disposed of immediately.

3.1.3 Remove aprons carefully to avoid contact with the most likely contaminated areas (e.g. the front surface), and prevent contamination of clothes underneath them. The outer contaminated side of the apron should be turned inward, rolled into a ball and then the item should be discarded immediately, as clinical waste, into appropriate receptacles according to local disposal of waste policies. Never place used aprons on environmental surfaces. Aprons must be disposed of in clinical waste.

3.4 **Footwear, Clothing and appearance.**

3.4.1 Footwear and clothing must be clean and in good condition. Closed-toe shoes must be worn to avoid contamination and potential injury from sharps.

3.4.2 Fingernails should be short and free of nail varnish (false nails are unacceptable) and hair should be worn neatly in a style that does not require frequent re-adjustment.

3.5 PPE for use during Dry Needling

3.5.1 The practice of dry needling in the AECC clinic is undertaken within the guidelines of this document which also relate to the guidelines published by the British Acupuncture Council at;

http://www.acupuncturesafety.org.uk/basic-safety-principles.html

3.6 Summary Guide for the use of PPE

3.6.1 The following is not an exhaustive list, nor is it expected that the clinic will carry out all of these activities but the table provides guidelines to follow in case of an incident or activity.

Activity	Apron/gown	Face, eye/mouth protection (surgical masks, goggles)	Gloves
Contact with intact skin. No visible blood, rashes.	N/A	N/A	N/A
Sterile procedures	✓	✓	✓
Contact with wounds, skin lesions	✓	Risk assessment	✓
Cleaning up incontinence	✓	Risk assessment	✓
Potential exposure to blood/other body fluids,	✓	Risk assessment	✓

e.g. cleaning up spillages,			
Applying topical lotions, creams, etc.	N/A	N/A	✓
Patient contact with unknown skin rash	Risk assessment	Risk assessment	Risk assessment
Using disinfectants, cleaning agents	✓	Risk assessment	✓
General cleaning of clinical areas	Risk assessment	N/A	Risk assessment
Handling waste	Risk assessment	Risk assessment	✓

3.6.2 Some actions will require the manager and/or clinician to carry out a risk assessment of whether the use of PPE is appropriate.

The risk assessment should consider the following when assessing suitability:

i. Does the PPE protect the wearer from the risks and take account of the environmental conditions where the task is taking place?
ii. Does using PPE increase the overall level of risk or add new risks?
iii. Can it be adjusted to fit the wearer correctly?

4. OCCUPATIONAL EXPOSURE MANAGEMENT INCLUDING SHARPS

In order to avoid occupational exposure to potentially infectious agents, precautions are essential while providing care. It must always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. Therefore, precautions to prevent exposure to these and subsequent harm in others receiving or providing care must be taken as standard.

Occupational exposure management, including needlestick (or 'sharps') injury, is one of the elements of SICPs, which should be applied in ALL healthcare settings.

Sharps injuries are one of the most common types of injury to be reported to Occupational Health Services by healthcare staff. The greatest occupational risk of transmission of a Blood Born Virus (BBV) at AECC is through a needle stick injury via an acupuncture needle, but this is lower than through a hollow bore needles. Risks also exist from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes; however this is considered to be smaller again.

There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal-oral route. However, precautions are important to protect all who may be exposed, especially when treatment for certain BBVs is not readily available. The risks of occupationally acquiring other infections are not as clearly documented; however SICPs should help to prevent exposure to other infectious agents. Everyone has an important role to play in improving safety for patients and staff. Undertaking SICPs are crucial elements in ensuring everyone's safety.

For the purposes of these guidelines, the definition of a needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wounds.

4.1 Mandatory PPE requirements

4.1.1 All staff must wear gloves when exposed to blood, other body fluids, excretions, secretions, non-intact skin or contaminated wound dressings might occur.

4.1.2 All staff must wear other PPE as necessary to avoid exposure.

4.1.3 All staff must NOT wear open footwear.

4.1.4 All staff must use devices to protect against exposure during mouth to mouth resuscitation, e.g. pocket masks.

4.1.5 All staff must clean spillages of blood or other body fluids or contaminated items immediately and appropriately following local policy. *See Section 9. Dealing with Spillages*

4.1.6 All staff must dispose of clinical waste immediately according to local policy. *See Section 8. Safe Waste Disposal*

4.2 General good practice advice

4.2.1 All clinical staff are recommended to ensure that their occupational immunisations and clearance checks are up to date (e.g. hepatitis B immunisation) and must know whether they have responded to hepatitis B vaccination or not. All non-responders to hepatitis B vaccination must be made aware of this and advised regarding seeking further health professional support accordingly.

4.2.2 Cuts and abrasions should be covered with a waterproof dressing before providing care.

4.2.3 Staff with skin conditions should seek advice from their GP to minimise their risk of infection through open skin lesions.

4.2.4 Bare below the elbows is recommended for all clinical practitioners

4.3 Mandatory sharps practice

4.3.1 Gather approved containers for the disposal of sharps, blood or other bodily fluids before beginning the activity;

4.3.2 Sharps should not be passed directly hand to hand, and handling should be kept to a minimum and carried out with care;

4.3.3 Needles must never be re-sheathed, re-capped, bent, broken or disassembled after use;

4.3.4 Used sharps must be discarded into a sharps container (conforming to UN3291 and BS 7320 standards);

- Approved sharps containers should be assembled correctly and should never be over-filled, i.e. above the manufacturer's fill line on the box/more than ¾ full;
- All sharps containers should be out of reach of children and at a height that enables safe disposal by all members of staff. They should be secured to avoid spillage;
- Sharps containers should be sealed in accordance with manufacturer's instructions once full the Clinic Practice Manager should be informed who will arrange for their disposal by;
    - PHS EASTLEIGH - Phone: 02920 851000
- Items should never be removed from the sharps container and the temporary closure mechanism on these containers should be used in between use for safety;
    - The label on the sharps container must be completed when it's assembled and once again when it is sealed, this is to facilitate tracing if required;

- Any exposure incident that occurs must be reported and managed appropriately in accordance with the AECC Health and Safety Policy; which states that “all accidents and incidents leading to injury, however slight, of any person on the Clinic’s premises, shall be reported” to the Clinic Practice Manager or the Director of Clinic.

4.4 Occupational exposure including needle stick (sharps) injury refers to the following injuries or exposures:

- Percutaneous injury (from needles, instruments, sharp objects, human bites,
- Exposure to broken skin (abrasions, cuts, eczema, etc.),
- Exposure of mucous membranes including the eye, nose and mouth.

4.5 In the event of an occupational exposure including needlestick or similar injury the following must be:

4.5.1 Skin/tissues

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

4.5.2 Eyes and mouth

- Eyes and mouth should be rinsed / irrigated with plenty of water. There is are eyewash kits outside The Director of Clinic office as well as in the Tutor’s lounge and both clinic receptions.
- If contact lenses are worn, irrigation should be performed before and after removing these. Do not replace the contact lens;
- Do not swallow the water which has been used for mouth rinsing following mucocutaneous exposure.

4.5.3 Reporting any sharps injury

- Report/document the incident as per local reporting procedures immediately to the Director of Clinic / Deputy Director and the AECC H&S advisor. Treatment urgency is important in these situations as post exposure prophylaxis (PEP) for HIV or other treatments may be required (ideally PEP should commence within 1 hour of the

incident having taken place, but is not advised if exposure time exceeds 72 hours).

- This also assumes that the needle is fresh
- Near misses should also be clearly reported/documented through the adverse incident report procedure
- Ensure that the item that caused the injury is disposed of safely into an approved sharps container to ensure that a further incident is avoided;

5. MANAGEMENT OF CARE EQUIPMENT

5.1 The AECC clinic does not provide toys for use by patients. Parents and carers are free to bring in their own small toys for children to play with whilst in the waiting room, but these must be taken home afterwards. Any disregarded play items that are not identifiable, will be discarded at the end of the day.

AECC clinic sees a diverse population of people. Care equipment used on patients can become contaminated with body secretions during the delivery of care. Therefore, care equipment must be managed appropriately in order to limit the risk of contamination with microorganisms.

For the purposes of these guidelines, care equipment includes items that are non-invasive and reusable e.g. stethoscopes, blood pressure cuffs, and equipment in the rehabilitation centre. Higher risk equipment includes the toys used in the paediatric and feeding clinics.

- Care equipment must be stored clean and dry following use;
- Equipment should also be checked for cleanliness prior to use, e.g. when being removed for storage;
- Care equipment should never be stored on the floor, unless contained within an enclosed box
- Covers for items should be used where appropriate.

5.2 **When to perform procedures for management of care equipment**

Care equipment should be wiped clean between each patient consultation, by the healthcare professionals using the equipment to remove dirt and contamination. The cleaning should be according to the manufacturer's instructions. Where no cleaning instructions exist, equipment should be wiped clean with appropriate antibacterial agents:

- After every use;
- When equipment is visibly dirty;

- Immediately when spillages or contamination with blood/other body fluids has occurred;
- Whenever equipment has been removed from the Clinic for use in an external care environment.

5.3 **Managing care equipment to reduce infection risk**

- Use personal protective equipment (PPE) as necessary;
- Take account of hand hygiene;
- Follow local procedure in relation to cleaning agent, receptacle and products to be used.

5.4 **Management and care of Treatment benches**

5.4.1 Benches are covered in smooth hard wearing leather and, in the absence of a gown, patients will lie directly upon this exposed to their skin. The design of most benches in the intern clinic preclude the use of full length disposable paper rolls, however these are used in the ultra sound clinic. Because of this, bench hygiene is paramount.

5.4.2 All sections of the benches must be wiped down before the patient visits AND after the patient visits using antibacterial wipes supplied in all rooms.

5.4.3 Disposable paper head roll is provided on all benches. This must be used and replaced for each patient and, possibly between prone procedures on the same patient. It is not uncommon for saliva or tears to be left on the head roll, and this will leak through to the benches. In such instances, the head roll will need to be loosened and the head pieces themselves disinfected. Disposal of head roll must be treated as clinical waste and not left in domestic bins.

6. SAFE MANAGEMENT OF LINEN (including intern scrubs)

6.1 **Used linen**

Refers to all used linen and the vast majority of gowns, towels, drapes and blankets that have been used but are not visibly spoiled, or come into contact with a known potential source of infection.

6.2 **Soiled linen & infected linen**

Refers to linen visibly contaminated with blood or other body fluids.

6.2.1 Used, soiled and infected linen must be bagged separately by the attending clinician in a water soluble bag, and processed in the laundry.

6.2.2 Used, soiled and infected linen must be securely transported in bins provided to restrict the spread potentially pathogenic microorganisms to others.

6.2.3 Wear gloves and if possible a disposable apron when handling used, soiled or infected linen or

6.2.4 Handle all used, infected or soiled linen half away from yourself to avoid contaminating your clothes when loading the washing machine from the linen and follow hand hygiene routine afterwards.

6.3 **Care of intern jackets**

6.1.1 Staff clothing is a potential source of cross-contamination it must be clean and in good condition.

6.1.2 Interns must have a clean jacket on a daily basis.

6.1.3 It is poor practice to travel in clinical clothing and on-site changing facilities must be used at all times. Where these are not available, staff must cover their uniform and travel directly to their place of work from home and vice versa.

6.2.5 All clinical clothing must be washed to manufacturers standards.

7. CONTROL OF ENVIRONMENT

7.1 It must be considered that contamination of all patient environments will occur and must, therefore, be controlled by ensuring:

7.1.1 Surfaces are smooth and intact so that they cannot harbour bacteria and any broken surfaces are reported and not used until replaced or repaired.

7.1.2 Surfaces are tidy and free from clutter.

7.1.3 Staff should therefore be aware of cleanliness of their own environment and not just rely on cleaners to maintain cleanliness in work areas.

8. SAFE WASTE DISPOSAL

The safe disposal of all waste by those involved in the handling, transporting or processing of it is an essential part of health and safety, general good hygiene and is covered by legislation.

The safe disposal of clinical waste particularly when it might be contaminated with blood, other potentially infectious body fluids, secretions or excretions (excluding sweat) is one of the elements of SICPs.

Waste produced as a result of healthcare activities is classified as healthcare waste in the European Waste Catalogue and assigned a EWC code which determines how such waste should be managed. Healthcare waste includes no/minimal risk hygiene waste as well as items which pose a risk either due to their potentially infectious nature or contamination with pharmaceutical products; these are known as hazardous waste. Hazardous waste is subject to additional controls as specified in The Hazardous Waste (England and Wales) Regulations 2005.

The clinic generates wastes under; EWC18 - Wastes from human and animal health care and/or related research (except kitchen and restaurant wastes not arising from immediate health care). (Health, 2010).

8.1 When and where to dispose of waste safely and appropriately

AECC Clinics do not handle medicines, therefore do not require guidance on their disposal in accordance with NHS Dorset Clinical Commissioning Group Medicines Code Chapter 18: Policy for Waste Medicines.

8.1.1 Waste should be disposed of as close to the point of use as possible, immediately after use in rooms.

8.1.2 Clinical waste should only be disposed of in hands free/pedal operated lids which are hard bodied and contain appropriate waste bag to prevent hands becoming contaminated.

8.1.3 Sharps bins must never be tampered with or emptied by anyone other than the organisation contracted by AECC to remove such items. (At the time of writing PHS).

8.1.3 Waste bags/containers used to hold waste should be of an appropriate strength to ensure they are capable of containing waste without spillage or puncture,

i. UN approved bags which are orange or yellow in colour and indicate hazardous healthcare waste for treatment /incineration and disposal, should always be used appropriately.

iii. Approved sharps bins should also always be used as they are puncture-resistant and retain liquids. These

must be assembled correctly, following manufacturer's instructions.

iv. Hygiene waste should also be disposed of into appropriate receptacles.

v. Never dispose of waste into an already full receptacle;

vii. Bags should be no more than ¾ full. Sharps bins should be no more than ¾ full/passed manufacturers fill line;

viii. Where patients can dispose of their own waste e.g. tissues, they should be encouraged to do so in the provided (appropriate) waste receptacles.

ix. Always wear PPE when disposing of waste.

x. Items containing fluid, particularly those containing blood/body fluids, that have to be disposed of should first have the contents solidified in order that they are safe to transport;

xi. Seal all bags/containers appropriately before disposal/transporting/processing in accordance with local guidance (e.g. bag ties etc.)

9. DEALING WITH SPILLAGES

9.1. How to manage spillages in clinic

9.1.1 Spillage kits are stored in the laundry and in the Clinic Practice Manager's office.

9.1.2 Spillage kits contain antiseptic granules which may be poured onto blood spills, leave for 2 minutes, and removed using paper towels. The kit also contains rubber gloves (to be replaced if used once) and goggles to prevent splashes into the eyes. Disposable aprons should also be used.

9.1.2 Block off spillage areas from patients and staff until the spillage has been removed. Always use Personal Protective Equipment (PPE), and note the following general guidelines:

i. Paper towels etc. once used, should be placed in clinical waste

ii. Non-disposable items such as buckets etc. should be disinfected using a suitable bleach / disinfectant solution

iii. All used PPE should be disposed of as clinical waste

iv. Always wash your hands using thorough techniques immediately after the event – see; Appendix A. *Hand washing Techniques*

and *Hand washing & Hygiene Guidelines*

9.2 **HIV and Hepatitis B**

9.2.1 HIV is much less infectious than Hep B. The former will not live long outside the human body.

9.2.2 Hepatitis B will survive for over a week in a drop of dried up vaccination against Hep B as soon as possible after recruitment.

10. HEPATITIS B

10.1 All students and practitioners employed in clinic are advised to have the hepatitis B vaccine.

10.3 Students and practitioners will be expected to pay the provider for the vaccination.

11. CLINIC MAINTENANCE AND CLEANING

Eco clean services have replaced the in house cleaners to provide full infection control cleaning services within the clinic to CQC standards. These are monitored regularly by the Clinic Practice Manager.

12. INCIDENT REPORTING

12.1 **Infectious Disease in clinic**

The World Health Organisation defines infectious disease as Infectious disease as 'caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another and a list of such disease can be found at http://www.who.int/topics/infectious_diseases with background and support information around each disease if required.

12.1.1 All staff and patients of clinic who are reported as suffering from a diarrhoea and or sickness infection are advised to stay away from the clinic until at least 48 hours after the last episode of diarrhoea or vomiting.

12.1.2 If a patient, employee or any other person who has been in clinic is suspected or confirmed as carrying an infectious disease either during, following or prior to a visit to clinic full details must be reported immediately to the Clinic Practice Manager, Director of Clinic or his or her Deputy.

12.2 **Infection control incidents or concerns in or around the clinic building**

12.2.1 Any incident where inappropriate waste disposal has occurred should be reported to the Clinic Practice Manager, and the Health and Safety Advisor.

12.2.2 All infection control concerns in or around the building must in the first instance, be reported to the Clinic Practice Manager to include but not limited to:

i. Treatment rooms including the rehab areas
ii. Toilets and washroom facilities
iii. Public spaces including grounds and car parking areas

12.2.3 Depending on the nature of the complaint, the issue is either dealt with immediately by the in house maintenance and building support team or communicated to the external cleaning company and followed up by the Clinic Practice Manager.

13. AUDIT

13.1 The Clinic Practice Manager meets monthly or sooner if there is an issue with the clinic cleaning company to discuss any issues relating to clinic cleanliness and infection control and to undertake an inspection of the clinic.

13.2 All clinic treatment rooms and toilets are inspected annually to ensure that hand cleaning notices are displayed and easy to read.

13.3 An audit log of meetings with the external clinic cleaning company is kept by the Clinic Practice Manager.

14. TRAINING

14.1 The following college and clinic staff are to receive mandatory hand hygiene training

i. All practitioners and faculty staff involved in the care of patients
ii. All reception and clinic admin staff
iii. All maintenance staff
iv. All laundry staff

14.2 All practitioners shall receive mandatory bench hygiene and laundry preparation training.

14.2 Eco Clean contracted clinic cleaning company are responsible for ensuring all staff working on AECC premises are trained to the required CQC standards.

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Target:	All Clinic staff; Clinic Interns; D of C; Floor Tutors
Policy location:	SIP; Clinic Reception electronic folder

REFERENCES:

http://www.who.int/topics/infectious_diseases

http://www.nhsprofessionals.nhs.uk/Download/comms/CG1_NHSP_Standard_Infection_Control_Precautions_v3.pdf

http://www.legislation.gov.uk/uksi/2005/894/pdfs/uksi_20050894

http://www.hpa.org.uk/servlet/Satellite?c=Page&childpagename=HPAweb%2FPage%2FHPAwebAutoListName&cid=1153999752025&p=1153999752025&pagename=HPAwebWrapper&searchmode=simple&searchterm=protective+equipment&go=Search

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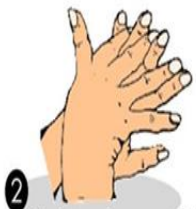
Appendix A. Handwashing instructions notice.

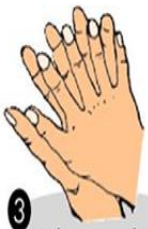
HAND WASHING

Hand washing technique:

1 Palm to palm



2 Right palm over left dorsum and left palm over right dorsum



3 Palm to palm fingers interlaced

4 Backs of fingers to opposing palms with fingers interlocked

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

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

Reference: Ayliffe GAJ, et al (1992) Control of hospital infection; A practical handbook. Third edition, Chapman and Hall, London.