INFECTION PREVENTION AND CONTROL

STANDARD INFECTION PREVENTION AND CONTROL PRECAUTIONS
Policy title: Standard Precautions - Infection Control and Prevention (IPC)

Policy reference: CL05B

Policy category: Clinical

Relevant to: All Staff

Date published: May 2018

Implementation date: May 2018

Date last reviewed: April 2018

Next review date: June 2020

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Approved by: Infection Control Committee
Quality Governance Committee

Ratified by: Quality Committee
May 2018

Document history

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<th>Version</th>
<th>Summary of amendments</th>
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<td>May 2018</td>
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<td>Stand alone document</td>
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Membership of the policy development/review team: IPC Staff

Consultation

IPC Champions, Matrons, Estates and Facilities staff, IPC Committee members and Clinical Governance staff

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STANDARD INFECTION PREVENTION AND CONTROL PRECAUTIONS

1 INTRODUCTION

Standard precautions are meant to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients. (WHO 2006)

Standard precautions are a set of precautions which are designed to prevent the spread of infection. They are intended for use by all healthcare staff at all times as infection cannot always be easily identified. These precautions protect the safety of the patients, the staff, visitors and contractors to the healthcare environment. They will protect individuals from contamination with blood and other body fluids which may or may not be contaminated with sources of infection.

The Standard Precautions consist of a set of procedures that in combination will protect against the spread of infection. They are:

- Hand Hygiene
- Use of Personal Protective Equipment
- Safe use and disposal of sharps
- Decontamination of medical equipment
- Environmental cleanliness
- Waste disposal
- Management of linen
- Management of body fluid spills (body fluids are defined as any fluid contained within the human body)
- Respiratory Hygiene

2 HAND HYGIENE

Hand hygiene is now regarded as one of the most important element of infection control activities (Marthur, 2011), and is required even if gloves are worn. Most healthcare-associated infections (HAIs) are preventable through good hand hygiene – cleaning hands at the right times and in the right way. (WHO, 2012)

Hands are the most common means in which microorganisms, particularly bacteria, can be spread and subsequently cause infection, especially for those patients who are most susceptible.

Staff must assume that every person they encounter could be carrying potentially harmful microorganisms that could be transmitted and cause harm to others.

There are two groups of micro-organisms on the hands:

2.1 Transient skin flora
• Carried temporarily
• Micro-organisms acquired on the hands through contact with other sites on the same individual, from other people, or from the environment
• Easily acquired by touch, and readily transferred to the next person or surface touched, so may be responsible for the transmission of infection.
• Removal of transient micro-organisms is therefore essential in preventing cross-infection, and their removal is easily achieved by washing with soap and water, the use of alcohol rub or hand sanitizing wipes.

2.2 Resident skin flora
• Micro-organisms which live permanently in deep crevices and hair follicles, known as skin flora; most are bacteria of low pathogenicity
• Not readily transferred to other people and most are not easily removed by washing with soap.
• Do not need to be removed from the hands during routine clinical care
• During invasive procedures, e.g. minor surgery, there is a risk that resident micro-organisms may enter the patient’s tissues and cause an infection

To ensure maximum safety hand hygiene has to be performed:

1. Using an effective product
2. By applying the correct technique
3. At precise moments in time (Storr J WHO 2008)

2.3 WHO - Five Moments of Hand Hygiene

The World Health Organisation (WHO) has produced a model (5 Moments for ‘Hand Hygiene at the point of care’) explaining when hands should be decontaminated as described in the table below. Hands must be decontaminated immediately before each and every episode of direct service user contact or care and after any activity or contact that could potentially result in hands being contaminated.

<table>
<thead>
<tr>
<th>Before Service User Contact</th>
<th>Why? To protect the service user against harmful organisms carried on the staff members hands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before an Aseptic/Non Touch Technique task is undertaken.</td>
<td>Why? To protect the service user against harmful organisms, including the service user's own organisms from entering their body.</td>
</tr>
<tr>
<td>After body fluid exposure. (This is detailed as after a risk of body fluid exposure)</td>
<td>Why? To protect staff member and the healthcare environment from harmful patient organisms</td>
</tr>
<tr>
<td>After service user contact.</td>
<td>Why? To protect staff member and the healthcare environment from harmful organisms carried by the service user.</td>
</tr>
<tr>
<td>After contact with service user surroundings.</td>
<td>Why? To protect staff member and the healthcare environment from harmful organisms carried by the service user.</td>
</tr>
</tbody>
</table>

(A pictorial representation is available at appendix 1)
It must also be remembered that the organisms cannot be seen, felt or smelt so there is no easy way to identify them or service users who carry them. (WHO, 2009, 2012)

Hands that are visibly soiled with dirt or blood/body fluids must be washed immediately with soap and water, hand gel must not be used. Other than when hands are visibly soiled hand hygiene should be performed; between caring for different patients or between different care activities for the same patient with hand gel (Pratt et al 2007).

Any cuts or grazes must be covered with a waterproof dressing. If this is not possible, you should avoid being involved in any clinical procedure until the lesion is healed and/or seek advice form the Occupational Health Department.

3 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Staff should perform a point of care risk assessment to decide which personal protective equipment to wear prior to any activity which could potentially involve blood and body fluids. An example of which can be found at appendix 2

3.1 Gloves

Disposable gloves must be worn:

- If there is potential of exposure to blood, body fluids, secretions and excretions.
- Glove usage is strongly advised for all health care workers when undertaking venepuncture and injections.
- For invasive procedures, contact with sterile sites and non-intact skin or mucous membranes and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions.
- When dealing with chemical substances.
- When handling sharps or contaminated instruments/equipment.

Hands should be cleaned immediately before putting gloves on and immediately after taking them off, hand become warmer and damp inside gloves which increase the for organisms to grow. Gloves are not a replacement for hand hygiene, when used should be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed, (RCN, 2012). Gloves must be changed between caring for different patients and between different care and treatment for the same patient.

Gloves must be used as single use items and should be discarded as clinical waste. Hands must be decontaminated thoroughly after the gloves have been removed. Care must be taken to avoid touching the outer contaminated areas of the gloves when removing them.
Gloves are single use items and must not be washed or disinfected for re-use. Washing may cause the enhanced penetration of liquids through undetected holes in the glove.

The trust operates a non-latex environment therefore medical gloves are available in vinyl and nitrile, sterile and non-sterile and should be chosen appropriate to the need. See appendix 3 for a glove choice matrix. **Gloves are not a substitute for hand hygiene.**

### 3.2 Face Masks and Eye Protection

Masks, visors and eye protection should be worn when a procedure is likely to result in blood and body fluids or substances splashing into the eyes, face or mouth.

A particle filter respirator or FFP3 respirator meeting European standard EN149:2001 may be required when dealing with infections transmitted via the airborne route such as pandemic influenza (HPA, 2005). All staff that might need to use this type of respirator mask must be Fit Tested by a competently trained person. In these circumstances seek specialist advice from the Infection Prevention and Control Team or on-call Microbiologist.

When any mask is removed avoid touching the outer contaminated area of the mask. (See appendix 4 Putting on and removing PPE)

### 3.3 Protective Clothing

Disposable plastic aprons or water repellent disposable gowns should be worn where there is a risk that clothing may be exposed to blood, body fluids, secretions and excretions with the exception of sweat or when the service user requires additional transmission-based precautions.

A disposable plastic apron should be worn to protect clothing from contamination with microorganisms when bed making, any direct care, or direct contact with the environment of a service user on transmission-based precautions.

Aprons or other protective equipment should not be worn routinely as part of normal activities but when required. They are single use items for one procedure or episode of patient care and must then be discarded and disposed of as clinical waste. See below for a colour-coded list of aprons:

<table>
<thead>
<tr>
<th>Colour</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Aprons</td>
<td>Clinical Care</td>
</tr>
<tr>
<td>Green Aprons</td>
<td>Preparing and Serving Food</td>
</tr>
<tr>
<td>Yellow Aprons</td>
<td>Infection and Isolation</td>
</tr>
<tr>
<td>Blue Aprons</td>
<td>General Cleaning</td>
</tr>
<tr>
<td>Red Aprons</td>
<td>Dirty Utility and Sanitary Cleaning</td>
</tr>
</tbody>
</table>

Hand hygiene should be performed after the removal of all protective clothing.
The choice of PPE will be based on the staff members risk assessment of the procedure to be undertaken but will be based on information similar to that contained in the following table.

<table>
<thead>
<tr>
<th>Function</th>
<th>Examples of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td></td>
</tr>
</tbody>
</table>
| **Standard length:** Protect hands from contamination with organic matter, micro-organisms, and chemicals. Minimise cross-infection from staff to patients and vice versa | • Contact with non-intact skin  
• Contact with mucous membranes  
• Potential exposure to blood  
• Contact with contaminated equipment  
• Contact with chemicals  
• Invasive procedures  
• Contact with sterile sites  
• Cleaning contaminated equipment |
| **Long length:** Protect hands and wrists from contamination | |
| Aprons   |                 |
| **Standard disposable apron:** Protect the healthcare workers clothing from contamination (Where lack of shoulder protection is of concern disposable wider shoulder aprons or long sleeved impermeable single use aprons should be considered) | • Contact with blood or body fluids, secretions excretions with the exception of sweat  
• For direct contact with an infectious service user and their environment  
• When clothing is likely to become wet or soiled, i.e. bathing  
• Cleaning contaminated equipment |
| **Long sleeved disposable apron:** Protect the healthcare workers clothing and arms from contamination | • Use where standard disposable aprons and gloves give insufficient coverage of exposed skin and clothing |
| Masks    |                 |
| **Face mask:** Protect healthcare workers from the potential exposure to micro-organisms via splashes of blood and body fluids or contaminated cleaning fluids | • Healthcare where treatment may potentially cause facial splashing e.g. lancing of abscesses  
• Dental treatment where aerosols are produced  
• Cleaning of contaminated environment e.g. dirty protest  
• For close patient care in a respiratory outbreak situations |
| **Respiratory protection mask:** Protect healthcare workers where high level particle filtration is required. The masks may require individual | • Cough inducing procedures on patients known or suspected of infection with Multi Drug Resistant Tuberculosis  
• Cough inducing procedures in a |
<table>
<thead>
<tr>
<th>Function</th>
<th>Examples of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>assessment and fitting (It is difficult to obtain a close mask seal to the skin where beards or facial hair is present)</td>
<td>pandemic influenza situation</td>
</tr>
</tbody>
</table>

**Eye protection**

- Protects the eyes from splash or spray of blood and body fluids
- Protects the eyes from chemicals
  - These may be;
  - Safety Spectacles (re-usable)
  - Combined single use visor and facemask

- During aerosol-prone procedures i.e. Dental treatment
- During procedures where splashing is possible e.g. cleaning of equipment

**NB. ALL PPE IS SINGLE USE UNLESS OTHERWISE STATED**

4 **SAFE USE OF SHARPS**

In 2013 legislation was brought in regarding the use of safer sharps to reduce the amount of needle-stick injuries. The legislation states that if there is a needle safe device suitable for the procedure then it must be used.

The Trust became fully needle safe in 2017 (see PAN 7 2017 for further information) therefore any blood collection device, injection device or blood lancet must be needle safe unless supplied by the manufacturer without (an example would be some prepared vaccines).

Non needle safe devices may not be purchased except for the Needle Exchange Service.

To use, activate the needle safe device and discard used sharps immediately at the point of use into an approved British Standard sharps container and engage the temporary closure. The container should remain shut whilst the container is not in use.

Ideally sharps containers should be stored attached to the wall to prevent them from falling and should be stored securely locked in a safe locked area whilst awaiting disposal.

Sharps containers must not be placed in clinical waste bags. Sharps containers must be collected from clinical areas and placed directly into a large transport clinical waste container.

Sharps containers must be labelled and signed when opened and signed again when locked shut. Both actions must be dated. Sharps boxes must not be filled further than the fill line.
5 **DECONTAMINATION OF MEDICAL EQUIPMENT**

Decontamination is the process used that makes equipment safe for reuse (RCN, 2012). Inadequate decontamination of equipment is frequently associated with outbreaks of infection.

Clean re-usable equipment between patient uses according to policy guidance. Wear protective clothing when handling contaminated medical equipment.

Do not reuse single use items or single use equipment, this is marked with a 🚫.

6 **ENVIRONMENTAL HYGIENE**

A dirty or contaminated clinical environment is one of the factors that may contribute to healthcare-associated infections. Organisms that live outside of the human body can often survive in dust and dirt.

Clinical areas should be kept clean and free from dust and clutter.

Particular attention must be paid to horizontal surfaces, floors, beds, and bedside equipment and other frequently touched surfaces.

If the environment is not visibly clean the domestic supervisor should be informed.

7 **CLINICAL WASTE**

Waste must be segregated according to Trust policy into the correct colour coded bags.

Orange bags must be used to dispose of clinical waste, soiled with body substances or identifiable as having been or potentially been used in a clinical process, including PPE.

Ensure that clinical waste bags are correctly identified with a numbered closure tag in accordance with the Trust Waste Policy, this identifies where the waste originated.

Staff must wear appropriate PPE when coming into contact with contaminated waste.

Waste bags must be stored in a secured area before collection and then safely transported to the main waste store ready for disposal.

8 **LAUNDRY**

Do not shake dirty linen. Bag the laundry at the place of use, i.e. patient’s bed area.

Linen contaminated with blood/body fluids must be placed directly into red water-soluble alginate bags and then a white plastic bag for safe transportation to the laundry.

Always wear a disposable plastic apron and gloves when handling used linen.
Never place linen (used, soiled or clean) on the floor. Store used/soiled linen securely prior to collection from the area.

9 MANAGEMENT OF BLOOD OR BODY FLUID SPILLS
Any blood/body fluid spillages must be cleaned immediately they are noticed with staff wearing appropriate PPE.

Body fluids such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of Blood Borne Virus infection, unless they are contaminated with blood. Care should be taken as the presence of blood is not always obvious. (Health and Safety Executive, 2011).

Use hospital-approved disinfectants or spill kits/mats. Never use chlorine-releasing granules directly on urine spillages as a chlorine gas can be released.

10 RESPIRATORY HYGIENE
Service users/visitors with a cough should be assisted to perform cough/respiratory etiquette—that is coughing or sneezing into a disposable tissue, disposing of this immediately and then cleaning their hands.

Service users with acute respiratory symptoms should be spatially separated from other patients wherever possible and the Infection Prevention and Control Team should be contacted.

11 MONITORING AND AUDIT
This policy will be monitored and audited throughout the Trust through the on-going environmental audits undertaken by the IPC Team and also by the on-going audits of the IPC Champions within teams.
Appendix 1
World Health Organisation 5 Moments of Hand Hygiene
Appendix 2

Point of Care Risk Assessment

ASSESS THE RISK BEFORE PERFORMING A TASK

- No exposure to blood or body fluids
  - No personal protective equipment required with the exception of aprons that should be worn when making beds

- Contact with blood/body fluids possible but a low risk of splashing to the eyes or mucous membranes
  - Disposable gloves and plastic aprons

- Contact with blood/body fluids with a high risk of splashing to the eyes or mucous membranes
  - Disposable gloves and plastic apron, eye protection, face mask or face visor

NB
All single use PPE, including gloves and aprons are only to be used for a single patient’s episode of care. It is then to be removed in an order that minimises the potential for cross contamination
### Appendix 3 Glove use matrix

**STERILE GLOVES INDICATED**

Any surgical procedure; vaginal delivery; invasive radiological procedures; performing vascular access and procedures (central lines); preparing total parental nutrition and chemotherapeutic agents.

### EXAMINATION GLOVES (vinyl, nitrile) INDICATED IN CLINICAL SITUATIONS

*Potential for touching blood, body fluids, secretions, excretions and items visibly soiled by body fluids.*

**DIRECT SERVICE USER EXPOSURE:** Contact with blood; contact with mucous membrane and with non-intact skin; potential presence of highly infectious and dangerous organism; epidemic or emergency situations; IV insertion and removal; drawing blood; discontinuation of venous line; pelvic and vaginal examination; suctioning non-closed systems of endotracheal tubes.

**INDIRECT SERVICE USER EXPOSURE:** Emptying vomit bowls; handling/cleaning instruments; handling waste; cleaning up spills of body fluids.

### GLOVES NOT INDICATED (except for CONTACT precautions)

*No potential for exposure to blood or body fluids, or contaminated environment*

**DIRECT SERVICE USER EXPOSURE:** Taking blood pressure, temperature and pulse; performing SC and IM injections; bathing and dressing; transporting patient; caring for eyes and ears (without secretions); any vascular line manipulation in absence of blood leakage.

**INDIRECT SERVICE USER EXPOSURE:** Using the telephone; writing in the patient chart; giving oral medications; distributing or collecting meal trays; removing and replacing bed linen for patient bed; placing non-invasive ventilation equipment and oxygen cannula; moving service user furniture.

### DOMESTIC GLOVES/HEAVY DUTY GLOVES

Should be used only for domestic/portering duties or in the event of a large blood or body fluid spillage.
Appendix 4 – Putting on and removing PPE

Always perform hand hygiene immediately before putting on and after removing PPE.

The risk assessment will determine which items of PPE are required for the event taking place.

Sequence for putting on PPE:
- perform hand hygiene
- apron
- mask
- eyewear
- gloves

Sequence for taking off PPE:
- all items must be removed and discarded carefully
- apron
- gloves
- perform hand hygiene after gloves/apron removal and before your hands go near your face (for removal of masks and eye protection)
- Mask/face protection

<table>
<thead>
<tr>
<th>Putting on PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How to put on an apron</td>
</tr>
<tr>
<td>- Remove from pack/roll</td>
</tr>
<tr>
<td>- Place over head</td>
</tr>
<tr>
<td>- Tie in the rear</td>
</tr>
<tr>
<td>2. How to put on a mask</td>
</tr>
<tr>
<td>- Secure on head with ear loops/tie</td>
</tr>
<tr>
<td>- Place over nose, mouth, and chin</td>
</tr>
<tr>
<td>- Fit flexible nose piece over bridge</td>
</tr>
<tr>
<td>- Adjust fit – snug to face and below chin</td>
</tr>
<tr>
<td>- When directed have mask Fit Tested by competent person</td>
</tr>
<tr>
<td>3. How to put on eye protection</td>
</tr>
<tr>
<td>- Position eyewear over eyes and secure to head using ear pieces or head loop if using visor</td>
</tr>
<tr>
<td>4. How to put on gloves</td>
</tr>
<tr>
<td>- Put on gloves last</td>
</tr>
<tr>
<td>- Perform hand hygiene before putting on new gloves</td>
</tr>
<tr>
<td>- Insert hands into gloves</td>
</tr>
<tr>
<td>- Keep gloved hands away from face</td>
</tr>
<tr>
<td>- Remove gloves if they become torn</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Taking off PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How to take off an apron</td>
</tr>
</tbody>
</table>
- Break apron behind neck
- Fold down
- Break tie at back
- Fold in and roll into ball, avoiding the exterior
- Dispose of as clinical waste

2. **Glove removal**
   - The outside of glove is ‘dirty’; use glove-to-glove/skin-to-skin handling method
   - Grasp outside edge near wrist
   - Peel away from hand, turning glove inside out
   - Hold in opposite gloved hand
   - Slide un-gloved finger under wrist of remaining glove
   - Peel off from inside, creating a bag for both gloves
   - Discard as clinical waste
   - Wash Hands

3. **Mask removal**
   - The front of mask is ‘dirty’; handle by ear-loops
   - Remove from face, in a downward direction, using ear-loops/ties
   - Discard as clinical waste

4. **Eyewear removal**
   - The outside of eyepiece is ‘dirty’; handle by earpieces
   - Grasp earpieces with un-gloved hands
   - Pull away from face
   - Place in designated receptacle for reprocessing or dispose of if single use

Adapted from the CDC: [http://www.cdc.gov/HAI/prevent/ppe.html](http://www.cdc.gov/HAI/prevent/ppe.html)
Decontamination of medical equipment and the environment
All equipment must be decontaminated appropriately in accordance with the Decontamination Policy. The correct cleaning product and method of cleaning must be utilised.

Respiratory Etiquette
Anyone, staff, patient or visitor should be encouraged to cough and sneeze into a tissue, dispose of it straight into an enclosed bin and then perform hand hygiene.

Water Safety
Any outlet, sink, shower, bath or toilet that is not used regularly (twice a week) should be reported to the IPC team to enable the outlet to be flushed regularly. This will reduce the risk of bacteria developing within the systems.
The best way of ensuring water safety is to Keep it clean, keep it moving and keep it at the right temperature.

Contact Details

Director of Infection Prevention and Control
Director of Nursing
Telephone: 020 3317 7129

Lead Nurse for Infection Prevention and Control
Telephone: 020 33177383

Specialist Nurse for Infection Prevention and Control
Telephone: 020 33177382

Infection Control Doctor/Consultant Microbiologist
Contact via UCLH
08451 555000 bleep UCLH 359
Email: infection.control@candi.nhs.uk
Hand Hygiene - Hands should be cleaned with both soap and water or hand sanitiser using the six step technique and the 5 Moments of Hand Hygiene.

In addition to this staff should also clean their hands:
- Before starting work and after finishing work
- Before handling any food
- Whenever they are visibly dirty and following removal of personal protective equipment

Further information is available within the Hand Hygiene Policy and Hand Hygiene Leaflet.

Personal Protective Equipment (PPE)
- Single use gloves and aprons must be worn when dealing with blood and body fluids. Eye protection, either goggles or face visors must be used if there is a risk of body fluids being splashed. Face masks are used in cases of respiratory infections. When caring for a patient PPE should be worn when touching the patient or their surroundings. It must be disposed of as offensive or clinical waste.

Management of Linen - Infected and soiled linen must be placed within an airtight bag and then put into a white plastic linen bag if going to be washed within the Trust or Hospital system. Soiled or contaminated clothing should be washed on the hottest wash that the fabric can take.

Waste Management - Waste must be segregated into the appropriate waste streams. Clinical waste must be incinerated and household waste can be sent to landfill. Further information is available within the Waste Management Policy.

Sir Liam Donaldson – said in 2009

Today, infection is everyone’s business; it is no longer a quiet backwater of interest only to the specialist.

Management of sharps - Since 2013 there has been legislation under the Health and Safety at Work Act aimed at reducing the risk from needle stick injuries. Needle safe devices whenever available must be used and all sharps must be handled and disposed of correctly.
- Always retract the needle at the point of use
- Always use the needle protector
- Always dispose as a single unit
- Never fill a sharps bin above the fill line, close it, label it & remove it

Sharps Injuries - With all needle stick injuries, bites or scratches they should be washed under running water and covered with a waterproof dressing. Report the incident to the person in charge and contact Occupational Health.

Blood and Body Fluid Spillage - all spillages should be treated as infected and must be cleaned as soon as possible using appropriate spills kit and PPE. Care must be taken when cleaning urine spills as the urine can react with some chemicals.

Handling and Transportation of Specimens - In accordance with the current regulations, specimens should be transported in appropriate packaging and securely containers.