

Infection Control Policy

Review Date 26th November 2019
Next Review Due 26th November 2021

Physiotherapy2fit Ltd is committed to ensuring that, as far as it is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the basis of their age, disability, gender, race, religion/belief or sexual orientation. Should a member of staff or any other person require access to this policy in another language or format (such as Braille or large print) we will do our best to provide this in a format the user is able to access. Physiotherapy2fit Ltd will do its utmost to support and develop equitable access to all policies. The Director is responsible for ensuring staff are aware of Physiotherapy2fit Ltd policies and that staff adhere to them. It is also the Director's responsibility to keep staff up to date with new policy changes.

Staff are responsible for ensuring they are familiar with policies, know where to locate the documents on Physiotherapy2fit's main website, and seek out every opportunity to keep up to date with them

Independent contractors are expected to identify a lead person to be responsible for ensuring staff employed within their place of work are aware of Physiotherapy2fit Ltd policies.

Introduction

Healthcare-associated infections arise across a wide range of clinical conditions and can affect patients of all ages. Healthcare workers, family members and carers are also at risk of acquiring infections when caring for patients.

Healthcare-associated infections can occur in otherwise healthy individuals, especially if invasive procedures or devices are used. Healthcare-associated infections are caused by a wide range of microorganisms. These are often carried by the patients themselves, and have taken advantage of a route into the body provided by an invasive device or procedure. Healthcare-associated infections can exacerbate existing or underlying conditions, delay recovery and adversely affect quality of life.

Patient safety has become a cornerstone of care and preventing healthcare-associated infections remains a priority. It is estimated that 300,000 patients a year in England acquire a healthcare-associated infection as a result of care within the NHS. In 2007, meticillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections and *Clostridium difficile* infections were recorded as the underlying cause of, or a contributory factor in, approximately 9000 deaths in hospital and primary care in England.

Healthcare-associated infections are estimated to cost the NHS approximately £1 billion a year, and £56 million of this is estimated to be incurred after patients are discharged from hospital. In addition to increased costs, each one of these infections means additional use of NHS resources,



greater patient discomfort and a decrease in patient safety. A no-tolerance attitude is now prevalent in relation to avoidable healthcare-associated infections.

Scope of Policy

This policy applies to all patients and staff in Physiotherapy2fit, contract staff, students, volunteers, locums and bank/agency staff, patients, carers and the general public.

Policy

The aims of this policy are to:-

- Have a management strategy in place which meets the Code of Practice and ensures that the design and maintenance of the environment meets with good Infection Prevention and Control practice.
- Inform and educate all health care workers of the important public health function in all facilities of Physiotherapy2fit, of the prevention and control of infectious and communicable diseases, and of the application of researched practice.
- Inform Physiotherapy2fit workers of the transmission, incubation, infectivity of many common infectious diseases and the prompt action, which can reduce the spread of disease.
- Explain the principles of prevention and control of infection, decontamination and the use of protective equipment by which staff can reduce the risk of infection to themselves and to others.

Legislation and Guidance

Health and Social Care Act 2008.

A Duty of Care for all NHS Bodies.

Public Health (Control of Disease) Act 1984 and Public Health (Infectious Disease) Regulations 1988

State that all notifiable and suspected cases are notified to the “proper officer” this is the Consultant in Health Protection.

The Health and Safety at Work Act 1974

- All employers have a legal obligation to ensure that all employees are appropriately trained in the procedures necessary for working safely.
- All employees have a legal duty to take care of themselves and others, and to co-operate with their employer and follow policies and guidelines so that they, and others are not exposed to Health and Safety Risks.
- Employers and employees are accountable under this Act to ensure that the workplace is free from hazard, and it imposes specific obligations to ensure the microbiological safety of the hospital environment.

The Food Safety Act 1990

Physiotherapy2fit has a legal obligation to comply with the provisions and requirements of food legislation (FSA 1990).



Environmental Protection Act 1990

This act covers the safe disposal of clinical waste, ensuring that it is correctly sealed, tagged and stored for incineration prior to collection by a licensed disposal contractor.

Getting Ahead of the Curve, a Strategy for Combating Infectious Diseases (Including other aspects of Health Protection).

A report by the Chief Medical Officer DH 2002. This document introduced the new agency – The Health Protection Agency (HPA).

Winning Ways – Working together to reduce Healthcare Associated Infection in England. Report from the Chief Medical Officer DH 2003.

This document lays down seven action areas to be adhered to:-

- Active surveillance and investigation
- Reducing the infection risk from use of catheters, tubes, cannulae, instruments and other devices.
- Reducing reservoirs of infection
- High standards of hygiene in clinical practice
- Prudent use of antibiotics
- Management and organization
- Research and development

Essential Steps to Safe Clean Care (DH 2006)

A framework for ensuring compliance in the prevention of spread of infection.

Environment and Sustainability. Health Technical Memorandum 07- 01; Safe Management of Healthcare Waste (DH 2007)

This document is a best practice guide to the management of healthcare waste.

Corporate Responsibilities

The Director of Physiotherapy2fit is responsible for ensuring that effective infection control arrangements are in place within the organisation and that these are subject to annual review. She is the lead clinician for infection control within the organisation, responsible for the overall infection prevention and control programme.

The Facility Manager is responsible for managing key infection control prevention and control issues on a day to day basis, supported by Director.

The Clinical Governance Annual Report will include any NHS Professionals infection prevention and control issues.

Physiotherapy2fit employees will have standard procedures to follow in the event that a Facility has an outbreak of an infectious disease (see appendices). For any outbreaks of an infectious disease not included within this policy, employees will follow Standard Infection Control Principles.



Identified risks regarding infection prevention and control will be documented on the Physiotherapy2fit risk register and the information used to inform future policy developments.

Physiotherapy2fit will ensure training on infection control is provided on induction and annual mandatory online training will be adhered to.

All Physiotherapy2fit employees will adhere to this policy and utilise standard infection control principles as detailed in NHS Professionals CG139 Standard Infection Control Precautions (2012).

Physiotherapy2fit will work with employees to ensure that all workers are orientated to clinical areas, including standards set for infection prevention and control.

Employee Responsibilities

Every Physiotherapy2fit worker has a responsibility to deliver healthcare to his/her patients in the safest and most effective way possible.

Every Physiotherapy2fit worker has a responsibility to make themselves aware of the contents of this policy and associated guidelines.

Every Physiotherapy2fit worker has a responsibility to bring to the attention of the Director any problems in complying with the procedures outlined in this policy.

Every Physiotherapy2fit worker has a responsibility to inform other workers of any changes to their personal circumstances.

Standard Infection Control Precautions (previously known as Universal Precautions) represent the standard of care and precautions that should be routinely used with all patients in order to minimise exposure to and transmission of potential micro-organisms from both recognised and unrecognised sources.

The key to using these precautions is risk assessment to establish the possible exposure to blood and body fluids, including substances likely to cause harm.

Information for patients, and public in relation to Infection Prevention and Control

- All staff are required to inform patients, visitors, carers, contract and partner organisation staff, locums and the general public of their duties relating to infection prevention and control.
- Patients and visitors must be advised of their responsibilities in relation to infection prevention and control.
- Information for patients and the public regarding the arrangements in place for preventing and controlling health care acquired infections is available from the director or facility manager on request.



Reporting Incidents in relation to infection prevention and control

- All staff must report any breaches or non-compliance with infection prevention and control.
- All inoculation incidents must be reported.

The key points of the standard precautions are:-

- Use effective hand hygiene
- Treat all blood and body fluids as infected
- Wear personal protective clothing when dealing with blood and body fluids, including substances hazardous to health
- Use and dispose of sharps safely
- Manage equipment used in the delivery of care appropriately in order to limit the risk of contamination with microorganisms.
- Adhere to local Environmental Hygiene Policy, including prompt management of blood and body fluid spillages
- Dispose of clinical waste correctly and safely
- Manage linen used during the delivery of care appropriately to limit the risk of contamination with microorganisms

For further information please see NHS Professionals CG1 Standard Infection Control Precautions (NHSP 2010).

Key priorities for implementation

The following recommendations have been identified as priorities for implementation.

Standard principles: general advice

Everyone involved in providing care should be:

Educated about the standard principles of infection prevention and control **and** - trained in hand decontamination, the use of personal protective equipment, and the safe use and disposal of sharps.

All facilities will have available appropriate supplies of:

- materials for hand decontamination
- sharps containers
- personal protective equipment

Physiotherapy2fit will educate patients and carers about:

- the benefits of effective hand decontamination
- the correct techniques and timing of hand decontamination
- the availability of hand decontamination facilities
- their role in maintaining standards of healthcare workers' hand decontamination.



Standard principles for hand decontamination

Physiotherapy2fit's employees are educated on induction that hands must be decontaminated in all of the following circumstances:

- immediately before every episode of direct patient contact or care, including aseptic procedures
- immediately after every episode of direct patient contact or care
- immediately after any exposure to body fluids
- immediately after any other activity or contact with a patient's surroundings that could potentially result in hands becoming contaminated
- immediately after removal of gloves.

Employees are reminded of the above with their annual reviews.

Hand decontamination

Decontaminate hands preferably with a handrub (conforming to current British standards⁷), except in the following circumstances, when liquid soap and water must be used:

- when hands are visibly soiled or potentially contaminated with body fluids
- in clinical situations where there is potential for the spread of alcohol-resistant organisms (such as *Clostridium difficile* or other organisms that cause diarrhoeal illness).

Physiotherapy2fit workers should ensure that their hands can be decontaminated throughout the duration of clinical work by:

- being bare below the elbow when delivering direct patient care
- removing wrist and hand jewellery
- making sure that fingernails are short, clean and free of nail polish
- covering cuts and abrasions with waterproof dressings.

Effective Hand Washing Technique Involves Five Steps, Wet, Soap, Rub Rinse and Dry.

Preparation requires wetting hands under warm running water **before** applying liquid soap. Hands should be rinsed thoroughly and dried with good quality paper towels.

The hands must be rubbed together vigorously for a minimum of 10 to 15 seconds ensuring that the solution comes into contact with all surfaces of the hands and paying particular attention to the tips of the fingers, the thumbs and areas between the fingers.

Hands washing diagrams, showing the Ayliffe Technique should be displayed at all staff hand wash basins.

When decontaminating hands using an alcohol handrub, hands should be free from dirt and organic material. The handrub solution must come into contact with all surfaces of the hand. The hands must be **rubbed** together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated, and the hands are dry.

An emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand decontamination. If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation an occupational health team should be consulted.



How to wash hands correctly and reduce infection

1. Rub palm to palm



2. Rub the back of both palms

3. Rub palms again with fingers interlaced



4. Rub backs of interlaced fingers



5. Remember to wash back thumbs

6. Rub both palms with fingertips

7. Wash hands under running water using soap, rinse and dry thoroughly.



Appearance and Workwear to support Effective Infection Control Practice.

Maximum contamination of disease-causing bacteria has been found in the areas of greatest hand contact, for example pockets and cuffs allowing the recontamination of washed hands. Rings, watches and bracelets have also been shown to decrease the effectiveness of hand washing, therefore:

All staff should only wear minimal jewellery to promote the effectiveness of good hand hygiene. Bracelets, rings with stones and charity bands should not be worn as they harbour microorganisms, hinder thorough hand washing technique and can also damage PPE (personal protective equipment) such as gloves, reducing their efficacy. Staff working in clinical areas may wear a plain ring, watch, alert bracelet or Kara bracelet although wrist wear should be removed prior to handwashing when undertaking clinical procedures or for example when serving or handling food.

Uniforms should be laundered daily and other workwear maintained in a clean and hygienic condition. Ideally laundering should be at 60 degrees as this will remove most microorganisms (Department of Health, 2010). However, it is recognised that modern fabrics do not always allow for this and should therefore be washed at the hottest temperature suitable for the fabric, according to the manufacturer's label. Spare clothing should be available in case of contamination with blood or other body fluids.

PPE such as plastic aprons and non-latex gloves must be worn where there is a risk of transmissible infection or clothing becoming contaminated or soiled with blood or body fluids. Care should be taken when removing all PPE, which should be discarded after use into the appropriate waste stream and hand washing protocols followed.

- (i) The sleeves of long sleeved tops such as shirts and blouses should be rolled back to facilitate hand washing/decontamination that includes the wrists and should remain rolled back whilst delivering care. Where, for religious reasons, staff wish to cover their forearms during patient care activity, disposable over- sleeves may be worn. These must be put on and discarded in exactly the same way as disposable gloves and strict procedures for washing hands and wrists must still be observed (DoH, 2010).
- (ii) Where ties are worn they should be either removed or tucked in the front of the shirt to prevent them from coming into contact with service users.

Fingernails should be short and free of nail varnish and particular attention paid to them when washing hands as most microbes on the hands come from beneath the fingernails. False nails and nail extensions are unacceptable within areas where direct care is delivered as they are a source of contamination and discourage vigorous hand washing (Lawson, 2001).

Standard Principles of Environmental Hygiene

Physiotherapy2fit environments must be visibly clean, free from dust and soilage and acceptable



to patients, their visitors and staff. Patients and their relatives rightfully expect care to be delivered in an environment where risks are proactively reduced and the control of healthcare associated infections is a high priority in every part of the company and this can only happen if effective prevention and control is put into everyday practices and adhered to by all staff.

Standards of cleanliness are often seen as a visible sign of the overall quality of care provided. A key component of providing consistently high-quality cleaning is the presence of a clear plan, setting out all aspects of the Hotel Service which defines:

- Clear specific roles and responsibilities for cleaning, portering and laundry.
- Clear agreed and displayed cleaning routines.
- Sufficient staff to keep the environment clean, and laundry and waste removed from clinical areas.

Working to the NHS Standards for Cleaning and the Health and Social Care Act will ensure that patients are cared for in a clean environment where the premises, equipment, fixtures and fittings are kept clean, that sufficient clean linen is provided to meet individual treatment facilities, that waste and used laundry is removed daily, to ensure that infection control risks are minimised and that each part of the Company has detailed arrangements which meet the cleanliness required for each individual area.

Cleaning frequencies determine how often cleaning tasks are carried out and it is crucial that not only are they adhered to and monitored, but that checks and spot cleaning will be included and carried out when spillages, accidents occur, as reported by staff, patients or visitors and that this is built into the cleaning provision provided by Physiotherapy2fit.

Walls, ceilings and doors

All surfaces should be kept clean and free from dust and finger marks. If decontamination is required spray with high level disinfectant.

Furniture

Only furniture and fittings that are easily cleaned and can withstand decontamination should be purchased for clinical areas, and disposable curtains should be seriously considered.

Sinks and Toilets

All hand wash basins should be cleaned at least daily and more frequently if use demands this. Sinks should be cleaned. If heavily stained sanitiser may be used. Always ensure that the sink is well rinsed after using sanitiser. Pay particular attention to cleaning the taps and the sides and underneath of the sink.

Communal toilets must be cleaned daily and more often if used frequently. They should be checked in between cleaning and if necessary clean between scheduled cleans when accidents have occurred.

Toilets should be cleaned with high level disinfectant. Pay particular attention to the handle, push flush, seat, lid and outside of the toilet as well as the inside. If heavily stained, sanitiser may be used or limescale cleanser.



Body Fluid Spillages

Disinfection is required for body fluid spillages. Staff must deal with body fluid spillages that occur in the area in which they work at the time of the spillage. Any staff responsible for decontamination has a duty under the Health and Safety at Work Act to do so safely and correctly to ensure that the workplace is free from hazard.

Cleaning protocol

Collect equipment to be used (mops, buckets, disposable cloths, high level disinfectant, disposable paper roll, clinical waste bag and household waste bag).

- Wash and dry hands.
- Make up disinfectant solution for mopping and solution for the trigger bottle.
- Put on disposable gloves and apron and mask if indicated.
- Methodically work round the room and spray door, light switches, shelves, ledges, radiators, surfaces and edges, bed side lockers, opening cupboard doors and drawers and chair with disinfectant and if en-suite is facilitated spray sink, taps and outside of basin and the toilet seat, handle/ plunger and outside of toilet and leave to decontaminate as per product instructions
- Remove any household waste.
- Clean all areas methodically as sprayed and pay particular attention to parts of the doors that are touched frequently by hands and dry doors, furnishings and fittings with disposable paper and dispose of same into clinical waste bag or container as you move around the room.
- Mop the floor with disinfectant solution and then dispose of mop head into clinical waste container.
- Remove gloves and plastic apron and put into clinical waste container.
- Leave the room taking all equipment and sealed clinical waste carrier.
- Empty bucket into domestic sluice, wash the bucket with hot soapy water, rinse and leave to dry inverted. Wash the stale of the mop and dry with disposable paper.
- Wash and dry hands and then fit new mop head and store.
- Remove clinical waste to stored locked area.
- Wash and dry hands.

Gloves used for direct patient care:

- must conform to current EU legislation (CE marked as medical gloves for single use) **and** should be appropriate for the task.

Gloves must be worn 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, or to sharp or contaminated instruments.

Gloves must be worn as single-use items. They must be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves must be changed between caring for different patients, and between different care or treatment activities for the same patient.

Ensure that gloves used for direct patient care that have been exposed to body fluids are disposed



of correctly, in accordance with current national legislation.

Alternatives to natural rubber latex gloves must be available for patients, carers and healthcare workers who have a documented sensitivity to natural rubber latex.

Do not use polythene gloves for clinical interventions.

When delivering direct patient care:

- wear a disposable plastic apron if there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions **or**
- wear a long-sleeved fluid-repellent gown if there is a risk of extensive splashing of blood, body fluids, secretions or excretions onto skin or clothing.

When using disposable plastic aprons or gowns:

- use them as single-use items, for one procedure or one episode of direct patient care **and**
- ensure they are disposed of correctly

Safe use and disposal of sharps

Sharps should not be passed directly from hand to hand, and handling should be kept to a minimum.

Used needles:

- must not be bent or broken before disposal
- must not be recapped.
- Used sharps must be discarded immediately by the person generating the sharps waste into a sharps container conforming to current standards

Sharps containers:

- must be located in a safe position that avoids spillage, is at a height that allows the safe disposal of sharps, is away from public access areas and is out of the reach of children
- must not be used for any other purpose than the disposal of sharps · must not be filled above the fill line
- must be disposed of when the fill line is reached
- should be temporarily closed when not in use
- should be disposed of every 3 months even if not full, by the licensed route in accordance with local policy.

Use sharps safety devices if a risk assessment has indicated that they will provide safer systems of working for healthcare workers, carers and patients.

Train and assess all users in the correct use and disposal of sharps and sharps safety devices.

Waste disposal

Healthcare waste must be segregated immediately by the person generating the waste into appropriate colour-coded storage or waste disposal bags or containers defined as being compliant with current national legislation and local policies.



Healthcare waste must be labelled, stored, transported and disposed of in accordance with current national legislation¹⁰ and local policies.

Educate patients and carers about the correct handling, storage and disposal of healthcare waste.

Medical Device Regulations

The Medical Device Regulations implement the EC Medical Devices Directives into UK law. They place obligations on manufacturers to ensure that their devices (including medical gloves, needles and other devices discussed in this guideline) are safe and fit for their intended purpose before they are CE marked and placed on the market in any EC member state. All products purchased must be CE marked and purchased from an EC member state.

Standard Operational Procedure in the event of a reported outbreak of: Gastrointestinal Infections/ Viral Gastroenteritis

Gastrointestinal infections/Viral gastroenteritis have many causes and have a variety of presenting symptoms i.e. diarrhoea with or without mucous or blood), vomiting, nausea, abdominal pain, pyrexia and headache. One or more of these symptoms may be present, but those most likely to contribute to cross-infection are vomiting and diarrhoea.

And Generic Infection

This standard operational procedure provides guidance for the management of an outbreak, for example Clostridium difficile, MRSA, or other pathogen as declared by a Trust.

All Physiotherapy2fit workers must follow standard infection control precautions as detailed in NHS Professionals CG139 Standard Infection Control Precautions (2012).

All Physiotherapy2fit workers must wear a clean uniform everyday.

All employees must have the patients care, wellbeing and safety as their first concern in accordance with NHS Professionals Code of Behaviour (NHSP 2006)

If there is an outbreak at one facility no worker must work at another facility within 48hours as long as they remain symptoms free for that time.

When a worker does develop symptoms of diarrhoea and/or vomiting they must not work until they have been symptom-free for at least 48 hours.

All staff will ensure communication of an outbreak of an infectious disease to all staff employed by Physiotherapy2fit.

Key Points – for safe patient management

- All patients should be regarded as infectious until a microbiological cause has been excluded. Standard infection control principles should continue to be applied to all patients.
- Symptomatic staff must not work.



- Ensure compliance with local hand decontamination policy
- Ensure compliance with the use of PPE

A Reportable/ Notifiable Disease

Where an outbreak of notifiable disease requires screening or follow-up care, for example where Tuberculosis is identified, this will be provided by Physiotherapy2fit and communicated to all Workers. If there are any additional actions/precautions required in specific cases to ensure staff and patient safety, staff will be informed.

Review

This report will be reviewed as new legislation or evidence of best practice is published, but not less than bi-annually.



References

Department of Health (2005) Saving Lives: A programme to reduce healthcare-associated infection including MRSA, DoH, London.

Department of Health (2006) Saving Lives 2 'Essential steps in clean, safe care' DoH, London.

Department of Health (2006a) Going Further Faster: implementing the Saving Lives delivery programme. Sustainable change for cleaner, safer care' DoH, London.

Department of Health (2008) *Clean safe care, reducing infections, saving lives* . DH, London Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075499

Department of Health (2009) Health & Social Care Act 2009 *Code of practice for health and adult social care on the prevention and control of infections and related guidance*. DH, London Available

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288

Health Protection Agency (2004) Preventing person to person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers (updated 2004) Available at: http://www.hpa.org.uk/cdph/issues/CDPHvol7/No4/guidelines2_4_04.pdf

National Audit Office (2009) Reducing Healthcare Associated Infections in Hospital in England. NAO, London. Available at:

http://www.nao.org.uk/publications/0809/reducing_healthcare_associated.aspx

National Patient Safety Agency (2005) "Cleanyourhands" campaign Available at: www.npsa.nhs.uk

NHS Professionals (2010) CG1 Standard Infection Control Precautions

NICE guideline CG139 (2012)

NHS Operating Framework (2008/9) DH, London Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082542