



## INFECTION CONTROL AND DECONTAMINATION POLICY (VERSION 1.3)

(NOW INCLUDING POLICIES – LATEX POLICY, PERSONAL PROTECTIVE EQUIPMENT AND PREVENTION AND MANAGEMENT OF BLOODBORNE VIRUSES POLICY)

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**1. AIM:** To maintain control of cross infection, ensuring that -

- Any infection a Patient or staff member has, does not spread to others;
- Any Patient or staff member does not suffer from potential sources of infection in his/her surroundings;
- Others do not bring infection to the clinic.

**2. INTRODUCTION:**

It is HEM Ultrasounds responsibility as a care providing establishment, to ensure that patients and staff are entering a safe environment, conducting appropriate procedures for infection control. Patients and staff must be assured that, we are minimising every possible risk.

- The policy must conform with current legislation, guidance from professional bodies and current body of opinion on good practice.
- There is a regular audit of compliance and regular risk assessments.
- There is a regular update of external guidelines
- The Practice will arrange for the prevention of infection, toxic conditions (COSHH) or spread of infection in the establishment.
- The premises will be kept clean, hygienic and free from offensive odours throughout.
- Hand washing facilities will be provided wherever infected materials and/or clinical waste are handled.
- Hand hygiene guidelines are posted at the hand washing areas, and staff receive training.
- Hand hygiene audits will be conducted monthly.
- Rooms where infected materials and/or clinical waste are handled will have impermeable floor finishes and readily cleanable wall finishes.
- Employees known to have an infectious condition must not be allowed back on duty until medical clearance is given, or the correct timeframe observed.
- Employees known to have an infectious condition will be reported to the relevant authorities if appropriate.
- Clinical Waste will be disposed of using appropriate equipment and methods.
- There is regular staff training in procedures.
- Incident recording takes place in accordance with the Risk Management Policy
- There is a positive response to concerns raised by Patients regarding Infection Control.
- There is a Personal Protection Equipment policy (within this policy)
- There is a Practice Latex Policy (within this policy)
- There is a Practice Legionella Policy.

**3. ROLES & RESPONSIBILITY:** All clinical and non-clinical staff at HEM Ultrasound.

**4. EQUIPMENT**

In line with the PPE Policy there is sufficient equipment available to be able to ensure that staff are not at risk of infection throughout cleaning practices. Patients should not be at risk of infection as we have the correct cleaning products available.

Products and equipment available are:

- Latex & Powder free Gloves (SM/MED/LRG)
- Plastic Aprons
- Yellow Rubber Gloves (For domestic cleaning)
- Face masks
- Plastic arm guards
- Clinical Waste Bins
- Clinell Universal Wipes
- Clinell Sporidical wipes
- Clinell Universal Spray
- Alcohol Wipes
- Clinell Spill packs
- Tissue/Couch Roll
- Jay Cloths
- Toilet Bleach
- Alcohol and Alcohol-free hand rub
- Hand Soap
- Antibacterial spray, for kitchen.
- Mop and Bucket for clinic room and scan rooms
- Vacuum Cleaner

In addition - sinks in all scan rooms to enable hand washing regularly.

## 5. HAZARDS and SAFETY

A Risk Assessment of Infection control risks must be carried out regularly by the Safety Officer as defined in the Risk Management Policy. Reports of problems concerning infection control issues, as raised by staff, Patients or visitors, must be entered in the Risk Register.

## 6. PROCEDURE / SYSTEMS IN PLACE

Since 1987, the term “universal precautions” has been in use, but now more commonly referred to as either “standard precautions” or “standard infection control precautions”. These have come to explain those interventions made by all healthcare workers when they encounter blood and bodily fluids from a Patient. The aim being to protect themselves and their Patients from potentially dangerous infections emanating from either blood or bodily fluids, as they may contain viruses or other pathogens. Consequently, a clinic must consider that all Patients are considered a risk for cross infection and that a standard system of infection control precautions must be put into place and followed by all Practice staff.

Causes of Infection

- **Bacteria:** Unicellular microorganisms, some of which are susceptible (to varying degrees) to antibiotics.
- **Worms:** Not always microscopic in size, but pathogenic worms do cause infection and can spread from person to person.
- **Viruses:** Smaller than bacteria, but not susceptible to antibiotics. A few anti-viral

drugs are active against some viruses. They grow inside the cells of the body and can survive outside the body for a limited amount of time.

- **Pathogenic Fungi:** Can be either moulds or yeast. A common example of a mould would be *Trichophyton rubrum*, which can be a cause of ringworm. A common example of a yeast is thrush, caused by *Candida albicans*.
- **Prions:** Infectious misfolded protein particles, such as the prion causing (New) Variant *Creutzfeldt-Jakob Disease*, a degenerative neurological disorder.
- **Protozoa:** Microscopic organisms larger than bacteria. Free-living and non-pathogenic protozoa include amoebae and paramecium. A good example would be *Giardia lamblia* which can cause symptoms of diarrhea.

The Service Provider is responsible for updating the Policy as and when changes to legislation occur. The Policy must be checked annually for compliance.

A Risk Assessment of Infection control risks must be carried out regularly by the Infection Control Lead – Heather Moores as defined in the Risk Management Policy. Reports of problems concerning infection control issues, as raised by staff, Patients or visitors, must be entered in the Risk Register.

#### **Notifiable diseases**

The Health Services and Public Health Act 1968, the Public Health (infectious Diseases) Regulations 1988 and subsequent amendments require certain infectious diseases to be notified to the ‘proper officer’ of the Local Authority.

The responsibility for the ensuring notification of the listed disease(s) rests with the Clinician attending the Patient. The Local Authority has the power to stop work in order to prevent the spread of infection.

Diseases notifiable under the Public Health (Control of Disease) Act 1984:

- Cholera
- Plague
- Smallpox
- Relapsing Fever
- Typhus
- Food Poisoning.
- Coronavirus

Diseases notifiable under the Public Health (Infectious Diseases) Regulations 1988:

Acute encephalitis

- acute poliomyelitis
- anthrax
- diphtheria
- dysentery
- leprosy
- leptospirosis
- malaria

- measles
- meningitis
- meningococcal
- septicaemia
- mumps
- ophthalmia
- neonatorum
- paratyphoid fever
- rabies
- rubella
- scarlet fever
- tetanus
- tuberculosis
- typhoid fever
- viral hemorrhagic fever
- viral hepatitis
- whooping cough
- yellow fever

Most outbreaks will present non-specific symptoms; serious sepsis or epidemic wound infections.

Any member of staff suspecting an outbreak of the notifiable disease should make their suspicions known to the Registered Manager – Heather Moores who will inform the Registered Provider and “proper officer” of the Local Authority.

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#### **PERSONAL PROTECTIVE EQUIPMENT:**

All staff are given access to the following personal protective equipment:

- Latex Free gloves
- Plastic aprons
- Washable and durable Scrub tops (in company Colours)
- Face masks
- Plastic arm guards

Without PPE’s staff could contract a workplace infection or illness from contact with contaminated areas or patients.

- All required PPE will be provided free of charge.
- Staff will be trained in how to use PPE during their induction, when to use, repair or replace it, how to report it if there is a fault and its limitations.
- Where required visitors or contractors will be required to use PPE.
- Staff do not travel to or from work wearing any part of PPE.
- Latex free gloves are also available.

#### **Procedure**

- All single-use PPE are disposed of after each episode of Patient care.
- Hand hygiene is performed before donning and following the removal of gloves, as outlined in the Hand hygiene Policy and Procedure.
- Clean, heavy-duty household gloves are available for domestic cleaning and decontamination procedures where necessary. The heavy-duty household gloves are washed with detergent and hot water and left to dry after each use. The heavy-duty household gloves are replaced weekly or more frequently if worn or torn.
- Disposable plastic aprons are worn during all decontamination processes or clinical procedures where there is a risk that clothing/uniform may become contaminated. They are disposed of as clinical waste after each procedure.
- Masks are disposed of as clinical waste after each use.
- All items of PPE are stored in accordance with manufacturers' instructions.
- Uniforms worn by all staff are changed at the end of each day and when visibly contaminated.
- Gloves are worn for clinical treatment activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments. New gloves are always worn for each procedure carrying a risk (Such as Transvaginal scans) and put on immediately before Patient contact and removed as soon as the activity is completed.
- Gloves are treated as single use items and changed between caring for different work activities, and between different care or treatment activities for the same Patient.
- Surgical masks must cover both the nose and mouth.

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### LATEX FREE POLICY

It is estimated that 3% of the UK population has one or other of the main groups of allergies to latex. As latex is used extensively in healthcare, the risks are high for a sensitivity to develop or an incident to occur. All healthcare workers have a statutory responsibility to reduce the risk of sensitization in themselves, their colleagues and their Patients.

- All staff are trained and aware of possible latex allergies.
- The Clinic has non-latex equivalent equipment and materials available.
- In 2008, the NHS Plus Occupational Health Clinical Effectiveness Unit, in association with the Royal College of Physicians, produced evidence-based guidelines for the occupational aspects of latex allergy management. They include a recommendation that healthcare environments should work towards being latex free. The key points form the basis for the Procedure below.
- More information and advice can be found at Health & Safety Executive under `Skin at Work`.
- The two main types of allergy are:
  - **Type IV reaction** - which can be described as an immune response to chemical allergens, such as chemical accelerators used to set the latex during the

manufacturing process. These are seen as skin reactions, erythema blisters, constant itching and broken skin (prone to infection), pruritus', eye irritation, respiratory wheezing / shortness of breath and chronic rhinitis.

- **Type I reaction** – is an immune response caused by protein allergies. Individuals could suffer a life-threatening anaphylactic reaction from something as simple as contact with a rubber latex glove, or even the dust from a latex rubber product. An almost immediate hypersensitivity reaction occurs within 30 minutes and may result in anaphylaxis with the triad of hypotension, rash and bronchospasm. The rash is not always immediately seen.

### Procedure

- Any member of staff who is confirmed as having a Type I allergy should wear a Medic-Alert bracelet.
- Any member of staff who carries adrenaline for self-administration, such as an EpiPen, should ensure that colleagues know how to use it should this be necessary.
- It is essential to cross-check the history of any Patient before contact, to establish there are no known allergies as they could have been a recent acquisition. Medical histories should be checked before any contact. If in doubt, they should be advised to have sensitivity tests.
- Latex-free gloves and other equipment should be available at all times.
- Gloves are powder-free.
- For a latex-free environment, the following are just some examples of objects which should be checked for latex content:
  - Gloves;
  - PROBE COVERS
- The first aid box should be checked for latex-free products.

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### GENERAL RULES TO PREVENT INFECTION

All staff should adhere to the following:

- Avoid infection by careful control of coughing and sneezing, i.e. use tissues / handkerchief / face mask
- Hand washing
- PPE as detailed in the Personal Protection Equipment Section above
- Removal of jewelry and watches
- Keep hair short or tied back
- Wear clean uniform clothing. Long sleeved uniforms should be avoided as they are more likely to lead to contamination. Short sleeved uniforms are more suitable, allowing the forearms to be washed as part of the hand washing routine.
- Report any signs of infection to the appropriate person;
- Keep toilets scrupulously clean using correct disinfectant agents.



### **Scan room design considers infection control**

- Ensure that the clinic design has washbasins, which should have elbow or foot-operated taps and liquid soap dispensers.
- Decontamination of instruments as detailed below
- All probes, whether used for scan or not, should be considered contaminated and therefore cleaned following usage.
- The clinical area should be well ventilated.
- Floor coverings should be impervious and non-slip.
- Work surfaces should impervious and easy to clean and disinfect.
- All waste within the clinic should be segregated into clinical and non-clinical waste, with the relevant procedures always followed.
- Blood spillages should be dealt with immediately using the spill packs provided.
- All clinical staff should be vaccinated against common illnesses. All staff involved in clinical procedures must be vaccinated against Hepatitis B.

### **Staff skin awareness**

All cuts and abrasions should be covered with a waterproof adhesive dressing. Early detection and prompt reporting of infection is particularly important.

Any staff member with a skin infection must take advice from a doctor before continuing to work. All skin infections must be reported to the Registered Manager – Heather Moores.

### **Staff sickness**

Staff with diarrhea and vomiting should not attend work but ring to report sick. And stay off work for 48 hours after the last symptoms have gone. It cannot be emphasised strongly enough that young children and the elderly are particularly vulnerable to infection, and every attempt should be made to minimise any risk of infection.

### **Skin Infections**

Report to the operations manager – Tina Potts any patients who have a rash or unaccountable mark on his/her body.

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## **BLOOD BORNE VIRUSES**

Any Patient may be a carrier of a blood borne virus. There are blood-borne viruses other than hepatitis B and HIV/AIDS. Appropriate precautions must therefore be taken with all Patients and particularly with bodily fluids.

Blood borne viruses can access the body via two main routes:

- percutaneous routes, where a sharp object cuts or penetrates the skin
- mucocutaneous routes, which include contamination of the nose, eyes, broken skin or mouth

Healthcare workers who could be affected include:

- clinical staff who have regular clinical contact with patients
- non-clinical support staff who may have contact with patients, but not usually of a prolonged or close nature

## Significant exposures

A significant exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids from a source patient who is infected with:

1. HIV
2. hepatitis B surface antigen positive (HBsAg positive)
3. hepatitis C.

The Clinic ensures compliance with guidelines published by the Health Protection Agency.

### PROCEDURE FOR EXPOSURE:

- If an incident where contaminated fluid had entered the body through broken skin, or a needle stick- Wash, but don't scrub, the wound thoroughly with soap and water for five minutes.
- Report the incident to a first aider and Tina Potts – Operations Manager.
- Fill in an accident form.
- The person in charge will establish if the injured person is covered by Tetanus/Hepatitis B screening and arrange treatment if needed.
- When notified of any incident in which an employee has been injured by a sharp that has or may have exposed them to a blood-borne virus, the person in charge of the situation must ensure that the employee:
  - Has immediate access to medical advice. The person in charge will help arrange referral to a doctor or to A&E for taking blood, as a way of showing no infection in the first place, followed by tests at suitable intervals.
  - Has been offered post-exposure prophylaxis and any other medical treatment, as advised by a doctor; and the employer has considered whether counselling would be appropriate for the employee.
- The person in charge will establish the known diagnosis of the person from whom the blood or bodily fluid came e.g. hepatitis, HIV etc.
- If the source patient is known to be at high risk of HIV infection, post-exposure prophylaxis (PEP) should be offered as soon as possible, preferably within one hour of the incident, and not less than 72 hours.
- If there is no consent to testing, or the source patient is unknown, each case should be assessed on an individual basis.
- If in doubt, speak to the GP or refer to hospital A&E department immediately.

This Policy should be taken in conjunction with **Health and Safety (Sharp Instruments in Healthcare) Regulations 2013** (Guidance for employers and employees).

Health Protection Services need us to record all cases of significant occupational exposures. The reporting process is voluntary and in strict medical confidence.

We monitor the numbers of healthcare workers exposed to viruses at work, and need as much detailed data as possible including:

- the circumstances of the significant occupational exposure

- the management of the exposure
- outcomes, including whether the healthcare worker acquired a BBV

We also look for any incidents where the healthcare worker has started post exposure prophylaxis (PEP) for HIV, regardless of the HIV status of the source patient.

We accept reports from hospitals in England, Wales, and Northern Ireland. Reporting sites and reporters include:

- occupational health departments
- genitourinary medicine clinics
- microbiologists
- virologists
- infection control nurses

**Always assume that blood and other body fluids are infected.** All accidents, facial, particularly eye, or wound contact with infected body fluids must be recorded as an incident.

- Accident avoidance measures should include common sense precautions to avoid accidents and injuries, particularly when using sharps, whether the Patient is known to be infected or not. All accidents must be reported.
- Blood spillage procedure should be according to the instructions below for Clinell Spill packs.

## DIRECTIONS



## HAND WASHING

**Guidelines are posted at the hand washing areas, and staff receive training.**

- Hand hygiene substantially reduces potential pathogens on the hands and is considered the single most critical measure for reducing the risk of transmitting organisms to Patients.
- Hands must be decontaminated immediately before any direct patient contact or care, and after any activity or contact that could potentially result in hands becoming contaminated;
- Hands that are visibly soiled, or potentially contaminated with dirt or organic material, must be washed with liquid soap and water;
- Hands must be decontaminated, preferably with an alcohol-based hand gel unless hands are visibly soiled, between caring for different Patients and between different

- care activities for the same Patient;
- Before regular hand decontamination begins, all wrist and hand jewelry must be removed. Cuts and abrasions must be covered with waterproof dressings. Fingernails should be kept short, clean and free from nail polish;
- An effective handwashing technique involves three stages:
  - **Preparation:** This requires wetting hands under tepid running water before applying liquid soap or an antimicrobial preparation.
  - **Washing and rinsing:** The handwash solution must come into contact with all of the surfaces of the hand. The hands must be rubbed together vigorously for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
  - **Drying:** Hands should be rinsed thoroughly before drying with good quality paper towels.

When decontaminating hands using an alcohol hand rub, hands should be free from dirt and organic material. The hand rub solution must come into contact with all surfaces of the hand. The hand must be rubbed together vigorously, paying particular attention to the tips of 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. Avoid petroleum-based lotions, as they can weaken latex gloves and increase permeability. If they are to be used, then it must only be at the end of the day.
- Handwashing products, including plain soap and antiseptic products, can become contaminated or support the growth of microorganisms. Liquid products should be stored in closed containers and dispensed from either disposable containers or containers that are washed and dried thoroughly before refilling. Soap should not be added to a partially empty dispenser, because this practice of topping off might lead to bacterial contamination. Store and dispense products according to manufacturer's directions.

#### Fingernails, Artificial Nails and Jewelry -

- Nails should be kept short, because the majority of flora on the hands are found under and around the fingernails.
- Fingernails should be short enough to allow clinic staff to thoroughly clean underneath them and prevent gloves tears.
- Sharp nail edges or broken nails are also likely to increase glove failure. They must therefore be checked and cut appropriately.
- Long artificial or natural nails can make donning gloves more difficult and can cause gloves to tear more readily. Hand carriage of gram-negative organisms has been determined to be greater among wearers of artificial nails than among non-wearers, both before and after handwashing. They should therefore not be worn, and in the cases of long natural nails, cut.

- Rings and decorative nail jewellery can make the donning of gloves difficult and can cause gloves to tear more readily. There is also evidence to suggest that the wearing of jewellery can lead to a substantial risk factor of harbouring germs. They should therefore not be worn by the staff when dealing with Patients. Hand-washing decontamination procedures (as indicated above), must be followed.

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### OTHER CONSIDERATIONS

All staff receive training in relation to –

- the prevention and management of blood-borne virus exposure. (covered during Staff induction)
- risk reduction in blood-borne virus transmission and general infection (Covered during Staff induction)
- All clinical staff demonstrate current immunization with the hepatitis B vaccine, documentation lodged with the Operations Manager – Tina Potts (applicable to sonographers and regular support workers).
- Cleaning agents available for blood/bodily fluid spillages and all clinical staff are trained in use as per manufacturers' instructions.
- All relevant staff received training for the decontamination procedures which they are expected to perform including correct use of equipment.
- The Registered Manager – Heather Moores is the nominated lead responsible for infection control and decontamination.
- The registered manager has a written statement of duties with specific reference to equipment validation, which is updated with details of all equipment involved in the clinical areas.
- All logbooks including testing, service, maintenance and repair records are retained in the clinic for at least 2 years.
- Detergents used for manual cleaning are specifically formulated for the purpose of cleaning instruments and are used at the specified concentration according to manufacturers' guidance.
- The surgical coach, bed or chair is cleaned between each Patient, and is free from rips or tears.
- All surfaces (i.e. walls, floors, ceilings, fixtures and fittings, and chairs) are free from damage and abrasion. All work-surface joints are intact and seamless with no visible damage. All surfaces (i.e. walls, floors, ceilings, fixtures and fittings, and chairs) are free from dust and visible dirt..
- All surfaces in clinical and decontamination areas are impervious and easy to clean.
- No rooms where clinical practice takes place are carpeted.
- All floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture.
- Records of cleaning maintained in accordance with the HCAI Code of Practice.
- Where disposable single-use covers are used, they discarded after each Patient contact.
- The surfaces of equipment and furniture are cleaned between each Patient and protected with disposable covers (couch roll and Inco pads)

- All taps, drainage points, splashbacks, sinks, drains are cleaned after every session with a surfactant/detergent.
- There is a designated area for the disposal of dirty water, which is outside the kitchen, clinical and decontamination areas, this located in the cleaners cupboard or sluice room (a device used for the disposal of liquid or solid waste) to reduce the risk of contamination of a public or staff toilet.
- The Clinic has carried out a risk assessment for legionella under the Health & Safety Commission's "Legionnaires' disease – the control of legionella bacteria in water systems: Approved Code of Practice & Guidance" (also known as L8). There is a written scheme for prevention of legionella contamination in water pipes and other water lines. Please see Legionella Policy and COSHH Legionella Risk assessment.
- Contaminated medical devices are decontaminated and inspected prior to inspection, maintenance and repair.
- Single-use instruments are never reprocessed.

#### **7. QUALITY CONTROL and AUDIT**

This policy is subject to Review every 12 months or sooner if needed. Any incidents of infections or accidental cross infections from bodily fluid are logged and company policy followed in the correct handling of persons at risk.

#### **8. REFERENCES**

The Clinic has followed HCE guidance on infection control and the policy has been formulated and amended for our clinic from Care Quality compliance systems.