

# The Newcastle Upon Tyne Hospitals NHS Foundation Trust

## Standard Precautions Policy

Effective: December 2009

Review: November 2012

### 1. Introduction

Standard Precautions are based upon a set of principles designed to minimize exposure to and transmission of a wide variety of micro-organisms. Since every patient is a potential infection risk, it is essential that standard precautions are used for all patients all of the time (Ayliffe 2009).

This requires the identification of high risk procedures rather than high risk individuals, to prevent exposure of health care workers (HCWs) to potentially pathogenic micro-organisms through sharps injuries and body fluid splashes. Patients are also protected from cross-infection.

### 2. Components of Standard Precautions include;

- 2.1 Hand hygiene
- 2.2 Managing Breaks to the Skin
- 2.3 Personal Protective Equipment (PPE)
- 2.4 Cough Etiquette
- 2.5 Safe disposal of sharps, clinical waste and healthcare laundry
- 2.6 Management of blood and body fluid spillages
- 2.7 Decontamination of equipment
- 2.8 Maintenance of a clean clinical environment

All individuals working in the clinical setting should be educated and trained (where appropriate) in the use of Standard Precautions. Adequate supplies of PPE should be readily available for staff use.

#### 2.1 Hand Hygiene

The most simple and effective way to prevent Healthcare Associated Infections (HCAs) is by undertaking effective hand hygiene. Hands must be decontaminated in accordance with the '5 Moments for Hand Hygiene'. (Please refer to the Trust [Hand Hygiene Policy](#)).

#### 2.2 Managing Breaks to the Skin

Skin is completely impermeable to micro-organisms if intact. However, if the skin is broken, then micro-organisms may enter a body site and cause infection.

It is essential therefore that if there are any breaks in the integrity of our skin that they are covered with a waterproof dressing to prevent exposure of these areas to micro-organisms, paying particular attention to the hands and forearms.

If staff develop chronic skin lesions to hands or forearms or persistent skin problems they should avoid invasive procedures and seek advice from the Occupational Health Department as soon as possible.

## 2.3 Personal Protective Equipment (PPE)

The main purpose of PPE is to protect staff from the risk of exposure to blood and other body fluids, and reduce the opportunities for transmission of micro-organisms from staff to patient and vice versa.

The decision to use or wear PPE must be based upon an assessment of the level of risk associated with a specific procedure/patient care activity or intervention and take account of good practice standards and current health and safety legislation.

Critical Care Units have additional guidelines for both staff and visitors, regarding the appropriate wearing of PPE within the Unit.

### 2.31 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. This includes the cleaning of equipment such as endoscopes, for example.
- Must be non-latex and single use i.e. disposed of as clinical waste once the task is complete.
- Must be changed between patients and between different care activities for the same patient.
- Must **never** be cleaned with alcohol based hand gel
- Hands must **ALWAYS** be washed after gloves are removed

### 2.32 Aprons

- Disposable plastic aprons must be worn to protect the HCW's clothing from blood and body fluids but also for close contact with patients to prevent the spread of potentially harmful microorganisms between patients.
- In some circumstances long sleeved fluid repellent gowns or aprons may be required if there is risk of extensive splashing of blood or body fluids e.g. in theatres and delivery suite, or when performing aerosol generating procedures on patients with certain respiratory infections e.g. Mycobacterium tuberculosis and Swine Influenza.
- Must be single use, i.e. disposed of as clinical waste once the task is complete.

Gloves and aprons must also be worn whenever attending patients in source isolation.

### 2.33 **Masks/Goggles/Face Visors**

- Must be worn if there is a risk of exposure to the mucous membranes of the face from splashing of blood or body fluids
- If single use must be disposed of as clinical waste
- If reusable (goggles/visor) must be decontaminated appropriately after each use (please refer to the Trust's [Cleaning and Disinfection Procedure](#))
- Specific masks may be required when caring for patients with respiratory infections e.g. Pandemic Influenza and Mycobacterium tuberculosis or when performing aerosol generating procedures on these patients. Referral to appropriate Trust policy is essential in these cases.

## 2.4 **Cough Etiquette**

To prevent the spread of respiratory illnesses it is essential that staff, patients and visitors adhere to the good cough etiquette of 'Catch It, Bin It, Kill It', which involves the following:

- Always carry tissues
- Use clean tissues to cover your mouth and nose when you cough and sneeze
- Bin the tissues after one use
- Wash your hands with soap and hot water or apply an alcohol based hand gel

## 2.5 **Safe disposal of sharps, clinical waste and healthcare laundry**

### 2.5.1 **Safe Disposal of Sharps (e.g. needles, trochars, glass ampoules, etc. )**

To prevent HCWs sustaining occupational injuries from sharps and potentially acquiring a blood borne virus or other infection from that injury, it is vital that they are used and handled safely. Staff must therefore always adhere to the following precautions:

- AVOID the use of sharps wherever possible
- ALWAYS use needleless devices whenever possible (or a safety needle device)
- ALWAYS take a sharps box with you so that the sharp may be disposed of immediately (unless wall mounted Sharpsmart box is easily accessible)
- NEVER re-sheath needles
- NEVER allow sharps boxes to become more than 2/3 full. Sharpsmart boxes will 'close' when full.
- NEVER shake a sharps bin as something may fly out and cause injury
- NEVER place sharps bins on the floor as children may access them
- NEVER leave a used needle or blade unattended
- NEVER pass sharps from hand to hand
- NEVER remove needles from syringes, they should be disposed of intact
- NEVER dispose of sharps into domestic or clinical waste bins
- NEVER leave sharps on beds, lockers etc.
- NEVER put anything other than sharps into the sharps bins
- NEVER place your hand into a sharps bin to retrieve anything

Medium and large sized Sharpsmart boxes must not stand on the floor or bench but should be attached to a wall via a bracket, or affixed to a mobile trolley. Sharpsmart boxes should be secured (partially locked) if transferred/carried from patient to patient area.

### 2.5.2 Safe Disposal of Clinical Waste

This Trust produces many types of waste which by Law must be disposed of via different routes. This segregation also reduces the risk of exposure of contaminated material to staff, patients, visitors and the general public. It is essential therefore that staff are aware of where to dispose of all types of waste. For further detail of this please refer to the Trust's [Waste Management Policy and Procedures](#).

Appropriate PPE must be worn when disposing of the following waste:

**Clinical Waste** is all waste contaminated with blood or body fluids and waste from patients in source isolation and any waste/equipment that **looks medical**. This must be placed in an **ORANGE** waste bag (or rigid container with an orange lid and adhesive audit label). When disposing of these bags they must be swan necked, tied with an orange tag and labelled clearly with date, time and place of origin.

**Waste from Patients with a TSE (Transmissible Spongiform Encephalopathy)** must be placed in a **YELLOW** waste bag (or a **YELLOW** rigid container with a yellow lid and adhesive audit label). When disposing of the yellow bag it must be, swan necked, tied with a **YELLOW** tag, labelled clearly with date, time and place origin.

**Blue Tag Waste** is for anatomical waste, placentas and large metal objects. This waste is usually generated in theatres and delivery suite. It must be placed in a rigid yellow container with a blue lid or a placenta bin, labelled clearly with date, time and place of origin and have a **BLUE** tag attached. The department must then ring for the porters to collect this in a waste cart with a blue Bio – track label.

**Pharmaceutical Waste** is for any waste which contains drugs. This waste will be disposed of into a sharps bin with either a **PURPLE, OR YELLOW** lid depending on which category the drug falls into. Purple lids are for cytotoxic or cytostatic medicines and yellow lids for all other medicines. Staff will need to be familiar with which category the drugs they use fall into in order to ensure they dispose of them correctly

### 2.5.3 Safe Disposal of Healthcare Laundry

Used linen is a potential source of infection, as it is likely to be contaminated with potentially pathogenic micro-organisms. PPE must be worn when handling used linen to prevent contamination of staff uniforms.

For details of safe disposal of linen please refer to the Trust's [Hospital Laundry Policy](#).

## **2.6 Management of blood and body fluid spillages**

When there are spillages of blood and body fluids it is essential that these are disposed of correctly to prevent the risk of transmission of micro-organisms to both patients and staff. All blood and body fluids must be treated as potentially high risk.

- Staff must wear the appropriate PPE when dealing with excreta and spills
- Excreta should be either flushed down the toilet or disposed of into the macerator
- Large blood spills should be soaked up with chlorine releasing granules (found in the Spills Kit), left for 3 minutes, scooped up into a clinical waste bin and the area then cleaned with appropriate combined detergent/disinfectant wipes.
- Small blood spills must be cleaned with appropriate combined detergent/disinfectant wipes.
- Urine and vomit must be soaked up with absorbent disposable towels which should be disposed of into clinical waste and the area then cleaned with appropriate combined detergent/disinfectant wipes.

## **2.7 Decontamination of equipment**

Healthcare equipment can also be a source of infection therefore to prevent the spread of infection it is vital that ALL healthcare equipment is kept clean and decontaminated to the appropriate level after each patient use.

Appropriate PPE must always be used for this task following a risk assessment.

For detail on how to decontaminate healthcare equipment please refer to the Trust's [Cleaning and Disinfection Procedure](#) and [Decontamination of Healthcare Equipment Prior to Service or Repair Policy](#).

## **2.8 Maintenance of a clean clinical environment**

The hospital environment can become contaminated with micro-organisms that are responsible for HCAs therefore good hospital hygiene is an integral and important component of the strategy for preventing such infections.

For further detail please refer to [Decontamination of Bed Space Policy](#).

## **3. Monitoring**

The policy will be formally reviewed every 3 years or more frequently if national or local policy or procedures change.

Compliance to this policy is monitored on a monthly basis by the ward / dept manager through the Ward Accreditation System. Results are submitted to the Clinical Governance and Risk department (CGARD) and viewed by the Director of Nursing and Patient Services, Trust Board and Clinical Directorates. Those areas that fail to achieve

compliance are required to submit an action plan to the Head of Nursing for monitoring and review.

#### **4. Reading**

- Epic 2: National Evidence-Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection (2007) 65 (Supplement) S1-S64*
- Ayliffe GAJ (2009) *Ayliffe's Control of Healthcare Associated Infection*. London: Hodder Arnold.
- The Health and Social Care Act 2008 Code of Practice for the NHS on the prevention and control of infections and related guidance. Department of Health.

**Author:** Senior Infection Prevention and Control Nurses

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Standard Precautions Policy	Policy Author:	L.Law / A.Sykes, Infection Prevention and Control Nurses
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If “yes”, please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>  <b>Not Applicable</b>
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Name and Designation of Person responsible for completion of this form: Lindsay Law, Infection Prevention and Control Nurse (IPCN) Date: 29/01/2010

Names & Designations of those involved in the impact assessment screening process: Lindsay Law, IPCN

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Helen Lamont, Deputy Director Nursing & Patient Services, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*