

Personal Protective Equipment (PPE)

- Wash hands prior to putting on any PPE
- Wear aprons during direct patient contact and when making beds, handling laundry or there is a risk of contact with blood or body fluids. (See IPC SOP 1: Standard Precautions)
- Gloves should be worn when there is a risk of contact with blood or body fluid. Face & eye protection should be worn if there is a risk of blood or body fluid splashing the face.
- All PPE is single use, Use for contact with one patient then discard as clinical waste.

Waste Segregation

- Always wear gloves/apron for handling & disposal of waste.
- All waste/sharps must be segregated into the correct colour coded containers & plastic bags – see the waste management policy & associated SOPs for details.

Sharps Management & Inoculation injuries

- Always take care with sharps
- NEVER re-sheath needles
- Dispose of needles & syringes as one unit
- Dispose of sharps boxes when $\frac{3}{4}$ full or within one month of assembly.
- Follow the colour code sharps segregation guidelines (see posters provided)
- Report all needle-stick or similar injuries – see IPC SOP 8: Sharps or body fluids contamination injury for details

Laundry Care

- Wear PPE when handling used laundry.
- All used linen must be segregated correctly (white bags for used but not foul / red bags for foul or infected - alginate bags should be used prior to placing laundry into a red bag.
- Wash all laundry at the correct temperatures for disinfection - 65°C for not less than 10 minutes.

Blood & body fluid spillages

- Wear PPE (gloves, apron & eye protection)
- Use the Spill kit see IPC SOP 1: Standard Precautions for details
- Always clean up blood & body fluid spillages promptly & safely following the procedure

Decontamination of equipment

- Safe decontamination of equipment between patients is an essential part of routine infection prevention & control to reduce the risks of cross-infection.
- Most equipment can be cleaned with hot soapy water or disposable detergent wipes
- See IPC SOP 7: Decontamination for specific information.

All IPC Standard Operating Procedures (IPC SOPs) are available on the Trust's intranet.

For more information about infection prevention & control please contact:

Infection Prevention & Control Services
Black Country Partnership NHS Foundation Trust
Delta House
Greets Green Road
West Bromwich
West Midlands
B70 9PL

Delta House Reception: 0121 612 8004 & ask for the Infection Prevention & Control Dept.

INFECTION PREVENTION AND CONTROL

**Proud to be clean,
it's everyone's business!**

**How you can help us prevent &
control infection in our
hospitals**

*Information for all BCPFT healthcare
staff & volunteers*

This leaflet contains the basic principles of infection prevention & control, which should be followed by ALL healthcare staff & volunteers, to reduce the risk of spreading infection between patients, staff & visitors.

Volunteering

Volunteers can all 'do their bit' to help to prevent the spread of infection by following a few simple rules:

- If you are unwell and have an illness such as a heavy cold, vomiting or diarrhoea, please **DO NOT** attend the hospital/care home. If you are unsure, please contact the relevant ward to check before you report for duty.



- If you have vomiting or diarrhoea you should **not attend** until 48 hours after all your symptoms have stopped.

The Environment

- Wards & departments should be visibly clean, free from dust & dirt and acceptable to all patients, staff & visitors.
- Where a piece of equipment is used for more than one patient e.g. a commode or shower chair – it must be cleaned after use every time.
- Follow the Trusts policies & procedures when dealing with soiled linen, waste & sharps disposal.
- All staff involved with handling, preparing or serving food should have basic food hygiene training.
- Please do not use the patient's toilets

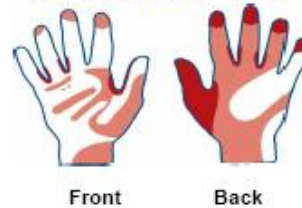


Hands

Hand washing is the single most important method of preventing & controlling infection.

It is important that hand washing is carried out correctly to prevent the spread of infection.

Areas Frequently Missed



- Hands that are visibly dirty must be washed with soap & water.
- Always clean your hands before seeing or touching a patient or if you come into contact with their skin, food or dressings etc.
- Healthcare workers & volunteers must remove ALL wrist and hand jewellery (apart from a plain wedding ring) at the start of each shift and before cleaning their hands.
- Cuts & scratches must be covered with waterproof dressings.
- Effective hand washing involves five stages: wetting hands under tepid running water, then applying soap, washing thoroughly (see diagram), rinsing and drying.
- If cleaning hands using the hand sanitizer (Purell hand gel), apply the gel, rub hands vigorously together, paying attention to the tips of the fingers, the thumbs, in-between the fingers, until the solutions has evaporated & the hands are dry. (Follow the hand washing diagram using gel instead of soap & water)
- Hand gels should **not be** used if the hands are visibly soiled, the patient is suffering from vomiting and/or diarrhoea, there is direct contact with blood or body fluids, there is an outbreak of Norovirus or Clostridium difficile – in these circumstances **always** wash hands using soap & water.

- Look after your hands by applying the Hand Medic hand cream at the end of the shift or before breaks.
- If skin irritation occurs please contact Occupational Health for advice.

Hand washing technique

Wet hands and apply soap

