

Infection Control Policy



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Introduction

It is the responsibility of all healthcare staff to minimise the potential risk of patients acquiring a healthcare associated infection during treatment received from Hand in Hand Physiotherapy. This policy has been developed in accordance with the Department of Health guidelines; -

- "Clean Safe Care, Reducing Infections and Saving Lives" (DH 2008)
- The 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 2009)

This has recently been updated in accordance with the NICE Guidelines; -

- "CG139 Prevention and Control of Healthcare-Associated Infections Pathway" (NICE 2012).

Management Responsibilities

The Sole Practitioner (Fiona Priestland) is responsible for ensuring that effective infection control arrangements are in place and that these are subject to annual review.

Any issues regarding infection prevention and control will be documented by Fiona Priestland and the information used to inform future policy developments.

Training on infection control annually or if any incidents highlight the need for further training will be completed.

A clean uniform is worn daily. If the clothing is soiled during a treatment, then the uniform will be changed as soon as possible and before any contact with another patient.

Therapist Responsibilities

Every Healthcare Professional has a responsibility to; -

- Deliver healthcare to their patients in the safest and most effective way possible.
- Make themselves aware of the contents of this policy and any associated guidelines.
- Encourage patients, carers, visitors and other staff to comply with the principles of infection control precautions
- Comply with any infection prevention and control training
- Report any illness which may be because of occupational exposure, to their manager
- Not provide direct patient care while infectious and if in any doubt consult their manager
- To see infection control principles as an objective within continuing professional development.
- Comply with local and national policies, procedures and campaigns regarding infection control precautions.

Standard Infection Control Precautions

Healthcare professionals working at Hand in Hand Physiotherapy have a responsibility to minimise exposure to and transmission of potential micro-organisms from both recognised and unrecognised sources by the following methods; -

- Use effective hand hygiene
- Make sure fingernails are short, clean and free of nail polish
- Cover cuts and abrasions with waterproof dressings

- Treat all blood and body fluids as infected
- Wear protective clothing when dealing with any body fluids and substances hazardous to health
- Use and dispose of sharps safely
- Manage equipment used appropriately to limit the risk of contamination with microorganisms.
- Adhere to local Environmental Hygiene Policy including dealing promptly with body fluid spillages
- Dispose of clinical waste correctly and safely (if appropriate)

Hand Hygiene

Introduction

Hands are the most common way in which micro-organisms, particularly bacteria, might be transported and subsequently cause infections, especially in those who are most susceptible to infection.

Good hand hygiene is the most important practice in reducing transmission of infectious agents, including Healthcare Associated Infections (HCAI) during delivery of care.

The term hand hygiene refers to all processes, including hand washing using soap and water and hand decontamination achieved using other solutions e.g., alcohol hand rub.

Levels of hand hygiene	Why perform hand hygiene?
LEVEL 1 Social Hand Hygiene	To render the hands physically clean and to remove microorganisms picked up during activities considered 'social' activities (transient Micro-organisms)
LEVEL 2 Hygienic (aseptic) Hand Hygiene	To remove or destroy transient Micro-organisms. Also, to provide residual effect during times when hygiene is particularly important in protecting yourself and others (reduces resident micro-organisms which normally live on the skin)

Before patient contact	When? Clean your hands before touching a patient when approaching him/her Why? To protect the patient against harmful germs carried on your hands
Before a clean/aseptic task	When? Clean your hands immediately before any clean/aseptic task Why? To protect the patient against harmful germs, including the patient's own, from entering his/her body

After body fluid exposure risk	When? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) Why? To protect yourself and the healthcare environment from harmful patient germs
After patient contact	When? Clean your hands after touching a patient and his/her immediate surroundings when leaving the patient's side Why? To protect yourself and the healthcare environment from harmful patient germs

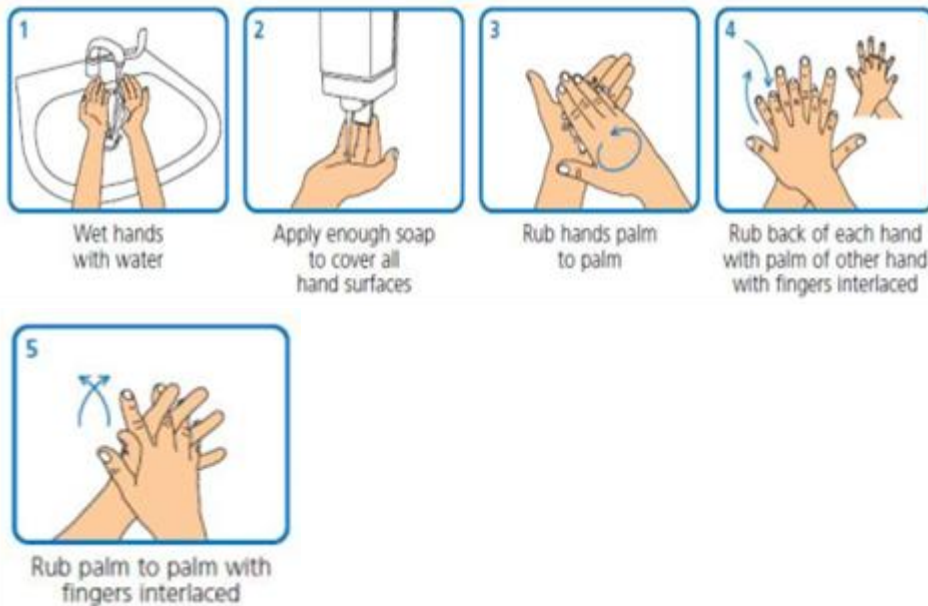
Hand Hygiene (Hand Washing) Procedures

Hand hygiene should be performed for between 15 seconds and 3 minutes depending on the level of hand hygiene being performed. Washing for longer than these times is not recommended as this may damage the skin leading to increased shedding of skin scales and increased harbouring of micro-organisms.

Preparation

- Ensure that everything which is needed to perform hand hygiene is present
- Ensure the area is free from extraneous items, e.g., medicine cups, utensils
- Ensure jackets/coats are removed, and wrists and forearms are exposed
- Ensure nails are short (false nails must not be worn)

Hand Washing Technique with Soap and Water





6 Rub with back of fingers to opposing palms with fingers interlocked



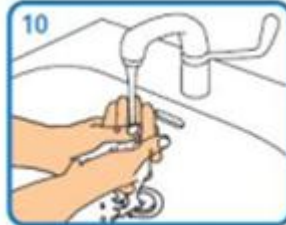
7 Rub each thumb clasped in opposite hand using a rotational movement



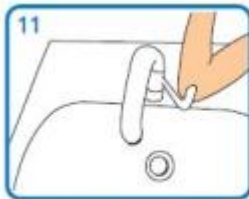
8 Rub tips of fingers in opposite palm in a circular motion



9 Rub each wrist with opposite hand



10 Rinse hands with water



11 Use elbow to turn off tap



12 Dry thoroughly with a single-use towel



13 Hand washing should take 15-30 seconds

Hand Washing Technique Using Alcohol-Based Hand Rub for Visibly Clean Hands



1 Apply a small amount (about 3 ml) of the product in a cupped hand



2 Rub hands together palm to palm, spreading the handrub over the hands



3 Rub back of each hand with palm of other hand with fingers interlaced



4 Rub palm to palm with fingers interlaced



5
Rub back of fingers to opposing palms with fingers interlocked



6
Rub each thumb clasped in opposite hand using a rotational movement



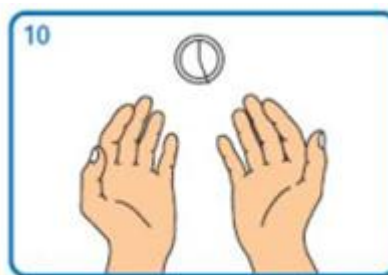
7
Rub tips of fingers in opposite palm in a circular motion



8
Rub each wrist with opposite hand



9
Wait until product has evaporated and hands are dry (do not use paper towels)



10
The process should take 15–30 seconds

Additional Points to Note

- Dispose of the paper towels without re-contaminating your hands e.g., use the foot pedal.
- Nailbrushes must not be used to perform hand hygiene
- If hands have patient contact but are not soiled with any body fluids and therefore do not require re-hand washing with soap or an antiseptic hand cleanser, then alcohol-based hand rub can be used.
- Where infection with a spore forming organism (e.g., *Clostridium difficile*) or with a gastroenteritis virus (e.g., Norovirus) is suspected or proven, hand hygiene must be carried out with liquid soap and water, although it can be followed by alcohol-based hand rub.
- Bar soap must not be used by staff for hands
- Solutions used may vary but the physical actions of performing hand hygiene should be the same

Hand Care

Hand care is important to protect the skin from drying and cracking. Cracked skin may encourage micro-organisms to collect and broken areas can become contaminated, particularly when exposed to blood and body fluids.

Hand creams can be applied to care for the skin on hands. However, only individual tubes of hand cream for single person use or hand cream from wall mounted dispensers should be used. Communal tubs must be avoided as these may contain bacteria over time, and lead to contamination of hands.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette should always be applied which include:

- Cover nose and mouth when sneezing, coughing and blowing noses
- Dispose of used tissues into a waste bin
- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from the mucous membranes of the eyes and nose

Personal Protective Equipment (PPE)

- Face masks must be used if either patient or therapist suspects they have a respiratory condition that could be transmitted by airborne particles.
- Protective gloves will be worn by the therapist when in contact with a patient who may have an infectious condition, or where they are likely to be in contact with bodily fluids.
- Plastic aprons may also be used as an extra precaution in the presence of bodily fluids.

Occupational Exposure Management

In order to avoid occupational exposure to potentially infectious agents, particularly those microorganisms that may be found in blood and other body fluids, precautions are essential while providing care. It must always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. Therefore, precautions to prevent exposure to these and subsequent harm in others receiving or providing care must be taken as standard. Occupational exposure management, including needlestick (or "sharps") injury, is one of the elements of Standard Infection Control Precautions (SICPs), which should be applied in all healthcare situations.

Needlestick (or "sharps") injuries are one of the most common types of injury to be reported to Occupational Health Services by healthcare staff. The greatest occupational risk of transmission of a Blood Borne Virus (BBV) is through parenteral

exposure e.g., a needlestick injury, particularly hollow bore needles. Risks also exist from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes; however, this risk is considered to be smaller. There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal-oral route. However, precautions are important to protect all who may be exposed, particularly when treatment for certain BBVs is not readily available. The risks of occupationally acquiring other infections are not as clearly documented; however Standard Infection Control Precautions (SICPs) should help to prevent exposure to other infectious agents.

What is Meant by Occupational Exposure?

By occupational exposure this guidance refers to the following injuries or exposures:

- Percutaneous injury (from needles, instruments, bone fragments, human bites which break the skin)
- Exposure of broken skin (abrasions, cuts, eczema, etc)
- Exposure of mucous membranes including the eye, nose and mouth

Actions in the Event of an Occupational Exposure

Perform first aid to the exposed area immediately as follows:

Skin/tissues

- Skin/tissues should be gently encouraged to bleed. Do not scrub or suck the area.
- Wash/irrigate with soap and warm running water. Do not use disinfectants or alcohol.
- Cover the area using a waterproof dressing.

Eyes and mouth

- Eyes and mouth should be rinsed / irrigated with copious amounts of water.
- If contact lenses are worn, irrigation should be performed before and after removing these. Do not replace the contact lens.
- Do not swallow the water which has been used for mouth rinsing following mucocutaneous exposure.

Further medical intervention may be sought through a *GP* or emergency services, depending on the information available and risk assessment carried out.

Reporting an incident or Near Miss

The person who attended to the accident or incident must record the details as soon as possible on an accident form and reported to the Manager.

Urgency is important in these situations as post exposure prophylaxis (PEP) for HIV or other treatments may be required and ideally should be commenced within **1 hour** of the incident.

Care of Work Clothing/Uniforms

It is not considered that uniforms are a serious source of infection though there are some good practice guidelines which can be followed to reduce the likelihood of cross contamination, and these include:

- Wear soft-soled, closed toe shoes
- Change into a clean uniform at the start of each shift
- Wear short sleeved tops/shirts.
- Change immediately if clothes become heavily soiled or contaminated
- Wash uniforms at the hottest programme suitable for the fabric

General Good Practice

- All staff must ensure that the occupational immunisations and clearance checks relevant to their practice are up to date (e.g., hepatitis B immunisation)
- Cuts and abrasions should be covered with a waterproof dressing before providing care.
- Staff with skin conditions should seek GP advice to minimise risk of infection through open skin lesions.
- All staff must wear gloves when exposed to blood, other body fluids, excretions, secretions, non-intact skin or contaminated wound dressings might occur
- Therapists must not wear open footwear.
- All staff must clean spillages of any body fluids or contaminated items immediately
- All staff must dispose of clinical waste immediately
- All staff should wear clean clothing/ uniform each day

Equipment Cleaning

Audits and checks will be carried out on an ongoing basis by clinic managers to ensure that equipment cleaning standards are maintained. We ask that all therapists note the below; -

- If there is a risk of infection due to damaged equipment, the equipment should be condemned for use in practise.
- All equipment with hard surfaces that come into contact with a patient must be wiped with disinfectant at the end of the physiotherapy session.

Safe Waste Management

Hazardous waste is rarely produced private physiotherapy practise but if occurs should be disposed of safely as the safe disposal of clinical waste particularly when contaminated is one of the elements of Standard Infection Control Precautions.

Disposing of waste safely reduces the risk of transmitting microorganisms and potential infection we therefore ask that you note the below; -

- Waste should be disposed of as close to the point of use as possible, immediately after use.
- Use identified bag holders that prevent contamination e.g., by having to touch lids to open.
- Waste containers should be of an appropriate strength to contain waste without spillage or puncture.
- Never dispose of waste into an already full receptacle
- Hygiene waste must be disposed into appropriate receptacles (managed by owners of the building).
- Wear personal protective equipment if appropriate.
- Seal all containers appropriately before disposal/transporting/processing
- Perform hand hygiene following any waste handling/disposal.

Procedure for dealing with infectious diseases

If patients report symptoms of diarrhoea and/or vomiting, they must not be treated and rebooked until clear of symptoms for a minimum of 48 hours.

If a therapist develops symptoms of diarrhoea and vomiting, they must not return to work until they have been symptom-free for at least 48 hours.

Document Control Details

Version - 1

Signature - F Priestland

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