

INFECTION CONTROL POLICY FOR

WYMONDHAM COLLEGE MEDICAL CENTRE

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Infection control Policy for Wymondham

College Medical Centre

GENERAL HOUSEKEEPING

1. OBJECTIVES

To ensure safe, effective, and standardised management of infection control within the Medical Centre. This includes routine/daily cleaning, cleaning of medical equipment, management of body fluid spillages, management of broken glass, and safe handling and storage of clean, used, soiled, and infected linen.

2. RATIONALE

It is important that all members of staff follow the same guidelines on the standards for cleaning within the Medical Centre, to reduce cross contamination and/or infection risk. It is also important that all members of staff understand any extra requirements of cleaning in situations where there is increased risk of infection. These measures are designed to reduce the risk to both staff working within the Medical Centre and students being cared for by the Medical Centre.

3. PROCESSES TO BE FOLLOWED FOR GENERAL HOUSEKEEPING

All staff working in the Medical Centre, including housekeeping staff, are responsible for ensuring that the workspace, clinical area, student areas are always kept clear and clean.

- Cleaning and the management of spillages is the responsibility of all staff; this ensures cleaning is performed promptly.
- Gloves and aprons should be worn for all routine cleaning procedures (where there is no increased infection risk). Arms should be bare below the elbow and hands free from jewellery (except wedding band/watch). This reduces cross contamination and allows for thorough hand washing.
- Hands should be washed when cleaning is finished, and gloves/apron are removed.
- Staff should receive training on cleaning and the safe use of PPE (as per PPE policy).
- If extra levels of cleaning are needed (ie, with infection risk), Medical Centre staff should liaise with housekeeping staff.

3.1. Equipment for cleaning

- Cleaning products must have a COSHH (Control of Substances hazardous to health) assessment.
- Only approved cleaning products should be used, and as per the manufacturer's guidelines.
- Cleaning equipment should be stored in a separate, designated locked cupboard.
- Colour coded equipment and cloths must be used for each area:

Red for toilets/bathrooms/showers

Blue for general areas within care areas and offices

Green for kitchen and catering

- Cleaning and disinfectant wipes, such as Clinell, should be stored on their side to prevent drying out.
- Cleaning cloths and PPE must be disposed of after use. They should be used in a single area only

to prevent the transfer of micro-organisms from one area to another.

- PPE should be disposed of after cleaning and changed between each area to prevent transfer of micro-organisms.
- Mops and buckets must be stored dry, as damp items harbor bacteria. Mop heads are machine washed and left to air dry in the cleaning cupboard. Buckets are rinsed and left to air dry in the cleaning cupboard.
- Mop heads are continually disinfected during use and should be washed at the end of each use (daily) at 90°C and replaced as required.
- Equipment cleaned with gel does not require rinsing.
- Surfaces should not be touched after cleaning before they have air dried.

3.2. Routine Cleaning (usually by housekeeping staff)

- A daily routine clean of the entire Medical Centre should be performed.
- Floors should be vacuumed and cleaned daily.
- Soft furnishings should be vacuumed termly, or more often if needed (beds/mattresses/non-patient areas such as medical assistants' room).
- Bedrooms require standard cleaning daily.
- Items should not be stored on windowsills so that they may be wiped down daily.

3.3. Cleaning of medical equipment (cleaned by person using the equipment)

- All equipment must be cleaned between uses and stored in a clean dry environment, protected from splashing and dust. This reduces contamination risk.
- Mattresses and pillows must be inspected (when washing between uses) for damage to waterproof coverings and replaced as needed. They should be steam cleaned once per month. Mattresses are audited for integrity and replaced as needed (Appendix 1).
- Baths must be cleaned between use.

3.4. Cleaning of clinical areas with infection risk/infectious disease exposure

- Full PPE should be worn before entering the area for cleaning.
- Cleaning equipment should be used in this area only and where possible disposed of before leaving the room.
- All surfaces in the room should be cleaned using a chlorine-based cleaning product and allowed to thoroughly dry before being used/touched.
- All linen/mop heads should be placed in a red alginate linen bag then placed into the linen skip bag.
- All equipment (i.e. Buckets) should be wiped with a chlorine-based cleaning solution/ wipe (Clinell equivalent) before it is removed from the room.
- PPE should be removed and disposed of before leaving the room.
- New PPE should be applied prior to moving bagged linen and equipment used such as buckets. These should then be taken directly for washing. Linen should be placed straight into washing machines for cleaning (still in red alginate bag). Linen skip bag should also be washed immediately.
- Buckets/mop handles should be washed again using soap and water.
- PPE should then be removed, and hands washed before moving into another clinical area.

3.5. Management of Body Fluid Spillage

- Consider all body fluids a potential hazard risk.
- All spillages must be cleaned up immediately and the waste generated from this must be treated as hazardous therefore disposed of as clinical waste.
- PPE must be worn.

3.6. Management of broken glass

- Use paper or plastic scoop to pick up the glass, **do not** pick it up with fingers.
- Dispose of small pieces into the sharps bin, and large uncontaminated pieces into a cardboard box labelled broken glass, which can then be discarded as household waste.
- Use a dustpan and brush to collect smaller fragments.
- Vacuum any carpeted areas.
- If required clean the area and allow to air dry.

3.7. Storage of clean linen

- Store clean laundry in a clean dry area, protected from dust.
- Do not store clean linen in the dirty utility as there is the potential for it to become contaminated.
- Clean linen should be dried in a separate area away from the used/dirty laundry.

3.8. Handling used linen

- When handling linen, consider all used linen to be a potential infection risk.
- Wear PPE (PPE policy) and wash hands after.
- Used linen must not be shaken or dropped onto the floor.
- Used linen must not be held against the body or have contact with clothing.
- Flannels should be used once and then laundered.
- Towels may be washed and re-used unless contaminated with bodily fluids.

3.9. Linen used for patients with infectious disease

- Disposable wash cloths rather than flannels should be used for students with a suspected or confirmed infectious disease.
- Normal bedding/towels should be used but will need removing and cleaning as per infection risk cleaning procedure listed within this policy.
- Student's own clothing should be bagged into red alginate bags and again washed following the cleaning procedure listed within this policy.

3.10. Laundering procedure

- Washing machines and tumble driers must not be overloaded as this prevents thorough washing.
- Linen must not be put onto the floor prior to washing as this poses a risk of contamination.
- PPE should be worn when handling dirty linen (even those which are not in red alginate bags).
- Red alginate bags should not be opened or emptied prior to putting them in the washing machine.
- Red alginate bags must only be $\frac{3}{4}$ full maximum.
- If it is not possible to take the bag straight to the washing machine for immediate washing it should be stored in the room where the infectious disease/contamination of laundry occurred.
- Red alginate bags must be washed at 60C to ensure they dissolve during the wash and any potential micro-organisms are killed.
- All bedding must be washed at 60C and should be removed from machine once the cycle is complete.
- Washing should not be left in the washing machine or tumble drier overnight.

3.11. Staff Uniform/Clothing

- Staff must wear clean uniforms every day.
- Clothing must be changed if it is contaminated with body fluids.
- Clothing contaminated with body fluids should be placed in a red alginate bag.
- Uniform/work clothing should be washed at 60C to ensure micro-organisms are killed.
- Staff working in infectious disease areas should use a fabric laundry bag to transport their clothing which can then be placed straight into the washing machine (especially if taking off-site for washing).

PERSONAL PROTECTIVE EQUIPEMENT (PPE)

1. OBJECTIVES

Ensure safe, effective and standardised Personal Protective Equipment (PPE) use by all College Medical Centre Staff, following best practice recommendations.

2. RATIONALE

Personal Protective Equipment (PPE) use reduces the risk of acquiring and transmitting infectious diseases and micro-organisms between staff and students. Staff must have a clear understanding of when to use PPE, and all equipment must be readily available and accessible for staff to use when required.

3. PROCESSES TO BE FOLLOWED WHEN USING PPE

All staff members working within the College Medical Centre are responsible for ensuring they follow the process of wearing appropriate PPE as well as ensuring safe disposal of PPE.

Unless otherwise stated, all PPE is single use and must be disposed of in clinical waste bins immediately after use; do not wash or reuse.

Items of PPE required for staff conducting clinical procedures in the Medical Centre.

- Gloves- These must be well fitting, disposable, single use gloves, water repellent, impervious to micro-organisms (medical grade).
- Aprons- disposable, single use, water repellent, impervious to micro-organisms (medical grade).
- Mask (surgical) for use when infectious disease risk likely.

3.1. Application of PPE

PPE should be **applied** in the following order:

- Apron
- Mask (if required due to infectious disease risk)
- Gloves

Prior to applying the PPE hands should be washed in soap and water to ensure no contamination from the staff member's own hands.

PPE should be **removed** in the following order:

- Gloves- removed by turning inside out from the wrist downwards.
- Apron- removed by snapping back ties, then from body side folded inwards.
- Mask- removed by ear strap (if required due to infectious disease risk).

The outer surface of each item **should not** be touched when removing. Gloves are removed first as they are the most likely source of contamination.

Following removal of all PPE hands should be washed with soap and water in case of any contamination from the removed PPE.

3.2. Direct care of students with a suspected infectious disease

Staff should wear full PPE, including a mask, when interacting with the student. Where possible, they should not go between the student with an infectious disease and other students/areas within the Medical Centre.

If staff do have to work between areas, they should:

- Remove all PPE prior to leaving the student's room and wash hands as per hand hygiene within this policy before leaving the room.
- They should then wash their hands again after leaving the room.
- Prior to entering other areas of the Medical Centre, staff members should change their clothing, placing it into a washable bag to reduce the risk of contamination when washing. They should then shower, including washing of the hair using soap and water.

The above measure should also be followed for staff who are finishing their shift and returning to their home environment. This reduces the risk of transmission of micro-organisms to the staff members home environment.

3.3. Hand hygiene

This is defined as the single most important thing in preventing the spread of infection (WHO 2009). All staff and students should be given the opportunity to wash their hands upon entering and exiting the Medical Centre and before/during and after mealtimes, when using the toilet and whenever else they require.

- Hands must be in good condition.
- Nails should be kept short and clean. False nails should not be worn as they can harbour dirt and prevent proper cleaning.
- Cover any damaged skin with occlusive dressings. For staff working in kitchen areas, blue plasters should be worn.
- Report any continuing soreness/dermatitis/ skin damage to the local lead for infection control or line manager for assessment and management strategies. Severe cases may require referral to occupational health.
- Apply hand cream from a dispenser before meal breaks and at the end of shifts to minimise dryness. Tubs of hand cream should be avoided as they can harbour bacteria.
- Staff should educate patient/visitors and carers on the benefits of effective hand hygiene.
- Tissues should be used to cover mouth/nose when coughing and sneezing and should not be re-used or stored in pockets/sleeves. Hands should be washed after each episode.

When to wash hands

- Hands should be washed before and after patient contact, and after removing PPE.
- Before a clean/aseptic procedure
- After blood or body fluid exposure
- After touching patient surroundings
- Whenever they may be contaminated or appear visibly soiled
- Before and after eating and drinking.

HAND WASHING TECHNIQUE



Alcohol Hand Gel use:

- Use when hands may be contaminated but are not visibly soiled.
- The Gel should be used as per the method for hand washing.
- The Gel should be used as per hand washing is indicated when with patients.
- Approximately 3mls of hand gel should be used on dry hands (any less and it will not decontaminate the hands adequately).
- It should be used over a 15-30 second period.
- It should be fully evaporated before touching anything/anyone.
- As an extra decontamination method following hand washing.
- If hand washing facilities are inadequate.

Hand Gel **should not** be used:

- When hands are visibly soiled
- To replace hand washing when care is being delivered to patients with possible or confirmed infectious diseases where spores may be involved (eg C. diff or norovirus).

ACKNOWLEDGEMENTS

National Institute for Health and Care Excellence (NICE) (2012) Prevention and control of healthcare associated infections in primary and community care.

NHS Professionals (2013) Standard Infection Prevention and Control Guidelines.

Gov.uk (2020) COVID-19 Infection prevention and Control (IPC) (accessed online)
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

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Gov.uk (2020) COVID-19 Infection prevention and Control (IPC) (accessed online)
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

World Health Organization (2009) WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge, Clean Care is Safer Care [Online] Available from:
<https://www.who.int/publications/i/item/9789241597906>

COMPLIANCE LOG OF STAFF TRAINED TO POLICY

[illegible]

APPENDIX 1:

MATTRESS AUDIT - FEMALE BAY

	Date Inspected	Satisfactory Y/N	Comments
Bed 1			
Bed 2			
Bed 3			
Bed 4			
Bed 5			

MATTRESS AUDIT - MALE BAY

	Date Inspected	Satisfactory Y/N	Comments
Bed 1			
Bed 2			
Bed 3			
Bed 4			
Bed 5			