



## **Infection Control Policy**

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## Fair Deal Infection, Prevention & Control Policy and Procedure

Policy Statement: It is the aim of Fair Deal to maintain the highest standards of infection control at all times and ensure that, as far as is reasonably practicable, the people we support and staff are protected from the spread of infection.

## Background

Infection control is a critical element in the delivery of effective personal care, domestic care and hygiene standards, in the people we support's own home or any service operated by Fair Deal. Infectious diseases can be spread if inadequate controls are in place and include serious infections which, in certain circumstances – and especially in the case of the elderly and physically vulnerable – can cause severe ill health. Not only do high standards of infection control mean that people we support will be protected from the spread of such infectious diseases and illnesses, but staff will also be protected, thus leading to lower sickness rates and better continuity of care for people we support. Examples of diseases and organisms spread from person to person include stomach bugs, vomiting bugs through to serious examples such as flu, MRSA, e-coli, Difficult and Covid 19. In order to protect people, we support and staff from the spread of such infections, and in order to maintain their health and well-being, the organisation is committed to the highest possible standards of infection control and see this as a key priority area.

## Legal Framework

Fair Deal complies fully with the Scottish Government Standards of infection prevention and control measures (NIPCM).

This manual, the Scottish Government Standards of infection prevention and control measures (SICP) is a:

*practice guide for use in Scotland which when used can help reduce the risk of Healthcare Associated Infection (HAI) and ensure the safety of those being cared for, staff and visitors in the care environment.*

It aims to:

- Make it easy for care staff to apply effective infection prevention and control precautions
- Reduce variation and optimise infection prevention and control practices throughout Scotland
- Help reduce the risk of Healthcare Associated Infection (HAI)
- Help align practice, monitoring, quality improvement and scrutiny.

*(NIPCM, NHS Scotland)*

This manual is considered best practice in all health and social care settings and should be adopted and adapted for all infection prevention and control practices and procedures.

## Health and Safety at Work Act 1974

Good hand hygiene is the basis of good infection control, all staff should ensure that they wash their hands regularly and effectively. At a minimum, staff should wash their hands after each episode of direct contact where personal care is provided, between seeing each service user, after handling any body fluids or waste or soiled items, after using the toilet, after blowing their nose and before and after handling foodstuffs. Handwashing removes infectious organisms from the surface of the skin and prevents them from being passed from one person to another. Fair Deal recognises that many infection control experts view effective handwashing as the most important element in preventing the spread of infection.

- Liquid soaps and disposable paper towels should be used for handwashing wherever available rather than solid soap or fabric towels

**For Guidance see Appendix 1**

- Any cuts or abrasions should be covered with waterproof dressings
- Spillages of body fluids or body waste should be cleared up as quickly as possible and treated carefully as possibly infectious. Staff should wear protective gloves and aprons. Staff should always wash their hands after meeting bodily fluids and after removing gloves
- Disposable gloves should never be re-used and should be discarded properly after each use with hands being washed after removal
- Personal protective equipment (PPE) in the form of disposable gloves and disposable aprons will be provided to staff who are at risk of coming into direct contact with body fluids or waste and should be used in all such situations

**See Appendix 1**

- Specimens should be collected only where requested by a GP and then only using the appropriate containers and sealed bags. Staff should wear disposable gloves and aprons when collecting samples and should always wash their hands afterwards
- Hazardous waste should be disposed of in the appropriate sealed plastic sacks as required by local authority arrangements operating in the area concerned. When awaiting collection, the sacks should be stored safely. Such waste is classified as hazardous under the Hazardous Waste Regulations and should only be removed by an authorised collector. It should never be placed in the household rubbish
- All sharps waste (e.g., potentially infectious needles, etc.) should be handled and disposed of in properly labelled and marked plastic sharps disposal containers provided for the purpose. These containers should never be overfilled and no attempt to force waste into them or to reach inside. They should be sealed when filled and stored securely awaiting collection from an authorised waste handler. In the event of a 'needlestick' injury involving a used or potentially contaminated needle, staff should wash the area immediately to encourage bleeding and attend Accident and Emergency immediately
- Where food is prepared or served, all food poisoning risks should be controlled by strict attention to food hygiene in the purchase, storage, preparation and serving of food.
- When staff sneeze, they should blow their nose with a paper tissue and dispose of it in the bin. They should then wash their hands.
- Laundry facilities should be arranged or procured where required to ensure that dirty, soiled laundry which might carry infection is washed at appropriately high temperatures to thoroughly clean linen and control the risk of infection.
- Notifiable diseases should be reported in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- In the event of a suspicion that a person we support may be ill or may have an infectious disease the person's GP/NHS 24 should be contacted immediately and line manager/duty/on call informed. Where necessary, staff should work in collaboration with any local infection control agencies and experts. Staff who are exposed to an infectious disease, including any employee who suffers a puncture accident involving potentially infectious sharps, will be given appropriate support including, where required, appropriate occupational health support and surveillance. If anyone supported by Fair Deal has an infectious disease and requires admission to hospital the worker should report this to their line manager or to duty or on call whichever is appropriate.

## **Managers at Fair Deal have a duty to**

- Ensure that appropriate infection control policies are effectively implemented, are clearly understood by all members of staff, and are regularly reviewed and revised in light of the most recent best practice guidelines
- Ensure that appropriate information about infection and infection control policies is provided to people we support, their families and representatives, and is included in the statement of purpose and Welcome Pack in a format that all people can understand
- Ensure that staff are provided with appropriate equipment and resources such as PPE, waste bags, handwashing equipment and facilities and, where required, alcohol hand gels
- Carefully monitor any incident reports relating to infection control matters in order to identify any trends or patterns
- Ensure that any suspected outbreaks of infection are reported to the relevant authorities (GP/local infection control teams)
- Ensure that all new staff have appropriate training and that an annual refresher training course in PPE is part of care staff's core training plan
- Ensure that infection control procedures, policies and outcomes are regularly audited and that an annual statement is prepared and made available reporting on Fair Deal's compliance with infection control regulations. The annual statement will include: any outbreaks of infection; audits undertaken; action taken following an outbreak of infection or recommendations from an audit; risk assessments undertaken for prevention and control of infection; training received by staff; and a review and update of policies, procedures and guidance
- Ensure that relevant care staff who require to use the Fair Deal IPC manual, have read and understood and signed to confirm this

## **Staff at Fair Deal have a duty to**

- Comply with all infection control policies, procedures, and guidelines at all times, properly utilising any personal protective equipment provided and carrying out their duties in accordance with their training and good practice
- Wash their hands regularly, especially after using the toilet, between seeing each service user and before handling food
- Help to keep the service where they are working clean and tidy and to alert their line manager to any incidences of unsanitary conditions or unacceptably poor standards of cleanliness or hygiene
- Always inform their line manager if they are suffering from any form of diarrhoea and vomiting or any suspected infectious disease. If a food handler, the member of staff should not return to work until recovered and cleared to do so by a GP
- Refrain from wearing any type of false nail or polish, such as acrylic, gel, shellac and any other type of false nail or polish. Training and information Fair Deal views infection control training and supervision as a vital part of its infection control procedures
- All new staff should attend basic infection control awareness training and should read the policy on infection control and food preparation and handling as part of their induction process
- Support Staff and food handling staff will be expected to attend additional infection control training appropriate to their role
- Updates will be every three years unless there is an indication further training is needed and all relevant staff should attend, including volunteers and agency staff.
- All staff should be trained in the cleaning of spillages and should always carefully follow the dilution instructions on the disinfectant bottle

- Records of attendance at infection control training will be kept, including date attended and level of training
- All policies, including this one, should be made fully available to people we support, their families and representatives

## Appendix 1 - 10 Standard Infection Control Precautions (SICP's)

The following is for Information as it focusses on Healthcare Settings but highlights the 10 Infection Control Precautions to be followed:

1. **Assess Risk from person re infection**
2. **Follow good hand hygiene**
3. **Follow Respiratory and cough hygiene**
4. **Appropriate use of PPE**
5. **Safe Management of Care Equipment**
6. **Safe Management of Care Environment**
7. **Safe Management of Linen**
8. **Safe Management of Bloods, Bodily Fluids, and spillages**
9. **Safe Disposal of Waste**
10. **Occupational Safety**

**Please note all information below is taken from chapter 1 of the NIPCM, NHS Scotland.**

Standard Infection Control Precautions (SICPs), covered in this chapter are to be **used by all staff, in all care settings, at all times, for all patients<sup>1</sup> whether infection is known to be present or not** to ensure the safety of those being cared for, staff and visitors in the care environment. SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agent from both recognised and unrecognised sources of infection.

Sources of (potential) infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

The application of SICPs during care delivery is determined by an assessment of risk to and from individuals and includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

To be effective in protecting against infection risks, SICPs must be used continuously by all staff. SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to patient, staff, and visitor safety. Further information on using SICPs for Care at Home can be found on the NHS National Education Scotland (NES) website.

### **Patient Placement/Assessment for infection risk**

Patients must be promptly assessed for infection risk on arrival at the care area (if possible, prior to accepting a patient from another care area) and should be continuously reviewed throughout their stay. This assessment should influence placement decisions in accordance with clinical/care need(s).

**Patients who may present a cross-infection risk include those:**

- With diarrhoea, vomiting, an unexplained rash, fever or respiratory symptoms
- Known to have been previously positive with a Multi-drug Resistant Organism (MDRO) e.g MRSA, CPE
- Who have been hospitalised outside Scotland in the last 12 months

Please note that while patient placement does not happen within a care at home environment, it is important to be aware of cross-infection risks and the fact many employees

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<sup>1</sup> The use of the word 'Persons' can be used instead of 'Patient' when using this document in non-healthcare settings.

will be going into different home environments each day and caring for a number of people. If NIPCM procedures are not followed infections can be easily spread

## **Hand Hygiene**

Hand hygiene is considered an important practice in reducing the transmission of infectious agents which cause HAIs.

Hand washing sinks must not be used for the disposal of other liquids.

### ***Before performing hand hygiene***

- expose forearms (bare below the elbows)
- remove all hand/wrist jewellery\* (a single, plain metal finger ring or ring dosimeter (radiation ring) is permitted but should be removed (or moved up) during hand hygiene)
- ensure fingernails are clean, short and that artificial nails or nail products are not worn cover all cuts or abrasions with a waterproof dressing. For health and safety reasons, Scottish Ambulance Service Special Operations Response Teams (SORT) in high-risk situations require to wear a wristwatch

### ***To perform hand hygiene***

Alcohol Based Hand Rubs (ABHRs) must be available for staff as near to point of care as possible. Where this is not practical, personal ABHR dispensers should be used.

### ***Performing hand hygiene***

1. before touching a patient
2. before clean/aseptic procedures. If ABHR cannot be used, then antimicrobial liquid soap should be used
3. after body fluid exposure risk
4. after touching a patient
5. after touching a patient's immediate surroundings

### **Wash hands with non-antimicrobial liquid soap and water if:**

- hands are visibly soiled or dirty
- caring for patients with vomiting or diarrhoeal illnesses; or
- caring for a patient with a suspected or known gastro-intestinal infection e.g. norovirus or a spore forming organism such as *Clostridioides difficile*

In all other circumstances use ABHRs for routine hand hygiene during care.

Where there is no running water available or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity.

# How to Wash Hands

Steps 3-8 should take at least 15 seconds

1



Wet hands with water.

2



Apply enough soap to cover all hand surfaces.

3




Rub hands palm to palm.

4




Right palm over the back of the other hand with interlaced fingers and vice versa.

5




Palm to palm with fingers interlaced.

6



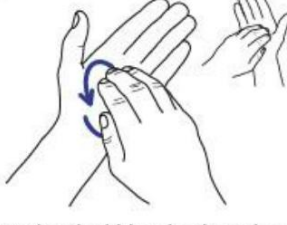
Backs of fingers to opposing palms with fingers interlocked.

7



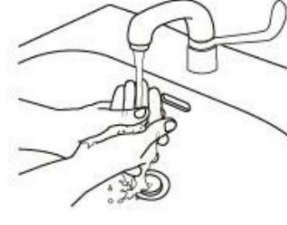
Rotational rubbing of left thumb clasped in right palm and vice versa.

8



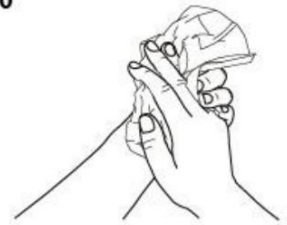
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

9



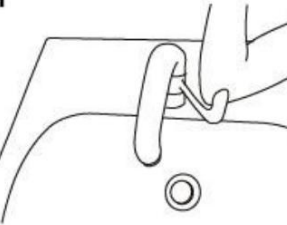
Rinse hands with water.

10



Dry thoroughly with towel.

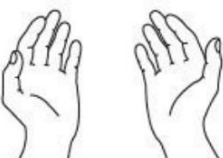
11



Use elbow to turn off tap.

12

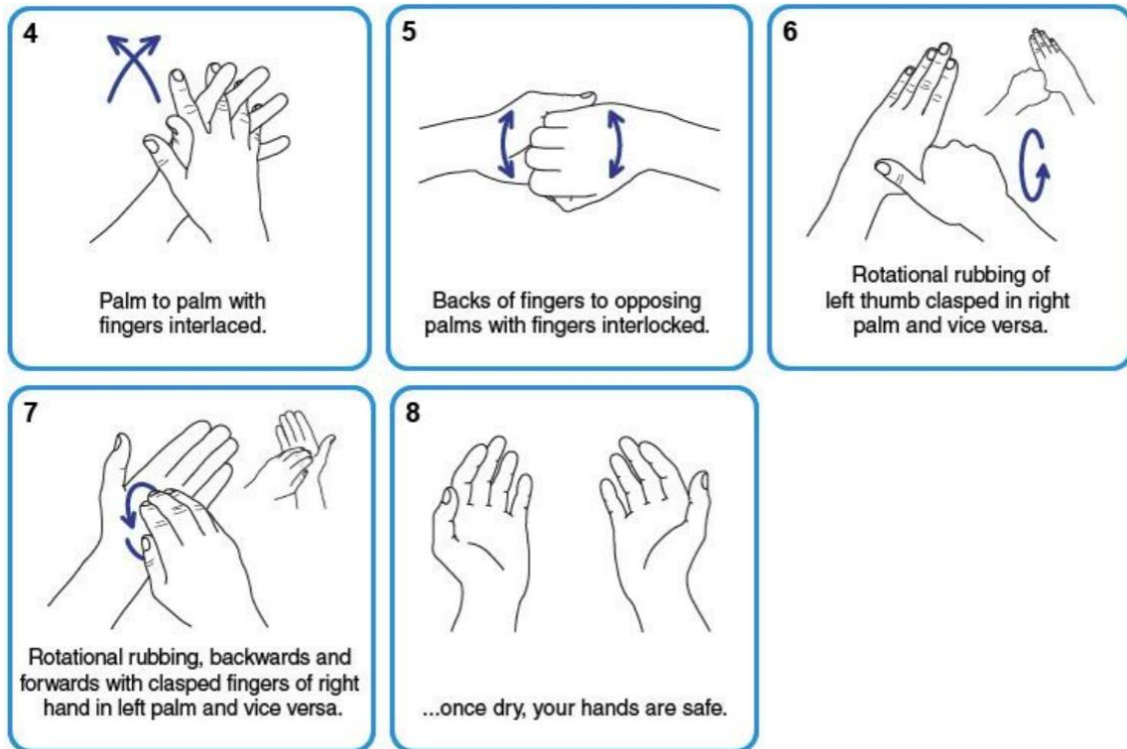
🕒 Steps 3-8 should take at least 15 seconds.



...and your hands are safe\*.

## How to Hand Rub

Duration of the process should be 20-30 seconds



## Skin care

- Dry hands thoroughly after hand washing using disposable paper towels
- Use an emollient hand cream during work and when off duty
- Do not use or provide communal tubs of hand cream in the care setting
- Staff with skin problems should seek advice from Occupational Health or their GP.

## Respiratory and Cough Hygiene

Respiratory and cough hygiene is designed to minimise the risk of cross-transmission of respiratory illness (pathogens):

- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping, and blowing the nose
- Dispose of all used tissues promptly into a waste bin
- Wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Where there is no running water available or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity
- Keep contaminated hands away from the eyes nose and mouth. Staff should promote respiratory and cough hygiene helping those (e.g. elderly, children) who need assistance with this e.g. providing patients with tissues, plastic bags for used tissues and hand hygiene facilities as necessary.

## Personal Protective Equipment

Before undertaking any procedure, staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

### ***All PPE***

Should be:

- located close to the point of use
- stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to)
- single-use only items unless specified by the manufacturer
- changed immediately after each patient and/or following completion of a procedure or task
- disposed of after use into the correct waste stream i.e. healthcare waste or domestic waste. Reusable PPE items, e.g., non-disposable goggles/face shields/visors must have a decontamination schedule with responsibility assigned

### ***Gloves***

Must be:

- worn when exposure to blood and/or other body fluids is anticipated/likely
- changed immediately after each patient and/or following completion of a procedure or task
- changed if a perforation or puncture is suspected
- appropriate for use, fit for purpose and well-fitting

**Double gloving** is recommended during some Exposure Prone Procedures (EPPs) e.g., orthopaedic, and gynaecological operations or when attending major trauma incidents.

### ***Aprons***

Must be:

- worn to protect uniform or clothes when contamination is anticipated/likely e.g. when in direct care contact with a patient
- changed between patients and/or following completion of a procedure or task.

### **Full body gowns/Fluid repellent coveralls must be:**

- worn when there is a risk of extensive splashing of blood and/or other body fluids e.g. in the operating theatre
- worn when a disposable apron provides inadequate cover for the procedure/task being performed
- changed between patients and immediately after completion of a procedure or task.

### ***Eye/face protection (including full face visors)***

must:

- be worn if blood and/or body fluid contamination to the eyes/face is anticipated/likely e.g. by members of the surgical theatre team and always during Aerosol Generating Procedures
- Regular corrective spectacles are not considered eye protection
- not be impeded by accessories such as piercings/false eyelashes
- not be touched when worn.

### ***Fluid Resistant Type IIR surgical face masks***

must be:

- worn if splashing or spraying of blood, body fluids, secretions, or excretions onto the respiratory mucosa (nose and mouth) is anticipated/likely
- a full-face visor may be used as an alternative to fluid resistant Type IIR surgical face masks to protect against splash or spray. However, a full-face visor alone is not sufficient when droplet precautions are being employed and a fluid resistant Type IIR surgical face mask and eye/face protection must be worn as outlined in Appendix 16
- worn to protect patients from the operator as a source of infection e.g., when performing an epidural or inserting a Central Vascular Catheter (CVC)
- well-fitting and fit for purpose (fully covering the mouth and nose) (manufacturers' instructions must be adhered to ensure effective fit/protection)
- removed or changed
- at the end of a procedure/task
- if the integrity of the mask is breached, e.g., from moisture build-up after extended use or from gross contamination with blood or body fluids
- in accordance with specific manufacturers' instructions.

### **Footwear**

must be:

able to either withstand machine washing at 40°C or disinfection with a chlorine releasing agent:

- non-slip, clean and well maintained, and support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps
- removed before leaving a care area where dedicated footwear is used e.g. theatre, in these areas have a decontamination schedule with responsibility assigned

### **Headwear**

must be:

- worn in theatre settings/clean rooms e.g. Central Decontamination Unit (CDU)
- well-fitting and completely cover the hair
- changed/disposed of between clinical procedures/tasks or if contaminated with blood and/or body fluids
- removed before leaving the theatre/clean room.

## **Step by step images for putting on and removing PPE**

**Use safe work practices to protect yourself and limit the spread of infection.**






- Keep hands away from face and PPE being worn
- Change gloves when torn or heavily contaminated
- Limit surfaces touched in the patient environment
- Regularly perform hand hygiene
- Always clean hands after removing gloves

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

**NB** Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.









## Putting on Personal Protective Equipment (PPE)

Perform hand hygiene before putting on PPE. The order for putting on PPE is Apron or Gown, Surgical Mask, Eye Protection (where required) and Gloves

<p><b>1</b></p>  <p><b>Apron</b> Pull over head and fasten at back of waist.</p>	<p><b>2</b></p>  <p><b>Gown/Fluid repellent coverall</b> Fully cover torso neck to knees, arms to end wrist and wrap around the back. Fasten at the back.</p>	<p><b>3</b></p>  <p><b>Surgical mask (or respirator)</b> Secure ties or elastic bands at middle of head and neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Fit/check respirator if being worn.</p>
<p><b>4</b></p>  <p><b>Eye Protection (Goggles/Face Shield)</b> Place over face and eyes and adjust to fit.</p>	<p><b>5</b></p>  <p><b>Gloves</b> Select according to hand size. Extend to cover wrist.</p>	

## Removing Personal Protective Equipment (PPE)


The order for removing PPE is Gloves, Apron or Gown, Eye Protection, Surgical Mask.

<p><b>6</b></p>  <p>Outside of gloves are contaminated. Grasp the outside of the glove with the opposite gloved hand; peel off.</p>	<p><b>7</b></p>  <p>Hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist. Peel the second glove off over the first glove. Discard into an appropriate lined waste bin.</p>	<p><b>8</b></p>  <p><b>Apron</b> Apron front is contaminated. Unfasten or break ties. Pull apron away from neck and shoulders touching inside only. Fold and roll into a bundle. Discard into an appropriate lined waste bin.</p>
<p><b>9</b></p>  <p><b>Gown/Fluid repellent coverall</b> Gown/Fluid repellent coverall front and sleeves are contaminated. Unfasten neck, then waist ties.</p>	<p><b>10</b></p>  <p>Remove using a peeling motion; pull gown/fluid repellent coverall from each shoulder towards the same hand.</p>	<p><b>11</b></p>  <p>Gown/fluid repellent coverall will turn inside out. Hold removed gown/fluid repellent coverall away from body, roll into a bundle and discard into an appropriate lined waste bin or linen receptacle.</p>
<p><b>12</b></p>  <p><b>Eye Protection (Goggles/face shield)</b> Outside of goggles or face shield are contaminated. Handle only by the headband or the sides. Discard into a lined waste bin or place into a receptacle for reprocessing/ decontamination.</p>	<p><b>13</b></p>  <p><b>Surgical Mask (or respiratory)</b> Front of mask/respirator is contaminated - do not touch. Unfasten the ties - first the bottom, then the top. Pull away from the face without touching front of mask/respirator. Discard disposable items into an appropriate lined waste bin. For reusable respirator place in designated receptacle for processing/ decontamination.</p>	

## Safe Management of Care Equipment

Care equipment is easily contaminated with blood, other body fluids, secretions, excretions, and infectious agents. Consequently, it is easy to transfer infectious agents from communal care equipment during care delivery.

### Care equipment classifications

- **Single-use:** equipment which is used once on a single patient and then discarded. Must never be reused even on the same patient. The packaging carries the symbol *(shown right)*
- 
- Needles and syringes are single use devices. They should never be used for more than one patient or reused to draw up additional medication
  - Never administer medications from a single-dose vial or intravenous (IV) bag to multiple patients
  - **Single patient use:** equipment which can be reused on the same patient
  - **Reusable invasive equipment:** used once then decontaminated e.g., surgical instruments
  - **Reusable non-invasive equipment:** reused on more than one patient following decontamination between each use e.g. commode, patient transfer trolley  
*(often referred to as communal equipment)*
  - the packaging is intact
  - there are no obvious signs of packaging contamination
  - the expiry date remains valid

### Decontamination of reusable non-invasive care equipment

must be undertaken:

- between each use
- after blood and/or body fluid contamination
- at regular predefined intervals as part of an equipment cleaning protocol
- before inspection, servicing or repair adhere to manufacturers' guidance for use and decontamination of all care equipment
- All reusable non-invasive care equipment must be rinsed and dried following decontamination then stored clean and dry
- Decontamination protocols should include responsibility for; frequency of; and method of environmental decontamination. An equipment decontamination status certificate will be required if any item of equipment is being sent to a third-party e.g. for inspection, servicing or repair

Guidance may be required prior to procuring, trialling, or lending any reusable non-invasive equipment.

## Safe Management of Care Environment

It is the responsibility of the person in charge to ensure that the care environment is safe for practice (this includes environmental cleanliness/maintenance). The person in charge must act if this is deficient.

### ***The care environment must be***

- visibly clean, free from non-essential items and equipment to facilitate effective cleaning
- well maintained and in a good state of repair
- routinely cleaned in accordance with the **Health Facilities Scotland (HFS) National Cleaning Specification:**
  - A fresh solution of general-purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty or at 15 minutes intervals or when changing tasks
  - Routine disinfection of the environment is not recommended. However, 1,000ppm available chlorine should be used routinely on sanitary fittings
  - Staff groups should be aware of their environmental cleaning schedules and clear on their specific responsibilities
  - Cleaning protocols should include responsibility for; frequency of; and method of environmental decontamination

## Safe Management of Linen

### ***Clean linen***

- Should be stored in a clean, designated area, preferably an enclosed cupboard
- If clean linen is not stored in a cupboard, then the trolley used for storage must be designated for this purpose and completely covered with an impervious covering that is able to withstand decontamination.

### ***Linen used during Patient Transfer***

- Any linen used during patient transfer e.g. blankets, should be categorised at the point of destination

### ***Used Linen (previously known as Soiled Linen)***

- Ensure a laundry receptacle is available as close as possible to the point of use for immediate linen deposit.

### **Do not:**

- rinse, shake or sort linen on removal from beds/trolleys
- place used linen on the floor or any other surfaces e.g., a locker/tabletop
- re-handle used linen once bagged
- overfill laundry receptacles
- place inappropriate items in the laundry receptacle e.g., used equipment/needles

### ***Infectious Linen (this mainly applies to healthcare linen)***

i.e. linen that has been used by a patient who is known or suspected to be infectious and/or linen that is contaminated with blood and/or other body fluids e.g. faeces:

- Place directly into a water-soluble/alginate bag and secure; then place into a plastic bag e.g., clear bag and secure before placing in a laundry receptacle. This applies also to any item(s) heavily soiled and unlikely to be fit for reuse
- Used and infectious linen bags/receptacles must be tagged e.g., ward/care area and date

- Store all used/infectious linen in a designated, safe, lockable area whilst awaiting uplift. Uplift schedules must be acceptable to the care area and there should be no build-up of linen receptacles

Local guidance regarding management of linen may be available. All linen that is deemed unfit for re-use e.g. torn or heavily contaminated, should be categorised at the point of use and returned to the laundry for disposal.

## Safe Management of Blood and Body Fluid Spillages

- Spillages of blood and other body fluids may transmit blood borne viruses
- Spillages must be decontaminated immediately by staff trained to undertake this safely
- Responsibilities for the decontamination of blood and body fluid spillages should be clear within each area/care setting

## Safe Disposal of Waste (including sharps)

Scottish Health Technical Note (SHTN) 3: NHS Scotland Waste Management Guidance contains the regulatory waste management guidance for NHS Scotland including waste classification, segregation, storage, packaging, transport, treatment and disposal.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 outline the regulatory requirements for employers and contractors in the healthcare sector in relation to the safe disposal of sharps.

### Categories of waste

- **Healthcare (including clinical) waste** – is produced as a direct result of healthcare activities e.g. soiled dressings, sharps
- **Special (or hazardous) waste** – arises from the delivery of healthcare in both clinical and non-clinical settings. Special waste includes a range of controlled wastes, defined by legislation, which contain dangerous or hazardous substances e.g. chemicals, pharmaceuticals
- **Domestic waste** – must be segregated at source into:
  - Dry recyclates (glass, paper and plastics, metals, cardboard)
  - Residual waste (any other domestic waste that cannot be recycled)

### Waste Streams

- **Black** (trivial risk):
  - **Domestic waste or yellow and black stripes** (small quantities of hygiene waste)
  - Final disposal to Landfill
  - Clear/opaque receptacles may also be used for domestic waste at care area level
- **Orange, Light Blue (laboratory)** (low risk):
  - **Orange** consists of items which are contaminated or likely to be contaminated with blood and/or body fluids. Final disposal following heat disinfection is to landfill
  - **Light Blue** laboratory/microbiological waste that must be autoclaved before disposal via the orange stream
- **Yellow** (high risk):
  - Waste which poses ethical, highly infectious or contamination risks
  - This includes anatomical and human tissue which is recognisable as body parts, medical devices and sharps waste boxes that have red, purple or blue lids
  - Disposal is by specialist incineration

- **Red** (special waste):
  - Chemical waste

For care/residential homes waste disposal may differ from the categories described above and guidance from local contractors will apply. Refer to [SEPA guidance](#).

### ***Safe waste disposal at care area level***

#### **Always dispose of waste:**

- immediately and as close to the point of use as possible, and
- into the correct segregated colour coded UN 3291 approved waste bag (either orange/yellow for healthcare waste or black/clear/opaque for domestic) or container (sharps box)

**Liquid waste** e.g. blood must be rendered safe by adding a self-setting gel or compound before placing in an orange lidded leak-proof bin.

**Waste bags** must be no more than 3/4 full or more than 4 kgs in weight; and use a ratchet tag/or tape (for healthcare waste bags only) using a 'swan neck' to close with the point of origin and date of closure clearly marked on the tape/tag.

**Store all waste** in a designated, safe, lockable area whilst awaiting uplift. Uplift schedules must be acceptable to the care area and there should be no build-up of waste receptacles.

#### **Sharps boxes must:**

- have a dedicated handle
- have a temporary closure mechanism, which must be employed when the box is not in use
- be disposed of when the manufacturers' fill line is reached, and
- be labelled with point of origin and date of closure. Local guidance regarding management of waste at care level may be available.

Please note that the above procedures are for use in healthcare settings and not in home environments. If there are any specific waste disposal procedures to follow for the person being supported, these will be contained within their Support Plan

## **Occupational Safety: Prevention and Exposure Management (including sharps)**

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 outline the regulatory requirements for employers and contractors in the healthcare sector in relation to:

- arrangements for the safe use and disposal of sharps
- provision of information and training to employees
- investigations and actions required in response to work related sharps injuries.

Sharps handling must be assessed, kept to a minimum and eliminated, if possible, with the use of approved safety devices.

- Manufacturers' instructions for safe use and disposal must be followed
- Needles must not be re-sheathed/recapped
- Always dispose of needles and syringes as 1 unit
- If a safety device is being used safety mechanisms must be deployed before disposal

### ***Significant occupational exposure***

A significant occupational exposure is:

- a percutaneous injury e.g. injuries from needles, instruments, bone fragments, or bites which break the skin; and/or

- exposure of broken skin (abrasions, cuts, eczema, etc); and/or
- exposure of mucous membranes including the eye, from splashing of blood, or other high risk body fluids

There is a potential risk of transmission of a Blood Borne Virus (BBV) from a significant occupational exposure and staff must understand the actions they should take when a significant occupational exposure incident takes place.

There is a legal requirement to report all sharps injuries and near misses to line managers/employers.

Please note that the above procedures are for use in healthcare settings and not in home environments. If there are any specific sharp procedures to follow for the person being supported, these will be contained within their Support Plan.

## Useful Links

**Scotland - HSE**

<https://www.hse.gov.uk/scotland/index.htm>

**NHS Education (Scotland) | NES**

<https://www.nes.scot.nhs.uk/>

**COVID-19: IPC**

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

**NIPCM**

<https://www.nipcm.scot.nhs.uk/>

## Appendix 2 – 10 Must do's to Prevent Infection

**1.** ASSESS PATIENTS FOR INFECTION RISK AND ENSURE THEY ARE CARED FOR IN A SAFE PLACE.

**2.** PRACTISE GOOD HAND HYGIENE.

**3.** COVER YOUR NOSE AND MOUTH WHEN COUGHING OR SNEEZING.

**4.** WEAR SUITABLE PERSONAL PROTECTIVE EQUIPMENT.

**5.** KEEP ALL REUSABLE CARE EQUIPMENT CLEAN AND WELL MAINTAINED.

**6.** KEEP THE CARE ENVIRONMENT CLEAN AND TIDY.

**7.** SAFELY HANDLE USED LINEN.

**8.** SAFELY CLEAN UP ALL BLOOD AND BODY FLUID SPILLAGES.

**9.** SAFELY DISPOSE OF ALL HOUSEHOLD AND CARE ACTIVITY WASTE.

**10.** TAKE CORRECTIVE ACTION IF INJURED OR EXPOSED TO BLOOD AND BODY FLUIDS.

**10**  
MUST DO'S  
TO PREVENT INFECTION  
EVERY PATIENT,  
EVERY CARE SETTING,  
EVERY TIME.



LEARN ALL 10  
STANDARD INFECTION CONTROL PRECAUTIONS  
[www.sicps.scot.nhs.uk](http://www.sicps.scot.nhs.uk)



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30/09/2020	1	Chloe Savage	Versioned, added contents page and appendix 2
31/01/2022	2	Fiona Dunwoodie	Versioned and added sections covering PPE training, IPC manual signatures and hand cream.
27/04/2023	3	Anne Marie Borthwick	Reviewed and updated document with new policy template