

Standard Infection Prevention and Control Precautions Guidance

This guidance relates to Regulation 12: Safe care and treatment, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

November 2021

Policy Number: CL006/03/2022

The current versions of all policies can be accessed at the NHS Sheffield CCG Intranet Site at <http://www.intranet.sheffieldccg.nhs.uk/policies.htm>

VERSION CONTROL				
Version	Date	Author	Status	Comment
1	March 2013	Nikki Littlewood	Approved	Superseded by review document
2	February 2015	Nikki Littlewood	Approved	Superseded by review document
3	March 2017	Nikki Littlewood	Approved	Superseded by review document
4	July 2019	Nikki Littlewood	Approved	Approved at QAC August 2019

POLICY AUDIT TOOL

Please give status of Policy: Revised		
1.	Details of Policy	
1.1	Policy Number:	CL006/03/2022
1.2	Title of Policy:	Standard Infection Prevention and Control Precautions Guidance
1.3	Sponsor	Chief Nurse
1.4	Author:	IPC Lead Nurse
1.5	Lead Committee	Quality Assurance Committee
1.6	Reason for policy:	To provide advice and information on the standard precautions in the community based on national and microbiology expertise
1.7	Who does the policy affect?	All primary care staff
1.8	Are the National Guidelines/Codes of Practices etc. issued?	Yes
1.8	Has an Equality Impact Assessment been carried out?	N/A
2.	Information Collation	
2.1	Where was Policy information obtained from?	National guidance
3.	Policy Management	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	N/A
3.3	If NO explain why.	Current management structure already in place
4.	Consultation Process	
4.1	Was there external/internal consultation?	Yes
4.2	List groups/persons involved	Microbiology staff - STHFT
4.3	Have external/internal comments been included?	Yes
4.4	If external/internal comments have not been included, state why.	N/A
5.	Implementation	
5.1	How and to whom will the policy be distributed?	All staff via the intranet/newsletter & bulletin
5.2	If there are implementation requirements such as training please detail.	N/A
5.3	What is the cost of implementation and how will this be funded	No funding required
6.	Monitoring	
6.1	How will this be monitored	IPC leads
6.2	Frequency of Monitoring	As required

Version Control

VERSION CONTROL				
Version	Date	Author	Status	Comment
				<p>Sinks for hand washing must be used solely for that purpose and not for disposing of liquids see page 9.</p> <p>Surgical hand antisepsis section added (see page 9 section 5.3):</p> <p>Surgical scrubbing/rubbing (this applies to those undertaking level 2 minor surgical procedures for example Vasectomy or Carpal Tunnel Surgery).</p> <ul style="list-style-type: none"> • Perform surgical scrubbing/rubbing before donning sterile garments • Remove all hand and wrist jewellery • Single use nail brushes must only be used for decontaminating nails. Nail picks can be used if nails are visibly dirty • Use an antimicrobial liquid soap licensed for surgical scrubbing or an alcohol hand rub licensed for surgical rubbing (as specified on the product label) <p>Skin care section added (see page 9 section 5.5)</p> <ul style="list-style-type: none"> • 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 <p>Aprons and Gowns section 6.3. page 12 They should be changed between patients and/or after completing a procedure or task.</p> <p>Masks, visors and eye protection section 6.4 page 13.</p> <ul style="list-style-type: none"> • Should not be impeded by accessories such as piercings or false eye lashes • Should not be touched when being worn • In the event of using re-usable PPE items – e.g. non - disposable goggles, face shields, visors these must be decontaminated after each use with

				<p>a Tuffie 5 or Clinell universal wipe and kept for individual staff use.</p> <p>All the changes above are taken from the NHS Improvement and NHS England (2019) Standard infection control precautions: national hand hygiene and personal protective equipment policy</p> <p>MANAGEMENT OF CONTAMINATION (SHARPS OR SPLASH) INJURIES. Pages 18 & 19 Added that “Please note it is the responsibility of the person sustaining the injury to inform the Occupational Health Service the next working day”.</p> <p>Community Risk assessment for wound infectivity deleted as infectious/offensive waste segregation descriptions deemed enough guidance.</p> <p>Links updated for the DH cleaning manual.</p> <p>NHS Improvement and NHS England (2019) Standard infection control precautions: national hand hygiene and personal protective equipment policy https://improvement.nhs.uk/resources/national-hand-hygiene-and-personal-protective-equipment-policy/ added.</p>
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1. Introduction

Since the 1980's the term standard infection prevention and control precautions have come to mean those interventions taken by all healthcare workers when coming into contact with blood and body fluids from a patient. Blood and body fluids of a patient in any healthcare setting may contain either a blood borne virus or other pathogens. It is not always easy to determine the risk posed by individual patients until the results of microbiology and viral investigations are known. Therefore it is recommended that all patients are considered to be a risk for cross infection/contamination and that a system of standard infection prevention and control precautions (standard precautions) must be adopted by all healthcare staff. They should be viewed as whole approach to reducing the risk of infection to patients.

2. Purpose

This guidance is to ensure that every member of NHS staff involved in patient management or working in a clinical environment is aware of the use of standard precautions. It should be used in conjunction with organisational IPC policies and guidance that contributes to the prevention and management of infection and its spread.

3. Scope of the Guidance

This guidance applies to all services provided by the CCG. All staff with patient contact or working in an environment where clinical care is undertaken should familiarise themselves with this guidance.

It is the responsibility of each independent contractor to reduce Healthcare Associated Infections (HCAI) and the transmission of infection during interventional procedures. The CCG recommends that contractors apply the principles of this guidance as minimum standards within their practices to ensure that their professional and contractual responsibilities are discharged.

The CCG expects commissioned services to also apply the principles of this guidance as minimum standards within their services, which should be adapted to specific interventions and service needs.

4. Standard Precautions Definitions

Standard Precautions consist of:

- Hand Hygiene
- Personal Protective Equipment (PPE)
- Safe Sharps Disposal and Injury Management
- Blood and Body Fluid Spillage Management
- Waste management
- Decontamination of Equipment
- Cleaning of the Environment
- Handling and Transport of Specimens

When appropriately implemented standard precautions aim to:

- To protect the healthcare worker and every individual in their care
- Reduce opportunities for transmission of microorganisms
- Enhance safe working practice

5. Hand Hygiene

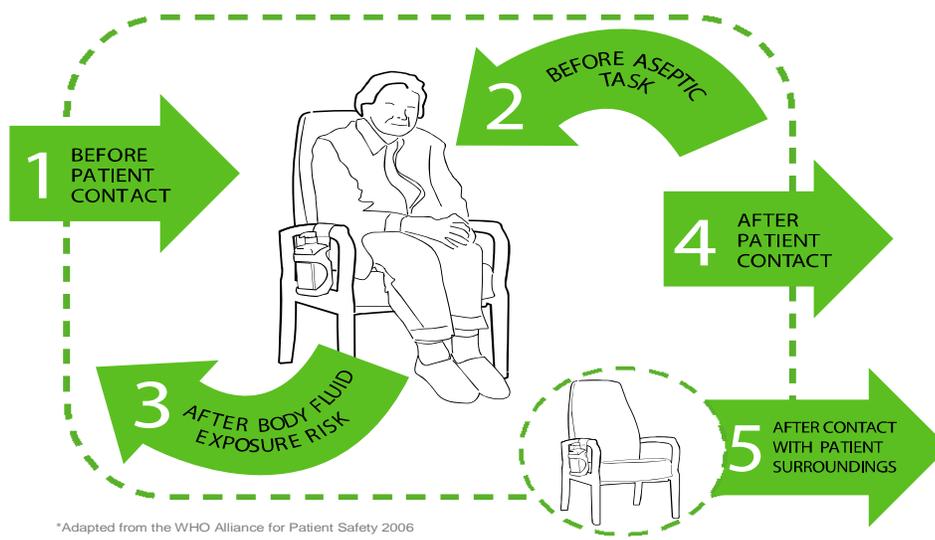
Health care workers (HCW) have the greatest potential to spread micro-organisms that may result in infection due to the number of times they have contact with patients or the patient environment (RCN 2012). Hand Hygiene is therefore one of the most important procedures for preventing the spread of infection, including the spread of antibiotic resistant microorganisms. (WHO 2016). Good hand hygiene practice can be achieved by using either liquid soap or alcohol handrub (on visibly clean hands only).

Hands should be decontaminated using either liquid soap & running water or alcohol hand rub (with an alcohol content of between 60-80%), based on a risk assessment of what has been done or what activity is about to be undertaken for example:-

- Before and after skin contact with patients
- After contact with a patient's body fluids (even if gloves have been worn)
- After using the toilet
- After cleaning up any spillage
- Before handling food
- Before and after aseptic procedures
- Before and after removing gloves
- Whenever hands are visibly dirty
- Before commencing work and leaving the work area
- After handling laundry and waste
- Before and after administering medication
- Before and after emptying urinary drainage bags
- Before caring for susceptible or immunocompromised patients

The World Health Organization (WHO) has developed “five moments for hand hygiene” to help healthcare staff better understand the precise moments when they need to decontaminate their hands and why.

Your 5 moments for hand hygiene at the point of care*



5.1 Definition of 'point of care'

The **'point of care'** refers to the patient's immediate environment or zone in which healthcare staff-to-patient contact or treatment is taking place. In the hospital environment it is usually at the patient's bed, but in community settings it could be in a treatment room, cot, chair, ambulance or a patient's home for example.

The point of care - crucial moments for hand hygiene

The point of care represents the time and place at which there is the highest likelihood of transmission of infection via healthcare staff whose hands act as mediators in the transfer of microorganisms.

5.2 Alcohol handrub or Liquid Soap?

Although WHO has identified Alcohol hand rubs as the gold standard and product of choice for hand decontamination this will depend on the healthcare situation. Alcohol handrub should not be used if:

- If hands are visibly contaminated e.g. visibly dirty, body fluids.
- When caring for patients experiencing vomiting and / or diarrhoea
- When there is an outbreak confirmed or suspected of Norovirus, Clostridium difficile or other diarrhoeal illness

In all these instances the hands should be cleaned using soap and water. For routine hand washing some healthcare workers' prefer to use soap and warm water and this is perfectly acceptable.

Sinks for hand washing must be used solely for that purpose and not for disposing of liquids

5.3 Surgical hand antisepsis

Surgical scrubbing/rubbing (this applies to those undertaking level 2 minor surgical procedures for example Vasectomy or Carpal Tunnel Surgery).

- Perform surgical scrubbing/rubbing before donning sterile garments
- Remove all hand and wrist jewellery
- Single use nail brushes must only be used for decontaminating nails. Nail picks can be used if nails are visibly dirty
- Use an antimicrobial liquid soap licensed for surgical scrubbing or an alcohol hand rub licensed for surgical rubbing (as specified on the product label)

5.4 Hand hygiene compliance

- Keep nails short, clean and polish free
- Avoid wearing wrist watches and jewellery
- Avoid wearing rings and ridges or stones (a plain wedding ring is acceptable)
- Do not wear artificial nails or nail extensions
- Wear short sleeves or roll up sleeves prior to hand hygiene (DH 2010) Uniforms and work wear: Guidance on uniform and work wear policies for NHS employers
- Any cuts, abrasions and any other skin lesions on the hands (and other exposed areas of the skin) of the HCW, should be covered with an occlusive waterproof dressing.

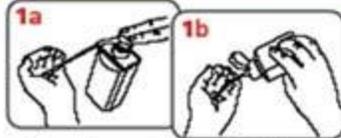
5.5 Skin care

- 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

HAND CLEANING TECHNIQUES

How to handrub?

WITH ALCOHOL HANDRUB



Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces



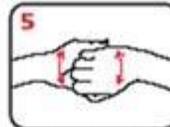
2 Rub hands palm to palm



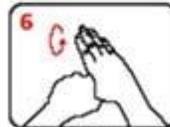
3 Rub back of each hand with the palm of other hand with fingers interlaced



4 Rub palm to palm with fingers interlaced



5 Rub with backs of fingers to opposing palms with fingers interlocked



6 Rub each thumb clasped in opposite hand using rotational movement



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



8 Rub each wrist with opposite hand



9 Once dry, your hands are safe

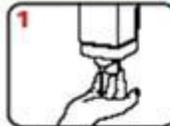


How to handwash?

WITH SOAP AND WATER



0 Wet hands with water



1 Apply enough soap to cover all hand surfaces



9 Rinse hands with water



10 Use elbow to turn off tap



11 Dry thoroughly with a single-use towel



12 Your hands are now safe



Adapted from WHO World Alliance for Patient Safety 2006



6. Personal Protective Equipment (PPE)

PPE is designed to provide a barrier between the patient and HCW to protect against transmission of infectious agents. In the community healthcare setting, PPE comprises gloves, aprons and face protection. PPE will be worn in conjunction with appropriate uniform or work wear as per local policy requirements.

The main requirement of the Personal Protective Equipment at Work Regulations 1992 is that PPE is to be supplied and used at work where ever there are risks to health and safety that cannot be adequately controlled in other ways. The Regulations also require that PPE:

- Is properly assessed before use to ensure it is suitable;
- Is maintained and stored properly;
- Is provided with instructions on how to use it safely; and
- Is used correctly by employees.

If there is a risk of exposure to blood/body fluids, non-intact skin, mucous membranes or chemicals/hazardous substances, then appropriate PPE should be worn. This PPE, for example disposable gloves and face masks should be fit for the intended purpose and conform to European Community (EC) standards. Before commencing a task, an assessment of the risk of transmission of micro-organisms to the patient or to the carer, and to the risk of contamination of the healthcare practitioners' clothing and skin by patients' blood and body fluids, secretions or excretions' should be undertaken (Pratt et al epic 3 2014). The barrier efficacy of the PPE should also be considered.

6.1 PPE and Latex Allergy Issues

The Department of Health (DoH), and the Health and Safety Executive advise that:

- latex should be substituted, controlled or eliminated wherever possible
- staff should have access to safe and effective latex free alternatives
- latex use should be limited and used following a risk assessment

Order of putting on and removing PPE

The type of PPE required will vary depending on the type of exposure and not all PPE will be required. After performing hand hygiene the order for putting on PPE is: Apron, Surgical Mask, Eye Protection and Gloves.

The order for removal of PPE is:

Gloves, Aprons, Eye Protection and Surgical mask. PPE should be removed in an order that minimises the risk for cross-contamination. Hand hygiene should be performed immediately after removing all PPE.

6.2 Disposable Gloves

- Gloves should be worn whenever contact with body fluids, mucous membranes or non-intact skin is anticipated
- Gloves should be worn as single use for one procedure and then be disposed of into the appropriate waste stream
- Latex free gloves should be used where ever possible in accordance with the organisational policy on the Prevention and Management of Latex Allergy
- Gloves should be changed between procedures and if become ripped/torn
- Hands should be washed before wearing and following glove removal
- Gloves should not be washed
- Gloves should not be worn unnecessarily
- Gloves used should be powder free
- Polythene gloves should not be worn in the health care setting

The glove type to be used should be chosen on risk assessment depending on the purpose

Putting on non-sterile gloves:

No special technique is required for putting on or “donning” of non-sterile gloves, however the glove should cover the wrist area.

Please note for donning sterile gloves, please refer to your Aseptic Technique Policy.

Removal of gloves

When removing gloves, the following technique limits the risk of exposure to potentially infected material: -

- Grasp the palm of the first glove just below the wrist
- Roll the glove towards the fingertips so that it turns inside out
- Hold the removed glove by the fingertips of the remaining gloved hand
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove
- Dispose of used gloves in the appropriate healthcare waste bin
- Wash and dry hands.

6.3 Aprons and Gowns

Aprons/Gowns should be worn when there is a risk that clothing may be contaminated with microorganisms, blood, body fluids, secretions or excretions.

They should be changed between patients and/or after completing a procedure or task.

Putting on Disposable Plastic Aprons or Gowns

- Apron/Gown - pull over the head and fasten at the back of the waist
- Aprons/Gowns should not be used again on the same patient.
- Aprons/Gowns must be considered when handling chemicals

Removing Disposable Plastic Apron/Gown

- Unfasten or break the ties
- Pull the apron away from the neck and shoulders, lifting over the head, touching the inside only
- Fold or roll the apron or gown into a bundle
- They should be single use and be disposed of after each procedure, in the appropriate healthcare waste bin

6.4 Masks, Visors and Eye Protection

- These should be worn for procedures where there is a likelihood of splashing of body fluids or substances into the eyes, face or mouth
- Should not be impeded by accessories such as piercings or false eye lashes
- Should not be touched when being worn
- Disposable equipment should be disposed of after use
- In the event of using re-usable PPE items – e.g. non - disposable goggles, face shields, visors these must be decontaminated after each use with a Tuffie 5 or Clinell universal wipe and kept for individual staff use.

Surgical mask – putting on

- Secure the ties or elastic bands at the middle of head and neck
- Fit the flexible band to the nose bridge, fit snug to the face and below the chin

Surgical mask - removal

- Unfasten the ties, first the bottom, then the top
- Pull away from the face without touching the front of the mask
- Discard in an appropriate healthcare waste bin

Eye Protection (Goggles/Face Shield) -putting on

- Place over the face and eyes and adjust to fit

Eye Protection (Goggles/Face Shield) - removal

- Handle only by the headband or the sides

- Discard in an appropriate healthcare waste bin

6.5 Full body suits

Full body suits are not normally required in the community. Should these be required (for a particularly virulent organism) please contact the Infection Control Team on 0114 3051156. They will be guided by Public Health England and the Ambulance Service, who are the NHS front line response and are provided with decontamination equipment.

6.6 Storage of PPE

PPE should be stored the original packaging in a cupboard above floor level. Due to the potential of latex protein leakage, PPE containing latex should be stored in a separate cupboard to latex free alternatives.

7. **Safe Sharps Disposal and Injury Management**

Sharps can potentially be contaminated with many different types of micro-organisms and whilst the risk from blood borne viruses e.g. Human immunodeficiency viruses (HIV), and Hepatitis B and C is generally well known, there are many other micro-organisms that are found in contaminants such as blood, faeces, sewerage, human or animal secretions. Therefore all sharps unless their origin is known, should be treated as contaminated. Sharps management should be undertaken in line with the EU Sharps Directive 2010/32/EU that came into force in May 2013.

7.1 **Sharps Bins:**

- All bins used should be BS7320: 1990 and UN3921 approved
- All bins should be correctly assembled
- Bins should be sealed when sharps have reached the fill line
- Bins should be of an appropriate size for the task
- Damaged sharps containers should be placed in a larger container which should then be sealed
- Sharps bins should be labelled on assembly and sealing. After sealing, sharps containers must be stored in the designated secured clinical waste store. Tags must be attached to the handle of the sharps bin. Label the bin with department name
- Sharps bins must be kept out of reach of members of the public. Sharps container must be located in safe and secure positions in the clinical area.
- They must be stored off the ground and not above shoulder height, ideally by bracketing to a wall or attached by a bracket to a trolley or bench
- Containers should be out of the reach of children and as near as possible to sites of use. Containers must be at a safe working height and secured so

they cannot be tipped over. When not in use place the lid of the container in the temporary closure position.

7.2 Sharps Practice:

- Needles should not be re-sheathed after use. Dispose of used needles attached to syringes as a single unit.
- Sharps must be disposed of immediately after use.
- Blades attached to reusable holders should be removed using an approved device NOT fingers.
- Sharps must not be left lying around. It is expected that after performing invasive procedures used sharps are not left for others to discard.
- Under no circumstances must the contents of one sharps container be decanted into another container.
- Items should not be retrieved from sharps bins.
- The sharps container must be readily available. When possible sharps trays must be used.
- NEVER carry sharps in hands or pockets.

7.3 Sharps Generated by Patients at Home:

- In general patients and visitors must not have access to sharps containers unless supervised by a member of staff. Patients should be advised on the safe disposal of sharps, for example when involved in their own care.
- It is recommended that for patients using clinical sharps in the home setting where a health care worker is not involved (e.g. self caring diabetics) should be prescribed a sharps container by their GP and when full it should be returned to the practice for disposal.
- Patients should be advised on the safe disposal of sharps, for example when involved in their own care.

7.4 Management of a Spillage from a Sharps Container:

- If used sharps are spilled from a sharps container, the following procedure should be followed (correct assembly of bins should prevent such an occurrence):
- Wear protective clothing
- Gather up spilled sharps using a dustpan and brush and put them into the appropriate sharps container
- Follow procedure as for blood spillage on floor area where sharps were spilled e.g. carpeted or non-carpeted area (see local policy and Blood & Body Fluid Spillage guidance on pages 9-12).
- Dispose of PPE
- Wash hands and dry hands thoroughly

7.5 Safety Devices:

National and local statistics regarding sharps injuries indicate that the majority of such injuries happen after use and prior to disposal of a contaminated sharp.

However, the risks may be reduced by the use of safety devices. These devices must conform to the Medical Devices Regulations, carry a CE mark and comply with the EU Sharps Directive.

A safety device should incorporate the following features:

- Integrated and passive safety features, which are likely to have the greatest impact on preventing sharps injuries
- The integrated safety feature should be part of the basic design of the device - it cannot be removed and is not an accessory feature
- The device should provide a barrier between hands and needle after use
- The device should require worker's hands to remain behind the needle at all times
- The device should have safety features that cannot be deactivated and remain protective throughout disposal to protect downstream workers
- The device should be simple and self-evident to operate and require little or no training for effective use
- The device should be appropriate to the procedure to be undertaken and chosen following a risk assessment

7.6 Contamination Injury

This is defined as an incident during which exposure to blood or body fluids occur.

Types of Contamination Injury:

- Percutaneous exposure- needle or contaminated sharp object causing injury, a bite causing visible bleeding, or other visible skin puncture.
- Mucocutaneous exposure- splashes into the eye, mouth.
- Contact of broken skin- cuts, abrasions, and eczema.

Body fluids that may transmit blood borne viruses:

Blood	Vaginal fluid
Saliva (associated with dentistry)	Semen
Cerebro-spinal fluid	Amniotic fluid
Pericardial fluid	Human breast milk
Peritoneal fluid	Pleural fluid
Synovial fluid	Unfixed human tissues and organs
Exudate or tissue fluid from burns/wounds	
Any other body fluid if visibly blood stained.	

Immediate management of a contamination injury

First Aid:

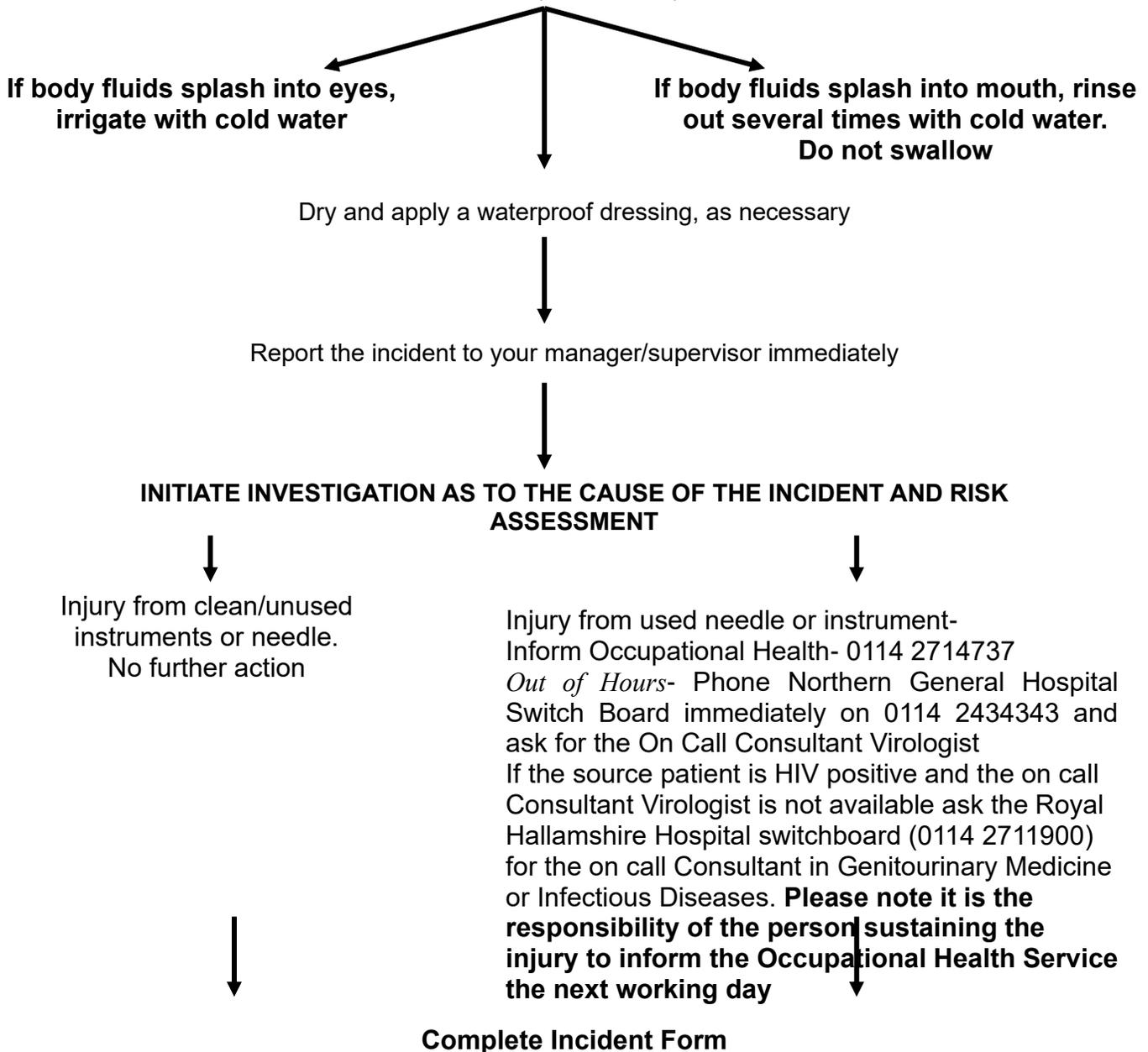
- If a sharps injury – encourage area to bleed by gently squeezing the site, wash with warm soapy water and cover with a waterproof dressing (do not suck).
- If a splash in the eye- wash immediately with large amounts of eye wash solution, sterile water or tap water for at least 5 minutes. If you wear contact lens please contact an optician for further advice.
- If a splash in the mouth – irrigate with drinking water for 5 minutes (do not swallow).
- Other First Aid or medical attention should be administered or sought as appropriate.

Algorithm of contamination management - **please print off**, laminate and display in clinical area for quick reference.

MANAGEMENT OF CONTAMINATION (SHARPS OR SPLASH) INJURIES.

IMMEDIATE ACTION
STOP WHAT YOU ARE DOING AND ATTEND THE INJURY

For sharps injury, encourage area to bleed by **gently** squeezing site. Wash well under running water (Do not suck)



Reference

Adapted from ICNA (2002) REDUCING SHARPS INJURY, *Prevention and risk management ICNA and PORTEX*

ADVERSE INCIDENT FORM

7.7 Reporting

Report the incident to your manager immediately, who will initiate a risk assessment. Complete an adverse incident form, as per local policy.

The person sustaining the injury, whether working within the CCG or in General Practice, should contact the Occupational Health Service at Claremont Place following a contamination incident.

If the incident occurs out of hours, the on-call Consultant Virologist should be contacted immediately. Please note it is the responsibility of the person sustaining the injury to inform the Occupational Health Service the next working day.

Occupational Health Claremont Place – 0114 2714737

On-call Consultant Virologist – via NGH switchboard-0114 2434343 or if the source patient is known HIV positive and the Consultant Virologist is not immediately available contact the on call Consultant in Genitourinary Medicine or Infectious Diseases, via the RHH switchboard on 0114 2711900. **Please note it is the responsibility of the person sustaining the injury to inform the Occupational Health Service the next working day.**

- Follow up of the Health Care Worker

This is the responsibility of the Occupational Health Service and will be carried out in accordance with the Sheffield Occupational Health Service internal protocol.

If you have had a sharps injury from an item which has been used on a patient (source) the doctor in charge of their care may take a blood sample from the patient to test for Hepatitis B, C and HIV, following counselling and agreement with the patient.

8. **Blood and Body fluid spillage**

Spillages are highly unpredictable and can occur in a wide variety of settings in the community. All spillages of blood or body fluid should be considered as potentially infectious. The person witnessing the event should deal with spillages immediately using standard precautions. This will reduce the risk of exposure to infectious agents or further contamination.

Infectious agents can survive for long periods of time in spillages. It is essential, therefore, that all staff receives training in spillage management and, where possible, appropriate equipment is readily available. For the effective management of spillages in healthcare facilities, surfaces such as walls, floors and upholstery should be smooth, continuous and moisture repellent. Carpets should

be avoided in all areas where patients are managed. All surfaces should be able to withstand frequent cleaning including cleaning with chlorine-based agents.

Assessment should be made of the:

- Content of the spillage – blood, urine, other.
 - Size of the spillage.
 - Material on which the spillage has occurred – fabric, vinyl, metal, other
- PPE should be worn as needed to prevent skin exposure, or contamination of the Clothing

8.1 Blood spillages

Need to be disinfected using a chlorine-releasing agent at a concentration of 10,000 parts per million, to render the area safe.

Where possible, a spillage kit should be available to all staff containing:

- Plastic aprons.
- Gloves.
- Sanitizer granules e.g. HazTabs, Titan.
- Clinical waste bags.
- Blue roll / paper towels or disposable cloths

Method

Spillages occur in a wide variety of settings where community care is delivered, including healthcare premises, residential settings and the patient's home.

In some settings, management of spillages will be compromised by the presence of items such as carpets and fabric upholstery (liable to damage by chlorine) and brass detail (corroded by chlorine).

Wherever possible please use an approved spillage kit. There are separate kits that can be used for either blood spillages or body fluids spillages containing blood. There are separate kits for body fluids not containing blood, or for use on fragile material such as carpet as mentioned above. They also contain all the products necessary to undertake the procedure such as disposable gloves, aprons, scoops etc.

Should you have not access to a spillage kit the methods below are recommended:

NB. Please ventilate the room well prior to using chlorine product.

NaDCC (Sodium Troclosene) Method:

- Wear PPE
- Cover spillage with NaDCC granules (e.g. Haztab granules)
- Leave as per manufacturer's instructions
- Scoop up debris with paper towels
- Wash area with hot water and detergent
- Dry area using disposable paper towels
- Dispose of all materials as clinical waste (infectious waste-orange bag)
- Dispose of PPE
- Wash hands

Hypochlorite method:

- Wear PPE
- Soak up excess fluid using disposable paper towels
- Cover area with towels soaked in 10,000ppm (1%) of available chlorine (e.g. Haz tabs, in patient's homes this would be household bleach). This is 1 part chlorine to 10 parts water, put water in container 1st then add chlorine
- Leave as per manufacturer's instructions
- Remove all organic matter and dispose of as clinical (infectious waste-orange bag)
- Clean area with hot water and detergent
- Dry area using disposable paper towels
- Dispose of PPE as above
- Wash hands
-

Spill wipes method

- Wear PPE
- Use Clinell Spill wipe following the instructions on the packet
- Dispose of in infectious waste-(orange bag)
- Clean area with Clinell universal wipes and allow to dry

8.2 Spillages of any body fluid containing blood

Any body fluid containing blood should also be treated by the above process **except urine or vomit stained with visible blood**. In this case the excess urine/vomit must be mopped up with paper towels first. This is because if urine or vomit comes into direct contact with the chlorine product toxic fumes will be released. The room should be well ventilated (i.e. window open) before this procedure is carried out.

Spillage on Soft Furnishings:

- Put on PPE, as needed

- Soak up as much of the spillage as possible using kitchen roll or disposable paper towels.
- Remove towels and debris and dispose of as offensive waste
- Clean the area with hot water and a detergent using paper towels or disposable cloth
- Dry area thoroughly
- Dispose of protective clothing and cloths as offensive waste
- Wash and thoroughly dry hands. In the patient's home, if there is no service for offensive waste collection, double bag all items for disposal. Tie the bags and dispose of in the household waste.

Grossly soiled carpets or fabric items in shared accommodation should always be replaced. Moisture repellent fabrics should be used where possible.

8.3 Spillages of blood and other body fluids from patients known or clinically suspected to have CJD

For spillages of large volumes of liquid, absorbent granules should be used first as described above. This should be followed with 10,000ppm (1%) of available chlorine. Please follow the procedure detailed in the hypochlorite method. A full risk assessment may be required. It should be noted that none of the methods currently suggested by WHO for prion inactivation are likely to be fully effective.

9. Healthcare Waste Management

9.1 Waste Management, Policy and Procedure

This section will provide information and guidance of current waste legislation - in line with the Department of Health (2013) Management and disposal of healthcare waste (HTM 07-01), relevant to the handling, segregation, transportation, storage and disposal of all waste produced in the primary care setting the Controlled Waste Regulations 2012 and The Hazardous Waste (England and Wales) (AMENDMENT) Regulations 2016.

Healthcare waste refers to any waste produced by, and as a consequence of, healthcare activities.

Each healthcare setting has a duty of care to ensure that the waste they produce, import, carry, keep, treat and dispose of is done so correctly.

Key recommendations include ensuring that:

- Each area has Hazardous waste registration (if required by environmental agency legislative guidance)
- There is a Named lead for waste management for each site

- Waste is segregated correctly to ensure compliance with legislation, avoid legal action and avoid unnecessary costs incurred by incorrect segregation.
- Waste is being transferred only by a registered contractor / authorised person
- All waste produced is documented inclusive of a written description (consignment note and waste transfer note) with relevant EWC code. This is required for each collection of waste.
- A copy of clinical waste consignment notes / waste transfer notes, 1 per collection, must be kept in the site waste file for a minimum of three years.
- A copy of domestic waste transfer notes, 1 per year, must be kept in the site waste file for a minimum of two years.
- The offensive (tiger striped) waste stream has been introduced
- There is a diagram / plan of all waste receptacles and their location within the premise to provide proof that you have the appropriate bins in the correct areas.
- Waste colour coding and signage is in place (Appendix A)
- All bags are labelled with base point and postcode
- Regular internal waste audits is undertaken to ensure correct segregation and compliance with legislation and policy.
- A pre acceptance waste audit is required annually if the site is producing 500kgs per year or 5 yearly if < 500 kgs per year.
- Where no pre acceptance audit is submitted the waste contractor will refuse collection and disposal.

9.2 Waste Storage and Handling

- Clinical waste must be kept locked and secured in a lockable compound
- All internal healthcare waste bins must be foot operated.
- All waste bags must be no more than $\frac{3}{4}$ full and tied securely.

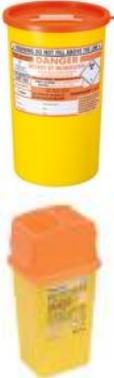
9.3 Sharps bin handling and use

- Sharps bins labelling must be completed at start and end of use.
- Temporary closure must be in position when sharps bin is not in use
- Sharps bins must not be filled higher than the indicated level
- Sharps bins must be safely stored at desk height or on wall brackets when in use

9.4 Training and education

- There must be evidence of waste training for all staff biannually (2 yearly)
Records of training must be available and kept in waste file

9.5 Definitions and Categories of Waste; Sharps bins/Pharmaceutical waste

<p>Orange Lid Sharps bin</p> 	<p>Non-medicinally contaminated sharps Waste</p> <ul style="list-style-type: none"> • Non-pharmaceutically contaminated Sharps • Near Patient testing such as; INR, BM monitoring • Please note Sheffield CCG do not recommend • the use of orange lidded sharps bins due to the impracticality of having 3 sharps bins in one clinical room and the potential for miss-segregation with the usage of both non-pharmaceutically & pharmaceutically contaminated sharps
<p>Yellow Lid Sharps Bin</p> 	<p>Hazardous Infectious Waste</p> <ul style="list-style-type: none"> • Pharmaceutically contaminated sharps • Infectious Single Use Sharp metal Instruments
<p>Purple Lid Sharps Bin</p> 	<p>Cytotoxic or Cytostatic Waste</p> <ul style="list-style-type: none"> • Cytotoxic or Cytotoxic contaminated sharps
<p>Blue Lid Bin</p> 	<p>Pharmaceutical Waste</p> <ul style="list-style-type: none"> • All pharmaceutical waste. • Solid and Liquid pharmaceuticals must be discarded in separate Blue lidded containers



Assembly of Sharps Bins

- Ensure all lids are securely fitted in line with manufacturer instructions

Round lidded bins

- For round lidded bins as shown on left in pictures above, lid should be securely attached to bin; place bin on a firm surface and press lid firmly on to base ensuring seal is complete on the full circumference.
- To operate the temporary closure slid over
- To permanently close slide over and clip into position

Square Lidded Bins

- For square lidded bin as shown on right in pictures above, place bin on a firm surface and press lid firmly on to base ensure each corner of lid is pressed firmly (you should hear an audible click) gently tug the lid to check it is secured before use.
- To operate the temporary closure flap ensure the tab is outside the aperture and press down gently to secure – re-open press the tab in the opposite direction to the hinge this should open the flap.
- To permanently close the flap position the tab so that it is inside the aperture then press firmly down on the two indentations to close.

9.6 Definitions and Categories of Waste; bags, white goods, battery and confidential paper waste

<p>Yellow Bag</p>	<p>Anatomical and Hazardous Infectious Waste for Incineration Only</p> <ul style="list-style-type: none"> • Anatomical waste such as limbs fingers, should go in to solid yellow container if available, if not double bag in yellow and label Anatomical Waste
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	<ul style="list-style-type: none"> • Highly infectious waste (Category Group A waste), such dressings etc. contaminated with Ebola fever, Lassa Fever etc. • Infected Single Use Metal Instruments (not sharps). Please note Sheffield CCG advise this waste goes in a yellow sharps bin.
<p>Orange bag</p> 	<p>Hazardous Infectious Waste for Incineration or Alternative Treatment (Autoclave etc.)</p> <ul style="list-style-type: none"> • Infectious waste (Category Group B waste), contaminated with Hep B, HIV, Pseudomonas etc. • Infected Single Use Plastic Instruments (not sharps)
<p>Yellow & Black Stripped Bag (Tiger Bags)</p> 	<p>Offensive / None Infectious Waste</p> <ul style="list-style-type: none"> • Waste contaminated with none infectious bodily fluids that are capable of causing offence and do not pose a risk of infection. • Non Infectious Sanitary products. • Non Infectious Incontinence products. • Non Infectious Disposal medical equipment. • Non Infectious Stoma bags. • Non Infectious Dressings. • Non Infectious Wipes • Non Infectious urinary catheter bags

<p>Black bags</p> 	<p>Domestic Waste</p> <ul style="list-style-type: none"> • Waste similar to the type produced at home. • Paper, clean packaging. • Food. • Paper hand towels, couch roll • Gloves • Plastics • All Glass should be either placed in brown separate container and put in black bag or carefully wrapped so as not to cause injury and placed in black bag
<p>White Goods</p>	<p>Includes all Electrical and Electronic Equipment</p> <ul style="list-style-type: none"> • PC's • Fridges • Light Tubes • Mobile Phones
<p>Battery Waste (best practice is to segregate)</p>	<p>Includes all types of Batteries both household and industrial</p> <ul style="list-style-type: none"> • AA/AAA Batteries • Gel Batteries from wheelchairs • Camera batteries etc.
<p>Confidential Paper Waste</p>	<p>Waste paper that contains information that would identify an individual patient, employee or business and deemed to be either personally or organisationally sensitive in nature.</p>

What goes into an Orange Bin/Bag?

- All clinical waste should be assessed by a Health Care Professional prior to disposal so it is segregated correctly. Clinical assessment includes past and current medical history, any laboratory reports and the patient's current condition.
- Examples of what goes into an Orange Bin/Bag include :-
- Blood soiled dressings, gloves, aprons, paper towels and couch roll. Also used blood spillage kits.
- Soiled dressings, gloves, aprons, paper towels and couch roll from patients clinically assessed as being infectious.
- Used plastic disposable instruments (non sharp). Please double bag if disposing of a large quantity.
- Used urine and vomit spillage kits from patients clinically assessed as being infectious.

What goes into a 'Tiger' Bin/Bag?

- All clinical waste should be assessed by a Health Care Professional prior to disposal so it is segregated correctly. Clinical assessment includes past and current medical history, any laboratory reports and the patients' current condition.
- Examples of what goes into a 'Tiger'/Offensive waste Bag/Bin include:
 - * Soiled dressings, gloves, aprons, paper towels and couch roll from patients clinically assessed as being non-infectious.
 - * Incontinence pads, Empty Disposable Colostomy Bags from patients clinically assessed as being non-infectious.
 - * Empty urine collection pots.
 - * Plaster casts.

What goes into a domestic waste Bin/Bag?

- Domestic waste should **NOT** be used for any clinical waste or sharps.
- It should include for example:
 - * Paper towels from hand washing.
 - * Food and drink.
 - * Packaging from instruments and dressings.

WASTE SEGREGATION AND PACKAGING

Yellow Sharps

Contaminated sharps



- Syringes
- Needles
- Broken glass
- Scalpels

DISPOSAL BY INCINERATION

Purple Lidded

Cytotoxic / Cytostatic waste



Examples include:

- Methotrexate tablets
- Tamoxifen tablets
- Hydroxycarbamide capsules
- Zoladex tablet/liquid/injection
- Chloramphenicol
- Depo - Provera (or other contraceptive medication)

This list is not exhaustive if you are unsure whether a medication is cytotoxic or cytostatic please refer to the BNF or contact your local pharmacy for advice

DISPOSAL BY INCINERATION

Blue Medicinal Waste

Liquid medicines, Tablets, Inhalers



- Tablets in blister packs
- Liquid medicines in original container
- No cardboard boxes

DISPOSAL BY INCINERATION

10. Decontamination of Equipment

Decontamination is a general term used to describe cleaning, disinfection and sterilisation processes that make equipment safe for re-use and handling by staff. Inadequate decontamination is associated with outbreaks of infection in healthcare facilities and all health care staff must be aware of the implications of ineffective decontamination and their responsibilities to patients, themselves and their colleagues.

Equipment used in health care may be designated as single use, single patient use or reusable multi-patient use. Any equipment not designated as a single use item must be made safe following use to prevent micro-organisms being transferred from equipment to patients and potentially resulting in infection. Every health and social care provider should have in place clear systems and cleaning schedules which identify which staff are responsible for cleaning which equipment (for example, nurses, cleaners or dedicated equipment cleaning teams).

All staff should be aware and comply with local policies for decontamination of equipment.

10.1 Single use equipment

Single use equipment means that the item can only be used once. Therefore it should not be re-processed or re-used. Examples include disposable jugs, thermometer covers, syringes and needles. Single use equipment will be clearly marked with the following symbol:



10.2 Single patient use equipment

Single patient use equipment (where the item can be repeatedly used for the same patient) includes items such as nebulisers and disposable pulse oximeter probes.

Between use, items must be cleaned in line with local policies. The decontamination of such items must not be performed in hand washing sinks. Single patient use equipment should be clearly identified for use by that patient only.

10.3 Reusable multi-patient use equipment

Reusable, multi-patient use equipment such as blood pressure cuffs, requires decontamination after each episode of use by a patient. This must be undertaken in line with local policies in appropriate facilities, for example a dirty utility room.

10.4 Cleaning

This process uses detergent and water and is essential prerequisite in the decontamination process. Cleaning removes, but doesn't necessarily destroy micro-organisms, although if undertaken properly it can remove up to 80% of the microbial bio-burden. It should always be undertaken thoroughly regardless of the level of decontamination required. Inadequate cleaning means any organic material left on equipment may survive the disinfection or sterilising processes, making them ineffective.

10.5 Disinfection

This process uses chemical agents or heat to reduce the number of viable organisms. It may not necessarily inactivate all viruses and bacterial spores. Where equipment will tolerate sterilisation, disinfection should not be used as a substitute. The use of disinfectants is governed by the Control of Substances Hazardous to Health (COSHH) regulations that ensure employers must assess and manage the risks from exposure to disinfectants and provide staff with information, instruction and training. For further information please refer to your local policies on Decontamination.

10.6 Sterilisation

This guidance does not include specific information relating to the sterilisation of reusable items. This process requires additional measures and greater scrutiny and validation of processes involved. Sterilisation should be undertaken from an approved facility and the majority of clinical equipment used in the community that requires sterilisation is single use.

For further information, consult your local infection prevention policies or seek advice from your infection prevention and control team.

Table 1: Level of decontamination required according to risk for reusable equipment

Risk	Application of Item	Recommendation
Low	In contact with healthy skin or, not in direct contact with patient e.g. furniture, mattresses, surfaces.	Cleaning or single use
Medium	In contact with mucous membranes: or, contaminated with virulent or readily transmissible organisms (body fluids); or, prior to use on immuno-compromised patients e.g. thermometers, auriscope earpieces.	Minimum standard is disinfection, or single use NB Items used in the vagina or cervix must be sterilised or single use.
High	In contact with a break in the skin or mucous membrane; or for introduction into sterile body areas e.g. uterine sounds, instruments used for surgical/operative procedures.	Sterilisation, or single use Use item sterile

Adapted from the Medical Devices Agency publication, MAC manual (Part 1) 2010

<http://naep.org.uk/members/documents/MHRAMACPart1.pdf>

10.7 Use of wipes for the decontamination of equipment

Wipes are increasingly being used to decontaminate low risk patient equipment or environmental surfaces. Dirt removal should be considered the main purpose of a wipe, but antimicrobial activity as a result of the inclusion of a disinfectant may be a bonus in some circumstances.

The selection of an appropriate product can be a complex process that includes the consideration of scientific information and the interpretation of laboratory test data and cost effectiveness. Examples of wipes currently in use in general practice include Tuffie 5 (Vernacare) and Clinell universal wipes (Gama). Always check specific manufacturer's guidance for decontamination.

10.8 Achieving and maintaining a clean clinical environment

A dirty or contaminated clinical environment is one of the factors that may contribute to Healthcare Associated Infections (HCAIs), for example exposure to environmental contamination with spores of *C. difficile*.

Many micro-organisms can be identified from patients' environments and these usually reflect bacteria carried by patients or staff. Contact with the immediate patient or a contaminated environment by the hands of staff can also be a route for transmission of micro-organisms. High standards of cleanliness (in conjunction with hand hygiene) will help to reduce the risk of cross-infection.

Good design in buildings, fixtures and fittings is also important to support efficient and effective cleaning. Guidance on building design via the Health Building Notes is available at <https://www.gov.uk/government/collections/health-building-notes-core-elements>

Relevant documents should always be consulted for new builds and refurbishment projects, and infection prevention and control advice sought to help ensure that buildings are fit for purpose and comply with the necessary standards regardless of whether these are NHS organisations or not.

For primary care please also consult the Primary Care Premises Room Specification for Local Enhanced Services, Infection Prevention and Control Recommended Standards

10.9 Cleaning of the environment

Cleaning removes contaminants, including dust, large numbers of micro-organisms,

and organic matter for example, biofilms, faeces, blood and other bodily fluids. Cleanliness applies to the inanimate environment as well as equipment and fixtures and fittings.

A number of different methods are available for cleaning, which include traditional cleaning with cloths and detergent or microfiber technology. Wipes are also occasionally used for some items.

Additional technologies are also available for specialist use after outbreaks of infection or as part of a routine environmental decontamination programme, for example, hydrogen peroxide vapour.

The following principles are important for ensuring a clean and safe care environment is maintained:

- Ensure an appropriate cleaning specification is in place to meet the needs of the environment where patients are cared for or use; this applies to inpatient and outpatient environments, for example the national specifications for cleanliness in the NHS: primary care medical and dental premises
<http://faad.co.uk/Includes/NPSA%20cleaning%20specification.pdf>
- A cleaning schedule should be in place clearly defining which areas are cleaned, by whom and how frequently, for example the NHS Cleaning Manual Schedule for the cleaning of patient equipment which defines who cleans what equipment, how often and where this should be undertaken
<https://midnottspathways.nhs.uk/media/1280/general-guidance-the-nhs-cleaning-manual.pdf>
- Regular monitoring or audits of cleanliness contracts should be in place to provide assurance that systems are working well for example by using the Infection Prevention Society Quality Improvement Tools.
<http://www.ips.uk.net/professional-practice/quality-improvement-tools/quality-improvement-tools/>
- Any issues with cleanliness or the cleaning contract (in-house or external contracts) should be reported immediately as per local policy to ensure that standards of cleanliness are maintained
- Cleaning equipment such as vacuums, floor scrubbing machines and polishers should be cleaned regularly and properly maintained
- Appropriate dedicated facilities, such as a cleaner storeroom, should be in place for storage of cleaning equipment and these should be maintained in a clean and tidy condition.

11. Laboratory Specimen management

A specimen is a body substance, such as blood, sputum, pus, urine or faeces, taken from a person for the purpose of analysis. The aim of such analysis is to identify micro-organisms that cause disease and to provide direction for appropriate treatment.

Specimens, if not handled and transported safely, can pose a risk of infection to all people involved, including healthcare workers (HCWs), patients and their carers, receptionists and transport personnel.

All staff managing clinical specimens should ensure they maintain the relevant competencies required, (for example through training) in relation to specimen collection and be covered by the appropriate vaccination.

Accurate analysis is crucial in determining the correct diagnosis, or detecting an infectious agent, so that appropriate and timely treatment can be commenced. To support this, factors such as the correct collection technique, storage conditions, interval before reaching the laboratory, supporting information and patient details should be observed

In the community, specimens are collected in a wide variety of settings including the patient's home.

Patients are frequently required to collect their own specimens. Patient education in the specimen collection method, along with instructions for handling and prompt return of the specimen, will serve to promote more accurate results. Containers should be leak proof and correctly sealed. Gloves must be worn by staff when collecting and handling specimens. Gloves must be removed and hands washed on completion of the procedure.

When collecting laboratory specimens, please ensure that:

- Specimens obtained should be appropriate for the clinical condition
- If possible specimens should be taken before the start of antibiotic therapy. If antibiotic therapy has already started, please specify the antibiotic therapy on laboratory specimen request form
- Specimens should be collected in an appropriate container
- The container is completely sealed to avoid leakages.
- The patient should be given advice how to collect the specimen. This should include washing hands before and after collecting the specimen, ensuring the inside of the specimen container is not touched and in the case of Mid-Stream Urine collection ensuring the genital area is clean prior to sample collection. They should be advised to fasten the lid securely and place in the specimen bag provide.
- The collection procedure should not expose the patient to further risk of infection. If contamination does occur, and the specimen is unable to be

repeated, the container should be changed. A contaminated container must be disposed of according to local healthcare waste policy.

- The sample and request card are fully completed. The NHS Number must be completed on the request card.
- Care must be taken not to contaminate the outside of the container or the environment with the specimen.
- An adequate amount of the substance to be tested is collected
- Staff handling of specimens should be kept to a minimum. PPE must be worn when collecting all specimens, in accordance with local policy.
- Biohazard / infection risk / Hazard group 3 labels are attached to specimen containers and request cards where the patient has a group 3 hazard pathogen. Group 3 pathogens are defined as “A biological agent that can cause severe human disease and presents a serious hazard to employees; it may present a risk of spreading to the community, but there is usually effective prophylaxis or treatment available”. (E.g. HIV. Hepatitis B. TB). If you are unsure about the infection risk of the clinical sample, please phone Microbiology at Sheffield Teaching Hospitals for further advice.

11.1 Documentation

The following information must be included on the request form:

- The patients first name, surname and date of birth should be included on the container
- The patients first name, surname, date of birth and NHS number should be included on the request form
- Name/signature of person requesting collection
- Name and address of GP surgery/clinic/ward (intermediate care)
- Nature of specimen and test required
- Body site e.g. sacrum, abdomen
- Date and time of collection
- Clinical details e.g. symptoms of infection, date of onset and current medication, eg antibiotic treatment
- Biohazard / infection risk / Hazard group 3 labels are attached as above. The diagnosis should not be specified, additional details may be provided to the microbiologist by the GP if required.

11.2 Transport of specimens

- Specimens must be placed into the specimen transport bag with the request form in a separate pouch, which is attached; they are not to be transported in mail envelopes.
- Staples and pins should not be used.
- Staff transporting specimens in their vehicles to specified collection points, for example a GP Practice, should ensure that they are transported in a rigid,

sealable, waterproof container which has a biohazard / infection risk label on the outside.

- Staff transporting or handling specimens should ensure that they are aware of the procedure in case of spillage of the specimen. Please refer to your local policy and see also pages 19-22.
- Specimens taken by staff visiting patients in their own home should ensure the specimens are returned to GP practice (for collection) within two hours of obtaining the specimen.
- Staff handling specimens should have up to date immunisation cover
- Specimens should be stored away from food and drink
- If the specimen is obtained from a patient prescribed cytotoxic drugs or those who have undergone radiation treatment, contact the laboratory for labelling advice
- Arrangements should be made for specimens to be transported to the hospital by a courier service, on a daily basis as a minimum standard. Often transportation of samples is undertaken by Sheffield Teaching Hospitals
- High-risk specimens should be labelled as identified under the documentation section above-with biohazard/infection risk/Hazard group 3 labels.
- Patients' confidentiality should be maintained at all times.

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