

Document Type: POLICY		Unique Identifier: CORP/POL/116
Title: Infection Prevention in the Acute Setting		Version Number: 7.1
		Status: Ratified
Scope: Trust Wide		Classification: Organisational
Author/Originator and title: J Lickiss Nurse Consultant S Mawdsley Lead Nurse		Responsibility: Infection Prevention/ Clinical Governance Directorate
Replaces: Version 6, CORP/POL/116, Infection Prevention in the Acute Setting	Description of amendments: Document updated throughout to include guidance on the selection of Personal Protective Equipment (PPE) and how to decontaminate patient equipment. 29/07/2016 - Version 7.1 – Appendix 2, Patient's Clothing minor update.	
Name Of: Divisional/Directorate/Working Group:	Date of Meeting:	Risk Assessment: Not Applicable
		Financial Implications Not Applicable
Validated by: Strategic Infection Prevention Team Meeting	Validation Date: 16/06/2015	Which Principles of the NHS Constitution Apply? 1 - 4
Ratified by: Whole Health Infection Prevention Committee meeting	Ratified Date: 19/06/2015	Issue Date: 19/06/2015
Review dates may alter if any significant changes are made		Review Date: 01/06/2018
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment		

CONTENTS

1	PURPOSE	3
2	SCOPE	3
3	POLICY	3
3.1	Principles of Infection Prevention	3
3.2	Hand Hygiene	4
3.3	Bare Below the Elbows	4
3.4	Use of Personal Protective Equipment (PPE)	4
3.4.1	Isolation Precautions (Barrier nursing)	4
3.5	Maintaining a Safe Environment	4
3.6	Safe Use and Disposal of sharps	6
3.7	Equipment required for Isolated Patients	7
3.8	Decontamination of reusable non-invasive patient equipment (all patients)	7
3.9	Treatment of Isolated Patients by Allied Health Professionals	8
3.10	Discharge of Patients	8
3.11	Information Available to Patients and the Public	9
3.12	Staff Education and Training	9
4	ATTACHMENTS	9
5	ELECTRONIC AND MANUAL RECORDING OF INFORMATION	9
6	LOCATIONS THIS DOCUMENT ISSUED TO	9
7	OTHER RELEVANT/ASSOCIATED DOCUMENTS	9
8	SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS	10
9	CONSULTATION WITH STAFF AND PATIENTS	10
10	DEFINITIONS/GLOSSARY OF TERMS	10
11	AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL	10
	Appendix 1: A Guide for the Selection of PPE	11
	Appendix 2: Guide For The Disposal And Decontamination Of Equipment Used During Isolation Precautions	16
	Appendix 3: Decontamination of Reusable Non-Invasive Patient Equipment	18
	Appendix 4: Equality Impact Assessment Form	19

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
<i>Do you have the up to date version? See the intranet for the latest version</i>		

1 PURPOSE

The purpose of this procedure is to outline infection prevention measures that must be used by all healthcare workers.

These measures include Standard Precautions and Isolation Precautions.

2 SCOPE

All healthcare workers employed by the Trust.

For guidance on the management of patients on the Isolation Unit (Ward 8) please see CORP/POL/055 (see section 7).

3 POLICY

3.1 Principles of Infection Prevention

This document aims to prevent healthcare associated infections (HAI's) and is based on the principle that all staff will adhere to Standard Precautions or Isolation Precautions when dealing with infected or potentially infected patients as outlined in this document.

Standard Precautions are the safe working practices required to reduce the transmission of micro-organisms from the patient to the healthcare worker's clothing or skin by a patient's blood, body fluids, secretions or excretions.

These include the following: -

- Hand Hygiene
- Bare below the elbows
- Use of Personal Protective Equipment (PPE)
- Maintaining a clean environment
- Safe use and disposal of sharps
- Appropriate use and decontamination of equipment
- Safe disposal of domestic and clinical waste
- Safe handling and laundering of linen

These precautions underpin safe practice and protect patients and staff from healthcare associated infections.

Standard precautions represent a standard of care to be used routinely for all patients, regardless of the presence or absence of any known or perceived infection risks.

Isolation Precautions are additional precautions and are recommended for infections or micro-organisms transmitted by the following routes: -

- Airborne
- Respiratory droplets
- Contact with the patient or their environment

Where possible, all patients that require isolation precautions should be nursed in a single side room with the door closed. See section 3.4 for further details.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
<i>Do you have the up to date version? See the intranet for the latest version</i>		

3.2 Hand Hygiene

See hand hygiene policy CORP/POL/056 (see section 7).

3.3 Bare Below the Elbows

The Department of Health (DH) 'Bare Below the Elbows' dress code for health care professionals is encompassed in the DH (2007) Uniform and Work Wear – An evidence base for developing local policy, which details the requirement to wear short sleeves, the avoidance of wearing white coats, and the avoidance of wearing hand or wrist jewellery. All these measures help to support effective hand washing and so reduce the risk of transmission of infections to patients.

3.4 Use of Personal Protective Equipment (PPE)

PPE consists of items such as gloves, plastic aprons, fluid repellent aprons, facemasks, eye protection and respirators. (See Appendix 1 for further details).

Standard precautions apply in all cases. This includes the need to be adequately protected whenever there is low or high risk of blood or bodily fluid contamination. White aprons are to be worn for patients that are not known to have an infection.

- **Low risk** = gloves and a plastic apron as a minimum requirement.
- **High risk** = gloves, plastic apron, eye protection, surgical face mask and long sleeve fluid resistant gown.

3.4.1 Isolation Precautions (Barrier nursing)

Enhanced precautions are required when caring for patients who are known to have infections that can be transmitted within the healthcare setting. This includes the use of gloves and yellow plastic aprons.

Dependant on the route of transmission, further protection may be required as outlined below including respiratory protection and/or long sleeve gowns.

For guidance on when gloves are required for standard precautions and which gloves are to be used, see glove usage guidelines – (Occupational Health CORP/POL/410, see section 7).

3.5 Maintaining a Safe Environment

- Where possible, all patients that require isolation precautions should be nursed in a single side room.
- Patients with infectious diseases / infections must be isolated according to the route/means of transmission and the appropriate placement of the patient must be discussed with the Infection Prevention Team (IPT).
- The IPT will advise whether a patient is to be isolated into a single room or cohorted in a bay.
- If the Trust does not have sufficient isolation rooms, the IPT in conjunction with Bed Management must identify a cohort bay or ward, which can be utilized for isolation facilities.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
<i>Do you have the up to date version? See the intranet for the latest version</i>		

- All bed allocations must go through the Bed Manager to ensure patients are appropriately placed according to their needs and the availability of beds within the Trust, with the emphasis on patient safety and positive patient experience.
- In the event of an outbreak, the IPT will advise whether patients are to be cohorted into bays or if the ward is to be closed to admissions.
- Where organisms or symptoms are present, a local risk assessment must be completed and appropriate actions put in place to mitigate the risk to staff and patients. The need for specially ventilated isolation facilities should also be considered in the risk assessment.
- It is good Infection Prevention practice to keep all isolation doors closed particularly if the infection is known to spread by the airborne route. If having the door closed poses a risk to the patient e.g. nursing of a patient with mental health problems or a gravely ill patient whose care will be compromised if nursed in a side room, then an informal risk assessment is to be performed and the justification for the door being open must be documented in the patients' note. Please contact the IPT for advice if required.
- Rooms used for isolation must be fitted with clinical hand-wash basins with elbow action taps – these must only be used for hand washing to prevent contamination.
- Soap dispensers must be placed by the sink.
- A hand towel dispenser must be placed by the sink.
- A pedal operated bin with a yellow clinical waste bag must be next to the sink.
- If en-suite facilities are not available, a commode, which is designated solely for that patient, must be available. Routine decontamination of the commode must be carried out after each use to prevent transmission of organisms by the faecal/oral route.
- All surfaces must be uncluttered and washable.
- Furniture, which is not capable of being decontaminated, must not be used in clinical / patient area.
- Clean PPE must be stored outside the isolation room and once worn inside the room disposed of as clinical waste before leaving the room.
- Hands must be decontaminated after removal of PPE before leaving the room.
- These principles will also apply to a patient being isolated in another area such as a ward bay.
- Patient bathwater must not be disposed of in hand wash basins, regardless of

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
<i>Do you have the up to date version? See the intranet for the latest version</i>		

whether or not isolation precautions are in progress.

- Isolation nursing signs, depicting the roles and responsibilities of visitors and staff when entering an isolation area, must be clearly displayed near all isolated patients and are available from the Infection Prevention Team.
- Visitors of patients isolated due to *Clostridium difficile* infection, must wear gloves and aprons that must be disposed of as clinical waste before leaving the isolation room or area.
- In all other cases except for outbreak situations, it is not usually necessary for visitors to wear PPE unless carrying out care for the patient. Staff should contact the Infection Prevention team if further clarification is required.
- Visitors of isolated patients must never visit other patients and they must be encouraged to wash their hands or use alcohol hand rub upon entering and leaving the patient zone.
- If restricted visiting is required and special precautions need to be taken by patient visitors, this will be recommended by the IPT on an individual basis.
- Cleaning of isolation environments must include a general detergent and clean hot water to remove organic material. This must be followed by a clean with a chlorine based disinfectant (e.g. HAZ TABS) at 1000 parts per million.
- Dual-purpose chlorine based cleaner and disinfectants (e.g. Chlor-clean or Tristel) may also be used for cleaning isolation areas.
- Small items of equipment can be decontaminated with Clinell Universal Sanitising wipes (See section 3.7).
- For blood and body fluid spillages please refer to CORP/POL/186 (see section 7).

3.6 Safe Use and Disposal of sharps

- All healthcare workers should be aware of their individual responsibility to use and dispose of sharps safely. Handling of sharps must be avoided wherever possible.
- Sharps must not be passed directly from hand to hand.
- Staff should not walk around with unsheathed needles or other sharps.
- Needles must not be bent or broken prior to disposal.
- Sharps bins must be taken to the site of the procedure for direct disposal of sharps used. This avoids the transportation of sharps to another area for disposal.
- Needles and syringes must not be disassembled by hand prior to disposal. Where possible they must be discarded of as a whole unit.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
<i>Do you have the up to date version? See the intranet for the latest version</i>		

- Needles must not be re-sheathed
- If scalpel blades are removable this must be done using a non-touch technique, i.e. forceps or specifically designed blade removing device.
- Sharps that are retained for counting, prior to disposal, must be held on a device designed to keep them secure (e.g. sticky mat) and then disposed of directly into the sharps bin without further handling.
- Sharps containers must be stored in a secure area to prevent them being tipped over, preferably bracketed to a wall or trolley, or on a tray made specifically to hold a sharps container and out of reach of young children.
- Sharps boxes may be wall mounted but must not be placed near patient bed space areas / zones.
- Sharps bins must not be filled above the maximum fill line. Sharps bins must be assembled sealed and labelled according to the manufacturer's instructions.
- All sharps must be removed from equipment being returned to a Sterile Services Department.

3.7 Equipment required for Isolated Patients

Equipment necessary for isolation must be kept outside the room on an appropriate trolley.

Equipment required for isolation trolleys includes: -

- PPE (gloves and yellow plastic aprons)
- Water-soluble bags for linen
- Clear plastic bags
- Tie wraps
- Blood pressure cuff and sphygmomanometer
- Tourniquet
- Patella hammer
- Stethoscope

No other equipment is to be stored on these trolleys. Staff must ensure that they have all the necessary equipment before entering an isolation room or bed space.

Please see Appendix 2 for further information on the use, disposal and decontamination of equipment for isolated patients.

3.8 Decontamination of reusable non-invasive patient equipment (all patients)

The term 'patient equipment' is used to describe a variety of items including but not limited to beds, trolleys, commodes, Blood Pressure (BP) cuffs and stethoscopes. Patient equipment is often reusable and therefore shared among patients.

All reusable patient equipment, regardless of whether or not the patient has an infection, must be effectively decontaminated after each and every use.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Some patient equipment is disposable and designated as single use or single patient use only. Where possible, disposable items such as hoist slings and tourniquets should be used for patients that require isolation precautions.

Decontamination of non-invasive equipment can be achieved by using various products as outlined below: -

- General purpose detergent (e.g. Hospec)
- Chlorine (e.g. Haz-Tabs)
- Combined detergent and Chlorine preparations (e.g. Chlor-Clean)
- Combined detergent and disinfectant wipes (e.g. Clinell Universal wipes)
- Sporidical wipes (e.g. Clinell Sporidical wipes)

Always follow the manufacturers' instructions for dilution, application and contact time when using these products. Please note that wipes, though effective, are expensive in relation to the alternative products listed above and are therefore not recommended (or necessary) for routine decontamination of large items such as mattresses, operating tables and trolleys.

Please see Appendix 3 for further guidance.

3.9 Treatment of Isolated Patients by Allied Health Professionals

Isolation precautions are not a barrier to treatment, it means that the situation must be managed and all relevant personnel contacted and informed so that the correct procedures can be carried out.

- If appropriate, treatment must be scheduled to be carried out at the end of the day / session.
- Staff members carrying out treatment must wear appropriate PPE (see Appendix 2).
- Any specialist equipment used must be cleaned and disinfected before use on another patient.

3.10 Discharge of Patients

- A patient with an infection / infectious disease or in an outbreak situation may be discharged to the patients' own or family home if their clinical condition is such that they no longer require hospitalisation. However, it is the duty of the medical team caring for the patient to inform relevant personnel who will be taking over the patients care e.g. General Practitioner / care home etc. The decision will depend upon the symptoms and treatment of the patient. Each case must be discussed with the Infection Prevention Team.
- It may be necessary to delay discharge to another care facility unless the transfer can be arranged safely and all relevant personnel informed of the infection and any precautions necessary. Ambulance / transport must also be informed of any precautions necessary. This must be done by the clinical team in charge of the patient.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
<i>Do you have the up to date version? See the intranet for the latest version</i>		

3.11 Information Available to Patients and the Public

The Trust will inform patients and the public about the Trusts general processes and arrangements for preventing and controlling healthcare acquired infections. This will include Patient Leaflets for Methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* and Hand Hygiene which are available on all the wards and on the Internet.

3.12 Staff Education and Training

It is a requirement staff must attend Corporate Induction and mandatory training on Infection Prevention in line with Mandatory Risk Management Training Policy CORP/POL/354 (see section 7).

4 ATTACHMENTS	
Appendix Number	Title
Appendix 1	A guide for the selection of PPE
Appendix 2	Guide for the disposal and decontamination of equipment used during isolation precautions
Appendix 3	Decontamination of reusable non-invasive patient equipment
Appendix 4	Equality impact assessment form

5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	19/06/2015
2	Wards, Departments and Service	19/06/2015

7 OTHER RELEVANT/ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
CORP/POL/055	Ward 8 – Isolation Ward Operational Policy http://fcsharepoint/trustdocuments/Documents/CORP-POL-055.doc
CORP/POL/056	Hand Hygiene Policy http://fcsharepoint/trustdocuments/Documents/CORP-POL-056.doc
CORP/POL/186	Blood and Body Fluid Spillage http://fcsharepoint/trustdocuments/Documents/CORP-POL-186.docx
CORP/POL/354	Mandatory risk management training http://fcsharepoint/trustdocuments/Documents/CORP-POL-354.docx
CORP/POL/410	Glove Policy http://fcsharepoint/trustdocuments/Documents/CORP-POL-410.doc
PL/025	MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>) http://fcsharepoint/trustdocuments/Information%20Leaflets/PL025.pdf
PL/196	<i>Clostridium Difficile</i> http://fcsharepoint/trustdocuments/Information%20Leaflets/PL196.pdf

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
Do you have the up to date version? See the intranet for the latest version		

7 OTHER RELEVANT/ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
PL/469	Why am I being Screened for MRSA Pre-admission http://fcsharepoint/trustdocuments/Information%20Leaflets/PL469.pdf
PL/470	Testing Positive for MRSA http://fcsharepoint/trustdocuments/Information%20Leaflets/PL470.pdf
PL/583	Meticillin-Sensitive Staphylococcus aureus http://fcsharepoint/trustdocuments/Information%20Leaflets/PL583.pdf

8 SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS	
References In Full	
Department of Health. (26/03/2010). Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers. Available: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_114751 . Last accessed 06/07/2015.	
Review of hospital isolation and infection control related precautions; Report of Joint Working Group, July 2001, DH	
Review of hospital isolation and infection control related precautions; Report of Joint Working Group, July 2001, DH.	
Pratt RJ, Pellowe C, Loveday HP, et al. The epic project: Developing National Evidence-based Guidelines for Preventing Healthcare Associated Infections. Journal of Hospital Infection 2001; supplement	
Wilson J., Infection Control in Clinical Practice, Second edition, Bailliere Tindall	

9 CONSULTATION WITH STAFF AND PATIENTS	
Name	Designation
	Strategic Infection Prevention Team Meeting
	Whole Health Infection Prevention Committee meeting

10 DEFINITIONS/GLOSSARY OF TERMS	
BP	Blood Pressure
DH	Department of Health
HAI	Healthcare Associated Infection
IPT	Infection Prevention Team
MRSA	Methicillin-resistant Staphylococcus aureus
PPE	Personal Protective Equipment

11 AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By	Sharon Mawdsley	Checked By	Marie Thompson
Job Title	Lead Infection Prevention nurse	Job Title	Director of Nursing
Date	19/06/2015	Date	19/06/2015

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 1: A Guide for the Selection of PPE		
<p>Standard precautions apply at all times but enhanced PPE may be required if the patient has one of the organisms or conditions listed below. Please contact the IP team if you require any further guidance.</p> <p>Please note any healthcare worker required to wear an FFP3 respirator should have undertaken FFP3 respirator fit testing or size fitting prior to using it.</p>		
Organism		PPE
<i>Blood borne viruses (Hep B, C, HIV)</i>	No isolation precautions required.	Standard precautions apply.
<i>Carbapenemase producing Enterobacteriaceae (CPE)</i> Confirmed case		Gloves and yellow plastic apron whilst awaiting screening results. Long sleeve gowns (<u>not necessarily fluid resistant</u>) should be worn for activities where staff uniform or skin is likely to come into direct contact with the patient.
<i>Cellulitis</i>	Isolation precautions required until the patient has been on antibiotics for at least 24 hours and the cellulitis shows signs of improvement.	Gloves and yellow plastic apron.
<i>Chickenpox (Varicella)</i>	Rash developed within previous 5 days	Gloves and yellow plastic apron. Only staff with a history of chickenpox or are aware of their Varicella immunity status should have contact with the patient. Where it is necessary for non-immune staff to have contact with the patient, FFP3 respirators must be worn. Please contact the IP team for further advice.
	Rash still wet	As above

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
Do you have the up to date version? See the intranet for the latest version		

Appendix 1: A Guide for the Selection of PPE		
	Rash dry, longer than 10 days old	None. Standard precautions apply.
<i>Clostridium difficile and GDH</i>	Diarrhoea	Patients with loose stools. Gloves and yellow plastic apron.
	Asymptomatic	Standard precautions apply providing it has been at least 48 hours since last symptom.
<i>Creutzfeldt-Jakob disease (CJD)</i>		Standard precautions apply.
<i>ESBL producing organisms</i>	Continent patient with no IV lines or urinary catheter	Standard precautions apply.
	Catheterised or incontinent patient	Gloves and yellow plastic apron.
<i>Group A Strep</i>		Gloves and yellow plastic apron.
<i>Invasive Group A Strep (IGAS)</i>	e.g. Necrotising fasciitis	Gloves and yellow plastic apron. Fluid resistant face shields should be worn when changing dressings.
<i>Hepatitis A</i>		Gloves and yellow plastic apron.
<i>Infectious diarrhoea and vomiting could include: - Campylobacter, Salmonella, Rota and Norovirus</i>	Suspected/Confirmed	Gloves and yellow plastic apron.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
Do you have the up to date version? See the intranet for the latest version		

Appendix 1: A Guide for the Selection of PPE		
<i>Influenza</i>		Gloves and yellow plastic apron. A surgical face mask is required if working within 1 metre of the patient to perform routine care activities. For aerosol generating procedures gloves, a long sleeve fluid resistant gown, FFP3 respirator and eye protection should be worn.
<i>Measles</i>		Gloves, yellow plastic apron, FFP3 respirator and eye protection.
<i>MERS</i>		Gloves, long sleeve fluid resistant disposable gown, FFP3 respirator and eye Protection.
<i>MRSA</i>	Colonisation or wound	Gloves and yellow plastic apron.
<i>MRSA</i>	Sputum positive and Productive cough	Gloves and yellow plastic apron. Staff are advised to wear disposable face shields when suctioning.
<i>MSSA</i>	Positive screen or clinical specimen	Standard precautions apply.
<i>PVL MRSA/MSSA</i>		Gloves and yellow plastic apron.
<i>Pseudomonas</i>	If barrier nursing is advised by the IP team	Gloves and yellow plastic apron.
<i>Scabies</i>		Standard precautions apply. Please contact the IP team if the patient has Norwegian scabies as gowns may be required.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
Do you have the up to date version? See the intranet for the latest version		

Appendix 1: A Guide for the Selection of PPE		
Scarlet Fever (Group A Strep)		Gloves and yellow plastic apron.
Shingles (Herpes Zoster)	Rash in exposed area	Gloves and yellow plastic apron. Only staff with a history of chickenpox or are aware of their Varicella immunity status should have contact with the patient.
Tuberculosis	Suspected or confirmed MDR TB	FFP3 respirator with gloves, apron and eye protection +/- long sleeve gown as dictated by the procedure being undertaken.
	Suspected or confirmed pulmonary TB	Standard precautions apply unless aerosol generating procedures are being carried out then PPE as above should be worn. *Inpatients with suspected or smear-positive respiratory TB should be asked to wear a new surgical mask whenever they leave their room and discard it upon their return, until they have had 2 weeks' drug treatment.
	Non pulmonary TB	Gloves and yellow plastic apron. A fluid resistant face shield is required if there is a risk of splashing exudate from the positive site during treatment.
VRE		Gloves and yellow plastic apron. Gowns may be required in certain cases. Please contact the IP team for further advice.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
Do you have the up to date version? See the intranet for the latest version		

Appendix 1: A Guide for the Selection of PPE		
VHF (<i>Ebola</i>)	High possibility	<ul style="list-style-type: none"> • Double gloves (extended cuffs) • Fluid repellent disposable coverall or gown (V Chem plus suit) • Full length plastic apron over coverall/gown • Head cover e.g. surgical cap • Rubber boots • Full face shield or goggles • FFP3 respirator

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
<i>Do you have the up to date version? See the intranet for the latest version</i>		

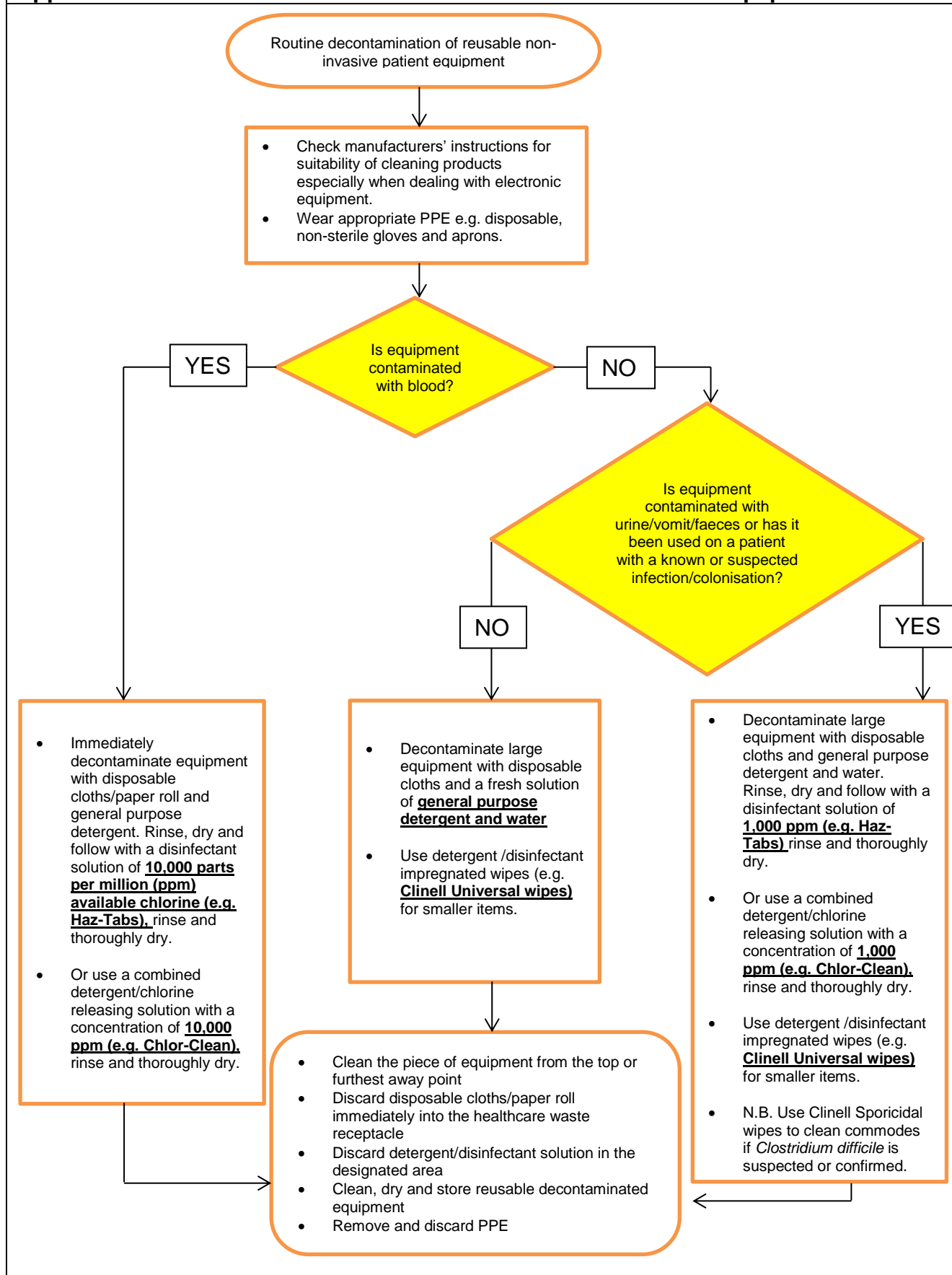
Appendix 2: Guide For The Disposal And Decontamination Of Equipment Used During Isolation Precautions

Equipment	Procedure
PPE	<ul style="list-style-type: none"> • Store clean PPE outside room. • Wear whilst caring for the patient or coming into contact with their environment. • Dispose of as clinical waste before leaving the room. • Decontaminate hands immediately.
Clinical waste	<ul style="list-style-type: none"> • Place in yellow plastic disposal bag. • Keep bag inside the room. • When three quarters full seal securely, label with ward/department number/name. • Place within a clear plastic bag at the point of removal – the clear plastic bag must be kept outside the room. • The clear plastic bag must then be securely sealed.
Linen	<ul style="list-style-type: none"> • All used linen must be placed within a red water soluble bag (Dissolvo sack). • Place within a clear plastic bag at the point of removal – the clear plastic bag must be kept outside the room. • The clear plastic bag must then be securely sealed. • Extra Linen must not be stored in the patient's room.
Pillows	<ul style="list-style-type: none"> • Pillows must be completely enclosed within plastic covers. If a cover is torn it must be replaced immediately. If pillows with damaged covers are found in the isolation room then they must be condemned and disposed of as clinical waste for incineration.
Patients notes/charts	<ul style="list-style-type: none"> • These must be kept outside the room at all times.
Stethoscope	<ul style="list-style-type: none"> • Ideally there must be a designated stethoscope for isolated patients, which is cleaned after each use and is kept in the barrier nurse trolley. • After the patient is discharged the stethoscope must be thoroughly cleaned and disinfected ready for re-use. • If a Doctor/ healthcare worker uses their own stethoscope this must be cleaned and disinfected before it is reused to reduce the risk of cross contamination.
Tourniquet	<ul style="list-style-type: none"> • Ideally this must stay with the patient and be cleaned after each use.

Appendix 2: Guide For The Disposal And Decontamination Of Equipment Used During Isolation Precautions	
Equipment	Procedure
Sphygmomanometers	<ul style="list-style-type: none"> Ideally this must stay with the patient and be cleaned after each use.
Urinals	<ul style="list-style-type: none"> Disposable urinals are to be used and disposed of immediately after use.
Oxygen masks/tubing	<ul style="list-style-type: none"> Disposable equipment must be used and disposed of after patient discharge
Patient's clothing	<ul style="list-style-type: none"> Must be placed in a patient laundry clothing bag, i.e. 'Dissolvo Sack' and sent home with relatives with instruction to wash in either hot or cold water in a washing machine.
Hoists	<ul style="list-style-type: none"> Hoists must be decontaminated each time they are used and before removal from the isolation room. Disposable slings must be kept inside the room with the patient.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 3: Decontamination of Reusable Non-Invasive Patient Equipment



Appendix 4: Equality Impact Assessment Form					
Department	Infection Prevention	Service or Policy	Infection Prevention	Date Completed:	29/05/15
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	This document provides staff with guidance on how to prevent healthcare associated infections.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified		
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No	N/A			
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A			
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A			
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.	Yes – Clear processes identified		
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A				
Does the service, leaflet or policy/ development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified.	N/A	N/A		

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/POL/116
Revision No: 7.1	Next Review Date: 01/06/2018	Title: Infection Prevention in the Acute Setting
Do you have the up to date version? See the intranet for the latest version		

Appendix 4: Equality Impact Assessment Form				
Does the policy/development promote access to services and facilities for any group in particular?	N/A			
Does the service, leaflet or policy/development impact on the environment <ul style="list-style-type: none"> During development At implementation? 	No	N/A	N/A	
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis			No	(Please delete as appropriate)
Name of Author:	Sharon Mawdsley		Date Signed:	29/05/15
Signature of Author:				
Name of Lead Person:	Sharon Mawdsley		Date Signed:	29/05/15
Signature of Lead Person:				
Name of Manager:			Date Signed:	
Signature of Manager				