



Infection Control and Prevention Policy.

Standard Statement:

- Standard Precautions are the basic infection prevention practices that when used consistently and diligently reduce the transmission of potentially pathogenic organisms from both recognised and unrecognised sources.
- Implementation of infection prevention standard precautions results in a reduction in prevalence of Healthcare Associated infections; ultimately protecting clients, staff and visitors.

Standard precautions consist of eight key elements.

These are:

- Element 1: Hand hygiene
- Element 2: Cleaning and decontamination
- Element 3: Safe handling and disposal of waste
- Element 4: Sharps safety
- Element 5: Personal Protective Equipment (PPE)
- Element 6: Safe handling of blood and body fluid spillage
- Element 7: Couch decontamination
- Element 8: Respiratory hygiene

The type of PPE worn is based on the assessed risk of the clinical intervention to be undertaken.

Assess the Risk:

- Assess the risk, infection risk in a clinic setting can be reduced by wearing non sterile gloves & aprons, visor/googles and a mask.

All PPE should be:

- Single-use only items unless specified by the manufacturer
 - Single client use (only be used for one client episode)
- Donned and Doffed in an order that minimises the potential for cross-contamination
- Standard Precautions are the basic level of infection control practices that when used consistently and diligently reduce the transmission of



pathogenic organisms from both recognised and unrecognised sources. Implementation of standard precautions results in significant decrease in the number of Healthcare Associated Infections (HCAI) ultimately protecting clients, staff and visitors.

- All staff are individually responsible for implementing standard precautions in their own practice to reduce the risk of infection to clients/service users, colleagues and themselves.
- Standard Precautions are applicable in all Flawless Transformation Clinics.

ELEMENTS OF PRACTICE

- Element 1: HAND HYGIENE
- Contaminated hands are closely associated with the transmission of infection.
- The decontamination of hands is considered the single most important practice shown to significantly reduce the carriage of potential pathogens and decrease the risk and occurrence of Healthcare Associated Infections (HCAI), during delivery of treatments, whatever the setting.
- General principles
- Follow the World Health Organisation (WHO) 5 Moments for Hand Hygiene.
 - Before direct Client contact.
 - 2. Before clean/aseptic procedure.
 - 3. After body fluid exposure risk.
 - 4. After client contact.
 - 5. After contact with client surroundings.
- Soap and water is suitable for hand hygiene in most clinical situations.
- Soap and water must always be used for hand hygiene when hands are visibly soiled, following handling of blood or body fluids.
- Alcohol gel/hand rub can be used when hands are visibly clean.
- Clinical staff must adhere to 'bare below the elbows' to enable effective hand hygiene



- Cover any cuts/sores or lesions with a waterproof plaster.
- Hands must always be cleaned following removal of PPE.
- Protect skin integrity - Use moisturiser when appropriate.

Element 2: CLEANING AND DECONTAMINATION

- Safe and effective decontamination of equipment between clients is an essential part of standard precautions. Where practicable single use disposable equipment should be used for high risk or invasive procedures.
- Where this is not possible services are responsible for ensuring items are decontaminated according to manufacturer's instruction to protect service users and staff.

General Principles

- General everyday cleaning requires bleach or bactericidal disinfectant wipes (All items are to be dried thoroughly).
- Enhanced cleaning must be undertaken during COVID19 pandemic until the government guidance changes.
- Cleaning must be carried out after Recognised infection risk or contamination with blood or body fluids.
- Single use items must never be reused.

Element 3: SAFE HANDLING AND DISPOSAL OF WASTE

- Clinic waste has the potential to be toxic, hazardous and/or infectious.
- All staff have a 'duty of care' to ensure that waste must be segregated, handled, transported and disposed of in an appropriate manner to ensure it does not harm staff, clients/service users, the public or the environment.
- All waste must be removed from each clinic at the end of each day/session, and tied safely and stored in black bin in a locked room until Initial Medical services collection dates. Bags and sharps bins must be labelled correctly at all times.

General Principles

- Waste should be disposed of at point of care in the nearest appropriate bin



- Waste bags must be changed before $\frac{3}{4}$ full, and daily.
- Waste bags must be swan necked when closed.
- Holding waste bags slightly away from the body will reduce risk if accidentally containing sharp object.
- The bag must be clearly labelled
- Waste bags must be disposed of in an appropriate container, which must always be locked or within a locked compound / room.
- Sharps containers may be carried in personal vehicles back to that person's base for disposal.

Element 4: SHARPS SAFETY

- Injuries from healthcare sharps pose a significant risk to the physical and mental health of staff.

General principle

- Staff are responsible for the safe use and disposal of every sharp they generate.
- Sharps must be handled with care and respected as potentially dangerous items.
- Sharps containers must be correctly assembled, tagged and labelled with start date, Clinic details and the initials of the person assembling it.
- Do not over fill the sharps container, dispose of before 2/3 full as indicated by the 'Fill line'.
- Containers must be stored in an appropriate place and at an appropriate height, off of the floor.
- Use the temporary closure mechanism when not in use.
- Never re-sheath used needles.
- Dispose of needles and syringes as one complete unit – do not disconnect the needle.
- Always take the sharps container to the point of use.



- If there is any safety device present on the syringe use it according to manufacturer's instructions.
- Carry container only by the handle or on correct size designated sharps tray.
- Dispose of it in designated area having securely closed, labelled, tagged and signed.
- Dispose of sharps bin after 3 months even if not full.
- Use the correct colour sharps bin

Element 5: PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Wearing PPE serves to protect the healthcare practitioner from contamination with blood, body fluids or pathogens and to prevent the onward transmission of potentially pathogenic microorganisms onto service users, colleagues, or to their own family members.
- The use of PPE should be guided by risk assessment and the extent of anticipated contact with blood, body fluids or pathogens.

The minimum PPE that must be available for all clinical staff

- Plastic aprons.
- Non sterile gloves (general use) and sterile gloves (for aseptic procedures).
- Eye and face protection – fluid/splash repellent standard.
- Plasters.

General principles:

- PPE Aprons
- Aprons are inexpensive yet effective at reducing contamination to the front of clothing where most contamination occurs.
- Aprons are single use items and must be changed between clients.
- Gloves
- Hands must be decontaminated prior to putting on gloves.
- Gloves are NOT 100% impervious and hand washing after removal is essential.
- Gloves must be worn if contact with blood, body fluids, secretions, excretions or hazardous substances are expected.
- Disposable gloves are single use items and must be discarded after each procedure.



- Gloves must be changed between dirty and clean procedures on the same client.
- The practice of double gloving is not necessary and provides no benefit of use.
- Masks, spectacles or visors
- Eye protection (visor or goggles) and/or surgical masks should be used when mucous membranes are likely to be exposed to body fluids (or splashes of hazardous chemicals).
- Specialist FFP2 and FFP3 masks should be used during a covid19 pandemic or influenza outbreak
- Removal of PPE
- PPE should be removed in a specific order to minimise the potential for cross-contamination.
- This is gloves, apron/gown, eye and face protection.
- Gloves
 - Grasp the outside of the opposite gloved hand; peel off holding the removed glove in the gloved hand.
 - Slide the fingers of the un-gloved hand under the glove at the wrist, peel forward.
 - Discard both gloves in clinical or offensive waste stream as appropriate.
 - Hand hygiene must follow removal of the final item of PPE.
- Apron
 - Pull ties to break.
 - Pull away from neck.
 - Wrap apron in on itself to contain the 'dirty' side – dispose in clinical or offensive waste stream as appropriate.
 - Hand hygiene must follow removal of the final item of PPE.
- Goggles
 - Handle by side arms.
 - If disposable discard in appropriate waste stream or if reusable clean with detergent wipe, dry and store.
 - Hand hygiene must follow removal of the final item of PPE.
- Face mask
 - Break bottom ties followed by top ties.
 - Pull away from face holding ties.
 - Dispose of directly into waste.



- Hand hygiene must follow removal of the final item of PPE.

Element 6: SAFE HANDLING OF BLOOD AND BODY FLUID SPILLAGE

- Blood and body fluids can potentially contain blood borne viruses or other pathogens.
- Therefore, dealing with spills of blood or body fluid may expose the healthcare worker to these blood borne viruses and spills must be dealt with swiftly, safely and effectively.

Element 7: COUCH/BED DECONTAMINATION

- Couch roll must be removed and disposed of into the offensive waste bag.
- The couch/bed must be decontaminated prior to new couch roll being applied for next client.

Element 8: RESPIRATORY AND COUGH ETIQUETTE

- Correct respiratory hygiene and cough etiquette is effective in decreasing the risk of transmission of pathogens contained in large respiratory droplets e.g. Covid19 or influenza virus.
- General Principles
- Cover mouth and nose when coughing or sneezing.
- Dispose of tissues immediately into appropriate waste bin.
- Perform hand hygiene frequently.

ROLES & RESPONSIBILITIES

- All staff hold responsibility for infection prevention and control within the Flawless Transformations Clinics.
- Staff are responsible for attending clinic 30minutes prior to start time to ensure room is decontaminated and prepared ready for use.

Flawless Transformation

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