


HCA HEALTHCARE UK POLICY

CORPORATE STANDARD INFECTION CONTROL PRECAUTIONS POLICY

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Contents

1. Introduction	3
2. Scope	3
3. Policy Statement.....	3
4. Definitions.....	4
5. Roles and responsibilities	4
5.1 Ward Manager/ Nurse in Charge	5
5.2 Clinical Staff including Nursing, Medical, Midwifery and Allied Healthcare Professionals .	5
6. Spread of infection	5
7. Standard Infection Control Precautions	6
7.1 Hand Hygiene (Refer to the Hand Hygiene policy)	6
7.2 Personal Protective Equipment.....	7
7.2.1 Gloves.....	8
7.2.2 Aprons and Gowns	9
7.2.3 Goggles/face visors (face and eye protection).	10
7.2.4 Masks	10
8. Management of Spillages	12
8.1 Chemotherapy Spillage	13
8.2 Chemical Disinfectant.....	13
9. Chemical Spillages.....	13
8.3 Blood (or blood stained fluids) Spillages	13
10. Sharps Management.....	15
11. Specimens.....	16
12. Training	17
13. Monitoring.....	17
14. References	17

1. Introduction

Standard infection control precautions must be followed in the care of all patients at all times, to prevent transmission of infection from person to person. Standard precautions are based on a risk assessment of the likelihood of exposure to blood or body fluids, and not on an assessment of the perceived risk of infection from an individual patient, as it is not always possible to know which patients are infected. Therefore, standard precautions should be used for all patients within all healthcare settings, at all times by staff to prevent the spread of infections.

Standard infection precautions include:

- Hand hygiene (refer hand hygiene policy)
- The use of personal protective clothing (PPE)
- The safe use and disposal of sharps
- Decontamination (refer to Decontamination policy)
- Safe Handling of Linen (refer Linen policy)
- Waste management (refer waste policy)
- Safe handling of specimens
- Occupational Health (see Occupational Health policies)

2. Scope

This Policy applies to all HCA Healthcare UK staff - health and non-healthcare including agency, bank and locum staff as well as visitors to HCA Healthcare UK and staff from other agencies who may deliver care at HCA Healthcare UK in the course of their duties.

'In the event of an infection outbreak, flu pandemic or major incident, HCA recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety'

3. Policy Statement

Standard precautions are fundamental in reducing the spread of infections within the healthcare environment. Utilizing standard precautions will protect patients, visitors and

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staff. The purpose of this policy is to describe standard infection control precautions and to identify the responsibility of staff and managers to ensure that they are followed at all times.

Standard precautions are basic infection prevention and control principles that should underpin safe practice, in order to reduce the risk of infection to patients and staff. Standard precautions should be used routinely to prevent forward transmission of micro-organisms to other patients, staff and visitors and thus breaking the chain of infection.

4. Definitions

Cross transmission, the transfer of micro-organisms between people.

The term **standard precautions** encompass all the infection prevention and control practices that prevent the spread of infections from recognised and unrecognised sources. This reduces the risk of potential transmission from pathogens that originate from most body substances and protects patients and/or staff from transmissible infections.

Personal Protective Equipment (PPE) is defined as all equipment which is intended to be worn or used by healthcare workers to promote personal and patient safety against infection risks, e.g. gloves, aprons, eye protection and masks.

Definition of a Sharps injury: A sharps or needle stick injury (NSI) or inoculation incident, can be defined as: an injury from a needle or other sharp instrument that has been contaminated with blood or other body fluid and penetrates the skin percutaneously.

Furthermore includes any incident where there is a risk of acquiring infection due to occupational exposure to blood-borne viruses through contact with blood or body fluids, by inoculation

5. Roles and responsibilities

This applies to all HCA Healthcare UK contracted employees including agency, bank and locum staff who are performing clinical procedures.

5.1 Ward Manager/ Nurse in Charge

Must

- Liaise with the infection control nurse when required
- Ensure that staff are up to date with mandatory infection prevention and control training.
- Escalate any issues to the Infection Control Nurse or Duty Manager at the earliest opportunity with concerns regarding standard infection control precautions and to raise an incident form if necessary.
- Ensure that wards have appropriate personal protective equipment suitable to undertake the task.
- Ensure that there is sufficient stock on the ward of gloves, aprons, facemasks and other PPE equipment should it be required.
- Inform housekeeping of cleaning precautions to be taken.

5.2 Clinical Staff including Nursing, Medical, Midwifery and Allied Healthcare Professionals

Must ensure

- PPE is worn when necessary.
- PPE is removed correctly and disposed of in the correct waste stream.
- Escalate when stock is not sufficient or the equipment provided is not appropriate for the task in hand.

6. Spread of infection

- The spread of infection requires three elements:
 - A source of infecting organisms.
 - A susceptible host.
 - A means of transmission of the organism from one to the other.
- Sources of infection include patients, staff and visitors including those who do not have an obvious infection. Other sources can be the environment, especially shared equipment that has been contaminated.
- Patients' resistance to harmful microorganisms can vary greatly. Patients with underlying diseases or those who are immunosuppressed are more susceptible to infection.

- Cross transmission can occur in a number of ways including: contact, blood borne, airborne, droplet, water borne, food borne, and faecal oral route and sexual.
- The main transmission routes that are specifically addressed are:
 - Contact – this can be direct contact via the hands or through a third person or via a contaminated article e.g. furniture, bedding, toilets or shared equipment
 - Blood borne – Blood borne viruses can be found in a number of body fluids, therefore, all body fluids should be considered infectious.
 - Airborne – A number of organisms can survive in dust or droplet nuclei. These can include organisms that are shed on skin scales, or from aerosols from vomit.
 - Droplet – Some organisms are breathed or coughed out and people in the vicinity can be infected.
 - Faecal oral route - Faeces contain a large number of organisms which can cause gastro-intestinal illness if accidentally ingested.

7. Standard Infection Control Precautions

7.1 Hand Hygiene (Refer to the Hand Hygiene policy)

- Key principles are:
 - In most clinical areas hand washing with liquid soap and water is adequate.
 - Always wet hands before applying soap, then rinse and dry hands thoroughly.
 - Alcohol-based hand rubs are an alternative to hand washing on visibly clean skin or as a supplement to hand washing to achieve a higher level of disinfection.
 - Remember to cleanse all parts of your hands, especially remembering your thumbs and finger tips.
 - Always decontaminate your hands after removing gloves.
 - Keep your nails short, clean and free of nail varnish.
 - Do not wear artificial fingernails or nail extenders if you have direct patient contact.
 - Clinical staff who do not wear a uniform when undertaking clinical duties ensure that clothing worn must have short sleeves (Bare below the elbows).
 - No wristwatches should be worn.
 - Always cover cuts and lesions with a waterproof dressing.
- HCA follows The World Health Organisation's 5 moments of Hand Hygiene,

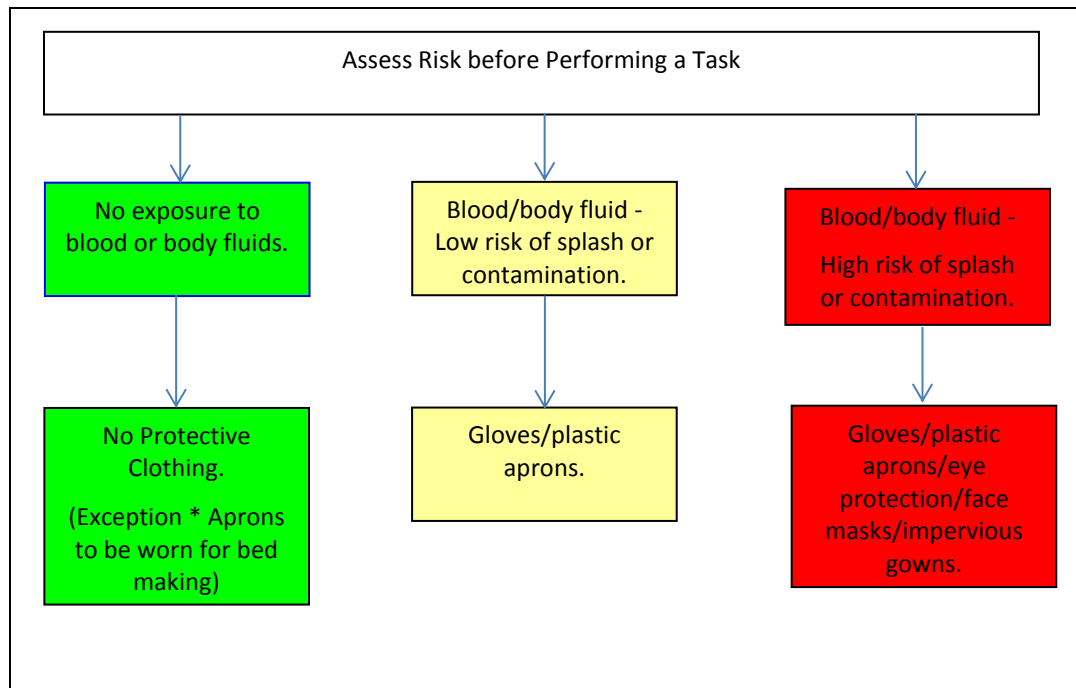
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which states that healthcare workers should clean their hands:

- before touching a patient,
- before clean/aseptic procedures,
- after body fluid exposure/risk,
- after touching a patient, and
- after touching patient surroundings.

7.2 Personal Protective Equipment

- The use of Personal Protective Equipment (PPE) in preventing cross infection is extremely important given.
 - The morbidity and mortality associated with healthcare acquired infections.
 - The cost of treating healthcare acquired infections.
 - The increasing problem of antibiotic resistant micro-organisms.
- ***The selection of protective clothing should be based on an assessment of the risk of transmission of micro-organisms to the patient, and the risk of contamination of the health care worker's clothing and skin by the patient's blood or body fluids.***
- Protective clothing is used in addition to normal clothing or uniforms to protect both the patient and healthcare worker from the potential risks of cross infection.
- Protective clothing must:
 - Be readily available and easily accessible.
 - Be appropriate for the task/procedure undertaken.
 - Take account of the worker's needs.
 - Fit appropriately.
 - Be disposable where possible.
- PPE is used to prevent the transfer of micro-organisms to or from patients, staff or their uniforms and equipment.
- Uniforms and clothing are not considered to be PPE. Staff who wear uniform will be expected to maintain the HCA Uniform & dress code standard.



- The following PPE should be available for all staff as a minimum:
 - Gloves (Sterile/non-sterile/latex free).
 - Aprons & fluid repellent gowns.
 - Goggles/face visors (face and eye protection).
 - Masks.

7.2.1 Gloves

- Must be worn for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes, and for all activities that have been assessed as carrying a risk of exposure to blood or body fluids, or to sharp or contaminated instruments. Gloves must conform to European Community (CE) standards and must be acceptable to health care workers. Neither powdered nor polythene gloves should be used in health care.
- The aim of wearing gloves is to;
 - Protect the users hands from becoming contaminated with organic matter and micro-organisms
 - Protect the users hands from chemicals that may adversely affect the skin
 - Reduce/eliminate the risk of cross infection
- **Key factors in glove usage are:**
 - Gloves are worn as single use items.
 - Hands should be decontaminated before and after use of gloves.
 - Gloves are not impervious to infection but reduce penetration of blood

and body fluids on to the hands.

- Gloves should be worn whenever there might be contact with blood and body fluids, mucous membranes or non-intact skin.
- Gloves should not be worn unnecessarily as their prolonged and indiscriminate use may cause adverse reactions and skin sensitivity.
- The gloves themselves also become a source of infection/contamination. The prolonged and inappropriate wearing of gloves is to be actively discouraged.
- The choice of glove should be made following a suitable and sufficient risk assessment of the task, the risk to the patient and risk to the health care worker.
- Gloves should be readily available in all clinical areas, fit for purpose and fit well.
- Gloves should be non-powdered and not made of latex, as latex allergies have serious implications for patients and health care workers.
- Gloves should be stored in a clean environment and not susceptible to gross contamination.
- Boxed, clean non-sterile gloves are adequate for routine non-invasive nursing care.
- Gloves must be changed between patients and between tasks on the same patient.
- Non-sterile gloves should be available in a variety of sizes to suit the needs of the operator.
- Gloves should not be washed or sanitised with alcohol gel.
- Gloves are not a replacement for hand hygiene.
- Gloves should be disposed of in clinical/offensive waste.
- Sized sterile gloves should be available and used for all aseptic procedures.
- It is important that the correct size is available for operator to reduce the risk of needle stick injuries. When non-sterile gloves are perceived to fit poorly then sized sterile gloves should be used.

7.2.2 Aprons and Gowns

- The wearing of a plastic apron prevents the spread of micro-organisms from one patient to another, protects clinical uniform and skin contamination.
- Aprons should be worn whenever there is a risk of contaminating clothing with blood and body fluids and when a patient has a known infection, for example, direct patient care, bed making or when decontaminating equipment (Note - Aprons worn for bed making should be changed between beds).
- Disposable plastic aprons are cheap, impermeable to micro-organisms, easy to

wear, protect uniform from contamination and are single use.

- Full body, fluid repellent gowns should be worn where there is a risk of extensive splashing of blood, body fluids, secretions and excretions, with the exceptions of sweat, onto the skin of health care workers. These may be sterile or non-sterile in nature depending on the intended use.
- Aprons should be available in dispensers for ease of access and use.
- Aprons should be disposed of as clinical waste stream.
- Hands should be decontaminated after the removal of an apron.
- Should not be stored above bins or immediately next to sinks where contamination may occur.
- ***On some HCA sites staff wear a colour coded apron when caring for infectious patients nursed in isolation or with transmission precautions. Refer to local procedures***

7.2.3 Goggles/face visors (face and eye protection).

- Goggles and visors should be worn when a procedure is likely to cause blood and body fluids or substances to splash the eyes and face.
- Goggles and visors should be readily available.
- If reusable equipment is used it should be decontaminated appropriately.
- Equipment should only be used for one patient episode.
- Goggles and visors should fit the wearer well.
- Hands should be decontaminated on removal.
- Clean or dispose according to the manufacturer's instructions.

7.2.4 Masks

Two types of masks are used in clinical practice.

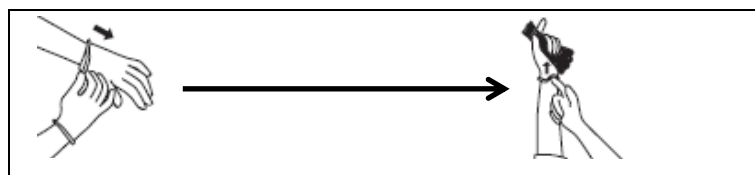
- **Surgical masks** are used mainly in operating theatres. The main purpose of a mask is to help prevent particles being expelled into the environment or onto the sterile field by the wearer. Masks are also resistant to fluids, and help protect the wearer from splashes of blood or other potentially infectious substances. They are not necessarily designed for filtration efficiency, or to seal tightly to the face. The mask should fit snugly over the face, with the coloured side out (some masks have a coloured side, others do not) and the metal strip at the top.
 - Position the strings to keep the mask firmly in place over the nose, mouth and chin.
 - Mould the metallic strip to the bridge of the nose.
 - Do not touch the mask again until it is removed.
 - Healthcare workers should discard the mask as clinical waste.

- Surgical masks may be used in clinical environments outside theatres to protect the facial mucous membranes against splashes.
- Surgical masks worn in operating theatres should be removed and disposed of by the wearer before leaving the theatre.
- All masks should fit correctly, be handled as little as possible and changed between patients or operations.
- **Respiratory masks provide protection from airborne transmission.**
 - Respirators are intended to help reduce the wearer's exposure to airborne particles.
 - They are made to defined national European standard EN149:2001+A1:2009 FFP3 respirator.
 - The standards define the performance required of the respirator, including filtration efficiency.
 - When worn correctly, they seal firmly to the face, thus reducing the risk of leakage.
 - Fit testing is required to ensure that an adequate seal is achievable.
 - Respiratory masks should be used only when clinically indicated and should be disposed of by the wearer on leaving the infected environment.
 - ***NB: these masks can only be fitted by a recognised trained Fitter***

7.2.5 Removal of Personal Protective Equipment

PPE should be removed in an order that minimises the potential for cross-contamination. On completion of a task/procedure, gloves, gown and eye goggles should be removed (in that order) and disposed of as clinical waste. If wearing a mask, this should be removed last, to minimise contamination of the face.

- **Gloves**
 - Grasp the outside of the glove with the opposite gloved hand; peel off.
 - Hold the removed glove in gloved hand.
 - Slide the fingers of the ungloved hand under the remaining glove at the wrist.
 - Peel the second glove off over the first glove and discard.



- **Gown or apron**
 - Unfasten or break ties.

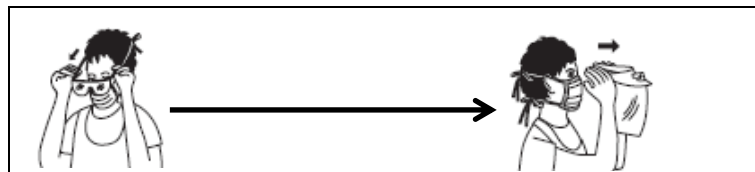
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- Pull gown/apron away from the neck and shoulders, touching the inside of the gown only.
- Turn the gown/apron inside out, fold or roll into a bundle and discard.



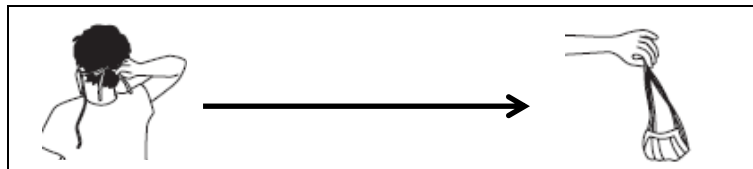
- **Goggles or face shield**

To remove, handle by the headband or earpieces and discard.



- **Respirator or surgical mask**

- Untie or break bottom ties, followed by top ties or elastic and remove by handling ties only and discard.
- To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.
- On completion hand hygiene should be undertaken.



8. Management of Spillages

All blood and body fluid spillages should be regarded as potentially infectious. All healthcare staff should observe standard infection control precautions at all times to protect themselves, patients and others from the risk of exposure to blood and body fluid and potential blood borne viruses (BBV) at all times. All spillages are potentially dangerous and present a hazard. As such they must be dealt with immediately, rendering the area safe for other patients, staff and visitors.

- **Responsibilities for initial clean up**

- In clinical areas or when a patient is escorted by a clinical member of staff the initial spillage will be attended to by this member of staff.
- In non-clinical areas including communal areas, public areas the house keeping staff will attend to the initial spillage.

- **Where available spillage kits must be used, according to manufacturer's**

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instructions

If not available, please follow the procedures below:

- **Equipment required:**
 - Non-sterile single use gloves.
 - Clean plastic apron.
 - Visor or goggles if splashing is likely to occur.
 - Disposable cloths or paper towels.
 - Orange clinical waste bag.
 - Chemical disinfectant – if applicable (granules/ tablets).
 - Jug to dilute disinfectant tablet (refer to dilution chart).
 - Scoop/scrapper or dust pan and brush.

8.1 Chemotherapy Spillage

For chemotherapy spillages follow the manufacturer's guidance on data sheet and use the chemotherapy specific kit to complete the cleaning process.

8.2 Chemical Disinfectant

Refer to the HCA decontamination policy.

8.3 Chemical Spillages

For specific details on these spillages please refer to data sheet and local health and safety provisions.

8.4 Blood (or blood stained fluids) Spillages

(in the event of inadvertent exposure to bodily fluids then refer to the HCA sharps and splash management policy)

- **On flooring follow:**
 - Identify and collect the necessary cleaning equipment.
 - Put on personal protective clothing- minimum of disposable gloves and a plastic apron
 - If there is broken glass in the spillage never pick it up with your fingers; use scoop or dust pan and brush, and dispose of the glass into a yellow lidded, yellow labelled sharps bin
 - The spillage should be covered with peracetic acid spill kit or Actichlor granules (if available) and left for a few minutes; this will help to contain fluid and reduce any viral load.
 - All waste can then be picked up using the scoop, scrapper or dustpan and brush, and put into an orange clinical waste bag.
- **Larger spillages follow:**
 - Cover with peracetic acid spill kit or if not available it should be covered

with disposable cloths/ paper towels first.

- If no peracetic acid spill kit is available:
 - Make up a solution of 10,000 ppm chlorine solution in a suitable container (see dilution chart for Actichlor, which can be found in each Dirty Utility Room).
 - The solution can then be poured onto the spillage and paper towels.
 - The spillage can then be picked up using the scoop, scraper or dustpan and brush and put into the orange bag.
 - More disposable cloths soaked in solution can be used for any surface cleaning.
 - Discard all unused solution in the sluice/ dirty utility taking care to avoid splashes
- All items should be disposed of into an orange clinical waste bag.
 - Discard used gloves, apron and cloths or towels into the orange waste bag
 - Wash and dry hands thoroughly
 - Never put chlorine releasing compounds directly on to urine spillages as this may result in the release of chlorine vapour - always mop up the spillage before disinfecting the area with 10,000 ppm chlorine solution.
 - Splashes of blood or other body fluids on unbroken skin should be washed off immediately with soap and water.
 - If skin is broken, or the splash is to mucus membranes, reference must be made to the HCA Management of 'Sharps/Splash' Incidents: Occupational Exposure to Blood
 - Borne Viruses Protocol for further management
 - **Other body fluids on flooring (not stained with blood)**
 - Manage as above, use peracetic acid spill kit or use 1:1,000 ppm chlorine solution to disinfect the area.
 - After the spillage has been dealt with, the area may need to be cleaned with a hot detergent-based solution, in accordance with local facility housekeeping policy, as granules and solution may leave a whitish deposit or the area may be sticky.
 - **Methods for all spillages on carpets/furnishings whether blood or other body fluids**
 - For all spillages wear appropriate personal protective clothing- at a minimum, disposable gloves and plastic apron
 - Soak up excess moisture with paper hand towels.
 - Discard paper hand towels in orange clinical waste bin.
 - Clean soiled area using a disposable cloth in detergent and hot water, according to local facility housekeeping policy.

- Remove as much of the spillage as possible.
- Soak up excess moisture with paper hand towels. Discard as clinical waste.
- Remove personal protective clothing and dispose of as clinical waste.
- Decontaminate hands.

9. Sharps Management

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the European Directive 2010/32/EU provided a framework to improve the management of Sharps. It is the responsibility of the organisation and the Sharps user to follow safe practice as outlined below.

Safety devices should be used where possible and available. A risk assessment should be undertaken and documented if a decision is taken to divert practice and to use a non-safety device.

To have safe practice the following points should be followed: The use of sharps should be avoided where possible. However, when their use is essential, particular care is required in handling and disposal and, if possible, safer devices should be used.

9.1 Safe handling

Sharps should always be handled carefully. The components of safe handling are:

- Avoid using sharps if possible.
- Do not re-sheath hypodermic needles after use. If this is vital, use a specific needle re-sheathing/removing device.
- Use intravenous devices with a safety feature whenever possible.
- Do not overfill sharps bins. Replace them when they are three-quarters full.
- Wear gloves for venepuncture and intravenous therapy.
- Obtain assistance when using a sharp with a confused patient.
- Never leave sharps/sharps bins unattended where the public have access.
- Sharps bins should be available at the point of use, including drug and cardiac arrest trolleys.
- Sharps bins should be located at waist height and never on the floor.
- Do not pass sharps from hand to hand.
- Before transporting a used syringe, for example, containing an arterial blood sample, remove the needle using a removal device and attach a blind hub.

9.2 Safe disposal of used sharps

Sharps must be disposed of safely. The components of safe disposal are:

- It is the user's responsibility to dispose of used sharps as soon as possible after use.
- Dispose of syringes and needles as a single unit.
- Always carry a sharps bin by the handle and away from the body.
- Never dispose of sharps in containers used for storage of other wastes, or place used sharps containers in clinical waste bags.
- Dispose of used sharps in properly constructed containers that meet the requirements of BS 7320: 1990 Specification for sharps containers, and which are UN approved (Medical Devices Agency, 2001).
- Label or tag sharps bins with the name of the ward and hospital, the date and your signature.
- An adequate supply of sharps bins must be available.
- Sharps bins must be sealed/locked and signed and dated before removing for disposal.
- Full sharps bins awaiting collection in the clinical areas must be retained in a safe place.
- Staff transporting used sharps bins must wear adequate protective clothing.
- Sharps bins awaiting removal by a contractor should be stored in a secure, protected area.

10. Specimens

Specimens should be regarded as potentially infectious, the same as exposure to blood/body fluid, and all staff involved in the procedure must adhere to standard infection control precautions to minimise exposure when obtaining, handling and transporting specimens. Specimens must be transported in accordance with the Carriage of Dangerous Goods Regulations.

A specimen is any body substance taken from a person for analysis, such as tissue blood, urine or faeces. All specimens have a potential infection risk and must be packaged and handled appropriately. Specimens must be:

- Collected in the correct container with securely fastened lids on containers.
- Individually placed into the correct plastic specimen bag.
- Request form must be placed in the in the compartment of the plastic bag separate from the specimen.
- Pins, staples or paper clips must not be used with the request form.
- Specimens should be clearly labelled with details.
- Relevant clinical details must be correct.

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- Specimens should not be transported in mail envelopes.
- All specimens should reach the laboratory as soon as possible.
- Spillage must be dealt with immediately
- Specimens should be labelled and transported correctly. It is essential that confidentiality is maintained at all times and that sensitive information is not revealed unnecessarily.

11. Training

All permanent staff working in clinical areas are required to complete annual mandatory training which includes standard precautions.

12. Monitoring

The use of PPE will be monitored in accordance with the IPC Audit programme for each site.

13. References

For further associated Infection prevention and Control documents for HCA International Ltd: <https://policylibrary.sharepoint.hca.uk.net/>

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HCA HEALTHCARE UK POLICY
CORPORATE STANDARD INFECTION CONTROL PRECAUTIONS POLICY

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