

# **Preventing Infection in Social Care Settings** (including community, care home and homely settings)



## **Standard Infection Control Precautions**

**A pocket guide for staff**





## **Preventing Infection in Social Care Settings**

**(including community, care home  
and homely settings)**



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### **Acknowledgements**

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Revised by NHS Education for Scotland 2022.

## Potential Infection Risks

<b>Faceces</b>	<b>10</b>
<b>Urine</b>	<b>10</b>
<b>Vomit</b>	<b>10</b>
<b>Blood</b>	<b>10</b>
<b>Wound Exudate</b>	<b>12</b>
<b>Sputum</b>	<b>14</b>
<b>Nasal Discharge</b>	<b>14</b>
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# Introduction

## Preventing Infection in Care at Home Standard Infection Control Precautions

**Please Note:** This pocket book should be used in conjunction with the National Infection Prevention and Control Manual and Infection Prevention and Control Manual for Older People and Adult Care Homes (CH IPCM). ARHAI Scotland continue to review and update these resources. Always check that you are using the latest version. All documents can be accessed from <https://www.nipcm.hps.scot.nhs.uk/>

This education resource is one part of a suite of resources to support staff in practice with implementation of Chapter 1 - Standard Infection Control Precautions of the National Infection Prevention and Control Manual and the Care Home Infection Prevention and Control Manual. Standard Infection Control Precautions (SICPs) are evidence based, represent best practice, and are intended for use by staff delivering care in a variety of health and care settings.

This education resource offers practical guidance for the application of SICPs. It lists common infection risks that can occur when providing care and reveals the ‘must do’ SICPs, the ‘consider this’ and ‘other factors’. SICPS should be followed to maximise safety and minimise the risk of spreading infection to the people we care for, visitors and staff.

**“Mandatory”** means that you must do this.

**“Consider this”** means to think carefully about possible additional precautions that might need to be applied depending on the situation.

**“Other factors”** means you may need to consider other precautions that may be required to be carried out depending on the situation.

## **Terminology**

The term “Person/Resident” can be used instead of ‘Patient’ throughout this pocketbook when in non-healthcare settings.

# Contents

## **Resident/Person Placement/ Assessment for Infection Risk**

Assess and monitor those who are in or going to be coming into their place of care so that correct IPC precautions are followed.



## **Hand Hygiene**

Wash hands with liquid soap and warm water if available. Alcohol Based Hand Rub (ABHR) can be used for visibly clean hands where care is being delivered and when entering or leaving the area.



## **Respiratory and Cough Hygiene**

Cough and respiratory hygiene should be used by everyone. Cover nose and mouth following sneezing, coughing, or blowing your nose, using tissues and safely disposing after use.



## **Personal Protective Equipment**

Wearing of appropriate protective clothing to protect yourself from contamination (soiling and splashing) dependent on the procedure being carried out.



## **Safe Management of Care Equipment**



Ensure equipment is maintained, cleaned, disinfected and/or disposed of appropriately.

## **Safe Management of Care Environment**



Ensure the care area is kept clean and dry and free from clutter and equipment.

## **Safe Management of Linen**



All clean, used, or infectious linen should be handled with care to prevent potential spread of infection.

## **Safe Management of Blood and Body Fluid Spillages**



Prompt and safe clean up of blood and body fluid spillages.

## **Safe Disposal of Waste (Including Sharps)**



Management of all household and healthcare activity waste.



## **Occupational Safety: Prevention and Exposure Management (Including Sharps)**



Action to take in the event of an injury or exposure to infection at work, particularly those found in blood or body fluids.

### **Page 64 – Norovirus Scenario**

The scenario offers learning opportunities related to the application of the Standard Infection Control Precautions (SICPs) outlined in this pocket guide.

## Potential infection risks from faeces, urine, vomit and/or blood

You may come into contact with blood and/or body fluids during routine care and these should all be considered potentially infectious. Viruses/bacteria in saliva, urine, faeces, or blood can be passed to another person via cuts or abrasions, or through the mucus membranes of the mouth and eyes. Not all contact will become a spillage but in the case of unexpected spills see the page on Management of Blood and Body Fluid Spillages for more detailed information.

By following these Standard Infection Control Precautions you can minimise infection risks to yourself and others.

**Scenario:** Mr. Russell has a long-term catheter in situ. During the process of emptying his catheter bag, there is some splashing of the contents onto yourself and the floor.

# Standard Infection Control Precautions

## Do this



Hand Hygiene



Personal Protective Equipment



Safe Management of Blood and Body Fluid  
Spillages



Safe Disposal of Waste (Including Sharps)

## Consider this



Occupational Safety: Prevention and Exposure  
Management (Including Sharps)



Safe Management of Care Environment



Safe Management of Linen



Safe Management of Care Equipment

## Other factors



Resident/Person Placement



Respiratory and Cough Hygiene

For more detailed instruction on how to apply these Standard Infection Control Precautions, please open the pocketbook at the appropriate symbol on the right hand side of the book.

## Potential infection risk from wound exudate

Infection prevention is one of the most important components of effective wound management. There is a risk of infection from wound exudate which should be managed using SICPs.

By following these Standard Infection Control Precautions you can minimise infection risks to yourself and the person you care for – promoting better healing and recovery.

**Scenario:** Mrs. Ali has developed a large pressure ulcer following a below knee amputation. When undertaking positional changes, you notice that the wound exudate has leaked out of the side of the dressing and onto the residents/persons clothing and chair.

# Standard Infection Control Precautions

## Do this



Hand Hygiene



Personal Protective Equipment



Safe Management of Care Equipment



Safe Disposal of Waste (Including Sharps)

## Consider this



Safe Management of Care Environment



Safe Management of Linen



Safe Management of Blood and Body Fluid  
Spillages

## Other factors



Occupational Safety: Prevention and Exposure  
Management (Including Sharps)



Resident/Person Placement



Respiratory and Cough Hygiene

For more detailed instruction on how to apply these Standard Infection Control Precautions, please open the pocketbook at the appropriate symbol on the right hand side of the book.

## Potential infection risk from sputum, nasal discharge, or coughing

During routine care you are in close contact with those that you care for, and coughs and sneezes are common causes of cross infection. Viruses/ bacteria can easily spread from care giver to care receiver and vice versa.

By following these Standard Infection Control Precautions you can minimise infection risks to yourself but, in particular, take a look at the guidance on Respiratory and Cough Hygiene.

**Scenario:** Mr. McDonald has mobility issues and is unable to reach his tissues when he suddenly sneezes. He uses his hands to cover his mouth prior to holding his walking frame to stand up.

# Standard Infection Control Precautions

## Do this



Respiratory and Cough Hygiene



Hand Hygiene



Personal Protective Equipment



Safe Disposal of Waste (Including Sharps)

## Consider this



Resident/Person Placement



Safe Management of Care Environment



Safe Management of Blood and Body Fluid  
Spillages

## Other factors



Occupational Safety: Prevention and Exposure  
Management (Including Sharps)



Safe Management of Care Equipment



Safe Management of Linen

For more detailed instruction on how to apply these Standard Infection Control Precautions, please open the pocketbook at the appropriate symbol on the right hand side of the book.

## Potential infection risk from unexplained skin conditions

The skin is an essential protective barrier to infection but skin conditions can also pose infection risks. During routine care you may encounter people with skin conditions. Some skin conditions can be easily transmitted through contact with others during routine care.

By following these Standard Infection Control Precautions you can minimise infection risks to others, yourself and promote better healing and recovery.

**Scenario:** Miss Parker has recently become one of your residents. She has developed a red, flaky patch on her elbow and the swab result from the laboratory reports that this has detected Meticillin-resistant *Staphylococcus aureus* (MRSA).



# Standard Infection Control Precautions

## Do this



Hand Hygiene



Personal Protective Equipment



Safe Management of Linen



Safe Management of Care Environment

## Consider this



Safe Management of Care Equipment



Resident/Person Placement

## Other factors



Safe Disposal of Waste (Including Sharps)



Occupational Safety: Prevention and Exposure Management (Including Sharps)



Safe Management of Blood and Body Fluid Spillages



Respiratory and Cough Hygiene

For more detailed instruction on how to apply these Standard Infection Control Precautions, please open the pocketbook at the appropriate symbol on the right hand side of the book.

## Potential infection risk from washing and dressing, household tasks, foot care, oral and eye care

Many personal care tasks such as washing and dressing or household type work can bring you into contact with blood or body fluids; sharps; care equipment and the care environment which may present cross infection risks.

By following these Standard Infection Control Precautions you can minimise infection risks to others and yourself.

**Scenario:** Mrs. Chaponda does not like wearing her lower denture and removes them from her mouth, frequently leaving them on her bedside table.

# Standard Infection Control Precautions

## Do this



Hand Hygiene



Personal Protective Equipment



Safe Disposal of Waste (Including Sharps)



Safe Management of Care Equipment



Safe Management of Care Environment

## Consider this



Safe Management of Linen

## Other factors



Resident/Person Placement



Safe Management of Blood and Body Fluid  
Spillages



Respiratory and Cough Hygiene



Occupational Safety: Prevention and Exposure  
Management (Including Sharps)

For more detailed instruction on how to apply these Standard Infection Control Precautions, please open the pocketbook at the appropriate symbol on the right hand side of the book.

## Potential infection risk from PEG feeding, catheter care, colostomy care, PIC/Hickman lines, enteral feeding

Some procedures you carry out when caring for others may require you to handle equipment that has crossed the skin barrier. This can be a potential route of infection into the body.

When using this equipment you may need to consider the risk of exposing the person you care for to microorganisms.

By following these Standard Infection Control Precautions you can minimise infection risks to those receiving care, yourself and others.

**Scenario:** Mr. Purdey had a PEG tube inserted several months ago. During your routine care of this equipment, you notice that the area around the PEG tube has become red, inflamed, and is leaking fluid.

# Standard Infection Control Precautions

## Do this



Hand Hygiene



Personal Protective Equipment



Safe Management of Care Equipment



Safe Disposal of Waste (Including Sharps)

## Consider this



Safe Management of Care Environment



Safe Management of Blood and Body Fluid Spillages

## Other factors



Occupational Safety: Prevention and Exposure Management (Including Sharps)



Resident/Person Placement



Safe Management of Linen



Respiratory and Cough Hygiene

## **Resident/Person Placement/Assessment of Infection Risk**

When a person is found to be, or thought to be, suffering from an infection, it is necessary to consider the possible source and route of transmission in order to apply appropriate control measures, this may include isolating an individual from others within a care home or community based unit.

You may consider this to be not relevant in a person's home, however, if you are attending to an individual with an illness such as Norovirus infection there is the potential to isolate the toilet the individual uses if there is more than one toilet in the house, or disinfect toilet in between uses if only one available.

Within the care home setting it is important to promptly assess an individual for infection risk on their arrival.



### **People who may present an infection risk are those:**

- With diarrhoea and vomiting
- Unexplained rash
- Fever
- Respiratory symptoms
- Previously positive with multi drug resistant organisms such as MRSA or Carbapenemase Producing Enterobacteriaceae (CPE)
- Hospitalised outside Scotland in the last 12 months.

### **People can become infected in various ways:**

- By touching contaminated surfaces or coming into contact with someone who has an infection
- By breathing in or swallowing harmful microorganisms
- By microorganisms entering through a cut or wound
- From using contaminated care equipment.



## **Resident/Person Placement/Assessment of Infection Risk**

In the care home setting you may need to consider isolating a person in a single room ideally with their own toilet and hand washing facilities. This can be a frightening situation for the person affected, and their family and the reason for isolation must be explained.

Local procedures and policies on infection risk assessment must be followed and the infection risk documented and action taken.

The risk assessment should influence placement of a person according to clinical/care needs.

The assessment should be reviewed throughout the person's stay as per local procedures and policies.



**NOTE: Standard Infection Control Precautions (SICPs) may be insufficient to prevent transmission of some infections. Additional precautions called Transmission Based Precautions (TBPs) are required to be used by staff. Refer to the National Infection Prevention and Control Manual and/or local policy for further information on TBPs.**

**Remember:**

- Standard Infection Control Precautions must still be applied when additional precautions are in place.

# Hand Hygiene

**Hand hygiene is considered an important practice to prevent the spread of infections.**

Alcohol-based hand rub (ABHR) is the preferred product for hand hygiene in health and social care settings unless hands are visibly contaminated/soiled, or when there is likely to be exposure to spore forming organisms *Clostridioides difficile* (*C. difficile*) or infectious diarrhoeal diseases (Norovirus). In these circumstances hands should be washed with liquid soap and warm water.

Alcohol based hand rubs should contain 62-90% alcohol by volume and application of sufficient volume to cover all surfaces of the hands and rubbed in until dry – see technique on [page 32](#).



**NOTE:** Alcohol based hand rubs are not effective against gastrointestinal infections such as *Clostridioides difficile* (*C. difficile*) or Norovirus so if the person you are caring for has diarrhoea or vomiting it is recommended that hands are washed with liquid soap and warm water.

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

- Expose your forearms
- Remove all hand /wrist jewellery (a single, plain metal finger ring is permitted but should be removed or moved up during hand hygiene)
- Ensure finger nails are clean, short and that artificial nails or nail products are not worn
- Cover all cuts or abrasions you have with a waterproof dressing.

### **Skin care:**

- Dry hands thoroughly after hand washing using disposable paper towels
- Use an emollient hand cream regularly after washing hands for example when you are off duty or going on a break



### **Skin care: (continued)**

- Do not use or provide communal tubs of hand cream in the care setting
- Report to line manager or occupational health **if your hands become irritated and/or the integrity of your skin is broken.**

### **ALWAYS carry out hand hygiene:**

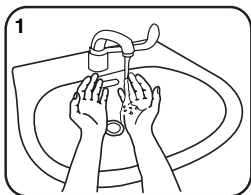
- Before touching a person
- Before clean/aseptic technique
- After body fluid exposure
- After touching a person
- After touching a person's immediate surroundings
- Before handling medication
- Before preparing/serving food
- After visiting the toilet
- Before putting on and removing PPE
- Between carrying out different care activities on the same person
- After cleaning care equipment
- After disposing of an individual's personal waste
- After handling dirty linen.

**Remember:**

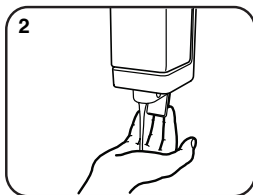
- Hands are covered in microorganisms - even if they look clean
- Hand hygiene is the most effective thing you can do to reduce the spread of infection
- Alcohol based hand rub can also be used in appropriate circumstances (as noted before).

**> See over for Hand Washing and Rubbing Actions**

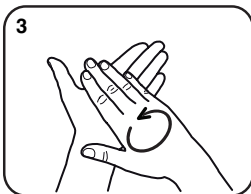
# Hand Washing Actions



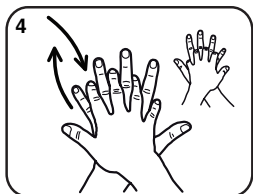
Wet hands with water



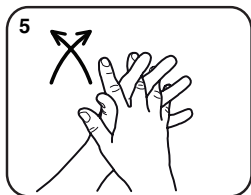
Apply enough soap to cover all hand surfaces



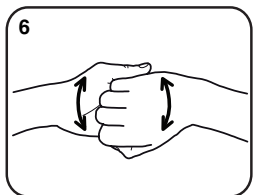
Rub hands palm to palm



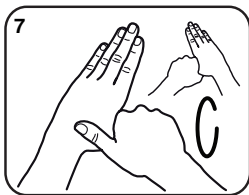
Right palm over the back of the other hand with interlaced fingers and vice versa



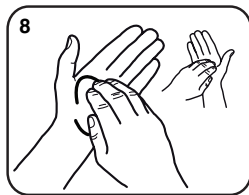
Palm to palm with fingers interlaced



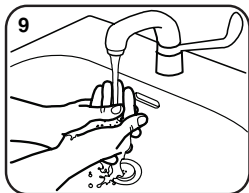
Backs of fingers to opposing palms with fingers interlocked



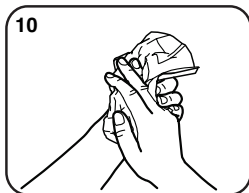
Rotational rubbing of left thumb clasped in right palm and vice versa



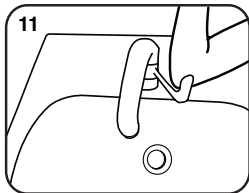
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



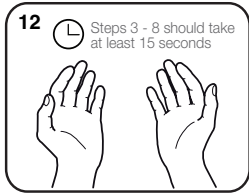
Rinse hands with water



Dry thoroughly with towel



Use elbow to turn off tap



...and your hands are safe

Based on the 'How to Handwash',

URL :[http://www.who.int/gpsc/5may/How\\_To\\_HandWash\\_Poster.pdf](http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf)

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# Hand Rubbing Actions

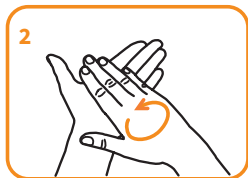
**Steps 2-7 should take at least 15 seconds.**



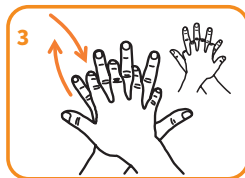
Duration of the entire procedure: **20-30 sec.**



Apply a palmful of the product in a cupped hand and cover all surfaces.



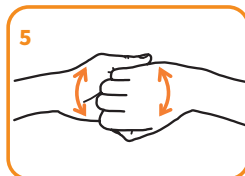
Rub hands palm to palm



Right palm over left dorsum with interlaced fingers and vice versa



Palm to palm with fingers interlaced

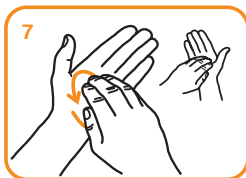


Backs of fingers to opposing palms with fingers interlocked





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



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



Once dry, your hands are safe

Based on the 'How to Handrub':  
[http://www.who.int/gpsc/5may/How\\_To\\_HandRub\\_Poster.pdf](http://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf)  
 © World Health Organization 2009. All rights reserved.

## Respiratory and Cough Hygiene



**Coughing and sneezing is a way in which our body tries to get rid of any harmful microbes and dust from the respiratory tract, i.e. from the nose, throat and lungs.**

In the case of colds and flu, millions of viral particles rush out of the nose and mouth and contaminating the surfaces on which they land, e.g. on exposed food or on our hands.

Using a disposable tissue to catch these harmful microbes by covering the nose and mouth and disposing of the tissue in the bin minimises the risk of cross transmission. The individuals you care for may need assistance to respiratory and cough hygiene and carry out hand hygiene.

Hands must be washed after wiping and blowing the nose or catching a sneeze or a cough because the virus will otherwise remain on the hands and can spread quickly, including onto everything you touch.

## Respiratory and Cough Hygiene



**NOTE:** Hand wipes should not be used for hand hygiene unless there is no running water available. Staff using hand wipes should follow their use with Alcohol Based Hand Rub (ABHR) and should wash their hands at the first available opportunity.

Disposable tissues are much more hygienic than cotton handkerchiefs. Tissues should be readily accessible to everyone and all should be encouraged to use a tissue only once, throw it away immediately and to wash their hands afterwards.

### Remember:

- Catch it; Bin it; Kill it
- Use a disposable tissue to catch your sneeze or cough
- Discard tissues immediately after use
- Encourage and assist others to adopt good respiratory hygiene practices
- Keep contaminated hands away from the mucous membranes of the eyes and nose
- Perform hand hygiene.

## Personal Protective Equipment




The use of Personal Protective Equipment (**PPE**) such as disposable plastic aprons and disposable gloves is a requirement of health and safety legislation. PPE protects you (your uniform/personal clothing) from direct contact with any potential blood and/or body fluid contact.

### Disposable Gloves must be:

- Worn when exposure to blood and body fluids is anticipated or likely
- Changed for each person you are caring for, and each new task
- Changed if torn or puncture is suspected
- Appropriate for use and well fitting, fit for purpose and not interfere with dexterity.

## Personal Protective Equipment



**NOTE: Jewellery must not be worn under gloves (a single plain metal finger ring is permitted). NEVER carry gloves in your pocket, wash gloves or reuse disposable gloves. Hands must be washed after removal of gloves.**

### **The correct procedure to remove gloves is to:**

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in the gloved hand
- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove
- Ensure safe disposal in waste bag/bin.

## **Aprons**

Aprons should be worn to protect your uniform or clothes when contamination is anticipated/likely e.g. when in direct contact with a person you are caring for. As with disposable gloves, aprons should be changed for each person you are caring for and each new task.

### **You should always assume your worn apron is contaminated and remove safely by:**

- Unfasten or break ties
- Touching only the inside of the apron, pull the apron away from neck and shoulders
- Fold or roll into a bundle
- Ensure safe disposal in waste bag/bin
- Perform hand hygiene.

### **Eye/Face Protection (including full-face visors)**

They must not be impeded by accessories such as piercings/false eyelashes. Remove at the end of procedure/task and disposed of if single use, or decontaminated after use if reusable.

**NOTE: Regular corrective spectacles are not considered eye protection. For further information on Eye/Face Protection refer to local policy.**

### **Remember:**

- Personal Protective Equipment is a requirement of health and safety legislation
- Disposable gloves and aprons must be used only once then discarded
- Gloves should be removed first, followed by apron
- Perform hand hygiene after you finish removing all PPE.

# Safe Management of Care Equipment

**Care equipment can become contaminated with blood, other body fluids, secretions and excretions and transfer microorganisms during the delivery of care. Cleaning and maintaining equipment is essential to prevent people acquiring an infection.**

**Care equipment can generally be categorised as either:**



## **Single Use**

(equipment such as dressing packs or syringes)

- These must never be re-used again even if they look in a good condition
- These must be disposed of safely after use.

## **Single Patient Use**

(e.g. items such as an oxygen mask or hoist slings)

- These are used for one person only and cannot be shared
- They need to be cleaned after each use or cleaned regularly if in continuous use.





# Safe Management of Care Equipment

## Communal

(e.g. a wheelchair or commode that is being used for more than one person)

- These must be cleaned regularly and between use by different people
- These must be cleaned after blood and/or body fluid contamination as per local policy
- These must be cleaned at predefined intervals as part of equipment cleaning protocols
- These must be cleaned before inspection, servicing or repair.

When cleaning all reusable communal equipment it must be washed, rinsed and dried thoroughly, and stored clean and dry between uses. Cleaning and maintaining equipment is essential to prevent vulnerable and susceptible people acquiring an infection.

## **Remember:**

- Adhere to manufacturers' guidance for use and decontamination of all care equipment
- An equipment decontamination status certificate will be required if any item of equipment is being sent to a third-party, e.g. for inspection, servicing or repair
- You should be aware of equipment items that are single use and should be discarded and those that are communal and can be cleaned
- You should have a good understanding of equipment cleaning procedures
- Always read and follow product/manufacture's cleaning guidelines on the use of equipment
- Wear PPE, i.e. disposable gloves and apron when cleaning equipment
- Perform hand hygiene after every task.

## Safe Management of Care Environment

### **A clean environment can help to reduce the spread of infection.**

There are many areas in the home care settings that become easily contaminated with microorganisms, e.g. toilets, waste bins, kitchen surfaces. Furniture and floorings in a poor state of repair can harbour microorganisms in hidden cracks or crevices.

To minimise the spread of infection, the environment must be kept as clean and dry and where possible clear from litter or non-essential items and equipment.

Use of a general-purpose neutral detergent and hand-hot water is usually enough to make sure the environment is clean and safe. A fresh solution should be made up for each cleaning task (always check manufacturer's instructions regarding amount to use), and should be changed when dirty or at 15 minute intervals.

It may be useful to have a regular routine/schedule for cleaning tasks/areas required on a daily or weekly basis. Ensure the cleaning equipment you use is fit for purpose and is not a potential source of infection itself.

If you are concerned that the environment may be causing a potential risk of infection you may wish to discuss this with the person you care for and/or their family. You should also report this to your line manager/supervisor.

**Remember:**

- Where possible maintain a clutter and dust free, clean environment to prevent infection
- The use of freshly-made general purpose neutral detergent solutions for each task is usually enough to keep it clean
- Do not use antiseptics or hand hygiene products for environmental cleaning
- Perform hand hygiene after environmental cleaning tasks.



## Safe Management of Linen

**Linen includes bed linen, pillowcases, towels, curtains and personal clothing.**

**Used linen harbours large numbers of microorganisms.**

There are three categories of linen:

- **Clean** – Linen washed and ready for use
- **Used** – All used linen in the care setting not contaminated by blood or body fluids
- **Infectious** – All linen used by a person known, or suspected to be, infectious and linen that is contaminated with blood or body fluids, e.g. faeces.

Used or infectious linen may also be categorised as heat-labile:

- **Heat-labile** – is linen, usually personal clothing, where a label states a lower recommended washing temperature.

## Clean Linen

- Clean linen should be stored in a clean, designated area
- Clean linen stored on a trolley must be completely covered with a waterproof covering
- Clean linen deemed unfit for re-use, e.g. torn, should be returned to laundry for disposal or disposed of locally.

## For all used Linen (previously known as soiled linen):

- Put on disposable gloves and apron prior to handling used linen
- Ensure a laundry receptacle is available as close to the point of use (if available in your care environment)
- Roll or fold into a bundle and place into the correct laundry bag for linen that is used
- In a person's own home you may place the linen in a laundry basket or directly into the washing machine, but you should discuss this with the householder
- Perform hand hygiene on removal of personal protective equipment (PPE).



## Safe Management of Linen (continued)

### Do not:

- Shake, sort or rinse linen following removal from bed
- Place used linen on floor or other surfaces
- Re-handle linen once bagged
- Overfill laundry receptacle.

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

Infectious linen has been used by the patient/person who is known or suspected of being infectious and/or the linen is contaminated with blood or other body fluids.

If the used linen is contaminated with urine, faeces or vomit, put on disposable gloves and apron and using paper towels/kitchen roll remove any solid matter and dispose of either in the toilet or inside a leak-proof bag and placed in the correct waste bin.



Infectious linen should be placed directly into a water soluble laundry bag and secured before placing into a clear plastic bag then placed into a laundry receptacle. Water-soluble laundry bags should only be used if linen is to be laundered in an industrial washing machine and not a domestic type machine.

### **Colour coding of outer linen bags**

Linen bags are colour coded to denote the various categories of linen e.g. used linen or infectious linen. For further information refer to your local policy.

**NOTE: Water soluble laundry bags should be used for linen assessed as being infectious, i.e. soiled with blood or body fluids which can be put directly into a washing machine. It is important that these bags are used as directed by the manufacturers.**

If you would like to know more information about laundering linen in a person's home please see:

**[https://www.nipcm.scot.nhs.uk/media/1758/1\\_washing-clothes-home-english.pdf](https://www.nipcm.scot.nhs.uk/media/1758/1_washing-clothes-home-english.pdf)**



## Safe Management of Linen (continued)

Microorganisms are destroyed by heat and detergent and by the dilution effect of the water, preferably in the washing machine.

- Use as hot a programme that the linen allows.
- Further organisms are killed by tumble drying and ironing.

You should remove apron and gloves you have worn when handling the clean linen.

### **For Staff Uniforms:**

- Follow local policy for the laundry of staff uniforms or staff uniforms contaminated with blood or body fluids.

### **Remember:**

- Do not mix clean and used linen
- Do not shake, steep or rinse used/infectious linen
- Wear PPE for handling linen that is used/infectious
- Perform hand hygiene after all handling of used linen.

## **Safe Management of Blood and Body Fluid Spillages**

**Spillages of blood and other body fluids are hazardous and must be dealt with as soon as possible. Spillages must be decontaminated immediately by staff trained to undertake this safely. Responsibilities for the decontamination of blood and body fluid spillages should be clear within each area/care setting. There are different products available for cleaning up after blood and body fluid spillages.**

**There are two procedures for dealing with a blood or body fluid spillage with visible blood (not urine), one is with chlorine releasing granules/agent and the second is if you do not have chlorine releasing products available. You must follow your local policy.**



## Safe Management of Blood and Body Fluid Spillages

**If the spillage involves blood or a body fluid with visible blood (not urine, vomit or faeces) and you have chlorine releasing granules/agent available:**

- Ensure all cuts and grazes are covered
- Put on PPE, i.e. non-sterile disposable gloves and apron
- Apply chlorine releasing granules
- If granules are not available follow local policy and place paper towels over the spillage to absorb and contain it, apply a solution of **10,000 parts per million (ppm)** available chlorine releasing agent to the paper towels
- Follow manufacturer's instructions on contact time or leave for 3 minutes
- Discard waste into healthcare waste bag or disposable, leak-proof plastic bag
- Wash area with solution of general purpose neutral detergent
- Dry area with paper towels/kitchen roll
- Discard paper towels/kitchen roll and PPE in appropriate waste bag
- Carry out hand hygiene.

**If the spillage involves blood and body fluid and you do not have chlorine releasing granules/agent available:**

- Ensure all cuts and grazes are covered
- Put on PPE, i.e. non-sterile disposable gloves and apron
- Prepare a solution to clean the spillage as per local policy and ensure you follow the product/manufacturers' instructions
- Place paper towels/kitchen roll over the spillage and apply the disinfectant solution to the paper towels/kitchen roll
- Allow the disinfectant solution, paper towels/kitchen roll to soak up the spillage
- Scoop up the paper towels/kitchen roll and place into a disposable, leak-proof plastic bag
- Wipe up any disinfectant solution left after clearing the spillage
- Using paper towels/kitchen roll soaked in general purpose neutral detergent solution, wipe down the spill area
- Wipe the area dry with paper towels/kitchen roll

## Safe Management of Blood and Body Fluid Spillages

- Ventilate the room if possible and keep any pets away until the area.

### If the spillage involves urine, vomit or faeces:

- **Do not** use chlorine-releasing agent or chlorine-based disinfectants, e.g. household bleach directly on to a urine spillage
- Ensure all cuts and grazes are covered
- Put on PPE, i.e. non-sterile disposable gloves and apron
- Soak up urine and/or remove any gross soiling with paper towels/kitchen roll
- If urine spillage a gelling agent can be used if available
- Decontaminate area with a solution of **1,000 parts per million (ppm)** available chlorine or combined detergent/chlorine releasing solution with a concentration of 1,000 ppm, or disinfectant as per local policy

- Follow manufacturer's instruction on contact time
- Wash area with solution of general-purpose neutral detergent and warm water and paper towels/kitchen roll
- Dry area with paper towels/kitchen roll
- Discard paper/kitchen roll into a disposable, leak-proof plastic bag
- Perform hand hygiene on removal of PPE.

**NOTE: If no paper towel/kitchen roll is available a disposable cloth must be used.**

**Remember:**

- Deal with spillages immediately
- Use PPE, i.e. disposable gloves and apron
- Follow product/manufacturer's instructions on disinfectant and detergent solutions
- Do not use chlorine-releasing disinfectants on urine spillages or soft furnishings
- Perform hand hygiene on removal of all PPE.

## Safe Disposal of Waste (Including Sharps)

**Caring for others produces many different types of waste. In the community setting waste is often disposed through the domestic waste route, however, some waste produced requires special handling and disposal, e.g. sharps, and waste generated from people who have or may have an infection.**

Health and safety issues must be considered and risks assessed and managed appropriately. This should ensure that contaminated waste is disposed of correctly and does not cause subsequent harm. Occasionally, collection arrangements for special equipment or contaminated waste may be required.

### Categories of Waste

- **Healthcare (including clinical)** waste is produced as a direct result of healthcare activities e.g. soiled dressings, sharps
- **Special (hazardous)** waste arises from the delivery of healthcare in both clinical and non-clinical settings. Special waste includes a range

of controlled wastes, defined by legislation, which contain dangerous or hazardous substances, e.g. chemicals, and pharmaceuticals

- **Domestic waste** – must be segregated at source into:
  - **Dry recyclates** (glass, paper and plastics, metals, cardboard)
  - **Residual waste** (any other domestic waste that cannot be recycled).

**NOTE:** Care home waste disposal may differ from categories described and guidance from local contractors will apply.

## Waste Streams

Waste bags in care settings may be colour coded to denote the various categories of waste. Local procedures and policies on waste disposal must be followed.

Yellow and black striped bags (tiger stripe) may be in use in care homes for the disposal of offensive/hygiene waste (previously known as sanpro waste). Examples of offensive/hygiene waste include incontinence products, sanitary waste and nappies.





# Safe Disposal of Waste (Including Sharps)

## Safe Disposal of Waste

- Always use appropriate personal protective equipment (PPE)
- Dispose of immediately and as close to the point of origin as possible
- Use a 'swan neck' technique for closure of the bag and label with date and location as per local policy
- Dispose of into the correct UN 3291 approved waste bin or sharps container
- Waste bins should never be overfilled, i.e. once threequarters full, tie them up and put into the main waste bin
- Have a schedule for emptying the household bins at the end of the day, and during the day if required
- All waste bins should be cleaned regularly with a general purpose neutral detergent
- Waste should be stored in a safe place whilst awaiting uplift
- When you have finished handling waste remove PPE and perform hand hygiene.



## Sharps

Used needles or lancets must not be re-sheathed and all sharps must be discarded directly into a sharps container.

### Sharps containers must be:

- Taken to the place where the procedure is taking place and the sharp immediately disposed of after use
- Only filled to the mark that indicates that the bin is full – that is no more than three-quarters
- Not be placed on the floor and the **temporary closure mechanism must be activated when not in use**
- Labelled with date and origin of closure.

## Safe Disposal of Waste (Including Sharps)

When disposing of sharps in the community you need to consider the risk to you and the person you care for.

- If any sharps containers are left in the home a full risk assessment must be undertaken by a healthcare professional prior to issue/supply to ensure the safe handling and disposal of sharps and sharps containers. If transporting a sharps container in the boot of the car the temporary closure mechanism must be activated and must be checked and secure
- Where patients/clients/residents/service users are involved in administering their own injections, they should be encouraged to safely dispose of the sharps directly into the sharps container.

Follow local guidance on the types of container to be used and whether they can be transported by car or carried by hand.

**Remember:**

- Wear disposable gloves and apron when dealing with waste
- Never overfill waste bags
- Always perform hand hygiene immediately after handling waste of any kind
- Always ensure that sharps containers are assembled correctly, not stored on the floor and temporary closure mechanisms are used in between uses.

# **Occupational Safety: Prevention and Exposure Management (Including Sharps)**

**You may on occasions be exposed to items or substances that have the potential to be harmful. Following the Standard Infection Control Precautions will help protect yourself and others from harm.**

## **Exposure:**

This means coming into contact with blood/body fluid, e.g. splashes of blood or urine.

A significant occupational exposure is:

- Any injuries from a needle, instrument, or bite which break the skin (percutaneous injury)
- Exposure of broken skin (abrasions, cuts, eczema, etc)
- Exposure of mucous membranes including the eye from splashing of blood or body fluids.

## **If you are exposed by splashes:**

- Skin should be washed with liquid soap and warm water
- Personal Protective Equipment that is splashed should be changed immediately

- Splashes to the eyes or mouth should be rinsed immediately in water
- If you wear contact lenses remove them before you irrigate
- Do not swallow the water you have used to rinse your mouth.

## Sharps

You may need to deal with sharps such as broken glass, razor blades, scissors – in fact anything that can cut or puncture the skin as well as the more obvious sharps such as needles.

Needlestick injury is the most commonly reported injury amongst health and social care staff and has the potential of transferring bacteria and viruses including the transmission of blood-borne virus, e.g. hepatitis B, hepatitis C and HIV.

Should an injury occur that breaks the skin you should act immediately.

- Encourage the wound to bleed
- Do not suck the wound area or shake it
- Gently wash under running warm water with ordinary liquid soap and do not scrub



## Occupational Safety: Prevention and Exposure Management (Including Sharps)

- Dry, then cover the area with a waterproof dressing
- Ensure the item that caused the injury is disposed of safely.

Any exposure to spillages or sharps should be reported to your supervisor/line manager and you should follow the specific accident reporting policy in your setting.

### **Remember:**

- Following the Standard Infection Control Precautions can protect you from harm
- Follow the safe use and disposal of sharp items precautions
- Always take the sharp disposal container to where you perform the procedure
- If exposure occurs – bleed, wash, cover
- Follow your local reporting systems following all incidents or injury.



## Norovirus Scenario and Related SICPs

**The following scenario offers learning opportunities related to the application of the Standard Infection Control Precautions (SICPs) outlined in this pocket guide. The SIPC icons that appear throughout the scenario will indicate the chapter of the pocket guide where you can access further knowledge and guidance.**


The scenario takes place in a care home setting, however, throughout the scenario it is encouraged that you relate the key learning points to your own practice setting and note any points for discussion within your care team.

### **Clear View Care Home – Evening handover**

Mrs Brown has had a very unsettled evening; she has not eaten her dinner and has had three episodes of sudden vomiting tonight. She is also complaining of stomach pains and has been up to the toilet on three occasions with loose watery stools. She has had no history of loose stool or vomiting until today, and has had no recent change to diet or medication.





## Norovirus Scenario and Related SICPs



Mrs Brown has gone to her room and has asked to go to bed earlier than normal as she feels so unwell. Until we can prove otherwise we will treat Mrs Brown with **possible Norovirus**. We have contacted her family and advised them of her condition and ask that they restrict their visiting at least for now and that they will have to carry out **hand hygiene with soap and water** if they wish to visit. Refer to 


We have requested that no more than two people visit at any given time. Please alert visitors that if they have any underlying illness not to visit or if they are showing symptoms **do not visit until they have been clear of symptoms for at least 48 hours**.

We have explained to Mrs Brown that **she requires to be separated from the other residents** and remain in her room until 48 hours after her symptoms subside to prevent further spread of the Norovirus infection and she has been reassured that we will be able to visit her room regularly to look after her and provide her some company.


There is also a call bell provided should she require assistance. Refer to 






PPE is available for any staff entering the room. There is a soap dispenser and paper towels at Mrs Brown's handwashing facilities for all staff and visitors to use on entry and on leaving her room. Please remember that **Alcohol Based Hand Rub is not effective against hands contaminated with the Norovirus infection** therefore please use the soap and water provided. Refer to  

A stool sample should be collected and sent to the laboratory. **Gloves and aprons should be worn** and once PPE is removed, hands should be washed with liquid soap and water. Refer to  


We ask that restricted staff on each shift take care of all Mrs Brown's needs and that we clean and **remove any unnecessary clutter, furniture or equipment**. Please ensure minimal movement in and out of her room but do take the opportunity on each visit to provide company if required. Refer to 

## Norovirus Scenario and Related SICPs



With Mrs Brown's daughters' permission we have agreed to launder all Mrs Brown's clothes and her bed linen and we should do this by washing them separately from our other residents' linen and at the hottest temperature the garments allow. If any **linen or clothing is soiled they must be treated as infected** therefore please use the water-soluble bags provided and insert into a clear bag to be taken to the laundry room. If possible, please tumble dry and iron the items as indicated on the garment labels. Refer to 

If Mrs Brown's vomiting and/or diarrhoea persist please use the paper towels to soak up any spillages and **clean using a disinfectant solution of chlorine releasing agent 1000ppm** following manufacturer's instructions. Place all infected waste into the plastic bags that have been left in her bathroom before removing and discarding your PPE and performing hand hygiene. Refer to     

For Mrs Brown's comfort and convenience we have provided a commode by her bed. After use, please **clean it thoroughly with the disinfectant provided** and rinse it thoroughly before drying. Do not remove it from the room. Use the same procedure for all the sinks and toilet, and as normal practice, use a separate disposable cloth for each piece of equipment/furniture/surface and dispose as above after use.

Monitor and record Mrs Brown's symptoms for signs of her condition worsening or improving so that once she has been 48 hours free of symptoms we can ensure she joins in with the other residents. Refer to 

Finally, if you begin to feel any symptoms of **Norovirus or any other transmissible infectious such as flu please let the duty manager know as you should not be at work.**

If you suspect you may have the symptoms of Norovirus you must refrain from returning to work until you are 48 hours free of any symptoms. Refer to  

Reflecting on the scenario, please consider any points for discussion within your care team.

## Additional Resources

Below are additional resources available to support the application and implementation of the Standard Infection Control Precautions within your care setting.

### **NHS Education for Scotland Resources**

#### **Scottish Infection Prevention and Control Education Pathway (SIPCEP)**

The Foundation Layer of the pathway comprises a range of resources covering all 10 Standard Infection Control Precautions and other introductory IPC topics. These learning resources are aimed at staff and students new to health and social care, but are also suitable for more experienced staff in any care setting who want to refresh their knowledge or update their skills.

You will find details of all the education resources on the NES website at [www.nes-hai.info](http://www.nes-hai.info). Information is also included in our bi-monthly newsletter, which you can subscribe to via our website.

## **ARHAI Scotland Resources**

### **National Infection Prevention and Control Manual (NIPCM)**

The manual is evidence based and intended for use by all those involved in care provision in Scotland. You can find the manual at [\*\*www.nipcm.hps.scot.nhs.uk\*\*](http://www.nipcm.hps.scot.nhs.uk)

### **National Infection Prevention and Control Manual for Older People and Adult Care Homes (CH IPCM)**

The CH IPCM is a practice guide for use in care homes, which when used, can help reduce the risk of infections and ensure the safety of those being cared for, staff and visitors in the care home environment. You can find the manual at [\*\*https://www.nipcm.scot.nhs.uk/infection-prevention-and-control-manual-for-older-people-and-adult-care-homes/\*\*](https://www.nipcm.scot.nhs.uk/infection-prevention-and-control-manual-for-older-people-and-adult-care-homes/)

# Preventing Infection in Social Care Settings

(including community, care home  
and homely settings)

**NESD0983**

**Spring 2022**

This resource may be made available, in full or summary form, in alternative formats and community languages.

Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.

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