



National Infection Prevention and Control Manual

This is an abridged version of the full Manual. The full version, with videos, can be found on our website at www.realcareagency.com under 'Staff and Services', then 'Staff Documents'.

The NHS Scotland National Infection Prevention and Control Manual (NIPCM) was first published on 13 January 2012, by the Chief Nursing Officer and updated on 17 May 2012.

The NIPCM provides IPC guidance to all those involved in care provision and is considered best practice across all health and care settings in Scotland.

The re-launch of the NIPCM by the CNO on 11 July 2022 emphasises the ongoing importance of application of Infection Prevention and Control (IPC) guidance within health and care settings across Scotland.

Find out more about the NIPCM

You can find out more about the NIPCM by going to the [About the manual webpage](#).

Disclaimer

When an organisation e.g. when a health and care setting uses products or adopts practices that differ from those stated in this National Infection Prevention and Control Manual, that individual organisation is responsible for ensuring safe systems of work including the completion of a risk assessment approved through local governance procedures.

Responsibilities

Managers of all services must ensure that staff:

- are aware of and have access to this manual
- have had instruction/education on infection prevention and control through attendance at events and/or completion of training (for example via NHS Education for Scotland (NES) and/or local board or organisation)
- have adequate support and resources available to enable them to implement, monitor and take corrective action to ensure compliance with this manual. If this cannot be implemented a robust risk assessment detailing deviations from the manual and appropriate mitigation measures must be undertaken and approved through local governance procedures.
- with health concerns (including pregnancy) or who have had an occupational exposure relating to the prevention and control of infection are timeously referred to the relevant agency, for example General Practitioner, Occupational Health or if required Accident and Emergency
- have undergone the required health checks or clearance (including those undertaking Exposure Prone Procedures (EPPs))
- include infection prevention and control as an objective in their Personal Development Plans (or equivalent)

Staff providing care must ensure that they:

- understand and apply the principles of infection prevention and control set out in this manual
- maintain competence, skills and knowledge in infection prevention and control through attendance at education events and/or completion of training, for example NHS Education for Scotland (NES) and/or local board or organisation
- communicate the infection prevention and control practices to be taken to appropriate colleagues, those being cared for, relatives and visitors without breaching confidentiality
- have up to date occupational immunisations/health checks/clearance requirements as appropriate
- report to line managers and document any deficits in knowledge, resources, equipment and facilities or incidents that may result in transmission of infection including near misses e.g sharps or PPE failures
- do not provide care while at risk of potentially transmitting infectious agents to others - if in any doubt they must consult with their line manager, Occupational Health Department, Infection Prevention and Control Team (IPCT) or Health Protection Team (HPT)
- contact HPT/IPCT if there is a suspected or actual HAI incident/outbreak

Infection Prevention and Control Teams (IPCTs) and Health Protection Teams (HPTs) must:

- engage with staff to develop systems and processes that lead to sustainable and reliable improvements in relation to the application of infection prevention and control practices
- provide expert advice on the application of infection prevention and control in all care settings and provide support to develop individual or organisational risk assessments where deviations from the NIPCM are necessary
- have epidemiological or surveillance systems capable of distinguishing patient case or cases requiring investigations and control
- complete documentation when an incident/outbreak or data exceedence is reported (IPCTs should ensure application of the HIIAT where applicable and report incidents and outbreaks using the ORT as outlined by the HIIAT).

Last updated: 4 October 2021

Chapter 1 - Standard Infection Control Precautions (SICPs)



Standard Infection Control Precautions (SICPs), covered in this chapter are to be **used by all staff, in all care settings, at all times, for all patients¹ whether infection is known to be present or not** to ensure the safety of those being cared for, staff and visitors in the care environment.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agent from both recognised and unrecognised sources of infection. Sources of (potential) infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes, any equipment or items in the care environment that could have become contaminated and even the

environment itself if not cleaned and maintained appropriately.

The application of SICPs during care delivery is determined by an assessment of risk to and from individuals and includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

To be effective in protecting against infection risks, SICPs must be applied continuously by all staff. The application of SICPs **during care delivery** must take account of;

- risk to and from the individual for whom care is being provided
- the task to be undertaken
- level of interaction
- the anticipated level of exposure to blood and/or other body

Doing so allows staff to safely apply each of the 10 SICPs by ensuring effective infection prevention and control is maintained.

SICPs implementation monitoring must also be ongoing to demonstrate safe practices and commitment to patient, staff and visitor safety.

Further information on using SICPs for Care at Home can be found on the [NHS National Education Scotland \(NES\) website](#).

¹The use of the word 'Persons' can be used instead of 'Patient' when using this document in non-healthcare settings.

Last updated: 10 May 2022



1.1 Patient Placement/Assessment for infection risk

Patients must be promptly assessed for infection risk on arrival at the care area (if possible, prior to accepting a patient from another care area) and should be continuously reviewed throughout their stay. This assessment should influence patient placement decisions in accordance with clinical/care need(s).

Patients who may present a particular cross-infection risk should be isolated on arrival and appropriate clinical samples and screening undertaken as per national protocols to establish the causative pathogen. This includes but is not limited to patients:

- With symptoms such as loose stools or diarrhoea, vomiting, fever or respiratory symptoms. This includes COVID-19 (see COVID-19 respiratory symptom assessment questions and testing requirements)
- With a known (laboratory confirmed) or suspected infectious pathogen for which appropriate duration of precautions as outlined in [A-Z pathogens](#) are not yet complete.
- Known or suspected to have been previously positive with a Multi-drug Resistant Organism (MDRO) e.g MRSA, CPE.
- Who have been a close contact of a person who has been colonised or infected with CPE in the last 12 months.
- Who have been hospitalised outside Scotland in the last 12 months (including those who received dialysis).



1.2 Hand Hygiene

Hand hygiene is considered an important practice in reducing the transmission of infectious agents which cause infections.

Hand washing sinks must only be used for hand hygiene and must not be used for the disposal of other liquids.

Before performing hand hygiene:

- expose forearms (bare below the elbows)
- remove all hand/wrist jewellery* including any embedded jewellery (a single, plain metal finger ring or ring dosimeter (radiation ring) is permitted but should be removed (or manipulated) during hand hygiene);

bracelets or bangles such as the Kara which are worn for religious reasons should be able to be pushed higher up the arm and secured in place to enable effective hand hygiene which includes the wrists;

- ensure fingernails are clean, short and that artificial nails or nail products are not worn; and
- cover all cuts or abrasions with a waterproof dressing.

Hand washing should be extended to the forearms if there has been exposure of forearms to blood and/or body fluids.

*For health and safety reasons, Scottish Ambulance Service Special Operations Response Teams (SORT) in high-risk situations require to wear a wristwatch.

To perform hand hygiene:

Alcohol Based Hand Rubs (ABHRs) must be available for staff as near to point of care as possible. Where this is not practical, personal ABHR dispensers should be used.

Application of sufficient volume of ABHR to cover all surfaces of the hands is important to ensure effective hand hygiene. Manufacturer's instruction should be followed for the volume of ABHR required to provide adequate coverage for the hands. In the absence of manufacturers instructions, volumes of approximately 3ml are recommended to ensure full coverage.

Perform hand hygiene:

The World Health Organization's '5 moments for hand hygiene' should be used to highlight the key indications for hand hygiene.

1. before touching a patient
2. before clean/aseptic procedures. If ABHR cannot be used, then antimicrobial liquid soap should be used
3. after body fluid exposure risk
4. after touching a patient
5. after touching a patient's immediate surroundings

Some additional examples of hand hygiene moments include but are not limited to:

- before handling medication
- before preparing food
- before donning (putting on) and after doffing (taking off) PPE
- after visiting the toilet
- between carrying out different care activities on the same patient
- after cleaning and disinfection procedures
- after handling waste

Wash hands with non-antimicrobial liquid soap and water if:

- hands are visibly soiled or dirty
- hands are potentially contaminated with blood, other body fluids or excretions
- caring for patients with vomiting or diarrhoeal illnesses;
- caring for a patient with a suspected or known gastro-intestinal infection, for example Norovirus or a spore forming organism such as *Clostridioides difficile*

Hands should be washed with warm/tepid water to mitigate the risk of dermatitis associated with repeated exposures to hot water and to maximise hand washing compliance. Compliance may be compromised where water is too hot or too cold. Hands should be dried thoroughly following hand washing using a soft, absorbent, disposable paper towel from a dispenser which is located close to the sink but beyond the risk of splash contamination.

In all other circumstances use ABHRs for routine hand hygiene during care.

Staff working in the community should carry a supply of ABHRs to enable them to perform hand hygiene at the appropriate times.

Where staff are required to wash their hands in the service user's own home they should do so for at least 20 seconds using any hand soap available.

Once hands have been thoroughly dried, ABHR should be used.

The use of antimicrobial hand wipes is only permitted where there is no access to running water.

Staff must perform hand hygiene using ABHR immediately after using the hand wipes and perform hand hygiene with soap and water at the first available opportunity.

Skin care:

- Alcohol based hand rubs when used for hand hygiene should contain emollients in their formulation.
- Warm/tepid water should be used to reduce the risk of dermatitis; hot water should be avoided.
- Pat hands dry thoroughly after hand washing using disposable paper towels; avoid rubbing which may lead to skin irritation/damage.
- Use an emollient hand cream during work and when off duty.
- Do not use refillable dispensers or provide communal tubs of hand cream in the care setting.
- Staff with skin problems should seek advice from Occupational Health or their GP.



1.3 Respiratory and Cough Hygiene

Respiratory and cough hygiene is designed to minimise the risk of cross-transmission of respiratory illness (pathogens):

- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose. If a disposable tissue is not available use elbow to cover the nose and mouth when coughing or sneezing.
- Patients showing symptoms of respiratory illness should be encouraged to wear a surgical (TYPE II R FRSM) face mask where it is clinically safe and tolerated by the wearer.
- Dispose of used tissues and face masks promptly into a waste bin.
- In the absence of disposable tissues and hand hygiene facilities only, individuals should cough or sneeze into their elbow/sleeve.
- Wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- Where there is no running water available or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity.
- Keep contaminated hands away from the eyes nose and mouth.

Staff should promote respiratory and cough hygiene helping those (e.g. elderly, children) who need assistance with this e.g. providing patients with tissues, plastic bags for used tissues and hand hygiene facilities as necessary.

1.4 Personal Protective Equipment



Before undertaking any care task or procedure staff should assess any likely exposure to blood and/or body fluids and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

All PPE should be:

- located close to the point of use;
- stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to);
- single-use only items unless specified by the manufacturer;
- changed immediately after each patient and/or following completion of a procedure or task;
- and

- disposed of after use into the correct waste stream i.e. healthcare waste or domestic waste.

Gloves must:

- be worn when exposure to blood, body fluids, (including but not limited to secretions and/or excretions), non-intact skin, lesions and/or vesicles, mucous membranes, hazardous drugs and chemicals, e.g. cleaning agents is anticipated/likely. (**Scottish National Blood Transfusion Service (SNBTS) adopt practices that differ from those stated in the National Infection Prevention and Control Manual**);
- Gloves are a single-use item and should be donned immediately prior to exposure risk and should be changed immediately after each use or upon completion of a task;
- never be worn inappropriately in situations such as; to go between patients, move around a care area, work at IT workstations;
- be changed if a perforation or puncture is suspected or identified;
- be appropriate for use, fit for purpose and well-fitting;
- not be worn as a substitute to hand hygiene.

Double gloving is only recommended during some Exposure Prone Procedures (EPPs) e.g. orthopaedic and gynaecological operations or when attending major trauma incidents and when caring for a patient with a suspected or known High Consequence Infectious disease. Double gloving is not necessary at any other time.

Aprons must be:

- worn to protect uniform or clothes when contamination is anticipated/likely
- when in direct care contact with a patient or their immediate environment e.g providing toileting support or changing bed linen;
and
- changed between patients and following completion of a procedure or task.

Full body gowns/Fluid repellent coveralls must be:

- worn when there is a risk of extensive splashing of blood and/or other body fluids e.g. in the operating theatre;
- worn when a disposable apron provides inadequate cover for the procedure/task being performed;
- changed between patients and immediately after completion of a procedure or task.

The choice of apron or gown is based on a risk assessment and anticipated level of body fluid exposure. Routine sessional use of gowns/aprons is not permitted.

Eye/face protection must:

- be worn if blood and/or body fluid contamination to the eyes/face is anticipated/likely and always during [Aerosol Generating Procedures](#).
- be worn by all scrubbed members of the surgical team for all surgical procedures;
- not be impeded by accessories such as piercings/false eyelashes;
- not be touched when worn;
- cover the full peri-orbital region and wrap around the sides of the face;
- be removed or changed in accordance with manufacturer's instructions, if vision is compromised through contamination with blood or body fluids, if the integrity of the equipment is compromised, at the end of a clinical procedure/task and/or prior to leaving the dedicated clinical area.

Regular corrective spectacles and safety spectacles are not considered eye protection.

Fluid Resistant Type IIR surgical face masks must be:

- worn by a patient known or suspected to be infected with a micro-organism spread by the droplet or airborne route when leaving their room or when moving between clinical areas including transfers by portering staff and ambulance services.
- worn if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated/likely;
(as part of SICPs a full face visor may be used as an alternative to fluid resistant Type IIR surgical face masks to protect against splash or spray.)
- worn in combination with a full face shield, integrated half face shield or goggles for AGPs on non-infectious patients;
- worn to protect patients from the operator as a source of infection when performing invasive spinal procedures such as myelography, lumbar puncture and spinal anaesthesia ,inserting a Central Vascular Catheter (CVC), performing intra-articular (joint) injections;
- well fitting and fit for purpose (fully covering the mouth and nose);
- removed or changed;
 - at the end of a procedure/task;
 - if the integrity of the mask is breached, e.g. from moisture build-up after extended use or from gross contamination with blood or body fluids;
and
 - in accordance with specific manufacturers' instructions.

Transparent face masks

Transparent face masks may be used to aide communication with patients in some settings

Transparent face masks must;

- meet the specification standards of the [Transparent face mask technical specification \(Department of Health and Social Care - November 2021\)](#);and
- have been approved by the UK Transparent Mask review group for use within health and social care settings
- only be worn in areas where Fluid Resistant Type IIR surgical face masks are used as personal protective equipment.

Further information can be found in:

- [aerosol generating procedures literature review](#)
- [surgical face masks literature review](#)
- [section 2.4](#) of the NIPCM
- [appendix 11](#) of the NIPCM

Footwear must be:

- non-slip, impervious, clean and well maintained, and support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps
- removed before leaving a care area where dedicated footwear is used e.g. theatre.
Employees must clean and decontaminate footwear upon removal and when visibly soiled with blood and/or body fluids following manufacturers recommended instructions for cleaning and disinfection
- dedicated for use in settings such as theatres and stored in a designated area when not in use
- Footwear found to be defective should be repaired or replaced before further use.
- Overshoes/shoe covers should not be used in the general health and care environment.

Headwear must be:

- worn in theatre settings/restricted and semi-restricted areas;
- worn as PPE for procedures where splashing/spraying of body fluids is anticipated, and as source control when performing clean/aseptic procedures where risk of infection is deemed to be high.

- well fitting and completely cover the hair;
- changed/disposed of at the end of a single clinical procedure/task; or at the end of a theatre session (for sessional use); immediately if contaminated with blood and/or body fluids;
- removed before leaving the theatre/clean room.

Sessional use of PPE

Typically, sessional use of any PPE is not permitted within health and care settings at any time as it may be associated with transmission of infection within health and care settings.

Due to the much wider and frequent use of FRSMs eye/face protection (where required) by HCWs during the ongoing COVID-19 pandemic and during periods of increased respiratory activity in health and care settings both as part of service user direct care delivery and extended use of facemasks guidance, sessional use of FRSMs and eye/face protection is permitted at this time.

This means that FRSMs and eye/face protection (where required) can be used moving between service users and for a period of time where a HCW is undertaking duties in an environment where there is exposure to patients with suspected or confirmed respiratory infection. A session ends when the healthcare worker leaves the clinical setting or exposure environment. When using FRSMs and eye/face protection sessionally it is important to note the following;

- FRSMs/FFP3/Eye/Face protection must be replaced if visibly contaminated, wet, damaged, uncomfortable, when moving between patients with suspected or confirmed respiratory infection and those without.
- FRSMs must be replaced following procedures where splash/spray is generated
- HCWs must not touch their FRSM, eye/face protection or FFP3 respirator whilst in situ. If they inadvertently do so, they must perform hand hygiene immediately afterwards

No other PPE is permitted to be worn sessionally moving between service users or care tasks. This includes gloves, aprons and gowns.

1.5 Safe Management of Care Equipment



Care equipment is easily contaminated with blood, other body fluids, secretions, excretions and infectious agents. Consequently it is easy to transfer infectious agents from communal care equipment during care delivery.

Care equipment is classified as either:

- **Single-use** – equipment which is used once on a single patient and then discarded. Must never be reused even on the same patient. The packaging carries the symbol below.



- Needles and syringes are single use devices. They should never be used for more than one patient or reused to draw up additional medication.
 - Never administer medications from a single-dose vial or intravenous (IV) bag to multiple patients.
- **Single patient use** – equipment which can be reused on the same patient.
- **Reusable invasive equipment** - used once then decontaminated e.g. surgical instruments.
- **Reusable non-invasive equipment (often referred to as communal equipment)** - reused on more than one patient following decontamination between each use e.g. commode, patient transfer trolley.

Before using any sterile equipment check that:

- the packaging is intact
- there are no obvious signs of packaging contamination
- the expiry date remains valid

Decontamination of reusable non-invasive care equipment must be undertaken:

- between each use
- after blood and/or body fluid contamination
- at regular predefined intervals as part of an equipment cleaning protocol
- before inspection, servicing or repair

1.6 Safe Management of Care Environment



It is the responsibility of the person in charge to ensure that the care environment is safe for practice (this includes environmental cleanliness/maintenance). The person in charge must **act** if this is deficient.

The care environment must be:

- visibly clean, free from non-essential items and equipment to facilitate effective cleaning
- well maintained and in a good state of repair
- routinely cleaned in accordance with the Health Facilities Scotland (HFS) National Cleaning Specification:

- A fresh solution of general purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty or at 15 minutes intervals or when changing tasks.
- Routine disinfection of the environment is not recommended. However, 1,000ppm available chlorine should be used routinely on sanitary fittings.

Staff groups should be aware of their environmental cleaning schedules and clear on their specific responsibilities.

Cleaning protocols should include responsibility for; frequency of; and method of environmental decontamination.

When an organisation adopts decontamination processes not recommended in the NIPCM the care organisation is responsible for governance of and completion of local risk assessment(s) to ensure safe systems of work

Further information can be found in the [routine cleaning of the environment in hospital setting literature review](#).

1.7 Safe Management of Linen



Clean linen

- Should be stored in a clean, designated area, preferably an enclosed cupboard.
- If clean linen is not stored in a cupboard then the trolley used for storage must be designated for this purpose and completely covered with an impervious covering that is able to withstand decontamination.

Linen used during patient transfer

- Any linen used during patient transfer e.g. blankets, should be categorised at the point of destination.

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

- Ensure a laundry receptacle is available as close as possible to the point of use for immediate linen deposit.
- Do not:
 - rinse, shake or sort linen on removal from beds/trolleys;
 - place used linen on the floor or any other surfaces e.g. a locker/table top;
 - re-handle used linen once bagged;
 - overfill laundry receptacles; or
 - place inappropriate items in the laundry receptacle e.g. used equipment/needles.

For all infectious linen (this mainly applies to healthcare linen) i.e. linen that has been used by a patient who is known or suspected to be infectious and/or linen that is contaminated with blood and/or other body fluids e.g. faeces:

- Place directly into a water-soluble/alginate bag and secure; then place into a plastic bag e.g. clear bag and secure before placing in a laundry receptacle. This applies also to any item(s) heavily soiled and unlikely to be fit for reuse.
- Used and infectious linen bags/receptacles must be tagged e.g. ward/care area and date.
- Store all used/infectious linen in a designated, safe, lockable area whilst awaiting uplift. Uplift schedules must be acceptable to the care area and there should be no build-up of linen receptacles.

1.8 Safe Management of Blood and Body Fluid Spillages



Spillages of blood and other body fluids may transmit blood borne viruses.

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.

1.9 Safe Disposal of Waste (including sharps)



Categories of waste:

- **Healthcare (including clinical) waste** – is produced as a direct result of healthcare activities e.g. soiled dressings, sharps.
- **Special (or 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, 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)

Waste Streams:

- **Black – Trivial risk:**
 - **Domestic waste or yellow and black stripes** (small quantities of hygiene waste).
 - Final disposal to Landfill.
 - Clear/opaque receptacles may also be used for domestic waste at care area level.
- **Orange, Light Blue (laboratory) – Low risk**
 - **Orange** - consists of items which are contaminated or likely to be contaminated with blood and/or body fluids including saliva . Final disposal following heat disinfection is to landfill.
 - **Light Blue** – laboratory/microbiological waste that must be autoclaved before disposal via the orange stream.
- **Yellow– High risk:**
 - Waste which poses ethical, highly infectious or contamination risks.
 - This includes anatomical and human tissue which is recognisable as body parts, medical devices and sharps waste boxes that have red, purple or blue lids.
 - Disposal is by specialist incineration.
- **Red – Special waste**
 - Chemical waste.

For care/residential homes waste disposal may differ from the categories described above and guidance from local contractors will apply. Refer to [SEPA guidance](#).

Safe waste disposal at care area level:

Always dispose of waste:

- immediately and as close to the point of use as possible; and
- into the correct segregated colour coded UN 3291 approved waste bag (either orange/yellow for healthcare waste or black/clear/opaque for domestic) or container (sharps box).

Liquid waste e.g. blood must be rendered safe by adding a self-setting gel or compound before placing in an orange lidded leak-proof bin.

Waste bags must be no more than 3/4 full or more than 4 kgs in weight; and use a ratchet tag/or tape (for healthcare waste bags only) using a 'swan neck' to close with the point of origin and date of closure clearly marked on the tape/tag.

Store all waste in a designated, safe, lockable area whilst awaiting uplift. Uplift schedules must be acceptable to the care area and there should be no build-up of waste receptacles.

Sharps boxes must:

- have a dedicated handle
- have a temporary closure mechanism, which must be employed when the box is not in use
- be labelled with date of assembly, point of origin and date of closure.
- be disposed of when the manufacturers' fill line is reached or following 3 months of assembly (whichever is first)

Local guidance regarding management of waste at care level may be available.

Further information can be found in the [safe disposal of waste literature review](#).

1.10 Occupational Safety: Prevention and Exposure Management (including sharps)



Exposure in relation to blood borne viruses (BBV) is the focus within this section and reflects the existing evidence base.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 outline the regulatory requirements for employers and contractors in the healthcare sector in relation to:

- arrangements for the safe use and disposal of sharps
- provision of information and training to employees
- investigations and actions required in response to work related sharps injuries

Sharps handling must be assessed, kept to a minimum and eliminated if possible with the use of approved safety devices.

Manufacturers' instructions for safe use and disposal must be followed.

Needles must not be re-sheathed/recapped.⁴

Always dispose of needles and syringes as 1 unit.

If a safety device is being used safety mechanisms must be deployed before disposal.

An occupational exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids.

Occupational exposure risk can be reduced via application of other SICPs and TBPs outlined within the NIPCM.

A significant occupational exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids from a source that is known, or found to be positive for a blood borne virus (BBV).

Examples of significant occupational exposures would be:

- a percutaneous injury e.g. injuries from needles, instruments, bone fragments, or bites which break the skin; and/or
- exposure of broken skin (abrasions, cuts, eczema, etc); and/or
- exposure of mucous membranes including the eye from splashing of blood or other high risk body fluids.

There is a potential risk of transmission of a Blood Borne Virus (BBV) from a significant occupational exposure and staff must understand the actions they should take when a significant occupational exposure incident takes place. There is a legal requirement to report all sharps injuries and near misses to line managers/employers.

Additionally, employers are obligated to minimise or eliminate workplace risks where it is reasonably practicable. Immunisation against BBV should be available to all qualifying staff, and testing (and post exposure prophylaxis when applicable) offered after significant occupational exposure incidents.

Exposure prone procedures (EEPs) are invasive procedures where there is a risk that injury to the healthcare worker may result in the exposure of the patient's open tissues to the blood of the worker (bleed-back).

Chapter 2 - Transmission Based Precautions (TBPs)

SICPs may be insufficient to prevent cross transmission of specific infectious agents. Therefore additional precautions TBPs are required to be used by staff when caring for patients with a known or suspected infection or colonisation.

Clinical judgement and decisions should be made by staff on the necessary precautions. This must be based on the:

- suspected or known infectious agent
- transmission route of the infectious agent
- care setting and procedures undertaken
- severity of the illness caused

TBPs are categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route):

Contact precautions

Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of cross-infection transmission.

Droplet precautions

Used to prevent and control infections spread over short distances (at least 3 feet or 1 metre) via droplets (greater than 5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

Airborne precautions

Used to prevent and control infections spread without necessarily having close patient contact via aerosols (less than or equal to 5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level.

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Chapter 3 - Healthcare Infection Incidents, Outbreaks and Data Exceedance

The purpose of this chapter is to support the early recognition of potential infection incidents and to guide IPCT/HPTs in the incident management process within care settings; (that is, NHSScotland, independent contractors providing NHS services and private providers of care). This guidance is aligned to the [Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams](#)

Definitions of Healthcare Infection Incident, Outbreak and Data Exceedance

The terms 'incident' and 'Incident Management Team' (IMT) are used as generic terms to cover both incidents and outbreaks

A healthcare infection incident may be:

An exceptional infection episode

- A single case of an infection that has severe outcomes for an individual patient OR has major implications for others (patients, staff and/or visitors), the organisation or wider public health e.g., infectious diseases of high consequence such as VHF or XDR-TB, botulism, polio, rabies, diphtheria.

A healthcare infection exposure incident

- Exposure of patients, staff, public to a possible infectious agent as a result of a healthcare system failure or a near miss e.g. ventilation, water or decontamination incidents.

A healthcare associated infection outbreak

- Two or more linked cases with the same infectious agent associated with the same healthcare setting over a specified time period.

or

- A higher than expected number of cases of HAI in a given healthcare area over a specified time period.

A healthcare infection data exceedance

- A greater than expected rate of infection compared with the usual background rate for the place and time where the incident has occurred.

A healthcare infection near miss incident

- An incident which had the potential to expose patients to an infectious agent but did not e.g. decontamination failure.

A healthcare infection incident should be suspected if there is:

- A single case of an infection for which there have previously been no cases in the facility (e.g. infection with a multidrug-resistant organism (MDRO) with unusual resistance patterns or a post-procedure infection with an unusual organism).

Detection and recognition of a Healthcare Infection incident/outbreak or data exceedance

We will be updated on what is happening and what actions we must take by our local Health Board (South Lanarkshire).

- An early and effective response to an actual or potential healthcare incident, outbreak or data exceedance is crucial. The local Board IPCT and HPT should be aware of and refer to the national minimum list of alert organisms/conditions.

Closure of incident/outbreak with lessons learned

- Once the incident is over and in addition to mandatory electronic reporting, the IMT/NHS Board should decide on the most appropriate format for a report, to communicate incident management/lessons learned. This is not a mandatory requirement but for the purpose of sharing lessons learned across Scotland.

COVID-19 Roles and Responsibilities

NHS Boards should have a COVID-19 outbreak response plan which details the roles and responsibilities of Infection Prevention and Control Teams (IPCTs), Health Protection Teams (HPTs) and Occupational Health Services (OHS) within their board when responding to COVID-19 clusters/incidents.

Chapter 4 - Infection Control in the Built Environment and Decontamination

Introduction

Currently, chapter 4 exists as a repository for evidence reviews and tools relating to IPC in the built environment including delivery of appropriate decontamination within health and care settings and risk mitigation for water based pathogens.

This chapter is in the early stages of development and at this current time does not fall into the mandatory requirements for the NIPCM.

Important words and what they mean

Mandatory - means that you must do it.

CH IPCM - Care Home Infection Prevention and Control Manual

SICPs - Standard Infection Control Precautions;

TBPs - Transmission Based Precautions

Who should use the CH IPCM?

- Care home providers
- Care home staff
- Health Protection Teams
- Professionals providing IPC support

It should be adopted for all infection prevention and control practices and procedures.

The Care Home Infection Prevention and Control Manual (CH IPCM) was launched on 24 May 2021.

Responsibilities for the CH IPCM

ARHAI Scotland to:

- ensure that the content of the CH IPCM remains evidence based.

Care Home providers

Care Home Managers

Care Home staff

Infection Prevention and Control Teams (IPCTs) and Health Protection Teams (HPTs)

How to contact us

If you have any questions or feedback about the Care Home IPCM then you can contact us by email or telephone.

[Email](#)

Telephone: 0141 300 1175

References

Reference 1

The use of the word 'Persons' can be used instead of 'Patient' when using this document in non-healthcare settings.

Glossary

Abrasion

A graze. A minor wound in which the surface of the skin or a mucous membrane has been worn away by rubbing or scraping.

Acute care setting/Acute hospital

This is a unique, demanding and fast-paced environment designed to accommodate a wide variety of urgent, or emergent patient care needs.

Adverse event

An event that could have caused or did result in harm to people or groups of people.

Aerosol Generating Procedures (AGPs)

An AGP is a medical procedure that can result in the release of airborne particles from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

Aerosols

[See Airborne particles](#)

Airborne (aerosol) transmission

The spread of infection from one person to another by airborne particles (aerosols) containing infectious agents.

Airborne particles (aerosols)

Very small particles (of respirable size) that may contain infectious agents. They can remain in the air for extended periods of time and can be carried over long distances by air currents. Aerosols can be released during aerosol generating procedures (AGPs).

Airborne precautions

A group of transmission based precautions to prevent the spread of airborne pathogens

Alcohol based hand rub (ABHR)

A gel, foam or liquid containing one or more types of alcohol that is rubbed into the hands to inactivate microorganisms and/or temporarily suppress their growth.

Alert organism

An organism that is identified as being potentially significant for infection prevention and control practices. Examples of alert organisms include *Meticillin Resistant Staphylococcus aureus* (MRSA), *Clostridioides difficile* (C.diff) and *Group A Streptococcus*.

Alveolar

Refers to the alveoli which are the small air sacs in the lungs. Alveoli are located at the ends of the air passageways in the lungs, and are the site at which gas exchange takes place.

Anteroom

An area with a door from/to the outside corridor and a second door giving access to the patient area (where both doors will never be open at the same time).

Antimicrobial

An agent that kills microorganisms, or prevents them from growing.

Antimicrobials are grouped according to the microorganisms they act against, such as, antibiotics, antivirals, antifungals and antiparasitics.

Antimicrobial hand wipes

Hand wipes that are moistened with an antimicrobial solution/agent at a concentration sufficient to inactivate microorganisms and/or temporarily suppress their growth.

Antimicrobial resistance

The ability of a microorganism to resist the action of an antimicrobial drug/agent which previously could treat the infection caused by that microorganism.

Antisepsis

The process of preventing infection by inhibiting the growth and multiplication of infectious agents. This is usually achieved by application of a germicidal preparation known as an antiseptic.

Aseptic Technique

A healthcare procedure designed to minimise the risks of exposing the person being cared for to pathogenic micro-organisms during simple (e.g dressing wounds) and complex care procedures (e.g. surgical procedures).

Asymptomatic

Not showing any symptoms of disease but where an infection may be present.

Augmented Care

In the context of infection prevention and control, most care designated as augmented will be that where medical/nursing procedures render the patients susceptible to invasive disease from environmental and opportunistic pathogens. However, there is no fixed definition of 'augmented care'.

Autoclave

Machine used for sterilising re-usable equipment using steam sterilisation. Re-usable equipment is exposed to steam at a required temperature, pressure, and time.

Bay

A partly enclosed area within a ward containing one bed (single bay) or multiple beds (multi-bed bay).

Blood Borne Viruses (BBV)

Viruses carried or transmitted by blood, for example Hepatitis B, Hepatitis C and HIV.

Body Fluids

Fluid produced by the body such as urine, faeces, vomit or diarrhoea.

British Standards (BS), European Standards (EN) and International Standards (ISO)

National standards specify the requirements for application in the particular country.

- BS denotes Britain's National Standards which are controlled by the British Standards Institute (BSI)
- EN denotes a Standard which is adopted by the European community and is controlled by the European Committee for Standardisation (CEN). Once a European Standard has been agreed it supersedes any existing national standard and becomes the new national standard. In Britain these Standards are then prefixed with BS EN
- ISO denotes a worldwide standard issued by the International Organisation for Standardisation. Once an International Standard has been adopted as a European Standard it supersedes the existing European standard. In Britain these Standards are then prefixed with BS EN ISO

Care setting

Includes but is not limited to general practice, dental and pharmacy (primary care), acute-care hospitals, emergency medical services, urgent-care centres and outpatient clinics (secondary care), specialist treatment centres (tertiary care), long-term care facilities such as nursing homes and skilled nursing facilities (community care), and care provided at home by professional healthcare providers (home care).

Care staff

Any person who cares for patients, including healthcare support workers and nurses.

Central Venous Catheter (CVC)

An intravenous catheter that is inserted directly into a large vein in the neck, chest or groin to give intravenous drugs, fluids and blood and to allow for quick medical tests.

Chlorine

A chemical that is used for disinfecting, fumigating and bleaching.

Cleaning

The removal of any dirt, body fluids (blood, vomit) etc by use of an appropriate cleaning agent such as detergent.

Clinical wash hand basin

A sink designated for hand washing in clinical areas.

Cohort area

A bay/ward in which a group of patients (cohort) with the same infection are placed.

Cohorts are created based on clinical diagnosis, microbiological confirmation when available, epidemiology, and mode of transmission of the infectious agent.

Colonisation

The presence of microorganisms on a body surface (such as the skin, mouth, intestines or airway) that does not cause disease in the person or signs of infection.

Conjunctivae

Mucous membranes that cover the front of the eyes and the inside of the eyelids.

Contact precautions

Series of procedures/interventions used in addition to routine practices to prevent transmission of infectious agents that spread by direct or indirect contact

Contact transmission

The spread of infectious agents from one person to another by contact. When spread occurs through skin-to-skin contact, this is called direct contact transmission. When spread occurs via a contaminated object, this is called indirect contact transmission.

Contaminated

The presence of an infectious agent on a body surface; also on or in clothes, bedding, surgical instruments or dressings, or other inanimate articles or substances including water and food.

Cough etiquette/respiratory hygiene

Source control measures intended to contain respiratory secretions in order to limit transmission of respiratory pathogens.

Cross-infection/Cross-transmission

Spread of infection from one person, object or place to another.

Decontamination

The process of removing, or killing pathogens on an item or surface to make it safe for handling, re-use or disposal, by cleaning, disinfection and/or sterilisation.

Detergent

A chemical cleansing agent that can dissolve oils and remove dirt.

Diarrhoea

Passing looser more frequent stools than is normal for the individual.

Direct contact transmission

Spread of infectious agents from one person to another by direct skin-to-skin contact.

Disinfectant

A chemical used to reduce the number of infectious agents from an object or surface to a level that means they are not harmful to health.

Disinfection

The treatment of surfaces/equipment using physical or chemical means, for example using a chemical disinfectant, to reduce the number of infectious agents from an object or surface to a level at which they are not harmful to health.

Doffing

To remove (an item of clothing or an item of PPE).

Domestic waste

Waste produced in the care setting that is similar to waste produced in the home.

Donning

To put on (an item of clothing or an item of PPE).

Droplet

A small drop of moisture, larger than airborne particle, that may contain infectious agents. Droplets can be released when a person talks, coughs or sneezes, and during some

medical or patient care procedures such as open suctioning and cough induction by chest physiotherapy. It is thought that droplets can travel around 1 metre (3 feet).

Droplet Nuclei

Droplet nuclei are aerosols formed from the rapid evaporation/desiccation of larger droplet particles when expelled/exhaled from the respiratory tract.

Droplet transmission

The spread of infection from one person to another by droplets containing infectious agents.

Emollient

An agent used to soothe the skin and make it soft and supple.

Enhanced single room (with en-suite facilities and ventilated lobby)

See [Isolation Suite/Room](#)

Enhanced single room (with en-suite facilities)

See [Isolation Suite/Room](#)

En-suite facilities

En-suite facilities should contain a shower, WC and a general wash-hand basin.

En-suite single-bed room

A room with space for one patient with en-suite facilities.

Exceptional infection episode

A single case of an infection that has severe outcomes for an individual patient OR has major infection control/public health implications e.g. infectious diseases of high consequence such as extensively drug resistant tuberculosis (XDR-TB).

Excretions

Waste products produced by the body such as urine and faeces (bowel movements).

Exposure

The condition of being exposed to something that may have a harmful effect such as an infectious agent.

Exposure Prone Procedures (EPPs)

Certain medical and patient care procedures where there is a risk that injury to the healthcare worker may result in exposure of the patient's open tissues to the healthcare worker's blood e.g. the healthcare worker's gloved hands are in contact with sharp instruments, needle tips or sharp tissues inside a patient's body.

Face covering

A term that applies collectively to items used to cover the nose and mouth. Also referred to as a face mask.

These should not be confused with items of PPE.

Fallow time

The period of time required for droplets and/or aerosols to settle and be removed from the air following a procedure. It is also known as settle time.

FFP3

Respiratory protection that is worn over the nose and mouth designed to protect the wearer from inhaling hazardous substances, including airborne particles (aerosols). FFP stands for filtering facepiece. There are three categories of FFP respirator: FFP1, FFP2 and FFP3. An FFP3 respirator or hood provides the highest level of protection, and is the only category of respirator legislated for use in UK healthcare settings.

Fit Testing

A method of checking that a tight-fitting facepiece respirator fits the wearer and seals adequately to their face. This process helps identify unsuitable facepieces that should not be used.

Fluid resistant surgical mask (FRSM)

See [surgical face mask](#)

Fluid-resistant

A term applied to fabrics that resist liquid penetration, often used interchangeably with 'fluid-repellent' when describing the properties of protective clothing or equipment.

Fomites

An inanimate substance or object that can transfer a pathogen to a host.

Germicide

An agent capable of destroying microorganisms, particularly organisms that are pathogenic.

GP

General practitioner (your family doctor)

Group 4 Infections

Definition taken from the HSE Approved list of biological agents www.hse.gov.uk/pubns/misc208.pdf

Group 4 infections cause severe human disease and are a serious hazard to employees; they are likely to spread to the community and there is usually no effective prophylaxis or treatment available.

Hand Hygiene

The process of decontaminating your hands using either alcohol based hand rub or liquid soap and water.

Health Protection Team (HPT)

A team of healthcare professionals whose role it is to protect the health of the local population and limit the risk of them becoming exposed to infection and environmental dangers. Every NHS board has a HPT.

Healthcare Associated Infection (HAI)

Infections that occur as a result of medical care, or treatment, in any healthcare setting.

Healthcare associated infection outbreak

Two or more linked cases associated with the same infectious agent, within the same healthcare setting, over a specified time period; or a higher than expected number of cases in a given healthcare area over a specified time period.

Healthcare infection data exceedance

A greater than expected rate of infection compared with the usual background rate for the place and time where the incident has occurred.

Healthcare infection exposure incident

An exposure of patients, staff, or the public to a possible infectious agent, as a result of a healthcare system failure or near misses e.g. ventilation, water or a decontamination incident.

Healthcare Waste

Waste produced as a result of healthcare activities for example soiled dressings, sharps.

Hierarchy of controls

This is a systematic process which provides a consistent approach to minimizing or eliminating exposures to hazards in the workplace.

High Consequence Infectious Disease (HCID)

A High Consequence Infectious Disease (HCID) is defined according to the following criteria:

- causes acute infectious disease
- typically has a high case-fatality rate
- may not have effective prophylaxis or treatment
- difficult to recognise and detect quickly
- ability to spread in the community and within healthcare settings
- requires an enhanced individual, population, and system response for safe, efficient, and effective management

Previously referred to as an Infectious Diseases of High Consequence (IDHC).

Hospital infection incident assessment tool (HIIAT)

Used by the IPCT or HPT to assess every healthcare infection incident i.e. all outbreaks and incidents including decontamination incidents or near misses in any healthcare setting

(that is the NHS, independent contractors providing NHS Services and private providers of healthcare).

Hygiene Waste

Waste that is produced from personal care. In care settings this includes feminine hygiene products, incontinence products and nappies, catheter and stoma bags. Hygiene waste may cause offence due to the presence of recognisable healthcare waste items or body fluids. It is usually assumed that hygiene waste is not hazardous or infectious.

Hypochlorite

A chlorine-based disinfectant such as bleach

Immunisation

To provide immunity to a disease by giving a vaccination.

Immunocompromised patient/individual

Any person whose immune response is reduced or deficient, usually because they have a disease or are undergoing treatment. People who are immunocompromised are more vulnerable to infection.

Impervious

Cannot be penetrated by liquid.

Incident Management Team (IMT)

A multidisciplinary group with responsibility for investigating and managing an incident.

Incident/outbreak

An incident/outbreak may be:

- An exceptional infection episode, defined as a single case of an infection that has severe outcomes for an individual patient OR has major infection control/public health implications
- A healthcare infection exposure incident, defined as an exposure of patients, staff or the public to a possible infectious agent
- A healthcare associated infection outbreak, defined as two or more linked cases associated with the same infectious agent, within the same healthcare setting, over a specified time period; or a higher-than-expected number of cases in a given healthcare area over a specified time period
- A healthcare infection data exceedance, defined as a greater than expected rate of infection compared with the usual background rate for the place and time where the incident has occurred
- A healthcare infection near miss incident, which had the potential to expose patients to an infectious agent but did not e.g., decontamination failure

Indirect contact transmission

The spread of infectious agents from one person to another via a contaminated object.

Infection

Invasion of the body by a harmful organism or infectious agent such as a virus, parasite, bacterium or fungus.

Infection Prevention and Control Team (IPCT)

A multidisciplinary team responsible for preventing, investigating and managing an infection incident or outbreak.

Infectious agent

Any organism, such as a virus, parasite, bacterium or fungus, that is capable of causing an infection or infectious disease.

Infectious period

The time when an infectious agent may be transmitted directly or indirectly from an infected person to another person. Also known as “period of infectiousness” and “communicability”.

Inpatient

A patient is termed an inpatient when they occupy a staffed bed in a hospital and either remains overnight (whether intended or not), or is expected to remain overnight but is discharged earlier. An inpatient’s admission can be an emergency, an elective or as a transfer.

Invasive device

A device which penetrates the body, either through a body cavity or through the surface of the body. Central Venous Catheters (central line), Peripheral Arterial Lines and Urinary Catheters are examples of invasive devices.

Invasive procedure

A medical/healthcare procedure that penetrates or breaks the skin or enters a body cavity.

Isolation

Physically separating patients to prevent the spread of infection.

Isolation Suite/Room

An isolation room/suite consists of **enhanced** en-suite single bed rooms:

An en-suite single bed room is defined as: consisting of a bed; locker/wardrobe; clinical wash-hand basin and en-suite shower, WC and wash-hand basin. (In new build, space for a social support zone for overnight stay and a clinical support zone is also provided).

- **Enhanced single room (with en-suite facilities)**, also called isolation room, is the same as an en-suite single-bed room but with a ventilation system that prevents uncontrolled escape of infectious aerosols from the room to adjacent areas. It can also provide a degree of dilution of infectious aerosols in the room for the safety of staff and visitors. The room should have extract ventilation that exceeds its supply, such that gaps in its fabric leak inwards not outwards.
- **Enhanced single room (with en-suite facilities and ventilated lobby)**, also called isolation suite, is the same as an **enhanced single room (with en-suite facilities)** but with a lobby having positive pressure ventilation.

J

No terms

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No terms

Lateral Flow Device (LFD)

A test carried out using a small medical device that tests whether or not there is a particular substance, gene, etc. in a sample. For example, to identify those who have COVID-19 but are not presenting symptoms.

Long Term Care Facility (LTCF)

Long term care facilities provide a variety of services, both medical and personal care, to people who are unable to live independently.

Mechanical Ventilation

Mechanical ventilation brings fresh air into a building from outside via a controllable method. Basic systems consist of a fan and either collection, (extraction) or distribution (supply) ductwork.

Microorganism (microbe)

Any living thing (organism) that is too small to be seen by the naked eye. Bacteria, viruses and some parasites are microorganisms.

Mode of transmission

The way that microorganisms spread from one person to another. The main modes or routes of transmission are airborne (aerosol) transmission, droplet transmission and contact transmission.

Mucocutaneous exposure

An incident in which the mucous membranes (e.g. mouth, nose, eyes) or non-intact skin have been contaminated with blood or other bodily fluids.

Mucous membranes/mucosa

The surfaces lining the cavities of the body that are exposed to the environment such as the lining of the mouth and nose.

Multi-bed room

A room that contains more than one bed.

The acceptable maximum number of beds in a multi-bed room is four. Multi-bed rooms require two clinical wash-hand basins and must have en-suite sanitary facilities. Ideally, an assisted shower room (with WC, shower and general wash-hand basin) and a separate semi-ambulant WC (with general wash-hand basin) both en-suite.

Needle safety device

Any device designed to reduce the risk of injury from needles. This may include needle-free devices or mechanisms on a needle, such as an automated resheathing device, that cover the needle immediately after use.

Negative pressure room

A room which maintains permanent negative pressure i.e. air flow is from the outside adjacent space (e.g. corridor) into the room and then exhausted to the outside.

The room should be used to accommodate a patient known or suspected to be infected with a microorganism spread by the airborne (aerosol) route whilst the patient is considered infectious.

Nitrile

A synthetic rubber material used to make non-latex gloves.

Non-intact skin

Skin that is broken by cuts, abrasions, dermatitis, chapped skin, eczema etc.

Non-intact skin exposure

An incident in which non-intact skin is exposed to blood or body fluids.

Non-sterile procedure

Care procedure that does not need to be undertaken in conditions that are free from bacteria or other microorganisms.

Nosocomial

An infection occurring in a patient during the process of care in a hospital or other health care facility, which was not present or incubating at the time of admission.

Occupational exposure

An occupational exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids.

Organism

Any living thing that can grow and reproduce, such as a plant, animal, fungus or bacterium.

Outbreak

See [incidents/outbreaks](#)

Outpatient

An outpatient is a patient who attends a consultant or other medical/healthcare clinic or has an arranged meeting with a consultant or a senior member of their team out with a clinic session. Outpatient attendances involve treatment or assessment that only take a short time to complete. Outpatient attendances are categorised as new or return (follow-up).

Overcrowding

Within health and care settings, this is the state of being filled past capacity/comfort and therefore being burdened by excessive demands for services.

Pandemic

A disease outbreak that occurs over a wide geographical area (such as multiple countries and/or continents) and typically affects a significant proportion of the population.

Pathogen

Any disease-producing infectious agent.

Patient cohorting

Placing a group of two or more patients (a cohort) with the same infection/strain in the same bay/ward. Cohorts are created based on clinical diagnosis, microbiological confirmation, epidemiology, and mode of transmission.

PCR test

Highly accurate tests used to diagnose certain infectious diseases.

Percutaneous injury

An injury caused by a needle/sharp, human scratch or bite cutting or puncturing the skin.

Personal Protective Equipment (PPE)

Equipment a person wears to protect themselves from risks to their health or safety, including exposure to infections e.g. disposable gloves and disposable aprons.

Physical Distancing

Keeping a distance from other people, in order to stop transmission of a disease to another person or other people.

Pre-symptomatic

The time period when someone has the infection but has not yet developed symptoms but does go on to develop symptoms later in the disease.

Primary Care Setting

These provide the first point of contact in the healthcare system and includes general practice, dentistry, community pharmacies etc.

Problem Assessment Group (PAG)

A group that is convened by the Infection Prevention and Control Team (IPCT)/Health Protection Team (HPT) to assess a healthcare incident/outbreak/data exceedance and determine if further action is required.

The assessment and outcome may be:

- HIIAT Green - continue to monitor
- HIIAT Amber/Red - IMT required

Q

No pathogens

Recapping/Re-sheathing

To put a needle or other sharp object back into its plastic sheath or cap. Also known as 're-sheathing'.

Respiratory droplets

A small droplet >5 µm in diameter, such as a particle of moisture released from the mouth during coughing, sneezing, or speaking.

Respiratory Protective Equipment (RPE)

Respirators are devices that cover the nose and mouth and are designed to filter the air breathed in to protect the wearer from inhaling hazardous substances.

They provide respiratory protection from infectious agents transmissible by the airborne (aerosols) route. FFP3 respirators are recommended for use in UK health and care settings when exposure to aerosols is anticipated.

Safer sharp

A medical sharps device which has been designed to incorporate a feature or mechanism that minimises and/or prevents the risk of accidental injury. Other terms include (but are not limited to) safety devices, safety-engineered devices and safer needle devices.

Sanitary fittings

All sinks and furniture in a bathroom, such as a toilet, bath, shower etc.

Screening

Performing a test or enquiry to identify individuals at risk of a specific disorder or infection to warrant further investigation or direct preventive action.

Secondary care setting

Provided by health professionals who generally are not the first point of contact for a patient. These settings are usually hospitals but can also be community based.

Secretions

Any body fluid that is produced by a cell or gland such as saliva or mucous, for a particular function in the organism or for excretion.

Segregated

Physically separating or isolating from other people.

Sepsis

A life threatening condition that arises when the body's response to a severe complication of infection e.g. pneumonia (lung infection) injures its own tissues and organs. This can lead to multiple organ failure and death. Early recognition, treatment and management is key to successful patient outcomes.

Sharp

A 'sharp' is a device or instrument used in healthcare settings with sharp points or edges, such as needles, lancets and scalpels which have the potential to cause injury through cutting or puncturing the skin.

Sharps incident

A type of percutaneous injury caused by a sharp instrument or device which cuts or penetrates the skin.

Sharps injury

See **percutaneous injury**.

Significant occupational exposure

A percutaneous, mucocutaneous exposure or non-intact skin (abrasions, cuts, eczema) exposure to blood/other body fluids from a source that is known (or later found to be) positive for a bloodborne virus infection.

Significant sharps incident

An incident which involves a used needle that has exposed, or may have exposed, the employee to blood/body fluids.

Single-bed room

A room with space for one patient and usually contains as a minimum: a bed; locker/wardrobe; clinical wash-hand basin.

Single-bed rooms should also have en-suite sanitary facilities comprising of a shower, WC and a general wash-hand basin.

Source control

This term encompasses all physical measures used to control the transmission of an infectious agent.

Spore

A reproductive cell produced by fungi and some types of bacteria under certain environmental conditions. Spores can survive for long periods of time and are very resistant to heat, drying and chemicals.

Staff cohorting

A dedicated team of healthcare staff who care for a cohort of patients, and do not care for any other patients.

Standard infection control precautions (SICPs)

These are a group of basic infection prevention and control practices that need to be adopted by all staff in health and care settings, irrespective of infectious status of patient.

Sterile

Free from live bacteria or other microorganisms.

Sterile procedure

Care procedure that is undertaken in conditions that are free from bacteria or other microorganisms.

Sterilisation

The procedure of making some object free of all germs, live bacteria or other microorganisms (usually by heat or chemical means).

Surgical face mask

A disposable fluid-resistant mask worn over the nose and mouth to protect the mucous membranes of the wearer's nose and mouth from splashes and infectious droplets and also to protect patients. When recommended for infection control purposes a 'surgical face mask' typically denotes a fluid-resistant (Type IIR) surgical mask.

Surgical scrubbing

The process of removing debris and sterilizing hands prior to performing a sterile or surgical procedure.

Surgical site infection

This is an infection which occurs after the surgery at the site of the surgical incision due to introduction and multiplication of pathogens at the surgical site.

Swan-neck

Way of closing bag by twisting the top of the bag (must not be more than 2/3 full), looping the neck back on itself, holding the twist firmly, and placing a seal over the neck of the bag (such as with a tag).

Terminal decontamination

Cleaning/decontamination of the environment following transfer/discharge of a patient, or when they are no longer considered infectious, to ensure the environment is safe for the next patient or for the same patient on return.

Touch surfaces

These are surfaces that are frequently touched by different people throughout the day and are therefore more likely to be contaminated with bacteria or viruses for example doorknobs, tables, phones etc. which can then easily transfer to the user.

Transmission-based precautions (TBPs)

These are additional measures that are used in conjunction with SICPs when caring for patients with a known or suspected infection or colonisation.

Ultraviolet germicidal irradiation (UVGI)

The use of ultraviolet (UV) radiation to kill or inactivate microorganisms.

Vaccination

Treatment with a vaccine to produce immunity against a disease.

Vaccine

A suspension that is administered in order to stimulate the immune response of the body against an infectious agent.

Vascular access devices

Any medical instrument used to access a patient's veins or arteries such as a Central Venous Catheter or Peripheral Vascular Catheter.

Ventilation

Ventilation is a means of removing and replacing the air in a space. In its simplest form this may be achieved by opening windows and doors.

Viral load

The viral load or viral burden is a numerical expression of the amount of virus present in biological fluids or environmental specimens.

Ward

An area forming a division of a care setting (or a suite of rooms) shared by patients who need a similar type of care.

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No terms

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No terms

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No terms

Disclaimer: Printed copies of the NIPCM are uncontrolled and only valid at the time of printing. The NIPCM website <http://www.nipcm.scot.nhs.uk> should be used to ensure you are using the current guidance. This version of the manual was generated at April 11, 2023.