PRACTICE UNIVERSAL PRECAUTIONS

1) Handwashing

   Follow 6 step hand washing technique as displayed by hand wash sinks between patients, before and after handling food, before and after aseptic techniques, after contact with blood / body fluid, after using toilet, before leaving clinical area, when visibly contaminated.

   NB. 70% alcohol hand rub can be used instead of hand washing between clean activities, when hands are not visibly soiled (up to 6 times).

2) Wear protective clothing when in contact with body fluids (gloves and apron as a minimum but visor or mask/eye protection will be required if there is a risk of splashing into your eyes/nose/mouth.

3) Keep cuts covered with a waterproof dressing.

4) Body fluid spillages should be decontaminated immediately as policy no. 13.

5) Ensure equipment is decontaminated between patients e.g. stethoscope / tourniquet etc.

6) Dispose of clinical waste into yellow clinical waste bags.

7) Take care with Sharps:

   i. Whoever generates a Sharp is responsible for disposing of it – dispose of your own Sharps and do not dispose of Sharps for anyone else!
   ii. Do NOT re-sheath needles.
   iii. Dispose of used Sharps at point of use i.e. take a small Sharps box and Sharps tray to the bedside if undertaking cannulation/IM injection etc.
   iv. Make sure Sharps boxes are properly and safely assembled.
   v. Seal Sharps boxes when ¾ full and label with ward/department and date.
   vi. Ensure all of your vaccinations are up to date (Hep B, Polio, Tetanus, etc)
   vii. Know what to do in the event of needlestick / contamination injury.

WHAT TO DO IN EVENT OF SHARPS / CONTAMINATION INJURY

1) FIRST AID

   (a) Used Sharps Injury
   - Encourage bleeding
   - Wash under running water
   - Dry
   - Cover with waterproof dressing

   (b) Contamination of Eyes/Nose/Mouth
   - Irrigate copiously with saline or water

   (c) Contamination of Broken Skin
   - Wash thoroughly with water

2) REPORT INCIDENT TO SENIOR MEMBER OF STAFF.

3) REPORT TO ACCIDENT AND EMERGENCY WITHOUT DELAY, TAKING WITH YOU AN IR1 FORM.

PROCEDURE IN ACCIDENT AND EMERGENCY

1) Triage nurse will perform a 'risk assessment' which takes into account the injury sustained and the body fluid involved.

2) The doctor looking after the 'source' patient will undertake a risk assessment to see if the patient is HIV positive or at high risk of being HIV positive. He/she will also take blood for Hepatitis B surface antigen and serum storage with the patient's consent.
   NB. The person who sustains the injury must not undertake this assessment.

3) If injury, body fluid and patient are all HIGH RISK then the Post Exposure Prophylaxis Policy to HIV(PEP) will be followed. In this instance the Consultant Microbiologist will be contacted for advice and ideally any prophylaxis needs to be started within 1-2 hrs of an injury occurring.

4) If injury, body fluid and patient are not all high risk then nothing more will be done in Accident and Emergency. **You will be asked to contact Occupational Health within 48hrs** to have bloods taken and any vaccinations.

5) If Occupational Health is not open within 48hrs, then baseline bloods and any vaccination will be done by A&E staff. **However, you must contact Occupational Health as soon as they re-open**.

   Remember Your risk of acquiring a blood borne infection from one of these injuries is low.
   However Prevention is better than cure! So apply Universal precautions and protect yourselves:

CARE OF PATIENT ISOLATED DUE TO COMMUNICABLE INFECTION

1) Remove white coat before
2) entering isolation room and only take in essential equipment.

3) Wear protective clothing as detailed on door poster.

4) Prior to leaving room:

   a) Remove protective clothing and place in clinical waste bag inside room.
   b) Wash hands

5) After leaving isolation room, immediately outside:

   a) Wipe stethoscope / tourniquet etc. with 70% alcohol wipes.
   b) Apply 70% alcohol hand rub to all parts of hands.
   c) Replace white coat.

If you would like any further information then please contact Infection Control Team:

Dr M Sheppard Consultant Microbiologist	ext	3240	
Sister Sue Richards Infection Control Nurse	ext	3123	bleep 2112
Sister Janice Rees Blood borne virus CNS/Infection Control	ext	3125	bleep 2112

OCCUPATIONAL HEALTH DEPARTMENT

Dr R Wort Consultant Occupational Physician	ext	3217
Sister Nadine Lewis	ext	
Sister Debbie Lowe	ext	

Janice Rees, Infection Control Department – June 2003

PEMBROKESHIRE & DERWEN NHS TRUST
(Pembrokeshire Services)

DEPARTMENT OF INFECTION CONTROL

INFECTION CONTROL GUIDELINES FOR MEDICAL STAFF

This leaflet should be used in conjunction with Infection Control Policy Nos: -

1	**Universal Precautions and Clinical Risk Assessment Policy**
2A	**Policy for investigations following accidents involving used Sharps; or skin / mucosal contamination by blood or body fluids.**
2B	**Policy for Post Exposure Prophylaxis (PEP).**
7	**Isolation Policy.**
10	**Policy for the cleaning, disinfection and sterilisation of equipment and for the cleaning and disinfection of skin and the environment.**
13	**Policy for the decontamination of blood / body fluid spillages.**

INTRODUCTION AND UNIVERSAL PRECAUTIONS

- Clinical tasks may expose staff to infectious agents either in blood / body fluids or via patients who have a communicable infection.
- All clinical staff have a duty to protect themselves, colleagues and patients from these infectious agents.
- Pembrokeshire & Derwen NHS Trust therefore recommends that all clinical staff follow the guidance in this leaflet and adhere to policies as set out in infection control manual (found in all wards and departments).