

# **Infection Control Guidelines**

The aims of these guidelines are to ensure that high standards of effective infection control are implemented at all times.

Hand washing/disinfecting is the single most important measure in reducing cross-infection but studies have shown that it is rarely carried out in a satisfactory manner. The areas of the hands that are often missed are the hand creases, fingernails and under jewellery.

## **Hand washing/disinfecting should always happen when:**

- you are about to commence or finish your duties or break
- you have used the toilet
- you have sneezed or blown your nose
- you have handled laundry/bed linen
- you are about to handle food
- you are handling food
- you are about to eat, have a drink or smoke
- you are handling waste
- you have been cleaning
- you have visibly soiled hands

## **Hand washing tips:**

- Always use warm running water
- Use liquid soap/cleanser
- Wash thoroughly including wrists, thumbs and beneath jewellery
- Scrub nails with nail brush
- Rinse hands to remove all traces of soap/cleanser
- Dry hands with disposable paper towels
- Dispose of paper towel in pedal bin
- **Antiseptic solutions are not to be considered substitutes for good hand hygiene and hand washing**

## **Safe Handling and disposal of sharps**

At SFTS we have a zero tolerance to any form of drug use, however very rarely we have found drug equipment on the premises.

Infection and disease can be transmitted through poor practice when dealing with sharps. Clinical sharps include needles, scalpels, glass ampoules, pen injections devices, sharp instruments, razors and broken glass.

**Rubber Gloves should be used at all time when dealing with the bins and the Laundry. When changing the beds, shake out the sheets to check that there's no drug equipment in them.**

**Never 'cuddle' piles of laundry close to your body**

If a 'sharps accident' occurs the significance of even a minor injury is that the sharp may have been contaminated with blood, raising the possibility of infection with blood borne diseases such as hepatitis B, hepatitis C and HIV.

**Extreme care should be used at all times but if an accident occurs:**

- Allow the wound to bleed without pressing directly or sucking
- Clean the wound under running water
- Cover with a water proof dressing
- Keep the device that has caused the injury and take to hospital/GP with you
- Observe wound for any sings of infection or inflammation
- Inform the person in charge
- Complete an accident form

**The same procedure should be followed if:**

- Anyone is scratched by someone else
- Anyone is bitten by an animal

- Blood or any high risk body fluid comes into contact with anyone's mucous membranes (eye or mouth)

## **HIV**

In the case of HIV infection, post-exposure prophylaxis is a course of antiretroviral drugs which reduces the risk of seroconversion after events with high risk of exposure to HIV (eg needle stick injuries or unprotected sex)

To be most effective, treatment should begin within an hour of possible infection, and no longer than 72 hours post-exposure. Prophylactic treatment for HIV typically lasts four weeks.

**THE INJURED PERSON MUST GO TO UCH A&E DEPARTMENT IMMEDIATELY AND ASK FOR POST EXPOSURE PROPHYLAXIS RETROVIRAL TREATMENT**