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Infection Control Policy

Scanning Cornwall's Hearts

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To be reviewed in June 2021

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1. Introduction

This standard infection control precautions (SICPs): national hand hygiene and personal protective equipment (PPE) policy aims to:

- support a common understanding – making the right thing easy to do for every patient, every time
- reduce variation in practice and standardise care processes
- improve how knowledge and skills are applied in infection prevention and control
- help reduce the risk of healthcare-associated infection (HAI)
- help align practice, education, monitoring, quality improvement and scrutiny.

Standard infection control precautions

Standard infection control precautions (SICPs) are to be used by all staff, in all care settings, at all times, for all patients 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 transmitting infectious agents 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 and any equipment or items in the care environment that could have become contaminated.

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

To protect effectively against infection risks, SICPs must be used consistently by all staff. SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to patient, staff and visitor safety.

There are 10 elements of SICPs:

- patient placement/assessment for infection risk
- hand hygiene
- respiratory and cough hygiene
- personal protective equipment (PPE)
- safe management of care equipment
- safe management of the care environment
- safe management of linen
- safe management of blood and body fluids
- safe disposal of waste (including sharps)
- occupational safety/managing prevention of exposure (including sharps).

This SICPs policy focuses on hand hygiene and PPE.

Hand hygiene

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

Sinks for washing hands must be used solely for that purpose and not for disposing of liquids.

Before performing hand hygiene:

- expose forearms (bare below the elbow)
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- ensure fingernails are clean and short, and do not wear artificial nails or nail products
- cover all cuts or abrasions with a waterproof dressing.

To perform hand hygiene:

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

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Perform hand hygiene:

1. before touching a patient
2. before clean or aseptic procedures
3. after body fluid exposure risk
4. after touching a patient; and
5. after touching a patient's immediate surroundings.

NB: perform hand hygiene before putting on and after removing gloves.

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

- hands are visibly soiled or dirty
- caring for patients with vomiting or diarrhoeal illnesses
- caring for a patient with a suspected or known gastrointestinal infection, eg norovirus or a spore-forming organism such as *Clostridium difficile*.

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

Where running water is unavailable, or hand hygiene facilities are lacking, staff may

use hand wipes followed by ABHR and should wash their hands at the first opportunity.

For how to wash hands, see this step-by-step guide.

For how to hand rub, see this step-by-step guide.

Skin care

- Dry hands thoroughly after hand washing, using disposable paper towels.
- Use an emollient hand cream during work and when off duty.
- Do not use or provide communal tubs of hand cream in the care setting.
- Staff with skin problems should seek advice from Verity Williams-Curnow.

Personal protective equipment

Most of our time is spent carryout direct access outpatient echocardiograms, these patients tend to be relatively well and free from infections. Very occasionally we are asked to perform an inpatient echocardiogram – very occasionally these patients can be infectious. When we are asked to scan an inpatient who is infectious we would fit them in at the end of the clinic. The physiologist will go to the ward and perform a bedside echo to reduce the risk of spreading the infection. The physiologist should wear a gown and face masks these are normally situated outside of the isolation room. After the echocardiogram has been completed, the physiologist should leave the room and the equipment is to be deep cleaned with clinnell wipes. The PPE are then removed the physiologist then washes their hands before heading back to the outpatients department.

If a patient has an infectious condition Verity Williams-Curnow will review the referral details. If the patient is clinically unwell or awaiting surgery and cannot wait for an echocardiogram we will arrange to see them at the end of the clinic. The physiologist will wait for the patient in the waiting room and bring them straight through to the clinic room without delay. The physiologist will wear PPE. Once the echocardiogram has been completed the equipment and room will be deep cleaned.

If patient infectious patient is clinically well and not awaiting surgery. The patient will be cancelled and seen in a couple of weeks time when they are no longer infectious.

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