



## **Good practice in infection prevention and control**

Guidance for nursing staff



Royal College  
of Nursing

“ ...effects [from hospital acquired infection] vary from discomfort for the patient to prolonged or permanent disability and a small proportion of patient deaths each year are primarily attributable to hospital acquired infections.

(National Audit Office, 2000) ”

#### Note about language

The term ‘patient’ has been used throughout this text but this can also be understood to mean client or resident.

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# Good practice in infection prevention and control

## Guidance for nursing staff

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## Foreword

Infection prevention and control is deservedly high on the agenda for patients, nurses and decision makers. The RCN *Wipe it Out* campaign is part of our mission to promote excellence in practice.

This updated guidance will be a valuable tool to help you and your team reduce the prevalence of health care associated infections (HCAIs). Use it together with the other *Wipe it Out* leaflets and posters to promote good practice. It will help you to spare patients' anxiety, pain, inconvenience, disability and even death.

Infection control is an essential component of care and one which has too often been undervalued in recent years. The frontlines of twenty-first century care combine tremendous technology and expertise side by side with staff shortages and concerns about hygiene. Patients and their families are concerned about whether we are getting the basics right – nutrition, dignity, hygiene.

Hand washing is far less glamorous than hi-tech interventions, but it is known to be the single most important thing we can do to reduce the spread of disease. By encouraging good practice among members of the health care team – and visitors – you will be helping patients.

A safe working environment is a safe caring environment. This guidance covers important issues including disposing of waste, managing sharps, blood and bodily fluids as well as achieving and maintaining a clean clinical environment. You will be able to appreciate how to put the guidance into practice whether you nurse in hospital, in general practice or in patients' homes.

You may also appreciate that improvements need to be made in infection prevention and control in your workplace. This is an opportunity for you to share evidence on best practice, build support from colleagues, patients, other departments and other organisations and present the convincing case for change. It is part of transforming the culture of health care through raising standards and designing person-centred services. It is as central to patient care as effective hand washing.

The RCN is calling for a number of improvements, including training in infection control for all health care staff, 24 hour availability of cleaning teams and onsite provision of staff uniforms and changing facilities. By campaigning together, we can bring about significant positive improvements for patients, the public and the health care team.

**Beverly Malone** RN PhD FAAN  
General Secretary

## Introduction

As part of its *Wipe it out* campaign the Royal College of Nursing has revised its guidance on good practice in infection prevention and control. This new updated guidance emphasises the key roles that nursing staff and other health care workers in the NHS and independent sector have in helping to reduce the prevalence of health care associated infections (HCAIs).

Every health care worker plays a vital part in helping to minimise the risk of cross infection – for example, by making certain that hands are properly washed, the clinical environment is as clean as possible, ensuring knowledge and skills are continually updated and by educating patients and visitors.

This publication includes information on the general principles of infection prevention and control, including standard infection prevention and control practice, decontamination, achieving and maintaining a clean clinical environment, what to do in the event of an invasive injury/accident, and the importance of good communication. Two small sections give guidance on variant Creutzfeldt Jakob Disease (vCJD) and methicillin-resistant *Staphylococcus aureus* (MRSA). There is also a *Useful information* section with signposts to initiatives and policies being implemented around the UK.

## The general principles of infection prevention and control (standard precautions)

Standard precautions (formerly known as universal precautions) underpin routine safe practice, protecting both staff and clients from infection. By applying standard precautions at all times and to all patients, best practice becomes second nature and the risks of infection are minimised. They include:

- 1 **achieving optimum hand hygiene**
- 2 **using personal protective equipment**
- 3 **safe handling and disposal of sharps**
- 4 **safe handling and disposal of clinical waste**
- 5 **managing blood and bodily fluids**
- 6 **decontaminating equipment**
- 7 **achieving and maintaining a clean clinical environment**
- 8 **appropriate use of indwelling devices**
- 9 **managing accidents**
- 10 **good communication – with other health care workers, patients and visitors**
- 11 **training/education.**

## 1. Hand hygiene

Hand hygiene is widely acknowledged to be the single most important activity for reducing the spread of disease, yet evidence suggests that many health care professionals do not decontaminate their hands as often as they need to or use the correct technique which means that areas of the hands can be missed. The diagram on page 5 demonstrates the hand hygiene procedure that should be followed when washing with soap and water or using an alcohol hand gel or rub.

Hands should be decontaminated before direct contact with patients and after any activity or contact that contaminates the hands, including following the removal of gloves. While alcohol hand gels and rubs are a practical alternative to soap and water, alcohol is not a cleaning agent. Hands that are visibly dirty or potentially grossly contaminated must be washed with soap and water and dried thoroughly. Hand preparation increases the effectiveness of decontamination. You should:

- ◆ keep nails short, clean and polish free
- ◆ avoid wearing wrist watches and jewellery, especially rings with ridges or stones
- ◆ artificial nails must not be worn
- ◆ any cuts and abrasions should be covered with a waterproof dressing.

Remove your wristwatch and any bracelets and roll up long sleeves before washing your hands (and wrists). In addition, bear in mind the following points:

### Facilities

Adequate hand washing facilities must be available and easily accessible in all patient areas, treatment rooms, sluices and kitchens. Basins in clinical areas should have elbow or wrist lever operated mixer taps or automated controls and be provided with liquid soap dispensers, paper hand towels and foot-operated waste bins (NHS Estates, 2002). Alcohol hand gel must also be available at 'point of care' in all primary and secondary care settings (National Patient Safety Agency (2004).

All health care workers should bring any lack of, or

inappropriately placed facilities to the notice of their managers (or matron). They also have a duty of care to patients and themselves and must use facilities provided to prevent cross infection.

### Hand drying

Improper drying can recontaminate hands that have been washed. Wet surfaces transfer organisms more effectively than dry ones and inadequately dried hands are prone to skin damage. Disposable paper hand towels of good quality should be used to ensure hands are dried thoroughly. Hand towels should be conveniently placed in wall mounted dispensers close to hand washing facilities.

## 2. Using personal protective equipment

Personal protective equipment (PPE) is used to protect both yourself and your patient from the risks of cross-infection. It may also be required for contact with hazardous chemicals and some pharmaceuticals. PPE includes items like gloves, aprons, masks, goggles or visors. In certain situations such as theatre, it may also include hats and footwear.

### Disposable gloves

Gloves should be worn whenever there might be contact with blood and body fluids, mucous membranes or non intact skin. They are not a substitute for hand washing. They should be put on immediately before the task to be performed, then removed and discarded as soon as the procedure is completed. Hands must always be washed following their removal.

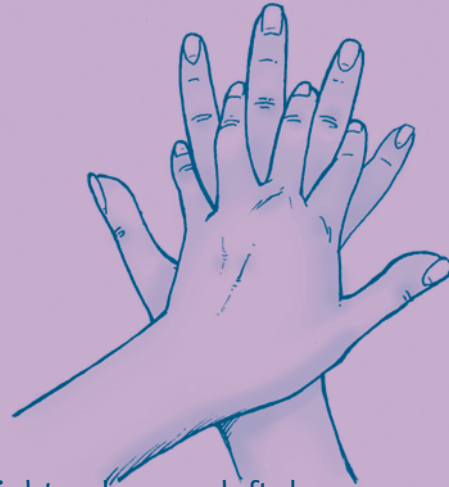
The choice of glove should be made following a suitable and sufficient risk assessment of the task, the risk to the patient and risk to the health care worker (ICNA, 2002). Nitrile or latex gloves should be worn when handling blood, blood-stained fluids, cytotoxic drugs or other high risk substances.

Polythene gloves are not suitable for use when dealing with blood and/or blood and body fluids, ie. in a clinical setting. Neoprene and nitrile gloves are good alternatives for those who are sensitive to natural rubber latex. These synthetic gloves have been shown to have comparable in-use barrier performance to

## Hand washing technique



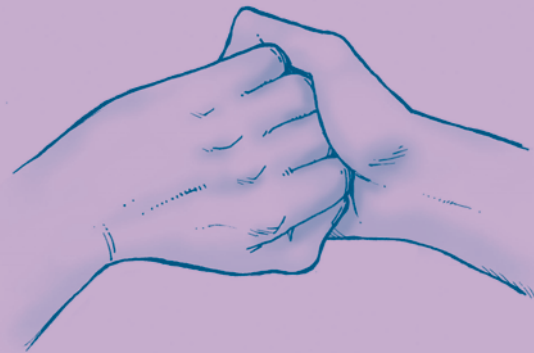
1 Palm to palm



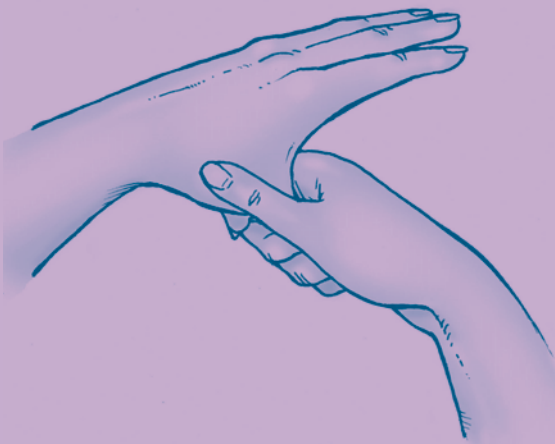
2 Right palm over left dorsum and left palm over right dorsum



3 Palm to palm fingers interlaced



4 Backs of fingers to opposing palms with fingers interlocked



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



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

**Do not forget to include wrists and dry well using paper towels**

natural rubber latex gloves in laboratory and clinical studies. Vinyl gloves can be used to perform many tasks in the health care environment, but are not appropriate when handling blood, blood-stained fluids, cytotoxic drugs or other high risk substances. Please check the local policy for your workplace.

#### Disposable plastics aprons

These should be worn whenever there is a risk of contaminating clothing with blood and body fluids and when a patient has a known infection, for example, direct patient care, bed making or when decontaminating equipment. You should discard them as soon as the intended task is completed and then wash your hands. They must be stored safely so that they don't accumulate dust which can act as a reservoir for infection. Impervious gowns should be used when there is a risk of extensive contamination of blood or body fluids.

#### Masks, visors and eye protection

These should be worn when a procedure is likely to cause blood and body fluids or substances to splash into the eyes, face or mouth. Masks may also be necessary if infection is spread by an airborne route – for example, multi drug resistant tuberculosis or severe acute respiratory syndrome (SARS) – see information on the Health Protection Agency website ([www.hpa.org.uk](http://www.hpa.org.uk)). You should ensure that this equipment fits correctly, is handled as little as possible and changed between patients or operations (see Figure 1). Masks should be discarded immediately after use.

Figure 1: Nurse wearing a mask in the correct position



### 3. Safe handling and disposal of sharps

Sharps include needles, scalpels, stitch cutters, glass ampoules and any sharp instrument. The main hazards of a sharps injury are hepatitis B, hepatitis C and HIV. Second only to back injuries as a cause of occupational injuries amongst health care workers, between July 1997 and June 2002, there were 1,550 reports of blood-borne virus exposures in health care workers – of which 42 per cent were nurses or midwives.

To reduce the risk of injury and exposure to blood-borne viruses, it is vital that sharps are used safely and disposed of carefully, following your workplace's agreed policies on safe working procedures. Your employer should provide targeted education and awareness training for all health care workers.

Some procedures have a higher than average risk of causing injury. These include intra-vascular cannulation, venepuncture and injection. Devices involved in these high-risk procedures are:

- ◆ IV cannulae
- ◆ winged steel – butterfly – needles
- ◆ needles and syringes
- ◆ phlebotomy needles.

You should ensure that:

- ◆ sharps are not passed directly from hand to hand
- ◆ handling is kept to a minimum
- ◆ needles are not broken or bent before use or disposal
- ◆ syringes or needles are not dismantled by hand and are disposed of as a single unit
- ◆ needles are never re-sheathed
- ◆ staff take personal responsibility for any sharps they use and dispose of them in a designated container at the point of use. The container should conform to UN standard 3291 and British Standard 7320
- ◆ sharps containers are not filled by more than two thirds and are stored in an area away from the public
- ◆ sharps trays with integral sharps bins are in use
- ◆ sharps are disposed of at the point of use

- ◆ sharps boxes are signed on assembly and disposal
- ◆ sharps are stored safely away from the public and out of reach of children
- ◆ staff are aware of inoculation injury policy.

If you notice that any of the above procedures are not being followed properly by colleagues you should seek advice from your infection control team who will provide education for staff on safe use and disposal of sharps.

Innovative products are available that can reduce the risk of sharps injuries. While they may be more expensive, their cost can be offset against the savings achieved in reducing sharps injuries. Guidance on the most appropriate evaluated safety devices is available from the NHS Purchasing and Supply Agency – see sources of further information for more details. For information on what to do in the event of an invasive sharps injury, see page 11 of this guidance.

## 4. Safe handling and disposal of chemical waste

Your workplace should have a written policy on waste disposal, which provides guidance on all aspects, including special waste, like pharmaceuticals and cytotoxic waste, segregation of waste and an audit trail. This should include colour coding of bags used for waste, for example:

- ◆ yellow bags for clinical waste
- ◆ black bags for household waste
- ◆ special bins for glass and aerosols
- ◆ colour coded bins for pharmaceutical or cytotoxic waste.

All health care and support staff should be instructed in the safe handling of waste, including disposal and dealing with spillages. Trusts should consider systems for segregating waste that can be recycled.



If any of the above are not being implemented health care staff should lobby their employers.

## 5. Managing blood and bodily fluids

### Spillages

These should be dealt with quickly, following your workplace's written policy for dealing with spillages. The policy should include details of the chemicals staff should use to ensure that any spillage is disinfected properly, taking into account the surface where the incident happened – for example, a carpet in a patient's home or hard surface in a hospital.

### Collecting, handling and labelling specimens

A written policy should be in place for the collection and transportation of laboratory specimens. You should:

- ◆ be trained to handle specimens safely
- ◆ collect samples (wearing protective clothing) in an appropriate sterile and properly sealed container
- ◆ complete form using patient labels (where available) and check that all relevant information is included
- ◆ take care not to contaminate the outside of the container and the request forms
- ◆ ensure that specimens are transported in accordance with the Safe Transport of Dangerous Goods Act 1999
- ◆ make sure specimens are sent to the laboratory as soon as possible. Under no circumstances should specimens be left on window sills or placed in staff pockets
- ◆ once results are available check and enter into the patient's records. Any results outside normal limits should be highlighted to the patient's clinician. Act on any infection control issues immediately.

If you feel you need further training in any of the above, speak to your infection control team who will be able to provide you with advice and training.

## 6. Decontaminating equipment

As inadequate decontamination has frequently been associated with outbreaks of infection in hospitals, it is vital that re-usable equipment is scrupulously decontaminated between each patient. To ensure that control of infection is maintained at a high level, all health care staff must be aware of the implications of safe decontamination and their responsibilities to their patients, themselves and their colleagues.

Use table 1 to make an appropriate choice of decontamination method.

Decontamination is the combination of processes – cleaning, disinfection and sterilisation – used to ensure a re-usable medical device is safe for further use.

Single use equipment (where the item can only be used once) should not be reprocessed or re-used. Devices designated for single patient use (where the item can be repeatedly used for the same patient) will be clearly marked by a symbol. Such devices include nebulisers, disposable pulse oximeter probes and certain specified intermittent catheters.

Figure 2: Symbol for single use equipment



### Cleaning

This uses water and detergent (enzymatic cleaner) to remove visible contamination but does not necessarily destroy micro-organisms, although it should reduce their numbers. Effective cleaning is an essential prerequisite to both disinfection and sterilisation.

Manual cleaning should be performed with extreme care and only if no other method or device is available. It is more efficient to use an automated/validated method, for example, an automated washer-disinfector or ultrasonic bath. For more detailed information, see *A protocol for the local decontamination of surgical instruments* (NHS Estates, 2004a).

### Disinfection

This uses chemical agents or heat to reduce the number of viable organisms. It may not necessarily inactivate all viruses and bacterial spores. Where equipment will tolerate sterilisation disinfection should not be used as a substitute.

**Washer-disinfectors** should be used only by those with the correct training and in conjunction with a suitable detergent that has been recommended by the manufacturer or trust policy. Following the rinse cycle, items should be checked for cleanliness. Machines must be maintained, validated and comply with HTM 2030.

If an ultra sonic cleaner is used the machine should

Table 1: decontamination according to associated risks

	Equipment description	Level of cleaning needed	Examples
<b>High risk</b>	Equipment that: <ul style="list-style-type: none"> <li>◆ enters a sterile body cavity</li> <li>◆ penetrates the skin</li> <li>◆ touches a break in the skin or mucous membranes.</li> </ul>	Equipment must be cleaned and sterilised – fully decontaminated – after each patient use. It should be left in a sterile state for subsequent use.	Examples include surgical instruments.
<b>Medium risk</b>	Equipment that touches intact skin or mucous membranes.	Equipment does not need to be sterile at the point of use but must be cleaned and sterilised (decontaminated) between each patient.	Examples include a bedpan.
<b>Low risk</b>	Equipment that does not touch broken skin or mucous membranes, or is not in contact with patients.	Equipment must be cleaned and/or disinfected after use.	Examples include an ophthalmoscope receiver; a bedframe

Adapted from the Medical Devices Agency publication, *Sterilisation, disinfection and cleaning of medical equipment* (1996).

be drained, cleaned, dried, covered and left dry until required for further use. Requirements for testing can be found in HTM 2030. Log books and records must be kept by the designated person for both types of machines

**Chemical disinfectants** are classified generically and their biocidal capabilities vary. While most are capable of inactivating bacteria and enveloped viruses, many are not so effective against non enveloped viruses – for example, the hepatitis viruses and also cysts and bacterial spores. Efficacy depends on choosing and using the disinfectant correctly. Chemical disinfection is not as effective as heat disinfection. For further information on the most appropriate disinfectants to use in a community setting, see *Infection control guidance for general practice* (Infection Control Nurses Association and Royal College of General Practitioners, 2003). Trusts will have their own policy for the use of appropriate disinfectants and all health care staff who use chemicals must receive education/training before handling.

The use of disinfectants is governed by the Control of Substances Hazardous to Health (COSHH) regulations, which ensure that employers must provide staff with information, instruction and training.

### Sterilisation

This ensures that an object is free from viable micro-organisms, including bacterial spores. Both acute and primary care trusts should actively work towards achieving central sterilising of reusable equipment, using local sterile services department (SSD) where available.

All SSDs that supply re-sterilised instruments to other organisations are bound by a European directive (93/42/EEC), which safeguards standards of quality. Advantages include having a cost-effective system that is quality controlled, has a tracking system and is managed and operated by trained staff in a purpose-built environment.

Where using your SSD is not possible, alternatives are:

- ◆ using pre-sterilised, single-use, disposable items. The advantages include convenience and suitability for use in areas where decontamination could be hard to achieve.

- ◆ a bench top vacuum steam steriliser. These must be installed, validated and maintained appropriately according to HTM 2010; MDA DB 9804 and MDA DB 2002 (06).

All steam sterilisers are subject to the Pressure Systems Safety Regulations 2000 and must be examined annually by a competent person.

The following table shows the times and temperatures usually used for steam sterilisation:

Table 2: steam sterilisation times and temperatures

Sterilising temperature range in centigrade min – max	Approximate pressure (bar)	Minimum hold time in minutes
134 – 137	2.25	3
126 – 129	1.5	10
121 – 124	1.15	15

The Medical Devices Agency bulletin DB 2002 (06) provides guidance on purchase, operation and maintenance of bench top steam sterilisers (2002). It draws attention to the need for:

- ◆ daily testing by the user
- ◆ periodic testing by a qualified engineer
- ◆ operator training
- ◆ knowledge of the legal and insurance aspects of ownership and use
- ◆ comprehensive record keeping of testing.

Finally, bear in mind that the effectiveness of decontamination may be hindered at any stage of the process by:

- ◆ poor choice of method
- ◆ poor technique
- ◆ lack of maintenance of equipment
- ◆ inadequate monitoring
- ◆ poor handling or storage of equipment.

## 7. Achieving and maintaining a clean clinical environment

A dirty clinical environment is one of the factors that may contribute towards infection rates. Conversely, high standards of cleanliness will help to reduce the risk of cross-infection. Good design in buildings, fixtures and fittings is also important to allow efficient cleaning. According to guidance published by NHS Estates – an agency of the Department of Health – health care facilities should be patient friendly and offer a safe environment for care (NHS Estates, 2004b).

Cleaning removes contaminants, including dust and soil, large numbers of micro-organisms and the organic matter that may shield them, for example, faeces, blood and other bodily fluids.

### In hospitals

NHS Estates has published a variety of guidance under its clean hospitals programme, which began in 2000. *National standards of cleanliness for the NHS* (NHS Estates, 2002b) provides trust cleanliness scores. An implementation toolkit and audit materials are also available. The *NHS healthcare cleaning manual* (NHS Estates, 2004c) acts as a resource to

*About nine per cent of inpatients have a hospital acquired infection at any one time, equivalent to at least 100,000 infections a year (National Audit Office, 2000)*

assist in training and setting standards to help promote high quality and consistent service levels. Patient Environment Action Teams (PEATs) regularly inspect hospitals to assess a wide range of cleanliness issues

in wards, reception and waiting areas, A&E, corridors, furnishings, linen and external appearance.

### In general practices

Nurses who work in a GP practice should have a regular planned, written and monitored cleaning

schedule that details the items and environments to be cleaned:

- ◆ before and after each clinic session
- ◆ daily
- ◆ weekly
- ◆ monthly
- ◆ annually.

Additionally, cleaning equipment such as vacuums, floor scrubbing machines and polishers should be cleaned and properly maintained. Information on recommended methods of cleaning and disinfection should be available for staff. Detailed guidance is available from *Infection control guidance for general practice* (Infection Control Nurses Association and Royal College of General Practitioners, 2003).

## 8. Appropriate use of indwelling devices†

Make sure you use the correct technique when using indwelling devices as it is vital to reduce the risk of patients acquiring infection. 80 per cent of urinary infections can be traced back to indwelling urinary catheters. These infections arise because catheters traumatise the urethra as well as providing a pathway for bacteria and other organisms to enter the bladder. The longer such catheters are in place, the higher the risk of infection.

Similarly, over 60% of blood infections are introduced by intravenous feeding lines, catheters or similar devices. This is because micro-organisms on the patient's skin (either those naturally present or those acquired whilst in hospital) can gain entry to deeper tissues or the bloodstream when a cannula or catheter is inserted into a vein.

Follow your work place policy on the use of indwelling devices. You can access further information on use of intravenous feeding lines; urinary catheters; peripheral intravenous cannulae and central venous lines at [www.rcn.org.uk/mrsa](http://www.rcn.org.uk/mrsa)

† Adapted from: Department of Health, *Winning Ways - Working together to reduce healthcare associated infection in England, December 2003*

## 9. Managing accidental exposure to blood-borne virus

Accidental exposure to blood and body fluids can occur by:

- ◆ percutaneous injury – for example, from needles, instruments, bone fragments or significant bites that break the skin
- ◆ exposure of broken skin – for example, abrasions, cuts or eczema
- ◆ exposure of mucous membranes, including the eyes and the mouth.

Figure 3 illustrates the action that should be taken immediately following accidental exposure to bodily fluids, including blood.

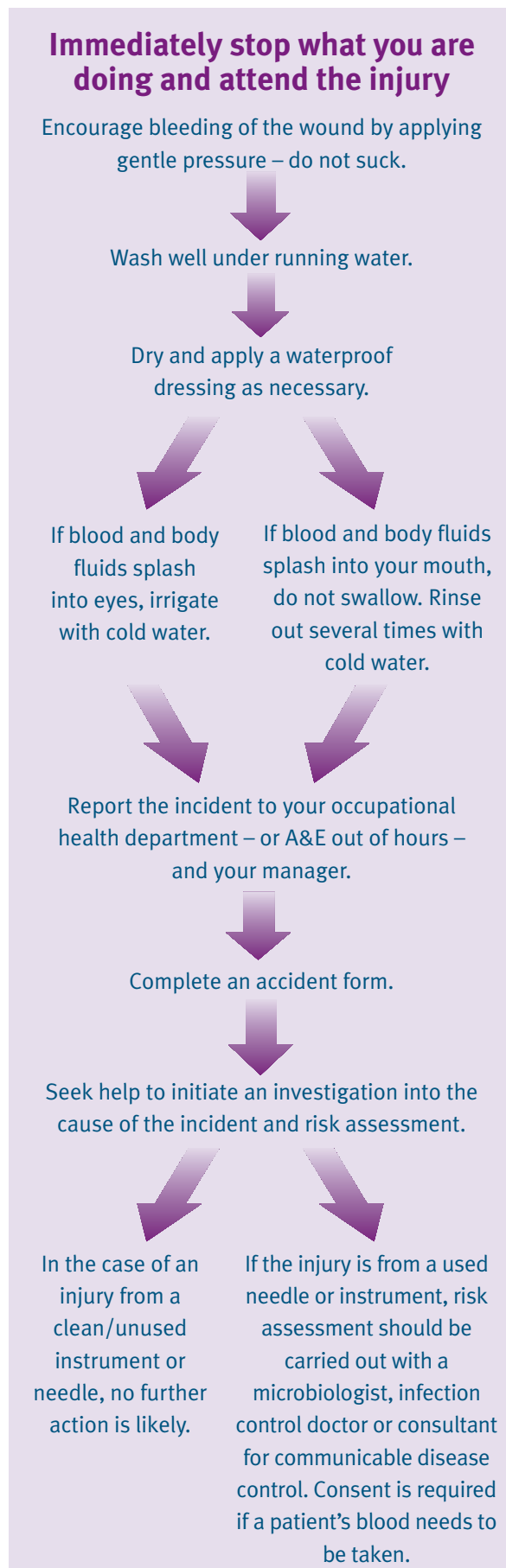
### Managing the risk of HIV

If there has been exposure to blood, high risk blood and body fluids or tissue known or strongly suspected to be contaminated with HIV, the Chief Medical Officer's Expert Advisory Group on AIDS recommends the use of antiretroviral post exposure prophylaxis (PEP). Ideally, this is given within an hour of exposure and the full course lasts for four weeks. Where treatment is delayed but the source person proves to be HIV positive, PEP can be given up to two weeks from the time of the injury. **Advice and follow-up care from your occupational health department are essential.**

### Managing the risk of hepatitis B (HBV)

The risk of contracting HBV from needlestick exposure in a health care setting is much higher than HIV because the virus is both more infectious and has greater prevalence. As a result, the RCN recommends that all nurses should be vaccinated against hepatitis B with monitoring of antibody titre levels and boosters, where inoculation injury occurs and titres are low. Staff should take responsibility for this and should contact the occupational health department if there are any concerns.

FIGURE 3: MANAGING ACCIDENTS



## 10. Good communication

Anxiety about HCAs, including MRSA, is often based on ignorance about the risks of infection and the precautions to prevent transmission. Nurses can do a great deal to allay fears by communicating effectively, without breaking confidentiality. For example, nurses should:

- ◆ provide information leaflets for patients, visitors and staff
- ◆ provide notices which describe the precautions needed
- ◆ talk to patients about how they can help themselves
- ◆ include support staff in team meetings during outbreaks
- ◆ tell the patient how their care might be affected by a HCAI and how long precautions will be needed
- ◆ ensure that other staff understand the actions they need to take – for example, if the community nurse needs to continue care at home
- ◆ inform general practitioners on discharge or transfer if their patient has acquired a HCAI.



The RCN has produced leaflets for patients and visitors as part of its *Wipe it out* campaign. You can obtain copies of these by downloading them from the RCN website at [www.rcn.org.uk/mrsa](http://www.rcn.org.uk/mrsa)

## 11. Training

All health care professionals who have a clinical responsibility for patients must include infection prevention and control as part of their every day practice. The RCN believes all health care staff should receive mandatory infection control training as part of their induction and on an ongoing annual basis. It is particularly important that knowledge and skills are continually updated.

The training should cover all the general principles of infection prevention and control (as outlined in this publication), to emphasise the key role that health care professionals play in minimising the spread of infection; to highlight what can happen as a result of bad practice and underline the importance of good communication.

Training should include:

- ◆ practical hand washing sessions/use of alcohol hand sanitizer
- ◆ aseptic technique
- ◆ the importance of environmental/equipment cleaning and whose responsibility
- ◆ who to go to for advice/ more information
- ◆ trust infection and prevention policies
- ◆ what you can do to help yourself, your colleagues and your patients (uniform, hair, general hygiene).

Please refer to the RCN infection control checklist (Appendix 1) as a reminder of the key steps. You may want to photocopy this and display it in your workplace.

## Variant Creutzfeldt-Jakob Disease

Thorough cleaning of instruments is extremely important in reducing the possible transmission of all micro-organisms – in particular the abnormal protein prion that is known to cause variant Creutzfeldt Jakob Disease (vCJD). Research shows that these prions are resistant to all common methods of decontamination. For information and advice on vCJD, risk assessment and how to handle instruments that may have been used on people who have this condition, you should consult your local:

- ◆ consultant in communicable disease control
- ◆ microbiologist
- ◆ infection control nurse.

Further guidance can also be obtained from: *Transmissible spongiform encephalopathy agents: safe working and the prevention of infection* (Advisory Committee on Dangerous Pathogens and Spongiform Encephalopathy Advisory Committee, 2003).

## Methicillin-resistant *Staphylococcus aureus*

‘Mortality rates for deaths involving MRSA increased over 15-fold during the period 1993-2002.’ (Office of National Statistics, 2005)

For information related specifically to MRSA please read the RCN’s guidance *Methicillin-resistant Staphylococcus aureus (MRSA): guidance for nursing staff* (2005). RCN members can order copies by calling RCN Direct on 0845 772 6100 and quoting publication code 002 740. Alternatively, members and non-members can find out more about MRSA by visiting [www.rcn.org.uk/mrsa](http://www.rcn.org.uk/mrsa)



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Department of Health (1995) *Hospital laundry arrangements for used and infected linen*. London: DH (HSG(95)18).

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### Resources available from the RCN

As part of its *Wipe it out* campaign, the RCN has produced a range of leaflets and posters to help nursing staff, patients and visitors promote good practice in infection control. To obtain copies and to find out more about infection control go to [www.rcn.org.uk/mrsa](http://www.rcn.org.uk/mrsa)

The RCN has also produced a wealth of other information and guidance as part of its *Working Well Initiative*. Titles – including the following – are available to members by calling RCN Direct on 0845 772 6100 and quoting the publication code.

- ◆ Royal College of Nursing (1999) *Losing your touch? Avoid latex allergy*. London: RCN. Publication code: 000 948
- ◆ Royal College of Nursing (2002) *Is there an alternative to glutaraldehyde? A review of agents used in cold sterilisation (second edition)*. London: RCN. Publication code: 001 362

## Useful websites

You may find the following websites useful:

- ◆ The Department of Health: [www.dh.gov.uk](http://www.dh.gov.uk)
- ◆ The Health Protection Agency (HPA): [www.hpa.org.uk](http://www.hpa.org.uk)
- ◆ The Hospital Infection Society: [www.his.org.uk](http://www.his.org.uk)
- ◆ Infection Control Nurses Association: [www.icna.co.uk](http://www.icna.co.uk)
- ◆ The Medical and Healthcare products Regulatory Agency: [www.mhra.gov.uk](http://www.mhra.gov.uk)

In April 2003, the Medical Devices Agency merged with the Medicines Control Agency to form the MHRA. This executive agency of the Department of Health produces a variety of bulletins and alerts including advice on single use items, bench top sterilisers and the decontamination of endoscopes.

- ◆ The National Institute for Clinical Excellence (NICE): [www.nice.org.uk](http://www.nice.org.uk)  
 In 2001, NICE produced *Standard principles for prevention of hospital acquired infection* and in 2003, *Infection control – prevention of health care associated infection in primary and community care*
- ◆ National Patient Safety Agency [www.npsa.nhs.uk](http://www.npsa.nhs.uk)  
 The NPSA has developed the **cleanyourhands** campaign which targets hand hygiene as a key patient safety issue.  
[www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)
- ◆ NHS Estates: [www.nhsestates.gov.uk](http://www.nhsestates.gov.uk)  
 For information on their clean hospitals programme and downloadable copies of advice, guidance and audit materials.
- ◆ NHS Purchasing and Supply Agency: [www.pasa.nhs.uk](http://www.pasa.nhs.uk)  
 This website offers guidance on safety devices.
- ◆ The Safer Needles Network: [www.saferneedlesnow.net](http://www.saferneedlesnow.net) and [www.needlestickforum.net](http://www.needlestickforum.net)

## Glossary

**COSHH** – Control of Substances Hazardous to Health

**Creutzfeldt-Jakob Disease (vCJD)** – a disease in which rapid progressive degeneration of brain tissue results in dementia and eventually death

**HAI** – hospital acquired infection – any infection acquired while undergoing treatment, investigation or rehabilitation in hospital

**Hand washing** – washing the hands with an unmedicated detergent and water (or water alone), to remove dirt and loose transient flora in order to prevent cross-infection

**HBV** – Hepatitis B

**HCAI** – health care associated infection – any infection acquired while undergoing treatment, investigation or rehabilitation in any health care setting or in community care settings

**MRSA** – *Staphylococcus aureus* which is resistant to an antibiotic called methicillin are referred to as methicillin-resistant *Staphylococcus aureus* or MRSA. **Methicillin-resistant means flucloxacillin resistant**

**PEAT** – patient environment action team

**PEP** – post exposure prophylaxis

**PPE** – personal protective equipment

**SARS** – severe acute respiratory syndrome

**Sterile** – free from any living organisms, for example, sterile gloves, sterile catheter

**SSD** – sterile services department

## Appendix 1

# Infection control checklist

Standard precautions underpin safe protection and should be used at all times with every patient. Use the following checklist to guide you.

### Have you washed your hands?

Hand washing is the single most important step in reducing the spread of disease. Use the six-step technique before direct contact with patients and after any activity that contaminates the hands. Dry thoroughly afterwards, using disposable towels.

### Do you need to use personal protective equipment?

Carry out a risk assessment if potential contamination by blood or body fluid is likely. Use disposable gloves, aprons, masks, goggles or visors to protect yourself and your patient from these risks of cross-infection, and when handling these substances or hazardous chemicals and some pharmaceuticals.

### Are you preventing sharps injuries?

Keep handling to a minimum and never re-sheath. Dispose of sharps carefully in a special container at the point of use.

### Are you disposing of waste safely?

Ensure that you have been instructed in how to dispose of waste safely, including the colour coding of bags used for different types of waste.

### Do you deal promptly with spillages?

Spillages must be dealt with quickly, using appropriate chemical disinfectants as necessary. Ensure you have a thorough knowledge of chemical disinfectants.

### Do you scrupulously decontaminate equipment?

Meticulously clean, disinfect and sterilise re-usable equipment, as appropriate, to ensure it is safe for future use.

### Are you maintaining a clean environment?

Ensure your workplace has a regularly planned, written and monitored cleaning schedule, which details both the items and environments to be cleaned and how often this should happen.

### Do you know what to do in the event of an accident?

Attend the injury, washing it well in cold running water. If bodily fluids have splashed into eyes, irrigate with cold water. If they have splashed into a mouth, do not swallow and rinse out several times with cold water. Report the incident and seek expert advice.

### And finally, do you know your workplace's procedures?

Ensure that you understand and follow your workplace's written policies and procedures on all aspects of infection control.

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promotes excellence in practice and  
shapes health policies

