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Review Sheet		
Last Reviewed 16 Dec '22	Last Amended 16 Dec '22	Next Planned Review in 12 months, or sooner as required.
Business impact	 <p>These changes require action as soon as possible.</p> <p><b>HIGH IMPACT</b></p>	
Reason for this review	Scheduled review	
Were changes made?	Yes	
Summary:	This policy will support staff with infection control practices. It has been updated in light of changes to the 'COVID-19 supplement to the infection prevention and control resource for adult social care' guidance. Updates have been made to sections 5.1 and 5.7 as well as to the definition in relation to use of face masks and outbreak management. References have also been checked to ensure they remain current.	
Relevant legislation:	<ul style="list-style-type: none"> <li>• The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013</li> <li>• Public Health (Control of Disease) Act 1984 (as amended)</li> <li>• The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance</li> <li>• The Care Act 2014</li> <li>• Control of Substances Hazardous to Health Regulations 2002</li> <li>• Food Safety Act 1990</li> <li>• The Food Safety and Hygiene (England) Regulations 2013</li> <li>• The Hazardous Waste (England and Wales) Regulations 2005</li> <li>• The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</li> <li>• Health and Safety at Work etc. Act 1974</li> <li>• Management of Health and Safety at Work Regulations 1999</li> <li>• Mental Capacity Act 2005</li> <li>• The Health and Safety (Miscellaneous Amendments) Regulations 2002</li> <li>• Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)</li> <li>• Coronavirus Act 2020</li> <li>• Health and Care Act 2022</li> </ul>	

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Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: NHS, (2022), *National infection prevention and control manual for England*. [Online] Available from: <https://www.england.nhs.uk/wp-content/uploads/2022/04/C1636-national-ipc-manual-for-england-v2.pdf> [Accessed: 16/12/2022]
- Author: Gov.UK, (2022), *Health and Care Act 2022*. [Online] Available from: <https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted> [Accessed: 16/12/2022]
- Author: NHS, (2021), *National Standards of Healthcare Cleanliness 2021*. [Online] Available from: <https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021.pdf> [Accessed: 16/12/2022]
- Author: UKHSA, (2022), *Mpox (monkeypox): guidance*. [Online] Available from: <https://www.gov.uk/government/collections/monkeypox-guidance> [Accessed: 16/12/2022]
- Author: UK Health Security Agency, (2022), *People with symptoms of a respiratory infection including COVID-19*. [Online] Available from: <https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19> [Accessed: 16/12/2022]
- Author: MHRA, (2020), *COVID-19 General Case Definition Change*. [Online] Available from: <https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103043> [Accessed: 16/12/2022]
- Author: Central Alerting System, (2019), *Portable fans in health and social care facilities: risk of cross infection*. [Online] Available from: <https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102823> [Accessed: 16/12/2022]
- Author: The Department of Health, (2022), *Health and Social Care Act 2008: code of practice on the prevention and control of infections*. [Online] Available from: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance#full-publication-update-history> [Accessed: 16/12/2022]
- Author: UK Health Security Agency, (2022), *Living safely with respiratory infections, including COVID-19*. [Online] Available from: <https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19> [Accessed: 16/12/2022]
- Author: UK Health Security Agency, (2022), *Infection prevention and control in adult social care: COVID-19 supplement*. [Online] Available from: <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement> [Accessed: 16/12/2022]
- Author: Health and Safety Executive, (2013), *Reporting injuries, diseases and dangerous occurrences in health and social care - Guidance for employers*. [Online] Available from: <https://www.hse.gov.uk/pubns/hsis1.htm> [Accessed: 16/12/2022]
- Author: Health and Safety Executive, (2022), *Blood-borne viruses (BBV)*. [Online] Available from: <https://www.hse.gov.uk/biosafety/blood-borne-viruses/index.htm> [Accessed: 16/12/2022]
- Author: National Institute for Health and Care Excellence, (2017), *CG139 - Healthcare-associated infections: prevention and control in primary and community care*. [Online] Available from: <https://www.nice.org.uk/guidance/cg139/chapter/1-guidance> [Accessed: 16/12/2022]
- Author: Department of Health and Social Care, (2022), *Infection prevention and control: resource for adult social care*. [Online] Available from: <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care> [Accessed: 16/12/2022]
- Author: UK Government, (2022), *COVID-19: information and advice for health and care professionals*. [Online] Available from: <https://www.gov.uk/guidance/covid-19-information-and-advice-for-health-and-care-professionals> [Accessed: 16/12/2022]

Suggested action:

- Encourage sharing the policy through the use of the QCS App

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## Equality Impact Assessment:

QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

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## 1. Purpose

**1.1** To describe the arrangements in place at Master Care Ltd to protect both staff and Service Users from infection, and the means through which Master Care Ltd will operate safe and effective care practices.

**1.2** To outline the approach of Master Care Ltd for ensuring that related policies and procedures, such as the Personal Protective Equipment (PPE) Policy and Procedure, are followed.

**1.3** To support Master Care Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
RESPONSIVE	R2: How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	S5: How well are people protected by the prevention and control of infection?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?
WELL-LED	W4: How does the service continuously learn, improve, innovate and ensure sustainability?
WELL-LED	W5: How does the service work in partnership with other agencies?

**1.4** To meet the legal requirements of the regulated activities that {Master Care Ltd} is registered to provide:

- | The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013
- | Public Health (Control of Disease) Act 1984 (as amended)
- | The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance
- | The Care Act 2014
- | Control of Substances Hazardous to Health Regulations 2002
- | Food Safety Act 1990
- | The Food Safety and Hygiene (England) Regulations 2013
- | The Hazardous Waste (England and Wales) Regulations 2005
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Health and Safety at Work etc. Act 1974
- | Management of Health and Safety at Work Regulations 1999
- | Mental Capacity Act 2005
- | The Health and Safety (Miscellaneous Amendments) Regulations 2002
- | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- | Coronavirus Act 2020
- | Health and Care Act 2022

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## 2. Scope

**2.1** The following roles may be affected by this policy:

- | All staff
- | Registered Manager
- | Infection Prevention Lead

**2.2** The following Service Users may be affected by this policy:

- | Service Users

**2.3** The following stakeholders may be affected by this policy:

- | Family
- | External health professionals
- | Local Authority
- | NHS



## 3. Objectives

**3.1** To set out the framework for reducing the risk of infection and maintaining effective infection control.

**3.2** To describe how Master Care Ltd will ensure that all staff understand their roles and responsibilities for maintaining effective infection control.

**3.3** To ensure the compliance of all Master Care Ltd services with relevant legislation and best practice guidance. Master Care Ltd will follow all current UKHSA guidance, with specific reference to the [COVID-19 supplement to the infection prevention and control resource for adult social care](#), which includes guidance on:

- | Staff infection prevention and control (IPC) considerations
- | IPC considerations for people receiving care
- | Environmental considerations



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## 4. Policy

**4.1** Master Care Ltd recognises its responsibilities and clearly communicates the safe working practices required for infection prevention and control to all staff.

Master Care Ltd is committed to minimising the risk of infection to staff and Service Users by ensuring good standards of basic hygiene and applying universal infection control procedures.

**4.2** Master Care Ltd achieves this through a robust risk assessment process, implementation of effective controls and the provision of appropriate training and equipment to all staff.

It will ensure that all staff understand the importance of good hand hygiene, how to use personal protective equipment (PPE) and how to effectively follow the COVID-19 Personal Protective Equipment (PPE) Policy and Procedure at Master Care Ltd.

**4.3** Master Care Ltd takes its responsibilities seriously in relation to blood-borne viruses, the safer use of sharps and the safe disposal of waste. It will make sure that risks are identified and that measures to control or prevent these risks are clearly documented and cascaded to all staff, Service Users and key stakeholders.

**4.4** An Infection Prevention Lead (IPL) will be identified within Master Care Ltd. The IPL, in line with the Health and Social Care Code of Practice on the prevention and control of infections and related guidance (2015) and the new [National Infection prevention and control guidance 2022](#), will:

- | Be responsible for infection prevention (including cleanliness) management at Master Care Ltd
- | Oversee local prevention of infection policies and their implementation
- | Report directly to
- | Have the authority to challenge inappropriate practice
- | Have the authority to set and challenge standards of cleanliness
- | Assess the impact of all existing and new policies on infection and make recommendations for change
- | Be an integral member of the governance and safety teams and structures where they exist at Master Care Ltd
- | Produce an annual statement with regard to compliance with practice on infection prevention and cleanliness and make it available on request
- | Ensure that there is evidence of appropriate action taken to prevent and manage infection
- | Undertake an audit programme to ensure that appropriate policies have been developed and implemented
- | Provide evidence that the annual statement from the Infection Prevention Lead has been reviewed and, where indicated, acted upon
- | In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence should be available on the implementation of effective controls and compliance with the applicable regulations

**4.5** Master Care Ltd will ensure that all staff understand the importance of good hand hygiene and how to use Personal Protective Equipment (PPE). Staff can refer to the Personal Protective Equipment (PPE) Policy and Procedure for further information.



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## 5. Procedure

### 5.1 Outbreaks of Communicable Diseases

- | An outbreak is defined as 2 or more linked cases of the same (confirmed or suspected) infection occurring around the same time and associated with the service or location within a 14-day period
- | Advice on outbreaks can be sought from the Health Protection Team (HPT) or local partner, and if it is a suspected food-related outbreak, advice can be obtained from environmental health departments
- | Staff must observe all Service Users for signs and symptoms of Coronavirus and advise to self-isolate in line with current guidelines. The Care Quality Commission MUST be notified and staff must follow the Coronavirus Policy and Procedure advice
- | Care Workers must be aware of the signs of infection. They must also know to report these signs immediately to senior management when they occur
- | Where staff contract a communicable disease, advice should be sought from their GP. The Registered Manager should seek health advice where necessary
- | For employees where a doctor diagnoses a disease which is linked with occupational exposure, a report must be submitted to the Health and Safety Executive (RIDDOR). In specific scenarios, some instances of COVID-19 may also need to be reported. Further details on the RIDDOR reporting of COVID-19 can be found at <https://www.hse.gov.uk/riddor/coronavirus/index.htm>
- | Localised business continuity plans must include provisions made for outbreaks of communicable diseases, e.g. a pandemic

### 5.2 Management of an Outbreak of Viral Gastrointestinal Disease

Viral gastrointestinal illness is usually caused by Norovirus. This causes a short illness (12-60 hours) associated with nausea, profuse vomiting (often projectile), diarrhoea and abdominal pain. This can cause dehydration in the vulnerable and the elderly.

The criteria for suspecting a Norovirus outbreak:

- | Vomiting
- | Duration of illness (12-60 hours)
- | Service Users and staff affected
- | Cases are often in clusters up to 48 hours apart due to an incubation period of 15-48 hours

As soon as an outbreak is discovered, it is essential to follow the process as detailed in section 5.1.

The Registered Manager must ensure that a daily outbreak record sheet is completed and staff sickness should also be recorded on here. (Please see the Forms section of this policy). A Bristol Stool Chart can also be used to classify the stool type, where required.

Service Users may be required to take faecal specimens to their GP as soon as symptoms develop. Ideally, staff should also submit faecal samples via their own GP. Specimens should be sent promptly for investigation as virus particles deteriorate rapidly. Unless specifically requested, staff should not send samples of vomit for investigations as these are not required.

It is important that affected Service Users isolate with their own toilet facilities, where possible. A commode might be used when a Service User does not have access to their own toilet. It is important that strict isolation procedures are implemented and Service Users must remain isolated until 48 hours after normal bowel habits have returned and/or vomiting has stopped.

During an outbreak, Service Users should not leave their home unless for clinical management. All healthcare professionals must also be made aware that the Service User is infected. Service Users should also not be transferred to another service unless they have been symptom free for 48 hours.

If an outbreak is confirmed, the Registered Manager, in consultation with the wider healthcare team, may close the service for new admissions. Restrictions on the movement of staff must also be paramount. In these cases, the service must stay closed for 72 hours after the detection of the last new case and the Health Protection Team will be involved in any decision making.

### 5.3 Handwashing

Most healthcare associated infections are preventable through good hand hygiene - cleaning hands at the right times and in the right way. The aim of routine handwashing is to remove dirt and most transient micro-organisms (germs that can be easily removed by handwashing) found on the hands. All staff involved in the delivery of care and support must wash their hands. In pandemic situations, such as COVID-19, the

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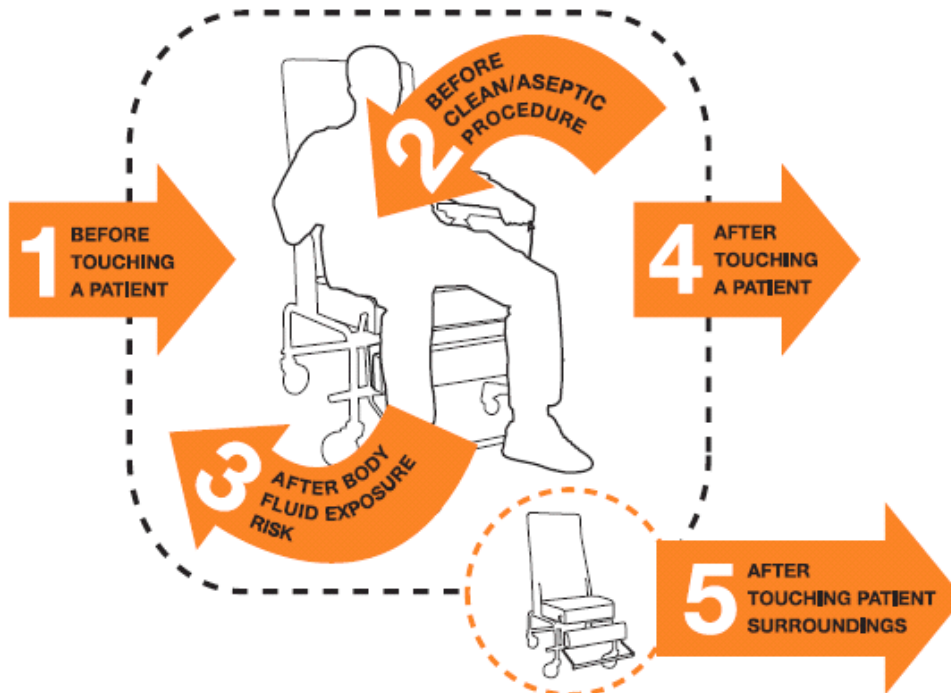


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washing of hands must be more frequent including:

- | Before starting work and going home
- | Before eating, preparing or handling food
- | Before and after giving any direct care to each Service User
- | Before administering medications
- | After any activity that contaminates the hands or when hands are visibly soiled
- | After using the toilet
- | After sneezing/blowing the nose
- | After cleaning activities
- | Before providing clinical care, where applicable, e.g. catheter care, dressing wounds
- | Any other occasions when hands are thought to have been contaminated
- | Before donning and doffing PPE

# Your 5 Moments for Hand Hygiene



## 5.4 Choice of Handwashing Agent

Handwashing can be improved by the provision of adequate and conveniently located facilities and good hand preparation decreases the risk of contamination. However, within a Service User's home, this is not always available. In Pandemic situations, such as COVID-19, the washing of hands must be more frequent. The washing of forearms must also take place when they have been exposed or may have been exposed to respiratory droplets or other body fluids.

### Liquid Soap

Handwashing with liquid soap and water removes dirt and organic material and must be used:

- | Prior to and following direct contact with Service Users

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- | Following direct hand contact with body fluids when gloves must have been worn
- | When hands are visibly dirty or visibly soiled with body fluids and other organic matter
- | When caring for Service Users with undiagnosed diarrhoea and/or vomiting, Service Users with COVID-19, Clostridium Difficile or Norovirus and during outbreaks of these organisms
- | After several consecutive applications of alcohol gel/rub

### **Alcohol Handrub**

Alcohol hand rub is recommended for routine hand decontamination because:

- | It is more effective
- | It is quicker and easier to use
- | It is better tolerated by the hands
- | It can be provided at the point of care
- | It can be used when liquid soap is not available in the Service User's home or if the Service User's home is too dirty to wash and dry hands with soap and water

However, staff must be aware that alcohol gel/rub will not remove dirt or organic material and is not effective against Clostridium Difficile and Norovirus. Alcohol gel/rub is flammable and must be correctly stored.

### **Muslims and Alcohol-Based Hand Gel**

In accordance with the 'Muslim Spiritual Care Provision' in the NHS (MSCP) advice, alcohol-based hand gel contains synthetic alcohol and does not fall within the Muslim prohibition against natural alcohol. Therefore, Muslims can use such gels.

### **Bar Soap**

Bar soap must not be used by staff at Master Care Ltd.

## **5.5 Handwashing Technique**

### **Using Liquid Soap**

- | Expose the wrists and forearms. All parts of the hands and, where exposed, forearms must be included in the process
- | Where forearms require cleaning, they must be cleaned first and then the hands
- | Wet hands under running warm water before applying soap
- | Apply liquid soap in the recommended product volume
- | Using the six-step technique:
  - | Rub all parts of the hands vigorously, without applying more water
  - | Use one hand to rub the back of the other hand and clean in between the fingers. Do the same with the other hand
  - | Rub your hands together and clean in between your fingers
  - | Rub the backs of your fingers against your palms
  - | Rub your thumb using your other hand and do the same with the other thumb
  - | Rub the tips of your fingers on the palm of your other hand and do the same with the other hand
- | Rinse under running water
- | The handwashing process must take 40-60 seconds, and a useful tip to check that you are washing your hands for the right amount of time is to sing 'Happy Birthday' twice

### **Using Alcohol Gel/Rub**

- | Hands must be free from dirt and organic matter; if not, wash them first
- | Avoid using excessive amounts of alcohol gel/rub to minimise skin damage. Apply one shot (approx. 5 ml) of alcohol hand rub
- | The hand rub must come into contact with all surfaces of the hands, so hands must be rubbed together vigorously and systemically to include wrists, tips of fingers, backs of hands, palms, thumbs and webs of fingers, for ten to fifteen seconds until the solution has evaporated

### **Hand Drying**

- | Improper drying can re-contaminate hands that have been washed
- | Dry thoroughly with a disposable paper hand towel

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- ┆ Dispose of paper towel into bins with foot-operated pedals
- ┆ Do not touch the bin with hands

Refer to 'How to Handwash' in the Forms section (Source: World Health Organisation).

### 5.6 Personal Protective Equipment (PPE)

Staff must wear PPE if there is any risk of exposure to blood or body fluids. PPE includes gloves and aprons and, where there is a risk of airborne or droplet infection, appropriate masks.

Staff at Master Care Ltd must refer to the Personal Protective Equipment (PPE) Policy and Procedure at Master Care Ltd for current guidelines.

The choice of PPE depends on the activity and the anticipated risk of exposure to body fluids.

All PPE should be stored appropriately to minimise the risk of contamination prior to use.

### 5.7 Face Masks

Face masks and eye protection should be worn when there is a possibility of splashing of blood or mucous/bodily fluids, or if chemicals/detergents may get into the eyes.

Care Workers do not routinely need to wear a face mask at all times, including when providing Care in a Service User's own home. However, there remains a number of circumstances where it is recommended that Care Workers wear masks to minimise the risk of transmission of COVID-19. These include:

- ┆ If the Service User is known or suspected to have COVID-19 (recommended Type IIR fluid-repellent surgical mask)
- ┆ If the Care Worker is a household or overnight contact of someone who has had a positive test result for COVID-19

Mask wearing may also be considered when an event or gathering is assessed as having a particularly high risk of transmission.

If the Service User would prefer Care Workers to wear a mask while providing them with Care, then this should be supported. Master Care Ltd will also support the personal preferences of Care Workers and any visitors to Master Care Ltd to wear a mask in scenarios over and above those recommended in the [DHSC guidance](#). (Source - Department of Health and Social Care - COVID-19 supplement to the infection prevention and control resource for adult social care)

All face masks should:

- ┆ Be well fitted to cover the nose, mouth and chin
- ┆ Be worn according to the manufacturer's recommendations
- ┆ Not be allowed to dangle around the neck at any time
- ┆ Not be touched once put on
- ┆ Be worn according to the risk-assessed activity
- ┆ Be removed and disposed of appropriately, with the wearer cleaning their hands before removal and after disposal

Staff should refer to the policies and procedures of Master Care Ltd in relation to PPE and COVID-19.

### 5.8 Use of Gloves

The use of gloves does not replace the need for hand hygiene. Gloved hands must not be washed or cleaned with alcohol hand rub. Hands must be washed after the removal of gloves. The use of gloves will be based on an assessment of the risk of contact with blood, body fluids, secretions and/or excretions, non-intact skin, mucous membranes, hazardous drugs and chemicals, e.g. cleaning agents.

Where a risk exists, gloves will be worn to protect the Care Worker and/or the Service User.

Due to the increasing incidence of latex allergies, Master Care Ltd will supply nitrile gloves as an alternative.

Gloves will be stored in their original containers, away from direct sunlight, heat sources and liquids, including chemicals. The area will be clean and must protect the gloves from contamination.

#### Glove Removal

Gloves must be removed by holding at the cuff and peeling the glove over the hand, then folding the second glove off the hand over the first glove, enclosing the first glove within the second glove and disposing of the gloves in accordance with the Clinical Waste Disposal Policy and Procedure.

#### Coronavirus and the Use of Gloves

Master Care Ltd will follow the guidance within the COVID-19 supplement to the infection prevention and control resource for adult social care guidance from the UK Health Security Agency in relation to glove use.

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In addition to [recommendations for standard precautions](#) (e.g. when there is a risk of contact with blood or body fluids), gloves are worn by Master Care Ltd staff when providing close care for a person who has suspected or confirmed COVID-19. Gloves must be removed and disposed of upon leaving the room. Disposable gloves are single-use and must be disposed of immediately after completion of a procedure or task and after each Service User, followed by hand hygiene. Care must be taken not to touch the face, mouth or eyes when wearing gloves.

### 5.9 Soiled Linen

Washing and rinsing soiled linen can reduce disease-causing germs and must only be completed where this is part of the Service User's Care Plan.

Linens may be laundered together using detergent and dried in a hot air dryer to ensure that harmful germs are killed. Linens soiled with large quantities of faeces or vomit may require pre-treating to remove the soiling. When handling soiled linen, care staff must adhere to the following best practice:

- | Gloves and aprons must be used if care staff have to handle any laundry soiled with blood or body fluids. In addition, where the Service User has COVID-19, the current government [PPE guidelines](#) must be adhered to
- | Care staff will avoid soiled linen touching their skin or clothes
- | Position the laundry basket nearby to reduce handling (keep off the floor and fabric covered furniture)
- | Do not shake soiled linen; remove faecal material into the toilet
- | Wash heavily soiled laundry separately and add laundry bleach to wash water according to the manufacturer's instructions if the material is bleach tolerant. Follow any COSHH instructions on the laundry bleach
- | Store clean laundry apart from soiled linens
- | Hand hygiene is required when the activity is complete
- | Remember to maintain the Service User's dignity at all times

Where items are too heavily soiled, they must be disposed of with the Service User's consent.

### 5.10 Environmental Cleaning

Where this is part of the Care Plan, staff should:

- | Wear protective clothing, i.e. apron and gloves
- | Prepare a fresh cleaning solution, appropriately diluted for each task
- | Make up only the quantity required in a clean, dry container
- | Some cleaning products are incompatible; only mix in the event that this is specifically identified as being safe by the manufacturer, and where a risk assessment has been completed
- | Use warm water, a general-purpose detergent and disposable cloths or disposable paper towels. It is not necessary to use cleaning products that are advertised as being antibacterial
- | Change the solution frequently to prevent a build-up of soil or micro-organisms which would contaminate surfaces
- | Air drying is acceptable for large surfaces, but small areas should be dried with clean, disposable paper towels/cloths
- | Dispose of the cleaning solution promptly
- | Remove protective clothing and wash hands before carrying out other duties

Cleaning equipment should be cleaned thoroughly after use and stored dry. Mops should not be left soaking as the water acts as a reservoir for micro-organisms. Mops must be wrung out and stored upright to dry.

### Use of Disinfectants

Disinfectant solutions should only be prepared by trained staff. Disinfectants should only be used for the following:

- | To disinfect food preparation areas, in particular, dirty situations where blood or faeces are present
- | To disinfect isolation areas
- | During an outbreak and when directed by the Infection Control Team

All disinfectants must be appropriately labelled in line with chemical labelling requirements and stored where required by the Service User.

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Gloves and plastic aprons must always be worn when handling disinfectants. Eye protection should also be available.

### Frequency of Cleaning/Cleaning Schedules

Where required as part of a Service User's Care Plan or for the premises of Master Care Ltd, environmental cleaning should be undertaken at a clearly defined frequency dependent on the level of risk. The [National Standards of Healthcare Cleanliness 2021](#) has guidance on cleaning frequencies. All cleaning frequencies must be recorded on a checklist or schedule which should be checked and countersigned weekly by the Registered Manager to evidence oversight.

Audits should be undertaken with evidence that action is taken to address inconsistencies and non-compliance with schedules.

Staff can use the audit templates in the National Standards of Healthcare Cleanliness 2021, produced by the NHS (available in the Further Reading section of this policy).

For infections, such as COVID-19 and mpox, it also remains important to reduce the risk of fomite transmission and this can be substantially reduced by following agreed cleaning methods, based on standards for cleaning and disinfection. Any local infection prevention and control manual or guidance for decontamination around the infection should also be referred to where possible.

### Single-Use and Reuse Items

Where possible, Master Care Ltd will use single-use and single patient use products. Certain devices (e.g. nebulisers) will need to have the manufacturer's instructions checked to ensure that single-use items or parts of the item are not being reused.

#### 5.11 Single-use Medical Devices

Single-use devices are not manufactured to be re-used even on the same Service User. The Medicines and Healthcare products Regulatory Agency (MHRA) states:

- | Single-use must not be re-used and only used on an individual patient during a single procedure then discarded
- | The re-use of a single-use device can affect their safety, performance and effectiveness exposing Service Users and staff to unnecessary risks
- | Anyone who re-uses a device intended for single-use bears full responsibility for its safety and effectiveness

Manufacturers are required to clearly identify single-use devices by displaying a 'do not re-use' symbol as shown below:



Source: MHRA

#### Types of Single-use Devices

- | Self-administered intermittent urinary catheters
- | Face masks for oxygen administration
- | Feeding syringes for Service Users with PEG feeding tubes
- | Nebulisers
- | Placebo inhalers

Other items may also be single-use and each item must have written guidance for use.

#### 5.12 Management of Invasive Devices

Invasive devices such as urinary catheters, infusion devices, tracheostomies and PEGs will increase the risk of a Service User developing an infection and Master Care Ltd must have procedures in place for the management of these devices, where they form part of the service:

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- | The use of the device and the reason for its use must be documented in the Service User's Care Plan
- | The use of all devices must be reviewed and the review documented in the Service User's Care Plan
- | The device should be removed as soon as it is no longer required
- | The Service User must be monitored for signs of infection associated with the device
- | Service Users may need to be shielded and care must be taken to prevent them being exposed to the coronavirus

### 5.13 Uniform, Workwear and Appearance

**Non-Uniform Wearers:** Where employees are non-uniform wearers the general principles of this policy apply. As such non-uniform attire will be defined as workwear for this purpose.

The clothes that staff wear must facilitate good practice and minimise any risk to Service Users. Uniforms and workwear must not impede effective hand hygiene and must not unintentionally come into contact with Service Users during direct care activity.

- | Staff will follow the Appearance Policy and Procedure at Master Care Ltd
- | Staff must change as soon as possible if the uniform or clothing becomes visibly soiled or contaminated
- | Wash uniforms and any clothing that has been worn at work at the hottest temperature suitable for the fabric
- | Clean the washing machines and tumble driers regularly, in accordance with the manufacturer's instructions
- | Staff must have at least enough uniforms available to change each day as this enables staff to start each day with a clean uniform
- | Staff must wash heavily soiled uniforms separately. Separate washing will eliminate any possible cross-contamination from high levels of soiling and enable the uniform to be washed at the highest, recommended temperature
- | Staff must ensure that their uniform is only worn when working at Master Care Ltd. Uniforms must not be worn outside of work

To control and prevent the spread of infection, Master Care Ltd will ensure that staff understand the following best practice:

- | Nails must be short and clean – no nail polish or extensions
- | Wristwatches may not be worn. No other jewellery will be worn around the wrist
- | Alert bracelets must be removed and attached to a lanyard or pinned to the uniform
- | No rings with stones will be worn – one plain band is acceptable
- | Arms must be bare below the elbows

Any individual concerns in relation to the above best practice requirements must be discussed on an individual case-by-case basis with .

### COVID-19 Uniform Care

- | Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric
- | A wash for 10 minutes at 60°C removes almost all micro-organisms
- | Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms, including coronaviruses

### 5.14 Skin Damage

Skin damage is associated with poor hand-washing technique or frequent use of hand hygiene agents. Excoriated hands are associated with increased growth of germs and increase the risk of infection. Irritant and hand drying effects of hand preparations are one of the reasons why staff fail to follow hand hygiene guidelines.

The best practice below will help to prevent skin damage:

- | Staff should be aware of the potentially damaging effects of hand hygiene products
- | Avoid putting on gloves while hands are still wet (from washing or applying alcohol rub)
- | Avoid rubbing hands with paper towels; the skin should be patted dry
- | Avoid over-use of gloves
- | Use emollient hand cream regularly, e.g. after washing hands, before breaks, when going off duty and

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when off duty

- | If irritation occurs, review compliance with the hand decontamination technique and then inform your line manager
- | Avoid communal 'pots' of moisturiser as they can become a potential source of infection
- | Individual tubes of hand creams may be used, provided that care is taken not to contaminate the nozzle

Where members of staff continue to experience soreness or sensitivity, this will be discussed with .

#### 5.15 Risk Assessment

- | Risk assessments are vital for protecting Service Users and staff as well as ensuring that Master Care Ltd complies with the law
- | A suitably qualified, knowledgeable and experienced member of staff will ensure that risk assessments are carried out for all Master Care Ltd services and activities in order to protect Service Users from the harm of acquiring an infection
- | This involves a simple review of what could cause harm to Service Users, including the risk of infection so that judgements can be made that adequate protection is in place to reduce the risk. Consideration should also be given to how susceptible Service Users are and any risks that the environment and other people may pose to them
- | Staff can refer to the Health and Safety Policy and Procedure of Master Care Ltd for standards required of risk assessment and the appropriate documentation. All relevant staff are responsible for having an awareness of the risk assessment and the actions necessary to reduce the risk of infection
- | Risk Assessments must be carried out to decide what Personal Protective Equipment is required during the COVID-19 pandemic

#### 5.16 Exposure Prone Procedures (EPPs)

- | EPPs are those procedures where there is an increased risk that injury to the worker may result if the Service User's open tissues are exposed to the blood of the worker. These include procedures where the workers gloved hands come into contact with sharp instruments, needle tips, etc.
- | However, other situations can present a risk such as trauma, Service User biting, leaking wounds or broken skin
- | If a worker is known to have, or strongly suspects they may have a BBV (blood-borne virus), the member of staff must inform who will seek further advice with regard to working practices

#### 5.17 Blood-Borne Viruses (BBVs)

BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person. A small risk exists from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes. Therefore, the following measures of good practice will be followed:

- | Master Care Ltd will assess the risk of BBV transmission in its services and in the conduct of its procedures, taking precautions and implementing controls in accordance with this risk assessment
- | Universal precautions must be taken, as Service Users may not show any symptoms
- | All staff at risk of exposure to BBVs must be vaccinated against Hepatitis B
- | Cuts and abrasions must be covered with a waterproof dressing before providing care
- | Staff with skin conditions must seek advice from their GP to minimise their risk of infection through open skin lesions
- | Care Workers must refer to the Sharps and Needlestick Policy and Procedure for safe sharps management

#### 5.18 Human Bites

Human mouths contain a wide variety of organisms which have the potential to be transmitted, some of which can be transmitted by bites. Human bites are rare and generally occur in certain Service User groups. However, human bites are more likely to become infected, so it is important that they are treated promptly.

Where it is identified that a Service User is at risk of biting others, a risk assessment must be completed as well as a clear set of guidelines to manage the risk.

#### Procedure:

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**If a bite does not break the skin:**

- | Clean with soap and water
- | Complete an accident/incident form
- | Review the risk assessment and identify if any changes are required to minimise the risk of incidents arising again

**If a bite breaks the skin:** Refer to the Sharps and Needlestick Policy and Procedure.

**5.19 Mpox**

According to the World Health Organisation (WHO), mpox is a viral zoonosis (a virus transmitted to humans from animals) with symptoms similar to those seen in the past in smallpox patients, although it is clinically less severe. With the eradication of smallpox in 1980 and subsequent cessation of smallpox vaccination, mpox has emerged as the most important orthopoxvirus for public health. Mpox primarily occurs in central and west Africa, often in proximity to tropical rainforests, and has been increasingly appearing in urban areas. Animal hosts include a range of rodents and non-human primates.

In July 2022, the WHO declared mpox a global health emergency and as a result the UK Government has produced new guidance [here](#).

Master Care Ltd will ensure that in the event of an individual case or outbreak, Care Plans and risk assessments will be put in place to both support recovery and prevent further transmission. Infection control policies and procedures will be reviewed to ensure they mirror appropriate guidance issued at that time.

**5.20 Cultural and Religious Beliefs**

We understand the need to be sensitive to the religious and cultural beliefs of our staff whilst maintaining equivalent standards of hygiene. Master Care Ltd recognises that some staff may not wish to expose their forearms and Master Care Ltd will consider the following as part of its local uniform and workwear policy:

- | Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct care activity
- | Uniforms can have three-quarter length sleeves
- | Any full or three-quarter length sleeves must not be loose or dangling. They must be able to be rolled or pulled back and kept securely in place during hand washing and direct care activity
- | Any Sikh staff wearing a Kara bracelet may be asked to ensure that it is pushed up the arm and secured in place with tape for hand washing and during direct care activities

**5.21 Respiratory Hygiene and Cough Etiquette**

Respiratory hygiene and cough etiquette will be applied as a standard infection control precaution at all times. The measures include:

- | Cover nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing noses
- | Dispose of used tissues into a waste bin
- | Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- | Keep contaminated hands away from the mucous membranes of the eyes and nose

To minimise the transmission of COVID-19, the measures that must be taken include:

- | Use disposable tissues to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose
- | Dispose of used tissues immediately in the nearest bin
- | Used tissues from Service Users with symptoms of, or confirmed, COVID-19 should be handled as infectious waste - refer to the Clinical Waste Disposal Policy and Procedure for further details
- | Clean hands after coughing, sneezing, using tissues, after any contact with respiratory droplets or objects contaminated with respiratory droplets
- | Do not touch your eyes, mouth and nose
- | Wear the correct PPE when coming into contact with a Service User who is coughing
- | Clean frequently touched surfaces

**5.22 Sepsis**

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Sepsis is a common and potentially life-threatening condition triggered by an infection. Sepsis causes the body's immune system to go into overdrive, and if it not treated quickly, it can lead to multiple organ failure and death. In many cases, however, sepsis is avoidable and treatable and early identification is key to successfully treating it.

The key to preventing sepsis is to prevent an infection from occurring in the first place. If an infection does set in, it must be treated as quickly and effectively as possible. Many illnesses can be and are prevented through regular childhood vaccinations and any vaccinations available as an adult.

The risk of getting an infection also reduces with proper hand washing. Infections can also be reduced by proper care of all wounds. Staff must understand and recognise the signs of sepsis. Domiciliary care staff are ideally placed to recognise small changes in the Service User and can play an important role in recognising the signs of sepsis.

### 5.23 Food Handling and Hygiene

All staff must adhere to the Food Hygiene Policy and Procedure at Master Care Ltd and ensure that all food prepared in the Service User's home for the Service User is prepared, cooked, stored and presented in accordance with the high standards required by the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2005.

Any member of staff who becomes ill while handling food will report at once to his or her line manager or supervisor, or to Master Care Ltd.

Staff involved in food handling who are ill will see their GP and must only return to work when their GP states that they are safe to do so.

### 5.24 Use of Portable Fans

Although staff cannot tell the Service User what to use in their own home, they should be aware that portable fans used in clinical areas have been linked to cross infection in health and social care environments.

Portable fans are not recommended for use during outbreaks of infection or when a Service User is known or suspected to have an infectious agent.

Staff can refer to the [Central Alerting System](#) for further advice and the [HSE guidance](#).

### 5.25 Staff Sickness

- | If staff suspect they have symptoms of Coronavirus, they must self-isolate at home in line with guidance for social care staff
- | It is recommended that any staff member living in the same household of a symptomatic person must self-isolate in line with guidance, unless they meet the [government criteria](#) to not self-isolate
- | Staff with diarrhoea and vomiting must not attend work, but must phone work to report sick
- | Should the condition persist, it may be necessary not to return to work until medical clearance by a GP is given
- | Staff must not attend work until they are clear for 48 hours in order to prevent the spread of infection
- | Where required, staff should obtain advice from their GP on any available and recommended vaccinations. For further information staff can refer to the Staff Vaccination and Immunisation Policy and Procedure

### 5.26 Staff Testing - Coronavirus

Staff can refer to the COVID-19 Testing Policy and Procedure for the current guidelines on COVID-19 testing.

### 5.27 COVID-19 Vaccination

Vaccination remains a primary protection measure against COVID-19, reducing the risk of serious illness, hospitalisation and death. All people working in health and social care settings, including volunteers and unpaid carers, have a responsibility to be vaccinated against COVID-19. This is to ensure that safe care is provided to people who receive care and support.

To minimise risk to people who receive care and support, Master Care Ltd encourages and supports all staff to get a COVID-19 vaccine and a booster dose as and when they are eligible, as well as a vaccine for seasonal influenza. Master Care Ltd will facilitate staff access to vaccinations and regularly reviews the immunisation status of the workforce.

To ensure the safety of people who receive Care, Master Care Ltd undertakes risk assessments wherever possible. Please refer to the Staff Vaccination and Immunisation Policy and Procedure.

### 5.28 Communication

- | Master Care Ltd will ensure that all care workers (including contractors and volunteers) are aware of,

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and discharge their responsibilities in, the process of preventing and controlling infection. This could be done through, but is not limited to, job descriptions, induction, training, supervision and team meetings

- | Contractors working in Service User areas would need to be aware of any issues with regard to infection prevention and obtain 'permission to work'
- | Where staff undertake procedures which require skills such as aseptic technique, they must be trained and demonstrate proficiency before being allowed to undertake these procedures independently
- | Master Care Ltd will ensure that its policy on the control of infection is shared with Service Users and other stakeholders
- | Outcomes of investigations into incidents must be shared with the person concerned and, where relevant, their families, carers and advocates. This is in keeping with Regulation 20, Duty of Candour

### 5.29 Reporting

#### | UK Health Security Agency

- | should be aware that medical professionals are duty bound to report certain diseases and can refer to the new Government agency, the UK Health Security Agency - <https://www.gov.uk/government/organisations/uk-health-security-agency>

#### | RIDDOR

- | is duty bound to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards, and can refer to <https://www.hse.gov.uk/riddor/occupational-diseases.htm>
- | Some instances of COVID-19 might be reportable under RIDDOR, will follow the required reporting procedures

#### | The Care Quality Commission (CQC)

- | Master Care Ltd will ensure that the CQC is notified of incidents relating to infection control and disease outbreaks in line with regulatory requirements

Records of any such outbreak, such as coronavirus, must be kept, specifying dates and times and, in the event of an incident, the Registered Manager is responsible for informing the HSE.

### 5.30 Training

Infection Control training is a mandatory requirement for all staff and must be updated annually. Master Care Ltd will ensure that Infection Control Champions in the service will undertake additional training relevant for this role.



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## 6. Definitions

### 6.1 Needlestick or Sharp Injury

- | A needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wounds, such as razors, sharp tissues, spicules of bone and teeth

### 6.2 Sepsis

- | Care staff who see someone regularly can spot the early signs of sepsis by using the Sepsis Tool
- | Sepsis can lead to multiple organ failure and death, especially if not recognised early and treated quickly
- | In sepsis, a Service User's immune system goes into overdrive, setting off a series of reactions including widespread inflammation. This can cause a significant decrease in blood pressure, reducing the blood supply to vital organs and starving them of oxygen
- | Sepsis is a life-threatening condition that arises when the body's response to an infection causes it to attack its own tissues and organs

### 6.3 Mpox

- | Mpox is transmitted to humans through close contact with an infected person or animal, or with material contaminated with the virus
- | Mpox is a viral zoonotic disease that occurs primarily in tropical rainforest areas of central and west Africa and is occasionally exported to other regions
- | Mpox was previously referred to as 'Monkeypox, but was renamed in November 2022 by the World Health Organisation

### 6.4 Communicable Diseases

- | Other infections can also be introduced into the body by animal or insect carriers, e.g. rabies, malaria, encephalitis
- | Most diseases are spread through contact or close proximity because the causative bacteria or viruses are airborne, i.e. they can be expelled from the nose and mouth of the infected person and inhaled by anyone in the vicinity. Such diseases include: diphtheria, scarlet fever, measles, mumps, whooping cough, influenza, smallpox and COVID-19
- | Some diseases are passed on by direct or indirect contact with infected persons or with their excretions
- | Communicable diseases can be defined as illnesses caused by microorganisms and transmitted from an infected person or animal to another person or animal
- | Some infectious diseases can be spread only indirectly, usually through contaminated food or water, e.g. typhoid, cholera, dysentery

### 6.5 Pandemic

- | An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people

### 6.6 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

- | Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident
- | RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work'

### 6.7 Aseptic Technique

- | This involves using practices and procedures to prevent contamination from pathogens by adhering to the strictest of rules to minimise the risk of infection

### 6.8 Decontamination

- | Describes the combination of cleaning, disinfection and sterilisation to make re-useable items safe to use

### 6.9 Disinfection

- | It can be used on both equipment and environmental surfaces

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- | A process that is used to kill or remove pathogenic micro-organisms but which cannot kill bacterial spores

## 6.10 Fomite

- | An inanimate object that can carry or spread disease or infectious agents

## 6.11 Outbreak

- | The organisms may be spread by hand contact and, on occasion, by other routes which may include food
- | The commonest outbreaks are due to viral respiratory infections and gastroenteritis
- | An outbreak can be defined as two or more cases of infection occurring around the same time, in Service Users and/or their carers, within a 14-day period, or an increase in the number of cases normally observed



## Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Ensure that staff have up-to-date training on infection control
- | Ensure that there is a nominated lead for infection
- | Single-use items must not be re-used
- | Washing hands correctly is the single most effective way of controlling the spread of infection
- | Wear PPE when there is likely to be exposure to body fluids
- | Avoid the use of sharp objects if the work activity could result in a cutting injury, then avoid the use of sharp knives, needles or glass wherever possible
- | Ensure that immunisations are up to date
- | Dispose of waste correctly. Ensure that the working areas are kept clean, wash your hands afterwards and dispose of all contaminated waste safely



## Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | Ensure that you wash your hands as this will help prevent the transmission of infection
- | Obtain advice from your GP on any available and recommended vaccinations



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## Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

**The UK Sepsis Trust - How to recognise Sepsis - A Checklist for Community Care Staff:**

<https://sepsistrust.org/wp-content/uploads/2018/06/Community-carers-NICE-Final-2.pdf>

**WHO - 5 Moments for Hand Hygiene:**

[https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e\\_11](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_11)

**RCN - First Steps - Sepsis:**

<https://rcni.com/hosted-content/rcn/first-steps/sepsis>

**WHO - Hand Hygiene:**

[https://www.who.int/gpsc/clean\\_hands\\_protection/en/](https://www.who.int/gpsc/clean_hands_protection/en/)

**The Royal Marsden Hospital Manual of Clinical Nursing Procedures Chapter 4 10th Edition**

UKHSA – Infectious Diseases: detailed information:

<https://www.gov.uk/topic/health-protection/infectious-diseases>

**This infection control policy should be read in conjunction with other relevant policies at Master Care Ltd:**

- | Health and Safety Policy and Procedure
- | Clinical Waste Disposal Policy and Procedure
- | Blood Spillage Policy and Procedure
- | Risk Assessment Policy and Procedure
- | Sharps and Needlestick Policy and Procedure
- | Personal Protective Equipment (PPE) Policy and Procedure
- | Food Hygiene Policy and Procedure



## Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- | Care records evidence that staff have made referrals to external health care professionals when needed
- | Infection Control audits are undertaken as part of the ongoing quality monitoring process to identify and drive forward any improvements required
- | Changing needs are identified promptly and staff ensure that these needs are met through the involvement of other agencies
- | The wide understanding of the policy is enabled by proactive use of the QCS App
- | Staff wear PPE appropriately and are aware of the importance of good hand hygiene
- | There is an identified IPC champion



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## Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Management of Diarrhoea and Vomiting Outbreak - CC34	To record details of all staff and service users where a diarrhoea and vomiting outbreak is suspected or present.	QCS
Bristol Stool Chart - CC34	To classify type of stool.	QCS
How to Handwash - CC34	Guide to washing hands correctly.	World Health Organization

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Master Care Ltd

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**Weekly Stool/Vomiting Chart**

**Service Name:**..... **Date:** .....








Service User/staff name	Reference number	Positive lab results	Mon am	Mon pm	Tue am	Tue pm	Wed am	Wed pm	Thur am	Thur pm	Fri am	Fri pm	Sat am	Sat pm	Sun am	Sun pm

(Insert number of episodes of diarrhoea or vomiting in each day and time column)

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# Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>

Since it can be hard to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed. This helps assess how long the stool has spent in the bowel. Type 1 has spent the longest time in the bowel and type 7 the least time. A normal stool should be a type 3 or 4 and depending on the normal bowel habits of the individual, should be passed once every one to three days.

What are the symptoms of constipation?

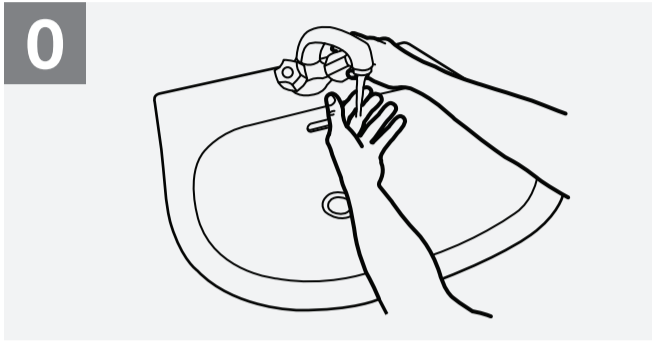
- Hard, compacted stools that are difficult or painful to pass
- Straining during bowel movements
- No bowel movements in three days
- Stomach aches that are relieved by bowel movements
- Leaks of wet, almost diarrhoea-like stools between regular bowel movements

Staff should discuss any concerns regarding the use of this chart and findings with the senior member of staff on duty.

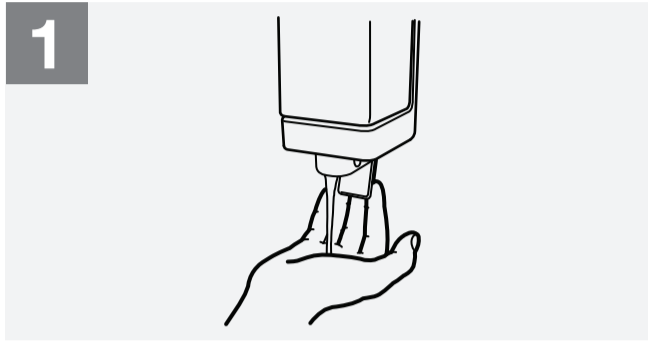
# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

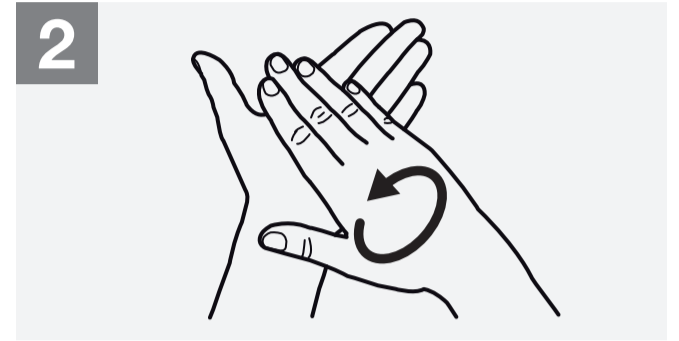
 Duration of the entire procedure: 40-60 seconds



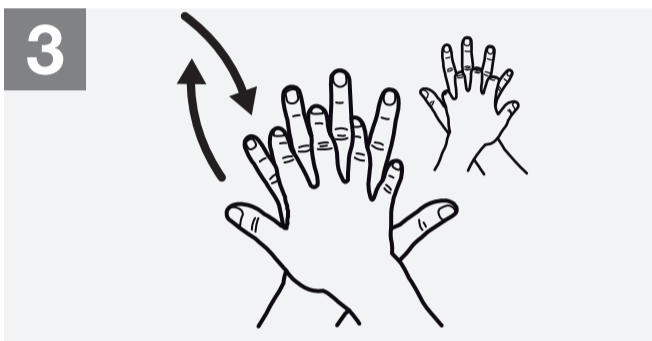
0 Wet hands with water;



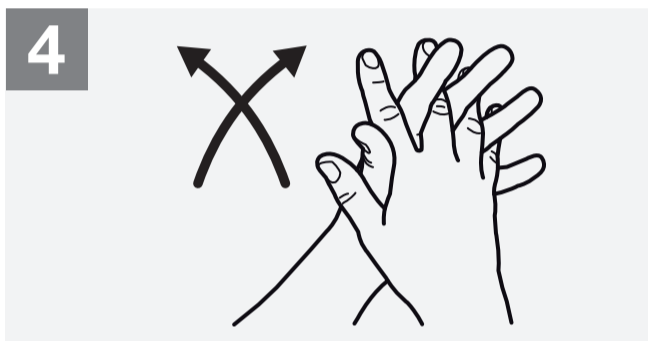
1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



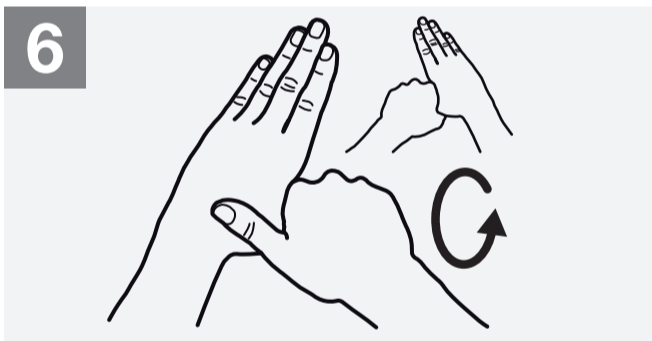
3 Right palm over left dorsum with interlaced fingers and vice versa;



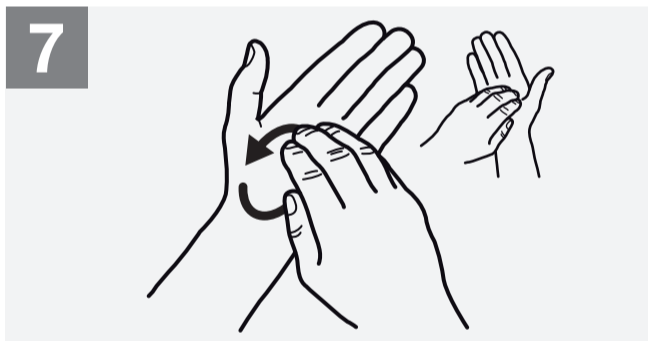
4 Palm to palm with fingers interlaced;



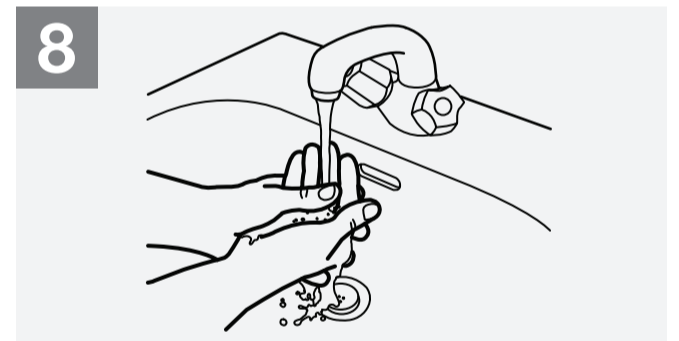
5 Backs of fingers to opposing palms with fingers interlocked;



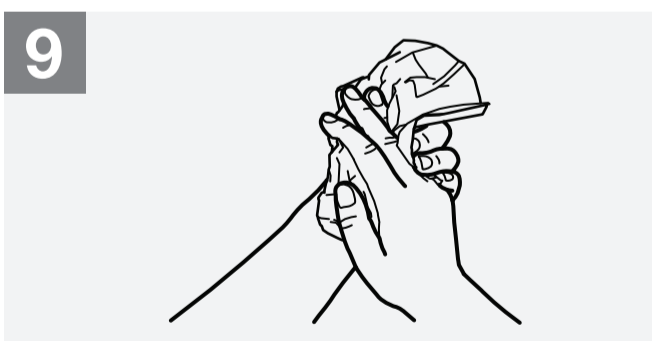
6 Rotational rubbing of left thumb clasped in right palm and vice versa;



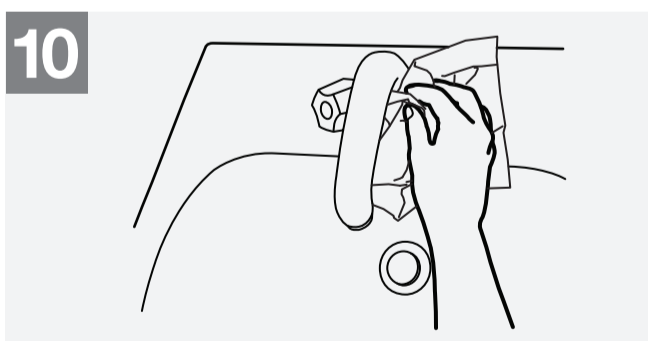
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



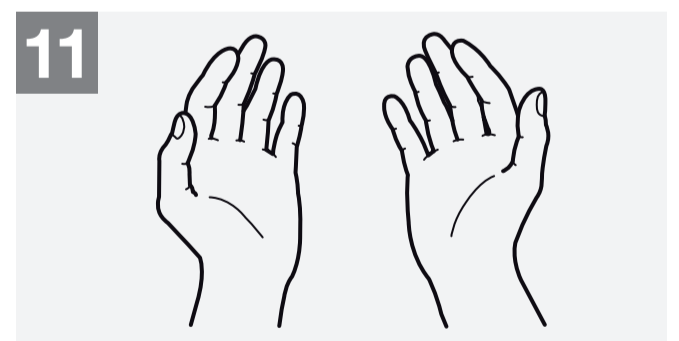
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES  
Clean Your Hands

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