



Infection Prevention and Control Policy

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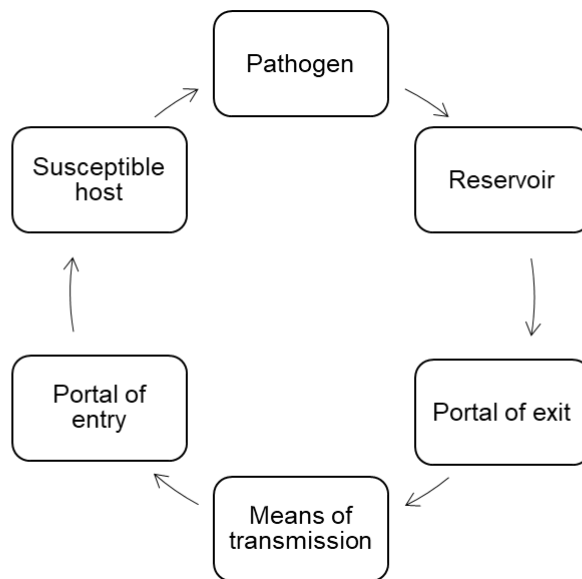
1. PURPOSE OF THIS POLICY

1.1 This policy provides:

- a) An evidence-based approach to Infection Prevention and Control (IPC) that aligns with best practice as set out by the NHS.
- b) A consistent approach to IPC across all areas of the UCO, including community clinics
- c) A usable policy for effective IPC for all staff and students, that will:
 - i. Improve how IPC is implemented, along with the underpinning knowledge and skills required.
 - ii. Help to reduce the risk of Healthcare Associated Infection (HCAI)
 - iii. Help to provide consistency with education and practice across the different areas of the UCO.

2. CHAIN OF INFECTION

2.1 Understanding how infection is spread is crucial for effective IPC. The chain of infection contains 6 links. There are opportunities to break the chain at any link, and the more links that are broken the greater the protection.



- 2.2 A pathogen is the microorganism or germ that causes disease. For example, norovirus can cause diarrhoea and vomiting, or the influenza virus can cause flu.
- 2.3 A reservoir is where pathogens live and replicate. For example, this could be a person, the environment or food and drink.
- 2.4 A portal of exit is how pathogens leave the reservoir. This could be through coughs and sneezes of someone with a respiratory illness such as flu, or through the faeces or vomit of someone with gastroenteritis (diarrhoea and vomiting).

- 2.5 A means of transmission is how pathogens are moved from one person or place to another. This could be from one person's hands to another person, through touching a contaminated object, through the air, or contact with blood or body fluids.
- 2.6 A portal of entry is how pathogens enter another person. This could be by inhalation, through mucus membranes (linings of the nose and mouth), or via a wound or invasive device such as a catheter.
- 2.7 Susceptible host is the person who is vulnerable to infection. This could be for a variety of factors such as age, lack of immunity, or underlying health conditions.

TABLE 1: EXAMPLES OF BREAKING THE CHAIN

Link	Example of breaking the chain
Pathogen	Completing prescribed course of antibiotics reduces the opportunity for the pathogen to become resistant to treatment.
Reservoir	Regular cleaning or decontamination requirements will reduce the number of pathogens present in the environment and on equipment. Isolation or distancing, keeping away from others when infectious, reduces the opportunity for the pathogen to find a new host (reservoir).
Portal of exit	Covering nose and mouth when coughing or sneezing reduces the chances of spread of respiratory infections. Having dedicated toilet facilities and access to vomit bowls reduces the chances of spread of gastrointestinal infections.
Means of transmission	Hand hygiene removes many pathogens and stops them moving between people. Ventilation can help dilute certain pathogens such as viruses which cause respiratory illness.
Portal of entry	Fluid repellent surgical face masks and eye protection reduce the risks of pathogens entering the body through mucus membranes. Ensure any wounds are covered and only use indwelling devices, such as catheters, when absolutely necessary.
Susceptible host	Vaccination helps fight off infection and prevent disease, illness and death.

3. SCOPE OF THIS POLICY

- 3.1 This policy is applicable for all staff and students at the UCO, whose work or studies involves any patient interactions, practical sessions, clinical placements, clinical work or teaching in relation to these areas.

4. STANDARD INFECTION CONTROL PRECAUTIONS (SICP's)

- 4.1 Standard Infection Control Precautions (SICP's) are for all staff and students to use in clinical settings and in practical settings, whether structured teaching sessions or when students are practicing outside of these sessions. SICP's are to be used with all patients, whether an infection is known to be present or now. For effective protection against infection for patients, students, staff and any other visitors to the UCO clinics, SICP's must be used consistently by all students and staff. This is a requirement of the Health and Safety Executive (HSE), the Osteopathic Practice Standards (OPS), other care regulators and the Care Quality Commission (CQC).
- 4.2 Random sampling and monitoring of staff and students with regards to their compliance with this policy may take place, to ensure that there is effective adherence.
- 4.3 There are 10 elements that make up the SICP's:
- i. Assessment of risk (patient placement)
 - ii. Hand hygiene
 - iii. Respiratory and cough hygiene
 - iv. Personal protective equipment
 - v. Safe management of the care environment
 - vi. Safe management of care equipment
 - vii. Safe management of healthcare linen
 - viii. Safe management of blood and body fluids (including personal attire)
 - ix. Safe disposal of waste (including sharps)
 - x. Occupational safety and managing prevention of exposure (including sharps)

I) ASSESSMENT OF RISK (PATIENT PLACEMENT)

- 4.4 Assessing a person's risk of catching or spreading an infection and providing them with information about infection is essential in supporting safety. This may include carer's, children etc.
- 4.5 An assessment of a person's risk of infection should be carried out before they start using the service and should be kept under review for as long as they use the service. The assessment should contribute to the planning of the person's care and should determine whether any extra IPC precautions are required, such as whether they need to isolate or whether workers need to wear additional personal protective equipment (PPE). This is a key part of clinical decision making and examples might be a patient with a high temperature, unexplained rash or respiratory symptoms.

II) HAND HYGIENE

4.6 Hand hygiene continues to be one of the most important ways to reduce the transmission of infection that cause Healthcare Associated Infections (HCAI's). For effective hand hygiene, you should be following these steps:

a) Prior to performing hand hygiene:

- Forearms should be bare below the elbow
- All hand and wrist jewellery should be removed. The wearing of a single, plain metal ring such as wedding back is permitted, as is a religious bangle. If either of these are in place, they should be removed, or moved up during hand hygiene to ensure all areas are included.
- Fingernails should be short and clean; artificial nails or nail products should not be worn.
- All cuts and abrasions should be covered with a waterproof dressing.
- Hair should be tied back if needed, so that people are not repeatedly touching their face and hair.

b) Hand hygiene:

- Use soap and water if:
 - Hands are visibly dirty.
 - You have been working with patients who have vomited, have known gastrointestinal infection or have diarrhoea.
 - As part of routine hand hygiene.
- At all other times, an alcohol-based handrub (ABHR) can be used.

c) When to perform hand hygiene:

- Before touching a patient
- After touching a patient
- Before putting on gloves
- After removing gloves
- After touching a patient's immediate surroundings
- After body fluid exposure

d) How to wash your hands and use hand rub effectively:

- Please see the best practice guidance from the UK Health Security Agency:
 - <https://www.england.nhs.uk/wp-content/uploads/2022/09/national-infection-prevention-and-control-manual-appendix-1.pdf>
 - <https://www.england.nhs.uk/wp-content/uploads/2022/09/national-infection-prevention-and-control-manual-appendix-2.pdf>

e) Protecting your skin:

- With repeated washing and use of alcohol-based handrubs (ABHR's), skin on your hands can become irritable or sore.
- f) In order to best care for your hands, you should:
- Dry hands thoroughly after washing
 - Use an emollient hand cream routinely during breaks and when off not working with patients or practical settings
 - If you do develop skin problems, it is best to seek early advice from your GP
- g) Further information can be found at:
- [Standard Infection Control Precautions Literature Review: Hand Hygiene: Hand washing, hand rubbing and indications for hand hygiene](#)

III) RESPIRATORY AND COUGH HYGIENE

- 4.7 This is designed to minimise the risk of cross-transmission of known or unknown respiratory illnesses.
- 4.8 When sneezing, coughing, wiping or blowing your nose, cover your nose and mouth with a disposable tissue and dispose of immediately after.
- 4.9 If tissues are not available, use the crook of your arm.
- 4.10 Wash hands after any sneezing, coughing, wiping or blowing of your nose or after any contact with respiratory related body fluids.
- 4.11 Keep contaminated hands away from the eyes, nose and mouth.

IV) PERSONAL PROTECTIVE EQUIPMENT (PPE)

- 4.12 PPE is used on a risk assessment basis to ensure patient and practitioner safety. The risk assessment is based on the likely exposure to blood and/or other body fluids, non-intact skin or mucous membranes, and in relation to the interaction or procedure taking place.
- 4.13 Overuse or inappropriate of PPE should be avoided and is a key principle to ensure a risk-based approach is taken and that the environmental impact is minimised.
- 4.14 Typical PPE used at the UCO includes face masks, gloves and rarely aprons.
- 4.15 All PPE must be:
- a) Single use only (unless specified by the manufacturer. Examples of this would be non-disposable goggles or face shields that must be decontaminated after each use.
 - b) Changed immediately after each patient or completing a procedure or task.
 - c) Disposed of after use.
 - d) Discarded if damaged or contaminated.
- 4.16 **Gloves** should be worn based on a risk assessment where exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely.

- 4.17 Gloves must be:
- Changed immediately after each patient and/or after completing a particular task, even if this is on the same patient
 - Changed if they are damaged, punctured etc
 - Appropriate for use, fit for the purpose and well-fitting
 - Double gloving is not recommended for routine clinical care.
 - Further detailed information can be found in the [Gloves Literature Review:
https://www.nipcm.hps.scot.nhs.uk/media/1882/2022-05-30-ppe-gloves-review-v40.pdf](https://www.nipcm.hps.scot.nhs.uk/media/1882/2022-05-30-ppe-gloves-review-v40.pdf)
- 4.18 **Aprons** must be worn to protect uniform or clothes when contamination is likely or anticipated. Aprons should be changed between patients and/or after completing a particular task with a patient
- 4.19 **Fluid Resistant Surgical Face Masks (FRSM)** are required to limit any spread of infection.
- This is typically to protect the patient from the wearer and to protect the wearer when there is a risk of splashing of body fluids or body secretions and in the context of the UCO, is on a risk-based assessment.
 - Universal mask wearing in healthcare for patients and staff, is also an important step in reducing risk of transmission of airborne infection pathways, as seen in the COVID pandemic. Whether appropriate face masks should be worn at the UCO is monitored and based on a number of factors, including best practice guidance, risk assessments and local and national infection rates. Any changes to requirements in this or other areas will be communicated to staff, students and patients through usual platforms.
- 4.20 Footwear should be wipeable and supportive, with closed toes and effective for use in the clinic and/or practical sessions.
- 4.21 Other kit that will require routine cleaning:
- Your UCO ID card.
 - Pens, clipboards, etc.
 - Mobile Phones, Tablets and PC's etc.
- V) SAFE MANAGEMENT OF THE CARE ENVIRONMENT
- 4.22 The care environment in the context of the UCO includes the clinical environment and any teaching spaces that support practical teaching.
- 4.23 The care environment must be:
- Visibly clean and free from non-essential items so that effective cleaning can take place.
 - Well-maintained, in a good state of repair and with adequate ventilation.
- VI) SAFE MANAGEMENT OF CARE EQUIPMENT
- 4.24 Care equipment in the context of the UCO includes:
- Plinths, chairs and other furniture in the consultation room or practical class.

b) Clinical diagnostic kit such as reflex hammers, stethoscopes etc.

4.25 Such equipment is categorised as reusable non-invasive equipment and this should be decontaminated using the detergent solutions provided, as follows:

- a) Before, between and after each use either in a practical or clinical setting.
- b) After blood and/or body fluid contamination.
- c) As part of a routine cleaning protocol.

VII) SAFE MANAGEMENT OF LINEN, INCLUDING PERSONAL ATTIRE

4.26 Linen as part of patient care or student education is not used as standard at the UCO.

4.27 Personal attire, including your uniform that is worn in clinic and in practical sessions, is the responsibility of the individual to ensure this is washed appropriately at 60 degrees, after each use.

VIII) SAFE MANAGEMENT OF BLOOD AND BODY FLUID SPILLAGES

4.28 Pathogens may be transmitted through the spillage of blood and other body fluids. These should be managed and cleared as soon as reasonable to reduce any further contamination.

4.29 The Infection Procedure in the event in the event of blood, body fluid spillage or needlestick is:

- a) Report the incident to the Reception Manager, Senior Practice Educator (SPE) or appropriate other such as a Practice Educator (PE).
- b) Spill kits are available from the clinic reception if necessary.
- c) Wear rubber gloves in order to clear up any spillages.
- d) Soak up any large spillages with absorbent paper which should then be sealed in clinical waste bags.
- e) Wash the area with undiluted Milton Fluid (this can be found under the sink in the kitchen area in the back office at reception).
- f) Place any contaminated linen in a separate clinical waste bag.
- g) All clinical waste bags should be put in the clinical waste bin located in the disabled toilet.
- h) The Reception Manager, SPE or PE will close the clinic room if necessary and contact Estates to arrange for the clinical waste bin to be serviced.

IX) SAFE DISPOSAL OF WASTE, INCLUDING SHARPS

4.30 Within the context of the UCO, this relates to waste that is not clinical waste (contains or is contaminated with medicine or micro-organisms or their toxins) but may contain body fluids. Common examples of this within the context of the UCO are the use of medipins or other sharp objects, as part of a neurological assessment. Also, dry needling may be used in the clinic by post-graduate clinicians.

4.31 Sharps containers are provided in the clinic and in practical classes and must be disposed of when the manufacturers' fill line is reached (please contact estates@uco.ac.uk or the Clinic Admin Team when this occurs).

X) OCCUPATIONAL SAFETY AND MANAGING PREVENTION OF EXPOSURE (INCLUDING SHARPS)

4.32 In the event of a sharp/needlestick injury:

- a) Encourage the wound to gently bleed, ideally holding it under running water.
- b) Wash the wound using running water and plenty of soap.
- c) Don't scrub the wound whilst you are washing it.
- d) Don't suck the wound.
- e) Dry the wound and cover it with a waterproof plaster or dressing.
- f) You should also seek urgent medical advice as effective prophylaxis (medicines to help fight infection) are available. Your nearest location for urgent medical advice may be at your nearest accident and emergency department.
- g) Report the injury to a SPE, Reception Manager or appropriate other, such as PE or receptionist.
- h) Please remember that if you are assisting anyone with a needle stick injury or other injury where blood or bodily fluids may be present, then you must wear gloves.

5. REFERENCES

Health and Safety Executive – Sharps Injuries; <https://www.hse.gov.uk/healthservices/needlesticks/> [Accessed 20 Sep 2022]

National infection prevention and control manual for England; <https://www.england.nhs.uk/wp-content/uploads/2022/09/C1676-National-Infection-Prevention-and-Control-Manual-for-England-version-2-2.pdf> [Accessed 20 Sep 2022]

NHS National Services Scotland; Standard Infection Control and Transmission Based Precautions Literature Review; <https://www.nipcm.hps.scot.nhs.uk/media/1882/2022-05-30-ppe-gloves-review-v40.pdf> [Accessed 20 Sep 2022]

NHS: What should I do if I injure myself with a used needle?; <https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-i-injure-myself-with-a-used-needle/>

CORE DOCUMENTATION RECORD PAGE

Infection Prevention and Control Policy

Version Number	Date Produced and Approved including Approving Committee	Summary of Reason for Production / Revision	Core Document Owner	Stored & Published Location(s)	Review Date
V1.0	Aug 2012 UCO Management Team	To minimise the risk of cross-infection with blood or body fluid borne pathogens between clinicians and patients.	Head of Clinic	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Aug 2013
V2.0	Sept 2015 UCO Management Team	Annual Review Major Amendment to update policy.	Head of Clinic	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Sept 2017
V3.0	Jun 2016 UCO Management Team	Major Amendment to include procedures for needle-stick injuries, dry needling techniques and relevant health and safety guidance and references.	Head of Clinic	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Jun 2018
V4.0	Jul 2017 PRAG Chair	Administrative Amendments to update institution name change from British School of Osteopathy to University College of Osteopathy.	Head of Clinical Practice	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Jun 2018
V5.0	Aug 2018 PRAG Chair	Scheduled Review: Administrative Amendments to clarify minimisation of infection risks and updates to weblinks.	Head of Clinical Practice	All master versions will be held in: J:\0 Quality Team - Core Documentation Website	Aug 2020
V6.0	Feb 2023 SMT Chair's Action	Scheduled Review: Major Amendments to update the policy.	Head of Clinical Practice	Master Version: UCO Quality Team Published Version: Policies, Procedures and Privacy University College of Osteopathy (uco.ac.uk)	Feb 2026

Equality Impact	
Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)	
Neutral equality impact (i.e. no significant effect)	X
Negative equality impact (i.e. increasing inequalities)	
If you have any feedback or suggestions for enhancing this policy, please email your comments to: quality@uco.ac.uk	