

RGS
Cleaning Ltd.

***Infection
Control
Training
&
Workbook***



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Infection Control Course

RGS
Cleaning Ltd.

The Company That Goes Further

Established 1986

Phone : 0114 2630303



Course Objectives



At the end of the training participants will be able to:

- State their obligations and that of their employers with regard to infection control
- Understand the consequences of poor infection control practice
- State the actions to be taken in relation to the infection control requirements put in place at their place of work
- Identify the correct actions with regard to a range of different infection control situations.



Infection Control Topics



This course will help you to get them before they get you, your family & your clients!

- The Legal Aspects
- Disease Transmission
- Hand Washing & Gloving
- Housekeeping
- Needles & Other Sharps
- Waste Disposal.



Health & Safety at Work (Etc.) Act 1974



Employer must:

- Ensure safe place of work – RGS & Customer Ensure this
- Provide safe equipment – RGS Ensure this
- Provide information, training, instruction & supervision – RGS ensure this.

Employee:

- Has a duty to take reasonable care of their own health & safety
- Has a duty of care to other employees, clients, visitors, etc
- Must co-operate with the employer in performing duties under the act and report any health and safety concerns.



Employers must undertake a suitable & sufficient risk assessment. This assessment:

- Should identify the significant risks arising out of work
 - Done and evidenced in green folder
- Should enable the employer or the self-employed person to identify and prioritise the measures that need to be taken to comply with the relevant statutory provisions
 - Done and evidenced in green folder
- Should be appropriate to the nature of the work and such that it remains valid for a reasonable period of time.
 - Done and evidenced in green folder

Why have the number of infection cases increased?

- Rapid population growth
- Increased poverty
- Expansion of the population into "remote" areas
- Environmental degradation
- Improved transportation
- Deteriorating health provision infrastructure
- Poor disease control and disease prevention.



Health care facilities are the ideal settings for transmission of disease



- Whenever clinical procedures are performed, clients are at risk of infection during and immediately following the procedure
- Service providers and other staff are constantly exposed to potentially infectious materials as part of their work
- Many of the people seeking health care services are already sick and may be more susceptible to infections
- Many of the people seeking services have infections that can be transmitted to others
- Services are sometimes provided to many clients in a limited physical space, often during a short period of time.



Micro-Organisms on your skin can lead to infections



Resident micro-organisms live within the skin and are difficult to remove

Transient micro-organisms acquired during daily living can be easily removed by hand washing with plain soap and water

Hand washing: Reduces the number of infectious micro-organisms on your hands

Reduces client sickness and death caused by infections.



Always wash your hands



- Immediately when you arrive at work
- Before & after attending to each clients personal needs
- Before putting on and after taking off gloves
- After touching any instrument or object that might be contaminated with blood or other body fluids, or after touching mucous membranes
- After you handle blood, urine, or other specimens
- After using the toilet
- Before leaving work
- Before and after handling food.



Steps of routine hand washing



Wet hands thoroughly with water, apply cleanser, then rub palm to palm



Right palm over back of left, fingers interlaced, and then vice versa



Palm to palm, fingers interlaced



Back of fingers opposing palms with fingers interlaced



Rotational rubbing of thumbs enclosed by palm



Rotational rubbing backwards and forwards with fingertips of right hand in palm of left, and vice versa. Don't forget your wrists!



The main glove types used within the healthcare



- Sterile Surgical Gloves
- Single Use Gloves (Disposables)
- Utility Gloves.



General Housekeeping Guidelines



- **Develop and post cleaning schedules** where all housekeeping staff can see them. Make sure that cleaning schedules are closely maintained – **SEE RGS CLEANING SPECIFICATION IN EACH ROOM AND IN GREEN FOLDER**
- **Consider wearing gloves** when cleaning – **At very least, regularly wash and sanitise hands**
- **Use a damp or wet mop or cloth** for walls, floors, and surfaces after dry-dusting or sweeping to reduce the spread of dust and micro-organisms
- **Scrubbing** is the most effective way to remove dirt and micro-organisms. Scrubbing should be a part of every cleaning procedure
- **Wash surfaces from top to bottom** so that debris falls to the floor and is cleaned up last. Clean the highest fixtures first and work downward--for example, clean ceiling lamps, then shelves, then tables, and then the floor
- **Change cleaning solutions** whenever they appear to be dirty. A solution is less likely to kill infectious micro-organisms if it is heavily soiled.

FOLLOW RGS CLEANING TRAINING MANUAL

Different cleaning schedules for different areas



- Low Risk Areas
- Toilets and Sluice Rooms
- Client Care Areas.



Cleaning up spills



- All spillages should be dealt with quickly to reduce potential contamination, transmission of infection and reduce the risk of slips/trips/falls
- Clinical / Care staff are responsible for the initial clean of blood or body fluids. It is not the responsibility of domestic staff
- Those cleaning up spills must follow the local procedures and use any spill kits provided.



Healthcare workers can become injured when:



- Recapping hypodermic needles after use. This is one of the major causes of sharp-object injuries
- Manipulating used sharps (bending, breaking, or cutting hypodermic needles), which can cause the blood inside to splatter or cause staff to accidentally injure themselves
- One staff member accidentally sticks another staff member when carrying unprotected sharps
- Sharp items are found in areas where they are unexpected, such as on surgical drapes or bed linen
- Handling or disposing of waste that contains used hypodermic needles or other sharps
- A sudden movement by the client at the time of injection causes a provider to be accidentally injected.



To prevent injuries you should:



- Handle hypodermic needles and other, sharps minimally after use and use extreme care whenever sharps are handled or passed
- Use the "hands-free" technique when passing sharps during clinical procedures
- Not bend, break, or cut hypodermic needles before disposal
- Not recap needles
- Dispose of hypodermic needles and other sharps properly.



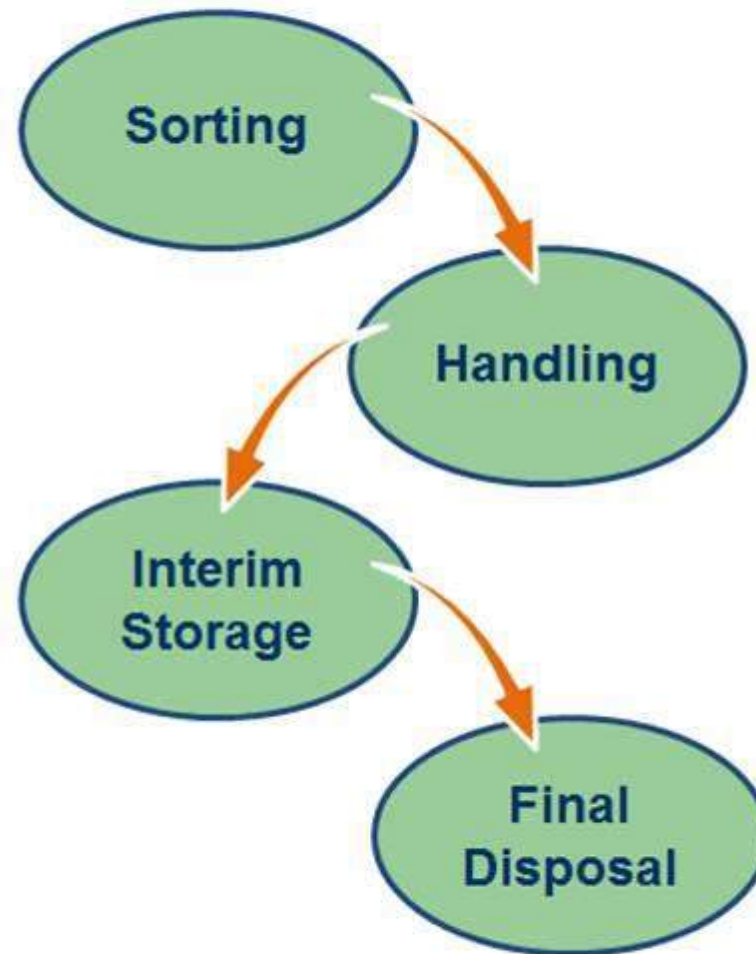
Proper Waste Disposal



- Minimises the spread of infections and reduces the risk of accidental injury to staff, clients, visitors, and the local community
- Helps provide an aesthetically pleasing atmosphere
- Reduces odours
- Attracts fewer insects and does not attract animals
- Reduces the likelihood of contamination of the soil or ground water with chemicals or micro organisms.



Proper Waste Disposal



RED
**Washrooms, Toilets &
Bathrooms**

BLUE
**General Areas,
Kitchens, offices,
corridors etc.**

GREEN
**GP's Rooms, Nurses
Rooms, Treatment
Rooms, etc.**

YELLOW
**ISOLATION Rooms and
other areas of
contamination.**

This is our General Colour Coding.

Follow this to prevent cross-contamination at all times.

This may differ from place to place so please check before working.

This applies to: Mops, Cloths, Buckets, etc. You can use a **Blue spray** bottle in all areas as this is a general cleaning solution, safe in all areas.

Red for washrooms and Bathrooms. Blue for General areas. Green for doctors, nurses and treatment rooms. Yellow for isolation or contamination rooms.

In medical settings where food preparation does not take place, i.e. full preparation or catering kitchen, for more effective cross contamination, you should use RED for toilets and bathrooms, BLUE for general areas, kitchenettes, corridors and staff rooms, GREEN for nurses, GP and treatment rooms and YELLOW for isolation rooms.

If there is a food production kitchen in your medical setting then standard colour coding applies.

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Workbook

Those working in medical practices will also have infection control training to undertake. You can do this in your own time by scanning this QR code.



or going to the link at the bottom of the page.

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Wet hands thoroughly with water, apply cleanser, then rub palm to palm.



Right palm over back of left, fingers interlaced, and then vice versa.



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Rotational rubbing of thumbs enclosed by palm.



Rotational rubbing backwards and forwards with fingertips of right hand in palm of left, and vice versa. Don't forget your wrists!

HAND DRYING TECHNIQUES

Wipe back of each hand thoroughly with paper towel, working down from wrist to fingertips.

Rub palm to palm.

Twist the towel once around each finger and thumb, making sure the whole finger from base to tip is dried.

Place paper towel in unit provided.



Needles & Other Sharps

In the healthcare industry, injuries from needles or other sharp instruments are the number-one cause of occupational exposure to blood borne infections. **All** staff who come in contact with sharps, from doctors and nurses to those who dispose of them, are at risk of infections.

The term *sharps* refers to any sharp instrument or object used in the delivery of services, including hypodermic needles, suture needles, scalpel blades, sharp instruments, IV catheters, and razor blades.

Injuries can occur when staff are using and disposing of sharps. Employees can become injured when:

- Recapping hypodermic needles after use; a major causes of sharp-object injuries.
- Manipulating used sharps (bending, breaking, or cutting hypodermic needles), which can cause the blood inside to splatter or cause staff to accidentally injure themselves.
- One staff member accidentally sticks another staff member when carrying unprotected sharps.
- When sharp items are found in areas where they are unexpected, such as on surgical drapes or bed linen.
- When handling or disposing of waste that contains used hypodermic needles or other sharps.
- When sudden movement by the client at the time of injection causes a provider to be accidentally injected.

The risk of infection following a needle stick injury varies depending on the virus being transmitted. For example, the risk of infection after exposure to hepatitis B is about 20% to 30%, while the risk is 3% to 10% after exposure to hepatitis C and about 0.4% after exposure to HIV.

To prevent injuries from sharps you should:

- | Handle hypodermic needles and other sharps minimally after use and use extreme care whenever sharps are handled or passed.
- | Use the "hands-free" technique when passing sharps during clinical procedures.
- | Not bend, break, or cut hypodermic needles before disposal.
- | Not recap needles.
- | Dispose of hypodermic needles and other sharps properly.

The "hands-free" technique:

- 1. The assistant places the instrument in a sterile kidney basin or in a designated "safe zone" in the sterile field.***
- 2. The assistant tells the service provider that the instrument is in the kidney basin or safe zone.***
- 3. The service provider picks up the instrument, uses it, and returns it to the basin or safe zone.***



If You Are Exposed To A Needle Stick Injury

Studies have shown that cleaning a wound with an antiseptic or squeezing it does not reduce the risk of infection. In addition, you should not use caustic agents, such as bleach, on injuries from sharp objects.

If you are accidentally exposed to blood or other body fluids, either by a needle stick, an injury from another sharp object, or a splash of fluid they should wash any needle stick or cut with soap and water; flush splashes to the nose, mouth, or skin with water; irrigate splashes to the eyes with water or saline. In all cases they should record the incident in the accident book and get medical attention.

All staff at risk of exposure to blood or other body fluids should be vaccinated against the hepatitis B virus.

Safe Disposal Of Sharps

The improper disposal of contaminated sharp objects can cause infections in your healthcare premises and community. Any delay in the disposal of sharps will increase the occurrence of accidents.

Because sharps have been known to pierce the sides and bottom of containers and they should therefore be stored in containers complying with British Standard 7320 or its equivalent. These containers must be marked with the words "danger" "contaminated sharps only", "destroy by incineration" or "to be incinerated".

Sharps containers should be located in every area where sharps are frequently used.



Healthcare Associated Infections

Healthcare Associated Infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting.

The term HCAI covers a wide range of infections. The most well-known include those caused by methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C. difficile).

HCAIs pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS and cause significant morbidity to those infected. As a result, infection prevention and control are a key priority.

Chain of Infection

The chain of infection informs infection prevention and control practice. For the spread of infectious diseases to take place the 'chain of infection' must be completed.

The first link in the chain is the causative agent. This is the harmful germ or pathogen that can cause infection, illness and disease. Examples include bacteria and viruses.

The second link is the reservoir or source. This is where pathogens live and multiply. Remember, that could be in or on a person or animal (host), or in soil or water.

The third link is the means of exit. This is how pathogens leave the source. For example, pathogens that live in the respiratory tract (the lungs, throat, etc.) can leave the body through the mouth or nose in saliva or mucus when coughing or sneezing. Other examples of means of exit are broken skin, mucous membranes such as the eyes, via the stomach and via the intestines and anus.

The mode of transmission is the fourth link in the chain. It refers to how the pathogen is passed on from one person to another. Contact transmission is the most common route of transmission of pathogens in a health and social care workplace. This can happen by direct (hands) or indirect contact (equipment). Pathogens such as those that cause influenza and chicken pox can stay in the air for a long time and can be breathed in by other people.

The fifth link is the portal of entry. This is the way that the pathogen enters the body of the potential host. Pathogens can enter the body by coming into contact with broken skin, being breathed in or eaten, coming into contact with the eyes, nose and mouth or, for example when needles or catheters are inserted.

The sixth and final link in the chain is a person at risk. A person at risk is the individual the pathogen moves to. The risk of a person becoming infected depends on factors such as their general health and the strength of their immune system (which is the body's system for fighting germs and micro-organisms).

Preventing infection means breaking the links in the chain so that an infection cannot spread. Some links are easier to break than others. For example, it is easier to stop a pathogen from entering a person than it is to stop one leaving an infected person.

The steps taken to protect individuals and workers from infection are an important part of providing high-quality care and support. It is vital to remember that not everybody who carries



harmful micro-organisms will be ill or show any symptoms, so you must always work in ways that prevent infection.

Routes of Transmission

Inhalation: small particles of dust or droplets of water carry microbes into the respiratory tract through the mouth or nose (for example, influenza or measles).

Ingestion: microbes enter the gastrointestinal tract with contaminated food or water or a contaminated object placed in the mouth, for instance a thermometer or pen.

Injection: microbes may be introduced through the skin and mucous membranes by accidental injury, injection or bites. They can also be introduced this way during surgical incision, for example Hepatitis B or malaria, or by intravenous therapy.

Contact: micro-organisms may spread to a susceptible host as a result of direct or indirect contact. This can occur by contact with blood or fluids, patient contact or contaminated equipment/environment.

Three Levels of Decontamination

By understanding the distinction between the three decontamination levels of cleaning, disinfection and sterilisation within the healthcare setting, you can provide a safe environment for patients, visitors and staff.

Cleaning is the process that physically removes soiling including large numbers of micro-organisms and the organic material they thrive on.

Disinfection describes a process that eliminates most micro-organisms on inanimate objects, except for bacterial spores. High level disinfection refers to the ability to kill particularly resistant bacteria such as mycobacteria but again, with the exception of spores.

Sterilisation refers to a physical or chemical process that completely kills or destroys all forms of viable micro-organisms, including spores from an object. Sterility is an absolute condition - an item is either sterile or not sterile.

When describing a sterilisation process, it is impossible to say that the chance of an organism surviving a process is zero. For medical equipment, it is acceptable to achieve a sterility assurance level of one in a million chances of a single micro-organism surviving the process.

There should be an in-house monitoring system to ensure that the above processes are followed and that high standards are maintained.

There will be appropriate schedules at your place of work and you need to familiarise yourself with these.

Laundry

Laundries in healthcare premises will also have high standards and there will also be in-house monitoring system to ensure that all items are laundered correctly.

Linen used in healthcare can become soiled with blood, urine, faeces or other body fluids containing bacteria.



The way in which we transport and dispose of used linen must ensure that staff and patients are not placed at risk.

There will be laundry procedures at your place of work and you need to familiarise yourself with these.

Healthcare Waste

The Healthcare Sector generates a broad range of waste, including clinical, infectious and chemical waste, which could pose a chemical or biological hazard. Directors/Homeowners/Managers have a moral and legal responsibility to ensure that potentially infectious or hazardous waste does not endanger any individual's health or the environment. Duty of care requirements demand the proper management of waste materials from the time they are generated until they are made safe or disposed of.

Waste is potentially hazardous and if not disposed of correctly, can result in life altering injury or infection. All waste must be segregated, and the correct colour coded containers and plastic bags used.

There will be procedures at your place of work about managing waste and you need to familiarise yourself with these.

Standard Precautions

Standard precautions underpin safe practice, protecting both staff and patients from potential infection. The application of standard precautions always during your working day when caring for patients means that the risks of infection and spread of infection are greatly reduced.

Standard precautions are the minimum standard of hygiene to be applied during all contact with blood or body fluids from any source. Use of appropriate personal protective equipment (PPE) e.g. gloves; single-use plastic apron is paramount when undertaking 'hands on' tasks like mouth care or blood sampling.

Standard infection control measures protect both staff and patients.

Every patient has the potential to be at risk of infection, it is therefore essential that all healthcare staff use appropriate infection prevention and control measures when caring for all patients to protect from avoidable harm.

Clean safe care underpins how we must care for all patients.

Steps to reduce potential HCAI

1. Hand decontamination
2. Use of PPE
3. Waste management
4. Decontamination of equipment
5. Laundry
6. Safe Sharps management
7. Blood/body fluid spillages
8. Medical device management
9. Antimicrobial prescribing
10. Risk assessment



Infection Control Risk Assessment

An infection control risk assessment must be carried out to assess infection hazards and risks and ensure that, where possible, infection risks are eliminated, reduced, contained and managed appropriately. The infection control risk assessment will identify tasks that may carry the risk of contamination or the spread of disease.

The infection control risk assessment will need to:

- Identify the hazards within the workplace, including those that potentially may be brought into the workplace.
- Decide who might be harmed, and how, and include visitors, contractors, vulnerable persons, registered disabled persons, pregnant women, young persons, children, elderly and those persons with medical issues.
- Evaluate the risks and decide on precautions through ratings such as low, medium or high risk. The precautions and controls put in place must be proportionate to the risks. An example is if the risk is high then more robust controls may need to be put in place to reduce the risk to an acceptable level.
- Record the significant findings of the risk assessment and communicate it to all relevant persons. The law requires that the employer provide employees with adequate information, training and supervision necessary to ensure their health and safety at work. Ensuring personnel understand the contents of the risk assessment and the role that they will take in managing any risk can be achieved through training. The type of training will depend on the individual, the sector in which they work and the tasks/work activities that they are required to perform.
- Review the assessment and update when changes are required. Changes may be required following the identification of new or imported infection control risks into the healthcare service.

Everyone has a role to play in the risk assessment process and ensuring control measures are followed.



WORK SHEET 1

Why do you think the number of infection cases has increased?

WORK SHEET 2

When do you think you should wash your hands?

WORK SHEET 3

How do healthcare workers become injured by sharps?

WORK SHEET 4

What are the 4 “Routes of Transmission”?

1 _____

2 _____

3 _____

4 _____

**WORK SHEET 5**

This picture shows an overflowing clinical waste bin. It is located ten feet from a door that clients and staff use to access the rear of the property and twelve feet from an open kitchen door. What are the infection control issues here?

Q1. What is the single most important and easiest thing I can do to ensure effective infection prevention?

A _____

Q2. What colour mop and bucket should I use when cleaning a shower room?

A _____

Q3. Who is responsible for ensuring effective infection prevention in a medical setting?

A _____

I _____ ***Employee No.*** _____
(insert your name)

Confirm that I have watched the infection control video and received the necessary training for working in a medical setting. I have a good understanding of my role in preventing infections. I understand that I should work from "top to bottom, dirty to clean" and follow all RGS Cleaning Ltd training for cleaning and infection prevention.

SIGN _____ ***DATE*** ____/____/____