Standard Operating Procedures
Infection Control
Family Planning

Reference Number:
NHSCT/08/67

Responsible Directorate:
Acute Hospital Services

Replaces (if appropriate):
Previous Standard Operating Procedures for Infection Control in Family Planning

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NHSCT MISSION STATEMENT
To provide for all the quality of services we would expect for our families and ourselves

December 2005
Dr T F
Standard Operating Procedures in Infection Control Family Planning Service Northern Trust

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Approved By:
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Introductory Note:

- THIS DOCUMENT PROVIDES SERVICE SPECIFIC INFORMATION FOR STAFF WORKING IN FAMILY PLANNING CLINICS IN SUMMARISED FORMAT
- ALL PRACTICES AND PROCEDURES MUST ADHERE TO THE NORTHERN TRUST INFECTION CONTROL POLICIES AND PROCEDURES MANUAL
- THIS SOP MUST BE AVAILABLE FOR REFERENCE IN ALL FAMILY PLANNING FACILITIES

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The information contained within this SOP will be updated as new evidence based practices are available

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1. STANDARD INFECTION CONTROL PRECAUTIONS

These precautions are designed to set out a high standard of routine measures that will be effective in reducing the transmission of potential pathogens between patients whilst protecting staff from pathogens carried by patients.

Blood and body fluids may contain pathogens which present risk, and in Family Planning clinics it is unlikely we will have any information/screening tests prior to interventions about the ‘status’ of an individual.

Fluids which potentially transmit blood borne infection include:

- Blood
- CSF
- Semen
- Peritoneal fluid
- Vaginal and cervical secretions
- Amniotic fluid
- Synovial fluid
- Breast milk
- Saliva

The commonest blood borne pathogens are Hepatitis B, Hepatitis C and HIV. Other pathogens may be contained in faeces, urine, vomitus and sputum.

1.1 Hand Hygiene

Hands are the single most important vehicles for the spread of bacteria (germs) responsible for infection. Therefore, good hand-washing practice by staff is an essential infection control measure which means using running warm water, liquid soap, disposable paper towels and **drying hands thoroughly**. Improper drying can recontaminate hands and damage the skin.

All staff must adhere to the recommendations for good handwashing practice, and Handwashing posters must be displayed by all sinks.

Hand washing is required:-

- Before and after patient contact
- After touching blood, body fluids, secretions, contaminated surfaces and equipment whether or not gloves are worn
- Before donning gloves and immediately after removing them
- After removal of aprons
- Before and after all procedures (smears, vaginal exam, physical exam, ‘Coil’ insertions and removal, implant insertion and removal)
- **Between procedures/tasks on the same patient to prevent cross infection to different body sites.**

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Handwashing is only effective if:

- Rings and jewellery are removed
- Nails are sort, clean and polish free
- Avoid artificial nails
- Cover cuts and abrasions with waterproof dressings.

Alcohol gel should be used in the following situations

- If handwashing facilities not available (N/A to FP clinics)
- After contact with a patient know to have an infection or colonisation
- Before and after clinical invasive procedures involving contact with non intact skin, mucus membranes or body fluids (all vaginal procedures)
- Alcohol gel should not be used when hands visibly soiled or dirty IT IS NOT A SUBSTITUTE FOR GOOD HANDWASHING, but an adjunct in the above circumstances.

Hibiscrub hand antiseptic may be used for minor/ invasive procedures in Family planning Clinics.

Ensure that hands are moisturised regularly to prevent drying and chapping of the skin.

Refer to the Trust Skin Care What You Need To Know (Guidance for Staff), March 2000, for further information.

For hand-washing technique see Appendix 1

For Guidance on the Use and Storage of Alcohol Gel see Appendix 2
APPENDIX 1
HOW TO CLEAN YOUR HANDS PROPERLY

1. Palm to palm

2. Right palm over back of left hand and left

3. Palm to palm fingers interlaced

4. Backs of fingers to opposing palms with fingers interlocked

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

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

7. Rotate right hand around left wrist and vice versa.

For social handwashing, vigorously wash hands and wrists for 30 seconds. Rinse hands and dry thoroughly.
APPENDIX 2

GUIDANCE ON THE USE OF ALCOHOL GEL
Guidance on the use of Alcohol Gel

Normally you should wash your hands before and after you work with a patient or client. When possible you should wash your hands with soap and water and dry them thoroughly with a clean towel, alternatively you could use soap and water hand wipes.

Alcohol Gel should be used in the following situations:

• if the above facilities are not available;
• between patient/client contacts when time does not allow for the above;
• after contact with a patient/client who is known or suspected to have an infection;
• in addition to normal hand washing, before and after clinical or personal procedures which involve contact with broken skin, mucous membranes or bodily fluids.

NB: After not more than five consecutive applications, to prevent build up and stickiness on them, hands must be washed.

You should not use Alcohol Gel when hands are soiled or look dirty.

Staff requiring further advice should contact their Line Manager.

Alcohol Gel Health and Safety information

1. Keep out of the reach of children.
2. Avoid eye contact. Wash immediately with clean water for at least 10 minutes.
3. Do not ingest the product. Rinse mouth and throat thoroughly. Give approximately ½ a pint of water to drink and obtain medical attention immediately.
4. Stop using the product, inform your line manager immediately and contact the Northern Occupational Health Service should you experience any skin irritation during or following the use of this product.
5. Allow your hands to dry off and the alcohol vapour to disperse before undertaking any further activity (this will normally take a few seconds provided an excessive amount has not been used).
6. Alcohol gel or vapour can be a hazard near electrical devices, oxygen or a naked flame, bedding and clothing should be kept free from alcohol gel.
1.2 Personal Protective Equipment (PPE)
This refers to any equipment designed to be worn to protect health and safety. This includes gloves, aprons, eye and face protection.

Disposable non-powdered gloves and disposable plastic aprons should be worn when carrying out vaginal examinations or procedures, and any tasks involving exposure to blood and body fluids.

Gloves:
• Hands should be washed before putting on gloves
• Refer to Trust Skin Care Policy for details of glove choice. All situations should be risk assessed to decide the type of PPE required
• Gloves should be put on immediately before patient contact, and removed and discarded when task completed. Hands should then be washed
• Change gloves between tasks and patients
• Nitrile and neoprene gloves are the only alternatives to Latex as polythene gloves can permit the transfer of body fluids

Disposable Plastic Aprons:
• These should be worn to protect clothes and uniforms when in direct contact with equipment and patients during intimate examinations.

Uniforms/ Clothing
• Maximum contamination of Uniforms/ Clothing occurs in areas of greatest hand contact, such as pockets. This can lead to recontamination of washed hands. Freshly laundered Uniforms/ Clothes should be worn between each span of duty.
• Uniforms should be laundered at temperatures over 65 degree Celsius and hot ironed to eliminate organisms.
1.3 Spillages

- Spillages should be dealt with immediately following the Trust Procedure for managing Hazardous Wastes and Untoward Events Involving Waste (January 2002)

- Disposable non-powdered gloves and a disposable plastic apron should be worn.

Large blood spills > 30ml:

1. Should be absorbed into paper towelling and then disposed of into yellow bag.
2. Pour on 10000ppm hypochlorite solution and leave for 2-5 minutes
3. Scoop up residue with paper towels and dispose in yellow bags
4. The area should then be wiped clean with a fresh solution of hot water and detergent (eg, washing up liquid).

Small Blood Spills < 30ml:

1. shake granules over spill
2. leave for 2-5 minutes
3. scoop up residue with disposable towels and dispose in yellow bag
4. wash with detergent solution

Blood splashes and Drips

1. moisten paper towel with 10000 ppm hypochlorite solution and apply directly to splash and leave for 2-5 minutes
2. Wash area with detergent solution

Vomit, Urine or Faeces

1. soak up with paper towels and dispose in yellow bags
2. wash with detergent solution
3. Dry area with towels
1.4 Sharps

Sharps include needles, scalpels, stitch cutters, glass ampoules and any sharp instrument (disposable uterine sounds, speculae, dilators, sponge forceps etc) devices used in high risk procedures include:

- Needles and syringes
- IV cannulae
- Butterfly needles
- Scalpels for Implant removal

You should ensure that:

- Sharps are not passed hand to hand
- Handling is minimised
- Do not resheath, bend or break used needles
- Sharps should be placed directly into an appropriate sized rigid sharps disposal box as a single unit.

Safe use of sharps boxes:

- Date and sign when box commenced use
- Dispose of box when no more than ¾ full
- Lock and tag closed sharps box
- When not in use, close but do not lock lid

Trust Procedure for Segregation, Primary Containment and Storage of Waste Version 1.2: Primary healthcare Facilities (Jan 2002) provide further details on safe use and disposal of all types of sharps boxes.

Each practitioner is personally responsible for the correct disposal of sharps boxes.

Sharps related Injuries

Any penetrating injury with the possible transfer of blood and blood products, blood splashes onto skin, eyes and mucous membranes.

First aid Measures;

- Encourage to bleed
- Wash
- Cover
- Report (see appendix 3)
- Complete Incident form

The incident should be reported to nurse in charge, Head of Department and Occupational Health department Antrim Area Hospital 028 9442 4000 or to nearest A&E Dept if out of hours.

1.5 Clinical Waste

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The Trust Procedure for Segregation, Primary Containment and Storage of Waste Version 1.2: Primary healthcare Facilities (Jan 2002) provides further details on safe use and disposal of all types of clinical waste. Staff are expected to attend clinical waste training as part of their induction programme.

**Family Planning Clinical Rooms:**

- Yellow clinical waste bags for disposal of contaminated gloves, aprons, dressings and non sharps materials
- Black bags for domestic waste
- Clear plastic bags for office waste
- Magpie boxes for broken glass, batteries, spray cans
- Burn bins for empty medication vials (non sharp), single use items (plastic speculae, sounds etc), black lidded burn bins for cytology fixative
- Blue lidded sharps boxes for sharps disposal
Decontamination of Equipment

Decontamination is the process of cleaning, disinfecting and sterilising to ensure that a medical device is safe for further use.

In Family Planning Facilities in the NHSSB, benchtop sterilisation has been discontinued and the equipment decommissioned. Any reusable FP devices must be SENT TO HSDU FOR CENTRAL PROCESSING.

Where possible, disposable single use items should be used. For Family Planning clinics where disposable single use metal items are used, these should be disposed of as sharps (section 1.4)

Return of Reusable Instruments to HSDU:

- Items are to be returned in accordance with HSDU requirements
- Items must NOT be washed prior to return, to minimise risk of splashes and contamination
- Equipment must be securely wrapped as per HSDU specification
- Items for return must be clearly labelled and documented (HSDU provide books specific for this purpose)
- Forms should be kept separate from dirty items to minimise risk to staff opening the packs
Maintaining a Clean Environment

Cleaning is necessary to remove contaminants which harbour pathogenic material. The following describes the method and frequency of cleaning needed for equipment decontamination.

Table 1:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Method of Cleaning</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couches, chairs</td>
<td>Wipe with Cutan multipurpose wipes (soap and water)</td>
<td>Between each patient</td>
</tr>
<tr>
<td></td>
<td>Wash with detergent solution</td>
<td>Beginning/ end of clinic</td>
</tr>
<tr>
<td></td>
<td>Additional measure: 1,000 ppm hypochlorite solution then detergent</td>
<td>Following blood spill or suspected risk patient</td>
</tr>
<tr>
<td>Clinic Trolleys</td>
<td>Clean with detergent solution, followed by alcohol wipe</td>
<td>Between each patient</td>
</tr>
<tr>
<td>Counters and Worktops</td>
<td>Detergent solution</td>
<td>Daily/ Each clinic</td>
</tr>
<tr>
<td></td>
<td>Spot clean with detergent solution</td>
<td>When visibly soiled (except blood- see blood spills advice)</td>
</tr>
</tbody>
</table>

Further information is available from the Infection Control Nurse Specialists at AAH 028 9442 4000
<table>
<thead>
<tr>
<th>Equipment</th>
<th>Soap and Water</th>
<th>Alcohol Wipe</th>
<th>Haz solution 1000 ppm</th>
<th>Rinse and dry</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination Lights</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Ensure unplugged, use as little liquid as possible NOT ALCOHOL WIPES</td>
</tr>
<tr>
<td>Stethoscopes</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Automatic BP machines reduce use of stethoscopes</td>
</tr>
<tr>
<td>BP cuffs</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Use wipeable type</td>
</tr>
<tr>
<td>Tourniquets</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXAMINATION COUCHES**

- Couches should be washed with detergent solution or soap and water wipes prior to clinic, and between patients as per Table 1
- Any contamination of the couch with body fluids/blood should be cleaned as per procedure for blood spills (section 1.3)
- Alcohol wipes are not preferred as they can cause the couch covers to crack and split thereby increasing risk of pathogens
- Disposable paper couch roll should be used, changed between every patient.
- **LAUNDERABLE SHEETS SHOULD NOT BE USED** as it is not possible to clean these between every patient. Disposable roll should instead be used as a modesty cover.

**Decontamination of Toys/Equipment**

Routine washing of equipment such as changing mats etc between children is good practice and necessary. A fresh solution of hot water and detergent (e.g. washing up liquid) should be used.

**NB:** Soft toys e.g. teddy bears etc are not recommended in clinics, as they must be laundered between children, and harbour numerous pathogens.
Laboratory Specimens

Swabs and Samples

Refer to STI section of Clinical manual for specific swabs required for different tests, and preferred sites for testing

- Ensure correct swab type / container is used
- Complete form and specimen and confirm they match up
- Use hazard warning stickers where necessary or known risk
- Clinical details should include Antibiotic treatments, symptoms, test required and site of sample

Category 3 specimens

These Pathogens Include

Bacteria
- Mycobacterium Tuberculosis
- Mycobacterium other than TB (MOTT, or atypical TB)
- Salmonella typhi
- Salmonella paratyphi
- Escherichia coli, vero-cytotoxogenic strains (eg 0157: H7 or 0103)

Viruses
- All viral hepatitis except hep A
- HIV

Transmissible Spongiform Encephalopathies
- Creutzfelt-jakob disease (CJD)
- Variant CJD
- Fatal Familial Insomnia
- Gerstmann-Straussler-Scheinker Syndrome
- Kuru

Parasites
- Echinococcus
- Leishmaniasis

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• Plasmodium falciparum (malaria)
• Taenia solium (pork tapeworm)
• Trypanosomiasis

Procedures in Family Planning

Most intimate examinations or procedures in family planning involve potential contact with blood/ body fluids. For these tasks precautions outlined in this document must be carefully followed. These procedures include:

• Vaginal / pelvic examination
• Smear taking
• Coil insertion and removal
• Implant insertion and removal
• Vaginal or cervical swab collection
• Fitting diaphragms and caps
• Handling urine samples and pregnancy tests
• Phlebotomy/ blood tests.

MRSA

Methicillin resistant Staphylococcus Aureus is an organism which is resistant to methicillin, flucloxacillin and cephalosporins that can cause a wide variety of conditions ranging from colonisation to infections of varying severity.

In Family Planning we may only occasionally know if a patient has MRSA, as we are not usually involved in the diagnosis or screening of MRSA.

Standard precautions and additional measures (if known risk) of high quality infection control are essential for protecting staff and patients.

Contact Infection Control Team at AAH if specific information required.
APPENDIX 3

ACCIDENTAL INOCULATION REPORT FORM

OCCUPATIONAL HEALTH SERVICE
INFECTION CONTROL DEPARTMENT

ACCIDENTAL INOCULATION REPORT FORM

<table>
<thead>
<tr>
<th>STAFF MEMBER DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Full Name:</td>
</tr>
<tr>
<td>3. Place of Work/Base:</td>
</tr>
<tr>
<td>5. Occupation:</td>
</tr>
<tr>
<td>7. Home Address:</td>
</tr>
<tr>
<td>8. Postcode:</td>
</tr>
</tbody>
</table>

9. Contact Phone Numbers:

Work: Out of Hours:

<table>
<thead>
<tr>
<th>PATIENT DETAILS (IF KNOWN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Doctor in Charge:</td>
</tr>
<tr>
<td>12. DOB:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCIDENT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Place of Incident:</td>
</tr>
</tbody>
</table>

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15. Date and Time of Incident: ____________________________________________

16. How did the Incident occur? ____________________________________________

17. What type of needle/sharp? ____________________________________________

18. What subsequent action was taken?
   A. Contact OHS   B. Contact A & E   C. No Action

19. Completed by: (block caps) ____________________________________________

20. Signature: 21. Time/Date: ____________________________________________

When complete please forward to:
Occupational Health Department, Willow House,
Antrim Area Hospital, 45 Bush Road, Antrim, BT41 2QB
DISEASES NOTIFIABLE UNDER THE PUBLIC HEALTH NOTIFIABLE DISEASES ORDER (NORTHERN IRELAND) 1990

- Acute encephalitis/meningitis: bacterial
- Acute encephalitis/meningitis: viral
- Meningococcal septicaemia
- Anthrax
- Chicken Pox
- Cholera
- Diphtheria
- Food Poisoning
- Gastro-enteritis (persons under 2 years of age only)
- Hepatitis A
- Hepatitis B
- Hepatitis Unspecified: viral
- Legionnaire’s Disease
- Leptospirosis
- Malaria
- Measles
- Mumps
- Paratyphoid Fever
- Plague
- Poliomyelitis: acute
- Rabies
- Relapsing Fever
- Rubella
- Scarlet Fever
- Small Pox
- Tetanus
- Typhus
- Tuberculosis: pulmonary and non-pulmonary
- Typhoid Fever
- Viral Haemorrhagic
- Whooping Cough
- Yellow Fever

NOTIFIABLE UNDER PUBLIC HEALTH DISEASES ORDER (NORTHERN IRELAND) 1990

This act requires that every Medical Practitioner attending a person shall, as soon as he becomes aware, or has reasonable grounds for suspecting that a person is suffering from notifiable disease, notify the Consultant in Communicable Disease Control. This can be in

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writing or by telephone (Ballymena (02825) 653333, Extension 60205). The “On-Call” Consultant in Public Health Medicine can be contacted after 5.00 pm and at weekends via Ambulance Control at Holywell Hospital, Telephone Antrim (02894) 428911).