Infection Control Policy

Purpose

To ensure that everyone within Korus Health Limited work to the same high standards of infection control with the available resources.

Korus Health Ltd has in place infection control arrangements through policy, resources, education and training and audit to ensure the safety and health of our patients and staff.

Responsibility

All Korus Health Ltd healthcare staff members are to ensure they adhere to the Infection Control Policy.

Effective infection control is a key objective at every level of Korus Health Ltd and will work with outside organisations to fulfill evidence-based best practice.

Training Implications

Online infection control training is mandatory via e-learning for health and will be monitored.

Scope

This policy is in addition to any infection control policy at our community sites. Every member of staff must ensure they adhere to all the infection control polices within each setting.

The infection control policy aims to protect the patient as well as the staff involved.

For further guidance please refer to the link below.

https://www.england.nhs.uk/publication/standard-infection-control-precautions-national-hand-hygiene-and-personal-protective-equipment-policy/

Infection Control Precautions

Guidance on ultrasound gel

Type of gel to be used

Sterile ultrasound gel in single-use sachets or tubes should be used in the following scenarios:

- where there is contact with or near to non-intact skin (any alteration in skin integrity such

as a rash or surgical wound, including umbilicus in neonates)

- where the ultrasound examination is near to an indwelling invasive device, such as an intravenous vascular access device or suprapubic catheter

- where there is contact with a mucous membrane (for example for transvaginal procedures) when a probe cover is required, sterile single-use gel should be used inside

and outside of the probe

- for examinations on severely immunocompromised individuals

Non-sterile ultrasound gel in single use and multi-patient use containers may be used:

- during examinations of low-risk patients with intact skin and where there is no contact with mucous membranes

- during examinations in areas involving intact skin:
- in examinations that do not involve invasive procedures
- more than 24 hours prior to a probable invasive procedure at or near the same site

General principles

For both sterile and non-sterile gel:

- ensure any ultrasound gel is thoroughly removed from the patient's skin
- ultrasound probes must be effectively decontaminated according to the related

Ultrasound probes and TV probes decontamination policy before and after use on a patient

- ultrasound gel should be stored according to manufacturer’s instructions in an area that is dry and away from potential sources of contamination
- dispose of ultrasound gel bottle, tube or sachet if it appears soiled, is damaged or is out of date

For non-sterile ultrasound gel:

- once opened, date the bottle and dispose of it when either empty, after one month, on expiry date or sooner if recommended by manufacturer, whichever comes first
- store opened bottles upright to prevent nozzle or tip contamination and potential contamination of the gel inside
- clean the whole bottle, including the tip, with a disinfectant wipe before and after each use, allowing recommended drying time to ensure optimal disinfectant activity before dispensing gel – clean the nozzle or tip first before cleaning the rest of the bottle to prevent possible contamination
- ensure the nozzle or tip of a multi-use gel bottle does not contact the patient, transducer, or any ancillary equipment – if the multi-use gel bottle nozzle or tip comes into contact, discard the multi-use gel bottle to mitigate any risk of contamination

After the procedure, ensure any ultrasound gel is thoroughly removed from the patient's skin

Before performing hand hygiene:

- expose forearms (bare below the elbow)
- remove all hand and wrist jewellery (a single plain metal finger ring is permitted but should be removed or moved up during hand hygiene.

- ensure fingernails are clean and short and do not wear artificial nails or nail products
- cover all cuts and abrasions with a waterproof dressing

1. Effective Hand Hygiene

i. Hands are the principle route by which cross infection occurs in health care settings. Hand hygiene is, therefore the single most important means of reducing the spread of infection. All healthcare workers are required to comply with this policy.

ii. When to decontaminate hands

The critical point for hand hygiene to occur is:

- Immediately prior to every episode of direct patient contact (even if gloves are worn)
- After every episode of direct patient contact (even if gloves are worn)
- after contact with the patient's immediate environment and the equipment within it,

In addition, hands must be decontaminated:

- After any contact that may result in the hands becoming visibly dirty.
- After handling potentially contaminated equipment.
- Prior to an aseptic procedure.
- After going to the toilet.
- Prior to eating/preparing food or drink.

iii. Levels and Methods of Routine Hand Hygiene

Handwashing:

Handwashing will remove transient micro-organisms and visible dirt/soiling.

Method

- Liquid soap and running water is required for this level of hand hygiene.
- Wet hands thoroughly under running water.
- Apply liquid soap, rub soap into hands for 20 seconds using an effective technique
- Rinse thoroughly under running water.
- Dry thoroughly with paper towels.

Alcohol sanitiser:

Generally alcohol hand rub is an effective alternative to routine hand washing if the hands are visibly clean.

Skin Care

- dry hands thoroughly after hand washing using disposable hand towels
- use emollient hand cream at work and when off duty
- staff with skin problems should seek advice from their GP

Personal Protective Equipment

- should be located close to the point of use

- stored to prevent contamination in a clean, dry area until required for use (expiry dates must be kept to)
- disposed of immediately after use
- reusable PPE items e.g. non-disposable goggles, face shields or visors must be decontaminated after each use

Gloves

- worn when exposure to blood and/or other bodily fluids, non-intact skin or mucous membranes is anticipated or likely
- changed immediately after each patient and/or completing a procedure or task
- changed if a perforation or puncture is suspected
- appropriate for use, fit for purpose and well-fitting

Hair

- hair longer than shoulder length to be tied back

Infectious diseases including COVID

The wearing of masks to potentially prevent the spread of infectious diseases including COVID 19 is at the choice of the patient and the clinical staff.