

health

Department of Health
NORTHERN CAPE

This is to confirm that this policy has been reviewed according to the agreed time-frames and no changes to the current policy are required.

Policy on Standard Precautions for Infection Control in Healthcare Settings

Version control

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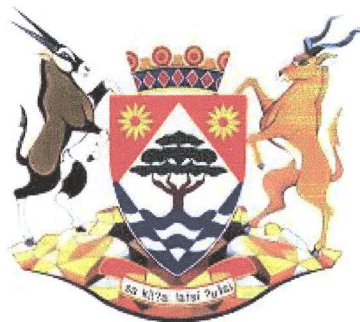
Approved by the Head of

Department:

Ms Gugulethu MATLAOPANE

Gugulethu

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Policy on Standard Precautions for Infection Control in Healthcare Settings

Version control

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Foreword by the MEC for Health

The Government has set the Department of Health, both nationally and provincially, major goals to achieve over the coming years. These goals include, among others, to provide strategic leadership and improve management; to accelerate the revitalisation of all health care infrastructure; to improve the quality of health services in preparation for the National Health Insurance (NHI), to accelerate the management of HIV/AIDS, STIs, TB and other communicable diseases; and to promote mass mobilisation for better health for all.

It is against this backdrop that the Northern Cape Department of Health is reviewing and updating all existing Policies and Procedures and, where needed, introducing new ones. These policies will ensure that staff know what is expected from them as individuals and as employees of the Department, as well as informing the public and its representatives of what they can expect from the Department.

Standard Precautions for infection control in healthcare settings are meant to reduce the risk of transmission of blood-borne and other pathogens from both recognised and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

The Northern Cape Department of Health is convinced that a province-wide escalation of the use of these *Standard Precautions* will reduce unnecessary risks associated with healthcare. Promotion of an institutional safety climate will help to improve conformity with recommended measures and thus subsequent risk reduction. The provision of adequate staff and supplies, together with leadership and education of staff, patients and visitors, is critical for an enhanced safety climate in all our healthcare settings.

I commend this policy to you.


Mr Mxolisi Sokatsha
MEC for Health

08/12/2011
Date

Vision, Mission and Values

Vision

Health Service Excellence for All

Mission

Working together, we are committed to provide quality health care services. We will promote a healthy society in which we care for one another and take responsibility for our own health. Our caring, multi-skilled professionals will integrate comprehensive services, using evidence-based care-strategies and partnerships to maximize efficiencies for the benefit of all.

Values

- Respect (towards colleagues and clients, rule of law and cultural diversity)
- Integrity (Honesty, Discipline, and Ethics)
- Excellence through effectiveness, efficiency, innovation and quality health care.
- Humanity (Caring Institution, Facility and Community)
- Empower our people

Policy Aim

1. *Standard Precautions* (formerly known as universal precautions) are meant to reduce the risk of transmission of blood-borne and other pathogens from both recognised and unrecognised sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients. This policy sets out a clear direction for implementing *Standard Precautions* in line with internationally recognised best practice.

Policy Scope

2. In addition to practices carried out by health workers when providing care, all individuals (including patients and visitors) should comply with these *Standard Precautions* for infection control in healthcare settings. The control of spread of pathogens from the source is key to avoid transmission.

Policy Statement

3. It is the policy of the Northern Cape Department of Health that:

- 3.1. **Health establishments:** Health establishment managers will:

- 3.1.1. Place acute febrile respiratory symptomatic patients (e.g. fever of 38°C or more, and/or a new or worse cough or shortness of breath) at least one metre away from others in common waiting areas, if possible;
 - 3.1.2. Post visual alerts at the entrance to health establishments and ambulance pick-up points, instructing persons with respiratory symptoms to practise respiratory hygiene/cough etiquette;
 - 3.1.3. Consider making hand hygiene resources, tissues and masks available in common areas and areas used for the evaluation of patients with respiratory illnesses;
 - 3.1.4. Use adequate procedures for the routine cleaning and disinfection of environmental and other frequently touched surfaces.

3.2. Hand hygiene – What?: Hand hygiene is a major component of *Standard Precautions* and one of the most effective methods to prevent transmission of pathogens associated with health care:

3.2.1. Health establishment managers must ensure availability of hand-washing facilities with clean running water, liquid soap and single use clean towels. These hand-washing facilities must be located close to toilets, food preparation areas, patient areas, laboratory areas and waste disposal areas;

3.2.2. Staff and visitors must perform hand washing with soap and water if hands are visibly soiled, or exposure to spore-forming organisms is suspected, or after using the toilet;

3.2.3. If resources permit, alcohol-based hand rub preparations should ideally be available at the point of care.

3.3. Hand hygiene – When?: Staff and visitors will perform hand hygiene by means of hand washing or hand rubbing:

3.3.1. Before and after any direct patient contact and between patients, whether or not gloves are worn;

3.3.2. Immediately after gloves are removed;

3.3.3. Before handling an invasive device;

3.3.4. After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn;

3.3.5. During patient care, when moving from a contaminated to a clean body site of the patient;

3.3.6. After contact with inanimate objects in the immediate vicinity of the patient.

3.4. Hand hygiene – How?: The techniques to be followed when performing hand hygiene hand washing or hand rubbing are:

3.4.1. Hand washing: wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off tap (40–60 sec); or

3.4.2. Hand rubbing: apply enough product to cover all areas of the hands; rub hands until dry (20–30 sec).

3.5. Personal protective equipment (PPE) – Gloves: Before any healthcare activity is undertaken, assess the risk of exposure of the hands to body substances or contaminated surfaces. If a risk is identified, gloves must be worn as described:

3.5.1. Wear gloves when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin;

3.5.2. Change gloves between tasks and procedures on the same patient after contact with potentially infectious material;

3.5.3. Remove gloves after use, before touching non-contaminated items and surfaces, and before going to another patient;

3.5.4. Perform hand hygiene immediately after removal.

3.6. Personal protective equipment (PPE) – Facial protection: Before any healthcare activity is undertaken, assess the risk of exposure of the eyes, nose and mouth to body substances or contaminated surfaces. If a risk is identified, facial protection must be worn as described:

3.6.1. Wear a surgical procedure mask and eye protection (eye visor, goggles), or a face shield to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions;

3.6.2. Perform hand hygiene after removal of facial protection.

3.7. Personal protective equipment (PPE) – Gown: Before any healthcare activity is undertaken, assess the risk of exposure of clothing or exposed skin to body

substances or contaminated surfaces. If a risk is identified, a gown must be worn as described:

3.7.1. Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions;

3.7.2. Remove soiled gown as soon as possible;

3.7.3. Perform hand hygiene after removal of gown.

3.8. **Prevention of needle stick injuries:** Staff must use extreme care and use approved sharps disposal containers when:

3.8.1. Handling needles, scalpels, and other sharp instruments or devices;

3.8.2. Cleaning used instruments;

3.8.3. Disposing of used needles and other sharp instruments in approved sharps disposal containers.

3.9. **Respiratory hygiene and cough etiquette:** Persons with respiratory symptoms should apply source control measures:

3.9.1. Cover their nose and mouth when coughing/sneezing with tissue or mask;

3.9.2. Dispose of used tissues and masks into a suitable covered waste bin;

3.9.3. Perform hand hygiene after contact with respiratory secretions.

3.10. **Linen:** Staff must handle, transport, and process used linen in a manner which:

3.10.1. Prevents skin and mucous membrane exposures and contamination of clothing;

3.10.2. Avoids transfer of pathogens to other patients and or the environment.

3.11. **Waste disposal:** Staff must ensure safe waste management:

3.11.1. Treat waste contaminated with blood, body fluids, secretions and excretions as clinical waste, in accordance with clinical waste regulations;

3.11.2. Human tissues and laboratory waste that is directly associated with specimen processing should also be treated as clinical waste;

3.11.3. Discard of single use items properly.

3.12. **Equipment:** Staff must handle patient care equipment (including beds, trolleys, wheelchairs, walking aids, etc.) appropriately:

3.12.1. Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment;

3.12.2. Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient.

Roles and Responsibilities

4. Health establishment managers (supported by District Managers in the District Health System) are responsible for ensuring the availability of hand-washing facilities with clean running water, liquid soap and single use clean towels. If resources permit, alcohol-based hand rub preparations should ideally be available at the point of care.
5. The Director of Infrastructure is responsible for ensuring that building installation and maintenance procedures exist in each District to allow health establishments to provide and maintain hand washing facilities close to toilets, food preparation areas, patient areas, laboratory areas and waste disposal areas, as a minimum.
6. The Director of Supply Chain Management is responsible for working with clinical teams and establishment managers to identify appropriate hand hygiene and personal

protective equipment products, and for prioritising the ordering and distribution of said products to health establishments and clinical teams.

7. The Director for Standards Compliance & Quality Management is responsible for ensuring training is provided on infection prevention and control (including *Standard Precautions*) in each Health District, as well as each Regional and Tertiary Hospital.

Review and Distribution

8. The Director for Standards Compliance & Quality Management is the responsible manager for this Policy and for ensuring it is reviewed and updated.
9. This policy will be reviewed after 12 months but before 18 months of the last publication date. If necessary an updated version will be issued, if not a formal cover letter will be issued to supplement the cover of this Policy (identifying a revised publication date).
10. The Director for Policy & Planning will distribute updated versions to:
 - Member of the Executive Council for Health
 - Head of Department of Health
 - All Chief Directors, Directors and Deputy Directors (who will in turn distribute to their staff as appropriate.)

Acknowledgements and Sources

11. This Policy is based on the World Health Organisation's (WHO) internationally recognised guidance on patient safety, specifically that on *Standard Precautions* in healthcare.