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BICSc Infection Control Awareness

Introduction

Due to the current outbreak of the Corona Virus or 2019-nCoV which shows itself as a respiratory illness that was first uncovered in China in January of 2020, it is important to understand what cleaning operatives can do to help prevent the spread of infection whilst also protecting themselves. The virus, believed to be from the same strain as the SARS virus, has presented itself as a respiratory illness with varying levels of severity from minor symptoms to death. As with any virus, the spread can be rapid with person to person contact enabling it to spread at pace. Any form of infection is created by exposure to harmful micro-organisms such as bacteria, fungi, viruses and internal parasites.

Routes of Infection

Micro-organisms which can cause infection are generally spread by one of four main routes:

1. **Airborne Transmission:** Transmitted through the air, coughing, sneezing, or contaminated dusts can result in respiratory discharge into the air we breathe.

2. **Faecal-Oral Transmission:** Transmission through touch by not washing your hands effectively after using the toilet and transferring micro-organisms to touchpoints that could be passed onto other individuals touching the same point.

3. **Direct Contact Transmission:** Transmission from person to person or even animals, the transfer of micro-organisms from anything that is touched.

4. **Blood and Body Fluid Transmission:** Transmission through the penetration of skin from an injury or a contaminated needle, or other sharp object resulting in the breaking of the skin. It can even be caused by an animal or insect bite.

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What can we do to help prevent the spread?

Standard precautionary measures need to be applied in order to help prevent the risk of spread of any infection. Not all infections are possible to identify straight away, or how any infection is spread may not be known in the early stages of an outbreak. We can help and contribute to the prevention and reduce the risk by applying good standard precautionary practices such as the following:

- Achieving good hand hygiene
- Correct use of personal protective equipment (PPE) such as gloves, aprons, masks etc.
- Managing sharps
- Disposing of waste appropriately
- Accident management
- Managing spillages of blood and body fluids
- Achieving and maintaining a clean environment

Achieving Good Hand Hygiene

Effective hand hygiene is one of the simplest and important measures we can adopt to help control the risk of infection. Handwashing needs to be thorough and methodical to ensure your hands are sufficiently cleaned. BICSc Hand Hygiene poster by Citation offers a step by step guide to effective handwashing and is available on our website **www.bics.org.uk**

Hand washing should always be carried out after the following:

- Before and after personal contact with individuals
- Following cleaning activities
- Before handling food
- Before eating, drinking or smoking
- Before taking medication
- Before inserting contact lenses
- After contact with body fluids
- After removing gloves
- Whenever hands are visibly dirty
- After any activity or contact that contaminates the hands including using the toilet, coughing, sneezing, handling of waste - even if gloves have been worn.

In addition to hand hygiene, a precautionary measure to adopt when coughing or sneezing is always to use a tissue.

Catch it, flush it, kill it
Now wash your hands

Alternatives to hand washing:

The use of alcohol/antibacterial hand gels, wipes and creams are a suitable alternative in cases where access to soap and water and washing facilities are not readily available, although where possible washing hands thoroughly is best practice.

Hand drying:

Failure to dry your hands can result in your hands becoming contaminated and promote skin damage. Wet surfaces allow for micro-organisms to transfer more easily than dry hands. Disposable hand towels are the most effective method for drying hands. WHO are stating currently that air dryers are acceptable.

Correct use of Personal Protective Equipment (PPE):

Personal protective equipment is provided by the employer to protect operatives from safely conducting their task as identified by the relevant risk assessment.
During an infection outbreak, the level of PPE may change and will play a vital role in protecting the operative and the building users from the risk of cross-infection.

Disposable Gloves:

Disposable gloves should be worn whenever there might be contact with body fluids, mucous membranes, non-intact skin or chemicals. Disposable gloves are for single use only, and they must be removed and discarded appropriately as soon as the task is completed.

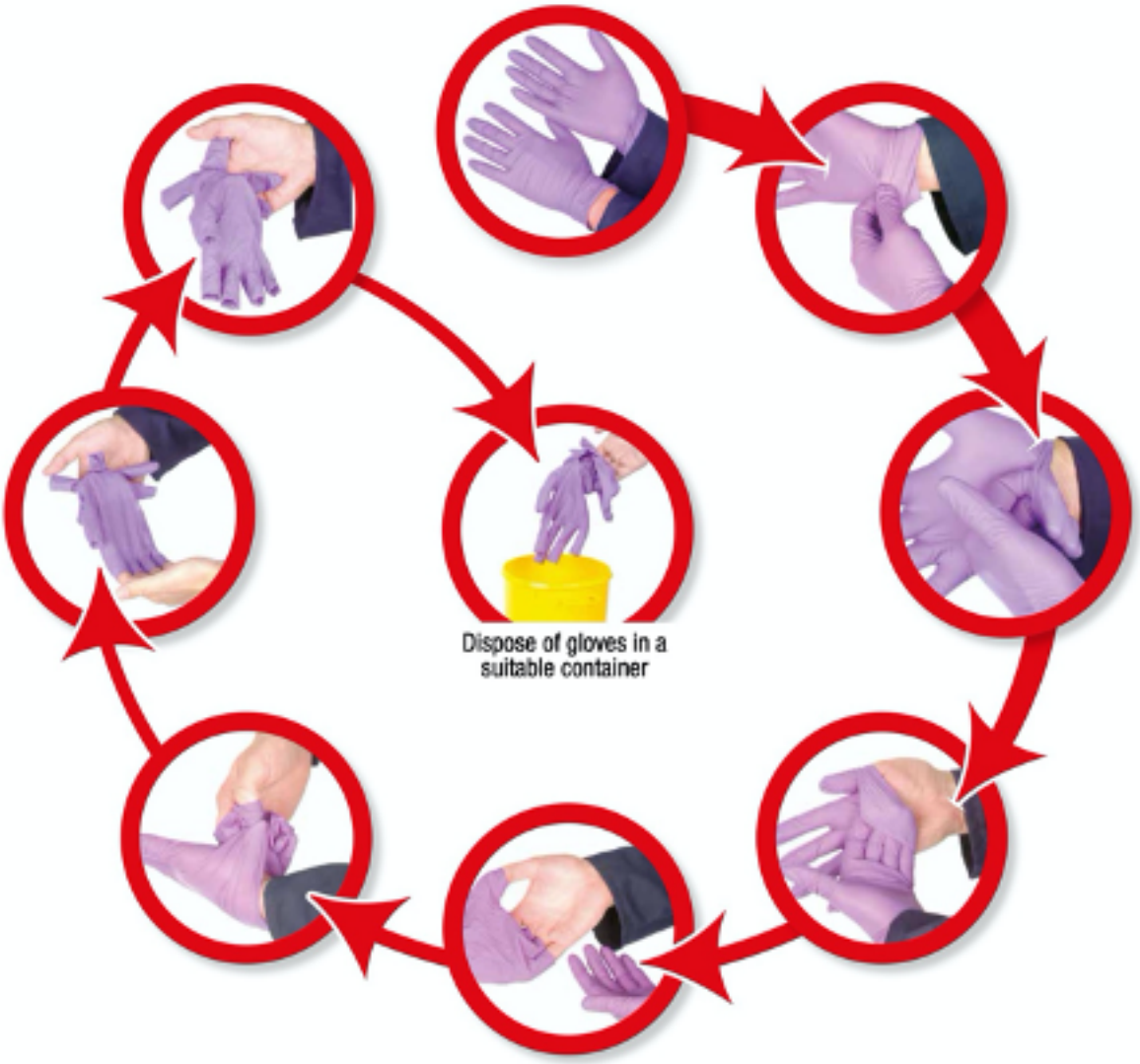
Hands must always be washed following the removal of disposable gloves; gloves are not a substitute for handwashing. Correct colour-coding must be adhered to when choosing disposable gloves for the relevant task. The type of disposable glove in use may vary dependant on the user, and a risk assessment may be required where any risk of sensitivity or allergy is identified to find the most suitable glove for the operative.

When there is a confirmed infection outbreak BICSc recommends that yellow disposable gloves etc are used.

A guide on the correct removal of disposable gloves from the HSE is provided for information:

Single use, splash-resistant gloves

Follow the simple steps below to remove gloves correctly:



Remove carefully to protect your skin from contamination.

HSE

Your safety/union representatives are:

Disposable Plastics Aprons:

Disposable plastic aprons should be worn whenever there is a risk of contaminating clothing with body fluids, or there is a known infection. Disposable plastic aprons are for single use only, and they must be removed and discarded appropriately as soon as the task is completed. Correct colour-coding must be adhered to when choosing disposable plastic aprons for the relevant task.

Masks, Visors and Eye protection:

Where the risk assessment for the task identifies the use of masks and eye protection, or when any activity may cause body fluids or substances to splash into the eyes, face or mouth then masks and relevant eye protection must be worn. Masks specifically will be a requirement when there is suspicion or evidence of any infection that can be spread through airborne transmission. Operatives must ensure the mask is fitted correctly and changed regularly between areas. Any mask used must be disposed of appropriately on the completion of the task.

Colour-coding:

The BICSc colour-coding system is a method of cleaning that reduces the risk of cross-contamination. This is done by segregating areas of a site by different coloured categories. Areas include clinical (healthcare), sanitary appliances (washroom), general food and bar use, general washrooms, general lower risk areas and bespoke or site-specific. By following a colour-coding system, you will ensure that cleaning standards are improved, and cross-contamination is
prevented.

When there is a confirmed infection outbreak BICSc recommends that yellow equipment and consumables are used. Disposable items are best suited for occasions where an outbreak is active.

A copy of the BICSc recommended colour coded chart is provided for information.

ARE YOU FOLLOWING THE RECOMMENDED COLOUR CHART FOR THE CLEANING INDUSTRY?

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CLINICAL
Healthcare use

BEST PRACTICE FOR SANITARY APPLIANCES
Any derivations of red and white

GENERAL FOOD AND BAR USE

GENERAL WASHROOMS

GENERAL LOWER RISK AREA

BESPOKE OR SITE SPECIFIC

Managing Sharps:

The correct management of sharps is essential. A sharp is identified as anything that has the capability of penetrating the skin such as needles, broken glass, mirrors and knives. Any sharps that you may come into contact with need to be dealt with efficiently and disposed of following the disposal process and adhering to localised guidelines.

For the avoidance of sharp injuries, you need to ensure that:

- Sharps are not passed from hand to hand
- Needles must not be broken or dismantled
- All used sharps must be placed in a special sharp's container at its point of use
- Needles should never be re-sheathed
- Any sharps containers in use should not be more than two thirds full
- Always plan for the safe handling and disposal of sharps before they are used

Disposal of waste appropriately:

There is a legal requirement for waste to be correctly handled, segregated, and disposed of depending upon its type. Legislation requires the classification of waste based on hazardous characteristics and point of production.

The Hazardous Waste Regulations introduced new definitions of hazardousness for infectious wastes. Wastes that contain substances containing viable micro-organisms or their toxins, which are known or reliably believed to cause disease in man or other living organisms are hazardous wastes.

Waste that poses an infection risk should be considered as hazardous infectious waste. Hazardous infectious waste includes blood and other materials that may contain blood such as dressings, swabs etc.

Soiled waste such as sanitary products and plasters (from minor first aid treatment) are not considered to be infectious unless specific advice is given to the contrary by a healthcare practitioner.

Offensive waste describes wastes which are non-infectious but may cause offence to those coming into contact with it. Offensive waste includes wastes previously described as human hygiene waste. Always check with your local authority for localised arrangements.

Accident Management:

Following any accident where you are exposed to body fluids, you must ensure you adhere to the following:

- Attend to the injury
- Encourage bleeding – you must never suck
- Wash the wound well under running water, dry and apply a waterproof dressing
- If body fluids splash into the eyes, irrigate with cold water
- If body fluids splash in mouth, do not swallow, rinse out with water
- Report the accident to your Supervisor or Manager

Managing spillages of blood and body fluids:

Managing body fluids may be more prevalent during any period of an infection outbreak, and any body fluid has the potential to be infectious. Any body spills need to be dealt with immediately. Operatives always need to apply precautionary measures as any infection may not be that easy to identify, so we must always follow the precautionary measures when operating within our workplace environments. We must always do the following:

- Ensure effective handwashing
- Always check for any cuts and grazes and cover with a waterproof dressing
- Always wear Personal Protective Clothing as directed through any task-based risk assessment or manufacturers guidelines and SDS for products in use.
- Always ensure safe handling of waste, sharps and laundry
- Always dispose of body fluids and clean up body fluids safely and as per localised guidelines
- Always carry out the necessary first aid and promptly report any injuries involving blood and/or body fluids

Body fluids are classed as offensive wastes and include the following:

- Vomit
- Blood
- Sputum
- Urine
- Faeces

Achieving and maintaining a clean environment

Risk Assessment:

As with any task undertaken by a cleaning operative, it is essential that the necessary risk assessment is in place. In the case of any outbreak, this is even more important, and the associated risks from infection where an operative may come into contact with infectious micro-organisms within the workplace must be identified and communicated.

All employees need to be made aware of key factors:

- Where the organism may be present e.g. animal, person or environment
- How may they be exposed e.g. direct skin contact and/or inhalation
- What effects it may have e.g. infection, allergies
- What is the level of exposure i.e. frequency of contact considering the systems of work and what protective measures are in place?
- Who is at risk e.g. operatives, employees, visitors and building users?
- Identify any employees who may be at greater risk or more vulnerable.

The risk assessment will provide real-time information and allow for the right decisions to be made around the actions required to help prevent and control the risk.

Correct choice of chemical:

There are numerous manufacturers and suppliers within the industry that can help you to source the right chemical products to aid your requirements during an infection outbreak. Dependant on the type of building you work within you may need to cease using your current chosen cleaning product and use a product more suited for the type of infection you may be dealing with.

Manufacturers will provide specific guidance on what type of disinfectants are the most effective and advise on dilution rates and contact times for the type of infection you are required to deal with. It is important to liaise with your approved suppliers and seek professional guidance. Training may be required for any new products and operatives should undergo training before using any new product.

Specification:

During an outbreak, the generic specification may need to be reviewed dependant on the type of building you work in. There may be a need to increase the frequency of cleans and focus on targeted disinfection of touchpoints such as door handles, push plates, switches, keyboards and telephones. Touchpoints are any surface that is likely to be in contact with bare skin, so this can be an extensive list. There may also be a need for additional cleaning processes dependant on localised requirements. Effective cleaning and disinfection of surfaces are paramount in infection control, and the cleaning processes should be regularly assessed to ensure the process is being delivered in compliance with any infection control policy.

Guidelines provided by Public Health England will detail any advice on increased frequencies and levels of clean required to deal with specific infections.

Laundry:

For operatives that deal with laundry, the use of standard precautions still applies when handling materials that may be contaminated or soiled. The use of masks, gloves and aprons are essential. The advice is that any removal and handling of infected bedding should be done with minimal agitation to reduce the risk of transporting any micro-organisms with the potential to spread infection. All bedding and linen should be removed with care. Operatives should take care not to hold any linen close to their chest to prevent any risk of cross-contamination to their uniform, even with the wearing of a protective apron.

Segregation needs to happen prior to any washing in order to stop any need for additional handling that can lead to the risk of infection. All laundry needs to be bagged in accordance with localised laundry policies, and they must meet the relevant decontamination requirements. Operatives must wash their hands-on completion of task as per standard precautionary measures.

Communication:

Effective communication and the provision of timely and accurate data is paramount in setting up and establishing the correct levels of service delivery, and continual reinforcement of the right control measures. Dependant on the severity of the outbreak, it may also be necessary to set up health surveillance in order to monitor exposure.

In some cases, immunisation may also be a consideration and will be determined by the risk assessment. Immunisation is an addition to the control measures introduced based on the risk assessment and are to protect the operative, along with the other precautionary measures introduced at the time of an outbreak.

Training:

Staff training is imperative for effective operatives. Training provides the right attitude, skills and knowledge to operate effectively and efficiently ensuring service delivery and high standards are met and achieved. Training must cover the whole range of tasks any operative is asked to carry out.

Toolbox talks provide a method for getting key information to staff and dealing with current issues through short presentations to all operatives involved. Reinforcement is key and refreshes the operatives on exactly what is expected from them.

BICSc provides accredited professional training that underpins and reinforces the precautionary measures that need to be applied when operatives are faced with operating within an environment that is experiencing an infection outbreak.

Our Licence to Practice is a mandatory level for all operatives that focusses on the following:

- Understanding of Health and Safety
- Understanding of COSHH
- Understanding of Dynamic Risk Assessment
- Understanding electrical safety
- Safe use and care of equipment
- Importance of correct dilution

Our next level of training offers the Cleaning Professional's Skills Suite (CPSS) with over 40 Base, Additional and Specialist Units to choose from, allowing you to build and tailor your core requirements and cleaning competencies to match the tasks covered within your service area. A link detailing the skills available can be accessed via the link below:

https://issuu.com/bicsc_marketing/docs/master-bicsc-brochure-web?e=6268421/70485444

Specialist Training

BICSc also offers Cleanlogic™, which is a growing collection of supervisory and management Courses and Workshops developed with BICSc technical knowledge and experience.

All Cleanlogic™ Courses and Workshops are certified by BBS and are exclusively delivered by our in-house Trainers.

A link detailing our training prospectus can be accessed via the link below:

https://issuu.com/bicsc_marketing/docs/bicsc_training_perspectus_2019_v1.0

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Biohazard decontamination cleaning:

Biohazard decontamination cleaning is paramount when dealing with contaminated areas of infection. Attached is the BICSc Standard Operating Procedure for the Specialised Unit SU2 Bio-hazard and decontamination cleaning.

For more information contact BBS at:

Email: **bbs@bicsbusinessservices.com**
Telephone: 01604 678 712
Web: **bics.org.uk**

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CPSS THE CLEANING PROFESSIONAL'S SKILLS SUITE

Standard Operating Procedure

SU2 - Bio-hazard decontamination cleaning (hard surfaces)

Rules of combination apply: The candidate must hold the following skills: BU2, BU9/AU3, AU5

To undertake the cleaning and decontamination of a simulated bio-hazard within a safe and controlled scope of work without danger to people fixtures and fittings.

Health and Safety compliance

Demonstrate an understanding of the appropriate documentation:

Chemical Control of Substances Hazardous to Health (COSHH) assessment and Safety Data Sheets (SDS)

Task Risk Assessment (RA)

Method Statement (MS) or Standard Operating Procedure (SOP)

Manufacturer's Operating Instructions

- The candidate should be able to identify the relevant information in the correct chemical COSHH assessment, Task Risk Assessment, Method Statement/SOP, Manufacturer's Operating Instructions

Recommended equipment

Warning signs, barriers, hazard tape (as applicable)

Appropriate personal protective equipment (PPE), as specified by COSHH assessment and/or task risk assessment

Torch or headlight (as applicable)

Protective floor covering (waterproof)

Sharps box and grippers

Clinical waste sacks of appropriate size and colour (site-specific), ties and labels

Tweezers

Litter pickers

Scraper

Non-abrasive pads

Edging tool

Colour-coded scrubbing brush's (long handle, telescopic or hand-held)

Colour-coded floor mopping system

Colour-coded hand buckets

Colour-coded dustpan and brush

Scrubber dryer or rotary machine and wet pick-up

Waterproof waste trolley for transportation of contaminated waste

Pressure spray or spray bottle

Cleaning agents (as appropriate)
Absorbent granules
Disposable cloths
Paper towels
Steam cleaner (optional)
Safety steps (optional)
Platform (optional)

Procedure – Health and Safety considerations

1. Carry out a dynamic risk assessment on arrival at the work area and place warning signs.

    - A dynamic risk assessment ensures the candidate is safe to work in the area as it demonstrates it is free from any immediate risks. Place warning signs to provide adequate warning of work in the area; this could include a sluice room, cleaning cupboard, cleaning store, preparation area as well as the work area.

2. Carry out the point of work (POW) risk assessment from outside of the contaminated area to establish potential hazards and risks.

    - Consideration to be made to the temperature within the area and possible fatigue of the operative.

    - Sufficient downtime must be given and if required additional team members may be needed as per the point of work risk assessment.

3. Check and wear PPE as per COSHH and/or risk assessment.

    - Ensure PPE is a suitable fit, fit for purpose and undamaged.

    - PPE will be worn in 2 stages – stage 1 for preparation of equipment and solutions and stage 2 for the actual decontamination process.

4. Confirm all necessary colour-coded equipment is available and fit for purpose

    - Correct colour-coded equipment reduces the potential risk of cross-contamination and ensures demonstratable best working practices.

5. Demonstrate an understanding of the standard operating procedure or method statement, risk assessment, COSHH assessment.

    - The chemical safety data sheets must be easily accessible and up to date as they need to be given to medical professionals should an accident occur. They detail the make-up of the chemical to ensure the patient receives the correct medical treatment.

6. Ventilate the area, either open a window, a door or comment on the air conditioning as the building dictates.

- Ventilation reduces the risk of inhalation when making up chemical solutions and aids drying of equipment and materials.

7. Wash your hands as per the company policy or according to the BICSc approved method, ensuring that you check for cuts and abrasions and cover with a waterproof dressing if required.

- Cuts or abrasions should be covered with a waterproof dressing to prevent cleaning solutions and bacteria entering the bloodstream and potentially causing blood poisoning.

8. Stage 1 PPE, as specified in the POW risk assessment, is to be worn from this point.

9. Check the area where you are working for any signs of pest infestation and report them in line with company policy.

- Signs of pest infestation should be checked in the cleaning cupboard/store and throughout the task in the work area but must not be disturbed as the pest control company will use this evidence to identify the type of infestation.

10. Check the area where you are working for any signs of damage and report them in line with company policy.

- Damaged assets such as broken tiles, torn/snagged carpet, chipped desks in either the cleaning cupboard/store or work area should be reported as per company policy to prevent any further damage and/or the operative being blamed for the damage.

Procedure – Method

11. Identify the correct product(s) for the area(s) to be cleaned.

    - The product should be suitable for the type of surface to be cleaned and contamination to be removed and diluted according to the manufacturer's instructions if in a concentrated form.

12. Prepare the chosen product.

    - Preparation of the product should be according to manufacturer's instructions, always adding chemical to water. This minimises the risk of contact with undiluted chemical and excess foam being created. The correct level of water in the container is key to the dilution being accurate.

    - When water is initially added to the container if foam is formed it indicates there are traces of a product present in the container. Therefore, the container should be thoroughly rinsed with water to ensure it is clean before adding any other product to the water.

    - It is recommended that a maximum of 2.5L of water is used in the hand bucket, this complies with the HSE recommendations for lifting. It also helps to prevent overuse of chemical as 5L soils as quickly as 2.5L, but it means you are pouring twice as much product down the drain each time you change the solution.

    - Wipe any spillages as soon as it occurs with a damp correctly colour-coded cloth.

13. Place waterproof floor protection outside of the contaminated area and tape down to prevent movement.

14. Place all required equipment and materials on the protective sheet.

15. Stage 2 PPE, as specified in the POW risk assessment, is to be worn from this point.

16. Check the entry point for any signs of sharp objects prior to spraying the door and frame with disinfectant.

    - The clean operative is to observe and check the dirty operative for any signs of contamination throughout the task.

17. The dirty operative to enter the area and check behind the door for any sharp objects or sharps. Give the whole area a further visual check to confirm that nothing has been missed that could be a hazard or risk.

18. Commence the task by removing any sharp objects from the area.

    - Any sharp objects should be disinfected before being removed from the area using the grippers/tweezers/litter pickers and be placed in the sharps box and placed in a safe area away from other users of the area.

    - The sharp object(s) should be picked from the least dangerous angle to avoid coming into contact with the operative.

19. Safely remove the contamination.

    - The absorbent agent should be applied to the contamination and given sufficient contact time as per the manufacturer's instructions to absorb the fluid.

    - Best practice would be to disinfect the contamination to protect the operative. Follow the manufacturer's instructions to ensure sufficient contact time.

    - Starting at the outer edge of the closest contamination the absorbent agent and debris must be scooped into the correct colour-coded waste bag.

    - Paper towels should be used to collect any surplus contamination and should be placed into the correct colour-coded bag.

    - The bag should be placed on the waterproof floor sheet at the entry point.

20. Decontaminate the surface area.

    - Disinfect the total area of the contamination following the manufacturer's instructions to ensure sufficient contact time.

21. Place all materials and equipment used to clean the area on the protective floor sheet.

    - All contaminated materials, disposable items (cloths, mops etc.) are to be placed in a chemical waste bag inside the dirty area and tied off and tagged.

    - These are to be transported to the dedicated lockable area on-site for hazardous waste.

22. Equipment must be contained within a container prior to exit from the contaminated area.

23. The dirty operative, once satisfied that the area has been fully disinfected, will exit the area and stand on the plastic sheeting.

- The clean operative will remove the goggles and respirator from the dirty operative.
- Then remove the contaminated outer gloves (leaving the two pairs of nitrile gloves in place), over-suit and over-shoes.
- All disposable items are to be put into a chemical waste sack tied and tagged.
- The respirator and goggles are to be bagged.

24. Depending on the surface to be cleaned the dirty operative must clean the surface as per the relevant skill - BU2, BU9, AU3 or AU5

25. The clean operative is to remove the contaminated items safely.

- All non-disposable items must be decontaminated.
- All equipment used for this task must be separated from all other equipment and marked as 'For the use of bio-hazard tasks only'.

Procedure – Safe storage of equipment

26. Demonstrate the correct cleaning and storage method for equipment, materials and PPE used for the skill.

- Storage should allow for air circulation when storing equipment to aid drying.
- Where laundry facilities are available candidates should follow the agreed company procedure.
- The waste bag should be securely sealed and tagged and disposed of as per company policy.
- Relevant parts of the equipment should be disinfected, cleaned and rinsed after use to minimise risk of cross-contamination and chemical reaction due to them being mixed as a result of chemical residue.

27. Remove warning signs, clean as required before storing safely.

    - Best practice is to clean warning signs after each use to reduce the potential risk of cross-contamination.

28. Close any ventilation as applicable.

29. Both operatives are to shower if the facilities are available. If not, a full strip wash is required as a minimum.

    - Full change of uniform for both operatives is required before commencing any other task.

30. The storage area must be left in a clean, tidy and secure condition on exit.

    - Good sustainable practice would be to turn off the lights and air conditioning, if applicable, prior to securing the storage area.