Infection Prevention and Control Guidelines
for
Newborn Hearing Screening
Wales
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>1. Personal Health / Sickness reporting</td>
<td>3</td>
</tr>
<tr>
<td>2. Personal Hygiene</td>
<td>3</td>
</tr>
<tr>
<td>3. Standard Infection Control Precautions</td>
<td>4</td>
</tr>
<tr>
<td>4. Hand Hygiene</td>
<td>5</td>
</tr>
<tr>
<td>5. Personal Protective Equipment</td>
<td>7</td>
</tr>
<tr>
<td>6. Occupational Exposure Incident</td>
<td>8</td>
</tr>
<tr>
<td>7. Waste</td>
<td>8</td>
</tr>
<tr>
<td>8. Decontamination</td>
<td>8</td>
</tr>
<tr>
<td>9. Specific conditions / illnesses</td>
<td>11</td>
</tr>
<tr>
<td>MRSA</td>
<td></td>
</tr>
<tr>
<td>Bloodborne infections</td>
<td></td>
</tr>
<tr>
<td><em>Clostridium difficile</em></td>
<td></td>
</tr>
<tr>
<td>Gastro-enteritis / Foodborne illness</td>
<td>12</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>13</td>
</tr>
<tr>
<td>Shingles</td>
<td>13</td>
</tr>
<tr>
<td>Measles</td>
<td>13</td>
</tr>
<tr>
<td>Mumps Herpes simplex</td>
<td>13</td>
</tr>
<tr>
<td>Influenza</td>
<td>15</td>
</tr>
<tr>
<td>10. List of New Public Health Wales Infection Control Policies</td>
<td>17</td>
</tr>
</tbody>
</table>

## Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1: How to hand wash step by step images</td>
<td>18</td>
</tr>
<tr>
<td>Appendix 2: How to hand rub step by step images</td>
<td>19</td>
</tr>
<tr>
<td>Appendix 3: Management of occupational exposure incidents</td>
<td>20</td>
</tr>
<tr>
<td>Appendix 4: Locally agreed variations</td>
<td>21</td>
</tr>
<tr>
<td>Appendix 5: Service &amp; decontamination certificate for medical devices</td>
<td>22</td>
</tr>
</tbody>
</table>
INTRODUCTION

Infection Prevention and Control (IPC), is everyone’s responsibility. This guidance is to inform Newborn Hearing Screening Wales screeners of the infection prevention and control principles needed for your work. You are working with newborn babies from one day to six weeks old who are more vulnerable to infections than you or I. Each Health Board will have IPC policies which you should also be aware of and can refer to if necessary.

New infection prevention and control web pages are also available as a resource for you:

http://howis.wales.nhs.uk/sitesplus/888/page/63760

1. Personal Health

It is the duty of all staff to ensure that you do everything possible to remain healthy. The Welsh Ambulance Services Trust (WAST) currently provides Occupational Health provision for Public Health Wales staff. You will be advised by your Occupational Health Department which vaccinations are required e.g. Hepatitis B, Influenza, Pertussis, MMR. You have a responsibility to ensure your vaccines are up to date. For further advice on vaccination please contact the Occupational Health Department via your manager. As part of the Occupational Health pre-employment evaluation you will be asked about allergies, including latex (this is because you may have to wear latex gloves on certain occasions). If you have concerns about your health related to work please speak to your manager, who can refer you to the Occupational Health Department for further information and advice.

Sickness reporting

Any member of staff feeling unwell with symptoms such as diarrhoea and/or vomiting should contact their manager and remain off work until 48 hours symptom free. Any member of staff who thinks they have been in contact with an infectious disease should contact their manager. The manager can seek further information and advice from Occupational Health or Infection Prevention and Control (IPC).

If you are contacted by a family who have a community appointment and they inform you that a member of the household is ill with gastro-enteritis or an infectious disease, you should rearrange the visit or clinic appointment.

2. Personal Hygiene

It is essential that we maintain our own hygiene and standard of dress; we can do this by ensuring:

- Uniforms are clean and in a good state of repair at all times. They should be laundered at the end of each shift at the highest temperature that the material label states as per Public Health Wales Uniform/ Dress Code Policy
- If uniforms come into contact with body fluids they should be placed into a plastic bag for transportation and be laundered on their own. Clean and
dirty uniforms must not be transported together.

- Where changing facilities are available, staff must change out of their uniform at the end of a shift before leaving their place of work
- Where changing facilities are NOT available staff should ensure their uniform is covered up before leaving their place of work
- Staff must not wear their uniforms in public places, for example, shops (if staff need to enter public places in the course of their duties they must make every effort to cover their uniforms)
- Staff who are permitted to wear a uniform to and from work, or work in the community setting, must cover their uniform in a sensible coat/ cardigan when travelling.
- Hair should be clean and hair below the nape of the neck tied back
- Staff need to be ‘bare below the elbows’ in a clinical environment so must not wear jewellery except for plain wedding ring/ Kara/ ear studs.
- Fingernails should be short and free of nail varnish and /or false nails.
- Staff should not wear watches on their wrists in the clinical environment.

3. **Standard Infection Control Precautions (SICPs)**

Standard Infection Control Precautions (SICPs) are the basic infection prevention and control measures necessary to reduce the risk of transmission of micro-organisms from recognised and unrecognised sources of infection. These sources of (potential) infection include blood and other body fluid secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that are likely to become contaminated.

SICPs are for use by all staff, in all care settings, at all times, for all individuals whether infection is known to be present or not, ensuring the safety of those being cared for and staff and visitors in the care environment.

The screener needs to be able to identify different risks and use SICPs appropriately.

There are ten elements of SICPs:

1. Patient Placement
2. Hand hygiene
3. Respiratory Hygiene and Cough Etiquette
4. Personal Protective equipment (PPE)
5. Management of Care Equipment
6. Control of the Environment

7. Safe Management of Linen

8. Management of Blood and Body Fluid Spillages

9. Safe Disposal of Waste

10. Occupational Exposure Management (including sharps safety)

Before visiting mums and babies, you must seek advice from midwife/staff in charge, as to whether additional infection prevention and control precautions other than SICP need to be used and be advised what they are according to route of transmission. However, the staff may not necessarily tell you the infectious condition of the mother or baby.

Transmission Based Precautions are a set of measures that should be implemented when patients/clients are either suspected or known to be infected with a specific infectious agent, when aiming to prevent and control spread, particularly in relation to Healthcare Associated Infections (HCAIs) in addition to SICPs. Transmission Based Precautions are categorised according to the route of transmission of the infections agent such as droplet, contact and/or airborne.

4. Hand Hygiene

Hand hygiene is considered to be the single most important practice in reducing the transmission of infectious agents, including Healthcare Associated Infections (HCAIs), when providing care.

Things to remember about hand hygiene:

- Always wet your hands before putting on liquid soap
- Make sure you rub soap vigorously over all surfaces of your hands including the finger nails, backs, wrists, palms and thumbs.
- Rinse and dry well
- Use moisturiser to protect and nourish skin
- Cover all cuts or abrasions with a waterproof dressing.

World Health organization My 5 Moments of Hand Hygiene:

This approach recommends health-care workers to clean their hands

- before touching a patient/baby
- before clean/aseptic procedures,
- after body fluid exposure/risk,
- after touching a patient, and
- after touching patient surroundings.
Alcohol based hand rubs (ABHRs) can be used for hand hygiene if hands are visibly clean and not dirty or soiled. ABHRs must be available to staff as near to the point of care as possible.

If hands are visibly dirty or soiled and / or when exposure to spore forming...
organisms such as Clostridium difficile or a gastro-intestinal infection e.g. Norovirus, is suspected / proven, ABHR should not be used alone and hands must be washed first with non-antimicrobial liquid soap and water.

You should have a bottle of ABHR in your trolley. Ensure that the nozzle is not blocked and clean at the beginning of each day. Individual bottles are available and must be carried by screeners going out into the community.

**Special Care baby units may have special policies you should ask the unit staff before visiting the babies.**

For how to wash hands see Appendix 1.

For how to hand rub see Appendix 2.

Skin care:

Emollient hand cream should be used by staff when off duty and ideally during work breaks to moisturise the hands to prevent them becoming dry / cracked, (but see below and only use products approved by the organisation whilst on duty).

- Hand creams that affect the efficacy of hand hygiene products or glove integrity must not be used while on duty.
- Communal tubs of hand cream must not be used

5. **Personal Protective Equipment (PPE)**

The Health Board you are working in has a responsibility to provide staff members with PPE under the Health and Safety of Work Act 1974 and Personal Protective Equipment regulations.

**Gloves**

The most common gloves in use in hospitals are made from Natural Rubber Latex (NRL) and nitrile. Nitrile gloves are made of synthetic latex and should be used by those who have a natural rubber latex (NRL) allergy. Screeners who think they may be allergic to natural rubber latex (NRL) should tell their manager who will arrange for them to be referred to Occupational Health for assessment.

Gloves need only be worn:

- If you are likely to come into contact with blood or body fluids or infected materials/ equipment.
- When in contact with mucous membranes e.g. lips and mouth of the baby

Gloves are single use, and should be put on, just prior to the procedure and removed **IMMEDIATELY** afterwards and placed into clinical waste bins. Gloves should not be worn for the duration of the shift and should not be washed.

All staff should have been taught, during departmental induction, how to put
gloves on and remove them without contaminating their hands. Hands must always be decontaminated after the removal of gloves.

Vinyl gloves may be available but are not recommended for use when in contact with blood or body fluids or chemicals.

**Aprons**

Disposable plastic aprons are provided to protect both the staff and mothers and babies. The aprons prevent clothing from becoming contaminated and reduce the risk of passing on infection. They should be worn when your uniform is likely to come into physical contact with the bed, equipment used by either mother or baby, or exposed to body fluids. When there is a known infection risk - screeners should seek advice from ward staff.

Aprons are single use items and must be discarded before leaving the bedside or room. Some hospitals may use different colour aprons for different procedures, e.g. orange for infection, blue for catering, green for theatre, please refer to local guidelines.

**Face Masks and Goggles**

These will rarely be used but should they be needed the staff on the ward should inform you and tell you how to use them.

6. **Occupational exposure management (including sharps safety)**

There is a potential risk of transmission of Blood Borne Virus (BBV) from a significant occupational exposure and screeners need to understand the actions they should take when a significant occupational exposure incident takes place.

For the management of an occupational exposure incident see Appendix 3

7. **Waste**

Most hospitals segregate their waste into clinical, domestic, food, aerosols and sharps, and are placed into different coloured bags or containers.

There are new regulations so that screeners must check with their host hospitals what type of bags they should dispose their waste in. The ear pieces and majority of the materials used by screeners can be placed into Tiger Striped bags.
If you are advised that special precautions need to be used for the mother or baby this then needs to be placed into an infectious waste bag (Orange).

When undertaking clinic screening sessions, please seek advice from nurse/ midwive in charge for correct disposal of waste as this may vary across sites.

The new waste regulations segregate waste into:
- Waste that can be recycled (generally clear) e.g. paper, cans
- Domestic Waste (Black bags) e.g. Hand towels
- Hygienic Waste (Tiger striped) e.g. incontinence pad, non-infected body fluid, non infected PPE (Section 5)
- Infectious waste (Orange bags) that can be disinfected then goes to landfill
- Infectious waste (Yellow bags) and body parts that will be incinerated.
8. Decontamination

Decontamination is the process by which we reduce the level of microbes/organisms and other material from reusable medical devices including equipment.

Under most circumstances the equipment should be cleaned using disposable detergent wipes and dried with paper towels. If the equipment has been in contact with a patient with a known infection the equipment should then be wiped using a disposable cloth and wiped with 1000 ppm available chlorine or locally agreed equivalent. (Please check manufacturer's instructions on the disinfectant that can be used on the equipment e.g. actichlor/ actichlor plus/chlorclean. Hydrogen Peroxide Vapour is not currently recommended for decontaminating the Ottoport or Algio3i screening equipment.

Disinfectants should be available and accessed via wards, please seek advice from ward managers on solutions being used. Decontamination should be undertaken within dedicated ward areas as directed by the ward managers.

Protective clothing must be used when handling disinfectants, e.g. gloves and aprons. If there are likely to be splashes the face must be protected.

Screening equipment

Otoport

This machine is covered with a plastic cover that should be cleaned with disposable detergent wipes between use on babies or when visibly dirty. The leads in contact with the baby's cot must also be cleaned at the same time. Dry the cover and leads with disposable paper towel after wiping. Do not let liquid pass down the coupler sound tubes. The body and lid of the earpiece and/or coupler tubes must be replaced if contaminated. If in contact with a mother/baby/equipment with any infection or alert organisms such as MRSA, C.difficile, the Otoport and leads should be wiped with 1,000 ppm available chlorine (or locally agreed equivalent) and rinsed and dried thoroughly.

Every month the cover must be removed, equipment checked, cleaned and dried thoroughly before the cover is replaced. The Otoport must be cleaned by wiping with detergent wipes and dried with tissue. Do not immerse in fluid or allow liquid to enter the instrument or come into contact with connection sockets. The cover should be changed immediately if damaged or contaminated with blood or body fluids.

ALGO 3i (AABR)

This machine and leads must be cleaned using the same method as above. Do not stretch the leads during cleaning.
Trolleys

All trolleys must be cleaned at the end of a screening session and between patients, if contact has been made with the patient’s furniture such as bed, bedclothes, chair and bedside table. The top and sides of the trolley can be cleaned with disposable detergent wipes, and dried with disposable paper towels if required. At the end of each day, this process should be repeated.

If the trolley has been in the room of, or in contact with a patient with a known infection, the trolley should be firstly cleaned and then wiped over with 1,000ppm available chlorine or locally agreed equivalent.

On a weekly basis the trolley should be stripped and cleaned using detergent and warm water or disposable detergent wipes within designated areas on the wards. Cleaning must include the shelves, sides inside of the drawer, legs and wheels. Please start at the top and work downwards. When the wheels have been washed the detergent water or wipes must be discarded and not used on anything else. The trolley should be dried thoroughly and then restocked.

Cleaning schedules should be completed, signed and dated as directed.

Trolley to be used for Special Care Baby Unit

There is a separate trolley for use in Special Care Baby Unit (SCBU). Only this trolley must be used in SCBU. Babies in SCBU are particularly vulnerable to infection, so that all equipment including the trolley must be cleaned before entering SCBU between contact with babies and after use.

Community bag

In the clinic environment, equipment should be routinely cleaned as described above. The community bags should be cleaned with a detergent wipe inside and outside on a weekly basis. This also applies to community bags following home visits.

Single Use/Reusable Items

Care equipment can become contaminated with blood, other body fluids, secretions and excretions and transfer infectious agents during the delivery of care.

Care equipment is classified as either:

- Single-use - used once then discarded. e.g. ear piece/tips for Otoport, electrodes (sticky pads) and ear phones used with Algo 3i
- Single patient use - for use only on the same patient.
- Reusable invasive equipment - used once then decontaminated e.g. surgical equipment.
- Reusable non-invasive equipment (often referred to as communal equipment) - reused on more than one patient following decontamination between each use e.g. Otoport and Algo3i

Manufacturers’ guidance must be adhered to for use and decontamination of all care equipment.
Decontamination of reusable non invasive care equipment must be undertaken:
- between each use;
- after blood or body fluid or other visible contamination;
- at regular predefined intervals as part of an equipment cleaning protocol
- before disinfection; and
- before inspection, servicing or repair.

All reusable non-invasive equipment must be cleaned and dried following decontamination.

**Items to be sent for Inspection or Repair**

There is a Public Health Wales Decontamination Policy available for staff involved with decontamination of medical devices. It is also applicable to staff involved with decontamination of healthcare equipment prior to inspection, service, maintenance or repair. NBHSW equipment manufacturers require decontamination with disposable detergent wipes or detergent and water. A decontamination certificate should be completed when equipment is sent for maintenance or repair, refer Appendix 5. The manufacturers recommend thorough cleaning/decontamination before use when equipment is returned to NBHSW.

[Decontamination certificate.docx](Decontamination certificate.docx)

**9. Specific Infections**

The infections listed below are some of the more common organisms you may come across in your working day.

**Meticillin- Resistant Staphylococcus Aureus (MRSA)**

Meticillin-Resistant *Staphylococcus Aureus*, *(MRSA)* is a type of bacterial infection that is resistant to a number of widely used antibiotics making it more difficult to treat than other bacterial infections.

*Staphylococcus aureus* is a common type of bacteria. It is often found on the skin and inside the nostrils and throat, and can cause mild infections of the skin such as boils and impetigo. If bacteria get into a break in the skin, they can cause life-threatening infections, such as blood poisoning or endocarditis (an infection of the inner lining of the heart).

*Staphylococcus aureus* and MRSA are most commonly spread via hands, equipment and sometimes the environment. Therefore effective infection prevention and control measures are of extreme importance.

It is not generally necessary to treat MRSA colonisation. In general, healthy people are at a low risk of infection with MRSA.

SICPs should be followed for all babies, there are precautions put in place if a patient has MRSA which are necessary to prevent the spread of the organism from patient to patient. You should check with staff if / when additional precautions are required.
**Bloodborne infections**

Blood-borne viruses (e.g. HIV, Hepatitis B and Hepatitis C) can be transmitted in the healthcare setting from patient to healthcare worker, patient to patient or healthcare worker to patient. In general, the risks of transmission of blood-borne viruses in the healthcare setting arise from exposure to blood and in certain exceptions, other body fluids or body tissues from an infected person.

The safe handling and disposal of sharp devices and the management of injuries from them is of utmost importance. Poor practice in the handling and disposal of sharps may expose healthcare workers to blood-borne virus. (Refer to Appendix 3),

**Clostridium difficile**

*Clostridium difficile* infection is the biggest cause of infectious diarrhoea in hospitalised patients. It is an anaerobic bacterium that is present in the gut of up to 3% of healthy adults and 66% of infants. However, *Clostridium difficile* rarely causes problems in children or healthy adults, as it is kept in check by the normal bacterial population of the intestine.

When certain antibiotics disturb the balance of bacteria in the gut, *Clostridium difficile* can multiply rapidly and produce toxins which cause illness.

*Clostridium difficile* survives well in the environment, as it produces spores, which allows it to survive in very unfavourable environments. It can be transmitted via the hands of healthcare staff and other people who come into contact with infected patients or with environmental surfaces (e.g. floors, bedpans, toilets) contaminated with the bacteria or its spores.

Prevention and control of infections with *C difficile* depends on careful antibiotic prescribing, attention to environmental cleaning and hand hygiene both for patients and staff. Patients should be nursed in a single room and contact precautions taken. Strict hand hygiene using liquid soap and water should be used following contact as ABHRs are ineffective against *C difficile*. The environment and equipment should be cleaned thoroughly with detergent followed by 1,000 ppm available chlorine or locally agreed equivalent.

**Gastro-enteritis/Foodborne illnesses**

Gastrointestinal infection affects as many as 1 in 5 members of the population each year. Symptoms of gastrointestinal infection, which are not necessarily confined to diarrhoea and vomiting, are caused by the organisms themselves or by the toxins that they produce.

Gastro-enteritis can be caused by different organisms (viral or bacterial infection, spores etc.). One of the most common organisms is norovirus also known as ‘winter vomiting bug’ which can cause outbreaks within hospital settings. Symptoms can include, vomiting, diarrhoea, and a raised temperature. The incubation rate varies depending on the organism and can be from a few hours to a few days. It is highly contagious and is transmitted by contact with contaminated surfaces, an infected person, or consumption of contaminated food or water.
Good hand hygiene is important to stop the spread of the virus.

Norovirus can also be ingested when it becomes airborne through projectile vomiting. Environmental contamination of toilets is common. The symptoms may last from a matter of hours to days; with norovirus the symptoms may last up to 48 hours. If you have possible gastro-enteritis you should contact both your manager and the occupational health department and you must remain off work until you are symptom free for at least 48 hours. All staff should inform their manager when symptoms have stopped, so that the manager will know when the 48 hours exclusion has finished.

**Specific Illnesses**

There are a number of illnesses mostly acquired in childhood, which could cause problems for certain mothers and babies as well as staff. Staff who have been in contact with some of these illnesses and think they have never had the disease should contact their manager who will refer them if necessary to Occupational Health and Infection Control. If they are proved to have no immunity and are working with the at risk groups, they may have to be re-deployed or excluded from work for a period. If you are not certain whether you have had chicken pox for example you can contact occupational Health to assess the need for vaccination.

**Chickenpox (Varicella)**

Chickenpox is an acute, contagious infectious disease cause by the varicella-zoster virus (VZV). Chickenpox is highly contagious, most common in children, infecting up to 90% of non-immune people who come into close contact with an infected person.

The initial symptoms of infection are mild fever and headaches. These are followed within hours by the appearance of a typical rash. Crops of red spots appear over 3-5 days, which quickly develop central fluid-filled blisters that are intensely itchy. After a few days these crust over and dry up. The rash mostly affects the trunk, but may appear anywhere on the body, including the scalp and the mouth. The virus is transmitted by direct contact with the rash, by droplets dispersed into the air by coughing or sneezing or through contact with infected articles such as clothing and bedding. The incubation period (time from becoming infected to when symptoms first appear) is from 14 to 21 days.

The most infectious period is from 1 to 2 days before the rash appears but infectivity continues until all the blisters have crusted over (commonly about 5 to 6 days after onset of illness).

**Shingles (Herpes Zoster)**

Following chickenpox infection, the virus can lay dormant in the nervous tissue for several years, but may reappear following reactivation of the virus as shingles (also called herpes zoster).

It is possible for a non-immune person to catch chickenpox from someone with shingles (by contact with the fluid from the shingles rash), but it is not possible
to catch shingles from someone with chickenpox. Shingles is reactivation of ‘old’ disease.

**Measles**

Measles is an acute viral illness and is one of the most highly communicable infectious diseases.

Measles is spread through direct contact with an infected person or through the air via droplets from coughs or sneezes. Symptoms include fever, cold-like symptoms, fatigue, conjunctivitis and a distinct red-brown rash.

Measles is a notifiable disease in the UK. It can be prevented by a highly effective and safe vaccine which is part of the measles-mumps-rubella (MMR) immunisation.

Measles mainly affects children but can be caught at any age. Having measles once usually confers lifelong immunity to catching it.

Measles can be a very serious disease and cause severe, even life-threatening complications. Complications are more common in children under 5 years of age, those with weakened immune systems, children with a poor diet and adults. Catching measles in pregnancy can cause miscarriage, premature labour or a baby with a low birth weight.


**Rubella**

Rubella (German measles) is a viral illness transmitted by direct contact with saliva or droplets from the saliva of an infected person. Humans are the only known host of the rubella virus.

It causes a transient red rash, swollen lymph glands around the ears and back of the head, and occasionally in adults, arthritis and athralgia (pain in a joint caused by inflammation).

However, if a pregnant woman is Rubella susceptible and contracts Rubella this can result in serious birth defects to her unborn baby.

Rubella is a notifiable disease in the UK. It can be prevented by a highly effective and safe vaccine which is part of the measles-mumps-rubella (MMR) immunisation.

**Mumps**

This is an acute viral illness transmitted by direct contact with saliva or droplets from the saliva of an infected person. Humans are the only known host of the mumps virus.

In mumps, one or both of the parotid salivary glands located just below and in front of the ears, swell up and become painful. There may be swelling around the
ovaries (in girls) or testes (in boys after puberty).

However, around a third of people infected with the virus develop no symptoms, and in most other people the symptoms are fairly mild.

Mumps is a notifiable disease in the UK. It can be prevented by a highly effective and safe vaccine which is part of the measles-mumps-rubella (MMR) immunisation.

Mumps can be caught at any age. Having mumps once usually confers lifelong immunity to catching it again. There is no treatment for mumps. Treatment should be based on alleviating symptoms.

Pertussis (Whooping cough)

Pertussis, also known as ‘whooping cough’, is a highly infectious bacterial disease of the respiratory tract and is spread by breathing in droplets expelled by an infected person when they talk, cough or sneeze.

The infection starts as an irritating cough which, usually within one to two weeks, becomes outbursts of coughing (paroxysms). This can often last for two to three months. Not all patients, particularly young babies, will have the characteristic 'whoop'. Coughing spasms may be followed by a period of vomiting.

**Who gets it and how serious is it?**

Infants have the highest rates of pertussis infection. School aged children are often the source of infection for younger siblings at home. Pertussis also occurs in adolescents and adults.

Pertussis is potentially a very serious infection especially for babies under 6 months old and it can lead to severe complications and even death. Over 50% of infants with the disease are admitted to hospital.

Serious illness is less common in older children and adults; however, they have the potential to transmit infection to vulnerable babies.

**Treatment**

Pertussis is treated with antibiotics but the illness will still last for 6-8 weeks even with treatment. Close contacts of pertussis cases and who are particularly vulnerable, unvaccinated, partially vaccinated or less than five years of age are given antibiotics as a preventative measure.

**Prevention**

Pertussis is a vaccine preventable disease. The pertussis vaccine is given to babies at 2, 3 and 4 months.

A booster jab has also been included in the ‘4-in-1’ pre-school boosters (given between 3-5 years of age) with the aim of reducing illness in older age groups thereby reducing transmission of pertussis to unvaccinated or partially vaccinated
babies.

Due to the considerable increase in the rates of pertussis during 2011/12, a vaccination programme has been established to offer pertussis vaccination to all expectant mothers in the UK from week 28 of pregnancy. 

More information available at:  
http://nww.nphs.wales.nhs.uk/immunisation/index.cfm

**Herpes simplex virus - Cold Sores**

The herpes simplex virus, or ‘cold sore virus’ is highly contagious and can be easily passed from person to person by close contact. After someone has contracted the virus, it remains dormant (inactive) for most of the time.

However, every so often the virus can be activated by certain triggers, resulting in an outbreak of cold sores. These triggers vary from person to person; some have frequently occurring cold sores while others have one cold sore and never have another.

The first symptom is often a tingling sensation in the skin followed by painful fluid-filled blisters on red swollen areas of the skin or mucous membranes.

There are two types of Herpes, HSV-1 which commonly causes the cold sores and HSV-2 which causes genital herpes.

**For HSV1:**
- Staff should avoid touching sores
- Wash their hands after touching lips
- Avoid picking the sores (this could cause spread)
- Refrain from clinical duties until sores crust over
- Contact the Occupational Health department if you have any concerns.

**Influenza**

Influenza, more commonly known as the flu, is an acute viral infection of the respiratory tract. There are three types of influenza virus, known as A, B and C. Influenza A & B are responsible for most clinical illness. Influenza is highly infectious with a usual incubation period of one to three days.

The disease is characterised by the sudden onset of fever, chills, headache, cough, body aches and fatigue. For otherwise healthy individuals, influenza is an unpleasant self-limiting disease with recovery usually within two to seven days. The illness may be complicated by bronchitis, secondary bacterial pneumonia or, in children otitis media.

The flu virus is spread in the small droplets of saliva coughed or sneezed into the atmosphere by an infected person. Direct contact with hands contaminated with
the virus can also spread infection, Use of Standard Infection Control Precautions, including hand hygiene are important measures that you should take to minimise transmission.

As influenza circulates each year in the UK during the winter months (October to April), it is often called seasonal flu and results from slight changes to the virus from the previous year which means that some people who encounter the new virus may no longer be fully immune.

A vaccine (the 'flu jab') is developed each season which is offered free to everyone over 65 and people in certain 'at-risk' groups who are more likely to develop complications as a result of having flu. Within the NHS in Wales, it is strongly recommended that all staff with direct patient/client contact receive a flu vaccine every year to protect themselves and the people they care for and to help prevent the virus spreading. As part of our commitment to both the workforce and the wellbeing of the Welsh public, Public Health Wales offers a free flu vaccine to all employees to help protect you, and those around you, against it.

Seasonal flu is not the same as pandemic flu. Pandemics arise when a new influenza virus emerges which is capable of spreading in the worldwide population. The last pandemic occurred in 2009/10 when a new strain of pandemic influenza A (H1N1) (commonly called swine flu) was identified in the United States and Mexico and subsequently spread worldwide.

To find out more about the flu vaccine a short 10 minute e-learning module has been designed to do just that. We strongly advise all staff to access the course, using enrolment key Phvs45! (case sensitive). Print off your certificate once you have completed the module as this is useful to demonstrate your CPD.

If already logged into Learning@NHSWales, you can find the module under Courses > Occupational Skills and Knowledge > Immunisation and Vaccination > Flu Information For All

www.publichealthwales.org/louise-story

www.publichealthwales.org/flusigns

For people who are generally fit and healthy, flu is a self limiting illness and symptoms can be treated at home using remedies commonly available from pharmacies. Medical advice should be sought if symptoms become severe or last longer than a week. Antibiotics may be prescribed to treat any secondary bacterial infections that may develop but these are ineffective against the flu virus itself.

More information can be obtained from Public Health Wales Infection Control Policies, which can be found via the intranet.

Vaccinations:
As you provide direct contact with babies/ mums it is very important that you have been vaccinated and assessed by occupational health for immunity for the common childhood diseases and routine immunisations, e.g. tetanus, diphtheria, polio and MMR as well as ensure you receive an annual flu vaccination.

For more information please visit [www.wales.nhs.uk/immunisation](http://www.wales.nhs.uk/immunisation)
10. List of New Public Health Wales Infection Control Policies

New Policies available are:

Policy list:
Infection Control Policy - Policy Lead Karen Jones - Approved 31st Jan 2013
Replaces the following policy:
- Yellow 00 Infection Control Policy

Decontamination Policy - Policy Lead Karen Jones - Approved 31st Jan 2013
Replaces the following policies:
- Yellow 04 - Decontamination policy
- Yellow 05 - Policy for the Decontamination of Health Care equipment prior to inspection, service, maintenance or repair
- Yellow 12 - Single use devices

Standard Infection Control Precautions Policy - (SICPS) - Policy Lead K Jones - Approved April 2013
Replaces the following policies:
- Yellow 06 - Sharps body fluid exposure
- Yellow 09 - Policy for the prevention of occupational exposure to blood-borne viruses
- Yellow 10 - Hand hygiene policy
- Needle stick Policy

Environmental Cleanliness Policy - Policy Lead K Jones - Approved July 2013
Replaces the following policy:
- Management and control of the environment (cleaning).

Infection Prevention & Control for Building Development, Change and Adaptation - Policy lead K Jones Approved April 2014

Outbreak management policy - Policy Lead - K Jones Approved April 2014

Infection Control Precautions to minimize transmission of Respiratory Tract Infections in the healthcare setting - Policy Lead - K Jones Approved April 2014

Future Policy Development:
- Transportation of specimens
- Transmission Based Precautions Policy - out for staff consultation
- Uniform /Dress Code Policy Awaiting final approval

Screeners can refer to the policies listed above, but must also refer to local policies within each Health Board as guidance may vary slightly.
Appendix 1: How to hand wash step by step images
Steps 3 – 8 should take at least 15 seconds

Adapted from the World Health Organization
Appendix 2:
How to hand rub step by step images.

Steps 2 - 7 should take at least 15 seconds

How to handrub?

Duration of the entire procedure: 20-30 sec.

1a. Apply a palmful of the product in a cupped hand and cover all surfaces.
1b. Rub hands palm to palm

2. Right palm over left dorsum with interlaced fingers and vice versa

3. Palm to palm with fingers interlaced

4. Backs of fingers to opposing palms with fingers interlocked

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

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

7. ...once dry, your hands are safe.
Appendix 3: Management of occupational exposure incidents

Occupational exposure incident

Perform first aid to the exposed area immediately

Is skin/tissue affected?

Yes

- Encourage the area to bleed
- Do not suck the damaged skin or tissue
- Wash/irrigate with warm running water and non-antimicrobial soap

No

Are eyes/mouth affected?

Yes

- Rinse/irrigate copiously with water
- Use eye/mouth washout kits if available
- If contact lenses are worn, remove then irrigate

No

- Report/document the incident as per local procedures and ensure that any corrective actions or interventions are undertaken
- Ensure that the item that caused the injury is disposed of safely
Appendix 4: Locally agreed variations

Name of Organisation: ____________________________________________

**Note: all variations to the national model policy must be agreed and approved by the Infection Prevention and Control Committee or organisational equivalent.**

4.1 Choice of environmental disinfectants

If the organisation has agreed an alternative to a disinfectant or combined detergent/disinfectant product to the standard 1000 ppm available chlorine this should be documented here:

Name of agreed disinfectant: ______________________________________

Date of agreement to use: ________________________________________

Date of review: ________________________________________________

4.2 Other variations or additional information
Appendix 5:

**SERVICE AND DECONTAMINATION CERTIFICATE FOR MEDICAL DEVICES**

From: ___________________________  To: ___________________________

Make and description of equipment/ item ____________________________________

Model/ serial/ Batch No _________________________________________________

Other distinguishing marks _____________________________________________

**This equipment / item has been cleaned in preparation for inspection, servicing, repair or transportation** Yes / No

1. Has the equipment/ item been used in any invasive procedure or been in contact with blood, other body fluids, respired gases, or pathological samples? Yes / No

2. Has this equipment / item been exposed internally or externally to hazardous materials as indicated below? Yes / No

Provide further details here:

<table>
<thead>
<tr>
<th>Yes / No</th>
<th>Type of contact</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Blood, tissue, body fluids, respired gases, pathological samples</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chemical or substances hazardous to health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other hazards/ biohazards</td>
<td></td>
</tr>
</tbody>
</table>

3. Has the item/ equipment been suitably decontaminated? If YES, indicate method and materials used.

<table>
<thead>
<tr>
<th>Yes / No</th>
<th>Internal/External</th>
<th>Methods &amp; Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>External</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internal</td>
<td></td>
</tr>
</tbody>
</table>
4. If the equipment / item could not be decontaminated, please indicate why:

5. If the equipment / item could not be decontaminated, state the nature of the risk and the precautions to be adopted:

6. Has the equipment / item been suitably prepared to ensure safe handling / transportation? **Yes / No**

7. Has the item / equipment been involved in a reportable incident or occurrence? **Yes/No**

   **If Yes, briefly describe:**

I declare that I have taken all reasonable steps to ensure the accuracy of the above information.

Signature ____________________________

Division ______________________________

Name (print) __________________________ Position __________________ Date

Ref: Decontamination Policy

Approved by: Quality & Safety Committee 31/01/2013

Reviewed:

Review Date: January 2015