



University College
of Osteopathy

Infection Control Policy



Core Documentation Cover Page

Infection Control Policy

Version number	Dates produced and approved (include committee)	Reason for production/ revision	Author	Location(s)	Proposed next review date and approval required
V1.0	Aug 2012 UCO Management Team	To minimise the risk of cross-infection with blood or body fluid borne pathogens between clinicians and patients.	Head of Clinic	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Aug 2013
V2.0	Sept 2015 UCO Management Team	Annual Review Major Amendment to update policy.	Head of Clinic	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Sept 2017
V3.0	Jun 2016 UCO Management Team	Major Amendment to include procedures for needle-stick injuries, dry needling techniques and relevant health and safety guidance and references.	Head of Clinic	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Jun 2018
V4.0	Jul 2017 PRAG Chair	Administrative Amendments to update institution name change from British School of Osteopathy to University College of Osteopathy.	Head of Clinical Practice	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Jun 2018

Equality Impact

Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)

Neutral equality impact (i.e. no significant effect)

X

Negative equality impact (i.e. increasing inequalities)

If you have any feedback or suggestions for enhancing this policy, please email your comments to: quality@uco.ac.uk

INFECTION CONTROL POLICY

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1. SCOPE

- 1.1 The infection control policy in use at the University College of Osteopathy (UCO) Clinics is based on the concept of "universal precautions". This policy is designed to minimise the risk of cross-infection with blood or body fluid borne pathogens between clinicians and patients.

2. DETAILS OF UCO INFECTION CONTROL POLICY

- 2.1 The UCO has an infection control policy, which is based on the concept of "universal precautions". This policy is designed to minimise the risk of cross-infection with blood or body fluid borne pathogens between clinicians and patients. Although public attention has been focused on HIV, other blood-borne pathogens such as the various hepatitis viruses are transmitted much more readily and also pose a potential threat. The UCO policy aims to minimise risk from these and other transmissible pathogens.
- 2.2 Osteopaths and students with HIV or hepatitis infection need take no specialist precautions. Additionally there are no specialist precautions outside of these universal precautions required for osteopathic work on patients who have declared their hepatitis or HIV-infected status. Diagnosis of HIV-infection, AIDS or hepatitis does not exclude patients from osteopathy, nor clinicians from the practice of osteopathy.
- 2.3 All students, staff, observers and other appropriate individuals who come into any of the UCO clinics at Southwark Bridge Road or any of its community clinics, are responsible for adhering to this policy.

3. SUMMARY OF UNIVERSAL PRECAUTIONS FOR INFECTION CONTROL

- 3.1 Wash your hands thoroughly with soap and hot water before physical contact with your patient and after physical contact with your patient.
- 3.2 If you have cuts or abrasions on your hands or forearms, then cover them with a waterproof dressing. Gloves may be worn if cuts or abrasions cannot be adequately covered with a waterproof dressing.
- 3.3 Wear clean disposable gloves for each procedure involving possible contact with body fluids.

A) WHEN SHOULD YOU WASH YOUR HANDS?

- 3.4 Immediately before every episode of direct patient contact or care.
- 3.5 Immediately after every episode of direct patient contact or care.
- 3.6 Immediately after any exposure to body fluids.
- 3.7 Immediately after any other activity or contact with a patient's surroundings that could potentially result in hands becoming contaminated.
- 3.8 Immediately after removal of gloves.

B) WHAT IS EFFECTIVE HANDWASHING FOR THE PURPOSES OF OSTEOPATHIC PRACTICE?

- 3.9 Effective handwashing involves different stages: preparation, washing and rinsing, and drying. For preparation, wet hands under tepid running water before applying liquid soap or an antimicrobial preparation. The handwash solution must come into contact with all of the surfaces of the hand. The hands must be rubbed together vigorously for a minimum of 10–15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers. Rinse hands thoroughly before drying with good quality paper towels.
- 3.10 When decontaminating hands using an alcohol handrub, ensure hands are free from dirt and organic material. The handrub solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry.
- 3.11 Apply an emollient hand cream regularly to protect skin from the drying effects of regular hand decontamination. If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation, you should consider seeing your GP.
- 3.12 When washing hands, practitioners should also:
- Be bare below the elbow when delivering direct patient care (bare below the elbow is considered to mean: not wearing false nails or nail polish; not wearing a wrist-watch or stoned rings; wearing short-sleeved garments or being able to roll or push up sleeves).
 - Removing wrist and hand jewellery.
 - Making sure that fingernails are short, clean and free of nail polish.
 - Covering cuts and abrasions with waterproof dressings.

C) WHEN SHOULD GLOVES BE USED?

- 3.13 Gloves must be worn for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments.
- 3.14 Gloves must be worn when there is evidence of dermatological abrasion, infection or poor skin hygiene.
- 3.15 Gloves must be worn as single-use items. They must be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves must be changed between caring for different patients, and between different care or treatment activities for the same patient.
- 3.16 Alternatives to natural rubber latex gloves must be available for patients, carers and healthcare workers who have a documented sensitivity to natural rubber latex.
- 3.17 Do not use polythene gloves for clinical interventions.

D) HOW SHOULD GLOVES BE DISPOSED OF?

- 3.18 All gloves that have come into contact with any body fluids should be disposed of in the clinical waste disposal bin. This is located in the disabled toilet near the front entrance of clinic.

E) WHAT IS THE DISINFECTION PROCEDURE IN THE EVENT OF BLOOD, BODY FLUID SPILLAGE OR NEEDLE STICK INJURIES?

- 3.19 Report the incident to the Reception Manager, Team leader or appropriate other such as a Clinic Tutor.
- 3.20 Spill kits are available from the clinic reception if necessary.
- 3.21 Wear rubber gloves in order to clear up any spillages.
- 3.22 Soak up any large spillages with absorbent paper which should then be sealed in clinical waste bags.
- 3.23 Wash the area with undiluted Milton Fluid (this can be found under the sink in the kitchen area in the back office at reception).
- 3.24 Place any contaminated linen in a separate clinical waste bag.
- 3.25 All clinical waste bags should be put in the clinical waste bin located in the disabled toilet.
- 3.26 The Reception Manager, Team leader or Clinic Tutor will close the clinic room if necessary and contact the Facilities Team to arrange for the clinical waste bin to be serviced.

F) WHAT SHOULD I DO IN THE EVENT OF A NEEDLE STICK INJURY?

- 3.27 Encourage the wound to gently bleed, ideally holding it under running water.
- 3.28 Wash the wound using running water and plenty of soap.
- 3.29 Don't scrub the wound whilst you are washing it.
- 3.30 Don't suck the wound.
- 3.31 Dry the wound and cover it with a waterproof plaster or dressing.
- 3.32 You should also seek urgent medical advice as effective prophylaxis (medicines to help fight infection) are available. Your nearest location for urgent medical advice may be at your nearest accident and emergency department.
- 3.33 Report the injury to a Team Leader, Reception Manager or appropriate other, such as Clinic Tutor or receptionist.
- 3.34 Please remember that if you are assisting anyone with a needle stick injury or other injury where blood or bodily fluids may be present, then you must wear gloves.

G) FURTHER INFORMATION

- 3.35 Further information can be found at the Health and Safety Executive at:

<http://www.hse.gov.uk/healthservices/needlesticks/>

3.36 And also NHS Choices at:

<http://www.nhs.uk/chq/Pages/2557.aspx?CategoryID=72>

4. SHARPS CONTAINERS

4.1 Sharps containers:

- a) Are located on each team point at a safe height that allows the safe disposal of sharps, is away from public access areas and is out of the reach of children.
- b) Must not be used for any other purpose than the disposal of sharps.
- c) Must not be filled above the fill line.
- d) Must be disposed of when the fill line is reached.
- e) Should be temporarily closed when not in use.

5. INFORMATION ON PLINTH ROLL

5.1 Plinth roll:

- a) Must be used to cover the plinths and should be routinely used with all patients.
- b) Must be routinely changed after each patient and placed in the bins provided.
- c) Must also be used to provide a barrier when for example the face hole in plinths is used.

6. INFORMATION ON DRY NEEDLING

6.1 Dry needling can also be used as a therapeutic intervention by appropriately qualified practitioners. Such practitioners may use these skills as part of their work in the UCO Associate clinics and/or the Demonstration clinics.

6.2 Dry needling is NOT to be used by Clinic Tutors or any students, even if they are qualified to do so.

6.3 If it is felt that a patient who is being seen in the undergraduate clinic may benefit from dry needling, this should be discussed with the patient who can then be referred on if necessary, to the demonstration or associate clinic.

6.4 UCO associates and/or Demonstration tutors who are using dry needling techniques are expected to comply with the necessary training requirements and to adhere to this policy. Similarly they are expected to refer to good practice guidelines for the safe and effective use of dry needling, such as those provided by the Acupuncture Association of Chartered Physiotherapists (AACP):

<http://www.aacp.org.uk/member-home/references/guidelines/clinical/239-guidelines-for-safe-practice/file>

7. REFERENCES

Acupuncture Association of Chartered Physiotherapists:

<http://www.aacp.org.uk/member-home/references/guidelines/clinical/239-guidelines-for-safe-practice/file>

Health and Safety Executive:

<http://www.hse.gov.uk/healthservices/needlesticks/>

Health and Safety Executive – Advisory Committee on Dangerous Pathogens:

<http://www.hse.gov.uk/pubns/infection.pdf>

NICE Pathways:

<http://pathways.nice.org.uk/>

Prevention and control of healthcare-associated infections overview:

<https://www.nice.org.uk/guidance/ph36>

Prevention and control of healthcare-associated infections in primary and community care:

<https://www.nice.org.uk/Guidance/cg139>

There is also a new online resource created by the British Acupuncture Council, the British Medical Acupuncture Society and the Acupuncture Association of Chartered Physiotherapists:

<http://www.acupuncturesafety.org.uk/>