Version 1.4

INFECTION CONTROL POLICY

INTRODUCTION

Policy Statement

This practice is committed to the control of infection within the building and in relation to the clinical procedures carried out within it.

The practice will undertake to maintain the premises, equipment, drugs and procedures to the standards detailed within the Checklist [*] and will undertake to provide facilities and the financial resources to ensure that all reasonable steps are taken to reduce or remove all infection risk.

Wherever possible or practicable the practice will seek to use washable or disposable materials for items such as soft furnishings and consumables, e.g. seating materials, wall coverings including paint, bedding, couch rolls, modesty sheets, bed curtains, floor coverings, towels etc, and ensure that these are laundered, cleaned or changed frequently to minimise risk of infection.

Proposals for the Management of Infection Risk

The clinician responsible for Infection Control is Mildred Ackon
The non-clinician responsible for Infection Control is Joe Barlow (Nursing Associate)
The staff member responsible for Infection control is Julie Sunderland
The lead cleaner responsible for Infection Control is Shine facilities ltd

Joe Barlow (Nursing Associate) will be responsible for the maintenance of personal protective equipment and the provision of personal cleaning supplies within clinical areas
Jonathan Gough (Shine Facilities) will be responsible for the maintenance of the provision of personal cleaning supplies within non-clinical areas
Joe Barlow will be responsible for the maintenance of sterile equipment and supplies, and for ensuring that all items remain "in date"

The following general precautions will apply:

- A daily, weekly, monthly and 6 monthly cleaning specification will apply and will be followed by the cleaning staff.
- *A cleaning schedule file is held and maintained by Julie Sunderland located in the staff area.*
- Infection Control training will take place for all staff on an annual basis and will include hand washing procedures and sterilisation procedures.
- Infection Control Training will take place for all new recruits within 4 weeks of start.
- Hand washing posters will be displayed at each designated hand basin.
- Waste control is also maintained under this policy

Biological substances -

INTRODUCTION

The following measures to be taken by all staff to limit the risks of infection from the following biological substances. Local and national guidelines relating to the control of infection should be consulted.

All new staff will be provided with training on infection control as part of induction procedures, and will also receive an annual update.

GENERAL PRECAUTIONS - SPILLAGES

All staff will have watched the video on how to use a Biohazard Spillage Kit

https://www.youtube.com/watch?v=a2blaKVPjws

If there is any blood or other body fluid spillage outside the workplace then it can be rinsed away with a 2% bleach / water solution.

If there is spillage within the workplace a spillage kit is available containing antiseptic granules which may be poured onto blood spills, leave for 2 minutes, and removed using paper towels. The kit also contains rubber gloves (to be replaced if used once) and goggles to prevent splashes into the eyes. Disposable aprons should also be used.

Block off spillage areas from patients and staff until the spillage has been removed. Always use Personal Protective Equipment (PPE), and note the following general guidelines:

- Paper towels etc, once used, should be placed in clinical waste
- Non-disposable items such as buckets etc should be disinfected using a suitable bleach / disinfectant solution
- All used PPE should be disposed of as clinical waste
- Always was your hands using thorough techniques immediately after the event - see also Handwashing Guidelines [*]

HIV is much less infectious than Hep B. The former will not live long outside the human body. The latter will survive for over a week in a drop of dried up blood. Consequently everyone in the practice will receive a Hep B vaccination shortly after recruitment, and everyone will receive training on infection control on an annual basis.

In the case of infection by an HIV patient drugs are available which, if administered within 1 hour will give an 80%+ chance of killing the HIV infection. The A&E department at Calderdale Royal Hospital (telephone 01422 357171) is to be contacted immediately for advice on obtaining this treatment.

Handling of Pathology Specimens – Danger of Infection samples

Labelled to alert laboratory staff that the specimen may require special handling.

Clinical judgement is required in deciding to label samples correctly, and the onus is on the requestor to label correctly. Samples from the following will require "Danger of Infection" labelling:

- Patients with proven infection with a Hazard Group 3 (HG3) pathogen e.g. Hepatitis B and C, HIV, Tuberculosis and other mycobacteria, typhoid, brucella and anthrax.
- Patients suspected of having a HG3 pathogen (information from clinical history and examination e.g. injecting drug user, haemophiliac vCJD)
- A patient who is part of an ongoing outbreak caused by HG3 pathogen.
- Inmates of prisons.

The remainder of this protocol will deal with specific substances and procedures listed below:

- Blood
- Urine
- Faeces
- Vomit
- Semen
- Sputum/phlegm

- Vaginal specula
- Microbiological swabs
- Vaccinations
- Decontamination and disposal of materials contaminated with biological substances
- Transportation of biological specimens

BLOOD

Two major potential hazards from blood are contraction of Hepatitis B and C and the AIDS virus. The risk of contracting any of these is minimal if the operator does not inject his or her self with the patient's blood. If the operator has an open wound and spills an infected patient's blood there is a potential for transmission of one of these infective agents; in these circumstances it is advisable that the operator wears gloves.

Medical personnel who either handle blood samples or take blood from patients are therefore to take the following precautions:

The taking of Blood:

The risk of contamination to personnel is always less if the patient and the operator are relaxed and still. It is recommended that patients lie down during blood letting where appropriate. It is imperative that the operator takes his/her time and does not rush.

Sterile disposable syringes and needle are to be used only once. Care is to be taken that no blood comes into contact with the operator's skin by taking the following precautions:

- Always withdraw the needle from the vein whilst covering the site of the needle puncture with a cotton wool ball (not a medi-swab).
- Should a drop of blood escape from the end of the needle following the withdrawal, allow it to drip into the cotton wool ball.
- Do not sheath the needle as this is the most common cause of needle-stick injury.
- If a vacutainer system is not used, carefully pull back on the syringe to draw a little air into it.
- Carefully remove the needle from the syringe/vacutainer holder and place it immediately into the sharps box.
- Where syringe and needle are used, insert the required amount of blood into the bottle and do not fill beyond the line, since this increases the risk of spillage during transportation.

- With the introduction of vacutainers, the risk of spillage from filling bottles has diminished but care still needs to be taken when removing the bottle from the inducer when two or more specimens are needed to be collected.

- Replace the cap on the bottle and ensure a good seal.

- If required the bottle may be mixed with the preservative by gently rolling or tipping the bottle. Do not shake.

- When the required number of bottles has been filled, the syringe and any contents need to be disposed of in the sharps box. This will decrease the risk of spillage of blood onto the outside of the container from the syringe.

- If the amount of surplus blood in the syringe is more that 5 mls it should first be sealed in a blood bottle, like other blood samples, to reduce the risk of spillage.

- Once the sharps box is two thirds full it is to be sealed and returned for disposal. Under no circumstances attempt to force a syringe into a sharps box.

- All specimens are to be sealed in plastic pathology sample bags ready for transportation. Each sample should have its own bag. All forms that accompany the sample should be in a separate part of the plastic bag.

- Specimens should be stored in a cool safe place.

- All personnel who work with or may handle blood or pathological specimens are to be vaccinated against Hepatitis B and have their antibodies measured following vaccination to reduce the risk of contracting this infection.

Handling of Samples:

- All samples of blood are to be in the approved sample tubes provided, which are sealed by a top. Should leakage of blood occur due to imperfections in the bottle or incorrect fitting of the top, the sample is not to be transported out of the Practice in the container.

- All sample tubes containing blood are to be inserted into an approved plastic bag, which should be sealed to minimise the risk of contamination of personnel should leakage occur.

- If there is a leak or spill the action will depend on the extent of the leak. If the leak is contained within the plastic bag the bag should not be opened and should be inserted within another plastic bag, which should then be sealed. A suitable person (doctor/nurse) is to be informed if a leak occurs and will decide whether to dispose of the sample or to transfer the remains of the sample into another bottle. The transfer of blood should only be undertaken when the risk of contamination of personnel is minimal

and when gloves are used. Otherwise the sample is to be disposed of as above in a plastic bag inserted to the clinical waste container.

- If the leak is not contained within the bag and contaminates either the outside of the bag or external objects the following action is to be taken:

    - *Avoid any further contamination by containing the sample within another plastic bag - if possible without undoing the bag. Tighten the top of the tube as this may be loose.*
    - *Dispose of the sample within an approved clinical waste container.*
    - *Ensure that your hands are washed thoroughly with hot water and/or alcohol gel or soap. Any cut or open wound that comes into contact with the patient's blood should be thoroughly washed to ensure that none of the patient's blood remains in contact with the wound.*
    - *Any contaminated objects should be cleaned and disinfected as described below.*
    - *All blood should be treated as high risk and universal precautions applied.*

Sharps Boxes:

The purpose of a sharps box is to protect personnel from injury. The most likely time that injury will occur is when inserting an object into the sharps box. Therefore it is important that the box is not used beyond the two-thirds full stage. If the box is more that two thirds full, seal it and start a new box. Never force objects into the box - if the syringe is too big to fit into the box, even though the box is not yet two thirds full, start a fresh box.

Always ensure that sharps and sharps boxes are well out of the reach of children who might venture into the treatment room.

Refer to Needlestick Injury Protocol [*]

Patients who are Bleeding:

The situation of a patient who is bleeding rarely poses a significant risk to the staff. However, some risk does exist and extra precautions are therefore needed:

- Always wear gloves when dealing with open wounds whether or not they have stopped bleeding.
- In the event of significant bleeding, such that would lead to contamination of medical staff clothing, a plastic apron must be worn.
- Patients should not leave the Practice whilst they are still bleeding as this poses a risk to the general public.

- Contaminated clothing belonging to the patient should be placed inside a plastic bag and returned to the patient with appropriate advice about soaking clothing in cold water before washing and about prevention of contamination of the clothing of other personnel. The patient should be advised to disinfect the bowl or sink that the clothing is soaked in.

Major Accidents:

Occasionally, personnel will be involved with a major incident or accident where many people are injured, possibly seriously. All personnel are to take reasonable steps to protect themselves from injury and contamination. However, it is recognised that this may fall far short of the guidelines above. Personnel should remember that their prime duty under these circumstances is to the patient whilst maintaining as many safety precautions as possible. For this reason vaccination with the Hepatitis B vaccine is mandatory for all medical personnel.

URINE

Urine, whether non-infected or infected, poses less of a risk than blood, however sensible precautions should still be taken to avoid contamination of personnel or their clothing. Gloves should be worn when handling urine containers as it is impossible to tell whether or not the container is contaminated with blood or faeces.

Samples in Sealed Containers

Samples of urine in sealed containers should pose no health risk provided that the bottle is adequately sealed and no urine contaminates the outside of the bottle.

Analysis of Samples of Urine

- Pregnancy tests and dipstick testing make necessary the opening of urine bottles and exposure of personnel to urine. Gloves should be worn whilst testing urine and hands must always be washed after handling urine and testing urine.

- Disposal of Urine. Urine is to be disposed of down the sluice or toilet. Under no circumstances is it to be disposed of down a sink.

- Disposal of Urine containers. Urine containers are disposable and are to be used once only. Urine bottles are to be emptied when analysis is complete, rinsed and the bottle resealed and disposed of in the clinical waste bin.

FAECES

Faeces pose a risk to medical personnel. Through faeces a number of diseases are transmitted that can be serious (though they are rarely as serious as blood diseases). It is important to handle specimens correctly to avoid the risk of disease.

Samples:

- Samples should be handed in inside a blue top specimen pot. Other containers are not acceptable. The patient should label his specimen container before defecation with his name, date of birth and date and time of production. The specimen should then be placed inside a specimen bag and sealed by the patient. The patient should be advised to wash his hands thoroughly after defecation before touching the specimen pot and again after inserting the specimen pot into the bag.

- The cleaners will clean the toilets 5 times a week. In the event of a patient having diarrhoea the toilet should be cleaned by the patient if they are well enough, or by medical staff in the event of the patient being too ill to perform this task. Medical staff and cleaners should wear gloves when cleaning the toilet. Hands must always be washed afterwards.

VOMIT

Vomit can contain infective organisms and is thus a risk to personnel. Always work on the assumption that the vomit is infected. Patients will usually have time to obtain a bowl or find their way to the toilet, but occasionally patients will vomit on the floor or furnishings.

Disposable paper bowls are available in reception, but if any other container is used it should be emptied down the sluice or toilet and washed out immediately after being emptied and then disinfected. Toilets should be cleaned and sterilised in the same way that they are for diarrhoea. Personal Protective Equipment should be used. Spillages are to be cleaned in accordance with the practice spillage guidelines within this document. All staff will have seen the video on how to use a Biohazard Spillage Kit.

SEMEN

Semen should be collected by the patient into a universal container and delivered to *reception.*

SPUTUM/PHLEGM

Sputum should be collected by the patient into a universal container and labelled by the patient. The container should be inserted into a plastic specimen bag with the request form in the pocket separate to the specimen itself. In the event of the specimen leaking out of the bottle or the bottle breaking the specimen is to be disposed of and a new specimen obtained.

VAGINAL SPECULA, SPATULA AND SMEARS

Two types of speculum are currently in use; the disposable speculum and the stainless steel speculum. The doctors and qualified nurses are the only persons permitted to perform vaginal examinations and smears. Disposable specula are to be put in the clinical waste bag after use and this can be done by appropriately trained staff who may be assisting with the procedure. Gloves are to be worn when disposing of these instruments. Used spatula are to be placed in the clinical waste bag. Stainless steel specula are treated in the same way as all other instruments prior to sterilisation in the steriliser.

Cervical smear specimens are to be placed upon a collection box to dry following collection or directly into the slide specimen box.

MICROBIOLOGICAL SWABS

Swabs are taken from many infected areas of the body to assess the cause of the infection, thus a swab by definition contains an unknown hazard. Provided the swab is not removed from the transport medium, no risk of transmission of infection exists unless there has been contamination of the outside of the container. The following guidelines are to be followed:

Taking Swabs from Infected Lesions:

- The infected area must not be touched with the hands.
- The infected area must not come into contact with the operator's clothes.
- The container for the swab and the patient are to be as close together as is reasonably possible in order to minimise the distance that the swab needs to travel once the specimen has been taken.
- Care is to be taken that the swab contains enough material for analysis but not so much that there is a likelihood of dripping pus during the transit of the swab from the patient to the specimen container.
- The top of the bottle must be sealed adequately before insertion into a sealed plastic hazard bag. The form that accompanies the specimen is to be placed in the appropriate pocket of the bag and not in the same compartment as the specimen.
- In the event of the top becoming loose and parting from the container whilst in the bag, the top is to be re-sealed either through the bag, or by opening the bag.

- The transport medium is solid and unlikely to leak out of the bag, however, in the unlikely event of this occurrence it has to be assumed that microbiological material has also leaked; therefore the specimen is to be disposed of and re-taken.

VACCINATIONS

Advice about blood taking also applies to vaccination of patients. Always avoid contact with blood by the use of cotton wool swabs after withdrawing the needle. Never sheathe the needle; always dispose of needles safely and without delay. When disposing of the needle it is to remain attached to the syringe, unlike blood letting where the purpose of removing the needle is to avoid haemolysis of the blood cells.

DECONTAMINATION AND DISPOSAL OF MATERIALS CONTAMINATED WITH BIOLOGICAL SUBSTANCES

Clothes:

Precautions should always be taken to avoid contamination of clothing whenever possible by the use of protective clothing, e.g. plastic apron when the situation can be anticipated. However there will be occasions when it is difficult to anticipate the situation. Contamination of clothes with biological material necessitates the following measures:

- Remove as much surplus material as possible using gloves and a disposable wipe.
- Change into clean clothing if there exists any risk to either the operator or patients whom the operator will treat during that shift. If in doubt - change.
- Personnel should ensure that the clothing does not come into contact with any surface on which food is prepared.
- Blood stained clothing should be soaked in cold water prior to washing to facilitate removal of the stain.
- Soiled clothing should ideally be washed separately from other non-soiled clothing and the washer used at the maximum temperature that the clothing could tolerate without being damaged.
- There may be occasions when it is deemed fit for an item of clothing to be destroyed due to contamination with biological material. Under these circumstances the item is to be sealed in a hazard bag and disposed of in the clinical waste bin.

TRANSPORTATION OF BIOLOGICAL/CLINICAL WASTE

- Biological or clinical waste is to be placed in appropriate containers only. Sharps are to be placed only in sharps boxes. Only contaminated material that cannot penetrate the plastic is to be placed in hazard bags. Contaminated or non-contaminated material that may penetrate the hazard bags most be placed in a sharps box. This includes unbroken glass that may become broken if the bag is damaged in transit.

- Yellow hazard bags are to have no contamination of their outer surface. If there is contamination of the outer surface of the bag with biological material, the bag is to be placed inside another bag and sealed ready for transportation.

- Once boxed or bagged in hazard containers, waste is to be stored in the Clinical Waste bin The waste material is to remain inside these solid containers until collected by the clinical waste contractor.

See also: Waste disposal protocol [*]

Aseptic technique

Aseptic technique refers to a procedure that is performed under sterile conditions. This includes medical and laboratory techniques, such as with cultures. Aseptic technique is the effort taken to keep patients as free from hospital micro-organisms as possible (Crow 1989). It is a method used to deter wounds and other susceptible sites from organisms that could cause infection. This can be achieved by ensuring that only sterile equipment and fluids are used during invasive medical and nursing procedures. In an operating room, while all members performing minor surgery team should demonstrate good aseptic technique.

Today's techniques include a series of steps that complement each other. Foremost remains good hygienic practice. The procedure room is laid out according to specific guidelines, subject to regulations concerning filtering and airflow, and kept clean between surgical cases. The surgical site is washed, possibly shaved, and skin is exposed to a germicide (e.g., an iodine solution such as betadine). The individual carrying out the minor surgery will wash hands and arms with germicidal solution. GP's and nurses wear sterile aprons and gloves. Instruments are sterilized through autoclaving, or, if disposable, are used once. Irrigation is used in the surgical site. Suture material have been sterilized beforehand. Dressing material is sterile. Antibiotics are often not necessary in a "clean" case, that is, a surgical procedure where no infection is apparent; however, when a case is considered "contaminated," they are usually indicated.
Dirty and biologically contaminated material is subject to regulated disposal.

Communicable disease outbreak

A communicable disease outbreak occurs when there are more cases of a disease than expected in a specific area, community, or season. Outbreaks can be caused by a number of factors, including:

- Person-to-person contact
- Animal-to-person contact
- Exposure to chemicals or radioactive materials
- Environmental factors
- Exposure to a new or modified pathogen
- A natural toxin
- Human behaviours

Early detection and reporting of outbreaks is important to minimize their negative impact.

An outbreak or incident may be defined as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- a single case for certain rare or high-consequence diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio
- a suspected, anticipated or actual event involving microbial contamination of food or water

A formal meeting is required of all partners to address the control, investigation and management of an outbreak, or a discussion between stakeholders following the identification of a case or exposure of concern. All such discussions should be appropriately recorded. Outbreaks confined to NHS trust premises, whether acute, community or mental health, will usually be led by the relevant trust in accordance with their operational plans and with the advice and input of UKHSA HPT region. Where this involves food, the NHS will engage the relevant local authority.

Antimicrobial prescribing

Effective antimicrobials are required for preventive and curative measures, protecting patients from potentially fatal diseases, and ensuring that complex procedures can be provided at low risk of infection.

Antimicrobial resistance (AMR) is the loss of antimicrobial effectiveness, and although it evolves naturally, this process is accelerated by the inappropriate or incorrect use of antimicrobials. Direct consequences of infection with resistant microorganisms can be severe and affect all areas of health, such as prolonged illnesses and hospital stays, increased costs and mortality, and reduced protection for patients undergoing operations or procedures.

Workwear & Uniforms

- Wear short-sleeved tops and do not wear white coats during patient care activity
- Change immediately if uniform or clothing becomes visibly soiled or contaminated.
- Have clean, short, unvarnished fingernails.
- Bare below the elbow; free from watches, ring, bracelets etc
- Tie long hair back off the collar.

Washing uniforms and workwear

All elements of the washing process contribute to the removal of micro-organisms on fabric. Detergents (washing powder or liquid) and agitation release any soiling from the clothes, which is then removed by sheer volume of water during rinsing. Temperature also plays a part.
Scientific observations and tests, literature reviews and expert opinion as stated in the 2007 suggests that:

- There is little effective difference between domestic and commercial laundering in terms of removing micro-organisms from uniforms and workwear
- Washing with detergents at 30ºC will remove most Gram-positive micro-organisms, including methicillin-resistant Staphylococcus aureus (MRSA)
- A ten minute wash at 60ºC is sufficient to remove almost all micro-organisms. In tests, only 0.1% of any Clostridioides difficile spores remained.

Microbiologists carrying out the research advise that this level of contamination on uniforms and workwear is not a cause for concern

Staff exclusion policies for infections vary depending on the type of infection and the setting:

- **Diarrhea and vomiting**: Exclude staff until they are symptom-free for 48 hours. If medication is prescribed, ensure the full course is completed.
- **Impetigo**: Exclude staff until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.
- **Measles**: Exclude staff for 4 days from the onset of the rash and until they are well enough.
- **Meningococcal meningitis or septicaemia**: Exclude staff until they recover.
- **Hepatitis B, C, or HIV**: Do not exclude staff, as these blood-borne viruses are not infectious through casual contact.
- **Chickenpox**: Exclude staff until lesions scab over or are dry

HANDWASHING TECHNIQUES

INTRODUCTION

Effective handwashing techniques are the most important element in the prevention of the spread of infection. The requirements of the National Patient Safety Agency clean hands Alert dated 2nd September 2008 have been incorporated into this document version.

Hands are a repository for infectious organisms and healthcare staff have the greatest opportunity to transfer these organisms both between patients and between different procedures for the same patient. This is most likely in:

- The transfer of the patient's own micro organisms into sterile areas of the patient's body during treatment
- The transfer of micro organisms from one patient to another

- The transfer of micro organisms from the environment and equipment to the patient
- The transfer of micro organisms to yourself and other healthcare staff as a result of patient contact and subsequent person to person contact.

PROCEDURES

The use of an alcohol gel (see below) is usually preceded by handwashing, but may be effective without.

Hands should always be washed:

- When starting work
- When leaving the workplace
- When dirty and also at intervals
- Before and after direct contact with a patient
- After removing gloves
- After visiting the toilet
- After handling soiled items
- Before handling food
- Prior to any clean or aseptic procedure

Other points:

- Always use paper towels (only)
- Never use "bar" soap
- Always ensure that soaps, scrubs, and alcohol gel containers are wall-mounted
- Where nail-brushes are provided these must be single-use sterile brushes, disposed of immediately

Alcohol Gel

The use of alcohol rub should be frequent and routine on non-soiled hands as it is quick, effective, well tolerated by the skin, and can easily be placed in areas where needed the most – for example at the point of patient care, such as treatment rooms, couches, patient chairs etc, as well as adjacent to each clinically–designated sink.

It may be used following hand washing, but is also effective on otherwise clean hands where no hand washing facilities are available, and for this purpose a small container may easily be carried in a doctor's bag.

It may (in addition to the instances above) be used:

- Prior to a patient contact – *protect the patient from germs on your hands*
- Prior to an aseptic task – *protect the patient from germs, including their own, entering the body*
- After a body fluid exposure risk – *protect yourself and the environment of the room*
- After a patient contact - *protect yourself and the environment of the room*

- After contact with a patient's surroundings - *(e.g. a chair or door handle)*

Follow the handwashing technique 6 stage process as illustrated on the poster below where a subsequent sterilisation of hands is required using the gel. Sterilisation is not a substitution for handwashing as gel does not clean hands, however where hand-wash facilities are not available the use of a sterilising gel is appropriate before or after undertaking any of the above activities (e.g. on external visits etc).

Alcohol rub is ***not*** the preferred primary hand cleansing product where:

- Hands are visibly soiled
- Patient is experiencing vomiting and / or diarrhoea
- There is direct hand contact with body fluids
- There is an outbreak of norovirus, clostridium difficile or other diarrhoeal illness.

In this case hands should always be washed first with liquid soap and water.

It is recommended that small dispensers (e.g. 125ml) are carried in every doctor's bag specifically for use on home visits. Wall mounted dispensers should be available above every clinical sink.

Contents should comply with European CEN Standard EN1500.

The poster below should be displayed in the following locations:

- Above every treatment room hand-washing basin
- Above every examination room hand-washing basin
- Above the hand-washing basin in every toilet used by staff

Consideration should also be given to the display of the poster in public toilets. Where possible, the poster should be laminated to facilitate wiping / cleaning.

Handwashing is the single most important activity for preventing cross infection

- Wet hands under running warm water
- Apply liquid soap
- Without applying more water, vigorously rub all parts of the hands using the technique below (10-15 seconds for routine handwashing)
- Rinse hands under running water
- Dry thoroughly using disposable paper towels

Six Step Handwashing Technique

1

Palm to palm

2

Right palm over back of left hand then left palm over back of right hand

3

Palm to palm fingers interlaced

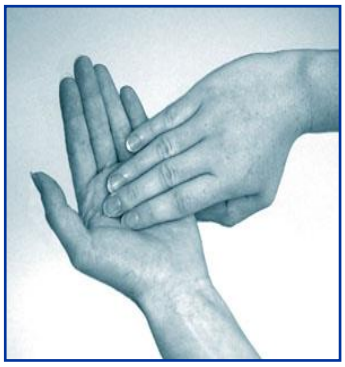
4

Backs of fingers to opposing palms with fingers interlocked

5

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

6



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

Should supplies of liquid soap or paper towels be needed please contact Reception