



<b>Title</b>	Miscellaneous Infection Control Guidance
<b>Document Type</b>	Guideline
<b>Version Number</b>	1.7
<b>CGQ &amp; RDS ID Number</b>	<i>Clinical Governance &amp; Quality Use only</i>
<b>Approval/Issue date</b>	November 2022
<b>Review date</b>	November 2024
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<b>Developed by</b>	Infection Prevention Control Team 12/2018
<b>Reviewed by</b>	Infection Prevention Control Team
<b>Significant resource implications (financial/workload)</b>	N/A
<b>Approved by</b>	Infection Control Committee
<b>Health Inequality Impact Assessment (HIIA)</b> <small>(only statutory for policies)</small>	N/A

Document Control

<b>Version</b>	<b>Amendment</b>	<b>Date</b>	<b>Amended By</b>
1.7	Document Creation	10/2022	K Foord

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# 1. Festive Guidance for Clinical Areas

## Introduction

The purpose of this guidance is to enable staff, patients and visitors to enjoy the festive spirit without compromising Patient and Staff Safety.

This guidance addresses normal seasonal risks associated with Norovirus, Influenza and other respiratory viruses including COVID-19. The following standards continue to apply at all times:-

- Fire Safety Requirements - this guidance should be read in conjunction with '[Guidance on Christmas Fire Safety](#)'.
- Dress code & uniform policy
- Food hygiene standards

## 1. Christmas trees & decorations

Clinical Areas:

- Tree and decorations should be limited to one single area on wards to ensure effective cleaning regimes can be maintained.
- Decorations must not be placed in any area where clinical procedures take place e.g. bays and side rooms on wards. Decorations can be displayed in corridors but must adhere to '[Guidance on Christmas Fire Safety](#)'.
- Window stickers/window art is permitted – but avoid products with fake snow, or glitter (to minimise additional work for domestic staff)
- If the ward is closed due to an outbreak of infection e.g. Norovirus, all decorations should be disposed of through the appropriate waste stream with the exception of lights which must be cleaned with Tristel Fuse or discarded if unable to effectively clean.
- Patient's personal Christmas cards can be displayed on a board or similar – avoid/limit freestanding cards to allow access for cleaning of locker/table tops (frequent touch surfaces)

## 2. Christmas jumpers & other festive finery

- Uniformed staff should not wear Christmas jumpers when delivering patient care, or other key services in clinical areas (e.g. domestic cleaning).
- Non uniformed staff can wear jumpers providing these are changed & laundered regularly in line with Dress Code and Uniform Policy. These must not interfere with correct use of PPE required to deliver care or other services.
- In clinical areas sleeves must be rolled up (to facilitate effective hand hygiene and ensure staff are bare below the elbow).
- Christmas hats/jewellery/accessories are not advised in clinical areas – these cannot be effectively cleaned after each shift.
- Christmas socks are fine!

### **3. Christmas treats & parties**

- Staff should not consume food in rooms used to deliver clinical care.
- Staff 'tea parties' are permitted.
- Boxes of chocolates, biscuits or similar can be kept in staff rooms/offices – hands should be washed or use hand gel before selecting snacks. Box lids should be kept closed.
- Patients should be discouraged from keeping and consuming unwrapped foods whilst in hospital (e.g. some fruit, open packs of biscuits etc) and particularly in shared areas.

### **4. Christmas gifts**

- Children, young people and longer-term patients in all adult settings can still receive a gift from Santa! As usual, these should be appropriately CE marked, boxed and wrapped.
- Collecting & displaying Christmas hampers for raffles should be avoided.
- In non-COVID areas: Santa can visit providing he wears his mask and washes his hands! The reindeer should stay outside...

## **2. Management of Flowers in Clinical Areas**

This guidance is relevant to staff with responsibilities for clinical areas and volunteers with designated responsibility for flower management.

Senior Charge Nurses should ensure the guidance is followed by all relevant staff or volunteers.

### **Process for flower management**

The following process should be in place in all clinical areas displaying flowers:

- Daily - clean vase and clean water. Water should not be changed at clinical wash hand basins. Unused vases should be stored clean and dry and in an appropriate area.

### **Exclusions**

Flowers are not permitted in the following high risk areas:

- ITU
- SCBU
- BMC
- Renal Dialysis
- Any area experiencing an outbreak

Senior Charge Nurses have the discretion to prohibit flowers from all or part of their clinical area after recognising the associated risks (slips, trips, falls, broken glass, allergies and infection to immunocompromised patients)

### **Exclusion Process**

- Senior Charge Nurse to complete risk assessment
- Senior Charge Nurse to notify Operational and Service Manager of their decision to prohibit flowers
- Service Manager to consider communication requirements relevant to the decision to prohibit flowers within the specific location e.g. RVS, Communications Team.

### 3. Patient Pamper Sessions

Volunteers should never provide treatments to patients from closed bays or wards. The volunteer is advised to check the infection status of patients with a trained member of staff and not carry out any treatments on infective/colonised patients or patients with broken skin areas.

Disposable basins are available from ward supplies and should be used if required. Hospital towels are also available and should be placed in the used linen buggy at point of use at the end of each treatment.

Standard infection control precautions and hand hygiene procedures must be adhered to at all times as per the [National Infection Prevention and Control Manual](#).

## 4. Use of Handheld Devices in Clinical Areas

This guideline covers the process to be followed by clinicians to ensure infection control measures are being observed when passing handheld devices between nurses and patients in the Clinical environment.

Wherever possible, devices should be issued for single patient use until the patient is discharged. Where this is not possible:

### **Responsibilities**

It is the responsibility of the clinician to clean the device immediately after use to minimise the risk of infection being transferred.

### **If the device has been passed to other staff or patients:**

- The device, screen and cover should be thoroughly cleaned by the clinician using detergent wipes
- The device, screen and cover should then be dried with a paper towel.

Device **should not** be taken into isolation rooms or bays that are closed due to infection unless essential. If this is unavoidable, alternative cleaning should take place using Tristel Fuse/ Clinell wipes.



## 5. Use of Fans in Clinical Areas

The Infection Prevention and Control Team do not advocate the general use of fans in clinical areas due to the risk of circulation and spread of pathogens.

However, we recognise that our hospitals do not currently have effective air cooling systems so the decision to use fans should be informed by the balance of risk.

The following guidelines have been developed to safely support a comfortable environment for patients and staff during the summer months:

### DO

- **Do take account of individual patient risk factors when thinking about where to locate a fan.** For example, avoid locating a fan next to a patient with an alert organism such as MRSA, *clostridioides difficile*, or with an active skin condition such as psoriasis.
- **Do take account of wider health and safety risks.** For example, avoid trailing cables creating a trip risk or overloading electrical sockets creating a fire risk.
- **Do ensure that any fans in use are kept clean.**

### DON'T

- **Don't use bladeless fans (e.g. Dyson) in clinical areas.** These types of fans have been associated with outbreaks.
- **Don't use fans in drug preparation rooms.** These areas are used for preparations that ultimately enter a patient's blood stream.
- **Don't place a fan outside an isolation room door**
- **Don't forget that isolation room doors should be kept shut.** However, this does mean that a fan could be located within an isolation room providing the door remains shut.

### Cleaning

It is a nursing responsibility to clean the external surface of fans. Contact estates if the internal parts need cleaning including fan blades.

For routine cleaning a detergent wipe should be used.

If the fan has been in an infected area, (i.e. isolation room or infected/closed bay) Tristel Fuse should be used to decontaminate the surface. The fan should be unplugged or switched off at the mains while being cleaned and excessive

moisture around the buttons must be avoided as this could affect the electrical components within.

## **6. Books and Magazines in Patient Waiting Areas**

Magazines and books provide a useful distraction for members of public in waiting areas and do not pose a significant infection risk. However, they do clutter surfaces and therefore impede cleaning.

General guidance is therefore required for patient waiting areas across NHS Borders.

The following points provide broad principles on this issue:-

- 1) Magazines and books clutter surfaces impeding cleaning so the number of magazines in waiting areas should be limited to around 10 and books limited to around 20.
- 2) Books and magazines can rapidly become tatty so should be regularly checked (added to monthly cleaning schedule) with any damaged, dirty or badly out of date material disposed of in general waste/recycling.