

## Policy Statement

The following can lead to infection/cross infection:

- Contaminated equipment or instruments
- Infection sources in the clinical environment
- Dirty hands
- Failure to adequately cleanse and disinfect skin prior to injection/invasive procedure
- Failure to safely dispose of used swabs, protective clothing or instruments
- Accidental needle stick/sharps injury

## Risk Management

### Personal Hygiene

- Hair must be tied back to prevent it requiring frequent touching (e.g., to remove it from eyes) or touching the patient or equipment during treatment.
- Fingernails must be short and clean- without varnish or extensions.
- Wristwatches, bracelets and rings should not be worn whilst performing clinical procedures.
- Long sleeves must be rolled up

### Personal Protection

- Disposable examination gloves must be worn when performing procedures
- Disposable aprons should be worn to protect clothing if there is a risk of blood splashing
- Protective eyewear should be worn when performing Laser/IPL treatments
- Face masks should be worn when filling or disposing of soiled microdermabrasion crystals
- Clinical staff should have Hep B immunity

### Hand Hygiene

#### Using soap and water:

- Wet hands with warm water before applying soap
- Apply liquid soap to all surfaces of the hands
- Rub hands vigorously for at least 15 seconds
- Rinse thoroughly using warm water
- Dry thoroughly using a disposable paper towel

### **Using alcohol hand gel:**

- Ensure hands are free from visible soiling
- Apply alcohol gel to all surfaces of the hands
- rub continuously until all the alcohol has dried

Alcohol hand gel may only be used as an alternative to washing when hands are visibly clean.

### **Hand washing should take place:**

- On arrival at work
- On leaving work
- After using the toilet
- Before and after each patient contact
- Before handling food or drink
- After removing gloves
- After handling potentially contaminated products or laundry

All cuts and grazes on hands and forearms must be covered with waterproof dressings

### **Housekeeping:**

- The work surfaces are cleaned daily, including treatment couches and chairs, with antiseptic products such as alcohol wipes or sanitizing spray.
- Workplace furniture including telephones and fittings are kept clean
- The floor is washed daily
- Storage drawers and cupboards should be cleaned (local policy)
- Medicines fridge should be cleaned (local policy)
- Reusable medical devices should be wiped using alcohol wipes at the end of each treatment
- Non disposable linen when soiled (local policy)
- Soiled soft waste such as swabs and couch roll should be disposed of in the designated clinical waste bags.
- All waste is removed from the treatment room daily and disposed of (local policy)
- Soap and paper towel dispensers are kept topped up
- Toilets are cleaned and disinfected daily

### **Safe Treatment Protocols:**

- Use only legitimate products and supply
- Use within expiry date
- Do not administer products from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulas, and syringes are sterile, single-use items; they should not be reused for another patient nor to access a product that might be used for a subsequent patient.
- Do not administer products from single-dose syringes or ampules to multiple patients or combine leftover contents for later use.
- Reconstitute using aseptic technique as per manufacturer guidelines and discard any unused product.
- If multi-dose vials must be used, both the needle or cannula and syringe used to access the multi-dose vial must be sterile
- Multi dose vials should be discarded within 28 days unless manufacturer advises otherwise.

#### **Skin Preparation:**

- All makeup should be removed with facial wash and followed with antiseptic skin preparation of the treatment area such as 2% chlorhexidine and isopropyl alcohol 70%, if no history of sensitivity. Skin disinfection should be undertaken after makeup removal and after any application of ice
- Skin disinfectant solution should be applied using gentle friction – repeated up and down, back and forth strokes for 30 seconds – to reduce the number of resident bacteria present at the insertion site which could serve as a source of infection
- the solution should be allowed to fully air dry
- use of an aseptic technique, including hand hygiene
- Sterile field and gloves to be used for deep tissue augmentation with dermal fillers.

#### **Aftercare**

Patients should be advised to avoid touching the area for 4 hours and to refrain from applying makeup for 12 hours. For patients who are observed to unconsciously and habitually touch their face it may be appropriate to apply alcohol gel to their hands on completion of the treatment session.

#### **Safe Management of Sharps:**

'Sharps' describes any item which may cause penetrative injury or may puncture waste bags, typically; needles, blades, razors, glass ampoules.

- Disposable gloves must be worn when using sharps
- All sharps must be disposed of immediately, in a designated puncture proof sharps bin
- It is the responsibility of the staff members using the item to dispose of it correctly, immediately after use.
- Sharps must never be re-sheathed. Needles and syringes must be disposed of as one unit whenever possible.

#### **Sharps boxes must be:**

- Assembled correctly, including completion of label on the box
- Placed in a safe and accessible place in the treatment room
- Closed when  $\frac{3}{4}$  full as indicated by black line or after 3 months of use.
- Stored for collection safely, away from public areas
- Disposed of by a licensed contractor

#### **Event of a Sharps Injury**

In the event of sharps injury, when contaminated with patients' blood, First Aid must be administered as below:

- The wound should be encouraged to bleed by squeezing the wound should be washed thoroughly with soap and warm water
- Splashes to the eyes, mouth or nose should be washed promptly and thoroughly with tap water or preferably eye wash solution
- The wound should be covered with a dressing
- Ascertain the HIV/HepB status of the donor and or assess risk of infection. Social history may indicate risk if status unknown.

Send recipient of injury immediately to the nearest NHS Centre (as above).

- Contact the nearest NHS Centre to inform them of the incident and that the recipient is on the way.
- Ensure that the following information is available to the NHS:
- HIV/Hep B /Hep C status of recipient
- HIV/ Hep B/Hep C status of the donor (patient)
- Risk Assessment details and Incident record form should be completed.

## **Ensuring the Effectiveness of the Policy**

All staff members will receive a copy of the policy, and associated guidance notes. Existing and new workers will be introduced to the policy via induction and training. The policy will be reviewed annually and amendments will be proposed and agreed by the the clinical director.

## **Non-Adherence**

Breaches of this policy may be referred to the appropriate statutory body and will be dealt with under the Grievance and/or Disciplinary procedures as appropriate.

## **References and Further Reading**

- Control of substances hazardous to health (COSHH, 1999)  
<http://www.legislation.gov.uk/ukpga/1987/43/contents/made>
- Guidance on The Control of Substances Hazardous to Health Regulations (Health and Safety Executive, 2002)
- Guidance for Clinical Healthcare Workers: Protection against blood borne viruses (DH,1998)
- Safe Management of Healthcare Waste (RCN, 2007)
- Prevention and control of healthcare-associated infections in primary and community care (NICE, 2012)
- Safe Injection Practices Coalition, 2009 One and Only Campaign,  
<http://www.oneandonlycampaign.org/> last accessed April, 2014

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