

Basic hygiene procedures

Purpose

Prevent care-related infections and their transmission in treatment and care.

Background

Basic hygiene procedures must be followed by everyone who participates in patient contact and care-related tasks. Patient contact tasks include those when a patient is examined, treated, or given other care. Care-related tasks include the handling of sterile goods, cleaning and working in medication rooms, disinfection rooms or ward kitchens. Procedures are based on the National Board of Health and Welfare's (Socialstyrelsen) regulations on basic hygiene in treatment and care (SOSFS 2015:10), intended to protect patients from care-related infections and their transmission, as well as on the Swedish Work Environment Authority's regulations on transmission risks (AFS 2018:4), which are intended to protect healthcare workers.

Description of procedures

The line manager is responsible for ensuring that conditions are present for basic hygiene procedures and that all employees are familiar with and follow these procedures. The line manager is also responsible for defining which situations imply an increased risk of transmission, and for promoting a shared view among employees about how and when personal protective equipment such as visors, disposable aprons and gloves are to be used. It is appropriate to establish a local procedure for this, which will also facilitate assessment of compliance with basic hygiene procedures. Employees are responsible for making their own risk assessments in situations which are not covered by the unit's definitions.

Conditions for applying basic hygiene procedures

- Material and equipment needed for basic hygiene procedures must be easily accessible in the proximity of the work area.
- You must not wear jewellery or a wristwatch on your hands or forearms, nor must they have any bandages, support braces or similar.
- You must not wear perfume.
- Nails should be short and without nail varnish or other synthetic materials.
- Hands and forearms must be free of cracks or lesions, as these can impede proper sanitising.
- Long hair and beards must be worn tied up, headscarves must be short or tucked in under workwear. This is to prevent them from hanging down into your work area or limiting your field of vision.

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- Workwear must be short-sleeved when you carry out patient contact or care-related tasks.
- It is not permitted to wear long-sleeved garments with rolled-up sleeves underneath work clothing.

Workwear must:

- be used by all staff carrying out patient contact and care-related tasks
- have short sleeves that end above the elbow
- be changed daily if they become contaminated
- be provided by the employer, and only be used in the workplace, although they may be worn when travelling between different workplaces.

Hand sanitising

Alcohol-based hand sanitiser effectively reduces microbes on hands and forearms. Sanitise your hands with alcohol-based hand sanitiser immediately:

- before and after – as well as during if needed – patient contact tasks
- before sterile and after nonsterile care tasks
- after handwashing – note that hands must be dry before you sanitise them
- before and after using gloves.

Follow these steps:

- take a generous amount (2–4 ml) of hand sanitiser
- rub it in until your hands are dry, and don't forget your fingertips, thumb grip and, as needed, forearms.

Handwashing with liquid soap and water followed by thorough drying must be done before hand sanitising in the following situations:

- When your hands are or may be assumed to be contaminated.
- When caring for a patient who is vomiting or has diarrhoea.

Disinfection of surfaces and items

- Surfaces and items must be disinfected immediately with surface disinfectant following contamination with bodily fluids.
- Care staff are responsible for ensuring that surfaces and items are disinfected, including in shared spaces and patient toilets.

Follow these steps:

- for larger spills, begin by wiping up the contaminant with an absorbing cloth and a cleaning agent, before disinfection

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- put a generous amount of disinfectant, see the table below, on a disposable wipe/washcloth and work it into the contaminated surface. The rubbing action is crucial for proper disinfection.

The surface is disinfected when it is visibly clean and dry.

Smaller spills:	Alcohol-based surface disinfectant containing surfactants
Larger spills, and for all spills of diarrhoea and/or vomit with unknown cause, or viral gastroenteritis and/or Clostridioides difficile infection:	Incidin OxyFoam S or optionally a product with the same effect.

Personal protective equipment

Gloves

- Protective gloves must be used when there is a risk of contact with bodily fluids to prevent the number of microbes becoming so large that hand sanitising cannot be fully effective.
- Gloves must be replaced between each care task. Be aware of the risk of "glove transmission".

Disposable apron

- A disposable apron must be worn when there is a risk of contact with bodily fluids and other biological matter, to protect your workwear.
- Assess individually the need for a long-sleeved disposable apron to protect your forearms.
- Disposable aprons must be replaced between each patient. If needed, also replace your disposable apron between care tasks with the same patient.

Visor

- When there is a risk of bodily fluids splashing in your face:
 - use a full-face visor, in combination with a fluid-resistant surgical mask (IIR) as needed
 - optionally use safety glasses in combination with a fluid-resistant surgical mask (IIR)
- Visors/safety glasses must be cleaned and/or disinfected between each use, and any time they become contaminated.