### Clinical Waste and Infection Control Policy and Procedure

<table>
<thead>
<tr>
<th>Reference No.</th>
<th>P08:2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation date</td>
<td>2/11/2000</td>
</tr>
<tr>
<td>Version Number</td>
<td>V1.8</td>
</tr>
</tbody>
</table>

### Linked documents

<table>
<thead>
<tr>
<th>Reference No:</th>
<th>Name.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P22:2004</td>
<td>Health &amp; Safety Policy and Procedure</td>
</tr>
<tr>
<td>P29:2009</td>
<td>Infectious &amp; Parasitic Diseases Policy</td>
</tr>
</tbody>
</table>

### Suitable for Publication

<table>
<thead>
<tr>
<th>Section</th>
<th>Published</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>Yes</td>
</tr>
<tr>
<td>Procedure</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Protective Marking

Not Protectively Marked

PRINTED VERSIONS SHOULD NOT BE RELIED UPON. THE MOST UP TO DATE VERSION CAN BE FOUND ON THE FORCE INTRANET POLICIES SITE.
# Table of Contents

1 Policy Section ....................................................................................................................... 4  
1.1 Statement of Intent – Aim and Rationale ........................................................................ 4  
1.2 Our Visions and Values ............................................................................................... 4  
1.3 People, Confidence and Equality .................................................................................. 5  

2 Standards .............................................................................................................................. 5  
2.1 Legal Basis ..................................................................................................................... 5  
2.2 People, Confidence and Equality Impact Assessment ...................................................... 6  
2.3 Monitoring / Feedback .................................................................................................. 6  

3 Procedure Section ................................................................................................................ 7  
3.1 Introduction .................................................................................................................... 7  
3.2 Definitions ....................................................................................................................... 7  
3.3 Manager’s Responsibilities (Duty Holders) ................................................................... 8  
3.4 Personal Clothing, fabric equipment and linen contaminated with a bodily fluid ............. 8  
3.5 Transportation of Clinical Waste within the Force ........................................................... 9  
3.6 Storage and handling of clinical waste on Force premises ................................................ 10  
3.7 Pharmaceutical Products ............................................................................................. 11  
3.8 Commercial laundry procedures ................................................................................... 11  
3.9 Removal and cleaning of bodily fluids from Force vehicles ............................................. 12  
3.10 Removal and cleaning of bodily fluids from premises ..................................................... 12  
3.11 Personal Hygiene Arrangements .................................................................................. 13  
3.12 Cleaning of appointments/body armour covers etc ......................................................... 14  
3.13 Operational Police Vehicles ....................................................................................... 15  
3.14 Parasitic Infestations – ............................................................................................... 15  
3.15 Decontamination methods ............................................................................................ 16  
3.16 Personal Protective Equipment (PPE) ........................................................................... 17  
3.17 Staff Training ............................................................................................................... 18  

4 Consultation and Authorisation ......................................................................................... 19  
4.1 Consultation .................................................................................................................... 19  
4.2 Authorisation of this version ......................................................................................... 19  

5 Version Control ................................................................................................................... 19  
5.1 Review ............................................................................................................................ 19
5.2 Version History............................................................................................................................20
5.3 Related Forms...............................................................................................................................21
5.4 Document History........................................................................................................................21
Appendix A – Safe System of Work (General Information) .............................................................22
Appendix B - Cleaning up areas contaminated/potential contaminated with Viruses Hep B & C, HIV and MRSA (Contained in a bodily fluid) .................................................................23
Appendix C - Cleaning up areas contaminated with Parasitic Infestations......................................25
Appendix D - Cleaning non-custodial areas contaminated with scabies ........................................28
1 Policy Section

1.1 Statement of Intent – Aim and Rationale

This policy, depending on the individual circumstances can apply to both the Chief Constable as the employer of Police Officers and Police Staff and the Office of the Police and Crime Commissioner as the employer of staff employed by them. Where the phrase “Dorset Police” is stipulated, this policy may apply to the Chief Constable or the Office of the Police and Crime Commissioner, or potentially both acknowledging that they are in their own right separate corporations sole and both have legal responsibilities under the Health and Safety At Work etc Act 1974.

To put into place pragmatic working arrangements for the safe management of clinical waste, dealing with bodily fluids, the cleaning of potentially/contaminated surfaces and areas subjected to parasitic infestations as they arise as a consequence of Dorset Police’s work activities. This policy supports the Force’s Infectious and Parasitic Diseases Policy.

1.2 Our Visions and Values

Dorset Police is committed to the principles of “One Team, One Vision” – A Safer Dorset for You”

Our strategic priority is to achieve two clear objectives:
• To Make Dorset Safer
• To Make Dorset Feel Safer

In doing this we will act in accordance with our values of:
• Integrity
• Professionalism
• Fairness and
• Respect

National Decision Model

The National Decision Model (NDM) is the primary decision-making model used in Dorset Police. The NDM is inherently flexible and is applied to the development and review of all policy, procedure, strategy, project, plan or guidance. Understanding, using and measuring the NDM ensures that we are able to make ethical (see Code of Ethics), proportionate and defensible decisions in relation to policy, procedure, strategy, project, plan or guidance.

Code of Ethics

The Code of Ethics underpins every day policy, procedures, decision and action in policing today. The Code of Ethics is an everyday business consideration. This document has been developed with the Code of Ethics at the heart ensuring consideration of the 9 Policing principles and the 10 standards of professional
behaviour. Monitoring is carried out through the Equality Impact Assessment process which has been designed to specifically include the Code of Ethics.

1.3 People, Confidence and Equality

This document seeks to achieve the priority to make Dorset feel safer by securing trust and confidence. Research identifies that this is achieved through delivering services which:

1. Address individual needs and expectations
2. Improve perceptions of order and community cohesion
3. Focus on community priorities
4. Demonstrate professionalism
5. Express Force values
6. Instil confidence in staff

This document also recognises that some people will be part of many communities defined by different characteristics. It is probable that all people share common needs and expectations whilst at the same time everyone is different.

Comprehensive consultation and surveying has identified a common need and expectation for communities in Dorset to be:
- Listened to
- Kept informed
- Protected, and
- Supported

2 Standards

2.1 Legal Basis

2.1.1 The Health and Safety at Work etc Act 1974 places a general duty on employers to ensure so far as is reasonably practicable the health, safety and welfare of employees whilst at work and other persons who could be affected by the employer’s work activities (risk of cross infection through unsatisfactory cleaning etc arrangements etc).

2.1.2 The Control of Substances Hazardous to Health Regulations 2002 place specific obligations on employers when working with hazardous substances (bodily fluids etc) in the workplace. The purpose is to ensure that hazards are being correctly managed to reduce any risk of cross infection or infestation so far as is reasonably practicable. Employers are obliged to undertake an assessment where there is a significant risk to staff from biological hazards.
2.1.3 The Management of Health and Safety at Work Regulations 1999 require employers to make a suitable and sufficient assessment of the risks to which their employees could be exposed whilst at work. This requirement will be covered in the role general risk assessment. Assessments must be reviewed and updated as necessary. Only significant risks need be recorded, eg potentially harmful viruses etc.

2.1.4 The Control Waste Regulations 1992 defines clinical waste. The regulations categorise waste according to its level of risk into five categories A to E. Waste is stored and handled according to what category it falls under.

2.1.5 The Hazardous Waste (England and Wales) Regulations 2005 as amended 2009 apply to the storage and handling and disposal of prescribed pharmaceutical products.

2.2 People, Confidence and Equality Impact Assessment

During the creation of this document, this business area is subject to an assessment process entitled “People, Confidence and Equality Impact Assessment (EIA)”. Its aim is to establish the impact of the business area on all people and to also ensure that it complies with the requirements imposed by a range of legislation.

2.3 Monitoring / Feedback

The HR (Specialist) Health and Safety will be responsible for ensuring that this policy remains fit for purpose and maintaining a consistent Force approach. The Health and Safety Unit will occasionally monitor the effectiveness of this procedure when in the course of undertaking general visits to premises.

Feedback relating to this policy can be made in writing or by e-mail to

Robert Aiston, HR (Specialist) Health & Safety
Address: Dorset Police Headquarters, Winfrith, Dorchester. DT2 8DZ
E-mail: bob.aiston@dorset.pnn.police.uk
Telephone: 01305 223724
3  Procedure Section

3.1  Introduction

3.1.1 The primary purpose of managing the handling, storage, segregation, transportation and disposal of clinical waste is to prevent the spread of infectious diseases in the workplace to staff, to the population and to the environment. Remember, the body is exposed to harmful organisms all the time. The body’s immune system is very effective at dealing with infection threats. Intact skin is an excellent barrier to infection. The immune system develops over time immunity to numerous micro-organisms.

3.1.2 In most instances, simple control measures can reduce the risk of cross infection considerably. All bodily fluids must be treated as being contaminated with a contagious pathogen and are therefore, high risk.

3.1.3 It is impossible to guarantee that all sources of contamination can be satisfactorily removed from the workplace despite the most stringent control/cleaning measures being used.

3.1.4 Completed generic role risk assessments should identify work activities where it is foreseeable that staff could come into contact with infectious bodily fluids or infectious material.

3.1.5 Clinical waste is defined as being any waste which consists wholly or partly of:

(i) Human or animal tissues
(ii) Blood or other bodily fluids;
(iii) Bodily excretions;
(iv) Drugs or other pharmaceutical products;
(v) Swabs or dressings;
(vi) Syringes, needles or other sharp instruments;
(vii) Any waste which may cause infection arising from any medical procedure.

3.1.6 Bodily fluid is defined as being, any fluid excreted from the body which could carry an infectious virus such as; urine, vomit, sweat, blood, semen and excrement etc.

3.2  Definitions

3.2.1 Cleaning - A process which removes substantial amounts of any material before disinfection takes place by using general based detergent.

3.2.2 Disinfection - Any process which reduces the number of micro-organisms present reduced to a level that will no longer be able to initiate infection. The process may not necessarily eliminate all micro-organisms.

3.2.3 Sterilization - A process will eliminate all living micro-organisms.

3.2.4 GPD - General purpose detergent.
3.2.5 **Standard Precautions** (formerly known as Universal Procedures) – Immediate action taken after receiving sharps injury.

3.2.6 **Sharps** - A generic term which includes principally needles, but can cover any sharp instrument, potentially covered or encompasses any bodily fluid.

3.2.7 **Hand Hygiene** - Can include hand washing facilities, alcohol or non-alcohol based products.

3.2.8 **Hand Washing Facilities** - comprise of; wall mounted soap, paper towels/hand dryers, sink, and warm/hot running water.

3.2.9 **Non Alcohol Based Products** - Comprise of gels rinses or foams and principally used when away from hand washing facilities.

3.2.10 **Hand Care** – Staff are encouraged to use an emollient cream to prevent the hands from drying out from regular use of alcohol free products.

3.2.11 **PPE** - Personal protective equipment can comprise of; disposable over suits, disposable gloves, aprons, over sleeves, disposable respiratory equipment, and face/eye protection.

3.3 **Manager’s Responsibilities (Duty Holders)**

3.3.1 All managers within their areas of responsibility are responsible for ensuring that they identify all potential clinical waste hazards. They must ensure that the role risk assessment is completed which identifies the hazard and the control measures that they intend to put in place to either avoid or reduce any risk. Managers are to ensure that they monitor those arrangements to confirm that they are being satisfactorily implemented and remain effective.

3.4 **Personal Clothing, fabric equipment and linen contaminated with a bodily fluid**

3.4.1 Crevices in garments, fabric construction and surface soiling can make satisfactory decontamination difficult to achieve. Washing temperatures of modern fabrics are generally restricted to between 40 degrees to 50 degrees centigrade (heat liable).

3.4.2 Non washable garments can only be dry cleaned. Dry cleaning of shower/waterproof garments can damage the items proofing qualities.

3.4.3 The effects of high temperature, detergent and the considerable dilution achieved by the washing process will render contaminated items safe to handle. Suitable time-temperature relationships are 80°C for 1 minute + 4 minutes, 70-71°C for 3 minutes + 4 minutes and 65°C for 10 minutes + 4 minutes.

3.4.4 Dry cleaning involving a heat process can be an effective form of decontamination. However, severe organic soiling (dirt etc) may inhibit this process.
3.4.5 Where items are grossly contaminated or where satisfactory decontamination cannot be guaranteed, incineration via the clinical waste disposal arrangements is the preferred option.

3.4.6 Where a member of staff considers that incineration of his/her contaminated item of clothing is the preferred option, the contaminated item is to be dealt with as at Para 3.6. A uniform stores request A229 is to be submitted through Command/departmental administration requesting a replacement item of clothing.

3.4.7 The request form is to be countersigned by a supervisor and annotated, “original item grossly contaminated, sent for incineration” and signed. Replacement items of clothing, depending on stock holdings, can on receipt of a request be dispatched and received within one working day.

3.4.8 Contaminated clothing is not under any circumstance to be returned to stores. If it is grossly contaminated it is to be placed in a clinical waste bag (yellow) and then placed directly into a clinical waste bin for safe disposal located as at 3.6 or placed in an area as at 3.6. Not all sites have large wheeled clinical waste bins.

3.4.9 Where no large wheeled clinical waste bin is situated, clinical waste is to be placed in a secure area to await pick up by the site Liaison Officers. Site Liaison Officers should be contacted to arrange pick up times by them.

3.5 Transportation of Clinical Waste within the Force

3.5.1 A small quantity of clinical waste is generated within Force which mainly consists of syringes and soiled dressings of which the vast majority is generated through the custody centres. This waste is to be transported as at paragraph 3.5.2 (i) and 3.5.2 (ii) and placed inside a clinical waste container located at paragraph 3.6.

3.5.2 Clinical waste must only be placed inside one of the following:

(i) For sharps - an approved sharps container. For items other than sharps, in a yellow type approved clinical waste bag containing on the outside a bio hazard warning symbol;

(ii) Items for transportation within Force by Site Liaison Officers shall be placed inside a suitable leak proof, easily cleansable rigid container (previously supplied to Divisions). The container is to be labelled “clinical waste only” and display the Bio Hazard symbol. Each container is to carry a body fluid spillage kit, consisting of: disinfectant spray, absorbent granules, a plastic disposable apron, disposable gloves and a clean-up pack;

(iii) Only vehicles which can either accommodate the container either in the boot or in a separate rear compartment area are to be used to transport clinical waste;

(iv) The container must be placed in a suitable position within the vehicle where it will be prohibited from breaking free in the event of a road collision etc and the
contents being emptied and entering the drivers area during an RTA or inadvertently leaving the vehicle and contaminating the immediate area of the vehicle;

(v) Managers are to ensure that staff who are required to transport clinical waste must first read the risk assessment and safe system of work relating to this work activity before carrying out the task;

(vi) The control room must be notified immediately in the event that a vehicle carrying clinical waste is involved in a road collision or is unable to continue its journey for whatever reason.

3.6 Storage and handling of clinical waste on Force premises

3.6.1 Large secure wheeled clinical waste containers are located at the following Force locations: Weymouth, Poole, Bournemouth, Christchurch and Ferndown. These containers are managed by the Procurement and Distribution Department, Headquarters and are provided under contract.

3.6.2 The above containers are emptied on a regular basis and must only contain clinical waste.

3.6.3 Soft contaminated items only are to be placed inside a clearly labelled clinical waste yellow sack. Sacks are to be filled to a maximum of two thirds full, sealed by tying the top” and placed immediately in a container located at 3.6 or in a secure area segregated from any other item, particularly any other disposable waste bags, food preparation areas, pedestrian routes and areas where the public have access, until collection. Items which could potentially puncture waste sacks are on no account to be placed inside sacks.

3.6.4 Sharp items of any sort must not be placed in a yellow clinical waste sack, i.e. syringe, knife etc. Any such item must be placed into an approved puncture proof sharps bin/container for safe retention and later disposal. If the item eg knife etc is required to be retained for evidential purposes, it must be placed in an approved clear plastic metal end screw evidential container for safety. These can be obtained from station POTF stores.

3.6.5 Only UN type approved/BS sharps containers/bins and disposable yellow clinical waste sacks are to be used for the storage and disposal of clinical waste. These can be obtained from Headquarters Stores.

3.6.6 All clinical waste (yellow clinical waste sacks and sharps bins/containers) when three quarters full, are to be placed inside a large secure wheeled clinical waste container immediately where there is one located on site (paragraph 3.6.1 Where there is not a wheeled clinical waste container on site, local site managers must have in place suitable arrangements to ensure that clinical waste sacks etc are placed in a temporary secure area and then removed to a clinical waste container as soon as practicable but within 5 working days by contacting the site liaison officers. Full
containers/bags are not to be left to accumulate and left in accessible areas and must not be left with other waste on any account.

3.6.7 Sharp bins/containers are never to be filled above the ¾ mark (solid black line on container). A spare bin must always be provided with the one in use to prevent a bin from becoming dangerously overfilled. Bins are to be labelled showing where they are in use.

3.6.8 Always take the sharps container to the sharp/needle. Never be tempted to re-sheaf a needle (major cause of needle stick injuries). Never place your fingers in close proximity to the opening of a sharps container bin. Place the end of the needle in the bin and drop the needle in from a height of two three inches above the bin lid. Only secure the sliding lid fully across when the container is three quarters full. Ensure that the sliding lid is partially closed in between use.

3.6.9 The Health and Safety Unit will monitor when undertaking premises visits the standard of external and internal locations of clinical waste

3.7 Pharmaceutical Products

3.7.1 Pharmaceutical products (group D waste) (prescribed medicines in custody centres and exhibits in the scientific laboratory etc) are designated as special waste and must only be disposed of via an approved method eg hospital, pharmacy. Flushing pharmaceutical products down foul drainage systems (toilets) is prohibited.

3.7.2 Pharmaceutical products (prescribed medicines in custody centres etc) are to be stored and transported in a “pharmi bin” (very similar to a sharps container but with a blue lid) type approved container, only for appropriate disposal. It is normal accepted practice in custody centres for the custody health care professional to collect, secure and safely dispose of unwanted medication through NHS channels.

3.8 Commercial laundry procedures

3.8.1 Used blankets in Custody Centres and holding areas are to be used only once due to the possible risk of cross contamination of contagious viruses, bacteria or parasitic infestations. Used blankets are to be removed from a cell as soon as practicable after the cell has been vacated, placed into a laundry bag/wheelie bin and returned for laundering. They are not to be left on the floor to create a tripping hazard.

3.8.2 Any soiled blankets which are grossly contaminated must be placed into a yellow clinical waste sack and immediately placed inside a large secure wheeled clinical waste container as at paragraph 3.6. Where there is not a container on site, local site managers must have in place suitable arrangements to ensure that clinical waste sacks etc are placed in a temporary secure area and then removed to a clinical waste container as soon as practicable but within 5 working days for incineration. The Force’s present laundry contractor is unable to launder contaminated items.
3.9 **Removal and cleaning of bodily fluids from Force vehicles**

3.9.1 The removal of bodily fluids from Force vehicles can either be carried out in-force by the Transport Department, or by a specialist contract cleaner for which a contract is in place. Contact details are; 0800-1730 weekdays call 0870242 1420, for other times call 07881 013508 (details with the Transport department). Managers/Section Commanders etc are to determine the most appropriate means of cleaning a vehicle, depending on the operational requirement placed on the vehicle, having first spoken to the Transport Department.

3.9.2 Discretion by the appropriate manager/Section Commander, to either using the in-force cleaning arrangements or to call upon the services of a specialist vehicle cleaning contractor may depend upon the following:

(i) Operational importance of vehicle (delayed turnaround time maybe operationally unacceptable)?
(ii) Response time of cleaning provider?
(iii) Location of vehicle?
(iv) Cost of possible recovery?

3.9.3 The Transport Manager is responsible for ensuring that documented arrangements (safe systems of work) are suitable and are in place for dealing with the removal of all types of bodily fluids from Force vehicles that are to be cleaned in house.

3.9.4 The above arrangements are to be reviewed annually and are to be brought to the attention of all staff who undertakes such work.

3.10 **Removal and cleaning of bodily fluids from premises**

3.10.1 All locations which have custody facilities have a readily- available stock of equipment to remove and clean up small amounts of bodily fluids. It is the responsibility of the Custody or Section Inspector to ensure that custody facilities maintain a stock of the following items which can be found in the marked locked yellow bio hazard cupboards the majority of which are located in the custody centres generally in the medical rooms:

(i) Disposable gloves (PPE, personal protective equipment);
(ii) Disposable aprons (PPE, personal protective equipment);
(iii) Disposable over sleeves (PPE, personal protective equipment);
(iv) Paper towels;
(v) Plastic poop scoops;
(vi) Alcohol free hand & surface disinfectant (Trigger Spray);
(vii) Bio hazard bags (yellow);
(viii) Disinfectant hand wash;
(ix) Disinfectant alcohol free hand & surface sanitizer;
(x) Flea spray;
(xi) A safe system of work for cleaning up bodily fluids.
3.10.2 Replenishment of the above items can be requested through stores, through the respective Command Administration Centre.

3.10.3 Removing bodily fluids from an impervious surface can be reasonably straightforward. However, consideration must be given to the amount of bodily fluid present, its position and the surface on which it lies. Small amounts of bodily fluid contained on an impervious surface can be easily removed and the surface cleaned using the alcohol free hand & surface disinfectant which will inactivate HIV, HEPB/C MRSA etc viruses.

3.10.4 A specialised cleaning contractor will be required when there is; an appreciable amount of bodily fluid present; position of the fluid could make satisfactory removal and cleaning difficult or consists of a carpeted type flooring.

3.10.5 Small amounts of bodily fluid from the floor can be satisfactorily removed and the surface cleaned by using a body fluid disposal kit and the following method:

(i) Cover all cuts with waterproof dressings and wear disposable nitrile gloves, aprons and over sleeves;
(ii) Scrape up/remove any organic matter and place in yellow bag;
(iii) Place fresh paper towels over the affected area. Absorb spillage and place towels in yellow clinical waste bag;
(iv) Spray the affected area with alcohol free hand & surface disinfectant and leave for 10 minutes;
(v) Wipe floor with paper towels and place in yellow bag;
(vi) Wash affected surface with hot, soapy water;
(vii) Discard gloves etc into yellow bag;
(viii) Seal the bag and dispose of as clinical waste immediately into a container located at 3.6; or a secure place until pick up.
(ix) Wash hands thoroughly using hand washing facilities;
(x) Bring back cleaned area first ensuring that the cleaned surfaces are dry.

3.10.6 Medium/large amounts of bodily fluid are to be dealt with by a specialist contractor. The decision on whether or not to call out the services of the contractor will be at the discretion of the Custody Supervisor. The call out procedure for Bournemouth Custody was being discussed at the time of this policy being reviewed. Contact arrangements will be promulgated separately when confirmed by contracts administration. A certificate of satisfactory cleaning is signed by the custody supervisor on completion. The contractor then invoices the Force through normal procedures. The procedure for specialist cleaning in Weymouth custody centre is; a call is made to Atkins 776 6401 during office hours and 776 6478 out of office hours. The cleaning contractor will respond accordingly and be provided with a reference number by the custody supervisor on satisfactory cleaning.

3.10.7 Chorine based disinfectant products must not be used on urine or vomit spills.

3.11 Personal Hygiene Arrangements

3.11.1 Hand hygiene is the most effective way of reducing cross infection. Hands should be thoroughly washed and dried immediately after handling any clinical waste. Eating,
drinking and smoking are prohibited whilst handling clinical waste or in areas where clinical waste is present.

3.11.2 Any open skin wounds eg grazes, scratches etc on the hands and arms must be covered by using a waterproof dressing before handling/dealing with clinical waste.

3.11.3 Disposable nitrile gloves must be worn when dealing with any bodily fluid and disposed of as clinical waste when finished with.

3.11.4 Staffs, where identified in the Infectious Diseases Policy, are strongly encouraged to undergo Hepatitis B immunisation.

3.11.5 Staff who after having been in direct contact with a bodily fluid and their clothing has become grossly contaminated should as soon as practicable remove their contaminated clothing, shower or wash thoroughly the affected area and change into clean clothing. Clothing can then be dealt with as at Para 3.4 (domestic washing) or 3.6 (grossly contaminated).

3.11.6 Staff suffering a needle stick injury should carry out the standard precautions immediately. They are:

   (i) Make the wound bleed freely.
   (ii) Wash the effected injury with warm soapy water.
   (iii) Apply alcohol free disinfectant gel to the affected area (if available).
   (iv) Immediately seek medical attention (A&E).
   (v) Submit an ‘e’ A25 Accident Report Form.

3.11.7 More information can be found on infectious diseases etc in the Infectious and Parasitic Disease Policy located on the Force Document Library.

3.12 Cleaning of appointments/body armour covers etc

3.12.1 The satisfactory removal of bodily fluids etc and cleaning of speed/quick cuffs can be difficult to achieve due to their construction but can be achieved. Cleaning can be carried out by using either non-alcohol or alcoholic impregnated wipes, alcohol free hand & surface cleaner disinfectant or by autoclaving as follows:

3.12.2 For autoclaving, place the contaminated item into a securely fastened stout plastic bag. (Property bags are ideal). Place the already bagged item in a further plastic bag (double bag). Ensure the bag is correctly labelled bio hazard contaminated equipment, date and name of originator. Place bagged item into a brown envelope and send to Headquarters’ Stores where arrangements for onward treatment will be made. Officers should at the first opportunity request a further set of equipment which they should retain.

3.12.3 When using alcohol or non-alcohol wipes or alcohol free hand & surface disinfectant for decontaminating equipment, disposable gloves must first be worn. Fluid should be allowed to run into the crevices etc. Rigorously clean the item and allow the wet item to stand for at least ten minutes.
3.12.4 The construction of the ASP baton particularly the handle makes satisfactory cleaning difficult to achieve. The foam grip should be totally submerged in alcohol free hand & surface disinfectant for a period of 30 minutes. The remainder can be wiped over using alcohol or non-alcohol impregnated wipes or alcohol free hand & surface disinfectant. Care must be exercised in ensuring that the item is thoroughly dried particularly the friction lock assembly and retaining spring. Oil must not be applied to the friction lock assembly as this may affect the baton which could cause it to inadvertently extend.

3.12.5 Items should not be left submerged in liquid for an extended period as this will lead to corrosion problems except as described in the above circumstances as at 3.12.

3.12.6 Body armour covers can often become contaminated with another person’s blood or sputum from spitting. In such situations if the contamination is small, remove as much of the blood/sputum as possible using an antiseptic wipe. Liberally spray the affected area with alcohol free hand & surface disinfectant and leave for at least one hour. If the contamination is severe, dry cleaning can be employed following the manufactures instructions contained on the garment label or make arrangements through stores for a replacement item must be made. Present items are made to measure. There could be a delay in receiving a replacement item.

3.13 Operational Police Vehicles

3.13.1 Instances frequently occur where officers are requested to attend to a call from the public to deal with a discarded syringe, etc, or where the retention of such an item may be required as potential evidence.

3.13.2 All operational police vehicles will carry a small sharps etc handling kit consisting of:

(i) Small disposable sharps container
(ii) Disposable gloves
(iii) Bio hazard bag
(iv) Disinfectant wipes
(v) Forceps
(vi) 50ml tube of alcohol free hand sanitizer.

3.13.3 It is the responsibility of the person last using the kit to ensure that any item used is immediately replaced so that other colleagues will not be disadvantaged.

3.13.4 Replacement kits/items can be obtained from the area Administration/or vehicle workshops.

3.14 Parasitic Infestations –

3.14.1 Parasitic infestations involve the invasion of a host (the body) they are not life threatening:

(i) They are spread by direct contact;
(ii) They pose no threat to life and simple remedies eradicate them.

3.14.2 The following procedure at appendix ‘C’ & ‘D’ when cleaning cells and ‘D’ other areas which have held persons suffering or suspected of suffering from a parasitic infection.

3.14.3 A parasitic disinfectant spray (Acclaim flea spray) can be used on most surfaces.

3.14.4 If an individual has health concerns or requires medical treatment etc, they should contact their medical practitioner. Advice also may be sought from the Force’s Occupational Health Services on 01305 363800.

3.14.5 Personal clothing should be laundered as soon as possible.

3.14.6 Avoid personal contact wherever possible. Where this is not practicable, wear disposable gloves and follow good hygiene practice.

3.14.7 Where appropriate arrangements as at Appendix ‘C’ are to be utilised. If no in-house cleaner is available to undertake this duty, refer to paragraph 3.10.6.

3.15 Decontamination methods

3.15.1 Contaminated clothing and surfaces etc may harbour a wide range of micro-organisms. There are various methods of decontaminating hard surfaces, linen, equipment, clothing and hands etc. It is important to use the most appropriate method if virus etc is to be inactivated. The presence of any surface matter/contamination eg dirt, grease, grime, vomit, blood, urine etc can seriously affect the efficiency of whatever decontamination method used. The following methods can be used.

3.15.2 Washing hands thoroughly in hot/warm soapy water and thorough drying can reduce the risk of cross infection significantly. This is the generally preferred method of cleaning hands. All soaps contain anti-bacterial qualities, some more so than others.

3.15.3 Hot/warm soapy water is the generally acceptable method of cleaning most surfaces except surfaces suspected or known to have been contaminated with the Hepatitis B, C or HIV virus where alcohol free hand & surface disinfectant must be used.

3.15.4 Sterilisation is a method generally used in a health care setting. Items must have been pre washed before sterilisation. Contaminated quick cuffs can be suitably sterilised by this method. The process will not damage the equipment. The foam handle grip on an Asp will be damaged through sterilisation.

3.15.5 Chemical treatment by bleach is ideal for heat liable items but great care has to be taken in its use. This method is not recommended because of the difficulties of decanting, correct mixing and possible damage to fabric. Hard surfaces can be sterilised using a ratio of 1 part bleach to10 parts water. The correct measures must be used and there is also the risk of inadvertent mixing with acid based cleaning products which will result in the generation of toxic gases. Therefore, bleach is not to be used in the cleaning of surfaces or items known to have been contaminated with the Hepatitis B, C or HIV virus. In custody centres a powder sanitizer product
containing chlorine is used for disinfecting hard surfaces. The efficiency of any solution will degrade with time. Fresh solutions must only be used.

3.15.6 Alcohol free hand sanitizer is a satisfactory means of sterilising the hands. It is no substitute for thorough washing and drying of hands. For alcohol free hand sanitizers to be effective it must be applied to all parts of the hands paying particular attention to the finger webs.

3.15.7 Alcohol free hand & surface disinfectant/cleaner contained in easily usable 500 ml trigger spray containers is the preferred method of decontaminating most surfaces and items. It comes ready to use and does not attract the same problems as other common disinfectant agents.

3.16 Personal Protective Equipment (PPE)

3.16.1 PPE can consist of; disposable gloves (nitrile), aprons, disposable respiratory protective equipment, coveralls and over sleeves.

3.16.2 Disposable gloves are not intended to replace good hand hygiene but are intended to prevent hands becoming contaminated with dirt and micro-organisms and to prevent the transfer of organisms already present on the hands. Disposable gloves are for single use only and must be changed and disposed of after each work activity or handling of each person.

3.16.3 Disposable gloves are to be worn whenever there is a risk of exposure to bodily fluids or parasitic infections. They will not prevent penetration by a needle or sharp instrument. Double gloving will give additional protection where appropriate.

3.16.4 Disposable plastic aprons must be worn where there is a risk that clothing may be exposed to bodily fluids (except sweat). They are single use items and must be used for one work activity only or handling of each person and then discarded and disposed of as clinical waste.

3.16.5 Eye and facial protection is predominately used in a health care setting.

3.16.6 There are two main types of disposable respiratory protective equipment, the moisture resistant surgical mask and the FFP3 respirator. Surgical masks provide only limited protection. Surgical masks are designed to capture organisms contained in an individual’s breath when breathing out. FFP3 masks are used to reduce exposure to airborne particles (bacteria when undertaking an aerosol generating procedure on a known infected person. The provision and issue of the above will depend on the level of risk at the time through an informed risk assessment.

3.16.7 The removal of PPE should be carried out in an order that minimisers the potential for cross contamination to occur. Disposable gloves should be the last item to remove by grasping the outside of the first glove and pulling it off and then sliding the ungloved hand fingers under the remaining glove at the wrist and then peel the glove off and discard. Never touch the outside of a used glove with a bare hand.
3.17 Staff Training

3.17.1 Staff that handle clinical waste must receive relevant and sufficient information, instruction and training to enable them to be informed of the risks associated with handling clinical waste and that they take the appropriate measures when undertaking work involving clinical waste. Training can be organised through the Health and Safety Unit.
4 Consultation and Authorisation

4.1 Consultation

<table>
<thead>
<tr>
<th>Version No:</th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police &amp; Crime Commissioner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police Federation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superintendents Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNISON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Relevant Partners (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.2 Authorisation of this version

<table>
<thead>
<tr>
<th>Version No:</th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared: V1.8</td>
<td>Mr. R. Aiston</td>
<td>Mr. R. Aiston</td>
<td>11/2/2015</td>
</tr>
<tr>
<td>Quality assured:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorised:</td>
<td>Mr P Channon</td>
<td>Pete Channon</td>
<td>18/2/15</td>
</tr>
<tr>
<td>Approved:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5 Version Control

5.1 Review

Date of next scheduled review | Date: 18 February 2017
## 5.2 Version History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Reason for Change</th>
<th>Created / Amended by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td></td>
<td>Initial Document</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td></td>
<td>Reformatting</td>
<td>Ms. M. Ashdown</td>
</tr>
<tr>
<td>1.2</td>
<td>August 2007</td>
<td>Update</td>
<td>Mr. R. Aiston</td>
</tr>
<tr>
<td>1.3</td>
<td>April 2010</td>
<td>Update</td>
<td>Mr. R. Aiston</td>
</tr>
<tr>
<td>1.4</td>
<td>October 2011</td>
<td>Update to include PPE, personal hygiene and staff training</td>
<td>Mr. R. Aiston</td>
</tr>
<tr>
<td>1.5</td>
<td>November 2012</td>
<td>Document reviewed to take into account of ‘transitional’ arrangements from DPA to PCC organisational changes and changes to legislation and best current practice</td>
<td>Mr. R. Aiston</td>
</tr>
<tr>
<td>1.6</td>
<td>January 2014</td>
<td>Reviewed as follows to take account of the stage two transfer arrangements, clarification of paragraph 3.4.8 and the health and safety restructure</td>
<td>Mr. R. Aiston</td>
</tr>
<tr>
<td>1.7</td>
<td>13/11/14</td>
<td>The policy has been reviewed in preparation for NICHE implementation (April 2015), no changes necessary.</td>
<td>Policy Co-ordinator (6362)</td>
</tr>
<tr>
<td>1.8</td>
<td>11/2/2015</td>
<td>The following paragraphs subject to alteration; 2.1.1 clarification regarding arrangements, 3.2.1 include over suits, 3.3.1 clarification of manager’s responsibilities, 3.4.5 reworded to clarify disposal, 3.4.9 replace site facilities with site liaison,3.6.4 included word- metal end, 3.6.6 contact site liaison included, 3.6.9 monitoring arrangements clarified, 3.9.1 contact details for car cleaning updated, 3.12.4 insert non-alcohol wipes, 3.16.6 Include words “moisture resistant surgical masks. Replaced throughout document words, “Response Disinfectant “ with Alcohol free hand &amp; surface cleaner</td>
<td>Mr. R. Aiston</td>
</tr>
</tbody>
</table>
5.3 Related Forms

<table>
<thead>
<tr>
<th>Force Ref. No.</th>
<th>Title / Name</th>
<th>Version No.</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.4 Document History

<table>
<thead>
<tr>
<th>Present Portfolio Holder</th>
<th>Present Document Owner</th>
<th>Present Owning Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr P Channon</td>
<td>Mr. R. Aiston</td>
<td>Human Resources</td>
</tr>
</tbody>
</table>

Details only required for version 1.0 and any major amendment ie 2.0 or 3.0:

Name of Board:          
Date Approved:          
Chief Officer Approving: 

(HR) version January 2013
Appendix A – Safe System of Work (General Information)

For the local cleaning of small amounts of bodily fluids, areas contaminated with parasitic infestations and infectious viruses in Custody Centres. All bodily fluids must be treated as being contaminated with a pathogen and therefore high risk of potential cross infection.

It is up to the discretion of the Custody Supervisor whether to call upon the assistance of a specialist cleaning contractor. Reference should be made to the Clinical Waste and Infestation Control Policy. Access to contaminated areas should be prohibited until satisfactorily cleaned.

This system of work must be brought to the attention of all cell cleaning staff, and staff that could be required to undertake the cleaning of cells, etc.

To ensure satisfactory sterilisation, only the disinfectant listed below must be used.

Mixing of two liquids i.e. disinfectant and cleaning agent must be avoided. The mixing of incompatible chemicals can give rise to the production of harmful/toxic vapours which could have a serious health effect on those in close proximity.

The satisfactory disinfection of surfaces can be seriously degraded if solid contaminates are present on the surface which is to be cleaned. Therefore any surface dirt, faeces etc must be removed before attempting to disinfect the contaminated surface. It cannot be guaranteed that fabric surfaces will be satisfactorily cleaned and disinfected using in house facilities.

Decontaminating and cleaning impervious surfaces can be effectively undertaken using in-house resources. Whereas the satisfactory cleaning and disinfectant of fabric surfaces cannot be guaranteed to be effective using in-house resources alone.

Custody Centres are to maintain a stock of the following items in the yellow biohazard cabinets:

- Disposable gloves (PPE, personal protective equipment)
- Disposable aprons (PPE, personal protective equipment)
- Disposable over sleeves (PPE, personal protective equipment)
- Paper towels
- Plastic poop scoops
- Alcohol free hand & surface disinfectant (Trigger Spray)
- Bio hazard bags (yellow)
- Disinfectant hand wash
- Disinfectant hand gel
- Flea spray

The above items can be obtained through Procurement & Distribution Services or through their area administration.
Appendix B - Cleaning up areas contaminated/potential contaminated with Viruses Hep B & C, HIV and MRSA (Contained in a bodily fluid)

The arrangements for dealing with a cell or any other space potentially contaminated with the above viruses can be dealt with as follows;

1. Withdraw the cell from immediate use.
2. Cover all cuts with waterproof dressing before commencing cleaning.
3. Wear disposable gloves, aprons and over sleeves (PPE).
4. Place “cell being cleaned not to be used” notice on inside of outward opening cell doors and on the outside for inwards opening cell doors.
5. Scrape up/remove any organic matter and place in yellow clinical waste bag using the poop scoop or place down the lavatory ensuring that the flush mechanism is operated.
6. Place fresh paper towels over the affected area. Absorb spillage and any residual matter and place paper towels in yellow clinical waste bag or place down the lavatory ensuring that the flush mechanism is operated.
7. Contaminated blanket/s must be disposed of as clinical waste in a yellow clinical waste bag and placed out for immediate disposal into the large clinical waste bin.
8. Spray “alcohol free hand & surface disinfectant” on the mattress applying copious amounts to the stitching.
9. Spray bed surface paying particular attention to crevices.
10. Wipe down cell walls, cell surfaces and toilet etc with cloth soaked with “alcohol free hand & surface disinfectant.
11. Wipe away from mattress and cell bed any surplus surface disinfectant.
12. Finally, spray and wipe down cell floor paying particular attention to crevices.
13. Dispose of all PPE and cleaning clothes as clinical waste in yellow clinical waste bag and seal bag before leaving cell.
14. Dispose yellow clinical waste bag immediately into a large wheeled clinical waste container.

15. Wash hands meticulously using hot/warm soapy water and then dry thoroughly.

16. Bring cell back into use after one hour ensuring that disinfectant has time to work ensuring mattress and cell floor is dry.
Appendix C - Cleaning up areas contaminated with Parasitic Infestations

Additional information concerning parasitic infestations can be located under the Infectious and Parasitic Diseases Policy.

Parasites are generally spread by direct contact. They are not life threatening.

Cells/areas which have contained a person who has been known to have been infected should be dealt with as follows;

Fleas

- Withdraw cell/area from use.
- Wear disposable gloves, apron and over sleeves (PPE).
- Contaminated blankets must be disposed of as clinical waste in a yellow clinical waste bag and placed out for immediate disposal into the large clinical waste bin.
- Place blanket/s into a yellow clinical waste bag and place in bin for disposal.
- Spray wall crevices, floor crevices and bed area crevices and mattress seams with ‘Acclaim’ flea spray (contained in bio hazard cabinet).
- Wash mattress with warm soapy water to remove residual insecticide.
- Wash sleeping area, cell walls, all surface areas and lastly floor with warm to hot soapy water.
- Close cell/area for 30 minutes.
- Dispose of all PPE and cleaning clothes as clinical waste in yellow clinical waste bag and seal bag before leaving cell.
- Wash hands meticulously using hot/warm soapy water and then dry thoroughly.
- Bring cell/area back into use when dry.

It may be impracticable to withdraw some areas of the custody suite from use i.e. charge desk etc. Fabric materials in such areas should be sprayed and left undisturbed where possible for 30 minutes. Where this is impracticable the area will have to be treated and brought back into use.

Personal treatment – see your vet for insecticide and wash clothing.
Lice

1. Withdraw cell from use.
2. Wear disposable gloves, apron and over sleeves
3. Place blankets in black bag, seal opening and place for laundering and label bag, “Lice Contaminated”.
4. Wash mattress, sleeping area, cell walls, all surface areas and Lastly floor with warm to hot soapy water.
5. Dispose of all PPE and cleaning clothes as clinical waste in yellow clinical waste bag and seal bag before leaving cell.
6. Wash hands meticulously using hot/warm soapy water and then dry thoroughly.
7. Bring cell back into use after ensuring that all surfaces are dry.

Avoiding direct contact with an infected person will reduce the level of risk to an almost negligible level.

Personal treatment – see doctor who may prescribe shampoo or a lotion. Alternatively, contact your local pharmacy.

Scabies

Ascertain if person’s condition was/is contagious (carry out steps 1-6 contagious only). Close personal contact is required to contract scabies. Occasionally, infection can sometimes be transmitted through infested clothing/bedding.

1. Withdraw cell from use.
2. Wear disposable gloves, apron and over sleeves
3. Place blankets in black bag, seal opening and place for laundering labelling bag, “Scabies Infected”.
4. Wash mattress and sleeping area thoroughly with hot soapy water.
5. Wipe down walls, floor and other surfaces with hot soapy water.
6. Dispose of all PPE and cleaning clothes as clinical waste in yellow clinical waste bag and seal bag before leaving cell.
7. Wash hands meticulously using hot/warm soapy water and then dry thoroughly.
8. Bring cell back into use after ensuring that all surfaces are dry.
Avoid direct contact with infected person. Fabric surfaces should be hoovered.

Personal treatment – see doctor for prescribed cream insecticide.

A person receiving and applying treatments can safely return to work.
Appendix D - Cleaning non-custodial areas contaminated with scabies

1. Clean all commonly used surfaces with warm/hot soapy water, eg light switches, doors/door handles, tables, desks, chair arms, cabinet doors etc. Only antibacterial/alcohol free wipes must be used on keyboards.

2. Wash hands methodically using hand washing facilities and dry thoroughly. Contracting scabies is normally through direct contact.

Cleaning non-custodial areas contaminated with fleas

1. Dispose of any unwanted loose fabrics, eg dog blankets etc.
2. Remove the potential source of contamination, e.g. animal
3. Apply flea spray to fabric areas ensuring the area is well ventilated.
4. Wash hands thoroughly using hand washing facilities and thoroughly dry.
5. Consider changing into clean clothing and wash removed clothing.