INFECTION CONTROL POLICY

PURPOSE
The purpose of the policy is to set out the infection prevention and control procedures at LTCH. This policy is relevant to anyone who works for or on behalf of LTCH including non-clinical staff. Individuals on training placements and visitors/observers on the premises must also adhere to this policy. This policy is based on LTCH's infection control risk assessment.

Commitment of the organisation
LTCH and all staff members are committed to minimising the risk of health care acquired infection as is feasible in resource constraint settings and ensuring the safety of its clients, staff, and visitors. Visual materials are displayed in areas around the clinic to re-inforce this infection control policy.

Responsibilities

- All staff have a duty of care to protect themselves from risk of infection in accordance with the LTCH infection control policy, contract of employment and Workers Compensation Policy. All LTCH staff are required to complete a health questionnaire and where proof of up-to-date vaccination against vaccine preventable diseases is required this **SHOULD** be provided. LTCH will not be liable for failure to protect oneself through preventative measures and in the course of one's duty. All clinical staff, non- clinical staff, and visitors to LTCH have a responsibility to comply with the principles of the standard LTCH Infection Control Procedures.
- All staff have a responsibility to encourage clients/parents/guardians' visitors and other staff to comply with the principles of standard infection control precautions.
- Attend update infection prevention and control education sessions.
- Report any illness which may be as a result of occupational exposure to the LTCH Medical Director via the Administrator.
- Do not provide direct client care while infectious as this could cause harm.
- Report any incident which poses a potential infection control risk and record in the clinic incident book.
- Be aware of any local and national policies, procedures, and campaigns regarding standard infection control precautions.

Procedures

Hand hygiene
Use of personal protective equipment
Safe handling of laboratory specimens
Safe handling and disposal of clinical waste
Management of occupational exposure to infection
Achieving and maintaining a clean clinical environment
Maintaining a clean nonclinical environment
Decontamination of equipment
Spillages policy
Infectious staff/ volunteers

Hand Hygiene

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

- All clinical areas have the WHO hand hygiene posters explaining the procedures for both hand washing and dry rubbing displayed above the sinks. This applies to the mobile clinic also.
- All staff members and volunteers should familiarise themselves with the above hand hygiene procedures.
- All staff /volunteers to be educated in hand hygiene.
- Adequate supplies of liquid soap, alcohol-based handrub and paper towels are made available in all clinical areas.
- Adequate hand washing facilities are available and easily accessible in all ear clinics including the mobile clinic. Where possible basins should have automated control taps or elbow-operated taps, and waste bins are provided.
- Improper hand drying can re-contaminate hands that have been washed. Wet surfaces transfer organisms more effectively than dry ones and inadequately dried hands are prone to skin damage. Disposable paper hand towels must be used.
- Hands must be decontaminated immediately before every episode of direct client contact, and after any activity or contact that could potentially result in hands becoming contaminated.
- Hands that are visibly soiled, or potentially contaminated with dirt or organic material, must be washed with liquid soap and water.
- Hands must be decontaminated, preferably with an alcohol based handrub unless hands are visibly soiled, between caring for different clients and between different care activities for the client.
- Before regular hand decontamination begins, all wrist jewellery and rings containing stones should be removed. Cuts and abrasions must be covered with waterproof dressings. Fingernails should be kept short, clean, and free from nail polish.
- Where hands become dry from handwashing then cream should be applied to prevent skin from becoming cracked and eczematous.
- Annual review/training/audit of infection control.

Use of personal protective equipment

- Selection of protective equipment should be based on an assessment of the risk of transmission of microorganisms to the client, and the risk of contamination of the healthcare workers clothing and skin by clients' blood, body fluids, secretions, or excretions.

- Gloves must be available for invasive procedures, contact with non-intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions and contaminated instruments.
- Gloves must be worn as single-use items. They must be put on immediately before an episode of client contact or treatment and removed as soon as the activity is completed. Gloves must be changed between caring for different clients, and between different care or treatment activities for the same client.
- Gloves must be disposed of as clinical waste, and hands decontaminated after the gloves have been removed.
- Sensitivity to natural rubber latex in clients, LTCH staff and volunteers must be documented.
- Disposable plastic aprons should be worn when there is a risk that clothing may be exposed to blood, body fluids, secretions, or excretions, with the exception of sweat.
- Plastic aprons should be worn as single-use items, for one procedure or episode of client care, and then discarded and disposed of as clinical waste.
- Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes. Masks may also be necessary if infection is spread by an airborne route –H1N1 influenza, multi drug resistant tuberculosis. You should ensure that this equipment fits correctly, is handled as little as possible and is changed between patients. Masks should be discarded immediately after use.

Safe handling of laboratory specimens

In the LTCH ear clinics only on occasions are ear swabs taken and sent for microbiology testing

- Health care workers should ensure they follow correct safety procedures.
- Wear gloves for the collection of the swab and transfer safely into the transportation medium taking care not to touch the side of the container.
- Seal the container securely.
- Gloves to be removed following procedure.
- Wash hands then complete request forms.

Disposal of waste

All clinical waste should be bagged and disposed of according to KCCA regulations.

- All health care and support staff should be instructed in the safe handling of waste, including disposal.
- Waste bags should be less than two-thirds full and securely tied.

INFECTION CONTROL POLICY

Let the Children Hear
Clinics for Children in Uganda

Management of occupational exposure to infection

Exposure to all bodily fluids apart from sweat should be considered an occupational risk.

LTCH's Infection control policy limits the possibility of any of its staff or visitors being exposed to the risk of infection.

Accidental exposure to body fluids can occur by:

1. Percutaneous injury – e.g. from sharp instruments or significant bites that break the skin
2. Exposure of broken skin – for example, abrasions, cuts, or eczema
3. Exposure of mucous membranes, including the eyes and the mouth.

Managing blood and bodily fluid spillages:

- Should be dealt with quickly following the policy for dealing with spillages as detailed below.

Managing the risk of HIV:

- When taking history of client HIV status must be recorded if known.
- If not known, then all reasonable precautions must be taken as if the client does have HIV.
- When performing procedures that involve exposure to bodily fluids i.e. treatment ear of ear infections and ear syringing all protective measures should be taken i.e. use of gloves and in addition, aprons, mask, and eye shield for ear syringing.
- Gloves, goggles, and disposable aprons will be supplied in all ear clinics.
- If there has been exposure to blood, high risk body fluids or tissue known or strongly suspected to be contaminated with HIV, the member of staff /volunteer will need to inform the LTCH Medical Director in the first instance and the incident to be recorded in the LTCH incident book. Expert medical advice will need to be sought in relation to the use of post exposure prophylaxis medication.

Managing the risk of Hepatitis B (HBV):

- Hepatitis B virus is more infectious than HIV and the prevalence is high in Uganda. All health care workers and volunteers will be strongly advised to be immunised against Hep B and to receive booster doses where appropriate. Any exposure warrants reporting as for HIV above.

Managing the risk of injury from sharp medical instrument:

- Encourage bleeding of the wound by applying gentle pressure – do not suck.
- Wash well under running water.
- Dry and apply a waterproof dressing, as necessary.
- In the case of an injury from a clean/unused instrument, no further action is needed.

If the injury is from a used instrument:

- Risk assessment should be conducted with the LTCH Medical Director with referral to an infectious Disease Consultant regarding further management.
- Report the incident in the incident book.
- Collaborate with the Medical Director to investigate the cause of the incident. If the source is from a client their details should be recorded.

Managing bodily fluids:

- If body fluids splash into your mouth, do not swallow.
- Rinse out several times with cold water.
- If body fluids splash into eyes, irrigate with cold water.

Achieving and maintaining a clean clinical environment

An unclean clinical environment is one of the factors that may contribute towards infection, however it is considered relatively low in the transmission of infection. Aiming for high standards of cleanliness will help to reduce the risk of cross-infection. Health care facilities should be client friendly and offer as safe environment as possible for providing care. Cleaning removes contaminants, including dust and soil, large numbers of micro-organisms and the organic matter that shields them, such as faeces, blood, and other bodily fluids.
The environment is known to play an important role in cross infection during outbreaks of disease. Door handles, flush handles, taps etc have all been implicated. In addition, accumulations of dust, dirt and liquid residues will increase the risks and must be reduced to the minimum. This can be achieved by regular cleaning and by good design features in buildings, fittings, and fixtures.

Specific points:

- All clinics have easily cleanable floors which dry quickly in the heat.
- All chairs are plastic or made of materials that have easily wipe able surfaces which are quick to dry.
- Any toys and play tables and chairs are wipe able and in a good state of repair.

The administrator must ensure that the following are conducted before and/or after each clinic session.

- Clinic floors and toilet are cleaned.
- All areas of the clinic, work surfaces, cupboards, seating, door handles, taps are damp dusted thoroughly by the LTCH appointed cleaner once a week.
- All health care workers on duty are responsible for daily cleaning of their own work surfaces in their respective areas with detergent wipes provided for use in clinical areas. Any soiling of the chairs must be dealt with immediately. Cleaned with a solution of bleach (Jik or Presept)

Cleaning Policy

- Cleaning equipment and cleaning services are provided by KCCA in the ear clinics. Namely floors and toilet area.
- They are responsible for cleaning of the clinic floors before/ after clinics, and damp dusting tables, windowsills, tops of doors. They may also be called on to mop up any spillages (see spillages below)
- A bottle of disinfectant floor cleaner will be kept in each clinic in case of contaminated areas due to spillages.
- Where spare mop and bucket is stored in the clinic and used for wet cleaning the mop head should be washed, dried and stored inverted.
- A cream cleanser is provided in the clinics and is suitable for cleaning hand wash basins.
- Replenish any empty soap/ alcohol gel dispensers and paper towels, as necessary.
- Always ventilate any area where chemicals and aerosols are used.
- Never touch electrical equipment with wet hands.
- Always let wet floors dry before calling clients into the clinic.
- If available, make sure the cleaners use hazard warning signs when cleaning is in progress.

Achieving and maintaining a clean non- clinical environment

This applies to any ear clinics that have washroom facilities and kitchen facilities.
The toilet facility is for staff use and not for the routine use of clients except where the exceptional need arises.

- Toilets, flush handles, and toilet door handles are known to be sources of cross infection.
- Toilet areas should be cleaned and toilet bleach (supplied) applied, before and after each clinic session.
- The KCCA cleaners clean the toilet, and the health care workers clean in between times where the need arises. Door handles can be cleaned using the surface wipes at the same time as the working surface areas are cleaned.
- Kitchen areas must be always kept clean. Dry foods only can be stored. Bins must be emptied daily and cleaned thoroughly at least once a week.

Preventing cross infection when performing clinical procedures

To prevent cross infection between the same client and to other clients it is important that the handling of otoscope speculums, ear instruments, ear syringing tips and ear tips for the hearing testing machines is managed as follows:

- Where there is suspected or visible signs of ear infection speculums should be used to view the better ear first.
- Once examination is complete the used speculum should be removed instantly and the decontamination procedure followed as below.
- Ear syringing tips. The same tips can be used for removal of wax from both ears of the same client as this does not pose an infection risk. Once used the decontamination procedure should be followed as below.
- Ear instruments should be decontaminated after use and between clients as below.

- Ear tips for the Accuscreen and Senterio machines can be used for one or both ears of the same client. On completion of the test, they should immediately be removed and placed in a receptacle for decontamination as below.
- Always check the machines at the end of a clinic to make sure that no ear tips have been left on the end of the probes.

IT IS IMPORTANT TO KEEP CLEAN SPECULUMS AND EAR TIPS SEPARATED FROM USED ONES!

Decontamination of equipment

Inadequate decontamination has frequently been associated with outbreaks of infection; it is vital that re-usable equipment is scrupulously decontaminated between each client use.

- Otoscope speculums should be placed in a container. At the end of the clinic session, they should firstly be thoroughly washed in warm soapy water and then decontaminated in the Presept solution provided. They should be dried as much as possible using paper towels and then left on a clean paper towel to completely dry overnight.
- Propulse ear syringing machines which are used in the ear clinics are fitted with detachable plastic tips. These should firstly be washed in warm soapy water and then internally cleaned and disinfected with a chlorine-releasing disinfectant according to manufacturers' instructions after each ear syringing session (Presept).
- Ear instruments should be cleaned in the same way and thoroughly dried afterwards.
- Plastic/rubber ear tips for the Accuscreen, Sentiero and Tympanometer machines should be removed from the probe and placed in a container. All contaminated ear tips are collected over the week and cleaned weekly on a Friday. They are then washed in soapy water before being placed in the Ultrasonic cleaning machine and cleaned according to operating instructions.
- Hearing testing machines and the cable only should be wiped with antiseptic wipes supplied by the ear clinic.

Spillages Policy

For the purpose of this policy a spillage may be defined as a leak or spill of blood or other body fluid from a patient, equipment, specimen container. All spillages present a potential infection hazard so they must be dealt with promptly.
Co-operation and flexibility between the cleaning staff and the health care workers in the removal of spillages is essential. However, the following staff should be responsible for spillage clearance in these areas:

- Health Care workers - all clinical areas
- Cleaners- in public areas away from the clinic.
- Cleaners can work under the direction of the health care workers in the clinical areas and be provided with the appropriate cleaning solutions and materials.

Equipment Required:

- Disposable cloths and towels
- Alcohol-based wipes
- Plastic bag

Spillages of body fluids on chairs:

- Wash with water containing Jik chlorine-based detergent and mop up with paper towels. Leave to dry before re-using the chair/s.

For high-risk spillages (e.g. blood from a patient known to be infected with HIV, hepatitis or even where status is unknown.

- Use Presept tablets or bleach in solution (Jik). Chlorine fumes will be released, so ensure the area is well ventilated. If possible, stay away from the spillage while the disinfectant is acting.
- Move patients and other workers away from the spillage while using Presept or bleach.
- Don protective clothing before handling the spillage and chemical disinfectant; use domestic gloves.
- Cover the spillage with the appropriate disinfectant; leave to act for a minimum of 5 minutes.
- Mop up the spillage using disposable cloths or wipes until the area is visibly clean.
- Dispose of wipes and protective clothing in plastic bag, seal and send for incineration as per KCCA policy, label with biohazard tape if appropriate and available.
- Wash and dry hands thoroughly.
- Contact cleaners to "spot" clean area with general purpose detergent.
- Note that chlorine solutions tend to leave floors slightly sticky or slippery.

Infectious staff/ Volunteers.

LTCH has a duty of care to our clients and caretakers who attend our services. In so doing we request the following:

- To prevent cross infection in our clinics we request that any staff members or volunteers known to be infectious refrain from entering clinic areas in order to prevent the spread of infectious disease to our clients and caretakers.

Infectious clients and public outbreaks of disease

This relates to exposure to infectious diseases which are not transmitted via bodily fluids. For example, Typhoid, Meningitis, Measles, Mumps, Rubella and TB.
To prevent any LTCH staff members, volunteers, and members of the general public from being exposed to risks of such infections the following should be observed:

- Vaccination status of staff/volunteer/clients established where possible.
- Thorough history taking to include existing general health and illnesses.
- When a risk is identified the appropriate measures should be taken to limit the spread of disease:
- The client should be seen in the clinic separately and other clients asked to remain in the outside waiting area.
- Wearing of masks for infections spread by droplet infection. If any direct contact with the client, then gloves should be worn. For infections spread through poor hygiene and

sanitation like Typhoid then gloves should be worn if direct contact with client. If the clinic toilet facilities are used, hand hygiene must be observed by client and the cleaning policy must be followed as above, ensuring the toilet, flush handle and door handles are decontaminated.

- Where an infectious communicable disease is confirmed or suspected, this must be recorded in the clinic workbook and the clients' notes. If the numbers are significant then this should be reported to the Infectious Disease Institute at Mulago Hospital.

Periodically there may be public outbreaks of communicable diseases and medical treatment areas maybe set up on the health centre site to treat patients. LTCH will be informed of such outbreaks so that any necessary precautions relating to its staff can be taken.

Infection Control Lead named person is:
Liz Choudhury Project Director LTCH

Approval and review

Approved by	Geoff Robins, LTCH Chair
Policy Officer	Liz Choudhury, LTCH Project Manager
Date	July 2025
Review date	July 2027

LTCH Infection Control Risk Assessment

What are the hazards	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by whom?	Action by when?	D
Lack of/poor hand hygiene	Clients/parents/staff members, volunteers, and visitors. Cross infection transmitted by direct or indirect contact	Observing hand hygiene procedures	Annual refresher training and review of hand hygiene procedures	Infection control lead Liz Choudhury	October 2025	
Protective clothing not worn/changed between high-risk clients/procedures	Clients/parents/staff/volunteers. Transmission of infection as above. Could be exposure to bodily fluids or droplet infection	Routine use of gloves for examining ears with pus discharge, taking ear swabs and for dry mopping the ears. Single use. In addition, aprons are used for ear syringing	Masks and goggles to be supplied in all clinics for ear syringing to limit risk of mucous membrane exposure to fluid from the ears	As above	October 2025	
Improper handling of ear swabs	LTCH staff, laboratory staff. If swab containers are sealed inadequately or some of the infected material is on the side of the container then risk of direct exposure to infected material	Observing correct procedure for taking of swabs using gloves. Ensuring safe transfer into container and transporting to the lab	Ongoing review of practice	As above		
Improper disposal of clinical waste	Staff, other health centre workers and the public can come into direct contact with	All clinical waste is disposed of in bags in the	To tighten up procedure for tying the clinical waste bags and	As above	October 2025	

	infected clinical waste if not bagged properly	clinic. Gloves are worn. Two bins have been provided in each clinic to separate clinical waste from non-clinical waste. All waste is removed by the KCCA cleaners when cleaning the rooms.	emptying and cleaning of bins. All staff to be encouraged to tie the bags of clinical waste at the end of each clinic session and washing the clinical waste bin using disinfectant provided			
Working with clients with infectious diseases	Staff, volunteers, visitors. Cross infection via droplet spread, airborne transmission or direct contact with bodily fluids	Taking detailed history to identify any disease risk. Then taking the appropriate action i.e. use of gloves depending on the type of medical intervention required. Masks, aprons goggle not available in the health centres	Purchasing of aprons and goggles. Providing incident books in all clinic areas for reporting of any high-risk exposure. Isolating high risk clients from other clients in the waiting area. Establishing the vaccination status of staff/volunteers/clients where possible.	Dr Paul Medical Director	October 2025	
Unclean work surfaces, and clinical areas	Clients, staff, volunteers. Cross infection. Many diseases and viruses can live on hard surfaces for long periods and be transmitted indirectly to another person	All work surfaces and floors used in clinical areas are cleaned prior to clinic sessions. Work surfaces are damp dusted and then decontaminated using the wipes provided	To review the cleaning procedures in all clinics. Kisugu clinic requires a wipeable tablecloth to improve infection control risk	As above	October 2025	
Spillages	Clients, staff, volunteers, visitors. Direct exposure to potentially infected material if not cleaned immediately	At the moment any spillage is cleaned by the KCCA cleaners who are suitably equipped with protective clothing.	For high-risk spillages health care workers to be taught to 'spot' cleans the area first then provide the cleaners with the appropriate cleaning solution for cleaning	Liz Choudhury Project Director	Ongoing	

		However, the cleaning solution is inadequate for high-risk spillages	the spillage. Procedure to be followed under the guidance of the health care worker			
Local outbreaks of Communicable Diseases	Clients, staff, volunteers, visitors. Exposure to viral infection or bacterial infection via direct or indirect contact	Being aware of outbreaks	Make sure all personnel are informed of outbreaks and assess risk. Manage accordingly	Paul Choudhury Medical Director	Ongoing	
Medical equipment ear tips/probes and speculums not decontaminated properly	Clients. If contaminated instruments/equipment have come into contact with infected ear discharge this can pass from ear to ear of the same client or other areas of the body. Can also be passed to other clients using the same instruments.	Separating contaminated instruments from clean instruments during clinic sessions. Following correct cleaning procedures for decontaminating instruments and correct storage	Periodic review of practice	Liz Choudhury Project Director	Ongoing	