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Contents

1. Management of Flowers in Clinical Areas

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

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

Process for flower management

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

- Daily - clean vase and clean water.

Exclusions

Flowers are not permitted in the following high risk areas:

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

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

Exclusion Process

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

2. Patient Pamper Sessions

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

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

Standard and transmission based precautions and hand hygiene procedures must be adhered to at all times as per the National Infection Prevention and Control Manual.

3. Use of Handheld Devices in Clinical Areas

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

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

Responsibilities

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

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

- The device, screen and cover should be thoroughly cleaned by the clinician using Clinell universal wipes or 70% alcohol wipes
- The device, screen and cover should then be dried with a paper towel.

4. Use of Fans in Clinical Areas

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

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

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

DO

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

DON'T

- **Don't use bladeless fans (e.g. Dyson) in clinical areas.** These types of fans have been associated with outbreaks.
- **Don't use fans in drug preparation rooms.** These areas are used for preparations that ultimately enter a patient's blood stream.
- **Don't place a fan outside an isolation room door.**
- **Don't use fans in isolation rooms or closed bays/wards.**

Cleaning

It is ward staff responsibility to clean the external surface of fans. For routine cleaning, a detergent or universal wipes should be used as appropriate.

5. Books and Magazines in Patient Waiting Areas

In the context of the COVID-19 pandemic, books and magazines should not be displayed for use in patient waiting areas.

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

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

The following points provide broad principles on this issue:-

1) Magazines and books clutter surfaces impeding cleaning so the number of magazines in waiting areas should be limited to around 10 and books limited to around 20.

2) Books and magazines can rapidly become tatty so should be regularly checked (added to monthly cleaning schedule) with any damaged, dirty or badly out of date material disposed of in general waste/recycling.

A periodic purge of magazines and books also provides an opportunity to remove any with potentially offensive content.