Symphony Healthcare Services

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INFECTION PREVENTION AND CONTROL POLICY

INTRODUCTION

Good infection prevention and control (IPC) is essential to ensure that people who use primary care services receive safe and effective care. This practice is committed to providing effective IPC practices to minimise the risk of infection and ensure the safety of patients, visitors and staff.

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1. INFECTION PREVENTION AND CONTROL POLICY

2.0 Scope:

This policy states how SHS practices will ensure compliance with the Health and Social Care Act 2008 *Code of Practice for healthcare, including primary care and adult social care on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). The Code consists of ten criteria: this policy will incorporate 1; 3; 4; 5; 6; 8; 9m; 9x; 9y; and 10.

2.1 Responsibilities

Designated Champion IPC Responsibilities:
Each practice will have an identified champion for IPC. The purpose of this role is to develop an annual IPC Programme to include:

- The practice's collective responsibility for preventing and controlling infection and the measures needed to reduce such risk
- To ensure implementation of all policies, procedures and guidance and if necessary assist in the development of new guidance
- An audit programme to demonstrate adherence to policies and guidelines and compliance with clinical procedures with resulting action plans for identified remedial work

The IPC Champion will produce an annual statement covering the following list of activities that is available to review on request:

- Completed IPC risk assessments
- IPC audits, outcomes and subsequent actions
- Known infection transmission and subsequent actions
- Training received by staff
- Reviewed and updated policies, procedures and guidance

Local infection control advice from Somerset CCG can be obtained by calling 01935 384000

Public Health England can be contacted for advice on 0300 303 8162 Option 1, Option 1.

Other IPC Responsibilities – relating to staff:
Staff employed or contracted by this practice receive IPC training commensurate with their role within the practice. The responsibilities of each member of staff for prevention and control of infection are reflected in their job description and any development plan or appraisal.

The practice will ensure all members of staff including agency, external contractors and volunteers understand and comply with the need to prevent and control infections including those associated with invasive devices.

This practice will ensure that clothing worn by staff when carrying out their duties will be clean and fit for purpose. All healthcare staff will ensure that their hands can be decontaminated throughout the duration of clinical work by being bare below the elbows (with exception of a wedding ring or equivalent) when delivering direct patient care, removing wrist and hand jewellery, making sure that fingernails are short, clean and free of nail polish, covering cuts and abrasions with a waterproof dressing.

Other IPC Responsibilities – relating to patients:
This practice uses Musgrove Park/Somerset Pathology Services **(amend if different for your practice)** for microbiology and virology laboratory service. This laboratory operates according to the requirement of the relevant national accreditation bodies, for the investigation and management of diseases.

When a service user under the care of this practice develops an infection, initial advice and treatment will be provided and an assessment of any potential communicable disease control issues undertaken to ensure that appropriate actions are taken to minimise risks to others. This information will be documented on the practice's patient care record.

This practice will ensure that information on infectious conditions relating to service users is shared with other health and social care providers when:

- A patient is admitted to hospital, social care or mental health facility.
- A patient is scheduled for an invasive procedure
- A patient is transported in an ambulance
- There is an outbreak or suspected outbreak amongst patients

The practice will make available information to service users about their approach to preventing and controlling of infection, staff roles and responsibilities and who to contact with infection control concerns. The practice will consider patient feedback in the running of the practice and will also make available up to date information on current infectious conditions.

The practice has an immunisation procedure in place for service users which includes:

- A record of all immunisations given
- The immunisation status and eligibility for immunisation of service users are regularly reviewed in line with the *Immunisation against infectious disease* ('the Green Book') and other Department of Health guidance; and
- Following a review of the record of immunisation, all service users are offered further immunisation as needed, according to the national schedule

The practice complies with national guidance and specifications for cleaning and decontamination; cleaning schedules are available for review if required.

2.2 Risk Assessment
A Risk assessment for infection control risks within the practice has been completed and an action plan developed in response to any risks identified to reduce or control them which will be monitored.

1.3 Notifiable Diseases

Any notifiable disease will be reported to the appropriate authority in accordance with The Health Protection (Notification) Regulations 2010. A full list of notifiable diseases is below:

Acute encephalitis
Acute Poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery
Food Poisoning
Leptospirosis
Malaria
Measles
Meningococcal septicaemia
Mumps
Opthalmia neonatorum
Paratyphoid fever
Plague
Rabies
Relapsing Fever
Rubella
Scarlet Fever
Smallpox
Tetanus
Tuberculosis
Typhoid Fever
Typhus Fever
Viral haemorrhagic fever
Viral hepatitis – (A; B; C; other)
Whooping couch
Yellow fever

2. REDUCING THE RISK OF TRANSMITTING INFECTIONS GUIDELINES

1.0 Introduction

The purpose of these guidelines is to ensure good infection prevention and control procedures are applied in this practice to reduce the risk of transmitting infections from recognised and unrecognised sources of infection to both patients and health care workers (HCW).

All staff understand their responsibility with regard to reducing the risk of transmission of infections within this practice and undergo training commensurate to their responsibilities. A record of this training is kept as evidence.

2.0 Scope

These guidelines state how the practice ensures compliance with the Health and Social Care Act 2008 *Code of Practice for healthcare on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). The Code of Practice consists of ten criteria; this guideline will incorporate criteria 7, 9a, 9b, 9d, 9i, 9p, 9s, and 9w.

3.0 Training

All staff in this practice involved in the delivery of healthcare or supporting its delivery have been trained in the principles of reducing the risk of transmitting infections including hand hygiene, use of personal protective equipment and the safe use and disposal of sharps (NICE clinical guideline 139), and this training has been documented.

4.0 Isolation Facilities (criteria 7, 9d)

The code recognises that primary care practices do not require dedicated isolation facilities or treatment rooms but there is an expectation to implement reasonable precautions when a patient is suspected or known to have a transmissible infection.

Therefore within this practice those patients with known or suspected infection such as pulmonary tuberculosis and communicable diseases such as chicken pox or measles will be segregated from other patients and staff whenever practically possible.

5.0 Clinical Procedures, Use of Medical Devices and Wound Management (criteria 9b, 9i, 9s)

Principles of asepsis will be followed by all staff that perform clinical procedures including the use of medical devices and wound management. All staff carrying out these procedures will have documented training and adhere to the locally agreed skin disinfectant guidelines.

6.0 Standard Precautions (criteria 9a, 9p)

Standard Precautions are a set of principles designed to minimise transmission of infection of a wide variety of micro-organisms, therefore it is essential that standard precautions are used for all patients at all times. Sources of potential infection include blood and other body fluids, non-intact skin or mucous membranes and any equipment or items in the care environment which are likely to become contaminated.

Detailed information relating to Standard Precautions can be found as identified below and consist of the following:

- Hand Hygiene (page 6)
- Personal protective equipment – PPE (page 7)
- Safe handling and disposal of waste (page 8)
- Linen Management (page 11)
- Cleaning and Decontamination (page 11)
- Safe handling and disposal of sharps (see BBV guidelines) (page 17)
- Specimen Handling (page 24)

3. HAND HYGIENE GUIDELINE

1.0 Hands are decontaminated

- Before and after every episode of patient contact/care
- After removal of personal protective equipment (PPE i.e. gloves, aprons)
- After any activity or contact that potentially results in hands becoming contaminated

2.0 Facilities

Clinical hand wash basins (elbow taps, no plug) will be available where clinical care takes place and equipment will not obstruct access to it. The following must be available at the clinical hand wash basin:

- Liquid soap in a wall mounted dispenser
- Paper towels in a wall mounted dispenser
- Foot operated waste bin for disposal of paper towels

Where clinical hand wash basins do not meet the requirements a risk assessment will be completed and action plan produced to ensure risks are mitigated should be compliant with HTM 64.

3.0 Products

Soap – Liquid soap and water must be used when hands are visibly soiled and after dealing with a patient with a known or suspected infection. The liquid soap must not be decanted from one container to another.

Alcohol-Based Hand Rub (ABHR) – ABHR products are highly effective at reducing microbes on hands, whilst overcoming some of the recognised barriers to hand washing; most importantly, the ease of use at the point of patient care. Therefore hand rub must be made available at the point of care. Use an alcohol-based hand rub for decontamination of hands before and after direct patient contact and clinical care,
Do not use ABHR in the following situations when soap and water must be used:

- When hands are visibly soiled
- Potentially contaminated with body fluids
- When caring for patients with vomiting or diarrhoeal illness, regardless of whether or not gloves have been worn
- ABHR is not effective against all microorganisms (e.g. Clostridium difficile)

4.0 Technique

It is imperative that all surfaces of the hands and wrists are in contact with the hand cleansing solution; therefore to facilitate this staff should remove hand/wrist jewellery (with the exception of a wedding band or equivalent) and ensure long sleeves are rolled up when delivering direct patient care.

SOLUTION	HOW TO USE
Liquid Soap	• Wet hands under running water • Dispense one dose of soap into a cupped hand • Wash hands for 10-15 seconds vigorously and thoroughly • Ensure contact with all surfaces of each hand

	• Rinse hands thoroughly under running water • Dry hands with a soft disposable paper towel and dispose into a foot sensor or operated waste bin
ABHR Solution	• Ensure solution comes into contact with all surfaces of the hand • Hands must be rubbed together vigorously paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers • Continue to do this until the solution has evaporated and the hands are dry • The duration of the entire procedure should take 20-30 seconds.

5.0 Educating patient and carers

All opportunities to educate patients and carers about good hand hygiene in the home will be utilised.

4. PERSONAL PROTECTIVE EQUIPMENT GUIDELINE

1.0 Personal Protective Equipment (PPE)

The practice will supply suitable PPE to employees who may be exposed to any risk whilst at work.

The staff in this practice will use personal protective equipment (PPE) provided to minimise the spread of infection to patients and healthcare workers (HCW). PPE is not a substitute for safe systems of work but is complementary to them and health care workers have a responsibility to ensure PPE is worn appropriately.

Once removed any item of PPE must be disposed of in the appropriate waste stream followed by immediate decontamination of hands.

Selection of PPE – a risk assessment should take place to identify what personal protective equipment is required.

2.0 Gloves

The aim of wearing gloves is to:

- Protect hands from contamination by organic matter and micro-organisms
- Protect hands from chemicals that may cause an adverse reaction on the skin
- Reduce the risk of cross-infection by preventing the transfer of organisms from staff to patients, patient to staff and environment to staff

Disposable, well fitting, good quality, single-use sterile/non-sterile powder-free, low-protein gloves should be worn for contact with body substances or items contaminated by them, mucous membranes and non-intact skin. Nitrile is an acceptable alternative to latex.

3.0 Disposable Plastic Aprons

Disposable plastic aprons are worn:

- To protect the wearer's clothing/uniform from the patient
- To protect the patient from the wearer's clothing/uniform
- To protect the wearer's clothing/uniform from cleaning agents and splashing

4.0 Masks

General surgical face masks must be worn to protect the HCW's mouth and nose during procedures likely to cause splashing or aerosol of body substances into the mouth or nose of the HCW.

Respiratory protective equipment for example a particulate filter mask must be used when clinically indicated – If unsure please check with HPA (Health Protection Agency)

5.0 Eye Protection/Face Visors

Goggles, visors or protective spectacles must be worn to protect the HCW's eyes from aerosol or splash contamination of body substances or chemicals

5. SAFE HANDLING AND DISPOSAL OF WASTE GUIDELINE

All healthcare waste must be segregated, stored, transported and disposed of in accordance with the Health Technical Memorandum 07-01: *Safe Management of healthcare waste.* Compliance with HTM 07-01 will fulfil legal and statutory requirements.

It is the duty of the infection control champion to ensure implementation and compliance of this guideline including auditing.

It is the duty of staff in this practice that produce waste to follow the segregation protocols, and deposit their waste into the appropriate colour coded waste receptacle.

Waste should be segregated according to the definitions below:

Type of Waste	Receptacle
Sharps medicinal products that are partially and fully discharged but not contaminated with cytotoxic/cytostatic products Single use sharp instruments should also be place in this sharps bin	Yellow sharps bin with orange lid
Sharps medicinal products that are partially and fully discharged for all cytotoxic/cytostatic products. Where in contact with the above single use sharp instruments should also be place in this sharps bin **Cytotoxic** medicines are any drug that has a toxic effect on cells. Such as chemotherapy treatments for cancer which kill off the cancer cells. **Cytostatic** drugs suppress cell growth, such as some cancer hormone therapies, which inhibit the multiplication of cancerous cells, so they stop the cancer growing.	Yellow sharps bin with purple lid
Infectious Waste and potentially infected waste	Orange Bag
Domestic type refuse: Food packaging Paper/magazines that cannot be recycled Paper towels (no hazardous waste)	Black Bag

All clinical waste bags must be securely fastened to avoid leakage, sharps containers locked, and all items labelled to identify the premises where waste has been generated. Waste must be stored in a secure location away from the public while waiting for collection by the registered waste carrier.

All staff that produce or handle waste are trained in the categories of waste, appropriate segregation of waste, use of personal protective equipment (PPE) and the storage of waste. A record of this training will be kept at evidence.

This practice will be registered as a hazardous waste producer and a signed consignment note, as defined in the Hazardous Waste Regulations, must accompany the clinical waste from the place of production to the place of destruction. The consignment note comprises of duplicate copies and the general practice must retain a copy as evidence of compliance. All Consignment Notes must be kept for three years from the date of issue.

6. LINEN MANAGEMENT

1.0 Linen

This practice uses disposable paper roll for covering examination couches which is changed between patients and the paper roll is stored off the floor.

If the couch becomes visibly contaminated it is cleaned, dried and disinfected (apron and gloves worn) before replacing the paper towelling for the next patient.

If a “dignity” sheet is required, disposable paper roll is used.

2.0 Patient Privacy Curtains (Disposable)

The practice uses disposable curtains which are changed every six months or more frequently if soiled. ☐

2.1 Fabric Curtains

Patient Privacy Curtains – Thermally disinfected 71o C for at least 3 minutes or 65oC for 10 minutes – every six months or more frequently if soiled ☐

(Please tick whichever box applies)

7. CLEANING AND DECONTAMINATION GUIDELINE

1.0 Introduction

The cleanliness of health care premises and equipment is of great importance to both patients and the Department of Health (DH) and is paramount in reducing the risk of transmitting infections. This practice is committed to providing clean

premises and equipment for its patients. Healthcare premises and equipment that are not in regular use still require cleaning on a regular basis.

All staff understand their responsibility with regard to cleaning and decontamination and undergo training in the correct procedures and use of cleaning products commensurate to their responsibilities. A record of this training is kept as evidence.

2.0 Scope

These guidelines state how the practice ensures compliance with the Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). The Code of Practice consists of ten criteria; this guideline will incorporate criteria 2, 9i, 9j, 9k, 9t, and 9o.

3.0 Definitions

Decontamination – a general term used to describe the destruction or removal of microbial contamination to render an item or the environment safe.

There are different levels of decontamination categorised as follows:

Cleaning – a process that removes dirt, dust large numbers of microorganisms and the organic matter, such as blood or faeces that protects them. A general purpose detergent and water or detergent wipe is used. This is the most important part of the decontamination process and must be carried out to a high standard, prior to any further stages of the decontamination process.

Disinfection – the process which reduced the number of microorganisms to a level at which they are not harmful. Spores are not usually destroyed. A disinfectant is an agent which destroys most microorganisms, but not usually bacterial spores. The disinfectant used in this practice is a chlorine based produce – *please detail*

4.0 Environment (criteria 2 and 9i)

All staff are responsible for ensuring that the environment they work in is kept clean and free from clutter. The type of furniture, fixtures and fittings use in the different areas and rooms in this practice reflects the activity which takes place and therefore the associated cleaning required.

The practice has a cleaning schedule in place which identifies what is to be cleaned, the frequency of cleaning and how it is to be cleaned (including identifying products and equipment which is colour coded in line with national guidance). All areas are monitored to ensure the cleaning schedule achieves the standard of cleanliness that is required.

5.0 Single Use Devices (criterion 9k)

Any equipment identified as single use is not decontaminated for re-use. All single use equipment is disposed of immediately after use in the appropriate waste stream.

The following symbol is used on packaging indicating that it is single use and that it must not be re-used. It replaces the 'single use' wording.

6.0 Single Patient Use

Medical devices marked as 'single patient use' can be used more than once on the same patient (the number of times will be indicated by the manufacturer). Decontamination will be required after each use according to the manufacturer's instructions and then the device must be stored in a way to prevent contamination prior to subsequent use by the same patient and to prevent reuse by another patient.

7.0 **Decontamination of medical devices requiring inspection, service or repair** (Compliance with MHRA DB 2006 (05)

Prior to requesting inspection, service or repair of medical devices used in clinical practice they must be decontaminated wherever possible and a form must accompany the item identifying if it is decontaminated or contaminated.

8.0 **Purchase, cleaning, decontamination, maintenance, and disposal of equipment** (criterion 9t)

Before equipment is purchased consideration is given on how it will be cleaned (including accessibility and affordability of chemicals recommended), maintained and disposed of recognising the infection control risks associated with each process. Manufacturers will be asked to provide information on the decontamination method used.

9.0 **CJD/vCJD** (criterion 9o)

A prion is a non-living, self-replicating infectious agent made of protein. It can reproduce with the aid of its host's biological machinery, like a virus. Prions cause a number of diseases in a variety of animals, including variant Creutzfeldt-Jakob disease (vCJD) in humans. Prions are generally quite resistant to being

inactivated by heat, radiation and disinfectant treatments, although their infectivity can be reduced by such treatments.

In the community there is little risk of the spread of CJD/vCJD but if a patient is identified as positive or high risk for CJD/vCJD the following must be undertaken:

- Follow standard precautions as identified in preventing the transmission of infections (i.e hand hygiene, PPE, safe disposal of sharps and waste)
- Clean and disinfect all patient contact surfaces following examination/procedures
- Use single-use disposable items wherever possible and dispose of items as clinical waste after use
- Liaise with the Health Protection Unit (HPU) for more information
- Advice is also available in guidance from the Advisory Committee on Dangerous Pathogens (ACDP) TSE Working Group

EQUIPMENT CLEANING/DECONTAMINATION GUIDELINES

ITEM	METHOD	FREQUENCY/COMMENTS
Auroscope ear piece	Single use	Dispose of after use
Auroscope hand held device	Clean and disinfect	After use if contaminated
Baby Changing Mat (if torn must be disposed of) and Baby Scales	Clean with soap and water	After every use – detergent wipes must be available at the point of use for patients to use
Blood Glucose Pen/Lancet	Single use	Dispose of after use
Blood Glucose monitoring machine	Clean and disinfect	After patient use if contaminated
Blood pressure sphygmomanometer and cuff	Clean	After each patient use
Curtains – Disposable	Replace	6 monthly or when visibly soiled
Curtains – Fabric	Thermally disinfected (71oC for at least 3 minutes or 65oC for 10 minutes)	6 monthly or when visible soiled
Doppler Ultrasound Probe	Remove gel and follow manufacturer's instructions	After each use
Dressing Trolleys	Clean and Disinfect	Before and after each use
Ear Irrigation equipment	1. Single use tips 2. Clean and disinfect reusable equipment following manufacturer's instructions	1. Dispose of after use 2. After patient use
ECG Equipment	Single use electrodes	Dispose of after use
ECG Machine	Clean	After use
Examination Couch	1. Cover with paper roll store paper roll off the floor) DO NOT USE LINEN including blankets 2. Clean and disinfect	1. Change paper roll between each patient 2. At the end of each session and if contaminated
Nebuliser	1. Single use mask 2. Clean nebuliser box	1. Dispose of after use 2. After patient use
Peak flow mouth piece	Single Use	Dispose of after use
Peak flow hand held device	1. Clean	1. At the end of each

	2. Clean and disinfect	session 2. After patient use if contaminated
Pillows (ensure covering intact)	Cover with paper towel	Change paper roll between each patient
Scissors for clinical/dressing use	Clean and disinfect or Single use	Before and after each use
Specula (vaginal)	Single Use	Dispose of after use
Stethoscope diaphragm/bell	Clean	After each patient use
Suction tubing	Single use	Dispose of after use
Tourniquets	1. Single Use 2. Re usable	1. Dispose of after use 2. After patient use if contaminated
Tympanic thermometers ear piece	Single use	Dispose of after use
Tympanic hand held device	1. Clean 2. Clean and disinfect	1. At the end of each session 2. After patient use if contaminated
Toys Only plastic toys that are in good condition should be use. (no soft toys or wooden toys)	1. Clean 2. Clean and disinfect	1. At the end of each session 2. After patient use if contaminated Toys in waiting rooms should be cleaned weekly and after patient use if contaminated (keep records to demonstrate this)
Work Surfaces	Clean and disinfect	At the beginning and end of each session and after patient if contaminated 9if minor surgery list between each patient)

8. PREVENTING AND MANAGING EXPOSURE TO BLOOD BORNE VIRUSES (BBV) GUIDELINE

1.0 Introduction

These guidelines will ensure, as far as practicably possible, that staff working in this practice are free from exposure to BBV infections that can be transmitted in the healthcare environment and that all staff are educated in the prevention and control of infection. Training records for each staff member will be maintained.

Information on actions to take and how to obtain post-exposure prophylaxis in the event of occupational exposure to blood or body fluids is identified on Appendix 1 of these guidelines.

2.0 Scope

These guidelines state how the practice ensures compliance with the Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). The Code consists of ten criteria; these guidelines will incorporate criteria 9e, 9f, 9g and 10.

3.0 Occupational exposure to blood borne viruses (BBV)

All occupation exposure to BBVs (including splashing and aerosols into mucous membranes) must be reported in this practice and advice on actions to be taken including post-exposure prophylaxis can be found on Appendix 1 of these guidelines. An incident form must be completed using the Safeguard System if in use or the practices own incident reporting systems..

4.0 Sharps Management (9e)

The term 'sharp' applies to any instrument that is able to puncture or inoculate the skin or mucus membrane. A sharps injury is defined as an injury where a needle or other sharp object, contaminated with blood or other body fluid, penetrates the skin. This also includes human bites and scratches that break the skin. Injuries can result not only where the person is the original user of the sharp but also during the process of disposal.

Safe Working Practices – These can be divided into 3 stages

Prior to use

- Ensure the appropriate sharps bins are available
    - **Orange lid = partially discharged syringes/medicinal products (not for cytotoxic/cytostatic waste) – incinerate only**
    - **Purple lid = medicinal products that are partially and fully discharged for all cytotoxic/cytostatic products.**
- Follow correct method to ensure safe clinical practice when assembling the sharps bin (Bin must comply with the British Standard (BS7320)
- Ensure that date of assembly and name of assembler is clearly identified on the sharps bin
- Choose the safest device possible, use needleless devices where appropriate
- Ensure there are adequate sharps bins of appropriate sizes available
- Ensure sharps bins are situated in suitable locations
- Take the sharps bins to the point of use when appropriate and place it on a hard even surface

- Always keep sharps bins out of the way of children and other vulnerable people
- Use vacuum blood collection bottles where appropriate

During Use

- Wear appropriate personal protective equipment
- Use trays to carry sharps devices prior to use, never carry sharps in your hand
- Activate temporary closure mechanism on sharps bin between use
- Be especially careful of sharps risks during emergency procedures

After Use

- Never re-sheath needles
- Dispose of sharps directly into a sharps bin **at the point of use**
- Safe disposal is the responsibility of the user – **do not ask others to dispose of your sharps**
- Dispose of sharps bins when ¾ full
- Always label the sharps bin with practice identifiable information
- Lock securely and dispose of sharps bin as clinical waste
- Do not put sharps bins in clinical waste bags

In the Event of a Sharps Injury

First Aid

- Encourage the wound to bleed
- Do not suck or rub the wound
- Wash the area thoroughly with soap and warm running water for 3 – 5 minutes
- Cover the injury with a waterproof dressing
- Note the patients name involved in the incident to assess risk to the user
- Contact the practice Occupational Health Service immediately and ask for guidance
- If the injury occurs out of hours attend the A&E department
- If the risk assessment identifies a potential risk of exposure to blood borne viruses, you will be required to have a blood test immediately
- You will be advised on whether Post Exposure Prophylaxis (PEP) is required
- Always make sure you know the results of your blood tests

Reporting

- Injury from sterile sharps as well as contaminated sharps should be reported
- Report incident to Practice Manager and Occupational Health
- Fill in an incident report form

5.0 Management of blood and body fluid spills (see appendix 2 of this guideline)

Measures to avoid exposure to blood borne viruses (BBV) such as hepatitis B and C and Human Immunodeficiency Virus (HIV) include:

- Wearing protective personal equipment (i.e. gloves, aprons, eye protection)
- Safe handling and disposal of sharps and clinical waste
- Management of risk during surgical procedures

Definitions

The term body fluid describes blood, vomit, urine, faeces, cerebrospinal fluid (CSF), sputum, or any other bodily secretions or excretions.

A biohazard kit is a pack that contains all the essential equipment for dealing with spillages, including chlorine granules, which are the safest method of managing spillages of body fluids.

Immediate Action

- Spillages of blood and body fluids may present an infection risk to others and must be dealt with immediately
- It is the responsibility of the clinical staff or a designated trained person to deal with spillages of body fluids in the first instance
- The member of staff clearing the spillage must ensure that the safety of others is maintained and the area made safe immediately

Management of spills depends on a number of factors including:

- The nature of the spill for example sputum, vomit, faeces, urine, blood or laboratory culture
- The organism most likely to be involved in these different types of spills
- The size of the spill for example large, small or spot
- The type of surface for example carpet or impervious hard flooring

Equipment required for blood spillages

Collect the Biohazard Kit. If a kit is not available gather the equipment you will need:

- Protective personal equipment – disposable gloves, apron and face visor or goggles if there is a risk of splashing
- Sodium Dichloroisocyanurate (NADCC) granules to sprinkle on the spill or soluble tablets reconstituted to 10,000ppm, (1% available Chlorine)
- Absorbent paper towels to mop up the spill
- Clinical waste bag to dispose of the used materials
- Mop and bucket (YELLOW) to clean the area after the spillage has been cleaned.

Procedure for dealing with large spillages

- Wear gloves and apron. A mask and goggles may also be required if there is a risk of splashing
- Sprinkle the spill with NADCC granules until the fluid is absorbed or cover the spillage with paper towels to absorb all liquid and carefully pour a freshly prepared hypochlorite solution of 10,000pppm (1%) available chlorine
- Leave the spill for a contact period of approximately 3 minutes to allow for disinfection. Ensure the area is safe
- Depending on the method used, either scoop up the absorbed granules or lift the soiled paper towels and discard into a clinical waste bag
- Wipe the surface area with fresh hypochlorite solution
- Wash treated area with detergent and water and rinse with clean water, as hypochlorite may be corrosive
- Dry the surface with paper towels
- Remove PPE worn (gloves, plastic apron and mask, and discard into a clinical waste bag
- Remove goggles if worn and clean and disinfect
- Wash and dry hands thoroughly immediately

Procedure for splashes and drips of blood

- Wear gloves and apron
- Wipe the area immediately with paper towel soaked in hypochlorite solution of 10,000ppm (1%) available chlorine
- Wash treated area with detergent and water and rinse with clean water as hypochlorite solution may be corrosive
- Dry the surface with disposable paper towels
- Wash and dry hands

Procedure for dealing with urine/vomit/faecal spillages

- Wearing gloves and apron cover the area with paper towels to absorb all liquid. (Chlorine based products should not be used directly onto urine/vomit/faecal spillages as this will result in fumes being released)
- Discard paper towels into clinical waste bin
- The area should be wiped with a chlorine solution of 10,000ppm (1%)
- Clean the treated area with detergent and water and then rinse with clean water
- Dry surface with disposable paper towels

6.0 Training and Education

All staff involved directly or indirectly in patient care will attend an annual infection control training session that includes sharps handling and management of body fluid spills/splashes. Training records will be maintained.

Appendix 1 Check with new Occ Health providers recommend

PROCEDURE FOLLOWING SPILLAGE OF BODY FLUIDS IN A PRIMARY CARE SETTING

- PERSONNEL PROTECTIVE EQUIPMENT i.e. DISPOSABLE APRONGS AND LATEX GLOVES MUST BE WORN WHEN DEALING WITH ANY BODY FLUID SPILLAGE
- DISPOSABLE PAPER TOWELS MUST BE USED THROUGHOUT
- DISCARD ALL PAPER TOWELS, GLOVES AND APRONS INTO AN ORANGE CLINICAL WASTE BAG
- ENSURE THE CORRECT COLOUR CODED MOP BUCK IS USED

BLOOD

MINOR SPILLS

- WIPE WITH DISPOSABLE PAPER TOWELS AND A CHLORINE BASED SOLUTION i.e. SODIUM HYPOCHLORITE 1% OR MILTON
- CLEAN WITH DETERGENT AND WATER, WINSE AND DRY

MAJOR SPILLS

- USE A DEDICATED SPILL KIT FOR THE CLEANING UP OF MAJOR SPILLS i.e. HAZ TAB GRANULES (Follow manufacturer's instructions)
- ONCE THE SPILL IS CLEANED UP WIPE WITH CHLORINE BASED SOLUTION i.e. SODIUM HYPOCHLORITE 1% OR MILTON
- CLEAN WITH DETERGENT AND WATER, RINSE AND DRY

FAECES, VOMIT, URINE, SPUTUM

- WIPE UP SPILLAGE WITH PAPER TOWELS
- CLEAN THE AREA THOROUGHLY WITH DETERGENT AND WATER
- WIPE AREA WITH CHLORINE BASED SOLUTION i.e. SODIUM HYPOCHLORITE 1% OR MILTON
- CLEAN WITH DETERGENT AND WATER, RINSE AND DRY

9. SPECIMEN HANDLING GUIDELINE

1.0 Introduction

Good infection prevention and control is essential to ensure that people who handle samples of body fluid or tissue do so safely. This practice is committed to providing effective infection prevention and control practices to minimise the risk of infection and ensure the safety of patients, visitors and staff.

A clinical sample includes any body fluid or tissue obtained for the purpose of analysis, Samples may be obtained to aid diagnosis, treatment and management of patients.

2.0 Scope

This guideline states how the practice ensures compliance with the Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). It is aimed at all staff involved in the taking, handling or transporting of body fluid or tissue samples in this practice. The Code consists of ten criteria; this document will incorporate criterion 9q.

3.0 Responsibilities

The designated champion for infection prevention and control in this practice is responsible for ensuring that protocols for the handling and transportation of samples of body fluid and tissue are compliant with current legislation.

All staff handling samples of body fluid and tissue is compliant with this guideline.

4.0 Obtaining specimens from patients

Personal protective equipment (PPE) will be worn when obtaining samples of body fluid or tissue. Disposable latex/nitrile gloves and plastic apron will be worn and a risk assessment is carried out to ascertain whether any face protection is required.

The purpose of the sample and the procedure for taking the sample will be explained prior to obtaining consent. Consent must be obtained from a patient prior to taking body fluid or tissue samples.

Samples must be placed into the correct container for the type of examination required. All containers must be labelled with correct patient identification and must match the information on the requesting form. Care must be taken to ensure confidentiality is maintained at all times whilst ensuring that staff receiving samples in the laboratory is aware of any risk (e.g. blood borne virus).

Information required:

- Patient's surname and forename
- Date of birth
- NHS Number
- Surgery/location of patient when samples taken
- GP/clinician's name
- Clinical details including current medication, especially antibiotics
- Type of examination/analysis required

Containers must be placed into leak proof containers for transportation to the laboratory. All staff is aware of the correct procedures for storing samples prior to transporting to the laboratory.

All staff are aware of the procedures needed in a container or packaging becomes soiled with body fluid or tissue when receiving samples from patients. Refer to protocol for managing body fluid spills.

5.0 Receiving specimens from patients

Anyone handling or receiving samples from patients must ensure they are not exposed to contact with body fluid or tissue.

Patients bringing their own samples are requested to place the sample into a collection box. Personal protective equipment is worn by staff if handling these samples prior to testing or transportation to the laboratory.

Containers that have contained body fluids or tissue must be disposed of as clinical waste and destroyed in accordance with the practice waste policy.

Personal protective equipment must be disposed as clinical waste and hands washed with soap and water after removal.

The reusable plastic receptacle/bag to collect/store specimens must be cleaned at least daily and immediately clean and disinfected if contaminated by body fluids following the practice cleaning and decontamination guidelines.

10. MANAGEMENT OF INCREASED INCIDENCE AND OUTBREAKS OF INFECTION GUIDELINE

1.0 Background

Medical primary care practices need to ensure that the management of patients infected or colonised with specific communicable disease e.g. MRSA is available to staff for reference.

All medical primary care practices must have guidance on managing episodes of increased incidence and outbreaks of communicable infection detected by the practice or by other clinicians or health protection services.

Additional sources of infection prevention and control advice must be available to staff for managing communicable infections.

2.0 Definition

Communicable disease and illness that can be transmitted either by direct or indirect contact. Inhalation, ingestion or inoculation.

Increased incidence of infection can be described as a period when higher than average levels of a particular communicable infection are identified e.g. influenza or viral gastroenteritis.

Outbreak is when two individual or more are identified with the same organism and can be linked in time, place and evidence of transmission between one to another.

3.0 Patient Management

People with a known or suspected communicable disease will be seen and treated in a separate room from patients without a communicable disease. This should be documented in the notes re advice and treatment.

Contaminated surfaces and equipment used in the diagnosis or treatment of someone with a known or suspected communicable disease will be decontaminated after use by that person.

Personal protective equipment (PPE) is worn when in contact with a person with a known or suspected communicable disease. The PPE will be appropriate to the risk of infection; gloves and disposable aprons in all circumstances and face protection if there is a risk of splashing of body fluids into mucosal membranes or if transmission is by respiratory sections. Advice for protection against inhalation of micro-organisms is available from the Health Protection Agency Website.

Hands are washed with soap and water after contact with a person with a known or suspected communicable disease. Sanitiser hand rubs are not a suitable substitute for hand washing in these circumstances.

4.0 Management of increased incidence and outbreaks

Further information and guidance can be obtained from the local Health Protection Unit on telephone number 0300 303 8162.

Confirmed outbreaks of infection are reported to the Department of Health by the laboratory or Public Health. This practice will participate in any investigation carried out to determine the cause and evaluate the measures that were instigated.

This practice will consider the following points when involved in the management of increased incidence or outbreak:

- Seek expert infection control advice
- Report suspected or known periods of increased incidence and/or outbreaks to public health
- Segregate patients with known or suspected infection from other patients whenever practicably possible
- Ensure hand hygiene facilities are available for patients and staff
- Ensure the environment is kept clean, paying particular attention to toilet flush handles, door handles, light switches etc.
- Ensure shared patient equipment is decontaminated appropriately between patients
- Ensure protective personal equipment is readily available to staff
- Take samples from patients promptly and send to laboratory for diagnosis

5.0 Closure of premises

It is unlikely that primary care practices will be required to close premises as a direct consequence of infection. A system will be in place to receive advice from the local health protection unit and/or infection prevention team and clear criteria for closure and re-opening of premises, including environmental decontamination is available.

Appendix 1 – Sharps Management and Inoculation Injuries

https://www.heales.com/msyslive/Documentation/oh/Needlestick%20injury%20information%20leaflet%20V2_zs.pdf

https://www.heales.com/msyslive/Documentation/oh/Needlestick%20Poster%201.pdf

Appendix 2 – Infection Control Audit Template

Please follow the enclosed link for an up to date copy of the Infection Control Audit Template. This is a PDF copy. If you require a Word version to complete electronically, please click here but be aware that this will take longer to download.

Appendix 3 - Action Plan

Updated on:		Version:	

No	Recommendations	Actions	Lead	*Date* Due	Status	Progress Notes
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Status Legend	
On track	
Complete	
Risks slippage	
Not achieved by due date	

Appendix 4 – IPC Annual Statement

Completing the Annual Statement for Infection Prevention and Control (Primary Care)

It is a requirement of The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance* that the Infection Prevention and Control Lead produces an annual statement with regard to compliance and good practice on infection prevention and control and makes it available for anyone who wishes to see it, including patients and regular authorities.

As best practice, the Annual Statement should be published on the Practice website.

The Annual Statement should provide a short review of any:

- Known infection transmission event and actions arising from this;
- Audits undertaken and subsequent actions;
- Risk assessments undertaken for prevent and control of infection;
- Training received by staff and;
- Review and update of policies, procedures and guidance

Below is a suggested template for the Annual Statement compiled from national guidance and examples of best practice found on the internet. Practices can (and should) adapt the template and add further detail/headings/examples but the five key headings (above) must be included. If the practices are unable to complete one or more of the five key headings it is likely that the practice are not compliant with the Health and Social Care Act.

Purpose

This annual statement will be generated each year in July in accordance with the requirements of The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance.* It summarises:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our Significant Event procedure)
- Details of any infection control audits undertaken and actions undertaken
- Details of any risk assessments undertaken for prevention and control of infection
- Details of any staff training
- Any review and update of policies, procedures and guidelines

Infection Prevent and Control (IPC) Lead

Infection transmission incidents (Significant Events)

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. All significant events are reviewed in the monthly Clinical Meetings and learning is cascaded to all relevant staff.

Infection Prevention Audit and Actions

Risk Assessments

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out/reviewed:

Training

All staff received annual training in infection prevention and control.
Update and session on hand washing demonstrated at the Clinical Meeting held on 25th May 2017

Policies

All Infection Prevent and Control related policies are in date for this year.

Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated annually, and all are amended on an on-going basis as current advice, guidance and legislation changes. Infection Control policies are circulated amongst staff for reading and discussed at meetings on an annual basis.

Responsibility

It is the responsibility of each individual to be familiar with this Statement and their roles and responsibilities under this.

Review Date

Responsibility for Review