

## **INFECTION PREVENTION AND CONTROL POLICY**

Person responsible for this policy: Practice Manager

Date of last review: 10 December 2016

Date of next review: 10 December 2017

### **1.0 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.

### **2.0 Scope**

This policy states how The Uppingham Surgery ensures 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 criteria 1; 3; 4; 5; 6; 8; 9m; 9x 9y and 10.

### **3.0 Responsibilities**

#### **3.1 Designated Lead IPC Responsibilities**

The designated lead for IPC is: GP Clinical Lead Dr A Kalra. The purpose of this role is to develop an annual IPC programme to include the following:

- The practice's collective responsibility for preventing and controlling infection and the measures needed to reduce such risks.
- A review of all Policies, procedures and guidance and if necessary develop new guidance.
- An audit programme to demonstrate adherence to policies and guidelines and compliance with clinical procedures.
- Initial and on-going training all staff will receive.

The IPC lead will produce an annual statement covering the following list of activities that is available to view 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.

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The local commissioning leads for IPC are: Diane Worthington (07818 588 909) and Karen Smith (07917 000 617) who can also be contacted via the global email system. The purpose of this role is to provide advice and support relating to the quality of IPC procedures within the practice. The Health Protection Agency local unit can also be contacted for advice on telephone number 0344 2254524.

### **3.2 Other IPC Responsibilities- relating to staff**

This practice uses Dr Pickering for their Occupational Health service. This service includes:

- Risk-based screening for communicable diseases and assessment of immunity to infection after a conditional offer of employment and on-going health surveillance.
- Offer of relevant immunisations.
- Arrangements in place for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary in line with *Immunisation against infectious disease* ("The Green Book") and other Department of Health guidance.

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.

This 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 the 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. (NICE clinical guidelines 139: 1.1.2.3)

### **3.3 Other IPC Responsibilities- relating to patients**

This practice uses Leicester Royal Infirmary for their diagnostic 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 summary record.

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

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

This 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. The practice 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 the following:

- 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.

This practice complies with national guidance and specifications for cleaning and decontamination, cleaning schedules form part of the cleaning contract.

#### 4.0 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.

#### 5.0 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	Plague
Acute poliomyelitis	Rabies
Anthrax	Relapsing fever
Cholera	Rubella
Diphtheria	Scarlet fever
Dysentery	
Ebola	Smallpox
Food poisoning	Tetanus
Leptospirosis	Tuberculosis
Malaria	Typhoid fever
Measles	Typhus fever
Meningococcal septicaemia	Viral haemorrhagic fever
Mumps	Viral hepatitis – (A; B; C; other)
Ophthalmia neonatorum	Whooping cough

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Paratyphoid fever

Yellow fever

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## REDUCING THE RISK OF TRANSMITTING INFECTIONS GUIDELINES

Person responsible for review of this guideline PRACTICE MANAGER

Date of last review: 10 December 2016

Date of next review: 10 December 2017

### 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 this 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 infections 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

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This practice uses:

- combination of single use instruments which are disposed of immediately after use in line with the waste management guidelines, and reusable instruments that are decontaminated by an accredited reprocessing unit

## 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 9)
- Personal protective equipment – PPE (page 10)
- Safe handling and disposal of sharps (see BBV guidelines) (page 21)
- Safe handling and disposal of waste (page 11)
- Linen Management (page 13)
- Cleaning and Decontamination (see Cleaning and Decontamination guidelines, pages 14)

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## 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

### 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.

Hand rub - Alcohol hand rub products can be used when hands are visibly clean. It must not be used when dealing with patients with a known or suspected infection.

Hand Cream - hands should be maintained in good condition by regular application of hand creams. Pump dispenser units should be used which should not be re-filled.

### 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	<ul style="list-style-type: none"><li>• Wet hands under running water.</li><li>• Dispense one dose of soap into a cupped hand.</li><li>• Wash hands for 10-15 seconds vigorously and thoroughly</li><li>• Ensure contact with all surfaces of each hand</li><li>• Rinse hands thoroughly under running water.</li><li>• Dry hands with a soft disposable paper towel and dispose into a foot or sensor operated waste bin</li></ul>
Alcohol hand rub	<ul style="list-style-type: none"><li>• Dispense one application of solution onto the hands.</li><li>• The hand gel solution must come into contact with all surfaces of each hand.</li></ul>

### 5.0 Educating patient and carers

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

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## **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, latex 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.

### **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 chemical

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**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.

In this practice The Clinical Lead GP is ultimately responsible for ensuring that clinical waste is managed in compliance with HTM 07-01

It is the duty of the Clinical Lead GP 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
<b>Sharps contaminated with cytotoxic/cytostatic medicinal products</b>	Yellow sharps bin with purple lid 
<b>Sharps medicinal products that are partially and fully discharged but not contaminated with cytotoxic/cytostatic products.</b>  Single use sharp instruments should also be placed in this sharps bin	Yellow sharps bin with yellow lid 
Infectious waste and potentially infected waste	Orange bag 

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<p>Offensive waste, for example continence products, stoma bags and healthcare waste that has been assessed as non-infectious by a Health Care Professional</p>	<p>Yellow and black striped bag</p> 
<p>Domestic type refuse: Food packaging Paper/magazines that cannot be recycled Paper towels (no hazardous waste)</p>	<p>Black bag</p> 

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 as 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.

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## **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 of 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**

This practice uses

- Disposable curtains which are changed every six months or more frequently if soiled.

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## CLEANING AND DECONTAMINATION GUIDELINE

Person responsible for review of this guideline: Practice Manager

Date of last review: 10 December 2016

Date of next review: 10 December 2017

### Introduction

The designated lead for cleaning and decontamination is *Practice Manager* and he is responsible for the implementation of this guideline.

The cleanliness of health care premises and equipment 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.

### 1.0 Scope

These guidelines state how The Uppingham Surgery 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.

### 2.0 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 reduces 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.

### 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 used in the different

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areas and rooms in this practice reflects the activity which takes place and therefore the associated cleaning required.

This 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.

Where invasive procedures/ and or wound management takes place:

- A disinfectant is used following the detergent clean
- A sanitiser which is combined detergent and disinfectant product is used

This practice complies with the National Patient Safety Agency guidance produced in 2010 the national specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes guidance in primary care medical and dental premises it is available from <http://www.nrls.npsa.nhs.uk/resources/?entry45=75241>

## **5.0 Reusable Medical Devices (criterion 9j)**

Reusable medical devices (excluding surgical instruments) are decontaminated as identified in Appendix 1 of this guideline.

## **6.0 Single Use Devices (criterion 9k)**

To reduce the risk of contamination and ensure the risk of infection is reduced Uppingham surgery uses disposable single use instruments only for use within the surgery.

The instruments are purchased from Rocialle and an order is placed via the admin department by the Health Care assistant

The single use instruments come in sterile packs and are stored in clean cupboards ready for ease of access by the theatre sister.

Once the instruments have been used for any procedure they are disposed of in the same way as stated on the current sharps disposal policy and infection control procedures protocol.

Care must be taken and compliance in accordance with the use of sharps policy.

Single use instruments must not be used for more than 1 procedure even on the same patient, they must be disposed of after each procedure .

Under no circumstances have these instruments to be decontaminated or sterilised for further use.

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.

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## 7.0 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.

## 8.0 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.

## 9.0 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 to be used.

## 10.0 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
- If reusable medical devices including endoscopes are required liaise **prior to the procedure** with your decontamination unit regarding any precautions required including quarantine
- Liaise with the Health Protection Unit (HPU) for more information and support Telephone number 0844 2254524.

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- Advice is also available in guidance from the Advisory Committee on Dangerous Pathogens (ACDP) TSE Working Group.

**11.0**

Cleaning - wash with detergent and water rinse and dry. Alternatively a detergent wipe can be used.

Disinfect

ITEM	METHOD	FREQUENCY/ COMMENTS
Auroscope ear piece	Single use  Reusable- clean ensuring all wax removed and disinfect	Dispose of after use  After each use
Auroscope hand held device	1. Clean 2. Clean and disinfect	1. At the end of each session 2. After use if contaminated
Baby Changing Mat (if torn must be disposed of) And Baby Scales	Cover with paper roll  Clean and disinfect	Change paper roll between each baby  At the end of each session and after patient use if contaminated
Blood Glucose Pen / Lancet	Single use	Dispose of after use
Blood Glucose Monitoring Machine	1. Clean 2. Clean and disinfect	1. At the end of each session 2. After patient use if contaminated
Blood pressure sphygmomanometer and cuff	1. Clean 2. Clean and disinfect	1. At the end of each session 2. After patient use if contaminated
Curtains- Disposable	Replace	6 monthly or when visibly soiled
Volumatic Spacer device	Single use	After patient use
Doppler Ultrasound probe	Remove gel and follow manufacturer's instructions	After use
Dressing trolleys	Clean and disinfect	Before and after each use

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Ear syringing equipment	<ol style="list-style-type: none"> <li>1. Single use tips</li> <li>2. Clean and disinfect reusable equipment following manufacturer's instructions</li> </ol>	<ol style="list-style-type: none"> <li>1. Dispose of after use</li> <li>2. After patient use</li> </ol>
ECG equipment	Single use electrodes	Dispose of after use
ECG machine	Clean	After use
Examination Couch	<ol style="list-style-type: none"> <li>1. Cover with paper roll (store paper roll off the floor) AVOID LINEN including blankets</li> <li>2. Clean and disinfect</li> </ol>	<ol style="list-style-type: none"> <li>1. Change paper roll between each patient</li> <li>2. At the end of each session and if contaminated</li> </ol>
Nebuliser	<ol style="list-style-type: none"> <li>1. Single use mask</li> <li>2. Clean nebuliser box</li> </ol>	<ol style="list-style-type: none"> <li>1. Dispose of after use</li> <li>2. After patient use</li> </ol>
Peak flow mouth piece	Single use	Dispose of after use
Peak flow hand held device	<ol style="list-style-type: none"> <li>1. Clean</li> <li>2. Clean and disinfect</li> </ol>	<ol style="list-style-type: none"> <li>1. At the end of each session</li> <li>2. After patient use if contaminated</li> </ol>
Pillows	<ol style="list-style-type: none"> <li>1. Cover with paper towel Ensure pillows are completely enclosed in a heat sealed plastic cover.</li> <li>2. Clean and disinfect</li> </ol>	<ol style="list-style-type: none"> <li>1. Change paper roll between each patient</li> <li>2. At the end of each session and if after patient use if contaminated</li> </ol>
Scissors for clinical/dressing use	Clean and disinfect	Before and after each use
Specula (vaginal)	Single use	Dispose of after use
Stethoscope diaphragm/bell	Clean	Daily and if contaminated
Suction tubing	Single use	Dispose of after use
Tourniquets	<ol style="list-style-type: none"> <li>1. Clean</li> <li>2. Clean and disinfect</li> </ol>	<ol style="list-style-type: none"> <li>1. At the end of each session</li> <li>2. After patient use if contaminated</li> </ol>
Tympanic thermometers ear piece	Single use	Dispose of after use
Tympanic hand held device	<ol style="list-style-type: none"> <li>1. Clean</li> <li>2. Clean and disinfect</li> </ol>	<ol style="list-style-type: none"> <li>1. At the end of each session</li> <li>2. After patient use if</li> </ol>

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		contaminated
<p>Toys</p> <p>Only plastic toys that are in good condition should be used. (no soft toys or wooden toys)</p>	<p>1. Clean</p> <p>2. Clean and disinfect</p>	<p>1. At the end of each session and</p> <p>2. After patient use if contaminated</p> <p>Toys in waiting rooms should be cleaned weekly and after patient use if contaminated</p>
<p>Work surfaces</p>	<p>Clean and disinfect</p>	<p>At the beginning and end of each session, and after patient if contaminated (if minor surgery list between each patient)</p>

**PREVENTING AND MANAGING EXPOSURE TO**

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## **BLOOD BORNE VIRUSES (BBV) GUIDELINE**

Person responsible for these guidelines: Practice Manager

Date of last review: 10 December 2016

Date of next review: 10 December 2017

### **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.

Occupational health services are available by contacting Dr Pickering. Screening and vaccination for blood borne viruses will be provided and records maintained for all staff. Occupational Health will provide advice regarding fitness for work and monitoring as necessary in line with Department of Health guidance.

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 I of these guidelines.

### **2.0 Scope**

These guidelines state how *The Uppingham Surgery* 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 occupational exposure to BBVs (including splashing and aerosols into mucous membranes) must be reported to the Infection Control Nurse Cheryl Swain in this practice and advice on actions to be taken including post-exposure prophylaxis can be found on Appendix 1 of these guidelines. An accident form must be completed; this is found in the Practice Managers Office

### **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

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- **Orange lid = sharps only; fully discharged syringes / no medicinal products – incinerate or alternative treatment**
  - **Yellow lid = partially discharged syringes / medicinal products – incinerate only**
  - **Purple lid = for cytotoxic products only – incinerate only**
- 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 the device provided on the sharps bin to remove needles from syringes and blades from scalpel handles
- Use trays to carry sharps devices prior to use, never carry sharps in your hand
- Activate temporary closure mechanism on sharps bin between use
- Never move an open sharps bin
- Always carry the sharps bin by the handle
- Be especially careful of sharps risks during emergency procedures

#### **After Use:**

- Do not re-sheath needles
- Dispose of sharps directly into a sharps bin **at the point of use**
- Safe disposal is the responsibility of the user
- Dispose of sharps bins when  $\frac{3}{4}$  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
- Cover the injury with a waterproof dressing
- Note the patients name involved in the incident to assess risk to the user
- 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 blood tested immediately
- You will be advised on whether Post Exposure Prophylaxis (PEP) is required
- Always make sure you know the results of your blood tests

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### **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 which is located in the Practice Managers Office

## **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 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**

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

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- Clinical waste bag to dispose of the used materials
- Mop and bucket to clean the area after the spillage has been cleaned up

### **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 10,000ppm (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

### **Procedure for dealing with urine/vomit in bowls**

- Wear gloves and apron
- Cover the bowl with a paper towel
- Take to dirty utility and empty contents into sluice and flush
- Dispose of empty bowl in clinical waste bag
- Wash and dry hands

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## **6.0 Accidents and incidents**

If an accident occurs due to a spillage incident, administer first aid and attend Accident and Emergency Department, Walk in Centre. Follow the policy for documenting and reporting the incident.

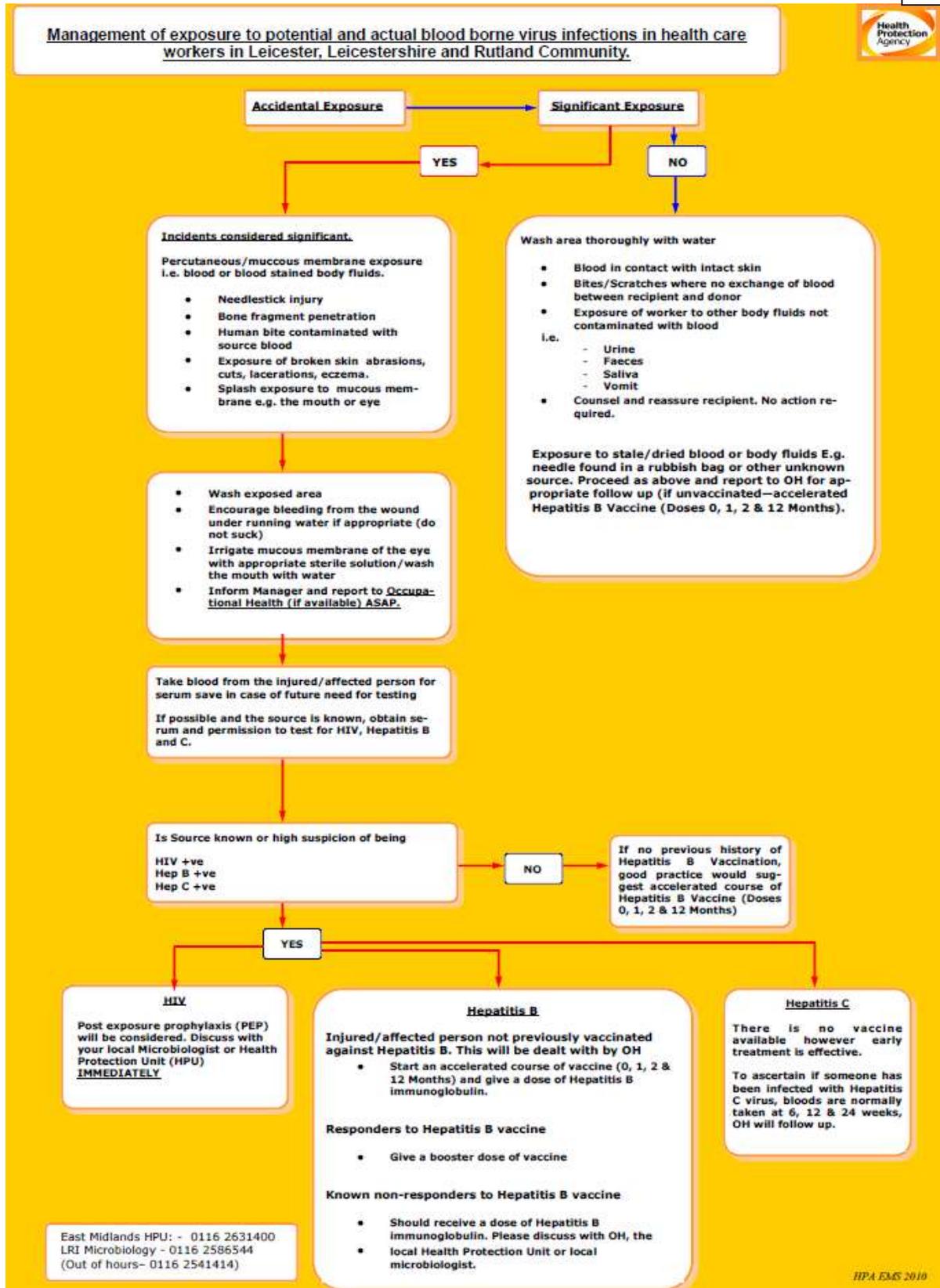
## **7.0 Training and education**

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.

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## PROCEDURE FOLLOWING SPILLAGE OF BODY FLUIDS IN A PRIMARY CARE SETTING

- PERSONNEL PROTECTIVE EQUIPMENT i.e. DISPOSABLE APRONS 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 AND BUCKET 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, RINSE 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 A CHLORINE BASED SOLUTION i.e. SODIUM HYPOCHLORITE 1% or MILTON
- CLEAN WITH DETERGENT AND WATER, RINSE AND DRY

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## **SPECIMEN HANDLING GUIDELINE**

Person responsible for this policy: Practice Manager

Date of last review: 10 December 2016

Date of next review: 10 December 2017

### **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 Uppingham Surgery 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 lead 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 requested. 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 sample 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 is aware of the procedures needed if 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 used 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.

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## **MANAGING COMMUNICABLE INFECTIONS; INCREASED INCIDENCE AND/OR OUTBREAKS OF INFECTION GUIDELINE**

Person responsible for this policy: Practice Manager

Date of last review 10 December 2016

Date of next review 10 December 2017

### **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 Scope**

These guidelines state how the Uppingham Surgery 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; this document will incorporate criteria 9c; 9h and 9n of the Code.

### **3.0 Definition**

Communicable disease: an 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 individuals or more are identified with the same organism and can be linked in time, place and evidence of transmission between one to another.

### **4.0 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.

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

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there is a risk of splashing of body fluids into mucosal membranes or if transmission is by respiratory secretions. 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.

## **5.0 Management of increased incidence and outbreaks**

Further information and guidance can be obtained from the local Health Protection Unit on telephone number 0344 2254524.

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

## **6.0 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.

## **6.0 Control of outbreaks with specific organisms**

This practice has policies and procedures to minimise risk to patients from alert organisms e.g. anti-microbial prescribing policy to minimise the Clostridium difficile risk. The policy takes account of patients infected or colonised with these organisms.

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