

Infection Prevention and Control Policy

Mission Statement

We take hygiene, infection prevention and control very seriously. We aim to provide a safe working environment for all our staff, and in doing so protect our patients, visitors, and staff from acquiring an infection and controlling transmission of infection when identified.

Purpose

The purpose of the policy is to set out the infection prevention and control procedures at Spring House Medical Centre.

This policy is relevant to all employers and anyone who works at Spring House Medical Centre, including non-clinical staff. Individuals on training placements and visitors/observers on the premises must also adhere to this.

Everyone involved in clinical care should be:
educated about the standard principles of infection prevention and control,
trained in hand decontamination, the use of personal protective equipment, and the
safe disposal of sharps.

This policy will be monitored and reviewed in one year by the Infection Prevention and Control Lead.

Commitment of the Practice

The employers and all staff at Spring House Medical Centre are committed to minimising the risk of infection and to ensure the safety of patients.

Infection Prevention and Control Lead

The IPC lead for the Practice is: Heather Pytches.

*The contact details for the IPC Lead is: Spring House Medical Centre, Ascots Lane, Welwyn Garden City, Hertfordshire, AL7 4HL, 01707 294354.
heatherpytches@nhs.net*

The CCG/local commissioning body's Infection Prevention and Control Lead is: Lynn Stewart

*The contact details for the CCG /local Lead are: 01442 284048
Lynn.stewart1@nhs.net*

Standard Precautions

1) Hand washing procedures

Washbasins with elbow taps, liquid soap dispensers, alcohol rubs, paper towels and non-touch clinical waste bins are provided in all clinical care areas.
Hands to be washed using six step technique.

Hands must be decontaminated in all the following circumstances:

Immediately before every episode of direct patient contact or care, including aseptic Procedures.

Immediately after every episode of direct patient contact or care.

Immediately after any exposure to body fluids.

Immediately after any other activity or contact with a patient's surroundings that could potentially result in hands becoming contaminated.

Immediately after removal of gloves.

2) Protective Clothing

Gloves (non-sterile and sterile and latex free) and aprons are available and should be worn for procedures with associated risk. Gloves and aprons are single use.

General Dress Code

Staff should wear clothes that are clean, fit for purpose and suitable for washing in hot water, more than 60 C. Arms should be naked below the elbows with no rings or wrist watches worn. Hair should be above the collar or tied back.

Handling and disposal of healthcare waste including sharps and single use-devices

See waste management protocol

Other procedures

3) Venepuncture procedure

- 1) Staff should be adequately trained on a recognised course to perform this procedure.
- 2) Wounds or abrasions should be covered, and gloves should be worn.
- 3) Equipment should be easily accessible.
- 4) The patient should be comfortable and relaxed.
- 5) Special sterile phlebotomy (Vacutainer system) syringes and needles must be used only once. Healthcare professionals should ensure that no blood contacts their skin by:
 - a) Covering the site of the needle puncture with a cotton wool ball when removing the needle (any drop of blood should be allowed to drip onto the wool ball)
 - b) Do not sheath the needle.
 - c) Place the needle and vacutainer immediately into a sharps box.
 - d) Specimens should be sealed in pathology sample bags for transportation.

Vaccinations

- 1) Vaccines are administered in association with recommended best practice and in accordance with the manufacturer's guidelines.
- 2) Vaccines are stored as manufacturers' guidance in well maintained, monitored refrigerators to ensure maximum efficacy of products to combat infection, with the cold chain always maintained as per cold chain policy.
- 3) Care should be taken in using hypodermic equipment during administration to patient and subsequent equipment disposal as with venepuncture.

Aseptic Technique

- 1) All clinical staff should perform wound dressing assessment/changes following aseptic technique procedures as per NICE guidelines (see guidance.nice.org.uk/cg139) and dispose in clinical waste.
- 2) All staff involved in minor operations should adhere to strict aseptic technique procedures and disposal of equipment in clinical waste.

Obtaining specimens

4) Urine

- 1) Avoid contamination of personnel or clothing.
- 2) Wear disposable gloves provided.
- 3) Hands should always be washed after handling urine and testing urine.
- 4) Samples of urine should be handed over to staff member in a sealed container and transported a minimum distance after production to analysis, and after analysis to disposal.
- 5) Perform all urine testing and disposal in sluice room.
- 6) If required the sample should be poured into a laboratory container by the patient to the indicated level avoiding contamination to the outside of the bottle .
- 7) A patient should be warned that failure to comply with this would lead to the disposal of the bottle without analysis. The patient and the staff member are to wash their hands after handling urine containers that have been used.

5) Microbiological Swabs

- 1) An infected area must not be touched by a healthcare professional's clothes or hands.
- 2) The swab must have enough material for testing but not too much, so as to avoid any spillage during the transfer of the swab to the specimen container.
- 3) The specimen container must be sealed adequately and the specimen form placed in the correct compartment of the specimen bag.

Cervical Cytology

Cervical smears should be taken in accordance with current liquid-based cytology protocols.

Speculums

- 1) Disposable specula are to be placed into a clinical waste bin after use.
- 2) Used gloves are to be placed into a clinical waste bin .

Equipment for intimate examinations / procedures

Any equipment used in intimate examinations and procedures such as coils insertions and proctoscopy examinations should be disposed of in a clinical waste bin/purple sharps bin as appropriate.

6) Handling specimens

- 1) Samples in sealed containers should pose low risk as long as the outside has not been contaminated or damaged. However, all samples should be handled as little as possible.
- 2) All samples in appropriate containers are to be inserted into the approved plastic bag that is sealed.
- 3) All blood or potentially infected matter such as urine or faeces for microbiological examination should be treated as high risk and universal precautions used.
- 4) Refer to sample handling policy.

7) Processing of medical instruments

All instruments needed for all clinical examination, smear and minor operations are single-use disposable equipment.

Minor operations and dressing instruments

All instruments required are single-use disposable equipment.

8) Accidents

Needle stick Injuries

- 1) If the mouth or eyes are contaminated with blood or body fluid, they should be washed thoroughly with water.
- 2) If skin is punctured, free bleeding should be gently encouraged and the wound should be washed with soap or chlorhexidine and water, but not scrubbed or sucked.
- 3) If there is any possibility of HIV exposure, immediate advice should be sought about the relative indications for anti-retroviral post-exposure prophylaxis.
- 4) The Practice IPC lead and an appropriate GP e.g. duty doctor, senior partner should be informed.
- 5) If the source of injury was from a patient, their details should be recorded.
- 6) The staff member should immediately attend Accident and Emergency according to local arrangements.
- 7) The incident should be recorded in the Practice accident log.
- 8) Ensure the use of eclipse needles and appropriate placement of sharps bins.

9) Immunisation

Patient immunisation

- 1) A record will be kept of all immunisations given to patients.
- 2) The immunisation status and eligibility for immunisation of patients will be reviewed as per recommendations/changes in The National Immunisation guidelines.
- 3) In accordance with National Immunisation changes, patients will be offered further immunisations as appropriate.

10) Staff immunisation protection

- 1) All medical personnel or staff who obtain or handle blood or pathological specimens are to be protected against Hepatitis B.
- 2) A record of employees' Hepatitis B status is to be kept and maintained.
- 3) All staff are offered annual influenza immunisation.

11) Training

Infection prevention and control training will take place for all staff as part of the Practice induction and annually for clinical staff via the Blue Stream academy and 3 yearly for non- clinical staff. **All staff** will receive handwashing training as per RCN (2012) six step handwashing guidelines.

Blue Steam infection prevention and control principles includes the following:

- What is infection prevention and control
- What are health care associated infections (HCAI)
- The impact of HCAI's including why some patients are more susceptible.
- Infections that can spread from one to another
- The importance of prevention HCAI's-how can this be achieved
- How HCAI's affect day to day work
- Standard principles to be followed when preventing HCAI's
- Risks/risk assessments; -what an infection control risk assessment is needed for
- What microorganisms are
- What pathogens are and how people come into contact with them
- How the body protects itself by using external defences
- How infections occur and are spread
- The chain of infection
- Breaking the chain of infection
- Reducing the risks:
- How the standard precautions are the practices that should be followed to reduce the spread of infection, including:
 - Hand hygiene, cleaning equipment and the environment, personal health and fitness, blood and body fluid spillages, PPE, waste and sharps, asepsis and aseptic technique

Audit and risk assessment

There will be an annual primary care infection prevention and control assessment including sharps audit and subsequent action plan if required. However, if the purpose of a room changes to that of treatment, then a risk assessment will be conducted of that room.

Annual statement

An annual statement will be written by the IPC Lead and include a summary of the following:

- 1) Any infection transmission incidents and any action taken (If necessary these incidents should be reported in accordance with the incident reporting procedure) .
- 2) the infection control audit(s).
- 3) the infection prevention and control risk assessment.
- 4) relevant staff training.

Related documentation/links

NICE's Infection control: Prevention of healthcare-associated infection in primary and community care (2012)

<http://www.guidance.nice.org.uk/cg139>

Vaccine Administration Task force's Guidance on Best Practice in Vaccine Administration (2001)

http://www.rcn.org.uk/_data/assets/pdf_file/0010/78562/001981.pdf

HMSO (1996) Immunisation against Infectious Diseases - The Green Book

<http://www.dh.gov.uk/en/Publichealth/Immunisation/Greenbook/index.htm>

RCN Wipe it out: Essential practice for infection prevention and control (2012)

http://www.rcn.org.uk/_data/assets/pdf_file/0008/427832/004166.pdf

A – Z of decontamination of equipment

This is not intended to be an exhaustive list of all items of medical equipment used within the practice.

Please note the following points carefully

1)

The manufacturer's instructions must always be followed regarding decontamination of a product. Where manufacturer's decontamination instructions are unclear, or alternative disinfection agents to those described above are recommended, the Infection Prevention and Control Team should be contacted.

2)

Items should always be cleaned before disinfection.

3)

In the event of disinfectants being unavailable, and where an item is used by an identified or suspected infected patient, decontaminate by thorough cleaning with a neutral detergent and hot water, or detergent wipe, followed by wiping with a solution of 1000 parts per million of available chlorine, unless contraindicated by manufacturer's instructions.

4)

Ensure items are decontaminated and dried before storage.

5)

No local thermal reprocessing should take place. e.g. Autoclaving

Baby Changing Mat	Cover with paper roll Clean and disinfect	Change between each baby. Use wipes at the end of each clinic session, when visibly soiled and /or contaminated with bodily fluids
Baby Scales	As for changing mat	As above
Blood Glucose Monitoring Pen and Machine	Single patient use only –use single use retracting needles. Clean/disinfect pen.	Wipes Between each patient
Blood pressure sphygmomanometer and cuff	Wipeable	Wipes After each patient
Carpets	Carpets should be avoided wherever possible in appropriate clinical areas (not including admin areas, waiting rooms or corridors). Carpets may be used in GP consulting rooms Vacuum Shampoo Spillages of bodily fluid	Carpets should be steam cleaned when soiled.
Crockery and Cutlery	Machine wash with rinse temperature above 80oC and air dry. Or hand wash in hot soapy water, using neutral detergent. Rinse and dry with disposable paper towel.	After use

Curtain rails	Clean using a high damp dusting mop	Avoidance of scattering dust- Damp wipe clean and disinfect rails as per cleaning schedule .
Curtains	Disposable used in all rooms	Changed every 6m or sooner if soiled.
Chairs/Cushions	Frame and wipeable cushions Fabric chairs are not recommended due to the fact that they cannot be adequately decontaminated.	All chairs should be steam cleaned every 6m or sooner if soiled. All wooden/frames wipeable with disinfectant.
Cervical Diaphragms and Caps	Single use only	
Doppler Ultrasound Probe	Remove gel from the probe after use with disposable paper towel. Then clean/ disinfect.	Wipes After each use
Dressing scissors	Use sterile disposable scissors for sterile procedures. Single use only.	
ECG Equipment leads Machine	Electrodes -Single use only Clean/ disinfect	Wipes or follow manufacturer's instructions
Ear Syringe machine	As per manufacturer's guidelines.	Rinse out after ear use and dry thoroughly, disinfect at end of each day as per manufacturer's guidelines.
Examination Couches	Cover with disposable paper roll. (Paper roll ideally should be attached to either a holder on couch or a wall-mounted dispenser). Avoid linen. Clean/disinfect	Change paper and wipe couch between each patient using soap wipes- sign and record on laminated weekly sheet. If visibly soiled or contaminated with bodily fluids, or after a patient with a known or suspected infection use chlorine releasing agent as per blood and body fluids spillage protocol.
Mops and cloths for cleaning	Mops – should be colour coded and mop heads changed daily. Cloths- disposable	
Peak flow /mouthpiece	Mouth piece disposable	Discard after use Wipe mount after each patient.
Pulse Oximeter	Clean/ disinfect	Wipes Between patient or if visibly soiled.

Specula (Vaginal)	Single use - discard into appropriate waste stream.	
Spirometer	As per manufacturer's guidelines- see blue cleaning folder	
Tympanic thermometers	Disposable tips Thermometer - clean/disinfect	Change after each patient. Wipe daily and when visibly soiled

Toilet seats (raised)	Clean/ disinfect	As per cleaning schedule; Daily and more frequently if D&V/outbreaks.
“Vacutainer” Needle Holders	Single-Use – discard after each procedure.	
Vomit Bowls / Kidney Dishes	Single use only. Discard into macerator or dispose of contents into toilet and then dispose of receptacle in appropriate waste bag.	
Weighing scales	Clean/ disinfect after each use	
Work surfaces	Clean/ disinfect	As per cleaning schedule; Daily and when visibly dirty.