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Infection Control Policy

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Probus GP Practice

Infection Control Policy

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Purpose and definitions

The purpose of this policy is to provide guidance for staff and assurance to patients that Probus Surgery and Probus Surgical Centre is committed to continually providing high quality

healthcare for all patients and supporting the staff who provide this care. The aim of the policy is to reduce the risk of healthcare associated infection for patients, carers, and staff.

All patients regardless of age, gender, ethnic background, culture, cognitive function, sexual orientation, or marital status have the right to have their privacy and dignity respected.

Scope

This policy applies to all employees of Probus Surgery and Probus Surgical Centre, contractors, seconded staff, placements, and agency staff.

Roles, rights, and responsibilities

Patients

Patients have a right to be protected against healthcare associated infections and to expect that the appropriate procedures are followed to minimise the risk.

All staff

All staff will:

- Maintain a clean and healthy personal status, follow standard infection control procedures and promptly resolve problems of personal hygiene to avoid cross infection.
- Report and manage any personal episodes of illness and infection or episodes in close social contacts that could compromise their work.
- Participate in all necessary health promotion schemes as advised by the Occupational Health Department (e.g. vaccinations).
- Comply with national regulations related to viral antigen testing before starting and during employment when involved in exposure prone procedures.
- Report any problems with facilities, supplies, or equipment that may impact infection prevention and control.

- Remove personal clothing and fashion items that should not be worn in the workplace.
- Wash and dry hands effectively, or use an appropriate alcoholic skin decontamination fluid when arriving on duty and then before and after each activity/patient contact.
- Cover any cuts and grazes securely with an appropriate dressing.
- Follow the appropriate guidance for the use of personal protective equipment.

Clinicians

Clinicians have a responsibility to follow hand hygiene measures using an effective handwashing technique to decontaminate hands.

Clinicians will wear personal protective equipment when appropriate and dispose of it safely.

Clinicians will conduct an infection prevention and control risk assessment, follow standard infection control procedures, and take the necessary precautions for specific infections.

Practice manager

To update the policy, ensure that it is aligned with national guidelines, distribute appropriately, and ensure that staff are trained at induction and at regular intervals so that they are aware of the principles of infection control and the content of the practice policy.

To ensure all staff receive infection prevention and control training every 3 years.

To ensure all healthcare staff providing direct patient care receive infection prevention and control training every year.

To ensure that environmental cleanliness is maintained and the risk of spreading infection when using care equipment is minimised.

To ensure that healthcare waste is handled appropriately and the risk of spreading infection when it is transported and stored is minimised.

Principles of this policy

This policy adheres to local and national guidance and policy including the Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Healthcare Associated Infections, and Care Quality Commission (CQC) registration requirements.

Hand hygiene

Hand decontamination will take place:

- Before every episode of direct contact with a person or care, including aseptic procedures.
- After every episode of direct contact with a person or care immediately after any exposure to body fluids, mucous membranes, non-intact skin, or wound dressings.
- After any other activity or contact with a person's surroundings that could potentially result in hands becoming contaminated.
- Before handling an invasive device (regardless of whether gloves are used or not).
- Before putting on, and immediately after removing, personal protective equipment (including gloves).
- If moving from a contaminated body site to another body site during care of the same person.

To ensure hands can be decontaminated, clinicians will:

- Keep arms bare below the elbow when delivering direct care.
- Remove wrist and hand jewellery.
- Make sure that fingernails are short, clean, and free of nail polish.
- Cover cuts and abrasions with waterproof dressings.

Hands will be decontaminated using an effective handwashing technique with a hand rub conforming to current British standards except when liquid soap and water may be used (e.g. hands are visibly soiled, or there is potential for the spread of alcohol-resistant organisms).

An emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand decontamination.

Handwashing

This will involve three stages: preparation, washing and rinsing, and drying.

The procedure takes around 30–60 seconds and involves:

- Wetting the hands under tepid running water before applying liquid soap or an antimicrobial preparation.
- Ensuring the handwash solution comes into contact with all of the surfaces of the hand.
- Rubbing the hands together vigorously for a minimum of 10–15 seconds paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
- Rinsing hands thoroughly then drying them with good quality paper towels.

Alcohol handrubs

The process for using an alcohol handrub to decontaminate hands will take around 20–30 seconds and involves:

- Ensuring hands are free from dirt and organic material.
- Ensuring the handrub solution comes into contact with all surfaces of the hand.
- Rubbing the hands together vigorously, paying particular attention to the tips of the fingers, the thumbs, and the areas between the fingers, until the solution has evaporated and the hands are dry.

Personal protective equipment (PPE)

The risks of acquiring and spreading infection will be considered before, during, and after each activity, including considering potential contamination of the environment in which you are working.

The selection of personal protective equipment (PPE) will depend on the risk of:

- Transmission of the microorganism(s).
- Contamination of clothing and skin by blood, body fluids, secretions, or excretions.

All items of PPE will be checked for cleanliness and damage and to ensure they fit correctly before use and will be used according to the manufacturer's instructions, and any relevant local and national policies/procedures.

PPE will be removed and replaced if it becomes torn, punctured, or damaged as soon as it is safe to do so.

Items of PPE will be changed between different people and between different activities with the same person.

Gloves and disposable plastic aprons or gowns will be worn as single use items — they must be put on immediately before an episode of contact or treatment and removed as soon as the activity is completed. They must then be disposed of correctly in accordance with current national legislation or local policies.

Procedures for cleaning re-usable items with or without disinfection will be followed.

Gloves will be worn for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments.

Gloves will conform to current EU legislation (CE marked as medical gloves for single use).

Alternatives to natural rubber latex gloves will be available for people who have a documented sensitivity to natural rubber latex. Polythene gloves will not be used for clinical interventions.

A disposable plastic apron will be worn if there is a risk that clothing may be exposed to blood, body fluids, secretions, or excretions. A long-sleeved fluid-repellent gown will be worn if there is a risk of extensive splashing of blood, body fluids, secretions, or excretions onto skin or clothing.

Face masks and eye protection will be worn if there is a risk of blood, body fluids, secretions, or excretions splashing into the face and eyes.

Environmental cleanliness

To ensure environmental cleanliness a cleaning plan will be in place and include:

- The standards to be achieved.
- Clear allocation of responsibility for cleaning of all areas and items and a designated person to lead on cleaning and decontamination.
- Cleaning schedules and frequencies and the names of people responsible for cleaning.
- Systems to measure outcomes, the reports required and who should receive them.
- Operational and training policies and procedures and risk assessment protocols.
- How cleaning services, operations and controls dovetail with arrangements for infection control, including training for all cleaning staff in infection control policies and procedures.
- A documented record of cleaning undertaken.

Cleaning will be carried out with or without disinfection (depending on manufacturer's instructions and local and national policy):

- According to the cleaning schedule.

- When the environment is visibly dirty, or as required.
- Immediately following a spillage of blood or body fluids.
- Whenever a patient/service user is discharged or transferred from their care environment, to ensure the environment is safe to receive the next patient/service user.

The cleaning and disinfection equipment will be clean, fit for purpose, appropriately colour-coded, in a good state of repair, and stored in a clean, dry, designated place.

PPE will be removed and disposed of effectively, where appropriate, and hand hygiene performed following removal/disposal.

Cleaning and disinfecting records and schedules will be completed accurately and promptly.

Using care equipment

Care equipment will be inspected before use to ensure it is clean and all equipment will be decontaminated after use according to the manufacturer's instructions, a risk assessment of the procedure, and the item being used in accordance with Control of Substances Hazardous to Health (COSHH) Regulations.

Effective hand hygiene will be performed before and on completion of the activity.

Care equipment will be stored in a clean, designated place, and single use, single-patient use, and disposable equipment will be disposed of in accordance with local policy.

Single use equipment will be used on an individual patient during a single procedure and then discarded.

Transporting and storing healthcare related waste

Healthcare related waste will be:

- **Handled correctly** — PPE will be worn when handling waste, and waste bags will be held by the neck and kept at arms length to reduce the risk of injury.

- **Segregated correctly** immediately by the person generating the waste into appropriate colour-coded storage or waste disposal bags or containers that are compliant with current national legislation and local policies.
 - Orange — infectious waste.
 - Yellow and black striped — offensive/hygiene waste.
 - Purple — cytotoxic or cytostatic medicine waste.
 - Blue — medicinal waste.
 - Black — domestic waste.
- **Labelled appropriately** with the address and date prior to collection to ensure traceability if an incident occurs.
- **Packaged for transportation** — waste bags will be no more than two-thirds full to ensure they can be tied using a suitable plastic zip tie or secure knot. If a waste bag awaiting collection is torn, the torn bag and contents will be placed inside a new waste bag.
- **Stored safely** in a secure place away from public access.
- **Transported and disposed** of in accordance with current national legislation and local policies.

The storage area will be safe and cleaned/disinfected immediately if any spillages of waste occur.

Any trolleys or vehicles used to transport the waste will be cleaned after use.

PPE will be used when transporting and storing waste and disposed of correctly.

Effective hand hygiene will be performed.

Any adverse events, incidents, or accidents concerning the storage and/or transportation of healthcare waste will be reported immediately, following local procedures.

Body fluid spillages

PPE will be worn and an appropriate blood spillage kit will be used according to the manufacturer's instructions.

The spillage and contents of the pack will be disposed of as infectious waste.

Detergent and warm water will be used to clean carpets or soft furnishings (or a carpet cleaning machine or steam cleaner if practicable).

Sharps and other healthcare waste

Used sharps will be discarded immediately by the person generating the sharps waste – the needle and the syringe will be disposed of as one unit into the correct colour-coded sharps container, which must conform to current standards.

- Purple lid — cytostatic or cytotoxic medicines.
- Orange lid — not contaminated with medicines.
- Yellow lid — contaminated with medicines.

Sharps containers will:

- Be located in a safe position (not on the floor) to avoid spillage, at a height that allows the safe disposal of sharps, is away from public access areas, and out of the reach of children.
- Not be used for any other purpose than the disposal of sharps.
- Not be filled above the fill line.
- Temporarily closed when not in use.
- Be disposed of when the fill line is reached and labelled with the date, source prior to disposal, and signed when assembled, locked, and disposed of.

- Disposed of every 3 months even if not full, by the licensed route in accordance with local policy.

Infection prevention and control risk assessment

The risk to and from individuals will be assessed promptly on arrival at the care area — this assessment should influence referral decisions in accordance with clinical need.

The task, the level of interaction, and/or the anticipated level of exposure to blood and/or other body fluids will be taken into account.

The steps that need to be taken to reduce or control the risks will be identified.

Methods and interventions will be put in place to monitor the risks of infection to determine whether further steps are needed to reduce or control infection.

Specific infections

Standard infection control procedures may be insufficient to prevent cross transmission of specific infections. Local and national policies will be adhered to when cleaning where specific infections or microorganisms are known to be present or where an adverse incident or outbreak of infection has occurred.

Additional transmission-based precautions (TBPs) may be necessary depending on clinical judgement. This will be based on the:

- Suspected/known infectious agent.
- Severity of the illness caused.
- Transmission route of the infectious agent.
- Care setting and procedures undertaken.
- People who may present a cross-infection risk. For example, people:
 - With diarrhoea, vomiting, an unexplained rash, fever, or respiratory symptoms.

- Known to have been previously positive with a multi-drug resistant organism (MDRO), for example, meticillin-resistant *Staphylococcus aureus* (MRSA).
- Who have been hospitalised outside the UK in the last 12 months.

If TBPs are necessary:

- People with suspected/known infection/colonisation will be prioritised for assessment/treatment (for example scheduled appointments at the start or end of the clinic session).
- Infectious people will be separated from others while awaiting assessment and during care management by at least 1 metre.
- PPE will be worn if an examination is undertaken involving contact with body fluids and be disposed of immediately after a procedure.
- The treatment couch and immediate area will be cleaned with detergent and warm water followed by a hypochlorite solution at a dilution of 1000 ppm (e.g. Haz tabs, Presept, or a disinfectant wipe if the person has attended for a procedure).
- Waste contaminated with body fluids will be disposed of as infectious waste.

During periods of increased activity with norovirus, all practice staff:

- Will be reminded to wash their hands thoroughly after patient contact, before their breaks, and before eating and drinking.
- With vomiting and/or diarrhoea will be required to stay off work until they are symptom free for 48 hours — if this occurs at work, they will be sent home immediately.

If a person with norovirus vomits, the spillage will be cleared up promptly:

- PPE will be worn.
- The area will be ventilated.

- Vomit will be cleaned up with paper towels.
- An appropriate body fluid spillage kit will be used to clean the affected area.
- Waste and PPE will be disposed of as infectious waste.
- If a mop and bucket are used the mop head will be disposed of immediately as infectious waste and the bucket washed with detergent and warm water and wiped with a chlorine-based disinfectant at 1000 parts per million and stored upside down.
- Effective hand hygiene will be performed.

Distribution

Employees will be made aware of this policy via TeamNet.

Patients will be made aware of this policy using patient leaflets and on the practice website.

Training

All staff will be given training on the infection control procedures at induction and at regular intervals thereafter.

Any training requirements will be identified within an individual's Personal Development Reviews. Training is available in the Training module within TeamNet.

Equality and diversity impact assessment

In developing this policy, an equalities impact assessment has been undertaken. An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.

If, at any time, this policy is considered to be discriminatory in any way, the author of the policy should be contacted immediately to discuss these concerns.

Monitoring and reporting

Monitoring and reporting in relation to this policy are the responsibility of the practice manager.

The following sources will be used to provide evidence of any issues raised:

- PALS.
- Complaints.
- Significant and learning events.

Any incidents relating to infection control will be monitored via incident reporting.

Summary of NHS legal and mandatory documentation

NHS Improvement (2019). Standard infection control precautions: national hand hygiene and personal protective equipment policy.

Department of Health (2015). The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

HM Government. The Control of Substances Hazardous to Health Regulations 2002.

Versions

Document review history

Version number	Author/reviewer	Summary of amendments	Issue date
1.0	Spencer Casey	Policy written	13.5.2021
2.0	Helen Adams/ Verity Allen	Reviewed and updated	04/08/2021
3.0			
4.0			
5.0			

6.0			
7.0			

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NHS (2019) Infection. Prevention. Control.

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