Coulby Medical Practice

Infection Prevention and Control Policy

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Contents Page

1. Introduction and definitions ............................................................. p3
2. Responsibilities ............................................................................... p3
3. Standard Principles of Infection Control Guidelines ........................ p4
4. Environmental cleaning and decontamination ................................. p4
5. Hand Hygiene .................................................................................. p5
6. Cleaning, Disinfection and Decontamination.................................... p6
7. Sharps Policy.................................................................................... p7
8. Management of infection.................................................................. p8
9. Occupational Health.......................................................................... p9
10. List of additional policies................................................................... p11
11. Contacts........................................................................................... p12
12. Reference........................................................................................ p12
13. **Introduction and Definitions**
    1. In 2010 the Department of Health published new guidance entitled ‘Health and Social Care Act 2008: Code of Practice on the Prevention and Control of infection and related guidance’ which all primary care providers are required to comply with.
    2. ‘Infection Prevention and Control’ refers to policies, procedures and practice to minimise the risk of spreading infection.
    3. This policy provides a basic overview of infection prevention and control measures within Coulby Medical Practice and sets out guidance on standard universal infection control precautions, hand hygiene, cleaning disinfection and decontamination and sharps policy. Additional policies and more detailed guidance are listed at the back of the policy, together with further contacts and references. All additional policies are available on the practice Intranet for all staff.
    4. This infection control policy should be easily accessible to all members of the primary care team and used regularly for reference and guidance.
14. **Responsibilities**
    1. All staff have an important part to play in the control of healthcare associated infection and must always apply the procedures and precautions in this policy
    2. to ensure safe practice for the patient, themselves, colleagues and visitors. Good clinical practice can substantially reduce risks associated with healthcare associated infection.
    3. A named designated IPC lead, Dr David Bannar-Martin (GP partner), supported by Sue Suggett/Sarah Richardson (Practice Manager/s), will maintain ultimate accountability for the implementation of this policy, although each member of staff has a responsibility to ensure that they are cognisant with the content of this policy and how it affects them in their work. The IPC leads will be supported by an IPC team consisting of: Reception Manager (LC); HCA (SS); Practice Nurse (JO) and Advanced Nurse Practitioner (JH)*.*
    4. The Infection Prevention and Control Team will review policies and procedures, provide training in order that all staff carry out safe effective infection prevention and control measures and audit compliance with infection prevention and control policies and procedures. In addition, the IPC team will produce an annual statement including: infection transmission incidents; audits undertaken; risk assessments completed; training delivered.
    5. Up to date information on current infection prevention and control issues (eg. seasonal flu campaign) will be displayed within waiting room and on website.
15. **Standard Principles of Infection Control Guidelines**
    1. The clinical environment must be visibly clean, free from dust and acceptable to patients, visitors and staff.
    2. Use of standard infection prevention and control measures will minimise risk of transmission of infection to other patients as well as to staff.
    3. Where a piece of equipment is used for more than one patient, appropriate cleaning must follow each episode of use.
    4. Re-usable medical devices must be cleaned in accordance with guidance for cleaning and disinfection of re-usable medical devices.
    5. Statutory requirements must be met, and policies followed in relation to the safe disposal of clinical waste including sharps. This will include staff training, provision of appropriate waste disposal facilities in treatment rooms, separation of waste streams, and provision of a registered waste contractor.
    6. All staff must be included in education and training related to the prevention of healthcare associated infection; this will include training in hand hygiene, management of blood and body fluid spillages and splashes, appropriate use of PPE, management of exposure incidents, waste management including sharps handling and the need for spot cleaning.
16. **Environmental cleaning and decontamination**
    1. The designated lead for cleaning and decontamination of the environment is the Reception Manager, Mrs. Lindsay Cave.
    2. CMP premises will be furnished taking account of national guidance; rooms with specialist functions, for example minor surgery room and treatment room, will be adapted accordingly in line with a risk assessment.
    3. Planned examination of wounds and potential infected sites should be carried out in a designated setting designed for the purpose, for example the treatment room. Patients with infected wounds where contamination is a potential concern should be offered appointments at the end of the day to allow appropriate decontamination of surfaces.
    4. The environmental cleaning and decontamination plan specifies how to clean all areas, fixtures and fittings, and what products to use, including the appropriate decontamination of the rooms used for minor surgery and coil fitting.
    5. Cleaning will be subject to regular audit by the cleaning contractor in liaison and agreement with the IPC team.
17. **Hand hygiene**
    1. Clinical staff should remove all wrist/ hand jewellery (except for a single plain wedding band) including wrist watches at the beginning of each clinical shift before regular hand decontamination begins. Cuts and abrasions must be covered with waterproof dressings. Non-clinical staff will be encouraged to follow this guidance for their own protection.
    2. Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material must be washed with liquid soap and water.
    3. All staff should be aware that alcohol gels are not effective against Noroviruses or Clostridium difficile spores, hands should therefore be washed with soap and water after patient contact.
    4. As a basic principal hands should always be washed and dried after visiting the toilet, before preparing food, before eating or drinking, and after smoking.
    5. Effective hand washing technique is detailed in appendix 1.
    6. When decontaminating hands using alcohol hand rub, hands should be free of dirt and organic material. The hand rub solution must contact all surfaces of the hand. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, and until the solution has evaporated and the hands are dry.
    7. Apply an emollient hand cream at the end of each shift to protect skin from the drying effects of regular hand decontamination.
    8. Nails should be short, clean and free from nail polish. Artificial nails are not acceptable as hands cannot be effectively decontaminated.
    9. Nail brushes are commonly contaminated with pathogenic bacteria and may also damage the skin, their use must be avoided in all areas.

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

* 1. Where gloves are worn as above, they should be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves must be changed and hands decontaminated between caring for different patients or between care/ treatment activities for the same patient.
  2. Soiled gloves must be disposed of as clinical waste and hands should be decontaminated following the removal of gloves.

1. **Decontamination: Cleaning, Disinfection and Sterilisation**

The term decontamination refers to cleaning, disinfection and sterilisation and there are three levels of decontamination.

* 1. Cleaning: Cleaning is the physical removal of any contamination such as blood, faeces etc. Many microorganisms are removed with warm water and detergent. Detergent is essential for effective cleaning. Approximately 80% of organisms are removed by cleaning. Once cleaned it is important to ensure the equipment/area is dried thoroughly to prevent any remaining bacteria from multiplying. Cleaning 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.
  2. Disinfection: Disinfection is a process which reduces the number of microorganisms on an intermediate risk item to a level at which they are not harmful. Spores are not usually destroyed. Methods of disinfection include chemical disinfection (e.g., alcohol wipes).
  3. Sterilisation: Sterilisation is a process that kills or removes all types of micro-organisms, including resistant spores. It is impossible to guarantee that every microorganism exposed to a particular treatment has been killed. It is therefore realistic to define sterilisation as a process that provides an acceptably low probability that any microorganism will survive the treatment. Autoclaving or gamma irradiation are common methods of sterilisation.
  4. No local sterilisation takes place at this surgery - all sterile equipment is secured from an accredited sterile supply department.
  5. Surgical instruments: Defined as any instrument that has contact with mucous membrane, penetrates intact skin or is in contact with non-intact skin. Single use devices that are labelled by the manufacturer for ‘single use only’ must not be reused and must be disposed of appropriately. All other surgical instruments are ordered into the surgery from the accredited sterile supply department.
  6. Any items being transported for decontamination should be double bagged and be placed in a leak proof rigid container that has a secure lid and complies with the transportation of dangerous goods. No items are currently transported for decontamination from Coulby Medical Practice.
  7. The nominated lead for decontamination of equipment and reusable medical devices is the HCA, Mrs. Sarah Stones.

1. **Sharps Policy**

For the purpose of this policy a ‘sharp’ is defined as anything which may puncture skin, and which may be contaminated by blood or other body fluids. The term ‘sharps’ is a regulatory waste classification associated with those instruments used to puncture, cut, or scrape body parts and that, as waste, can cause punctures or cuts to solid waste handlers or the public. This is interpreted to mean that any instrument that looks like it is meant to be used in this manner must be disposed of as sharps waste. The sharps definition includes, but is not limited to, the following items:

* Hypodermic needles
* Syringes
* Lancets
* Scalpel blades
* Razor blades
  1. All sharps must be disposed of at point of use
  2. Sharps container must comply with BS 7320:1990 ‘Specification for sharps’ containers and be of the appropriate size for its purpose.
  3. Do not dispose of sharps with other clinical waste in a clinical waste bag or in such a way that they are likely to cause injury.
  4. Needles must not be re-sheathed prior to disposal. Needles must not be bent or broken prior to use or disposal. If a needle breaks prior to using it dispose of all the parts immediately into the sharps container.
  5. It is the responsibility of the person(s) using the sharp to dispose of it properly. Do not leave sharps for someone else to dispose of.
  6. Follow the manufacturers’ instructions when assembling sharps containers taking particular care to ensure that the lid is properly fastened into position prior to use.
  7. Sharps containers must be readily available in any area where sharps are likely to be used.
  8. Used sharps must never be carried in a receiver or on a tray, they must be disposed of directly and immediately into a sharps container after use.
  9. Sharps containers should never be placed at floor level. They should always be placed out of the reach of children and where unauthorised people cannot gain access to them when not in use.
  10. The sharps container must remain in a designated place except when it is being used by a health care worker and therefore is under supervision.
  11. Never attempt to retrieve any items from sharps containers.
  12. Do not attempt to press down on the sharps to make more room in the sharps container – or shake the box.
  13. When needles and syringes have been used on a patient and may potentially be contaminated with blood the needle and syringe should be disposed of as one unit into a sharps container and not disconnected from each other.
  14. Sharps must be put into the sharps container and not left protruding from the container or left on top or lying around the outside of the container.
  15. Do not fill sharps containers above the marked line. Check the sharps container before use to ensure it is not overfilled.
  16. Lock the sharps container when ready for final disposal (i.e., when the manufacturers marked level usually 2/3 full is reached) using the locking mechanism on the closure. Once locked, record premises name and date of closure on the container.
  17. If the sharps container is seldom used, it should be replaced after a maximum of 3 months regardless of the filled capacity.
  18. When sharp containers are ready for final disposal, they should be stored in a designated place away from the public prior to collection.
  19. Handle used sharps containers with extreme care, especially when being transported.
  20. Keep temporary closure in place when sharps box not in use.

1. **Management of infection**
   1. The Clinical Team will provide appropriate up-to date initial advice and treatment when a service user develops an infection and assess any potential communicable disease control issues. In most cases further action will not be needed; however, if required, the primary medical care practitioner may consult with a designated source of specialist infection control advice using the contacts list at the back of this policy.
   2. Up-to-date local and national guidelines will be followed including local Tees antimicrobial prescribing guidelines (available on the practice Toolkit) and the BNF. CMP aims to achieve maximum therapeutic effect when treating infection whilst minimising the risk of contributing an additional burden on antimicrobial resistance (MRSA) and emergence of *Clostridium difficile* infection.
   3. Appropriate information should be recorded in the practice-held patient summary record; for example, all patients with MRSA should have this recorded as a significant problem within their medical problem summary.
   4. In specific designated circumstances information may be shared with another health and adult social care provider, paying attention to service users’ confidentiality. This could include circumstances where:

* a patient is referred or admitted to a hospital, adult social care or mental health facility.
* a patient is scheduled for an invasive procedure.
* a patient is transported in an ambulance; or
* there is an outbreak or suspected outbreak amongst patients or the local community.
  1. Reasonable precautions will be instituted when a patient suspected of having a communicable infection such as chicken pox or measles is waiting in the waiting room alongside other potentially vulnerable patients. These include advertising a private waiting area for patients suffering rashes and other infections and notices encouraging good IPC measures for others. *When the private waiting area is already occupied by a patient, an alternate waiting area should be identified.*
  2. Management of patients infected with alert organisms: Practitioners are expected to follow policies that minimise risk to patients from these organisms; for example antimicrobial prescribing should take account of *Clostridium difficile* risk; patients newly diagnosed with MRSA should have a risk assessment performed according to local guidelines and should have their MRSA status recorded as an active significant problem to minimise future risk when prescribing or admitting; local procedures will be followed when screening for the carriage of MRSA prior to admission to secondary care.
  3. Doctors in England and Wales have a statutory duty to notify the local Health Protection Unit (HPU) of suspected cases of certain infectious diseases. The attending Registered Medical Practitioner (RMP) should fill out a notification certificate immediately on diagnosis of a suspected notifiable disease and should not wait for laboratory confirmation of the suspected infection or contamination before notification. The certificate should be sent to the HPU within three days or verbally within 24 hours if the case is considered urgent. **Notifications sent to the HPU must be made in a secure manner. This may be by telephone, letter, secure or encrypted email or to a secure fax machine. If in doubt please contact the local HPU for advice (see Contacts, p12).**
  4. **A list of notifiable diseases and a sample reporting certificate is available on the Toolkit.**

1. **Occupational Health**
   1. CMP takes the responsibility of protecting the health of its staff seriously.
   2. Clothing/uniform and work-wear policies should ensure that clothing worn by staff when carrying out their duties should be clean and fit for purpose. Consideration should be given to items of attire that may inadvertently contact with the person being cared for.
   3. Where appropriate clinical and other relevant staff will be offered immunisation against hepatitis B.

* Hepatitis B immunisation is recommended for healthcare workers who may have direct contact with patient’s blood or blood-stained body fluids. This includes any staff who are at risk of injury from blood-contaminated sharp instruments or of being deliberately injured or bitten by patients. A record of employees’ hepatitis B immune status will be kept by Sarah Richardson.
* Evidence of measles and rubella immunity is recommended for GPs and nursing staff who may be in contact with young children, pregnant women or ill patients. Evidence of measles immunity will include positive measles serology or evidence of 2 MMRs.
  1. Training in sharps handling and in management of blood and body fluid spills and splashes should be in place, including the use of chlorine-releasing agents. There should be clear, accessible information about reporting occupational exposure and the need for action after exposure to BBVs, as well as arrangements for post-exposure prophylaxis for hepatitis B and HIV, including out of working hours. This may be provided by local Occupational Health services if available, but should also be accessible out of hours, for example from a local Accident & Emergency department.
  2. Influenza vaccination helps to prevent influenza in staff and may reduce risk of transmission to vulnerable patients. Influenza immunisation is therefore recommended and will be offered to for health care workers directly involved in patient care.
  3. Staff performing EPPs should have been screened for BBV on admission to the NHS and have an ongoing personal and professional responsibility to seek re-testing at any time if they are exposed to risk of infection.

1. **List of Additional Policies**

Additional more detailed guidance is available within the following policy documents:

1. Environmental decontamination and cleaning

* CMP Identification of functional areas and key elements
* CMP Cleaning Plan
* CMP Cleaning Schedule (including responsibilities)
* CMP Legionella policy

1. Clinical Waste Disposal

* CMP Clinical Waste Policy
* Tees current Clinical Waste policies

1. Management of Spillages of Blood and Other Body Fluids.

* CMP: Management of Contamination Injuries
* CMP: Management of Inoculation Injuries
* CMP: Management of Accidental Blood and Body Fluid Spillages
* CMP: Management of BBV policy

1. CMP Notification of Infectious diseases policy
2. **Contacts**

The following health practitioners may provide useful guidance when dealing with highly transmissible diseases (such as smear-positive pulmonary tuberculosis or norovirus) or suspected outbreaks of a communicable disease which is detected by the practice.

PHE North East Health Protection Team, Floor 2 Citygate, Gallowate, Newcastle upon Tyne, NE1 4WH

03003038596 Option 1 (or out of hours HCPs only 0191 269 7714)

Consultant in Infectious Diseases: on call consultant contactable via JCUH switchboard 01642 850850.

<http://medicines.necsu.nhs.uk/guidelines/tees-guidelines/>

Duty Occupational Health advice is available by contacting Occupational Health at JCUH 01642 – 850850 or attending A+E at JCUH.

1. **References**

Middlesbrough, Redcar & Cleveland Community Services (2010) Standard (Universal) Infection Control Precautions

Middlesbrough, Redcar & Cleveland Community Services (2010) Hand Hygiene Policy

Middlesbrough, Redcar & Cleveland Community Services (2010) Cleaning, Disinfection and Decontamination

Middlesbrough, Redcar & Cleveland Community Services (2008) Sharps Policy

Dept of Health: Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance

Dept of Health: Green Book Chapter 12 Immunisation of healthcare and laboratory staff.

GMC 2009 Supplementary Guidance: Confidentiality disclosing information about serious communicable diseases.

Available at <http://www.gmc-uk.org?guidance/117.asp>

NPSA 2010: The national specifications for cleanliness in the NHS: guidance on setting and measuring performance outcomes in primary care medical and dental premises.

Health Protection Agency Guidance on Notification of Infectious Disease available at: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/NotificationsOfInfectiousDiseases/>