

Infection Prevention and Control Policy

Person responsible for review of this policy: Julia Damsell

Date of last review: April 2014

Date of next review: April 2015

Purpose

The purpose of the policy is to set out the infection prevention and control procedures at Crest Family Practice.

This policy is relevant to any one who works at Crest Family Practice, including non-clinical staff. Individuals on training placements and visitors/observers on the premises must also adhere to this.

This policy will be monitored and reviewed annually by the Infection Prevention and Control (IPC) Lead.

Commitment of the practice

The employers and all staff at Crest Family Practice 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: Julia Damsell (Practice Nurse)

The contact details for the IPC Lead are:

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Standard Precautions

Hand washing procedures

- 1) Washbasins with suitable taps, liquid soap dispensers, alcohol rubs, paper towels and waste bins are provided in all clinical care areas.
- 2) Hands must be decontaminated in all of the following circumstances:
 - Immediately before every episode of direct patient care or contact, including aseptic procedures
 - Immediately after every episode of direct patient care
 - Immediately after exposure to bodily fluids
 - Immediately after any other activity or contact with a patient that could potentially result in hands becoming contaminated
 - Immediately after the removal of gloves
- 3) Hands may be decontaminated with handrub, except in the following circumstances when liquid soap and water must be used:
 - When hands are visibly soiled or potentially contaminated with bodily fluids
 - In a clinical situation when there is the potential for the spread of alcohol-resistant organisms such as Clostridium Difficile
- 4) Healthcare workers should ensure that their hands can be decontaminated throughout the duration of clinical work by:
 - Being bare below the elbow 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 waterproof dressings.
- 5) An effective hand washing technique involves three stages:
 - Preparation
 - Washing and rinsing
 - Drying
- 6) Preparation requires wetting hands under tepid running water before applying liquid soap or an antimicrobial preparation.
- 7) The hand wash solution must come into contact with all of the surfaces of the hand. The hands must be rubbed 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. Hands should be rinsed thoroughly before drying with good quality paper towels.
- 8) When decontaminating hands using an alcohol handrub, hands should be free from dirt and organic material. The handrub solution must come into contact with 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, until the solution has evaporated and the hands are dry.
- 9) An emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand decontamination. If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation an occupational health team should be consulted.

Use of personal protective equipment

- 1) Selection of protective equipment must be based on an assessment of the risk of transmission of microorganisms to the patients, and the risk of contamination of the healthcare workers clothing and skin by the patients blood and/or bodily fluids.
- 2) Gloves must be used for direct patient care and should be appropriate for the task.
- 3) Gloves must be used for direct patient care and gloves must 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 and/or body fluids or to sharp or contaminated instruments.
- 4) Gloves must be worn as single-use items. They must 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 between caring for different patients, and between different care or treatment activities for the same patient. Ensure that gloves used for direct patient care that have been exposed to body fluids are disposed of correctly, in accordance with local policies.
- 5) Alternatives to natural rubber latex gloves must be available for patients, carers and healthcare workers who have a documented sensitivity to natural rubber latex.
- 6) When delivering direct patient care wear a disposable plastic apron if there is a risk that clothing may be exposed to blood or body fluids.
- 7) When using disposable plastic aprons or gowns use them as single-use items, for one procedure or one episode of direct patient care and ensure they are disposed of correctly.

General Dress Code

Staff should wear clothes that are clean and fit for purpose.

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

See:

- Waste management protocol
- Safe Handling, Disposal and Reporting of Sharps and Blood-Borne Viruses Exposure Injuries Policies & Procedures

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Other procedures

Venepuncture procedure

- 1) Staff should be adequately trained to perform this procedure.
- 2) Wounds or abrasions should be covered and gloves should be worn.
- 3) Special sterile phlebotomy (Vacutainer system) syringes and needles must be used only once.

- 4) Trays used for procedure must be single use only or reusable plastic trays, cleaned after each patient with disinfectant spray
- 5) Healthcare professionals should ensure that no blood contacts their skin by:
 - Covering the site of the needle puncture with a cotton wool ball when removing the needle
 - Do not sheath the needle
 - Place the needle immediately into a sharps box
 - Specimens should be sealed in pathology sample bags for transportation

Vaccinations

- 1) Vaccines are administered in association with recommended best practice
- 2) Gloves should be worn.
- 3) Vaccines are stored as manufacturers' guidance in well maintained, monitored refrigerators to ensure maximum efficacy of products to combat infection.
- 4) Care should be taken in using hypodermic equipment during administration to patient and subsequent equipment disposal as with venepuncture

Obtaining specimens

Urine Collection

- 1) Avoid contamination of personnel or clothing.
- 2) Gloves need not be worn when handling urine containers unless the container is contaminated with bodily fluids.
- 3) Gloves need to be worn for performing pregnancy or dipstick tests.
- 4) Hands should always be washed after handling and testing urine.
- 5) Samples of urine in open containers are to be handled carefully to avoid spillages and transported a minimum distance after production to analysis and after analysis to disposal.
- 6) If required the sample should be poured into a laboratory container and avoid contamination of the outside of the container.

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 Smears

- 1) Staff should be adequately trained for performing this procedure.
- 2) Smears should be taken in accordance to current cytology protocols.

- 3) All speculum are single use.
- 4) Paper roll used to cover the bed must be disposed of after each patient and the bed cleaned with disinfectant spray.

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 precautions used.

Processing of medical instruments

Where medical instruments come in contact with the patient, if possible the Practice will use disposable single-use fittings (e.g. disposable mouthpieces with valves for peak flow meters). Otherwise instruments and fittings are cleaned in accordance with the manufacturer's instructions (e.g. multi-use mouthpiece for spirometer, ECG leads).

When single use items are not available, for example placebo inhalers, the items must be cleaned with warm water and a suitable disinfectant and dried thoroughly.

Minor operations and dressing instruments

Where possible the Practice uses single-use instruments, which are then disposed of in accordance with the clinical waste policy.

Use of CSSD

Instruments are transported from University Hospital Bristol CSSD in a blue box and sent back to University Hospital Bristol, when used, in a blue box. Transportation is via the University Hospital Bristol courier.

The Practice does not undertake in-house sterilisation of surgical equipment. Where multi-use surgical instruments items must be used, all processing is undertaken at CSSD (Central Sterile Supply Department). Currently this applies to only a small number of multi-use surgical instruments.

Leg Ulcers Cleansing Buckets

When patients require legs soaking in buckets, disposable liners will be used. The buckets will then be cleaned using disinfectant spray after use.

Accidents

See Safe Handling, Disposal and Reporting of Sharps and Blood-Borne Viruses Exposure Injuries Policies & Procedures
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Immunisation

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.

Training

Infection control training will take place for all staff as part of the practice induction and for clinical staff on an annual basis.

Surgery Cleaning

The practice uses an external company for most of the cleaning requirements. Practice staff are responsible for

- 1) Leaving their workspace clear and tidy to allow the contract cleaners to clean effectively.
- 2) Cleaning all electrical equipment appropriately.
- 3) Appropriate cleaning of clinical equipment and fixtures between individual patients.
- 4) Cleaning of spillages which arise during the day.
- 5) Cleaning of bodily fluids spillages.

Audit and risk assessment

The IPC Lead will carry out regular audits. This schedule is to be arranged.

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 results.

3) Review of relevant staff training

4) **Reference**

- Department of Health (2011) *The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance*. [online] Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216227/dh_123923.pdf [Last accessed 1st April 2014]
- Health Protection Authority South West (2007) *Infection control guidelines for community settings*. [online] Available: http://www.hpa.org.uk/webc/hpawebfile/hpaweb_c/1194947417368 [Last accessed 1st April 2014]
- NICE. (2012) *Prevention of healthcare-associated infection in primary and community care*. [online] Available: <http://www.nice.org.uk/nicemedia/live/13684/58654/58654.pdf>. [Last accessed 1st April 2014]