Chapelgreen Practice

Clinical Protocol
INFECTION CONTROL
Aim of Protocol
The aim of the Practice is to maintain Staff awareness, in order to prevent the spread of infection amongst Staff and Patients. All Staff need to adhere to the procedures in place and are aware of basic principles of infection control
Actions

INTRODUCTION:

Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst Staff, Patients and communities. All Staff working at the practice are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids. Such substances can contain pathogens and spread if adequate precautions are not followed.

Therefore, adherence to strict guidelines on infection control within the Practice ensures the safety of both patients and Staff.

“In order to provide and maintain a clean and appropriate environment that facilitates the prevention and control of infections” Health and Social Care Act (2008)

The Practice must also maintain its legal obligations with consideration to infection control.

- Health and Safety at Work Act (1974)
- Public Health Infections Disease Regulations (1988)
- Reporting of incidents. The Practice has a duty to report outbreaks of certain diseases as well as accidents such as needlestick incidents. (1995)
- Control of substances Hazardous to Health Regulations (COSHH) (2002)
- Environmental Protection Act (1990)
  The Practice is responsible for safe disposal of Clinical Waste.

There are a number of infection control standards that must be adhered to in General Practice.

>Hand Hygiene

>Environment

>Waste Disposal and Waste Segregation.

>Sharps Handling and Disposal

>Equipment cleaning and decontamination.

>Clinical Practice- linked to Blood Borne Viruses

>Vaccine transport and storage

Assessing the risk:

The Health and Safety Executive (HSE) has produced general guidance on risk assessment.

You need to:

*Identify the hazards- where Blood Borne Viruses (BBV's) may be present

*Decide who may be harmed and how- which employees and others may be exposed - for example through dealing with accidents or handling contaminated items for cleaning or disposal.

*Assess how likely it is that BBV's could cause ill health and if existing precautions are adequate.

Factors to consider include:

- The frequency and scale of contact with blood or other body fluids
- The number of different person's blood/body fluids with which contact is made
- Any existing information on workplace reported incidents
- The quality of control measures. Review and revise as necessary

Personnel Responsible

Nurse infection control lead: **Lisa Carrack**

GP Infection Control Lead: **Dr Noreen Ahmed**

Managerial infection control lead: **Jemma Dawson**

Other services for advice and information – Infection Control Nurse from ICB

Hospital Microbiology/Virology

Consultant in infectious diseases

Clinical Guidelines

Emergencies

If there is a suspected outbreak of an infectious disease, the Consultant in communicable disease or Communicable disease team should be contacted immediately. See local policy for contact numbers.

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EFFECTIVE HAND WASHING

Hand washing is the single most important method of preventing the spread of infection.

All Staff should wash and dry hands

- Between seeing each patient, where direct contact is involved.
- After handling and body fluids/waste or soiled items.
- After handling specimens
- After using the toilet
- Before handling food
- Before and after any aseptic technique
- Liquid soap and paper towels are in use. Antiseptic hand washing solutions for use only prior to minor operations or invasive procedures. Cuts and abrasions should be covered.
- Sinks are kept clear.

- Gloves are not a substitute for hand washing- gloves must be changed in between patients and in between dirty and clean procedures on the same patient.
  Hands should be washed before putting on gloves and on removal.

  Liquid Soap: removes transient organisms so hands are socially clean. When used with a good technique this method is adequate for social contact. This method should not be used when undertaking invasive procedures. Hands should be washed under warm running water, rinsed and dried thoroughly. Wet hands transmit organisms more readily than dry ones

  Bar soap must not be used in clinical areas.

  Alcohol Based hand wash/rub/gel. Evidence suggests that alcohol hand rubs prevent growth of organisms for several hours after application. Staff should use both methods of cleansing.

  NB. Alcohol hand wash does not kill the spores of Clostridium difficile- diarrhoeal illness. Therefore, caution must be observed, and hands washed with soap and water.

  Management /Prevention of skin irritation: Hands must be dried thoroughly with paper towels (in clinical areas) to prevent irritation/soreness/cracking.

  Hand creams/ lotions can be used but must be in individual containers to reduce the risk of contamination

ENVIRONMENT

All Staff have a responsibility to keep the Practice clean and tidy. The Practice Manager organises routine day to day cleaning of the Practice. A cleaning plan is followed to ensure that the facilities are clean and fit for purpose.

- All areas need to be kept clean
- Treatment/Consulting rooms are used for appropriate purposes.

- Treatment couches in good repair and washable.
- Cleaning equipment stored correctly

WASTE DISPOSAL

All waste is segregated appropriately as current local and national guidelines

Clinical waste only is disposed of in sealed bags correctly labelled/tagged, when no more than 2/3 full. Clinical waste/Orange bags should only be in pedal type bins.

Clinical waste any human tissue including blood soiled and or infectious dressings.

Offensive waste is disposed of in "Tiger bins" Pedal type bin to be used, correctly labelled and no more than 2/3 full

Offensive Waste continence products, nappies, stoma bags

(non- infectious)

Authorised collector is **Initial Rentokil**. They are then stored in external hazardous waste bin and kept locked to wait authorised collection.

Non-clinical waste should be disposed of in normal black plastic bags. Stored in external domestic waste bin to await collection.

Glass is disposed of correctly, boxed and bagged for safety.

Domestic wastepaper and general waste, i.e. paper towels, Couch roll (unless soiled with blood/body fluid), Gloves (unless soiled with blood/body fluids)

SHARPS HANDLING/SAFETY AND DISPOSAL

This is evidence based to ensure safe practice when sharps are used in order to minimise injuries caused by contaminated sharps.

The aim is to minimise the risk of infection from blood borne pathogens, i.e. Hepatitis B/C and HIV.

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

Needlestick incidents should be reported. (Follow local policy guidelines).

- Staff should never re-sheath needles put but directly into sharps bin.
- Never leave sharps lying around- dispose of them yourself
- Never walk around with sharps in your hand

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- Never pass sharps from person to person by hand
- Dispose of sharps at the point of use- take the sharps bin with you
- Dispose syringes and needles as a single unit
- Sharps should be disposed of in proper sharps disposal containers complying with BS7320.
- Box should be filled only to fill-line and never overfilled (2/3 full)
- When full, sharps bin should be closed, locked and labelled by the clinician with Practice details and stored securely until collection.
- Some sharps may be hazardous in other ways. For example they may be contaminated with cytotoxic drugs or other potentially harmful pharmaceuticals
- Designated role responsible for this is: Nurse Infection Control Lead
- Sharps bins always stored above floor level and out of the reach of children.
- Collection is by **Initial Rentokil**
- **Actions in the event of a sharps injury- see separate guidance**

Clinical Practice

Personal Protective Equipment is used to protect both yourself and your patient from the risks of cross-infection. It may also be required for contact with hazardous chemicals and some pharmaceuticals.
It includes items like gloves, aprons, masks, goggles or visors. In certain situations, it may include hats and or footwear.

Disposable gloves, gloves should be worn whenever there might be contact with body fluids, mucous membranes or non –intact skin. They are **not** a substitute for hand washing. They should be put on immediately before patient contact, then removed and discarded as soon as the procedure is completed. Hands must always be washed following their removal.

Neoprene and nitrile gloves are a good alternative for those who are sensitive to natural rubber latex.

Disposable plastic aprons should be worn whenever there is a risk of contaminating clothing with body fluids and when a patient has a known infection and discarded on completion of task.

Masks visors and eye protection, these should be worn when a procedure is likely to cause body fluids or substances to splash into the eye face or mouth. Masks may also be necessary if infection is spread by the airborne route. (i.e. SARS) Masks should be discarded after use

The use of protective clothing, disposable gloves and aprons are provided for Staff to use who are at risk of coming into direct contact with body fluids.

The Handling and Storage of Specimens

All specimens should be treated with high levels of caution. Specimens should be clearly labelled in appropriate containers and packed into self-sealing bags before being sent to the Laboratory.

Specimens are collected at approximately 2:30pm by carrier from Sheffield Teaching Hospitals and will be collected in the bag provided. If transported by staff as per safety precautions – sealed box in car boot.

All specimens should be treated with caution and care as though “high risk” but if the specimen is taken from a suspected or known person to have a “high risk” infection like HIV or TB, Category Risk 3 sticker should be applied and the Laboratory informed.

A container is available in the Reception area for samples to be kept in until collection.

Patients bringing in samples of their own with unsuitable containers will be asked to take them home and appropriate containers given to the patient.

Patients bringing in specimens for in house testing and or sending to laboratories.
Reception Staff are to ask the patient to check that their details are correctly recorded on the sample bottle and form and that the container is securely closed.

Patient is able to put into bag and form and then in the collection box provided to reduce staff handling. Written clinical data can be added to the form if not documented initially.

Routine urine samples for dipstick testing to be completed and recorded by HCA in a clinical area on a daily basis (protected time has been provided). Not to be left overnight
If HCA not on duty they should be tested by nurse on duty.
Reason for test and result to be recorded on computer clinical system.
Only in exceptional circumstances should reception staff be performing clinical testing e.g. when no nursing staff available.

Non-sterile gloves should be used when handling specimens and hands should be washed.

Specimens are clinical waste and should be disposed of safely.

Cleaning of Spillages

A spillage of body fluid should be cleaned as quickly as possible and treated as potentially infectious. Gloves and aprons should be worn. Disposable wipes should be used wherever possible.

Eye protection should be used is there is a risk of splashing. Goggles are available.

Specialist "spillpacks" are available in the Practice for blood and body fluids.

Waste should be disposed of in clinical waste bags. Hands should then be washed.

Staff Health

All staff who handle or have contact with blood, body fluids or sharps, should be advised about Hepatitis B immunisation. Should be immunised and have Hep B antibodies.

All Staff have a responsibility to report any infectious disease that they may have including diarrhoea, vomiting, and severe sore throats.

Staff should seek medical advice from their own GP.

Medical Equipment/Decontamination

All equipment that is not for single use/disposable should be cleaned after use as per de-contamination and sterilisation guidelines.

Single use items are never re-used. Re-use can affect their safety, performance and effectiveness. The re-use of single use devices has legal implications under the Medical Device Regulations.

Single use items are stored in sterile pouches as delivered in and only opened immediately prior to use. Expiry dates are monitored.

All equipment is stored in a correct manner. Regular calibration of equipment used in practice takes place.

Company contracted:

De-contamination prior to inspection, calibration, and repair certification is available.

DISINFECTANT/ANTISEPTICS

Low Risk Equipment

Equipment that does not touch broken skin or mucous membranes or is not in contact with patients should be cleaned and disinfected after use.

Usually, water and detergent cleaning is adequate. If disinfectant is used COSHH needs to be followed. Disinfectants to be stored correctly and kept locked.

Medium Risk
Equipment that touches intact skin or mucous membranes needs to be cleaned and sterilised to prevent contamination between each patient.

High Risk
Equipment that penetrates skin, touches a brake in the skin or mucous membranes, enters a sterile body cavity; this includes surgical instruments, syringes, and needles. Sterilisation is required.

VACCINE, TRANSPORT AND STORAGE

Fridge
The vaccine fridge is kept clean and used only for medication.

The cold chain is maintained

The temperature is recorded (protected time has been provided)

Any breaks in the cold chain are reported and dealt with appropriately. Manufacturer's guidelines should be followed.

Auditing and monitoring will take place within the Practice. (Separate protocol for cold chain protocol).

Protocol Lead **Dr Noreen Ahmed - noreen.ahmed1@nhs.net**

If you have any questions or concerns in relation to this protocol please contact the protocol lead.

Reviewed on: Dec 2022

Next review due: Nov 2024

(or sooner if required due to significant change)

Key Line of Enquiry (KLOE)
S1.8, S1.9, S1.10 and S1.12.