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B. DOCUMENT REVISION AND APPROVAL HISTORY

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<tr>
<th>Version</th>
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<tr>
<td>1.0</td>
<td>13.06.2013</td>
<td>Dr K Dodson</td>
<td>Dr B Whitby-Smith</td>
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<td>2.0</td>
<td>25.07.2013</td>
<td>Ian Friend / Jon Fox</td>
<td>Dr B Whitby-Smith</td>
<td>Minor Additions Made</td>
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<td>3.0</td>
<td>21.11.2013</td>
<td>Jon Fox</td>
<td>Dr B Whitby-Smith</td>
<td>NOIDS contact details added</td>
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<td>4.0</td>
<td>20.01.2016</td>
<td>Ian Friend</td>
<td>Dr H Wardle</td>
<td>Contact details/minor changes</td>
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<td>5.0</td>
<td>10.05.2016</td>
<td>Ian Friend</td>
<td>Dr H Wardle</td>
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1.0 INTRODUCTION

The purpose of the policy is to set out the infection prevention and control procedures at Ash Vale Health Centre and Frimley Green Medical Centre.

This policy is relevant to all employers and any one who works at Ash Vale Health Centre and Frimley Green Medical Centre, 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 as required by the Infection Prevention and Control Lead(s).

2.0 OBJECTIVES

Commitment of the practice

The employers and all staff at Ash Vale Health Centre and Frimley Green Medical Centre are committed to minimising the risk of infection and to ensure the safety of patients.

Infection Prevention and Control Lead(s)

The IPC leads for the practice are:

ASH VALE
Dr Kate Dodson
kate.dodson1@nhs.net

FRIMLEY GREEN
Dr Hannah Wardle
Hannah.wardle1@nhs.net

The local commissioning body’s Infection Prevention and Control Lead is:

Alison Huggett – Director of Quality & Nursing
Surrey Heath Clinical Commissioning Group
NHS Surrey Heath CCG
Surrey Heath House, Knoll Road,
Camberley, Surrey, GU15 3HD

01276 707572

3.0 Standard Precautions

3.1 Hand washing procedures (See Appendix B)

Washbasins with suitable taps, liquid soap dispensers, alcohol rubs, paper towels and clinical waste bins are provided in all clinical care areas.

3.2 Protective Clothing

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

3.3 General Dress Code

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

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

(See waste management protocol)

3.5 Management of patients with suspected communicable infections

The patient will be requested to sit outside the room of the clinician they are seeing (at Frimley Green outside Room 7), rather than a general waiting area, and will be seen as soon as the clinician
has finished with their current patient. Attention will be made to cleaning of equipment used as stated elsewhere in this policy.

3.6 Antibiotic policy

The practice clinicians will prescribe in line with the local antibiotic policy, a copy of which is held on every computer desktop within a shared folder.

3.7 Toys

Soft toys and those made of wood are not recommended. Only plastic toys that are in good condition and easy to clean are suitable for the clinical environment. Toys should be cleaned/disinfected using detergent wipes at the end of each session or when visibly dirty. Those in waiting areas must be cleaned at least weekly and after patient use if contaminated.

Toys will be kept to a manageable minimum in consulting rooms, so that appropriate cleaning can be undertaken. Room users will examine each toy regularly to ensure that it is fit for re-use (ie. Check for broken parts/faults etc). Toys will be cleaned as above using detergent wipes.

4.0 Other procedures

4.1 Venepuncture procedure

- Staff should be adequately trained to perform this procedure
- Wounds or abrasions should be covered and gloves should be worn
- Equipment should be easily accessible
- The patient should comfortable and relaxed
- Special sterile phlebotomy (Vacutainer system) syringes and needles must be used only once. 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 (any drop of blood should be allowed to drip onto the wool ball)
  - Do not sheath the needle
  - Place the needle and vacutainer immediately into a sharps box
  - Specimens should be sealed in pathology sample bags for transportation

4.2 Vaccinations

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

5.0 Obtaining specimens

5.1 Urine

- Avoid contamination of personnel or clothing
- Gloves need not be worn when handling urine containers (or performing pregnancy or dipstick tests) unless the container is contaminated with blood or faeces, when gloves are to be worn
- Hands should always be washed after handling urine and testing urine
- Samples of urine in open containers are to be handled carefully to avoid spillage and transported a minimum distance after production to analysis, and after analysis to disposal
- 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
- 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
5.2 Microbiological Swabs

- An infected area must not be touched by a healthcare professional’s clothes or hands
- 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
- The specimen container must be sealed adequately and the specimen form placed in the correct compartment of the specimen bag

5.3 Cervical Smears

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

5.5 Speculums

- Re-usable specula will be cleaned and sterilised then stored for clean use
- Disposable specula are to be inserted into an appropriate plastic hazard bag after use.
- Used gloves are to be placed into a hazard bag

6.0 Handling specimens

- 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
- All samples in appropriate containers are to be inserted into the approved plastic bag that is sealed
- All blood or potentially infected matter such as urine or faeces for microbiological examination should be treated as high risk and precautions used

7.0 Decontamination

Decontamination is a general pathogenic organism term which means the removal or destruction of organisms by a number of methods:

**Cleaning** is used for items that have been in contact with intact skin or as a prerequisite for disinfection or sterilisation. Cleaning removes soiling, dirt and grease, on which organisms multiply, and some organisms which can survive in dry conditions. This is usually achieved by the use of hot water and neutral detergent.

**Disinfection** is used on items that do not penetrate the skin but are in contact with mucous membranes or non-intact skin or for low-risk items contaminated with a virulent organism. Disinfection is the partial removal or destruction of organisms except spores. This can be achieved by the use of hypochlorite disinfectant or sanitiser.

**Sterilisation** is used on Items in contact with broken skin/mucous membranes or introduced into sterile body areas. Sterilisation is the complete removal or destruction of all organisms including spores. This can be achieved by the use of an autoclave (moist heat), gamma irradiation or chemicals

**Single use items** must not be reused and there should be no attempt to decontaminate them as there are increased risks of incomplete decontamination, as the item is not manufactured to be decontaminated or possible failure of the item in use, as the decontamination may weaken the structure of the item. If single use items are decontaminated and re-used then the product liability is taken on by the persons who decontaminate and re-use.

**Antiseptic** is a term used for non-toxic disinfectants which are applied to the skin or living tissue

8.0 Processing of medical instruments

This practice out-sources the sterilising of re-usable instruments needed for all clinical examination, smear and minor operations. Mainly we use disposable single-use versions.

9.0 Minor operations and dressing instruments
These are cleaned sterilised and stored clean for use or re-sterilised immediately prior to use for sterile needs. Disposable single use instruments are used wherever possible.

10.0 Accidents

10.1 Needle Stick Injuries

See Appendix A below - ‘Body Fluid Contact Protocol’ A copy of this protocol can be located within DOCMAN library.

10.2 Spillages

Spillages of blood/body fluids should be dealt with immediately.

The person discovering /causing the spill should deal with it following the procedure outlined below.

Persons unsure of how to deal with spills of blood and body fluids should seek advice before attempting to deal with the spill. All induction programmes for staff should include specific advice in relation to this.

The disinfectant of choice is a solution of hypochlorite/granules

Note : Hypochlorite solution will damage fabrics and soft furnishing (e.g. carpets). Spillages on these should be dealt with as below but general purpose detergent and hot water should be used instead.

How to deal with spillages other than urine or vomit using hypochlorite solution or granules

- Put on disposable gloves and apron. (Use eye protection if there is likely to be splashing)
- Prepare the hypochlorite solution
- If using solution, soak up spillage with disposable paper towels and carefully pour hypochlorite solution on the top until all of the paper is damp with solution
- If using granules, pour carefully over spillage until all visible liquid is soaked up
- Leave for two minutes and then clear up into a clinical waste bag
- Wash area with general purpose detergent and hot water
- Place disposable paper towels, gloves and apron in a clinical waste sack
- Wash hands thoroughly

How to deal with urine or vomit spillages

- Put on disposable gloves and apron. (Use eye protection if there is likely to be splashing)
- Using paper towelling remove all traces of visible spillage, placing towels into a clinical waste bag
- Wash area with general purpose detergent and hot water
- Place disposable paper towels, gloves and apron in a clinical waste sack
- Wash hands thoroughly

11.0 Immunisation

11.1 Patient immunisation

- A record will be kept of all immunisations given to patients
- The immunisation status and eligibility for immunisation patients will be regularly reviewed
- After a review of the immunisation record patients will be offered further immunisation as needed

11.2 Staff immunisation protection
• All medical personnel or staff who obtain or handle blood or pathological specimens are to be protected against Hepatitis B
• A record of employees’ Hepatitis B status is to be kept and maintained
• All staff are offered annual influenza immunisation

12.0 Training

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

13.0 Notification of Infectious Diseases

A doctor who suspects that a patient is suffering from one of the following infectious diseases must notify the appropriate authority:

Notifiable under the Public Health (Control of Disease) Act 1984 - Cholera, Food Poisoning, Plague, Relapsing Fever, Smallpox, Typhus

Notifiable under the Public Health (Infectious Diseases) Regulations 1988 – Encephalitis, Poliomyelitis, Anthrax, Diphtheria, Dysentry, Leprosy, Leptospirosis, Malaria, Measles, Meningitis, Meningococcal Septicaemia, Mumps, Ophthalmia Meonatorum, Paratyphoid Fever, Rabies, Rubella, Scarlet Fever, Tetanus, Tuberculosis, Typhoid Fever, Viral Haemorrhagic Fever, Viral Hepatitis, Whooping Cough, Yellow Fever

When considering what to report and when, it is best to err on the side of caution.

Always seek early advice if your clinical judgement causes you to suspect an outbreak of infection.

The following should be reported promptly to the Consultant in Communicable Disease Control (CCDC)
• An increased incidence of vomiting and/or diarrhoea occurring either over a short or an extended period among staff and/or patients
• Several cases of a similar infection (based on clinical diagnosis) in patients/staff who have had close contact with each other
• An unusually large number of absences due to illness among staff, whether or not the cause is known.

The NOIDS form is available on the shared forms/document index on the shared server.

Contact numbers:

Surrey & Sussex HPT: 0845 894 2944
(out of hours 0844 967 0069)

Microbiologist: Via the main switchboard at Frimley Park Hospital
01276 604 604 Ask for the ‘on-call consultant’

14.0 Audit and risk assessment

For each site, there will be a minimum of one infection control audit and one infection prevention and control risk assessment per year.

However, if the purpose of a room changes to that of treatment then a risk assessment will be conducted of that room

15.0 Annual statement

An annual statement will be prepared by the IPC Lead(s) in conjunction with the Practice Managers and include a summary of the following:
• Any infection transmission incidents and any action taken (If necessary these incidents should be reported in accordance with the incident reporting procedure)
• The infection control audit(s)
• The infection prevention and control risk assessment
• Relevant staff training

APENDIX A – BODY FLUID CONTACT PROTOCOL

A 'body fluid contact’ is a needlestick injury, an injury with a used sharp, a bite or scratch which breaks the skin, or a body fluid splash to the eyes, nose, mouth (mucous membranes) or onto any area of non-intact skin

Not all patients infected with blood borne viruses have had their infections diagnosed. It is therefore important that all blood and body fluids, and tissues are regarded as potentially infectious, and all health care professionals should follow precautions to avoid occupational contact with such body fluids.

Protect Yourself – Prevent Exposure

• Wash hands before and after contact with each patient, and before putting on and removing gloves.
• Change gloves between patients.
• Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings.
• Wear gloves where contact with blood or other body fluids can be anticipated.
• Avoid sharps usage where possible. Where sharps usage is essential, exercise care in handling and disposal.
• Do not wear open footwear in situations where blood may be spilt, or where sharp instruments or needles are handled.
• Clear up spillage of blood promptly and disinfect surfaces (see Infection Control Policy).
• Wear gloves when cleaning equipment prior to sterilisation or disinfection, when handling chemical disinfectant and when cleaning up spillages.
• Follow the policy for disposal of contaminated waste.
• Complete your course of Hepatitis B vaccine if appropriate.

First Aid After A Body Fluid Contact Incident Skin

• If there has been a puncture wound, encourage the wound to bleed under a running tap. Do NOT suck.
• Wash the site of exposure (i.e. wound or non intact skin) liberally with soap and water. Do NOT scrub.
• Apply a waterproof plaster.

• Ensure that where any needle, scalpel etc. is involved it is disposed of correctly into a sharps container.

Mucous membranes

• Exposed mucous membranes (nose; mouth) or eyes should be irrigated copiously with water.

You must:-
• Inform one of the Partners immediately – you may require–’post exposure prophylaxis’ if the injury is assessed as a high risk injury. You will need to be seen within 1 hour of the injury.
• Always take details of the donor patient if known (i.e. name, date of birth, hospital number) to the Partner.
• Fill in an accident form (held in the Practice Manager’s office).
• Inform the Practice Manager if this has not already been done.

**What Treatment/Advice You Can Expect From the Doctor (Partner)**

• Confirm adequate first aid has been carried out.
• You may be offered a Hepatitis B booster depending on the circumstances and your immunity status.
• A blood sample to be taken from you to check your Hepatitis B immunity.
• A risk assessment to be undertaken by the Doctor (Partner) to ascertain whether the patient has any communicable infection/disease (i.e. HIV, Hepatitis B, Hepatitis C, etc.).
• If the patient is considered to be a high risk, then the Doctor (Partner) may discuss this with the Consultant Microbiologist, as to whether post exposure prophylaxis is recommended.
• Arrangements may be made for a blood sample to be taken from the patient (with informed consent) to test the patient for Hepatitis B, Hepatitis C & H.I.V. infection (and other infections as indicated by the risk assessment)
• The Doctor (Partner) will advise you when your blood test results are available and review you, as you need or require.

**What You Can Expect The Risk Assessment To Include**

• Assessment of the type of injury and what (if any) equipment was involved.

**Past medical history of the patient, to include:**

• Indicators of blood-borne virus infection.
• Immune system disease or infection.
• Known or suspected to be HIV positive.
• Known or suspected Hepatitis B; C; D; G.
• Episodes of jaundice or unexplained weight loss.
• History of drug abuse.
• History of blood transfusion.
• Sexual history.
• Any other risk factors which may cause concern.
APPENDIX B – HAND HYGIENE PROTOCOL

Reason for hand washing.
Hand washing is the single most important means of controlling the spread of infection.

The micro-organisms on the hands are grouped into two categories - resident and transient flora.

Resident flora are usually of low virulence and rarely cause infections except when introduced into the body through invasive procedures such as the introduction of a urinary catheter, or surgery.

Transient flora may consist of many different pathogenic micro-organisms. They are not firmly attached to the skin and can usually be removed quickly and effectively with soap and water.

Hands are a repository for infectious organisms and healthcare staff have the greatest opportunity to transfer these organisms both between patients and between different procedures for the same patient. This is most likely in:

- The transfer of the patient’s own microorganisms into sterile areas of the patient’s body during treatment
- The transfer of microorganisms from one patient to another
- The transfer of microorganisms from the environment and equipment to the patient
- The transfer of microorganisms to yourself and other healthcare staff as a result of patient contact and subsequent person to person contact.

Hands should be decontaminated either by washing or using an alcohol handrub after every patient contact.

Hands should also always be washed:

- When starting work
- When leaving the workplace
- When dirty and also at intervals
- Before direct contact with a patient
- After removing gloves
- After visiting the toilet
- After handling soiled items
- Before handling food
- Prior to any clean or aseptic procedure

The purpose of hand hygiene and adequate drying in clinical settings is to remove transient microbial contamination that has been acquired during contact. The hands should be dried properly after washing because this reduces the number of organisms subsequently released from the hands.

Where possible, dedicated hand washing sinks should be available in clinical areas and fitted with elbow operated mixer taps. If elbow operated taps are not available, then taps should be turned off, after drying hands, with a clean, dry paper towel.

Hand washing agents
<table>
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<tr>
<th>Hand Washing Agents</th>
<th>Instruction for Use</th>
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<tr>
<td>Liquid Soap</td>
<td>Disposable paper towels should be used for hand drying and dispensed from a wall mounted dispenser.</td>
</tr>
<tr>
<td>Chlorhexidine (e.g. Hibiscrub)</td>
<td>These preparations should be used prior to invasive procedures. <strong>Not</strong> for routine use. Wet hands and forearms, apply solution and wash for 1 minute. Ensure individual fingers and thumbs are washed. Rinse. Dry hands thoroughly using disposable paper towels</td>
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**Use of alcoholic products for hand decontamination.**

A number of alcoholic products are available for use in the primary care setting, e.g. ‘Deb Cutan’, ‘Levermed’, ‘Manusept’ and ‘Hibisol’. However, the following points should be taken into consideration:-

- In preference, a gel rather than a liquid should be used to reduce splashing of the product
- The use of alcoholic products for hand hygiene is recommended to assist in the decontamination of clean hands
- Alcohol hand rub produces rapid decontamination of clean skin
- It must **not** be used on soiled hands as it will not work
- Rub into hands using 7-stage technique see “Seven Stage Handwashing Technique” below.

It may be used following hand washing, but is also effective on otherwise clean hands where no hand washing facilities are available.

It may also be used:

- Prior to a patient contact – **protect the patient from germs on your hands**
- Prior to an aseptic task – **protect the patient from germs, including their own, entering the body**
- After a body fluid exposure risk – **protect yourself and the environment of the room**
- After a patient contact - **protect yourself and the environment of the room**
- After contact with a patient’s surroundings - (e.g. a chair or door handle)

**Handwashing technique**

An appropriate technique for handwashing will ensure that hands are cleaned effectively. What follows is a good, basic technique that should be followed every time hands are washed in the clinical environment.

- Ensure equipment required is available – water at the correct temperature, liquid soap, paper towels, bin with pedal operated lid.
- Get water to correct temperature, not too hot or too cold.
- Rinse hands before putting soap on –to not rinse soap away before use.
- One squirt of soap – one should be sufficient unless hands are greasy.
- Without putting hands underwater, perform seven stage handwashing technique – to cover all areas of the hands. See “Seven Stage Handwashing Technique” below. Should take 10-20 seconds.
- Rinse hands thoroughly – remove all traces of soap.
- Dry hands with paper towels – especially between fingers.
- Dispose of towels into bin using foot pedal – lids can become contaminated.
• Turn taps off – with elbows if elbow-operated taps or with a clean, dry paper towel
• Posters should be displayed in the following locations:
  • Above every treatment room hand-washing basin
  • Above every examination room hand-washing basin
  • Above the hand-washing basin in every toilet used by staff

Consideration should also be given to the display of the poster below in public toilets. Where possible, the poster should be laminated to facilitate wiping / cleaning.
7 step technique

Handwashing is the single most important activity for preventing cross infection

- Wet hands under running warm water
- Apply liquid soap
- Without applying more water, vigorously rub all parts of the hands using the technique above (10-15 seconds for routine handwashing)
- Rinse hands under running water
- Dry thoroughly using disposable paper towels
Hand gel or hand wash is performed when:

- Handling sterile goods
- Handing out medication
- Entering the ward
- Leaving the ward
- Pushing bed / trolley / chair
- Stripping a non soiled bed
- Having patient contact (e.g. hand shake, patient examination)
- Setting up O2, Nebulizers
- Performing observations (TPR & BP)
- Setting up IVI, giving injections, IVs
-Performing phlebotomy / cannulation
Hand wash with soap and water is performed when:

- Your hands look or feel dirty
- Performing direct care with patients with C.diff or viral diarrhoea and vomiting
- Disposing of clinical waste
- Handling food
  (including own meals)
- Cleaning beds / furniture
- Washing patients, personal care
- Dealing with bodily secretions
- Handling bedpans, commodes
- Suctioning, tracheostomy care
- Handling infected wound dressings
- Handling soiled linen
- Performing aseptic procedures