

# The Reddish Family Practices

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## **INFECTION PREVENTION AND CONTROL POLICY**

### **PURPOSE**

The purpose of the policy is to set out the infection prevention and control procedures at The Reddish Family Practice. This document applies to all employees of the practice and other individuals performing functions in relation to the practice, such as agency workers, locums, medical students and contractors. The policy will be monitored and reviewed annually by the Infection Prevention and Control Lead.

### **COMMITMENT OF THE PRACTICE**

Good infection prevention and control (IPC) is essential to ensure that people who use primary care services receive safe and effective care. The Reddish Family practice is committed to providing effective IPC procedures to minimise the risk of infection and to ensure the safety of patients, visitors and staff alike. The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies

### **INFECTION PREVENTION AND CONTROL LEAD**

The IPC lead for the practice is: Dr Heather Pattison

The contact details for the IPC Lead are: The Reddish Family Practice, 306 Gorton Road, Reddish Stockport , SK5 6RN. Tel: 0161 983 9797.

Standard review of the policy will be carried out annually by: Kay Patterson PN

### **Compliance**

The Reddish Family Practice ensures compliance with the Health and Social Care Act 2008 Code of Practice criteria which are:

1. Systems to manage and monitor the prevention and control of infection
2. Provide and maintain a clean and appropriate environment throughout the premises which facilitates the prevention and control of infections
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

4. Provide suitable, accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion
5. Ensure prompt identification of people who have, or are at risk of developing, an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection
7. Secure adequate access to laboratory support as appropriate
8. Have and adhere to policies that are designed for the individual's care and provider organisations that will help to prevent and control infections
9. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection

### **Annual Infection Prevention Control Statement (IPC) statement**

The annual IPC statement details the risk assessments undertaken and subsequent recommendations regarding IPC. In addition, the statement also details IPC-related Significant Events and audits completed.

The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance states that the IPC lead is to prepare an annual statement, "for anyone who wishes to see it, including patients and regulatory authorities". This short review should include the following:

- Known infection transmission event and actions arising from this
- Audits undertaken and subsequent actions
- Risk assessments undertaken for the prevention and control of infection
- Education and training received by staff
- Review and update of policies, procedures and guidance

In addition to this, it is considered that this report should include any actions relating to any significant event that has occurred during the reporting period.

To meet the above HSCA directive of "anyone who wishes to see it", this statement is to be placed on the practice website.

Guidance documentation

The Reddish Family Practice refers to the guidance detailed in the annexes of this policy, which are related to infection prevent and control, whilst also referring to:

The Health and Social Care Act 2008

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/449049/Code\\_of\\_practice\\_280715\\_acc.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/449049/Code_of_practice_280715_acc.pdf)

### **Summary**

All staff participate in infection prevention and control training and are committed to maintaining high standards of infection prevention and cleanliness within the Reddish Family Practice.. Regular training, audit and reviews are key to the prevention of healthcare-associated infection.

## **STANDARD PRECAUTIONS**

### **Hand Washing Procedures (further details below)**

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

### **Protective Clothing**

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

### **General Dress Code**

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

## **Infection Control Biological Substances Protocol**

### **Introduction**

A biological agent is defined as a microorganism, cell culture or human endoparasite, whether or not genetically modified, which may cause infection, allergy, toxicity or otherwise create a hazard to human health.

### **Overview**

Healthcare workers will come into contact with a number of sources of infection, be it directly or indirectly, such as:

- Blood and bodily fluids
- Faeces, urine and vomit
- Direct skin contact
- Respiratory secretions and excretions

Staff must ensure that they adhere to the guidelines given in this document as well as regional and national guidelines. All staff at the Reddish Family Practice are given training in IPC at induction and will also receive [annual] refresher training.

### **Spillages**

There may be occasions when exposure occurs despite careful attention to the correct procedures. If such incidents occur within the practice, a spill kit should be used. At the Reddish Family Practice spill kits are stored in reception.

### **immediate actions**

In the event of a spillage, the following actions are to be taken:

- The spillage should be dealt with as soon as possible.
- Staff, patients and visitors must be kept away from the spillage and if possible a warning sign shown, while preparation is made to manage the spill.
- Put on personal protective equipment (PPE), e.g. eye protection, long-cuffed disposable nitrile gloves and a disposable apron. If the spillage is extensive, disposable plastic overshoes may be necessary.

### **Management of spills**

- Small blood spills onto hard surfaces: Wearing gloves, clean with universal/detergent wipes and dispose as clinical waste.
- Large blood spills, e.g. spills onto floor (except urine): Wearing gloves and apron, use the blood spillage wipe and follow the instructions on the packet. Wash area with detergent and water.
- Very large blood spills including smears to walls, etc: Wearing gloves and apron, use spill wipes and leave to absorb for 30 seconds. Wipe, allowing the rest of the spill to be absorbed (if a larger spill), use the wipe contained within the pack to clean the area, place back into the bag, seal and dispose of in clinical waste.
- Blood-stained urine spills – DO NOT USE blood spillage kit: Wearing gloves and aprons, soak up urine with paper towels. Then wash areas with detergent followed by chlorine dioxide solution (Tristel).
- Urine/vomit spills: Wearing gloves and an apron, use the urine/vomit spillage kit and follow the instructions on the packet. Wash with detergent and water. If urine/vomit spillage kit not available, soak up urine/vomit with disposable towels. Then wash area with detergent.
- Spills onto carpets or soft furnishings: Wearing gloves and apron, soak up spillage with paper towels then clean with detergent and water. Then, for carpets, steam clean or for soft furnishings launder or dry clean. If item remains soiled it must be disposed of.

### **Further actions and guidance**

All incidents are to be reported to the practice manager in the first instance. Further guidance and information can be sought by contacting Dr Heather Pattison [IPC lead]. Instructions for using spill wipes are shown on the next page.

## Clinell Universal Wipes - Instructions for use



## **Handling and Disposal of Healthcare Waste Including Sharps and Single-Use Devices**

\*\*\* See waste management protocol.

### **Needle-Stick Injury Protocol**

#### **Introduction**

Sharps injuries are a well-known risk to workers in healthcare, and for those who receive them they can cause anxiety and distress. For the purpose of this protocol, sharps injuries are defined as injuries sustained from needles, scalpels and other instruments which can cause injury by cutting or pricking the skin. This protocol gives detailed guidance for the management of sharps injuries at the Reddish Family Practice.

Overview Anyone working at the Reddish Family Practice is at risk from a sharps injury; this includes healthcare workers or clinicians but also non-clinical members of staff who may be at risk if sharps are not stored or disposed of correctly. All employers are required under existing health and safety law to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place.

#### **Minimising risk**

Everyone has a duty of care to minimise the risk of exposure to sharps injuries at the Reddish Family Practice.

The following actions will further reduce the risk of exposure:

- No needle recapping or re-sheathing
- Availability of portable sharps containers
- Adequate number and placing of sharps containers within arm's reach
- Disposing of sharps immediately at the point of use in designated sharps containers Sealing and discarding sharps containers when they are three quarters full
- Establishing means for the safe handling and disposal of sharps devices before the beginning of a procedure

Training also reduces the risk of exposure and at the Reddish Family Practice training pertaining to sharps injuries is delivered annually.

#### **Management of sharps injuries**

All staff are expected to be familiar with the immediate management procedure, both for themselves if they become injured and for assisting injured colleagues. The management of sharps injuries is shown in the infographic overleaf.

# Managing sharps injuries

by Will Stahl-Timmins  
Illustrations by Katie Jasso

27th July 2015

## 1 First aid

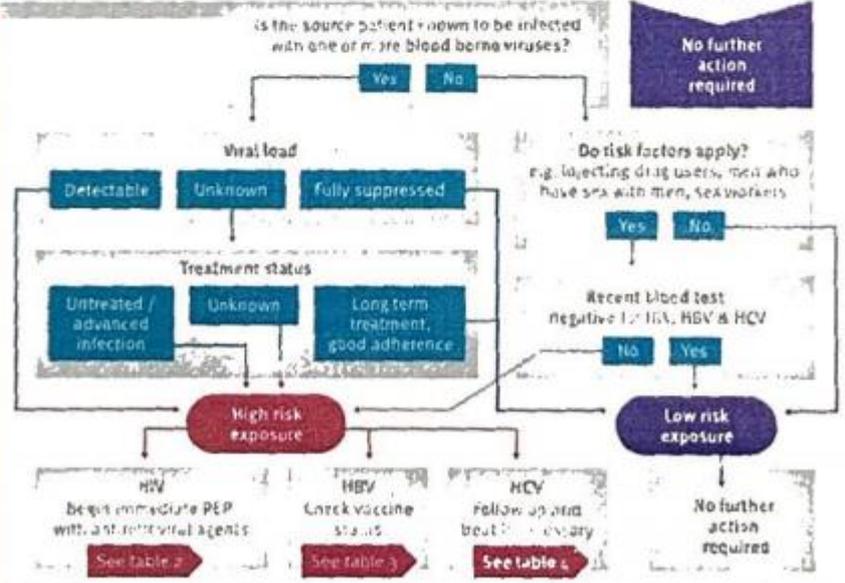


## 2 Assess incident risk

Incident risk:	High	Low	Minimal
Injury	Deep	Superficial	No skin breach
Needle use	Intravascular	Suturing/ Subcutaneous	Not used on patient
Age of sharps	Recently used	Old, discarded	Contact with low risk fluids: • Saliva • Urine • Vomit • Faeces
Blood on sharps	Visible	Not visible	

## 3 Assess source patient

for blood borne viruses, HIV, Hepatitis B (HBV) and hepatitis C (HCV) are the most common. Post-exposure prophylaxis (PEP) and/or follow up treatment may be required.



The full BMJ clinical review on sharps injuries is available at: <http://bmj.co/sharps>

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## **Reporting sharps injuries**

At the Reddish Family Practice all sharps injuries are to be reported to the practice manager. In addition, report the incident to the duty doctor. It may be necessary to gain further advice from Occupational Health who can be contacted on 0161 419 5494 or outside working hours via A&E 0161 419 4108 / 4109

Sharps injuries must be reported to HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) if:

- An employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g. hepatitis B or C or HIV. This is reportable as a dangerous occurrence
- The employee receives a sharps injury and a BBV acquired by this route seroconverts. This is reportable as a disease
- The injury itself is so severe that it must be reported

If the sharp is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable to HSE unless the injury itself causes an over-seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.

## **Recording of sharps injuries at the Reddish Family Practice**

All sharps injuries sustained at the Reddish Family Practice must be recorded using the accident book located in One note. It is the responsibility of the person suffering a sharps injury to ensure that it is reported and recorded appropriately. If they are unsure, they should discuss the incident with the practice manager or infection control lead nurse.

## **Further actions**

To raise awareness and to minimise the risk of future occurrences, a sharps injury should be recorded as a Significant Event and discussed at the next practice meeting, where lessons identified can be discussed and any additional training delivered.

## **Summary**

Sharps injuries are not uncommon within primary care. Due diligence along with adherence to guidance and legislation will reduce the risk to all staff. Regular training is delivered at the Reddish Family Practice to maintain an awareness of the significance of the safe management of sharps.

## **Safe use and disposal of sharps**

### **Introduction**

Many sharps injuries can be avoided by adhering to the principles of safe practice at the Reddish Family Practice. The incidence of sharps injuries in primary care is surprisingly high. Care is to be taken at all times to ensure the safe use and disposal of sharps.

### **Legislation**

There are a number of legislative acts and laws governing the safe use and disposal of sharps:

- Control of Substances Hazardous to Health (COSHH) 2002
- Management of Health and Safety at Work Regulations 1999
- The Provision and Use of Work Equipment Regulations 1998
- Reporting of Diseases, Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR)
- The Personal Protective Equipment Regulations 1992 • Health and Safety (First Aid) Regulations 1981
- Safety Representatives and Safety Committee Regulations 1977

### **EU directive**

In addition to the above, an EU directive was introduced in 2010 aimed at protecting healthcare workers from sharps injuries (Directive 2010/32/EU). From this directive a transposition note was produced detailing which aspects of the directive were to be incorporated into The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 . Healthcare workers should adhere to the information detailed in these regulations when searching for guidance/information.

### **Safe use principles**

The following principles should be followed at the Reddish Family Practice:

- Never pass sharps from person to person by hand – use a safe area or receptacle to place them in
- Never walk around the room/practice with an exposed sharp in your hand
- Never leave sharps lying around – dispose of them appropriately
- Dispose of syringes and needles as a single unit – do not remove the needle first
- Never re-sheathe a needle
- If you are administering care to a confused patient, have help present to minimise the risk of injury to the patient and yourself

## Disposal

In addition to the above, the safe use of sharps bins is also essential to reduce the risk of exposure. The Sharps Regulations require that clearly marked and secure containers be placed close to the area where sharps are used. Instructions for staff on safe disposal of sharps must also be placed in those areas .

To comply with the regulations, the following guidance is to be adhered to:

- Ensure that sharps bins are of an appropriate size for the clinical activity
- Sharps bins should be available at the point of use of the sharp
- Sharps bins should be located at approximately waist height, but out of the reach of children or confused adults
- Between usages, the temporary closure device should be used to prevent accidental exposure if the bin is knocked over
- Only fill the bin to the 'fill line'
- Used/full sharps bins must be placed in a locked, segregated cupboard or clinical waste bin provided for such a purpose

### Correct use of sharps bins

**Sharps bin management is the responsibility of the clinician using the bin, not the cleaning team**

When assembling sharps bins, staff must ensure the following

- The bin lid and label are a colour match and the bin is of the correct size
- The lid is fully secured and 'clicked' into place
- The label is completed legibly, with the name of the individual assembling the bin, the date assembled and the location of the bin

Do ensure that when the bin is not in use, the lid window is "temporarily" closed.

Do replace the bin one month after the date of assembly (unless  $\frac{3}{4}$  full prior to this date).

Do not overfill the bin! Once the bin is  $\frac{3}{4}$  full, close the lid securely. When closing sharps bins, staff are to ensure:

- The lid window is clicked into the closed position
- The date of closure is annotated on the label and signed by the member of staff
- The bin is taken to the clinical waste area

### Colour-coded sharps bins

The image below illustrates the uses and colours of sharps bins:

### Waste bin / Sharps Bin Colour Code

	<p><b>Yellow bin, with Yellow label and Yellow lid</b></p> <p>Used for:- All sharps. All syringes. Small Prescription only medicine bottles. All ampoules. All giving sets and all items contaminated with medical waste.</p>
	<p><b>Yellow bin, Purple label Purple lid</b></p> <p>Used for:- Cytotoxic, Cytostatic Sharps, Syringes. All items contaminated with Cytotoxic, Cytostatic products.</p>
	<p><b>Green bin, with Green label Green lid</b></p> <p>Used for:-Placenta Waste Only.</p>
	<p><b>Limb bins / Burn bins, Yellow bin, with Yellow lid</b></p> <p>Used for:- Anatomical waste/ Pathological waste, used instruments, C.J.D. waste. Prescription only medicine bottles. Pharmaceutical waste. Large giving sets, heavy blood loss.</p>

#### Summary

The safe use of sharps and their subsequent safe disposal will reduce the risk of injury to all staff and patients at the Reddish Family Practice. Any queries relating to safe sharps management and disposal should be directed to the practice manager in the first instance.

Supplementary guidance can be found by accessing the hyperlinks within this document or the references at the footnotes

## **Introduction**

Staff at the Reddish Family Practice may at times be expected to handle specimens/samples from patients. This protocol details the guidance for the safe handling of specimens for all staff, including nonclinical members\*.

## **Overview**

Clinical specimens are often referred to as samples by patients. A clinical specimen can be defined as any substance (solid or liquid) taken from the patient for the purpose of analysis. All staff at the Reddish Family Practice have received the required training to ensure that specimens are handled safely. It remains the responsibility of all staff to ensure that they adhere to best practice and the guidance provided.

## **Handling**

Specimens if not handled correctly are a risk of infection to all personnel involved, including healthcare workers, transport staff and laboratory personnel. Specimens that are unlabelled, without a completed request form, in incorrect containers or that are leaking are unlikely to be processed by the laboratory. If in doubt, speak to the practice manager

All staff are to ensure the following:

- They are wearing the appropriate PPE, i.e. gloves
- The correct pathology request form has been used
- The correct specimen containers have been used
- The request form and container(s) have been labelled correctly, accurately and legibly
- Ensure a match between patient, form and container
- Ensure the above items are placed into the standard packaging for that container
- Place the package into the transportation container
- Dispose of PPE and wash hands
- Annotate the receipt of the specimen in the specimen

## **Collection and transportation**

At the Reddish Family Practice specimens are collected daily for onward transfer to SHH. If the courier fails to arrive, inform the practice manager, Or the Duty GP as this may affect the viability of the specimens.

The packaging of specimens must consist of three components to comply with UN 3373 regulations:

- A. A primary receptacle – the specimen tube/pot
- B. Secondary packaging – the plastic specimen bag
- C. An outer packaging – specification from the courier service.

## **Compromised specimens**

There may be occasions when concerns are raised either at the Reddish Family Practice or the laboratory at SHH regarding the integrity of the sample. In such instances, there may be a requirement to raise an incident report, particularly if the specimen has leaked in a public area. However, communication will be maintained between both locations to determine (where possible) the cause.

Any incidents regarding specimens should be recorded as a Significant Event and discussed at the next practice meeting. Repeated incidents should indicate the requirement for an audit aimed at improving practice in the future.

### Summary

It is the responsibility of the sender to collect and package specimens as per the guidance given in this protocol and the associated references. Staff must collect specimens safely and effectively as any undue delay may have a detrimental effect on patient care

### General decontamination

The table below details the equipment/items held and used within The Reddish Family Practice and the associated decontamination requirements:

Equipment	Decontamination method
Airways	Single use <a href="#">Rectangular Snip</a>
Ambu bags	Single use/clean with detergent followed by appropriate disinfectant
Auroscope ear pieces	Single use
Baby-changing mat	Cover with disposable paper between babies. Clean with detergent at end of the session. If contaminated with blood/body fluids, clean then disinfect before next baby in line with policy
Baby weighing scales	Cover with disposable paper between babies. Clean with detergent at end of the session. If contaminated with blood/body fluids, clean then disinfect before next baby in line with policy
Bowls (used for cleaning purposes)	Empty, rinse with clear water and store inverted to dry
Blood pressure equipment	Wipe cuff and monitor with detergent/detergent wipe, pat dry with paper towel between patient uses. Do not immerse cuff in water. Disposable single-use cuff/cuff cover for use when a patient has a multi-resistant organism
Doppler ultrasound probe	Remove gel, clean with detergent/detergent wipe. Do not immerse in water
Ear syringe – Propulse	Follow disinfection procedure in Ear Care Procedure ??
ECG equipment:	
Electrodes	Single use
Straps/leads/machine	Clean with detergent/detergent wipe. Do not immerse in water
Examination couches	Cover with disposable paper towel between patients. Clean with detergent at the end of the session. Clean and disinfect with NaDCC if contaminated with blood/blood-stained body fluid
Minor surgical instruments	Disposable, single use
Nebulisers	Wash mask and chamber with detergent, rinse and leave to dry on

	disposable paper. Do not wash tubing
Peak flow meters/spirometry	Follow manufacturer's guidance Disposable single-use mouthpieces with one-way valve or filter (change filter as directed by manufacturer)  Clean machine weekly with detergent/detergent wipe
Pelvic stimulator electrodes	Single patient use Clean with detergent/detergent wipe to remove any residues Wrap in paper roll and replace in carry case Return to patient for cleaning at home, following manufacturer's instructions
Pillows	All pillows should be protected with plastic (sealed) or vapour-permeable cover Wipe with detergent/detergent wipe in between patients and at end of session  Disinfect with NaDCC if contaminated with blood/blood-stained body fluid
Pulse oximeter	Clean weekly with detergent/detergent wipe and between patients
Scissors	Single use  NB: Bandage/dressing scissors – clean between patients with detergent/detergent wipe, and disinfect if required
Stethoscope	Clean between each patient use, with detergent wipe
Stitch/staple removers	Single use
Suction machines	Follow manufacturer's guidance. Contact CES if further advice required
Thermometer	Disposable sheath for each patient Clean handpiece weekly with detergent/detergent wipes Do not immerse in water
Tourniquet	Wipe with detergent/detergent wipe, pat dry with paper towel between patient use or: Disposable single patient use if appropriate in specific services. If reusable tourniquet grossly contaminated – dispose of. Ensure adequate supply available
Treatment chairs	Clean daily with detergent/detergent wipes
Trolleys	Clean with detergent/detergent wipe prior to/following use
Toys: Hard	Clean weekly with detergent/detergent wipe or after use if used as part of treatment/assessment All hard toys must be made of suitable material to withstand disinfection if required
Soft	Not suitable for healthcare facilities
Weighing scales	Clean weekly with detergent/detergent wipe
Work surfaces	Clean with detergent/detergent wipe at the end of each session

## Summary

The effective decontamination of equipment and the appropriate use of single-use items are essential to reducing the risk of infection. The clinical environment must be maintained appropriately for the delivery of safe, clean care. All staff at the Reddish Family Practice have a duty of care to ensure they follow IPC policy and protocols at all times.

## Notifiable diseases

### Introduction

GPs at the Reddish Family Practice have a statutory duty to notify the 'proper officer' at their local council or local Health Protection Team (HPT) of suspected cases of certain infectious diseases. Details of the local HPT can be found here.

<b>Public Health England North West Health Protection Team - Telephone: 0344 225 0562</b>		
Cheshire & Merseyside	Cumbria & Lancashire	Greater Manchester
<a href="mailto:PHE.candmhu@nhs.net">PHE.candmhu@nhs.net</a>	<a href="mailto:PHE.clhpt@nhs.net">PHE.clhpt@nhs.net</a>	<a href="mailto:PHE.gmhpt@nhs.net">PHE.gmhpt@nhs.net</a>

### Notifiable diseases

The following are notifiable diseases under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax • Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies

- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

### **Toys in reception/waiting areas**

#### **Introduction**

Contrary to popular misconception, toys are permitted in the reception and waiting areas at [insert practice name] and, just like all areas within the practice, are to be cleaned in accordance with the information given in the HSCA 2008.

#### **CQC requirements**

The CQC does not have any specific guidance that focuses on toys in GP practices. However, this can be found under general contamination within this policy which will satisfy CQC requirements and refers to the cleaning schedule for toys.

#### **Summary**

It is essential that the Reddish Family Practice conforms to the guidance detailed in the HSCA 2008 to ensure that we: “Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections”.

## **Staff exclusion from work**

### **Introduction**

Control of infection is one of the key elements of safe care in general practice. There may be on occasion a requirement to exclude staff from work and it is essential that the Reddish Family Practice is prepared to deal with such occurrences.

### **Recognising the requirement for exclusion**

Staff must fully understand that there may be occasions when they are not able to work due to illness. It is essential that they advise their line manager if they are suffering from the conditions listed in the table below and adhere to the timescales for exclusion; this will minimise the risk of other staff and patients being exposed to the condition.

Condition	Recommendations
Chickenpox	Exclude staff member until lesions are dry or lesions have scabbed over.
Conjunctivitis	Exclude staff member for a period of 24 hours once treatment has commenced.
Dermatitis	If infected or discharging skin lesions, exclude staff member from clinical duties until the lesions have healed. OH to be consulted for advice.
Diarrhoea and Vomiting (or either condition on its own)	Exclude staff member until they are symptom free for a period of 48 hours.
Head lice	Exclude staff member until they have had their first treatment.
Hepatitis A	Exclude staff member for a period of seven days or until fully recovered.
Hepatitis B & C	Exclude staff member until they have recovered. OH <b>must</b> be consulted for advice.
Herpes Simplex	Staff members with facial Herpes Simplex are to be excluded from giving eye and neonatal care until lesions have healed.
HIV and AIDS	OH <b>must</b> be consulted for advice.
MRSA	OH to be consulted.
Salmonellosis	Exclude staff member until they are symptom free for a period of 48 hours.
Scabies	Exclude staff member until they have had their first treatment.
Shingles	Exclude staff member from work until the lesions have scabbed over.
Tuberculosis	For respiratory TB, exclude staff member for a period of two weeks post treatment or until sputum smear is negative. Consult with OH for advice. For all other forms of TB, there is no need to exclude the staff member.

The practice manager is to be informed of the absence at the earliest opportunity (or the deputy practice manager in their absence). Where absence affects clinical delivery or service delivery, the practice manager is to be informed immediately in line with the practice absence policy.

Should doubt exist regarding the exclusion period, advice from the occupational health (OH) department must be sought. Occupational health can be contacted on 0161 419 4594

## Hand hygiene

### Introduction

This section explains when hand washing should occur in general practice.

When to decontaminate hands

There are five moments (or occasions) when staff should wash their hands:

- Immediately before every episode of direct patient contact or care including aseptic procedures
- Immediately after every episode of direct patient contact or care
- Immediately after any exposure to body fluids
- Immediately after any other activity or contact with a patient's surroundings that could potentially result in hands becoming contaminated
- Immediately after removal of gloves

Decontaminate hands, preferably with a handrub conforming to current British standards (at the time of publication of the recommendations (March 2012): BS EN 1500:1997) except in the following circumstances when liquid soap and water must be used:

- When hands are visibly soiled or potentially contaminated with body fluids or
- In clinical situations where there is potential for the spread of alcohol-resistant organisms (such as *Clostridium difficile* or other organisms that cause diarrhoeal illness)

### **Good practice**

In order to facilitate good hand hygiene in a clinical environment, staff should be “bare below the elbows” when delivering direct patient care:

- Where practical, staff should not wear long sleeves. If they do, then sleeves should be rolled up to the elbow
- Watches, wrist bands and other jewellery should be removed (wedding rings are permitted as long as it is a plain band)
- Finger nails should be kept short and clean
- False nails, gel nails, nail jewellery and nail polish is not to be worn
- Any minor cuts or abrasions are to be covered with a waterproof dressing

# Hand-washing technique with soap and water



1  
Wet hands with water



2  
Apply enough soap to cover all hand surfaces



3  
Rub hands palm to palm



4  
Rub back of each hand with palm of other hand with fingers interlaced



5  
Rub palm to palm with fingers interlaced



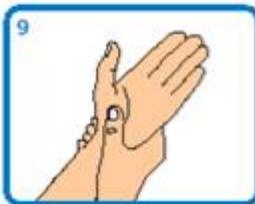
6  
Rub with back of fingers to opposing palms with fingers interlocked



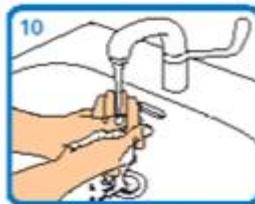
7  
Rub each thumb clasped in opposite hand using a rotational movement



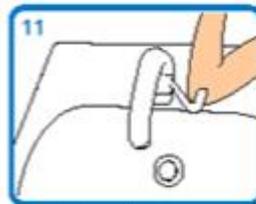
8  
Rub tips of fingers in opposite palm in a circular motion



9  
Rub each wrist with opposite hand



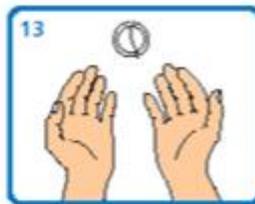
10  
Rinse hands with water



11  
Use elbow to turn off tap



12  
Dry thoroughly with a single-use towel



13  
Hand washing should take 15–30 seconds

## **OTHER PROCEDURES**

### **Venepuncture Procedure**

Staff who carry out this procedure at the Reddish Family Practice are 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:
  - o 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)
  - o Do not sheath the needle
  - o Place the needle and vacutainer immediately into a sharps box
  - o Specimens should be sealed in pathology sample bags for transportation

### **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

### **Cervical Smears**

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

- Disposable specula are to be inserted into an appropriate plastic hazard bag after use.
- Used gloves are to be placed into a hazard bag

### **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

### **Processing of medical instruments**

This practice uses disposable single-use instruments.

## **Minor operations and dressing instruments**

Minor operations are done using disposable single-use instruments.

## **ACCIDENTS**

### **Needle stick Injuries**

- If the mouth or eyes are contaminated with blood or body fluid, they should be washed thoroughly with water
- If skin is punctured, free bleeding should be gently encouraged and the wound should be washed with soap or chlorhexidine and water, but not scrubbed or sucked
- If there is any possibility of HIV exposure, immediate advice should be sought about the relative indications for anti-retroviral post-exposure prophylaxis
- The practice IPC lead and an appropriate GP e.g. duty doctor, senior partner should be informed and the needlestick protocol followed (available on One Note).
- If the source of injury was from a patient, their details should be recorded
- The incident should be recorded in the practice accident log held in the Practice Manager's office.

## **IMMUNISATION**

### **Patient Immunisation**

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

### **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 by the Practice Manager
- All staff are offered annual influenza immunisation

## **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.

## **AUDIT AND RISK ASSESSMENT**

There will be 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.

## **ANNUAL STATEMENT**

An annual statement will be written by the IPC Lead 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 prevention and control risk assessment
- Relevant staff training

#### **RELATED DOCUMENTATION/LINKS**

NICE's Infection control: Healthcare-associated infections: prevention and control in primary and community care (2012) <https://www.nice.org.uk/guidance/cg139>

Royal College of Nursing guidance on immunisation <https://www.rcn.org.uk/get-help/rcn-advice/immunisations#>

Immunisation against Infectious Diseases - The Green Book  
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-greenbook>