Tower Hamlets GP Care Group CIC
Infection Prevention and Control Policy

Foreword

The TH GP Care Group's (THGPG) Constituent Practices have adopted infection control and decontamination Policies that comply with the Hygiene Code (2009) and guidance contained in Clean, Safe Care (2008) and, in respect of decontamination, the Health Technical memorandum. The 2010 policy is still referred to as the standard and the suite of practice policies (2014) also incorporates policies from the (then) THPCT document with updates from NHS England's Infection Prevention Audit Tool (2013).

The suite of policies pertaining to infection control and prevention are readily available to all staff. The staff induction programme includes infection control and prevention. All staff members undertake online infection control training annually. (National Skills Academy Infection Control Level 1 for all staff and Infection Control Level 2 for all clinical staff) In addition there are infection prevention and control sessions at practice protected learning sessions and other practice meetings. All staff are advised regarding the appropriate immunisations required for working in a healthcare facility. A register is kept of immunisations and hepatitis status.

The Infection Control Lead for the THGPCG is Ruth Walters – Nurse Practitioner and Director of THGPCG.

The Infection Control Lead in the xxxx (Name of GP Practice) Practice is (add Name of your infection Control Lead), as part of the Clinical Governance Group.

Senior Nurses at each site have the delegated responsibility of delivering the policy and undertaking annual Infection Prevention and Control audits.

Cleaning at (add name of Practice) is outsourced to (add name of Cleaning Company) and regular reviews with the management team are undertaken. All sites have written cleaning schedules.

CONTENTS

1. INTRODUCTION

Infection Control is a core part of an effective risk management programme, aiming to improve the quality of patient care and the occupational health of staff. In addition to the clinical need to prevent HCAI, there are legal requirements to protect patients, staff and visitors from harm.

2. PURPOSE

The aim of this policy is to ensure that every Constituent Practices maintains effective arrangements for infection prevention control recognising the role of the Infection Community Infection Prevention and Control Policy 2010, (then) Tower Hamlets Primary Care Trust.

Policy No.1 - Standard Infection Control Precautions

1. Definition

1.1 Standard Infection Control Precautions (formerly known as Universal Precautions) are a range of infection control practices designed to reduce the risk of cross contamination from one person to another, or from contaminated equipment, thereby reducing the risk of healthcare associated infection.

1.2 Standard Infection Control Precautions must be applied at all times in the care of the patient or client, regardless of diagnosis or presumed infectious status and when in contact with contaminated equipment.
They must be applied when in contact with:

- Blood
- Body Fluids – Excretions (e.g. urine, vomit, faeces – not sweat).
- Secretions (e.g. mucous, seminal fluid, vaginal fluid, lactations, saliva). Other body fluids (e.g. serum, lymph & cerebrospinal fluids).
- Non intact skin
- Mucous membranes (e.g. Eyes)

1.3 Standard Infection Control Precautions include:

- Hand Hygiene.
- Use of protective clothing (Personal Protective Equipment – PPE).
- The prevention of sharps injury.
- Management of sharps, needlestick /splashing incidents.
- Management of healthcare equipment.
- Management of waste.
- Management of spillages of blood and/or body fluids.
- Managing the environment

1.4 Standard Infection Control Precautions are also directly applicable to the care settings environments of staff and their practice.

2. Roles and Responsibilities

It is the responsibility of all staff to:

- Complete a risk assessment prior to each task, taking account of the anticipated

risk of exposure to blood or body fluids, and to select and use the appropriate protective clothing.
• Secure the Hepatitis B vaccine.
• Receive training in Standard Infection Control Precautions.
• Apply Standard Infection Control Precautions.
• Cover breaks in skin with a waterproof dressing whilst on duty.
• Report any incidents involving exposure to blood or body fluids in accordance with the accident and Incident Reporting Policy.

The practice as employers are responsible for:
• The provision of Hepatitis B vaccination, followed by a titre check to establish immune status, free of charge to their staff at risk of exposure to blood and body fluids in the course of their duties.
• Ensuring that all staff has access to appropriate protective clothing.
• Ensuring that all staff has receive training in Standard Infection Control Precautions.
• Ensuring that all employees, in all settings, have access to materials that will allow effective hand hygiene to take place.

Guidance on the application of Standard Infection Control Precautions is outlined in the relevant sections of this policy.

3. Supporting Literature

Department of Health, 2006. The Health Act 2006. Code of Practice for the Prevention and Control of Healthcare Associated Infections. London.
Department of Health 2006, Essential Steps to Safe, Clean Care: Reducing healthcare associated infection. London.
Department of Health 2003, Winning Ways: working together to reduce healthcare associated infections. Report from the Chief Medical Officer. London.
Pratt RJ, Pellowe CM; Wilson JA; Loveday HP; Harper PJ; Jones SR; McDougall C; Wilcox M; 2007, epic 2 – national evidence based guidelines for preventing healthcare associated infections in NHS Hospitals in England. Journal of Hospital Infection. 65 S1-64.
National Institute for Clinical Excellence 2003. Infection Control: Prevention of healthcare associated infection in Primary and Community care. London.

Policy No.2 - Hand Hygiene

1. Introduction

Hands are the most common way in which micro-organisms, particularly bacteria, can be transferred and subsequently cause infection. Effective hand hygiene is the single most important procedure for significantly reducing/preventing infection, leading to improved patient morbidity/mortality rates.
Micro-organisms on the hands are either resident or transient flora.

1.2.1 Resident flora – are usually of low virulence and rarely cause infections except when introduced into the body through invasive procedures e.g. insertion of intravenous devices, urinary catheters, or surgical procedures.

1.2.2 Transient Flora - may consist of many different pathogenic microorganisms. They are not firmly attached to the skin and can usually be removed quickly and effectively by good hand hygiene practice.
The purpose of most hand hygiene in clinical settings is to remove transient flora (microbial contamination).

2. Responsibilities

All Staff

• All staff groups have a responsibility to carry out hand hygiene according to best practice outlined in this policy.
• Have a responsibility to report any adverse skin irritation thought to be associated with use of hand hygiene solutions to their manager.
• Must have yearly updates on all aspects of hand hygiene.
• Must ensure that patient/clients are given the opportunity to carry out hand hygiene effectively.

Managers

• Must ensure that resources to carry out correct hand hygiene practice are available at all times.
• Must review, in collaboration with the Infection Control Team, incidents relating to inadequate hand hygiene and ensure that remedial action (where necessary) is taken in a timely manner.
• Have a responsibility ensure that local risk assessments related to the elements of hand hygiene are carried out where necessary.
• Have a responsibility to ensure that all staff attend yearly training on hand hygiene.

3. Facilities

3.1 Hand hygiene sinks

• Hand hygiene sinks (used for this purpose only) must be available in all clinical rooms/areas.
• Hand hygiene sinks must be fitted with elbow operated mixer or sensor mixer taps. All taps must comply with HTM64 guidance.
• Liquid soap must be sited immediately adjacent to the sink and dispensed via a wall mounted non-refillable dispenser cartridge.
• Disposable paper hand towels must be sited immediately adjacent to the sink and dispensed via a wall mounted dispenser.
• Hand hygiene sinks must not be fitted with plugs.

3.2 Alcohol- based hand rubs/gels

• Alcohol based hand rubs must be available at:
The entrance to all clinical areas; in each clinical room; and in individual tubes to be carried by all practitioners whose duties involve moving between sites and/or visiting patients/clients in settings outside healthcare premises.
• Posters/leaflets outlining the importance of hand hygiene, both hand washing with liquid soap and water and the use of alcohol based hand rubs must be clearly displayed in all areas.

3.3 Bar soap and Nailbrushes

• Bar soap is not acceptable in any clinical area as it easily becomes contaminated

and acts as a reservoir for microorganisms.
• Nailbrushes must not be used during routine hand hygiene.

4. Hand Hygiene Solutions

Liquid soap and water

• Washing hands with a liquid soap containing an emollient will remove dirt, organic material and transient microorganisms, this level of hand hygiene is sufficient for most clinical settings in the community, the exceptions to this being prior to minor surgery and clinical dentistry.

Alcohol based hand rubs/gels

• Alcohol based hand decontaminants have an important role to play in hand hygiene in situations where it is not possible to wash hands with liquid soap and water or when the volume of patient/clients and nature of intervention means that hand washing is unlikely to happen after each patient/client contact e.g. immunisation sessions.
• Alcohol is not effective against some microorganisms such as Clostridium difficile, and will not remove dirt or organic material from hands.
• Hands must be washed with liquid soap and water after several consecutive applications of alcohol hand rub/gel.

Antiseptic hand hygiene solutions

• Antiseptic hand washing solutions must not be used routinely for hand washing.
• The use of such products must be limited to prior to surgical procedures and during clinical dentistry, or on the specific advice of the Community Infection Control Team.
• Prolonged, repeated use of products of this type can damage the skin.

5. When and How

5.1 When

Hands must be decontaminated immediately before each and every episode of direct patient/client contact/care and after any activity or contact that results in hands potentially becoming contaminated.

Decontaminate hands

BEFORE Direct contact with patient/client's skin
Contact with invasive devices
Contact with dressings
Eating & /or drinking
Serving food
Helping patient/client/clients to eat or drink

Decontaminate hands

AFTER Completing episodes of patient/client care
Removal of gloves, or other protective clothing
Eating &/or drinking
Contact with patient surroundings
After body fluid exposure risk

- An effective hand washing technique involves four stages: preparation, washing, rinsing and drying. Preparation requires wetting hands under warm

running water before applying liquid soap. Hands must be washed as shown in Appendix 1. Effective Hand Washing poster. Ensure that the hand wash solution comes into contact with all surfaces of the hand. This should take a minimum of 10-15 seconds.

- If an alcohol hand rub solution is to be used for decontamination of the hands, remember that the solution/gel must come into contact with all surfaces of the hand. The method illustrated in
- The Effective Hand Washing poster must be followed. Hands must be rubbed until the alcohol rub/gel has evaporated and the hands are dry.
- Alcohol hand rub must not be used immediately following hand washing as this can damage the hands and it must not be used as liquid hand soap.

5.3 Fingernails

- Fingernails must be kept short and clean
- Nail polish must not be worn by staff that have direct patient/client contact.
- Artificial nails/nail extensions must not be worn by staff providing direct patient/client care.

5.4 Jewellery

- Wrist and hand jewellery must not be worn by staff providing personal care and/or conducting clinical interventions with patient/clients. Please refer to local Uniform Policy.
- A plain band, e.g. wedding band, can be worn, but this must be removed when hand hygiene is being performed in order to remove transient bacteria which can harbour underneath such bands.

6. Hand Drying

- Careful hand drying after hand washing with liquid soap and water is important so as to avoid damage to skin as a result of damp skin.
- Disposable paper hand towels must be used for hand drying.
- When using alcohol hand rub/gel 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.

7. Community Considerations

- This policy acknowledges that some facilities outside Healthcare premises present particular challenges for effective hand decontamination practice.
- The use of an alcohol-based gel must be considered whenever hand washing facilities are problematic.

8. Look after Your Hands

- An emollient hand cream must be used regularly, e.g. after washing hands before a break or going off duty, and when off duty to maintain the integrity of the skin.
- Hand creams should be dispensed via non-refillable pump dispensers or individual tubes.

9. Further Information

- Leaflets about hand hygiene for both staff and patient/clients are included at the end of this policy and should be copied and distributed by all teams/departments on a regular basis.

10. Supporting Literature

Boyce, J.M. Pittet. D. 2002. Guidelines for Hand Hygiene in Healthcare Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HIPAC/SHEA/APUC/IDSA Hand Hygiene Task Force. Infection Control & Hospital Epidemiology. 23 S3-40

Hoffman, P.N. et al 1985. Micro organisms isolated from skin under wedding rings worn by medical staff. BMJ.290:206-207.

Infection Control Nurses Association.2002. Hand Decontamination Guidelines. ICNA. London.

Pratt, R. J. Pellowe, C. M. Wilson, J. A. Loveday, H.P. Harper, P. J. Jones, S. R. McDougall, C. Wilcox, M. 2007. Epic 2- National evidence based guidelines for preventing healthcare associated infections in NHS hospitals in England. Journal of Hospital Infection 65 S1-64.

Policy No.3 - Use of Protective Clothing

1. **Introduction**

1.1 The selection, wearing and correct disposal of appropriate protective clothing (coupled with good hand hygiene) has been shown to significantly reduce the risk of occupational exposure to infectious agents and reduce the opportunity for infection transmission to both staff and patients/clients.

1.2 Appropriate protective clothing must be available in all areas where staff are giving direct patient/client care and are likely to come into contact with blood and/or body fluids.

1.3 Protective clothing can also be referred to as personal protective equipment (PPE).

1.4 For the purposes of this policy the protective clothing described is that which is most likely to be used in general primary care settings.
The protective clothing described is:

- Gloves
- Aprons
- Eye Protection
- Masks
- Footwear

2. **Responsibilities**

All staff

- Have a responsibility to wear protective clothing appropriately.
- Are required to undertake training on all aspects of the use of protective clothing.
- Have a responsibility to report and replenish low levels of gloves and aprons.

- To conduct risk assessment so as to ensure that protective clothing appropriate to the care/task to be undertaken is worn.

Managers

- Have a responsibility to ensure that local risk assessments are carried out where appropriate so as to identify the appropriate protective clothing needed for care/activity.
- To provide appropriate protective clothing, both quantity and type in all areas where patient/client contact takes place. This includes the homes of patients/clients.
- To review any incidents involving inappropriate use of protective clothing, and to initiate changes to ensure that such breaches in policy do not recur.

3. **General Good Practice**

3.1 Protective clothing must be located in all areas where patient/client contact takes place.

3.2 Gloved hands must not be washed. Gloves must be removed, hands washed and a clean unused pair of gloves donned if necessary.

3.3 Alcohol hand rub/gel solutions must not be applied to gloved hands.
Gloves must be removed, hands washed and a clean unused pair of gloves donned if necessary.

3.4 The use of gloves does not negate the need for good hand hygiene
(see Policy No.2: *Hand Hygiene)*

3.5 Stocks of protective clothing must be stored off the floor in a clean, dry storage area so as to ensure that they do not become contaminated prior to use.

3.6 Gloves and plastic aprons are single use items and must not be reused.

3.7 Adverse reactions thought to be related to the use of protective clothing e.g. latex sensitisation/allergy must be reported to the Occupational Health Department.

3.8 Eye protection: For e.g. goggles must be available and worn when there is a risk of blood or body fluids. Eye protection is reusable and must be washed with general purpose detergent and stored dry after each use.

4. **Gloves**

Introduction

Gloves are intended to serve two main purposes:

- To protect hands from contamination with organic matter and micro-organisms; and
- To reduce the risks of transmission of micro-organisms to patients/clients and staff.

NICE guidance 2012 recommends that alternatives to latex gloves must be available. There is some evidence that latex gloves are more protective against puncture. There is no evidence for vinyl gloves. Cost effectiveness must be taken into consideration.

Choosing the Correct Glove

4.2.1 Gloves that are acceptable to staff and CE marked must be available in all areas where patient/client contact takes place.

4.2.2 Gloves must be appropriate for use and well-fitting to avoid interference with dexterity, friction, excessive sweating and/or muscle fatigue of the hands/fingers.

4.2.3 Expiry date/lifespan of gloves must be checked and adhered to.

4.2.4 Alternatives to natural rubber latex gloves must be available. Nitrile (acrylonitrile), Polychloroprene (neoprene) and Vinyl (polyvinyl chloride – PVC), (synthetic co-polymer) gloves are suitable alternatives.

4.2.4.1 Nitrile (acrylonitrile): These gloves provide an excellent barrier against bloodborne viruses. Nitrile gloves are a good alternative for latex sensitive individuals.

4.2.4.2 Polychloroprene (neoprene): These gloves are effective against viral penetration and resist permeability from chemicals. They are suitable for NRL sensitive individuals

4.2.4.3 Vinyl (polyvinyl chloride – PVC), (synthetic co-polymer): Vinyl gloves are inelastic and can be 'baggy' to wear.

4.2.4 The use of polythene gloves is not acceptable during healthcare activities as they have heat sealed seams, which predisposes them to splitting

4.2.5 **Using Gloves**

NB the activities listed under 'appropriate use' are not exhaustive and practitioners should undertake a risk assessment prior to all care interventions/tasks. The assessment does not need to be documented as thisshould be part of normal practice

Glove Type Appropriate Use

Glove Type	Appropriate Use
Powder - free Latex (non-sterile) Gloves	Worn when potential exposure to blood/body fluids is likely e.g. Venepuncture / cannulation Blood glucose monitoring Vaginal examination Non- surgical podiatry Specimen collection Handling cytotoxic material Handling disinfectants
Latex free Gloves (nonsterile) e.g. Nitrile	For use by staff identified as having latex sensitisation/latex allergy. For use by staff caring for patients/clients identified as having latex sensitisation/allergy.

	See above for when these should be worn
Non-Sterile Vinyl gloves	For use in healthcare interventions/tasks where contact with blood/body fluids is not anticipated. Vinyl gloves do not allow good manual dexterity, so should not be worn for tasks which require precision.
Sterile Examination Gloves	Clinical care to surgical wounds/drain sites Vaginal examination in antenatal care IUD/IUS insertion Handling central venous catheters Oro-pharyngeal or tracheal suction
Household Rubber Gloves	For domestic use. Cleaning of equipment not visibly contaminated with blood/body

Changing Gloves

Gloves must be changed between patients/clients
Gloves must be changed between caring for different care/treatment activities for the same patient.

4.3.3 Both non-latex and latex gloves should be changed after two to three hours of use because the barrier of either type of glove becomes compromised with extended use.

4.3.4 Gloves are not a substitute for good hand hygiene, and this must be carried out each time gloves are removed

4.4 Removing and Disposing Gloves

4.4.3 Remove gloves promptly after use and wash your hands.

4.4.4 Remove gloves before touching clean areas, environmental surfaces or other persons (including yourself).

4.4.5 Remove gloves before handling or writing on charts, using telephones or computer keyboards.

4.4.6 Gloves must be removed with care so as to avoid contamination.
The wrist end of the glove must be handled and the glove pulled down over the hand, turning the outer contaminated surface inward whilst doing so (this means that the gloves are disposed of inside out).

4.4.7 Gloves contaminated or possibly contaminated with body fluids must be disposed of in the orange infectious waste bags.

4.5 Storing Gloves
4.5.1 Supplies of gloves waiting to be used must be stored in a clean, dry area above floor level.

4.5.2 Gloves must not be decanted from their original box/packaging so as to ensure that the expiry date is accessible and product integrity maintained.

5 Aprons

5.1 Disposable plastic aprons must be worn whenever direct contact with patient/client or equipment is anticipated and when there is a risk of contamination with blood, body fluids, secretions or excretions, with the exception of sweat.

5.2 Using aprons

5.2.1 Disposable single use plastic aprons must be available in all areas where patient/client contact takes place.

5.2.2 Single use aprons must not be reused.

5.2.3 Full body fluid repellent gowns must be worn when there is a risk of extensive splashing of blood/body fluids, secretions, excretions with the exception of sweat e.g. assisting with childbirth.

5.3 Changing Aprons

5.3.1 Aprons must be changed between patients/clients.

5.3.2 Aprons must be changed between 'clean' and 'dirty' interventions with the same patient/client so as to avoid cross- contamination.

5.3.3 Aprons must be changed between tasks

5.3.4 Aprons must be removed immediately after use. The outer contaminated side of the apron should be turned inward, rolled into a ball and then discarded in the orange clinical waste bag.

5.3.5 Aprons must be removed before going to clean areas, such as using the telephone and/or computer keyboards.

5.3.6 Hand hygiene must be carried out immediately after apron removal.

5.4 Storage

5.4.1 Supplies of aprons waiting to be used must be stored in a clean dry area, above floor level.

6 Eye Protection

6.1 Eye protection must be worn when there is a risk of blood, body fluids, secretions or excretions splashing into the eyes.

6.2 Using Eye Protection

6.2.1 Eye protection must be available in all areas where patient/client contact takes place.

6.2.2 Eye protection – either goggles or glasses - must be well fitting and comfortable to wear.

6.2.3 Eye protection must provide protection to the side areas of the eye i.e. ‘wrap around’ the eye area.

6.2.4 Hand hygiene must be carried out immediately after removal of eye protection.

6.3 Storage

6.3.1 Eye protection must be washed after each use with hot water and general purpose detergent, rinsed and stored dry in a clean area.

7 Masks

7.1 Face masks must be worn when there is a risk of blood, body fluids, secretions or excretions splashing into the face/oral mucosa.

7.2 Using Masks

7.2.1 Face visors may be considered in place of masks and eye protection during procedures where there is a high risk of splattering or aerosolisation of blood or other body fluids.

7.2.2 HEPA (high efficiency particulate air) filtering masks must be worn by healthcare professionals when direct exposure to respiratory secretions and infectious TB patients/clients is unavoidable.

7.2.3 Masks must be changed between patients/clients/procedures.

7.2.4 Disposable surgical masks must be changed if they become wet or soiled so as to ensure continued protection to the wearer.

7.2.5 Masks should be disposed of in the clinical waste bag.

7.2.6 Hand hygiene must be carried out immediately after apron removal.

7.3 Storage

7.3.1 Supplies of masks waiting to be used must be stored in a clean dry area, above floor level.

7.3.2 Face masks with expiry dates must not be decanted from their original box/packaging so as to ensure that the expiry date is accessible and product integrity maintained.

8 Footwear

8.1 Staff providing patient/client care must wear closed toed shoes to avoid contamination with blood or other body fluids and /or potential injury from sharps.

8.2 Open footwear must not be worn in areas where blood or body fluids could be spilt or where sharps are handled.

8.3 Foot wear should be kept clean.

8.4 Overshoes must not be worn. These can lead to unnecessary hand contamination while donning/removing and can cause aerosolisation of micro-organisms due to bellowing when walking.

8.5 Hand hygiene must be carried out immediately after handling of any footwear.

9 Uniforms

Uniforms may be worn by some members of staff, where uniforms are worn (including tabards) the following applies 9.1 Uniforms and/or white coats are not protective clothing.

9.2 Disposable plastic aprons must be worn over uniforms as described in section 5 above.

9.3 Uniforms must be changed daily in normal use, or immediately if contaminated.

9.4 Uniforms must not be worn to travel to and from work.

9.5 Uniforms must be laundered at a temperature of 65°c or at the highest temperature the item will withstand. Uniforms must be laundered separately from other items.

10 Personal Clothing

10.1Disposable plastic aprons must be worn over personal clothing as described in section 5 above.

10.2 Personal clothing worn whilst on duty must be changed daily and washed at the highest temperature that the item will withstand.

10.3 Personal clothing must be of a design that allows sleeves to be rolled up to above elbow level during the delivery of healthcare and whilst performing hand hygiene.

Supporting literature
Reference: http://www.nice.org.uk/nicemedia/live/13684/58654/58654.pdf

Policy No.4 - Occupational Health and the Control of Infection

1. The broad aim of the Occupational Health Service is to minimise work-related ill health and prevent healthcare workers becoming ill as a result of their job.

2. Occupational Health and the Control of Infection

2.1 The Occupational Health Service contributes to the control of infection by working in collaboration with staff and managers for example:

- The administration of hepatitis B vaccine, followed by a titre check to establish immune status*

- Provision of support and guidance to health care workers who are hepatitis B e antigen positive.
- Support and guidance in the modification of work practices to those managing healthcare workers found to be hepatitis B e antigen positive**
- Support and guidance to healthcare workers infected with blood borne viruses such as hepatitis B, C or HIV.
- Support and guidance in the modification of work practices to those managing healthcare workers known to be infected with blood borne viruses such as hepatitis B, hepatitis C or HIV.***
- Advice and guidance to any staff member experiencing irritation to hands thought to be associated with use of hand washing solutions (liquid soap and/or alcohol based products).
- Advice and guidance to any staff member reporting/suspecting latex sensitisation.
- Advice and guidance on exclusion of staff known/suspected to have an infectious illness.
- Advice to staff post exposure to an infectious disease

* Managers must satisfy themselves of the immunisation status of all staff, including agency and locum staff.
** Healthcare workers who are hepatitis B e antigen positive must not perform exposure prone procedures.

An exposure prone procedure is:
Exposure prone procedures (EPPs) are those where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the workers gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.
From: HIV Infected Health Care Workers: Guidance on Management and Patient notification. Department of Health, July 2005.

***Healthcare workers infected with blood borne viruses must not participate in exposure prone procedures until expert advice has been sought.

3. Occupational Health Services
3.1 Staff must use the Occupational Health Service provided by the practice. Occupational health advice is available to all staff in the case of needlestick injury or splashing injury.

4. Supporting Literature
Advisory Committee on Dangerous Pathogens. 1995. Protection against blood borne infections in the workplace. HIV and Hepatitis. PL.CO(90)5.
Department of Health 2006. The Health Act 2006. Code of practice for the prevention and control of healthcare associated infections. London.
Department of Health.2005. HIV Infected healthcare workers: guidance on management and patient notification. London.
Department of Health 2000. Hepatitis B infected healthcare workers.
London.

Policy No.5 - The Prevention of Sharps Injury

1. Responsibilities

Staff

- Have a responsibility to manage the safe handling and disposal of sharps in all care settings.
- Have a responsibility to undertake training in the safe handling and disposal of sharps.
- Have a responsibility to ensure that self-medicating patients/clients have been educated about the safe disposal of sharps
- Have a responsibility to report difficulties in the implementation of this policy to the line manager and/or via the incident reporting system of each organisation.

Managers

- Have a responsibility to ensure that local risk assessments are carried out to identify the appropriate use of protective clothing, and adherence to the best practice outline in this policy document.
- Have a responsibility to ensure that staff can access the available training on safe handling and disposal of sharps.
- Have a responsibility to ensure that staff are resourced to provide specific training to self-medicating patients/clients on the safe handling and disposal of sharps.
- Have a responsibility to immediately address any reported difficulties in the implantation of this policy.

2. Good Practice

Before Use

- Ensure that the sharps box is correctly assembled.
- Ensure that the label on the box is completed upon assembly.
- Sharps boxes must comply with UN and BS standards.
- Boxes must be available in sizes appropriate for the disposal of sharps in the care setting in which they are to be used.
- Appropriately colour coded sharps boxes must be available.
- Sharps boxes must be stored or positioned safely for use and as close to the point of use as possible, e.g. within a tray device with room for an integral sharps container or, wall mounted below shoulder height.
- Sharps boxes must never be placed on the floor.
- Safer needle devices must be used as appropriate.
- Single use retractable lancets must be used for all capillary blood sampling.

During Use

- Practitioners must be competent in procedures using sharps.
- Cuts and abrasions must be covered with a waterproof dressing before providing care. Staff with skin conditions must seek advice from Occupational Health in order to minimise risk of infection via open skin lesions.

- Gloves must be worn when handling sharps.
- Other protective clothing must be worn as necessary to avoid exposure e.g. aprons, eye protection.
- Open toed footwear must not be worn in areas where sharps are handled.
- Assemble devices with care.
- Needles and syringes must be disposed of as one single unit.
- Do not re-sheath used needles with needle covers.
- Single use disposable blade devices should be used in community care settings.
- Extra vigilance is needed during emergency procedures.

After Use

- Disposal of sharps is the responsibility of the user.
- Used needles must be disposed of immediately after use.
- Fill sharps boxes only to the 'fill' line and never overfill.
- Shut and lock box when full.
- Label box with source e.g. clinic/practice name or code.
- Attach identity or coded tag.
- Remove full sealed sharps boxes to the designated disposal area as soon as they have been sealed.
- Do not use tape to seal sharps boxes.
- Never place sharps boxes in bags prior to disposal.
- Damaged sharps boxes must be placed into a larger sharps box for disposal.
- Practitioners visiting patients/clients at home must carry community size sharps bins.
- Patients who receive regular injections either from a health care professional or self-administered must be provided with a sharps box, and collection arranged through the Local
  Authority Waste Collection Service

Policy No. 6 - The Management of Sharps, Needlestick and Splashing Incidents

The purpose of this policy is to provide guidance for the urgent treatment and attention to incidents involving contamination with blood or body fluid, except urine or faeces unless they are visibly blood stained). It should be readily available in the event of an incident.

1. Definition

1.1 These are incidents involving contamination with blood/body fluids except urine or faeces unless they are visibly blood stained.
1.2 Needlestick injury, puncture wound, cut or bite (even if gloves or other protective clothing were being worn) should be reported as an incident, following the incident reporting policy.
1.3 Contamination of an already established cut or abrasion with blood or body fluids or splashing to the mouth/eye must be reported as an incident.

2. Roles and Responsibilities

2.1 You are responsible for:

- Performing immediate first aid. 'Refer to the First Aid & Immediate Help' section below
- Reporting the incident as per local procedures immediately. 'Refer to the First Aid & Immediate Help' section below

- Immediate reporting is required as post exposure prophylaxis may be most beneficial if started within 2 hours of the incident taking place.

Managers/Supervisors have the responsibility to ensure that the incident is managed effectively:

- Ensure that first aid is carried out effectively.
- Ensure that the source of the injury is managed and information gathered, see 'Occupational Health' at point 3.
- Ensure that appropriate support is available following an exposure incident e.g. referral to Occupational Health and subsequent follow-up as necessary.
- Ensuring that the incident is reported correctly.
- Addressing the cause of the incident in order that similar incidents can be avoided if possible in the future.
- Ensuring that training is undertaken by all staff so as to ensure that they know how to manage this type of incident.

3. Occupational Health

3.1 Following an incident of this type Occupational Health will require the following information:

About the injury

- Type of exposure /injury
- Colour and type of needle/sharp
- Procedure being undertaken at the time of injury
- Time injury occurred

About the injured person (recipient)

- Has the recipient had Hepatitis B vaccine
- If yes, what were last antibody levels?

About the Source of the Injury (Donor)

The senior clinician caring for the patient must be asked to obtain this information. If the senior clinician has sustained the injury another senior clinician must be asked to gather this information.

- Name
- Age
- Diagnosis
- Does the patient have a known bloodborne infection e.g. hepatitis B, hepatitis C, HIV.
- Is the patient an IV drug user?

3.2 The guidance contained within this policy only pertains to the immediate action needed following this type of injury. Explanatory notes on post-exposure prophylaxis, testing of source and recipient, counselling and so on are available from the Occupational Health
Departments of each organisation and must be available for staff information

in each department/team.

FIRST AID & IMMEDIATE HELP

1. Encourage bleeding where skin is punctured. Do not suck the area.
2. Clean well with copious amounts of soap and running water. Do not scrub.
3. Apply occlusive dressing.
4. If the eyes are involved wash immediately with water for 5-10 minutes (use sterile water if available, otherwise tap water) If the mouth is contaminated rinse with plenty of water.
5. Where gross contamination of unbroken skin has occurred remove contaminated clothing and wash all areas with copious amounts of soap and water.
6. Identify the source of the sharp.
7. Inform your manager or immediate senior about the incident promptly.
8. Seek IMMEDIATE advice from Occupational Health
9. Complete an incident form
10. The donor should be advised that they will be required to have blood tests. Instructions will be received by the needlestick helpline.

Seek immediate advice from:
During working hours: 08.30 – 16.30 Monday – Friday

Needlestick Helpline
Health and Wellness Centre (Occupational Health)
Royal London Hospital
31-43 Ashfield Street
E1 2AH
020 73777449

Out of working hours: 16.30-08.30 including weekends and bank holidays

Attend Accident and Emergency at Royal London Hospital or Newham University Hospital and contact
Senior Registrar – Virology or the Virologist on Call on 0207 7476 4000 via switchboard at Newham University Hospital who will be able to give advice.

Prophylactic treatment if indicated is most effective if started within 2 hours of the injury. **DO NOT DELAY IN REPORTING THIS TYPE OF INJURY**

An accident report should be completed. The Accident Report Book is held in the Practice Managers office. The following should be recorded:

- The source of the sharp and description of the accident. Include the place, date, time and any witnesses.

- The name of the source patient.

- The action taken.
- Any persons who gave advice and the advice given.
- The advice given to the patient and/or staff member concerned.
- The action taken to prevent recurrence.

To avoid sharps injuries see the Prevention of Sharps Injury Policy. Sharps should be kept in the appropriate "Sharps" box, out of the reach of children.

Sharps should be disposed of by the person using them. Never leave sharps to be disposed of by someone else.

It is the responsibility of staff suffering injury to ensure that advice on first aid is sought and to ensure completion of the appropriate documentation in accordance with the Health and Safety Regulations.

It is the responsibility of the senior manager to whom the injury was first reported to ensure that all the follow up arrangements are followed, documented and concluded.

A poster with details of immediate action and contact details is to be place in every clinical area in the practice.

Policy No.7 - Management of Healthcare Equipment

1. Introduction

Health and social care settings contain a diverse population of micro-organisms. Inevitably healthcare equipment will become contaminated during care delivery and will need to be decontaminated after use so as to reduce the risk of contamination/infection of staff, patients/clients and/or visitors during subsequent use.
Appropriate decontamination of healthcare equipment is essential to reducing their potential contribution to healthcare associated infection.

2. Single Use and Single Patient/Client Use Devices

Single Use Medical Devices

- Single use devices are easily recognisable by the symbol on the packaging (or device itself).
- These devices must only be used once and then discarded immediately in the appropriate waste stream.
- The reuse of a single use item exposes both patients/clients and staff to unacceptable risks. These risks outweigh any perceived benefit of reusing such devices.
- Do not reuse single use items.

Single Patient/Client Use Medical Devices

- Single patient/client use devices are clearly marked as such on the

packaging.
- Single patient/client use items can be used on the same patient/client according to the manufacturer's guidance.
- Single patient/client use items must be cleaned and stored between uses in such a way as to ensure that they are reused on the same patient/client only.
- Manufacturer's guidance on cleaning between uses must be followed.

3. Roles and Responsibilities

All Staff

- Have a responsibility to ensure that medical devices used in the areas in which they work are used appropriately.
- Have a responsibility to ensure that single use items are not reused.
- Have a responsibility to ensure that single patient/client use items must be cleaned and stored between uses in such a way as to ensure that they are reused on the same patient/client only.
- Have a responsibility to ensure that any reusable devices are cleaned and stored appropriately after each use.
- Have a responsibility to apply the principles of hand hygiene
- Have a responsibility to use appropriate protective clothing when involved in the decontamination of equipment
- Have a responsibility to seek advice from Public Health England or NHSEngland

Managers

- Have a responsibility to ensure that sufficient resources are available so as to ensure that single use devices are not reused.
- Have a responsibility to ensure that staff involved in the decontamination of equipment are applying the principles of best practice outlined in this policy and according to specific manufacturer's instructions.
- Have a responsibility to ensure that staff have access to sufficient resources to allow them to decontaminate reusable devices in accordance with the best practice outlined in this policy.
- Have a responsibility to ensure that the decontamination of healthcare equipment is considered prior to purchase.
- Have a responsibility to ensure that staff have access to appropriate protective clothing
- Have a responsibility to ensure that staff have access to appropriate hand hygiene facilities.

4. Purchase of Healthcare Equipment

4.1 The purchase of reusable healthcare equipment must be in accordance with Standards set by the health and safety executive and NHS purchasing guidance.

5. Storage of Healthcare Equipment

- Used healthcare equipment must be stored in a designated area, away from equipment that has already been decontaminated.
- Healthcare equipment must be stored clean and dry.
- Check all healthcare equipment for visible contamination prior to use.
- Healthcare equipment must not be stored on the floor, but on rack type

shelving or cabinets.
- Storage areas must be clean and tidy and included in the regular cleaning schedule for the department /premises.

6. Decontamination

Decontamination is a process which removes or destroys contaminants so that infectious agents or other contaminants cannot reach a susceptible site in sufficient quantities to initiate infection or any other harmful response. Differing levels of decontamination are used depending on the device and the procedure it has been used for.

The levels are:
- Cleaning.
- Cleaning followed by disinfection.
- Cleaning followed by sterilisation.

6.2 Disinfection is a process used to reduce the number of viable infectious agents but which may not necessarily inactivate some microbial agents such as bacterial spores. Disinfection does not achieve the same reduction in microbial contamination as sterilisation.

6.3 Sterilisation is a process used to render an object free from viable micro-organisms including viruses and spores (but may not include prions).

6.4 The level of decontamination required for an item is dependent upon the anticipated use of that item. The MHRA provides the following guidance:

Level of risk	Use of Item	Decontamination Process
Low risk	• In contact with intact skin • Not in contact with patient/client	Cleaning
Medium Risk	• In contact with broken skin • In contact with mucous membranes • Used on immunocompromised patients/clients • In contact with pathogenic organism that is readily transmissible	Cleaning Followed by Disinfection or Sterilisation
High Risk	• In contact with broken mucous membranes • Entering sterile body cavity	Cleaning Followed by Sterilisation

7. Decontamination of Equipment, A – Z

7.1 Healthcare device must be decontaminated away from treatment/clinical areas and in areas that are not accessible by the public.

7.2 Healthcare equipment marked as single use must not be decontaminated and must be disposed of immediately after use.

7.3 Single patient/client use items must be cleaned and stored between uses in such a way as to ensure that they are reused on the same patient/client only.

7.4 Appropriate protective clothing must be worn during the decontamination of healthcare equipment.

7.5 Hand hygiene must be carried out after removal of protective clothing

7.6 Disinfectant solutions must be accurately made up immediately prior to use and discarded once used.

7.7 Electrical equipment must be disconnected from the electrical supply before decontamination takes place.

7.8 The A - Z decontamination list provides advice on the decontamination of commonly used healthcare equipment but is not exhaustive and practitioners must seek further advice from NHS England as necessary.

Equipment	Cleaning agent	Comments
Airways	Single Use Disposable	Dispose of as healthcare waste immediately after use
Ambubag	Single use	Dispose of as healthcare waste immediately after use
Auroscope Speculae	Single Use Disposable	Dispose of as healthcare waste immediately after use
Baby changing mats	General Purpose Detergent (GPD)	Cover with disposable paper towel. Change towel between babies. Mats must be washed with GPD and warm water at the end of each session, using a disposable cloth. If visibly soiled treat as a spillage. Inspect regularly. If plastic covering is torn or damaged the mat must be removed from use and disposed of
Baby weighing scales	General Purpose Detergent (GPD)	Cover with disposable paper towel. Change between each baby. Clean with GPD and hot water at the end of each session. Use a disposable cloth. If visibly soiled treat as a

		spillage.
Blinds (window)	General Purpose Detergent (GPD)	Cleaning of roller and/or vertical blinds must be part of the routine schedule for each area. Wipe with GPD and hot water weekly. If washable they must be laundered quarterly. If visibly soiled treat as a spillage Venetian blinds are not suitable for use in healthcare premises unless encased between 2 panes of glass.
Blinds (in clinical room)	Disposable	Remove and replace 3 monthly. Dispose of blinds in domestic waste unless visibly contaminated.
Blood Pressure Cuffs	Launder Single patient use	Wipe with GPD and hot water at the end of each session. Change immediately if visibly contaminated heat clean in washing machine (71°c) Single use cuffs must be used on patients/clients with non intact skin and/or lesions in the area of cuff placement. Single use cuffs must be discarded immediately after use. Clinical areas Non clinical areas – health care premises Vacuum Steam clean
Bowls	Disposable	Dispose of as healthcare waste immediately after use
Carpets Clinical areas Non-clinical areas	 Vacuum Steam clean	Clinical areas should not be carpeted Cleaning of carpets must be part of the routine cleaning schedule of each area. Carpets must be vacuumed every day that the area is used. Carpets must be steam cleaned at least quarterly. Spillages of blood/body fluids must be dealt with initially using the principles outlined in 'Management of Spillages'. Then arrangements for the immediate steam cleaning of carpets following a spill must be in place. Care must be taken to ensure that the Contractor cleans and decontaminates any cleaning equipment

In patient/client's home	General Purpose Detergent (GPD)	(including mechanical aids) after each use. In the event of a spillage of blood or body fluids on a carpet in a patient/client home general purpose detergent must be used to clean the spill so as to avoid damaging the carpet.
Cool Boxes (used for transportation of vaccines)	General Purpose Detergent (GPD)	Clean after each use with GPD and hot water. Dry with disposable paper towel. If vaccine spillage has occurred treat as a spillage.
Crockery and Cutlery	Dishwasher General Purpose Detergent (GPD)	Use dishwasher if available. Hand wash in GPD and hot water. Air dry or dry with disposable paper towel. Store all crockery and cutlery clean and dry.
Dishwasher		Dishwashers must be part of the routine cleaning schedule for each area/department. Dishwasher must be subject to routine maintenance – Estates & Facilities will advise on the necessary frequency
Doppler machine	Clean after each use	Follow manufacturer's guidance
Dressing trolley	General Purpose Detergent (GPD)	Clean with GPD and hot water at the beginning of each session and/or when visibly soiled. Use a disposable cloth. If visibly soiled with blood/body fluids clean with 10,000ppm hypochlorite solution.
Ear Syringing Equipment		See Appendix
Eye protection	General Purpose Detergent (GPD)	Wash with GPD and hot water after each use. Store clean and dry. If visibly soiled with blood/body fluids wash with hypochlorite solution (10,000ppm).
Examination couches	General Purpose Detergent (GPD)	Cover with disposable paper roll. Change after each patient. Wash with GPD and hot water at the end of each session. If visibly soiled with blood/body fluids treat as a spillage.

		Inspect couch for wear and tear. Damaged upholstery must be professionally repaired or recovered immediately. Blankets and/or non-disposable linen must not be used on examination couches. The cleaning of the supporting framework of examination couches must be part of the routine cleaning schedule for each clinical area.
Fans (electrical)		Electrical fans must be clean and dust free. They must be subject to routine maintenance and cleaning by Estates and Facilities Fans should not be in use when patients are in clinical rooms. When not in use fans must be stored covered to prevent the accumulation of dust and debris on rotating blades.
Floors	General Purpose Detergent (GPD)	The cleaning of floors must be part of the routine cleaning schedule for each area. In the event of a spillage of blood/body fluids the guidance outlined in Management of Spillages.
Foot Stools	General Purpose Detergent (GPD)	Cover with disposable paper towel if used for dressing changes, podiatry procedures etc. Wash with GPD and hot water at the end of each session. Pay particular attention to horizontal surfaces and /or grooves where dust and debris may collect. If visibly contaminated with blood/body fluid treat as a spillage. See Management of Spillages, Damaged waterproof covering must be professionally repaired or recovered immediately. Damaged foot stools must be removed from use.
Hands		Refer to Policy No:2 Hand Hygiene
Instruments		Single use instruments must be disposed of immediately after use.
Keyboards - clinical areas	General Purpose Detergent (GPD)	Keyboards in clinical areas must be covered with a cover that is impermeable to fluids and that

		allows the keyboard to be used whilst the cover is in place. Keyboard covers must be wiped with GPD and damp cloth at the end of each session
Laryngoscopes - hand piece - blades	70% alcohol wipe Single Use	After use remove bulb and wash. Wipe over hand piece with 70% alcohol wipe. Dispose of immediately after use as healthcare waste
Mouthpieces For use with inhalers	Single use	Dispose of as healthcare waste immediately after use
Nebulisers Masks & tubing	Single use	Dispose of as healthcare waste immediately after use
Oxygen Masks and tubing	Single use	Dispose of as healthcare waste immediately after use
Pillows	Disposable Cover General Purpose Detergent (GPD	Pillows must be covered with a waterproof covering. Whilst in use disposable pillow cases must be used over this waterproof covering. Wash waterproof covering with GPD and hot water at the end of each session. Store dry
Razors	Single use	Dispose of immediately after use in a designated sharps bin
Scissors	Single Use Single Patient/Client	Single use scissors must be disposed of immediately after use in a sharps disposal box. Single patient use scissors must be wiped with a 70% alcohol wipe between each use and stored in a designated container marked with the patient/client's name and date of birth so as to ensure that they are only used on the same patient.
Speculae - aural - vaginal	 Single Use Single Use	Disposable tips must be used. Dispose of immediately after each use as healthcare waste. Disposable vaginal specula must be used. Dispose of immediately after use as healthcare waste
Spoons (used for the administration of medicines)	Single Use	Dispose of immediately after use.
Stethoscopes	70% alcohol	Clean at the beginning and end of

		each session with 70% alcohol wipe. Clean between patients with 70% alcohol wipe.
Suction Apparatus - Catheters - Tubing Machine casing	 Single use Single use	 Dispose of immediately after use. Wipe outside of apparatus with 70% alcohol wipe after each patient/client use. If visibly contaminated with blood/body fluid treat as a spillage.
Tables / Trays	General Purpose Detergent (GPD)	The cleaning of these items must be included in the general cleaning schedule of each area. Wash with GPD and hot water. Excessive scratching/scoring of the surface makes cleaning difficult and repair must be carried out or the item discarded
Thermometers		Electronic thermometers with disposable sheaths only to be used.
Toys	General Purpose Detergent (GPD)	Toys are not encouraged in the practice at all as they carry a high infection risk to children. Any toys brought in by the toy library are subject to the following: Toys used in waiting rooms and clinical areas must be easy to clean by wiping with hot water and GPD. Surface must then be wiped with 70% alcohol wipe. Soft toys are not suitable for use in these areas.

Policy No.8 - Management of Waste

1. Introduction

1.1 The safe disposal of all waste is an essential element of health and safety and general good hygiene. Safe disposal of waste will minimise or avoid the risk of transmission of micro-organisms and/or potential infection.

1.2 The safe disposal of healthcare waste especially when it may be contaminated with blood or other potentially infectious body fluids is of particular importance.

1.3 This policy must be read in conjunction with the local Waste Management Policy produced by Estate and Facilities or waste contractor and is intended to complement the guidance in that document.

2. Waste definitions

2.1 Waste produce as a result of healthcare activities is classified as healthcare waste.

2.2 All healthcare waste needs to be segregated so it can be disposed of safely. The Safe Management of Healthcare Waste Memorandum (Department of Health, 2006) introduced a new single classification system to assess if waste is:

- Infectious waste
- Medicinal waste
- Offensive/hygiene waste

2.3 Infectious waste is defined as waste that poses a known or potential risk of infection. All healthcare waste – whether produced in a hospital or a community setting – is assumed to be infectious waste until it has been assessed.

2.4 Medicinal wastes include expired, unused, spilt and contaminated pharmaceutical products, drugs and vaccines for disposal. It also includes discarded items contaminated from use in the handling of pharmaceutics such as bottles/boxes with residues, masks and connecting tubing.

2.5 Cytotoxic and cytostatic waste must be segregated from other medical waste. See table below.

2.6 Offensive waste is a new term to describe waste which is non-infectious and non-hazardous, but which may cause offence to those coming into contact with it. For example, incontinence and other products produced from human hygiene, sanitary waste and nappies.

2.7 Healthcare activities in patient/clients homes can create healthcare waste and practitioners must familiarise themselves with the content of this policy.

3. Segregation of Waste

See waste segregation chart. Appendix 3

4. Roles & Responsibilities

4.1 Staff

- Have a responsibility to dispose of waste appropriately.
- Have a responsibility to perform hand hygiene after handling and/or disposal of waste
- Have a responsibility to wear appropriate protective clothing during the creation, handling and disposal of waste
- Have a responsibility to attend training on the appropriate disposal of waste.
- Have a responsibility to report adverse incidents relating to the disposal of waste via the incident reporting scheme of the organisation concerned.
- Have a responsibility to risk assess the disposal of healthcare waste generated by healthcare activities in the homes of patients/clients and take appropriate action.

4.2 Managers

- Have a responsibility to ensure that all staff have receive training on the management of waste.
- Must ensure that adequate resources are available for appropriate waste disposal, this includes the provision of sufficient, design compliant bins (See point 5 below: General
- Good Practice).
- Ensure that staff have undertaken risk assessments relating to the disposal of healthcare waste generated by healthcare activities in the home of patients/clients.
- Must ensure that the cleaning of bins is included in the routine cleaning schedule of each area.
- Ensure that staff have access to appropriate protective clothing
- Ensure that staff have access to hand hygiene facilities
- To take timely remedial action after any incident.

5. General Good Practice.

5.1 Dispose of waste immediately, as close to the point of use as possible, into the appropriate container.
5.2 Waste bins in healthcare premises must be hands free or foot operated, and made of a non-combustible material that encloses the waste sack completely.
5.3 Healthcare waste bags must be UN approved standard
5.4 Sharps containers must be UN approved standard

6. Storage and Transport

6.1 Store unused clean waste bags/containers in a clean area until needed.
6.2 Store filled waste bags/containers in an upright position, in a designated area that is protected from the elements and is not accessible by vermin, dogs, cats or the general public.
6.3 Domestic waste must be stored separately from other waste.
6.4 Waste storage should not be near clinical or food preparation areas.
6.5 All waste sacks/containers must be sealed with a non-return identification tag.
6.6 Sharps boxes must be locked prior to disposal and marked with an identification tag.
6.7 Filled waste sacks must be handled by the neck only.
6.8 Sealed sharps boxes must be carried by the handle only and should be kept upright during transportation.
6.9 Staff involved in the disposal and/or transportation of waste must be familiar with Policies No. 6: The Management of Sharps, Needlestick and Splashing Incidents
6.10 Staff involved in the disposal and / or transportation of waste must be familiar with Policy No. 9: Management ofSpillages of Blood and/or Body Fluids.

7. Disposal of Healthcare Waste generated in Patient/Client's Homes

7.1 With the exception of community sharps bins (see point 8.1 below) staff must not be transporting clinical waste between health centres and patient/client's homes.

7.2 Where possible the local authority clinical waste service (LACWS) must be used to collect healthcare waste from the homes of patients/clients in Tower Hamlets.
7.3 If healthcare waste collection cannot be arranged, the service manager must produce a written risk assessment in collaboration with the Risk Management team of the employing organisation prior to staff transporting healthcare waste in private vehicles.
7.4Using the LACWS must take into account the volume and degree of contamination of healthcare waste generated:

- Waste that is grossly contaminated with blood and/or body fluids must be placed into orange waste sacks and collected by the LACWS.
- Wound drains must be placed into an orange waste sack (or sharps bin if 'sharp') and collected by the LAWCS.
- Volume of waste greater than can be collected in the disposal bag provided in dressing packs/dressing aids must be collected by the LAWCS
- Sharps bins used in patient/client's homes must be collected by the LAWCS.
- Placentas from home births must be sealed in specifically designed and marked placenta bins and collected by the LAWCS. Placentas must not be disposed of in waste sacks due to the amount of blood present. All other waste generated during a home birth must be placed in orange waste sacks and/or sharps bins as appropriate.
- Cytotoxic waste must be disposed of in appropriately marked sacks and/or sharps containers and collected by the LAWCS.

7.5 Stoma/catheter drainage bags can be disposed of black bag (domestic waste) whilst a healthcare worker is attending the patient/client. If however, bulk waste is generated, the patient/client develops a site infection or gastrointestinal infection the waste must be disposed of in orange waste sacks and collection by LAWCS arranged by the healthcare worker.
7.6 Patients/clients self- managing their stoma or catheter can place waste into the black bag (Domestic) waste stream.
7.7 All other health care waste (not sharps) must be placed into the plastic bag provided with the dressing pack/aid or into a small carrier bag. This bag must then be placed in another plastic bag or wrapped in newspaper prior to being disposed of as domestic waste.

8. Disposal of Sharps used in Patient/Client's Homes

8.1 Staff likely to use 'sharps in the course of a home visit must carry a community sharps bin (see Policy No.5: The Prevention of Sharps Injury). This sharps bin must be closed at all times during transportation and returned to the health centre/clinic for disposal when no more than 2/3rds full.
8.2 Those patients/clients who regularly receive treatment that involved the use of sharps must be provided with a sharps bins and arrangements made by the healthcare worker for collection and replacement of the sharps bin by LAWCS as necessary.
8.3 Prior to leaving a sharps bin at the home of patient/client the healthcare professional must conduct a risk assessment, ensuring that safe storage (e.g. inaccessible to children and in a manner that avoids spillage) can be achieved. In those instance where the health professional considers it unsafe to leave a sharps bin in the patient/client's home a community sharps bin must be used for disposal of sharps and removed by the health professional after each treatment.

8.4 Self-medicating patients/clients using sharps must have received education about the importance of safe disposal of sharps prior to prescription of the sharps box. This education must include information about storage and local disposal options for example, return to GP Practice, health centre or local pharmacy for disposal and replacement, or the use of the LAWCS.
8.5 The method of sharps disposal by self-medicating patients/clients must form part of their regular patient review.

9. Supporting literature: Safe Management of Healthcare Waste 2013 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf

Policy No: 9 Management of Spillages of Blood and/or Body Fluids

1. Introduction

Spillages of blood and/or body fluids pose a potential risk of infection to those who may be exposed whilst providing and/or receiving healthcare.
Spillages of blood and/or body fluids must be dealt with as quickly as possible following the guidance outlined in this policy.
The person discovering the spill assumes responsibility for ensuring that the spill is dealt with immediately.

2. Roles and Responsibilities

Staff must:
• Secure the Hepatitis B vaccine
• Apply the guidance outlined in this policy when dealing with spillages of blood and/or body fluids.
• Familiarise themselves with the contents of this policy on a regular basis.
• Wear appropriate protective clothing when dealing with blood and/or body fluid spillages.
• Apply the principles of good hand hygiene (See Community Infection Control policy No. 2: Hand Hygiene, page 10).
• Report to Line Manager any deficits in knowledge of management of spillages of blood and/or body fluids, facilities/equipment or incidents that may result in cross contamination.
• Report any incidents involving exposure to blood or body fluids in accordance with the Accident and Incident Reporting Policy.

Managers must:

- Ensure that all staff are protected against hepatitis B.
- Ensure that all staff working in areas used by patients/clients have had instruction /education on the principles of managing spillages of blood and body fluids.
- Ensure that sufficient resources are in place to allow the safe management of spillages of blood and/or body fluids.
- Ensure that all staff have access to appropriate protective clothing.
- Ensure that all staff, in all settings, have access to materials that will allow effective hand hygiene to take place

3. General Good Practice

Spillages must be dealt with immediately.
The person discovering the spill assumes responsibility for ensuring that the spill is dealt with immediately.
The equipment needed to deal with a spillage must be gathered prior dealing with the spillage.

4. Cleaning of Spillages of Blood and/or Body Fluids
Ensure that all cuts and/or abrasions on exposed areas of the body are covered with waterproof dressings.
Wear appropriate protective clothing. Wear eye protection if there is likely to be splashing
If the spillage of blood or blood stained body fluid is easily confinable, hypochlorite granules must be sprinkled liberally over the spill and left for 2 minutes. The solidified granules must then be removed with disposable paper towels and discarded as healthcare waste.

Warning. Hypochlorite granules must only be used to deal with easily containable blood spillages including body fluids visibly stained with blood).
Hypochlorite granules should be used in well ventilated areas only.
If the spillage is not easily confinable or is not visibly blood stained then hypochlorite solution must be used
• Prepare the hypochlorite solution (see spills kits and manufacturer's instructions)
• Cover the spillage with paper towels to limit the spread of the spillage and the hypochlorite solution.
• Pour the hypochlorite solution onto the covered spillage.
• Wipe up the spillage with more paper towels soaked in hypochlorite solution.
• Dispose of in the yellow infectious waste stream.

Wash the floor/surface with general purpose detergent and hot water.
Remove protective clothing and dispose of in the yellow infectious waste stream. If worn, eye protection must be washed with general purpose detergent and stored dry.
Wash hands with liquid soap and warm water.

5. Spillage Kit
A spillage kit must be available in all areas where patients/clients are seen.
As a minimum the kit must contain:
• A laminated guidance sheet on how to deal with spillages.
• Hypochlorite granules and hypochlorite tablets – both of these must be in their original packaging.
• Protective Clothing (powder free latex gloves, plastic aprons and eye protection).
• Paper towels.
• Mixing/measuring jug for hypochlorite solutions.
• Yellow infectious waste bags.
The kit must be kept in a locked cupboard. All staff must be aware of the location of the spillage kit.
Spillages kits must be replenished immediately after use and any reusable equipment stored clean and dry.
Commercial spillage kits are also available. These will also require replenishment immediately after use.

Policy No.10 - Managing the Environment

1. Introduction

1.1 Health and social care settings contain a diverse population of micro-organisms and inevitably areas shared by different patients/clients will become contaminated. In order to limit the creation of potential reservoirs of harmful micro-organisms (which may contribute to healthcare associated infection) it is important to manage the environment by appropriate cleaning and decontamination.

2. Roles & Responsibilities

Staff

- Must practice hand hygiene as outlined in Community Infection Control Policy No.2: Hand Hygiene.
- Have a responsibility to ensure that their working environment is clean and fit for purpose.
- Must be aware of the cleaning schedules for their working environment.
- Must highlight deficiencies in the implementation/application of cleaning schedules to their line manager.
- Must report damaged wall, floors, surfaces immediately to their line manager for repair.
- Must regularly review all equipment and furniture in their working environment. Damaged equipment must be removed from use and referred to the line manager for repair or disposal.

Managers

- Have a responsibility to ensure that staff have access to facilities that will allow effective hand hygiene to take place
- Have a responsibility to ensure that the environments in which staff are working and/or patients/clients use are clean and fit for purpose.
- Have a responsibility to ensure that cleaning schedules for each area are defined, documented and displayed.
- Have a responsibility to ensure that cleaning is carried out in accordance with these cleaning schedules.
- Have a responsibility to review cleaning schedules on a regular basis in collaboration with cleaning staff/company, staff working in each area and Facilities Manager (where appropriate).
- Have a responsibility to address any deficiencies in the implementation/application of cleaning schedules with cleaning staff direct or via Facilities Manager as appropriate.
- Have a responsibility to ensure that damaged equipment and/or furniture is removed from use and repaired or disposed of.

3. General Good Practice

3.1 The healthcare environment must be visibly clean, free from dust and spillages and acceptable to patients/clients, visitors and staff.

3.2 A tidy clutter free environment is important so as to ensure that thorough cleaning can be undertaken.

3.3 Areas must be reviewed regularly. Damaged walls, floors and/or surfaces must be repaired immediately. Damaged equipment and/or furniture must be removed from use and sent for repair or appropriate disposal.

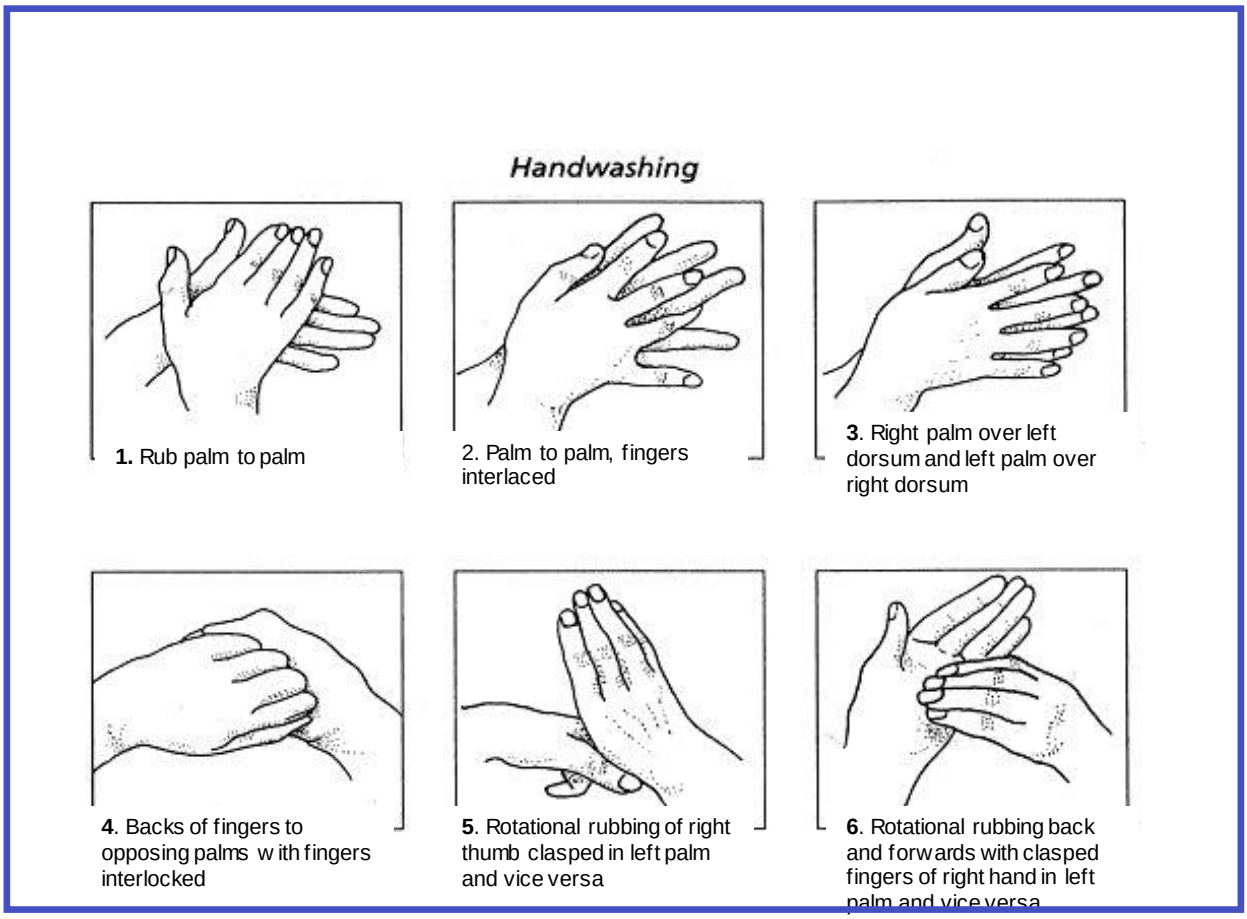
3.4 Cleaning staff must wear appropriate protective clothing, and carry out hand hygiene as necessary
3.5 Equipment used for cleaning the environment must be clean, fit for purpose and in a good state of repair.
3.6 Mechanical cleaning equipment e.g. vacuum cleaners, steam cleaners etc must be subject to a planned preventative maintenance schedule.
3.7 Equipment used for storage e.g. shelves, units, lockers must have easy to clean surfaces that are impermeable to water, with as few as possible crevices so as to facilitate cleaning.
3.8 Change of function/use for rooms /departments will require a review of the cleaning schedule, prior to implementation of change.
3.9 Cleaning of equipment, flooring and/or furniture must be considered prior to purchase and is to be discussed with the infection control lead.
3.10 Liaison with Estates and Facilities is an important element in the management of the environment. Air conditioning unit, vents, filters, refrigerators, windows, water coolers etc. must all be part of a planned preventative maintenance programme for each area.

Policy prepared – November 2014
For review November 2015 or as necessary

Appendix 1

Effective Hand Washing

Remove all jewellery. Keep nails short. Do not wear nail polish or false nails.
Cover all cuts/lesions with a waterproof dressing.



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Primary Care Trust Infection Control Committee, 2003. *Community Infection Control Policy*. THPCT. ☐

National Institute for Clinical Excellence, 2003. *Infection Control. Prevention of healthcare-associated infection in primary and community care. Clinical Guideline 2* http://guidance.nice.org.uk/page.aspx?o=CG002NICEguideline. Accessed 13.9.2007

Appendix 2

Guidelines for Cleaning the Propulse Ear Syringing Machine

1. Cleaning and Disinfection of the Propulse Ear syringing machine

1.1 Prior to use:
• The Propulse must be disinfected using a fresh 1000ppm hypochlorite solution.
• Fill the water tank with hypochlorite solution.
• Run the Propulse for a few seconds to allow the solution to fill the pump and flexible tubing.
• Leave to stand for 10 minutes.
• Empty the water tank.
• Rinse the system through with tap water before use.
• Dry the machine using disposable paper towels.

1.2 At the end of each patient/client's ear syringing session:
• Drain the water from the Propulse system.
• Dry the Propulse machine with disposable paper towels.

1.3 At the end of the day/ ear syringing session:
• The Propulse machine must be cleaned using the procedure described in 1.1.
• Rinse the machine by running sterile water through and dry it prior to leaving it overnight.
• Part used containers of sterile water must be discarded at the end of each working day.

2. Management of Accessories

2.1 Jet Tip Applicator
• This item must be single use.
• Dispose of immediately after use as healthcare waste.

2.2 Speculum for Otoscope (Auriscope)
• This item must be single use.
• Dispose of immediately after use as healthcare waste.

2.3 Jobson Horne Probe
• This item must be single use.
• Dispose of immediately after use as healthcare waste.

3. Equipment Storage

3.1 All reusable equipment must be stored clean dry after use.

3.2 If a carry case is used to store equipment. Wipe down the inside of the case using general purpose detergent, warm water and a disposable cleaning cloth. Dry with disposable paper towels.
Return the clean Propulse machine and equipment to the case.

Based on the Guidelines for Ear irrigation using the Propulse Electrical Syringe. 2010. Primary Ear Care Centre. Rotherham.

Appendix 3

Colour coding of waste

Colour stream	Description of waste	Example
	**Waste which requires disposal by incineration** Indicative treatment/disposal is incineration in a suitably permitted or licensed facility	Anatomical waste, Infectious waste requiring INCINERATION ONLY
	**Waste which may be "treated"** Indicative treatment/disposal required is to be "rendered safe" in a suitably permitted or licensed facilities, usually alternative treatment plans. However this waste may also be disposed of by incineration	Infectious swabs, dressings, wipes, protective clothing and sharps (with no medicine contamination)
	**Offensive/hygiene waste** Indicative treatment/disposal required is landfill in a suitably permitted or licensed site. This waste should not be compacted in unlicensed/permitted facilities.	Non-infectious swabs, dressings, wipes, protective clothing, nappies, human hygiene waste, sanitary waste.
	**Domestic (municipal) waste** Minimum treatment/disposal required is landfill in a suitably permitted or licensed site. Recyclable components should be removed through segregation. Clear/opaque receptacles may also be used for domestic waste.	Clean packaging, food paper etc
	**Cytotoxic and Cytostatic waste** Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility. Sharps contaminated with cytotoxic/static medicines, i.e. sharps used for injections of cytotoxic/static drugs.	Medicines used for chemotherapy, certain antivirals, immuno-suppressants and hormonal drugs
	**Waste which may be "treated"** Sharps not contaminated with any medicines, i.e. sharps used for bloods, glucose, saline, etc. Also suitable for blades and razor blades.	Sharps used for bloods, glucose, saline, etc, and blades
	**Waste which requires disposal by incineration** Sharps contaminated with medicines (non-cytotoxic/static),	Sharps used for injecting medicines

Appendix 4

A-Z Cleaning & Disinfectant Policy For The Environment & Facilities

Equipment	Routine decontamination method	Acceptable alternative if required	Additional information
Electrical items including computer equipment and waiting room televisions/radios Telephones	Dust Daily. Phones and keyboards cleaned with detergent wipe or equivalent daily.		
Bowls/buckets including those used for patients with leg ulcers.	Wash, dry, store inverted between patient use (always use with plastic liner for patient use).	If patient is infected, wash and then disinfect using a phenolic or chlorine-based product.	Badly scratched buckets and bowls used in leg ulcer treatment should be replaced
Carpets	Vacuum daily. Steam clean 6 monthly or if significantly stained. Do not use brooms in clinical areas.	For contamination spills, clean with detergent & water then dry (most disinfectants will damage carpets)	Ensure vacuum filters are changed frequently. Carpets should be visibly clean with no blood or body substances, dust, dirt, debris or spillages. Floors should have a uniform appearance and an even colour with no stains or water marks.
Drains	Clean regularly.	Chemical disinfection is not advised.	
Equipment surfaces	Damp dust contact points between patient use with one full clean weekly. Use freshly prepared detergent solution, and dry.	Clean and wipe with alcohol to disinfect.	All parts (including underneath) should be visibly clean, with no blood,body substances, dust, dirt, debris or spillages.
Floors (hard)	Disinfection of floors is not required routinely. Wash daily with freshly prepared detergent solution. Rinse with water weekly to remove detergent residues and help maintain anti-static properties, if required. (It is good practice to do this anyway. It prevents slipping when floors get wet, eg, people coming in from the rain.)	For known contaminated surfaces, use a phenolic or chlorine-based solution.	The complete floor (including all edges, corners and main floor spaces) should have a uniform finish or shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages or scuff marks.
Furniture and fittings	Daily damp dust using a freshly prepared detergent solution.	For know contaminated surfaces, clean then use phenolic or chlorine-based solution.	Frequent use of disinfectants will damage cover.
Mattresses Couch Pillows	Use water impermeable cover. Wash using a freshly prepared detergent solution and dry twice daily, with additional spot clean as required.	For know contamination, clean and disinfect with phenolic or chlorine-based solution.	Refer to manufacturer. Frequent use of disinfectant will damage cover.
Mops (dry and dust attracting)	Vacuum after each use.	Wash and clean every other day.	Vacuuming between uses prolongs the life of mops.
Mops (wet)	Wash in washing machine daily if available. Wash and rinse after each use, wring and store dry.	Disinfect by boiling or soak clean mop in chlorine-based product (solution 1000ppm available chlorine) for 30 minutes, rinse and store dry.	Mops should not be left to soak overnight. Fluid will become a growing medium for bacteria.
Rooms	Wash surfaces with freshly prepared	If infected patients have	

(clean/dirty/clinical)	detergent solution at end of clinic session.	been treated, wash surfaces and then wipe down with phenolic or chlorine-based products.	
Toilet seats	Wash with a freshly prepared detergent solution and dry.	After use by infected patient or if grossly contaminated, use phenolic or chlorine-based product, rinse and dry.	Clean toilet areas at least once a day.
Toys	Clean with a freshly prepared detergent and water solution. Machine wash soft toys.	Clean toys on a regular basis and more frequently during 'winter virus' period.	All toys should be wipeable. Soft toys are not recommended.
Trolley tops (clinical)	Clean with freshly prepared detergent solution at beginning & end of dressing clinic. Use alcohol spray between dressings.	If contaminated, or patient has a known infection, clean when dressing finished and then disinfect.	All parts (including wheels/castors and underneath) should be visibly clean with no blood or body substances, dust, dirt, debris, spillages.
Wash basins/sinks	Clean at least once daily using a proprietary cleaner to remove stains. Disinfection is not normally required.	Clean and then disinfect if contaminated.	Many products contain both a cleaner (ie, detergent) and a disinfectant.
Hand wash containers/hand rub dispensers	One full daily clean using detergent		
Walls and ceilings	Clean using detergent every six months in treatment/minor surgery room. Clean annually elsewhere.	Clean and disinfect if blood or body fluids splash onto walls or ceiling.	
Curtains	Launder at least every 6 months or when visibly dirty		
Baby changing areas	Clean daily and in between patient use using a freshly prepared detergent solution and dry.		
Waste receptacles	Clean daily using a freshly prepared detergent solution and dry.		