



## Infection Control Policy

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## Background

Hope Citadel Healthcare (HCH) is committed to the eradication of healthcare associated infection. Patients have the right to expect that those who provide their care meet appropriate standards of hygiene and follow the correct procedures to minimise the risk, and HCH will provide training and support to facilitate this.

This document details the company's approach to achieving this aim. All infection control standards will as a minimum reflect the guidance provided by the National Institute for Clinical Excellence (NICE), and will be updated as new guidance is published.

HCH undertakes to maintain the premises, equipment, drugs and procedures to the standards as detailed in the HCH Audit Checklist, and will provide the necessary finances and man power to achieve this.

HCH will maintain an excellent working relationship with the relevant CCG and other statutory agencies to ensure a coordinated, effective approach to infection control.

During the Covid-19 pandemic, national infection control guidance has superseded this policy when required. Up to date guidance can be found on this website:

<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>

## Principles

HCH staff will receive education around the standard principals of infection prevention and control, including hand decontamination, the safe use and disposal of sharps, the appropriate use of personal protective equipment (PPE) and waste disposal.

Staff will have access to appropriate supplies of materials for hand decontamination, sharps containers and personal protective equipment.

HCH will provide appropriate education to patients and carers about the benefits of hand decontamination, and correct techniques to achieve this.

Terms used in the policy:

- **Aseptic technique:** An aseptic technique ensures that only uncontaminated equipment and fluids come into contact with susceptible body sites. It should be used during any clinical procedure that bypasses the body's natural defences. Using the principles of asepsis minimises the spread of organisms from one person to another.
- **Direct patient care:** 'Hands on' or face-to-face contact with patients. Any physical aspect of the healthcare of a patient, including treatments, self-care and administration of medication.
- **Hand decontamination:** The use of handrub or hand washing to reduce the number of bacteria on the hands. In this guideline this term is interchangeable with 'hand hygiene'.
- **Hand rub:** A preparation applied to the hands to reduce the number of viable microorganisms. This guideline refers to handrubs compliant with British standards (BS EN1500; standard for efficacy of hygienic handrubs using a reference of 60% isopropyl alcohol).
- **Healthcare worker:** Any person employed by the health service, social services, a local authority or an agency to provide care for a sick, disabled or elderly person.
- **Healthcare waste:** In this guideline, healthcare waste refers to any waste produced by, and as a consequence of, healthcare activities.
- **Personal protective equipment:** Equipment that is intended to be worn or held by a person to protect them from risks to their health and safety while at work. Examples include gloves, aprons, and eye and face protection.

## Accountability

Overall responsibility to ensure that HCH complies with local and national infection control guidance rests with Dr John Patterson, Medical Director. The day to day management of the policy will be within the role of the Practice Nurse, overseen by the Practice Manager, Lead GP and Lead Nurse. Individual members of staff will be provided with annual infection control training and will be accountable for good practice. Results of audit will be shared with staff, and acted upon promptly in order to complete the cycle.

## Hand Hygiene

Adequate supplies of hand cleaning materials including liquid soap, hand rub, and disposable towels will be available at each location where patient care is delivered. Staff are not permitted to use solid bars of soap or reusable towels.

Paper towel dispensers will be wall mounted and all clinical waste disposal points will be operated by foot lever.

Wherever possible, staff will use Aseptic Non touch Technique (ANT) for clinical procedures.

Hands must be decontaminated:

- Before every episode of direct patient contact, including aseptic techniques
- After every episode of direct contact with patients
- Immediately after removing gloves
- Immediately after exposure to body fluids
- Immediately after any activity or contact with a patient's surroundings that could potentially result in the hands becoming contaminated

Healthcare workers should ensure that their hands can be decontaminated throughout the duration of clinical work by:

- being bare below the elbow when delivering direct patient care
- removing wrist and hand jewellery (plain wedding band only to be worn)
- making sure that fingernails are short, clean and free of nail polish
- covering cuts and abrasions with waterproof dressings.

## Where hands are visibly soiled

An effective hand washing technique relies upon proper preparation, washing, rinsing and drying. All staff should utilise the following procedure:

- Wet your hands under tepid running water before applying liquid soap or antimicrobial preparation
- Apply liquid soap or antimicrobial preparation ensuring it comes into contact with all hand surfaces
- Rub your hands together vigorously for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers, the thumb, and the area between the fingers
- Rinse your hands thoroughly
- Dry your hands using disposable towels

This procedure will be available in laminated poster format at every hand basin.

## Where hands are not visibly soiled

Alcohol gel may be used to decontaminate hands where there is no visible soiling – it must not be used as a substitute where there is visible soiling.

All staff should utilise the following procedure:

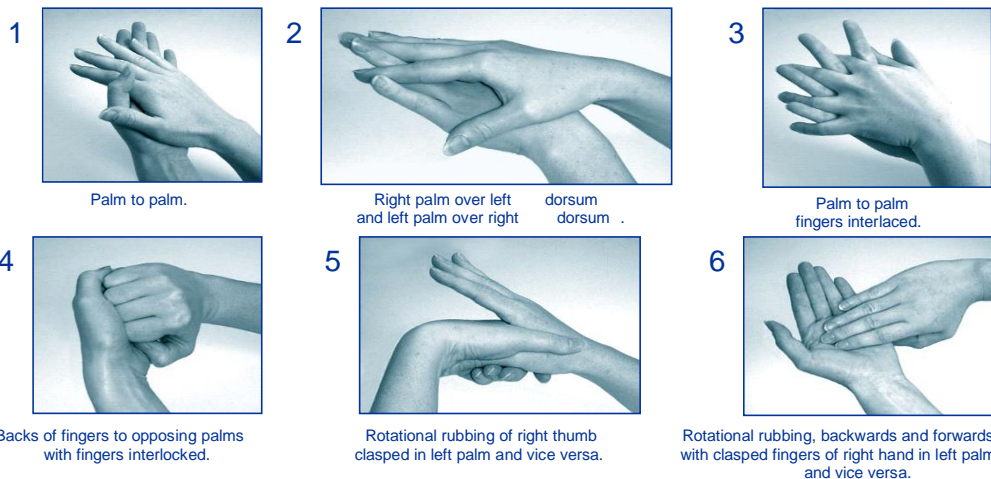
- Apply alcohol gel ensuring it comes into contact with all hand surfaces;
- Rub your hands together vigorously for a minimum of 10 – 15 seconds, paying particular attention to the tips of the finger, the thumbs and the areas between the fingers;
- Continue rubbing your hands until the solution has evaporated and your hands are dry.

An emollient cream should be applied regularly to your hands to protect them from the drying effects of alcohol decontamination. Wall mounted dispensers are available above every clinical sink. Small dispensers (e.g. 125ml) are carried in the bag of every staff member who conducts home visits.

If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation an occupational health team should be consulted or an alternative found.

**NB.** The use of antimicrobial impregnated wipes has been considered for use in the hand hygiene process, however, it has been shown that such wipes are not as effective as hand washing or the use of alcohol based hand rub, therefore these are not considered a substitute. However as a last resort in the absence of appropriate hand hygiene facilities in the home environment they may be used followed by the application of a alcohol hand rub prior to undertaking any care procedures

## Handwashing



## Use of Personal Protective Equipment (PPE)

Selection of protective equipment must be based on an assessment of the risk of transmission of micro-organisms to the patient, and the risk of contamination of the healthcare worker's clothing and skin by patients' blood, body fluids, secretions or excretions. UP TO DATE COVID-19 NATIONAL GUIDANCE MUST BE FOLLOWED.

## Covid 19

As of 24<sup>th</sup> November 2021, current guidance shows all healthcare staff should wear face masks at all times while working in a healthcare environment. Physical distancing should be maintained to 1m at a minimum, or 2m when possible or when patients are experiencing suspected or confirmed respiratory infections. Gloves and aprons are not necessary unless performing close clinical care or in line with guidance below.

## Use of gloves

Gloves are to be worn for all:

- Invasive procedures
- Contact with sterile sites
- Contact with non-intact skin or mucous membranes
- Activities that have been assessed as carrying a risk of exposure to blood, bodily fluids, secretions or excretions
- Activities that involve sharp or contaminated instruments

Gloves are to be used as single use items, being put on immediately before patient contact, for the duration of the patient contact, and removed immediately afterwards. Gloves should be changed between caring for different patients and between different care activities for the same patient.

Once used, gloves should be disposed of appropriately as clinical waste, remembering to decontaminate your hands once they have been removed.

Hope Citadel Healthcare will only use gloves that:

- Conform to accepted healthcare standards
- Conform to European Community (CE mark) standards
- Do not contain any powder

When selecting gloves, particular care must be taken with patients who are allergic to natural latex rubber. Please ensure any patient with such an allergy has it documented in their notes. Supplies of nitrile gloves are available as an alternative. Polythene gloves must not be used for clinical interventions.

## Additional PPE

Disposable plastic aprons should be worn where there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions. Full body fluid repellent gowns must be worn where there is a risk of extensive splashing of blood, bodily fluids, secretions or excretions onto the skin or clothing of staff.

When using disposable plastic aprons or gowns, they must be used as single use items for one procedure or one episode of direct patient care. Aprons and gowns must be disposed of appropriately, as for clinical waste. Where the risk of exposure to blood, body fluids and excretions extends to the face and eyes, face masks and eye protection must be worn.

It is extremely unlikely to be required in general practice but where clinically indicated particulate filter masks or other respiratory protective equipment must be worn.

## Uniform

Not all staff need to wear uniforms, and it seems unlikely that uniforms are a significant source of cross-infection. Nevertheless, the way staff dress will send messages to the patients they care for, and to the public, therefore HCH requires staff to dress appropriately, as outlined in the staff handbook.

For Health Care Assistants, Nurses and Reception staff the following applies:

- Dress in a manner which is likely to inspire public confidence;
- Change into a clean uniform at the start of each shift;
- Change immediately if uniform or clothes become visibly soiled or contaminated;
- Wear short-sleeved shirts/blouses;
- Cover uniform completely when travelling to and from work;
- Wear clear identifiers (uniform and/or name badge);

- Tie long hair back off the collar;
- Wash uniforms at the hottest temperature suitable for the fabric;
- Keep finger nails short and clean.

## Safe use and disposal of sharps

### Sharps:

- Should not be passed directly from hand to hand, and handling should be kept to a minimum.

### Used needles:

- Must not be bent or broken before disposal;
- Must not be recapped;
- Must be discarded immediately by the person generating the sharps waste into the sharps container conforming to current standards (Appendix 2);

### Sharps containers:

- Must be located in a safe position that avoids spillage, is at a height that allows the safe disposal of sharps, is away from public access and is out of reach of children;
- Must not be used for any other purpose than the disposal of sharps;
- Must not be filled above the fill line;
- Must be disposed of when the fill line is reached;
- Should be temporarily closed when not in use;
- Should be disposed of every 3 months even if not full, by the licensed route in accordance with local policy;
- Use sharps safety devices if a risk assessment has indicated that they will provide safer systems of working for healthcare workers, carers and patients;
- Train and assess all users in the correct use and disposal of sharps and sharps safety devices.

## Medicinally Contaminated Sharps waste



Sharps (hypodermic needles, attached syringe bodies, cannulae, broken vials, blades etc) which may be contaminated with potentially infectious body fluids and non-hazardous medicines

### Sharps Waste

Dispose of in a sharps box. Yellow is the Best Practice colour for infectious waste which must be incinerated, in this case because of the presence of medicines.

## Non-Medicinally Contaminated Sharps waste



Sharps (hypodermic needles, attached syringe bodies, etc) which may be contaminated with potentially infectious body fluids but have **not** been used to administer medicines. Main source is phlebotomy sharps.

### Cytotoxic and cytostatic waste



- Sharps contaminated with cytotoxic and cytostatic medicines should be deposited in a purple lidded sharps container.
- Other non-sharp items (e.g. tubing from giving sets, stock medicines) can be packaged in a purple lidded rigid unit.

### Hazardous Medicines

The following is a list of medicines that due to their Cytotoxic or Cytostatic properties are deemed to be hazardous.

This list is intended as a guide and is not an exhaustive list. Please check the data sheets for further guidance if you are unsure as to the Cytotoxic and Cytostatic properties of any medicines please consult with a Pharmacist.

Aldesleukin	Estrogens	Esterified Paclitaxel
Alemtuzumab	Estrone	Paraldehyde
Alitretinoin	Estropipate	Pegaspargase
Altretamine	Etoposide	Pentamidine Isethionate
Amsacrine	Exemestane	Pentostatin
Anastrozole	Finasteride	Perphosphamide
Arsenic Trioxide	Floxuridine	Pipobroman
Asparaginase	Fludarabine	Piritrexim Isethionate
Azacididine	Fluorouracil	Plicamycin
Azathioprine	Fluoxymesterone	Podofilox
Bacillus Calmette-Geurin (BCG)	Flutamide	Podophyllum Resin
Bexarotene	Fulvestrant	Prednimustine
Bicalutamide	Ganciclovir	Procarbazine
Bleomycin	Ganirelix Acetate	Progesterone
Busulfan	Gemcitabine	<u>Progestins</u>
Capecitabine	Gemtuzumab Ozogamicin	Raloxifene
Carboplatin	Goserelin (Zoladex)	Raltitrexed

Carmustine	Hydroxycarbamide	Ribavirin
Cetorelix Acetate	Ibritumomab Tiuxetan	Streptozocin
Clorambucil	Idarubicin	Tacrolimus
Chloramphenicol	Ifosfamide	Tamoxifen
Choriogonadotropin Alfa	Imatinib Mesilate	Temozolomide
Chlormethine Hydrochloride	Interferon Alfa-2a	Tenisposide
Cidofovir	Interferon Alfa-2b	Testolactone
Cisplatin	Interferon Alfa-n1	Testosterone
Cladribine	Interferon Alfa-n3	Thalidomide
Colchicine	Irinotecan HCl	Thioguanine
Cyclophosphamide	Leflunomide	Thiotepa
Cytarabine	Letrozole	Topotecan
Ciclosporin	Leuprorelin Acetate	Toremifene Citrate
Dacarbazine	Lomustine	Tositumomab
Dactinomycin	Megestrol	Tretinoin
Daunorubicin HCl	Melphalan	Trifluridine
Denileukin	Menotropins	Trimetrexate Glucuronate
Dienostrol	Mercaptopurine	Triptorelin
Diethylstilbestrol	Methotrexate	Uramustine
Dinoprostone	Methyltestosterone	Some Vaccines (Live)
Docetaxel	Mifepristone	Valganciclovir
Doxorubicin	Mitomycin	Valrubicin
Dutasteride	Mitotane	Vidarabine
Epirubicin	Mitoxantrone HCl	Vinblastine Sulphate
Ergometrine/Methylergometrine	Mycophenolate Mofetil	Vincristine Sulphate
Estradiol	Nafarelin	Vindesine
Estramustine	Phosphate Sodium	Nilutamide
Vinorelbine Tartrate		
Estrogen-Progestin Combinations	Oxaliplatin	Zidovudine
Estrogens, Conjugated	Oxytocin	Depo-Provera



### Needlestick Injury

For the appropriate management of needlestick injury, refer to HCH “Needlestick Injury Policy”

### Segregation and Management of Clinical Waste

Segregating waste at the point of production is critical to the safe management of health care waste. Segregation not only helps control the management costs associated with waste, but ensures the correct pathways are adopted for the storage, transport and ultimate disposal of waste.

For segregation to work effectively the *Safe management of health care waste (2006)* advises that staff must be provided with colour-coded and labelled waste receptacles and sack holders. These should be positioned in locations as close to the point of production as possible and replaced when three-quarters full, securely tied and appropriately labelled. Liquid or solidified waste should be placed in a rigid, leak-proof container.

- Healthcare waste must be segregated immediately by the person generating the waste into appropriate colour-coded storage or waste disposal bags or containers defined as being compliant with current national legislation and local policies.
- Healthcare waste must be labelled, stored, transported and disposed of in accordance with current national legislation and local policies.
- HCH endeavours to educate patients and carers about the correct handling, storage and disposal of healthcare waste.

### Waste audits





Waste auditing is a legal requirement, and not just best practice. Waste audits play an essential role in demonstrating compliance with regulatory standards and should be undertaken by each HCH surgery at least every year. (Audits will be found at the end of this guidance.)


### Best Practice Colour Coding

	<p><b>Infectious Waste</b></p> <p>Incineration only</p>
	<p><b><u>Infectious Waste</u></b></p> <p>Waste suitable for alternative treatment-soft clinical waste contaminated with body fluids / blood eg dressings, swabs, aprons, gloves</p>
	<p><b>Non-Hazardous Medicinal Waste</b></p> <p>Incineration Only</p>
	<p><b>Cytotoxic/Cytostatic Waste</b></p> <p>High Temperature incineration (above 1200°C) in a suitably permitted facility</p>
	<p><b>Offensive Waste</b></p>

												Minimum treatment/disposal required is deep landfill in a suitably permitted site
												<p><b>Domestic Waste</b></p> <p>Minimum treatment/disposal required is landfill in a suitably permitted site, such as packaging, paper, left over food and drink</p>

Colour Coding of Waste

Colour stream	Description of waste	Example
	<p><b>Waste which requires disposal by incineration</b> Indicative treatment/disposal is incineration in a suitably permitted or licensed facility</p>	Anatomical waste, Infectious waste requiring INCINERATION ONLY
	<p><b>Waste which may be "treated"</b> 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</p>	Infectious swabs, dressings, wipes, protective clothing, gloves, aprons, empty used sample pots, female sanitary waste, empty used vomit bowls
	<p><b>Cytotoxic and Cytostatic waste</b></p> <p>Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.</p> <p>Sharps contaminated with cytotoxic/static medicines, i.e. sharps used for injections of cytotoxic/static drugs.</p>	Medicines used for chemotherapy, certain antiviral, immuno-suppressants and hormonal drugs
	<p><b>Waste which may be "treated"</b></p> <p>Sharps not contaminated with any medicines, i.e. sharps used for bloods, glucose, saline, etc. Also suitable for blades and razor blades.</p>	Single use metal instruments and sharps contaminated only with body fluids, NOT medicinal products.

	<p><b>Waste which requires disposal by incineration</b></p> <p>Sharps contaminated with medicines (non-cytotoxic/static),</p>	<p>Sharps used for injecting medicines</p>
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### Surgical Instruments

Practices must comply with current national legislation and regulatory requirements for the sterilisation and decontamination of medical devices. If they have not done so already, practices will need to take steps to ensure that they are in compliance. **Ultimately, it is the responsibility of individual practices to ensure that they are compliant with current legislation.**

### Single-use items

If an item is marked for **single-use**, it means that you must only use it on a single occasion and then discard it. You should never use a single-use device on multiple occasions on a single patient or on different patients. **Equipment marked with the following with must not be re-used**



If a medical device is marked for **single patient use**, you can use the item for multiple uses on one patient and then you must discard it. Examples of single patient use devices include nebulizer masks and suction tubing. Some form of reprocessing may be necessary between uses on the same patient. Always make sure you follow the manufacturer’s instructions.

### Special circumstances

Where patients require long term indwelling catheters, enteral feeding or have vascular access devices in place, staff will receive specific training in line with current guidance (NICE 2012)

## Blood Born Virus (BBV) Policy

This section sets out the outline of a company policy for checking Hepatitis B status.

All staff who perform exposure-prone procedures (EEP – see below for definition)) should be immunised against Hepatitis B, unless immunity has been documented. Their response to the vaccine should be subsequently checked and recorded.

Health workers who are HBeAG positive should not perform EPP in which injury to the worker could result in blood contaminating the patient’s open tissue.

Health workers who are HBsAG positive but who are *not* HBeAG positive need not be barred from these areas of work unless they have been previously associated with the transmission of HB virus to patients. Specialist advice should be taken.

### New Staff

Where a staff member is classed as a “New” staff member (see below) it is a condition of employment that they are checked and non-infectious for HIV, Hep B, and Hep C (this is subject to specific clinical requirements). The checks will be completed prior to appointment to an EPP post, as they will be ineligible for the role if infectious.

New workers are defined as new to NHS or the practice, returning to the NHS, new to performing exposure-prone procedures (EPPs) and a few other categories.

The checks will be completed prior to an offer of employment and be a condition of it. This is not to stop these candidates working for the NHS, but may restrict infected people to working in “non-risk to patient” jobs. This policy is consistent with the policy working restrictions placed on persons *known* to be infected.

The workers themselves are considered to benefit from the screening requirement as earlier diagnosis could benefit them.

### Existing Staff

Existing staff will normally be subject to the monitoring system above.

### Refusals

Where a staff member is an existing staff member who is not changing roles or activities within the job and refuses testing procedures, as an employer we unable to force them to have a test, but guidance states that these staff “should” have their status checked, immunised and recorded.

Such a refusal conflicts with employer official guidance where the staff member is involved with EPP and does bring quite a few other very major issues and implications into play.

As an employer the company has a responsibility to staff and patients under the Health & Safety at Work Act where employers are responsible for both staff and members of the public, and under COSHH regulations employers are required to review every procedure carried out by their employees which involves a direct contact with a substance hazardous to health – this includes pathogenic micro-organisms such as Hepatitis – and the employer must ensure that no one, as far as reasonable practicable, is placed at avoidable risk.

This will make the company potentially legally liable if a clinician who has refused to be tested is allowed to undertake exposure-prone procedures (EPPs). This clinician involved in EPP may pass on an infection to a patient or other person.

The following extracts are relevant:

**“Health care workers whose hepatitis B carrier status is unknown should not perform Exposure Prone Procedures”.**

*Addendum to HSG (93) 40: Protecting Health Care Workers and Patients from Hepatitis B.*

**“Should a health care worker refuse to be tested for markers of HBV (Hep B Virus) infection their attention should be drawn to para 11 of annex A of HSG(93)40 which states;” if a health care worker whose work involves EEP refuses to comply with the guidance he or she should be considered as if e-antigen positive and managed accordingly”**

This in effect may be interpreted that a refusal should be managed as a positive infectious result, and that if the company does not stop them treating patients by EPP and discuss transferring them to other roles (among other options) then the employer is taking a very significant legal risk.

This risk (and any similar or arising) must be assessed and managed like any other, and the statutory duty to “identify and assess the risks to health of microbiological and chemical hazards, prevent and control exposure to the risks, inform and train employees, and monitor exposure....” come into play.

*(Guidance for Clinical Health Care Workers)*

Defence organisations should be consulted in the event of a refusal from workers involved in EPP, as allowing a non-tested person to continue to deal with EPPs may jeopardise the practice’s defence cover.

GMC and NMC are specific about positive result staff not undertaking EPPs, and the duty of members who know they are positive, and clinicians should refer to their own professional bodies (in confidence) for guidance.

#### Defining Exposure prone procedures (EPPs)

Exposure prone procedures (EPPs) are those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues.

In such circumstances there is a potential risk of transfer of a blood borne viral infection from an infected health care worker to the patient. Health care workers infected with a blood borne virus, Hepatitis B, Hepatitis C, or HIV are restricted from performing EPPs according to guidelines issued and updated by the UK Health Departments. Other situations, such as pre-hospital trauma care and care of patients where the risk of biting is regular and predictable, may involve similar risks to the invasive procedures described above and should be avoided by health care workers restricted from performing exposure prone procedures.

#### Patients requiring Vaccines for Employment

The responsibility of providing suitable vaccines to people that require them for their work or study situations rests with their employer or education provider under Health and Safety Legislation, and there is no obligation on us as a practice to provide occupational health services for patients.

If the practice chooses to carry out this service for a patient, they must enter into an agreement with the employer or medical school and charge for their services. Under no circumstances must the patient be charged.

## Handling and Collection of Pathology Specimens

Care should be taken by all staff to limit the risks of infection from the handling pathology specimens.

### Labelling of pathology specimens

Clinical judgement is required to decide what labelling is required for pathology specimens – the onus is on the requestor to label the specimen correctly. Samples from the following list will require a “danger of infection” label to ensure laboratory staff are aware the specimen may require special handling:

- Specimens from patients with proven or suspected infection with a Hazard Group 3 (HG3) pathogen. These include but are not limited to Hepatitis B & C, HIV, tuberculosis, mycobacteria, typhoid, brucella and anthrax. Suspected infections may be determined by clinical history or examination – injecting drug user, haemophiliac or vCJD.
- Specimens from a patient who is part of an ongoing outbreak caused by an HG3 pathogen.
- Inmates of prison

### Handling of specimens

All pathology samples are to be taken in the approved sample tubes provided and sealed. Should leakage of blood occur due to imperfections in the bottle or incorrect fitting of the top, the sample is not to be transported out of the practice.

All sample tubes containing blood are to be inserted into an approved plastic bag, which should be sealed to minimise the risk of contamination of personnel should leakage occur.

If there is a leak or spill the action will depend on the extent of the leak. If the leak is contained within the plastic bag the bag should not be opened and should be inserted within another plastic bag, which should then be sealed. A suitable person (doctor/nurse) is to be informed if a leak occurs and will decide whether to dispose of the sample or to transfer the remains of the sample into another bottle. The transfer of blood should only be undertaken when the risk of contamination of personnel is minimal and when gloves are used. Otherwise the sample is to be disposed of as above in a plastic bag inserted to the clinical waste container.

If the leak is not contained within the bag and contaminates either the outside of the bag or external objects the following action is to be taken:

- Avoid any further contamination by containing the sample within another plastic bag - if possible without undoing the bag. Tighten the top of the tube as this may be loose.
- Dispose of the sample within an approved clinical waste container.
- Ensure that your hands are washed thoroughly with hot water and/or alcohol gel or soap. Any cut or open wound that comes into contact with the patient's blood should be thoroughly washed to ensure that none of the patient's blood remains in contact with the wound.
- Any contaminated objects should be cleaned and disinfected as described in section .
- All blood should be treated as high risk and universal precautions applied.

### Blood

The predominant risk with blood samples is the transmission of blood borne viruses between patient and phlebotomist (where phlebotomist is applied in its widest sense and refers to anyone taking blood including doctors and nurses).

The risk of contamination to personnel is always less if the patient and the operator are relaxed and still. It is recommended that patients lie down during bloodletting where appropriate. It is imperative that the operator takes his/her time and does not rush.

Sterile disposable syringes and needle are to be used only once. Care is to be taken that no blood comes into contact with the operator's skin by taking the following precautions:

- Always withdraw the needle from the vein whilst covering the site of the needle puncture with a cotton wool ball (not a medi-swab).
- Should a drop of blood escape from the end of the needle following the withdrawal, allow it to drip into the cotton wool ball.
- Do not sheath the needle as this is the most common cause of needlestick injury.
- If a vacutainer system is not used, carefully pull back on the syringe to draw a little air into it.
- Carefully remove the needle from the syringe/vacutainer holder and place it immediately into the sharps box.
- Where syringe and needle are used, insert the required amount of blood into the bottle and do not fill beyond the line, since this increases the risk of spillage during transportation.
- With the introduction of vacutainers, the risk of spillage from filling bottles has diminished but care still needs to be taken when removing the bottle from the inducer when two or more specimens are needed to be collected.
- Replace the cap on the bottle and ensure a good seal.
- If required the bottle may be mixed with the preservative by gently rolling or tipping the bottle. Do not shake.
- When the required number of bottles has been filled, the syringe and any contents need to be disposed of in the sharps box. This will decrease the risk of spillage of blood onto the outside of the container from the syringe.
- If the amount of surplus blood in the syringe is more than 5 ml it should first be sealed in a blood bottle, like other blood samples, to reduce the risk of spillage.
- Once the sharps box is two thirds full it is to be sealed and returned for disposal. Under no circumstances attempt to force a syringe into a sharps box.
- All specimens are to be sealed in plastic pathology sample bags ready for transportation.
- Specimens should be stored in a cool safe place until they are collected.
- All personnel who work with or may handle blood or pathological specimens are to be vaccinated against Hepatitis B and have their antibodies measured following vaccination to reduce the risk of contracting this infection.

### Vaccinations

Advice about blood taking also applies to vaccination of patients. Always avoid contact with blood by the use of cotton wool swabs after withdrawing the needle. Never sheath the needle, always dispose of needles safely and without delay. When disposing of the needle it is to remain attached to the syringe, unlike bloodletting where the purpose of removing the needle is to avoid haemolysis of the blood cells.

### Urine

Urine, whether non-infected or infected, poses less of a risk than blood. However sensible precautions should still be taken to avoid contamination of personnel or their clothing. Gloves should be worn when

handling urine containers as it is impossible to tell whether or not the container is contaminated with blood or faeces.

### Samples in Sealed Containers

Samples of urine in sealed containers should pose no health risk provided that the bottle is adequately sealed and no urine contaminates the outside of the bottle.

### Analysis of Samples of Urine

- Pregnancy tests and dipstick testing make necessary the opening of urine bottles and exposure of personnel to urine. Gloves should be worn whilst testing urine and hands must always be washed after handling urine and testing urine.
- Disposal of urine. Urine is to be disposed of down the sluice or toilet. Under no circumstances may it to be disposed of down a sink.
- Disposal of urine containers. Urine containers are disposable and are to be used once only. Urine bottles are to be emptied when analysis is complete, rinsed and the bottle resealed and disposed of in the clinical waste bin.

### Faeces

Faeces pose a risk to medical personnel. Through faeces a number of diseases are transmitted that can be serious (though they are rarely as serious as blood diseases). It is important to handle specimens correctly to avoid the risk of disease.

Samples should be handed in inside a blue top specimen pot. Other containers are not acceptable. The patient should label his specimen container before defecation with his name, date of birth and date and time of production. The specimen should then be placed inside a specimen bag and sealed by the patient. The patient should be advised to wash his hands thoroughly after defecation before touching the specimen pot and again after inserting the specimen pot into the bag.

The cleaners will clean the toilets daily. In the event of a patient having diarrhoea the toilet should be cleaned by the patient if they are well enough, or by medical staff in the event of the patient being too ill to perform this task. Medical staff and cleaners should wear gloves when cleaning the toilet. Hands must always be washed afterwards.

### Vomit

Vomit can contain infective organisms and is thus a risk to personnel. Always work on the assumption that the vomit is infected. Patients will usually have time to obtain a bowl or find their way to the toilet, but occasionally patients will vomit on the floor or furnishings.

Disposable paper bowls are available in reception. Toilets should be cleaned and sterilised in the same way that they are for diarrhoea. Personal Protective Equipment should be used.

### Semen

Semen should be collected by the patient into a universal container and delivered directly to the pathology lab. Please ensure the patient complies with the laboratory's criteria to avoid the need for a repeat specimen.

### Sputum

Sputum should be collected by the patient into a universal container and labelled by the patient. The container should be inserted into a plastic specimen bag with the request form in the pocket separate to the specimen itself. In the event of the specimen leaking out of the bottle or the bottle breaking the specimen is to be disposed of and a new specimen obtained.



### Vaginal speculae

Hope Citadel Healthcare will only make use of single use disposable speculae. Doctors and qualified nurses are the only persons permitted to perform vaginal examinations and smears. Disposable speculae are to be put in the clinical waste bag after use. Gloves must be worn.

### Microbiological swabs

Swabs are taken of many infected areas of the body to assess the cause of the infection. Thus a swab by definition contains an unknown hazard. Provided the swab is not removed from the transport medium, no risk of transmission of infection exists unless there has been contamination of the outside of the container. The following guidelines are to be followed:

#### Taking Swabs from Infected Lesions:

- The infected area must not be touched with the hands.
- The infected area must not come into contact with the operator's clothes.
- The container for the swab and the patient are to be as close together as is reasonably possible in order to minimise the distance that the swab needs to travel once the specimen has been taken.
- Care is to be taken that the swab contains enough material for analysis but not so much that there is a likelihood of dripping pus during the transit of the swab from the patient to the specimen container.
- The top of the bottle must be sealed adequately before insertion into a sealed plastic hazard bag. The form that accompanies the specimen is to be placed in the appropriate pocket of the bag and not in the same compartment as the specimen.
- In the event of the top becoming loose and parting from the container whilst in the bag, the top is to be re-sealed either through the bag, or by opening the bag.
- The transport medium is solid and unlikely to leak out of the bag, however, in the unlikely event of this occurrence it has to be assumed that microbiological material has also leaked. Therefore the specimen is to be disposed of and re-taken.

### Decontamination and disposal of contaminated materials

Hope Citadel Healthcare will not make use of reusable instruments or bench top sterilisers and will instead rely up on the use of single use disposable items. As such there will be no decontamination conducted onsite.

Any waste which consists wholly or partly of human tissue, blood or other body fluids, secretions, excretions, drugs or other pharmaceutical products, swabs or dressings or syringes, needles or other sharp instruments, (waste which unless rendered safe may prove hazardous to any person coming into contact with it) will be treated as "clinical" waste and disposed of in accordance with HCH's Waste Disposal Policy.

### Decontamination of Clothing

Precautions should always be taken to avoid contamination of clothing whenever possible, by the use of PPE. However there will be occasions when it is difficult to anticipate the situation and accidental contamination occurs. Contamination of clothes with biological material necessitates the following measures:

- Remove as much surplus material as possible using gloves and a disposable wipe.
- Change into clean clothing if there exists any risk to either the operator or patients whom the operator will treat during that shift. If in doubt - change.

- Personnel should ensure that the clothing does not come into contact with any surface on which food is prepared.
- Blood stained clothing should be soaked in cold water prior to washing to facilitate removal of the stain.
- Soiled clothing should ideally be washed separately from other non-soiled clothing and the washer used at the maximum temperature that the clothing could tolerate without being damaged.
- There may be occasions when it is deemed fit for an item of clothing to be destroyed due to contamination with biological material. Under these circumstances the item is to be sealed in a hazard bag and disposed of in the clinical waste bin.

#### Transportation of biological specimens

All specimens are to be sealed inside the plastic 'specimen bag' and then placed inside the collection box, awaiting collection by the laboratory.

#### Spillages

Due care should be taken to avoid spillages but it is recognised that accidental spillages can occur. Treating spills of blood or body fluid may expose the healthcare worker to blood borne viruses or other pathogens. The task can be carried out more safely if any pathogens in the spill are first destroyed by disinfectant. Disposable gloves should always be worn when cleaning possible contaminated spills. If there is a risk of contaminating clothing, a disposable plastic apron should also be worn.

If there is any blood or other body fluid spillage outside the workplace then it can be rinsed away with a 2% bleach / water solution.

If there is spillage within the workplace a spillage kit is available containing antiseptic granules which may be poured onto blood spills, leave for 2 minutes, and removed using paper towels. The kit also contains rubber gloves (to be replaced if used once) and goggles to prevent splashes into the eyes. Disposable aprons should also be used.

Block off spillage areas from patients and staff until the spillage has been removed. Always use Personal Protective Equipment (PPE), and note the following general guidelines:

- Paper towels etc, once used, should be placed in clinical waste
- Non-disposable items such as buckets etc should be disinfected using a suitable bleach / disinfectant solution
- All used PPE should be disposed of as clinical waste
- Always wash your hands using thorough techniques immediately after the event

#### Clean Environment

The cleanliness of any health care environment is important to support infection prevention and control and ensure patient confidence. In August 2010 the National Patient Safety Agency (NPSA) published *'The national specifications for cleanliness in the NHS: A framework for setting and measuring performance outcomes in primary medical and dental care premises'* along with a self audit tool. It is recommended that this audit tool and guidance is adopted by care providers where it is applicable to the services provided as this would contribute to demonstrating how they ensure they meet the registration requirement to maintain appropriate standards.

Cleaning is a process that removes contaminants including dust, soil large numbers of micro-organisms and the organic matter that shields them. Disinfection kills some micro-organisms but does not leave surfaces and equipment completely free of contamination and is only effective if the equipment or

surface is thoroughly cleaned with detergent solution before hand. In most situations, thorough cleaning and rinsing with a freshly prepared solution of detergent and water is adequate and additional disinfection is wasteful.

### Colour coding of cleaning materials

The National Patient Safety Agency (NPSA) has developed a National Colour Coding Scheme for cleaning material. The recommendation is that all NHS organisations adopt this code as standard in order to improve the safety of cleaning, ensure consistency and provide clarity for staff.

### Choice of cleaning products

- Select and use a good quality detergent.
- Detergents classed as anionic and non-ionic have the best detergent activity (e.g. good quality washing up liquid).
- Detergents classed as cationic (e.g. quaternary ammonium compounds (QACs) such as Roccal, Dettol ED and Cetavalon have some antimicrobial properties, but they are usually less efficient detergents.
- Check product labels before use.

### Cleaning

Practices should have a regular planned and written cleaning schedule available that details items and environments to be cleaned;

- Before and after each clinic session
- Daily
- Weekly
- Monthly
- Annually

### Cleaning Equipment

- Cleaning equipment should be stored clean and dry in a designated lockable area
- Use different colour-coded equipment for cleaning different areas. This avoids any risk of cleaning equipment being used inappropriately, for example in both toilet and clinical areas.
- Do not use brooms as they raise dust.
- Cleaning cloths must be single-use.
- After cleaning, surfaces should be dried using paper towels.

### Domestic cleaning staff

Cleaning staff should receive induction and ongoing training in the following:

- Basic cleaning skills and schedules
- Cleaning blood and body fluid spills (if included in job description)
- Safe handling of sharps bins and waste bags
- Care of cleaning equipment
- Safe and correct storage of consumables including disinfectants
- Standard precautions including hand hygiene and use of personal protective equipment
- Actions to be taken as a result of a sharps injury

All staff should know and understand the importance of thorough cleaning. A clean environment reduces the cumulative risk of cross infection posed by micro-organisms in the environment. Hands are in contact with surfaces all the time and, if unwashed, will transfer any organisms present. This risk is always present but will increase if cleaning is neglected. Treating spills of blood or body fluid may expose the healthcare worker to blood borne viruses or other pathogens. The task can be carried out more

safely if any pathogens in the spill are first destroyed by disinfectant. Disposable gloves should always be worn when cleaning possible contaminated spills. If there is a risk of contaminating clothing, a disposable plastic apron should also be worn.

#### Laundry

- Curtains should be replaced on a 6 month basis, or earlier if visibly soiled.
- Uniforms should be washed at the hottest temperature suitable for the fabric, and this will be taken account when choosing appropriate staff uniforms. Staff should have access to a spare uniform to change in to in the case of contamination.

#### Infection Control Audit

An infection control audit will be done at least annually by an external agency in order to review the risks to each practice. An internal audit can be carried out by the practice manager more often than this and any concerns should be raised to EMT.