

**Peninsula Medical Practice**

## **Infection control policy**

The Health Centre

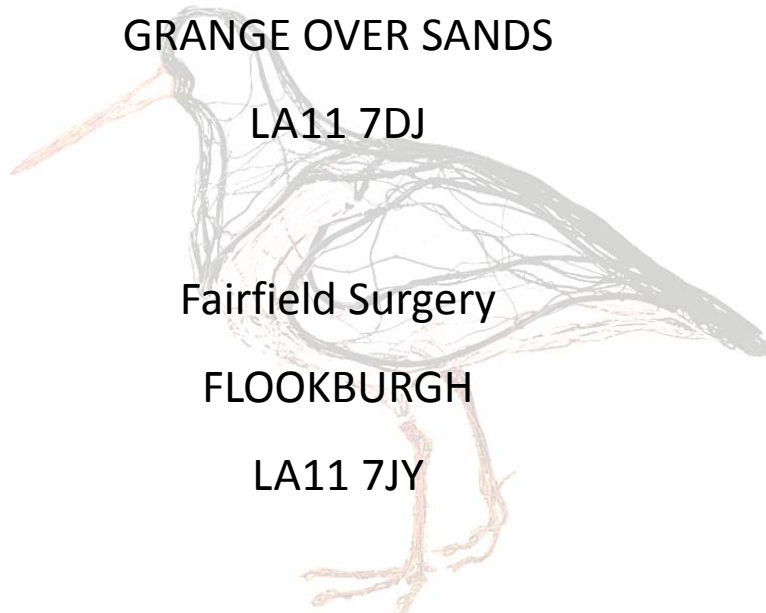
GRANGE OVER SANDS

LA11 7DJ

Fairfield Surgery

FLOOKBURGH

LA11 7JY



Practice Policy Document No. 5

v1.1

Adapted from BMA specimen policy of May 2012

March 2014

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## **Purpose**

The purpose of the policy is to set out the infection prevention and control procedures.

This policy is relevant to all employers and any one who works at the practice, including non-clinical staff.

Individuals on training placements and visitors/observers on the premises must also adhere to this.

## **Commitment of the practice**

The employers and all staff are committed to minimising the risk of infection and to ensure the safety of patients.

## **Infection Prevention and Control Lead**

The IPC lead for the practice is: [insert name]

The PCT/local commissioning body's Infection Prevention and Control Lead is: [insert name]

The contact details for the PCT/local Lead are:

## **Standard Precautions**

### **Hand washing procedures**

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

### **Protective Clothing**

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

### **General Dress Code**

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

Nurses and phlebotomists are to wear the professional uniform provided by the practice.

Reception staff are to wear the administration / clerical uniform provided by the practice.

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

See waste management protocol

## Other procedures

### *Venepuncture procedure*

- 1) Staff should be adequately trained to perform this procedure
- 2) Wounds or abrasions should be covered and gloves should be worn
- 3) Equipment should be easily accessible
- 4) The patient should be comfortable and relaxed
- 5) Special sterile phlebotomy Vacutainer system syringes and needles only must be used
- 6) All phlebotomy equipment is single use only once
- 7) Healthcare professionals should ensure that no blood contacts their skin by covering the site of the needle puncture with a cotton wool ball when removing the needle (any drop of blood should be allowed to drip onto the wool ball)
- 8) Needles must not be re-sheathed
- 9) All sharps must be disposed of immediately into an approved sharps box
- 10) Specimens must be sealed in pathology sample bags for transportation

### *Vaccinations*

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

### *Obtaining specimens*

#### Urine

- 1) Avoid contamination of personnel or clothing
- 2) Gloves need not be worn when handling urine containers (or performing pregnancy or dipstick tests) unless the container is contaminated with blood or faeces, when gloves are to be worn
- 3) Hands should always be washed after handling urine and testing urine
- 4) Samples of urine in open containers are to be handled carefully to avoid spillage and transported a minimum distance after production to analysis, and after analysis to disposal
- 5) If required the sample should be poured into a laboratory container by the patient to the indicated level avoiding contamination to the outside of the bottle
- 6) A patient should be warned that failure to comply with this would lead to the disposal of the bottle without analysis. The patient and the staff member are to wash their hands after handling urine containers that have been used

### *Microbiological Swabs*

- 1) An infected area must not be touched by a healthcare professional's clothes or hands
- 2) The swab must have enough material for testing but not too much, so as to avoid any spillage during the transfer of the swab to the specimen container
- 3) The specimen container must be sealed adequately and the specimen form placed in the correct compartment of the specimen bag

## ***Cervical Smears***

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

- 1) Re-usable specula are to be cleaned and sterilised by the approved, licensed sterile supplies department contracted by the practice;
- 2) Disposable specula are to be inserted into an appropriate plastic hazard bag after use;
- 3) Used gloves are to be placed into a hazard bag.

## ***Handling specimens***

- 1) Samples in sealed containers should pose low risk as long as the outside has not been contaminated or damaged. However, all samples should be handled as little as possible
- 2) All samples in appropriate containers are to be inserted into the approved plastic bag that is sealed
- 3) All blood or potentially infected matter such as urine or faeces for microbiological examination should be treated as high risk and precautions used

## ***Processing of medical instruments***

This practice out-sources the sterilising of re-usable instruments needed for all clinical examination, smear and minor operations. Some disposable single-use versions may be used as supplements.

Minor operations and dressing instruments are cleaned sterilised and stored clean for use or re-sterilised immediately prior to use for sterile needs.

## ***Accidents - Needle stick Injuries***

- 1) If the mouth or eyes are contaminated with blood or body fluid, they should be washed thoroughly with water
- 2) If skin is punctured, free bleeding should be gently encouraged and the wound should be washed with soap or chlorhexidine and water, but not scrubbed or sucked
- 3) One of the practice GPs must be informed of the incident immediately, and will take responsibility for the clinical care, including referral to an appropriate specialist (such as Occupational Health Services provided by the PCT or Accident and Emergency, depending upon time of day), if required
- 4) If there is any possibility of HIV exposure, immediate advice should be sought about the relative indications for anti-retroviral post-exposure prophylaxis
- 5) If the source of injury was from a patient, their details should be recorded
- 6) The incident should be recorded in the practice accident log

## ***Immunisation***

### ***Patient immunisation***

- 1) A record will be kept of all immunisations given to patients
- 2) The immunisation status and eligibility for immunisation patients will be regularly reviewed

3) After a review of the immunisation record patients will be offered further immunisation as needed

### **Staff immunisation protection**

- 1) All medical personnel, or staff who obtain or handle blood or pathological specimens, are to be protected against Hepatitis B
- 2) A record of employees' Hepatitis B status is to be kept and maintained
- 3) All staff are offered annual influenza immunisation

### **Training**

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

### **Audit and risk assessment**

There will be one infection control audit and one infection prevention and control risk assessment per year. However, if the purpose of a room changes to that of treatment then a risk assessment will be conducted of that room

### **Annual statement**

An annual statement will be written by the IPC Lead and include a summary of the following:

- 1) any infection transmission incidents and any action taken (If necessary these incidents should be reported in accordance with the incident reporting procedure)
- 2) the infection control audit(s)
- 3) the infection prevention and control risk assessment
- 4) relevant staff training

### **Related documentation/links**

NICE's Infection control: Prevention of healthcare-associated infection in primary and community care (2003)

Vaccine Administration Task force's Guidance on Best Practice in Vaccine Administration (2001)

HMSO (1996) Immunisation against Infectious Diseases - The Green Book

## Review

This policy will be reviewed within three (3) years of its implementation, or sooner if any significant changes in infection control policy are recommended by the Department of Health.

## Declaration

This policy will be binding upon all employees of the Peninsula Medical Practice from the 1st October 2012.

We, the partners, have reviewed and accepted this policy.

Dr Diane Ruell  
Dr Michael Bunter  
Dr Nick Gent

1<sup>st</sup> October 2012

Reviewed and amended

1<sup>st</sup> March 2014

NG

