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| INFECTION PREVENTION AND CONTROL POLICY | NU01 |

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| Last review date: July 2023 | Review date due: July 2028 |
| Owner: Infection Control Lead - Dr David Hayton |

**1. Purpose**

1.1 The purpose of the policy is to set out the infection prevention and control (IPC) procedures at Huntingdon Road Surgery (both sites).

1.2 This policy is relevant to anyone who works at Huntingdon Road Surgery or Girton Surgery, including non-clinical staff. Individuals on training placements and visitors/observers on the premises must also adhere to this.

1.3 This policy will be reviewed by the IPC Lead.

1.4 This policy was written based on a guidance document produced by Cambridge and Peterborough Clinical Commissioning Group (CAPCCG) and adapted for local implementation in liaison with the IPC specialist nurses employed by Cambridge and Peterborough Integrated Care Board.

**2. Commitment and Responsibility**

2.1 All Partners and staff are committed to minimising the risk of spread of infection between individuals who use the surgery as patients, staff or for any other reason.

2.2 Everyone has joint responsibility for this.

**3. Infection Prevention and Control Leads**

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| Practice IPC Lead  | Dr David Hayton |
|  | david.hayton@nhs.net |
|  | 01223 364127 |
| CPICB IPC Lead | Helen Wickenden |
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**4. Infection Prevention and Control Meetings**

* 1. There will be regular meetings held to discuss infection prevention and control matters. These will normally be attended by a minimum of:
* The infection prevention and control lead
* The lead nurse
* And will usually be attended by a member of the administrative team.

4.2 There will be minutes from each meeting which will be made publically available.

**5. Hand Hygiene**

5.1 All staff will be trained in hand hygiene.

5.2 Washbasins with suitable taps, liquid soap dispensers, paper towels and waste bins will be provided in all clinical care areas.

**6. Personal Protective Equipment (PPE)**

6.1 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.

**5. Dress Code**

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

5.2 The practice has a separate Uniform Policy

**6. Disposal of Business and Healthcare Waste Including Sharps Management**

6.1 See waste management protocol.

**7. Cleaning Schedules**

7.1 The practice uses an external company for most of the cleaning requirements:

CleanSlate

Unit 8, Northfields Business Park

Soham

Cambridgeshire CB7 5UE

Tel: 01353 724559

The contract is based on the National Specifications for cleanliness in the NHS Appendix 6. Schedules are based on a room-by-room risk assessment and agreed on advice from the manager of the cleaning company who is experienced in advising on the necessary standards in the healthcare setting and with advice from the local IPC specialist nurses.

**8. Quality Control**

8.1 The Practice Manager, Operations Manager, IPC Lead and Lead Nurse perform informal spot checks on the cleanliness of different areas the practice to ensure that the commercial cleaners are performing as contracted.

8.2 Everyone is encouraged to raise any concerns about the cleanliness of the practice with their line manager or directly with the infection control lead.

8.3 The contract cleaning company perform their own independent audits of cleanliness and provide reports to the practice.

8.4 Where to find cleaning records

* Cleaning Cupboard outside patient toilet first floor
	+ Daily cleaning records
* Joint file space: Infection Control/Cleaning Audits and Certs –
	+ External audit reports

8.5 Body Fluid Spillages

* To try to reduce the risk of body fluid spillages
	+ Appropriate signage and staff will try to encourage patients to let reception know if patients are feeling unwell
	+ Vomit bowls will be made available in all waiting rooms
	+ Toilets will be clearly signposted
	+ If a body fluid spillage occurs in a consulting room the consulting healthcare worker is responsible for cleaning it up. They may also consider moving to another room until the contract cleaners have cleaned the room
	+ If a body fluid spillage occurs in a public area the nursing team will be responsible for managing the spillage. Reception will support the nursing team with regard to the impact this has on their workload, and where possible will redirect patients away from the area until the contract cleaners have cleaned it
* Special cleaning kits are available for cleaning of body fluid spillages (only)
* Huntingdon Road –under the sink in the nursing utility area
* Girton Surgery – in the nurses room
	1. **Practice Staff Cleaning Responsibilities**
* Each member of practice staff is responsible for:
* Leaving their workspace clear and tidy to allow the contract cleaners to clean effectively
* Cleaning all electrical equipment appropriately
* Appropriate cleaning of clinical equipment and fixtures between individual patients
* Cleaning of general spillages which arise during the day:
* The member of staff who finds the spillage is responsible
* Cleaning materials are available in the contract cleaner’s cupboard
* Reporting any concerns about standard of the contracted cleaning to their line manager or the IPC lead

**9. Clinical Procedures**

9.1 All staff undertaking clinical procedures will be trained in aseptic technique.

**9.2 Venepuncture**

* Nursing, healthcare assistant and phlebotomy staff will receive formal external training and in-house assessment in phlebotomy. The assessment template can be found in the nurse manager’s records
* Wounds or abrasions should be covered and gloves should be worn
* Equipment should be easily accessible
* The patient should be comfortable and relaxed
* Single-use sterile phlebotomy equipment must be used
* Healthcare professionals should ensure that no blood contacts their skin by:
	+ The site of the needle puncture should be covered with a cotton wool ball when removing the needle
	+ Safety needles should be used
	+ The needle should be placed into a sharps bin immediately after safety-locking
	+ Waste should be managed according to the waste management policy
* Specimens should be sealed in pathology sample bags for transportation

**9.3 Vaccinations**

* Vaccines are stored as manufacturers’ guidance in well maintained, monitored refrigerators to ensure maximum efficacy of products to combat infection
* Cold chain procedures are followed
* Patients are offered immunisation in accordance with Green Book and Department of Health programmes
* All nurses have regular vaccination training updates
* Nurses use PGDs or PSDs and work in accordance with the NMC code of conduct
* All clinical staff have annual basic life support and anaphylaxis training
* All staff undergo regular Basic Life Support training
* Vaccines are administered according to recommended best practice
* Care should be taken in using hypodermic equipment during administration to patient and subsequent equipment disposal, as with venepuncture
* A record will be kept of all immunisations given to patients

 **9.4 Obtaining specimens**

*Urine*

* This Practice follows the protocol for Testing Urine Samples. This is documented in

Surgery Information\CCG PCG Gov and Practice Targets/Infection Control/Policies

*Microbiological Swabs*

* Gloves should be worn when examining and taking a swab from an infected area
* An infected area must not be touched by a healthcare professional’s clothes or hands
* The swab must have enough material for testing but not too much, so as to avoid any spillage during the transfer of the swab to the specimen container
* The specimen container must be sealed adequately and the specimen form placed in the correct compartment of the specimen bag

*Cervical Smears*

* This Practice follows the Protocol for Cervical smears. This is documented in Surgery Information\Guidelines and Contacts\Gynaecology\Cervical Smears and Colposcopy
* All speculae are single-use disposable devices.

*Handling specimens*

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

**10. Processing of Medical Instruments**

10.1 Where medical instruments come in contact with the patient, if possible the Practice will use disposable single-use fittings (e.g. disposable mouthpieces with valves for peak flow meters). Otherwise instruments and fittings are cleaned in accordance with the manufacturer’s instructions (e.g. multi-use mouthpiece for spirometer, ECG leads) unless other specific measures have been put in place.

10.2 **Minor operations and dressing instruments** where possible the Practice uses single-use instruments, which are then disposed of in accordance with the waste management policy.

The Practice does not undertake in-house sterilisation of surgical equipment. Where multi-use surgical instruments items must be used, all processing is undertaken at CSSD (Central Sterile Supply Department). Currently this applies to only a small number of multi-use surgical instruments.

10.3 **Use of CSSD** Instruments are transported from Addenbrookes CSSD in a blue (“clean”) box and sent back to Addenbrookes, when used, in a red (“dirty”) box. Transportation is via the Addenbrookes courier.

*10.4* ***Traceability of instruments***

Instruments from CSSD arrive in a pack that has three sticky identification labels on it. The information on the labels shows a tracking code, the surgery name and identification of the contents of the pack.

When used, one sticker from the pack is placed on to the patients minor op consent form and then scanned into the patient’s computer notes.

The nurses are responsible for a CSSD record book, which is kept in the nurse prep room. Once used, instruments are re-wrapped in the original packaging, taped and placed in the red CSSD box ready for safe transportation back to the hospital. The CSSD record book is completed by the nursing team. The date the instruments are sent back to CSSD is recorded and the two remaining stickers from the pack are stuck onto the record book. The record book has a carbon copy: one copy accompanies the instruments and the other stays at the surgery.

**11. Inoculation Injury**

11.1 **Prevention and Management of Needle Stick Injuries**

This Practice follows the Protocol for the Prevention and Management of Needle Stick Injuries. This is documented in: Surgery Information\Guidelines and Contacts\ Emergency Protocols\Needlestick Prevention and Management and also in Surgery Information/Staff Handbook/Policies

11.2 **Staff immunisation protection**

* All medical personnel or staff who obtain or handle blood or pathological specimens are to be protected against Hepatitis B, otherwise an individual risk assessment and plan will be in place
* A record of employees’ Hepatitis B status is to be kept and maintained
* All staff are offered annual influenza immunisation
* All staff are offered vaccination according to the Green Book chapter on Healthcare Workers.

**12. Infection Prevention and Control Training**

* Infection control training will consist of:
* All Staff face-2-face in-house annual hand hygiene training
	+ - * Ideally training with the Nurse Manager or deputy
			* infection control update meeting, 3 yearly
* Clinical staff includes GPs, Nurses and Healthcare Assistants
	+ - * Training will also include periodic cascade training, usually at the clinical governance meetings or via email or special training events where training is thought necessary or is requested
* Training records will be kept by the administrative team in the training matrix

**13. Audit and Risk Assessment**

13.1 The infection control team will be responsible for any relevant audit or risk assessments which are needed to identify or address infection prevention and control issues in the practice.

13.2 This will include a “walkaround” of the practice (all areas, all sites) for inspection of site cleanliness and IPC risks, which will be undertaken at least annually. We will use structured audits which have been approved by the ICB IPC lead nurse, and adapted for local implementation.

**14. Related Documentation/links**

14.1 Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG)

Infection Prevention and Control

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/infection-control.htm>

14.2 *Infection Prevention and Control Guidance and Protocols for Primary Medical Care April 2014* (available on the above site under national and local guidance / IPC manual April 2014 FINAL)

14.3 Immunisation against Infectious Diseases - The Green Book

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book>