



INFECTION CONTROL POLICY – ADMINISTRATION STAFF

Document Control

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3	13.06.2019	Charlotte Smith	AP	
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5	10.06.2021	Charlotte Smith	AP	Change of length of time for hand washing and cleaning of work station

Partners: Dr L Pearson, Dr N Hansford, Dr R Bietzk, Dr K Bailey, Dr A Crowther
Associates: Dr V Cheeseman, Dr H Fox, Dr R Coates

Practice Managers: Lizzie Jones, Shireen Williamson & Claire Southerington

The designated IPC Link Practitioner is Charlotte Smith (Advanced Practitioner)

All members of non-clinical administration staff must complete on-line infection control training for non-clinical staff via Blue Stream Academy. This must be done annually and training matrix to be updated by the individual.

Hand Washing:

Hand washing must be carried out as per laminated instructions found next to all basins within Market Overton & Somerby Surgeries. Appendix 1

Products:

Soap - Liquid soap and water must be used when hands are visibly soiled and after dealing with a patient with a known or suspected infection. The liquid soap must not be decanted from one container to another.

Hand rub - Alcohol hand rub products can be used when hands are visibly clean. It must not be used when dealing with patients with a known or suspected infection.

Hand Cream - hands should be maintained in good condition by regular application of hand creams. Pump dispenser units should be used which should not be re-filled.

Technique:

It is imperative that all surfaces of the hands and wrists are in contact with the hand cleansing solution; therefore to facilitate this staff should remove hand/wrist jewellery (with the exception of a wedding band or equivalent) and ensure long sleeves are rolled up when delivering direct patient care.

SOLUTION	HOW TO USE
Liquid Soap	<ul style="list-style-type: none"> • Wet hands under running water. • Dispense one dose of soap into a cupped hand. • Wash hands for 20-30 seconds vigorously and thoroughly • Ensure contact with all surfaces of each hand • Rinse hands thoroughly under running water. • Dry hands with a soft disposable paper towel and dispose into a foot or sensor operated waste bin
Alcohol hand rub	<ul style="list-style-type: none"> • Dispense one application of solution onto the hands. • The hand gel solution must come into contact with all surfaces of each hand.

PPE:

Aprons, gloves, goggles/visors are available to be worn with any patient contact during Covid19

Handling of specimens:

Any members of non-clinical administration who are involved in the handling of specimens must complete the on-line infection control training for clinical staff regarding the handling of specimens. They must also receive a course of Hepatitis B injections as per The Green Book – immunisation against infection disease, followed by a blood test 6-8 weeks after receiving the last injection for antibody response.

Anyone handling or receiving samples from patients must ensure they are not exposed to contact with body fluid or tissue.

Patients bringing their own samples are requested to place the sample into a collection box. Personal protective equipment is worn by staff if handling these samples prior to testing or transportation to the laboratory.

Containers that have contained body fluids or tissue must be disposed of as clinical waste and destroyed in accordance with the practice waste policy.

Personal protective equipment must be disposed as clinical waste and hands washed with soap and water after removal.

The reusable plastic receptacle used to collect/store specimens must be cleaned at least daily and immediately clean and disinfected if contaminated by body fluids following the practice cleaning and decontamination guidelines.

Management of blood and body fluid spills

Definitions

The term body fluid describes blood, vomit, urine, faeces, cerebrospinal fluid (CSF), sputum, or any other bodily secretions or excretions.

A Biohazard kit is a pack that contains all the essential equipment for dealing with spillages.

The Biohazard Kit is available in Reception – This practice uses Clinell spill kit wipes which are suitable for all bodily fluids. Instructions to use are on the box and on the individual kits.

Immediate action

- Spillages of blood and body fluids may present an infection risk to others and must be dealt with immediately.

- It is the responsibility of the clinical staff or a designated trained person to deal with spillages of body fluids in the first instance.
- The member of staff clearing the spillage must ensure that the safety of others is maintained and the area made safe immediately.
- Collect spill kit from reception
- Put on apron and gloves
- Open packaging and follow manufacturer's instructions
- Ensure that a replacement pack is ordered immediately after use

Cleaning of own workspace

Every member of staff is responsible for cleaning their work space at the end of every session.

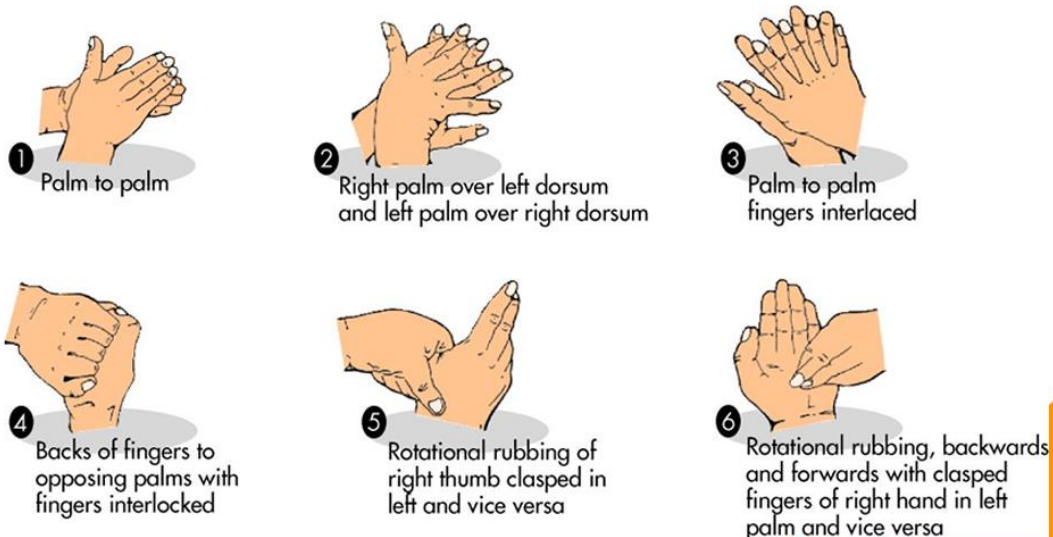
This includes work surfaces, technology(keyboard, phone, printer), screens and minimum of arms of chairs using disinfectant wipes provided.

Appendix 1

HAND WASHING



Hand washing technique:



Reference: Ayliffe GAJ, et al (1992) Control of hospital infection; A practical handbook. Third edition, Chapman and Hall, London.

The designated IPC Link Practitioner is Charlotte Smith (Advanced Practitioner) whose role includes:

- Completing IPC risk assessments
- IPC audits, outcomes and subsequent actions
- Identifying known infection transmission and subsequent actions
- Monitoring training received by staff
- Reviewing and updating policies, procedures and guidance

Assisted by Leah Duell, Practice Nurse

The designated lead for cleaning and decontaminating of the Practice premises is the Practice Manager: Shireen Williamson.

All members of clinical staff must complete the on-line infection control training for clinical staff via Blue Stream Academy. This must be done at induction and then annually and the training matrix to be updated by the individual.

All members of clinical staff must provide proof of immunisation and/or proof of hepatitis B antibody status or be vaccinated against hepatitis B in line with *Immunisation against infectious disease* ("The Green Book") and other Department of Health guidance. Occupational health form will be completed at induction and sent to Occupational Health at the Glenfield Hospital for health screening.

All clinical staff will ensure that scrubs/uniforms worn when carrying out their duties will be clean and fit for purpose. All healthcare staff will ensure that their hands can be decontaminated throughout the duration of clinical work by being bare below the elbows (with the exception of a plain gold ring) when delivering direct patient care, removing wrist and hand jewellery, making sure that fingernails are short, clean and free of nail polish, covering cuts and abrasions with a waterproof dressing. (NICE clinical guidelines 139: 1.1.2.3)

Within this practice those patients with known or suspected infections such as pulmonary tuberculosis and communicable diseases such as chicken pox or measles will be segregated from other patients and staff whenever practically possible.

CLINICAL PROCEDURES, USE OF MEDICAL DEVICES AND WOUND MANAGEMENT

Principles of asepsis will be followed by all staff that performs clinical procedures including the use of medical devices and wound management. All staff carrying out these procedures will have documented training and adhere to the locally agreed skin disinfectant guidelines.

This practice uses: single use instruments which are disposed of immediately after use in line with the waste management guidelines

Staff will follow standard precautions which are a set of principles designed to minimise transmission of infection of a wide variety of micro-organisms, therefore it is essential

that **standard precautions are used for all patients at all times**. Sources of potential infection include blood and other body fluids, non-intact skin or mucous membranes and any equipment or items in the care environment which are likely to become contaminated.

Standard precautions are made up of the following:

- Hand Hygiene
- Personal protective equipment
- Safe handling and disposal of sharps
- Safe handling and disposal of waste
- Linen Management
- Cleaning and Decontamination

HAND WASHING

[Standard infection control precautions: national hand hygiene and personal protective equipment policy | NHS Improvement](#)

Hand washing must be carried out as per laminated instructions found next to all basins within Market Overton & Somerby Surgeries.

- before and after every episode of patient contact/care
- after removal of personal protective equipment (PPE i.e. gloves, aprons)
- after any activity or contact that potentially results in hands becoming contaminated.

Products

Soap - Liquid soap and water must be used when hands are visibly soiled and after dealing with a patient with a known or suspected infection. The liquid soap must not be decanted from one container to another.

Hand rub - Alcohol hand rub products can be used when hands are visibly clean. It must not be used when dealing with patients with a known or suspected infection.

Hand Cream - hands should be maintained in good condition by regular application of hand creams. Pump dispenser units should be used which should not be re-filled.

Technique

It is imperative that all surfaces of the hands and wrists are in contact with the hand cleansing solution; therefore to facilitate this staff should remove hand/wrist jewellery (with the exception of a wedding band or equivalent) and ensure long sleeves are rolled up when delivering direct patient care.

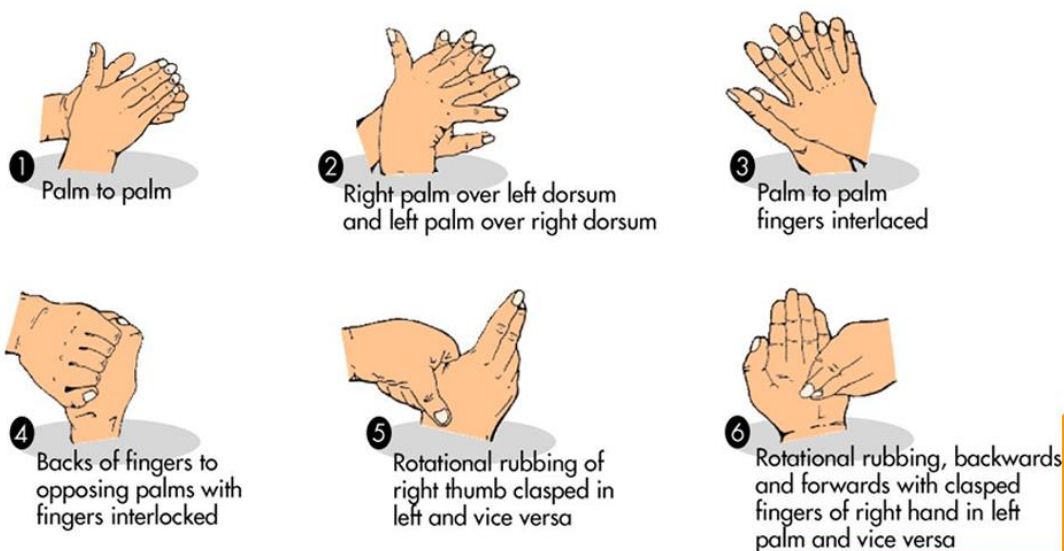
SOLUTION	HOW TO USE
	<ul style="list-style-type: none">• Wet hands under running water.• Dispense one dose of soap into a cupped hand.

Liquid Soap	<ul style="list-style-type: none"> • Wash hands for 20-30 seconds vigorously and thoroughly • Ensure contact with all surfaces of each hand • Rinse hands thoroughly under running water. • Dry hands with a soft disposable paper towel and dispose into a foot or sensor operated waste bin
Alcohol hand rub	<ul style="list-style-type: none"> • Dispense one application of solution onto the hands. • The hand gel solution must come into contact with all surfaces of each hand.

HAND WASHING



Hand washing technique:



Reference: Ayliffe GAJ, et al (1992) Control of hospital infection; A practical handbook. Third edition, Chapman and Hall, London.

Personal Protective Equipment (PPE)

Staff will use personal protective equipment (PPE) provided to minimise the spread of infection to patients and healthcare workers (HCW). PPE is not a substitute for safe systems of work but is complementary to them and health care workers have a responsibility to ensure PPE is worn appropriately.

Once removed any item of PPE must be disposed of in the appropriate waste stream followed by immediate decontamination of hands.

Gloves

- Protect hands from contamination by organic matter and micro-organisms
- Protect hands from chemicals that may cause an adverse reaction on the skin

- Reduce the risk of cross-infection by preventing the transfer of organisms from staff to patients, patient to staff and environment to staff
- Protect hands in the event of needle stick injury

Disposable, well fitting, good quality, single-use sterile/non-sterile powder-free, low-protein, latex gloves should be worn for contact with body substances or items contaminated by them, mucous membranes and non-intact skin. Nitrile is an acceptable alternative to latex.

Disposable Plastic Aprons

- To protect the wearer’s clothing/uniform from the patient
- To protect the patient from the wearer’s clothing / uniform
- To protect the wearer’s clothing/ uniform from cleaning agents and splashing

Masks

General surgical face masks must be worn to protect the HCW’s mouth and nose during procedures likely to cause splashing or aerosol of body substances into the mouth or nose of the HCW



Eye Protection/ Face Visors

Goggles, visors or protective spectacles must be worn to protect the HCW’s eyes from aerosol or splash contamination of body substances or chemical

It is the duty of staff in this practice that produce waste to follow the segregation protocols, and deposit their waste into the appropriate colour coded waste receptacle.

SAFE HANDLING AND DISPOSAL OF WASTE

Waste should be segregated according to the definitions below

Type of waste	Receptacle
Sharps contaminated with cytotoxic/cytostatic medicinal products	Yellow sharps bin with purple lid 
Sharps medicinal products that are partially and fully discharged but not contaminated with cytotoxic/cytostatic products. Single use sharp instruments should also be placed in this sharps bin	Yellow sharps bin with yellow lid 

<p>Infectious waste and potentially infected waste</p>	<p>Orange bag</p> 
<p>Offensive waste, for example continence products, stoma bags and healthcare waste that has been assessed as non-infectious by a Health Care Professional</p>	<p>Yellow and black striped bag</p> 
<p>Domestic type refuse: Food packaging Paper/magazines that cannot be recycled Paper towels (no hazardous waste)</p>	<p>Black bag</p> 

All clinical waste bags must be securely fastened to avoid leakage, sharps containers locked, and all items labelled to identify the premises where waste has been generated. Waste must be stored in a secure location away from the public while waiting for collection by the registered waste carrier.

All staff that produce or handle waste to be trained in the categories of waste, appropriate segregation of waste, use of personal protective equipment (PPE), and the storage of waste. A record of this training will be kept as evidence.

This Practice is registered as a hazardous waste producer and a signed consignment note, as defined in the Hazardous Waste Regulations, will accompany the clinical waste from the place of production to the place of destruction. The consignment note comprises of duplicate copies and a copy will be retained as evidence of compliance. These will be kept for three years from the date of issue.

Linen

This practice uses disposable paper roll for covering examination couches which is changed between patients and the paper roll is stored off of the floor.

The couch is cleaned, dried and disinfected (apron and gloves worn) before replacing the paper towelling for the next patient.

If a "dignity" sheet is required, disposable paper roll is used.

Patient Privacy Curtains

This practice uses disposable curtains which are changed every six months or more frequently if soiled.

CLEANING AND DECONTAMINATION

This practice is committed to providing clean premises and equipment for its patients. All staff understand their responsibility with regard to cleaning and decontamination and undergo training in the correct procedures and use of cleaning products commensurate to their responsibilities. A record of this training is kept as evidence.

Decontamination - a general term used to describe the destruction or removal of microbial contamination to render an item or the environment safe.

There are different levels of decontamination categorised as follows:

Cleaning - a process that removes dirt, dust, large numbers of microorganisms and the organic matter, such as blood or faeces that protects them. A general purpose detergent and water or detergent wipe is used. The product(s) used in this practice is general purpose liquid soap detergent and Cutan detergent wipes. This is the most important part of the decontamination process and must be carried out to a high standard, prior to any further stages of the decontamination process.

Disinfection - the process which reduces the number of microorganisms to a level at which they are not harmful. Spores are not usually destroyed. A disinfectant is an agent which destroys most microorganisms, but not usually bacterial spores. 70% alcohol wipes are used in this Practice

Sanitiser- is a product which cleans and disinfects in one process.

Sterilisation - - this is the process of removing or killing all viable organisms including spores with the exception of prions.

Environment

All staff are responsible for ensuring that the environment they work in is kept clean and free from clutter. The type of furniture, fixtures and fittings used in the different areas and rooms in this practice reflects the activity which takes place and therefore the associated cleaning required.

This practice has a cleaning schedule in place which identifies what is to be cleaned, the frequency of cleaning and how it is to be cleaned. All areas are monitored to ensure the cleaning schedule achieves the standard of cleanliness that is required.

Where invasive procedures and/or wound management takes place, a sanitiser which is combined detergent and disinfectant product is used

Every member of staff is responsible for cleaning their work space at the end of every session.

This includes work surfaces, technology(keyboard, phone, printer), screens and minimum of arms of chairs using disinfectant wipes provided.

Reusable Medical Devices

Reusable medical devices (excluding surgical instruments) are decontaminated as identified in the table below.

Single Use Devices

Any equipment identified as single use is not decontaminated for re-use. All single use equipment is disposed of immediately after use in the appropriate waste stream.

The following symbol is used on packaging indicating that it is single use and that it must not be re-used. It replaces the 'Single use' wording.



Decontamination of medical devices requiring inspection, service or repair (Compliance with MHRA DB 2006(05))

Prior to requesting inspection, service or repair of medical devices used in clinical practice they must be decontaminated wherever possible and a form must accompany the item identifying if it is decontaminated or contaminated.

- If reusable medical devices including endoscopes are required liaise **prior to the procedure** with your decontamination unit regarding any precautions required including quarantine
- Liaise with the Health Protection Agency (HPA) for more information and support Telephone number 0344 225 4524.
- Advice is also available in guidance from the Advisory Committee on Dangerous Pathogens(ACDP) TSE Working Group.

CLEANING EQUIPMENT

Cleaning - wash with general purpose liquid detergent and water rinse and dry.

Disinfect - 70% alcohol wipes/perasafe

ITEM	METHOD	FREQUENCY/ COMMENTS
Auroscope ear piece	Single use	Dispose of after use
Auroscope hand held device	Clean and disinfect	1. Between each patient 2. At the end of each session
And Baby Scales	Clean and disinfect	Between each patient and at the end of each session
Blood Glucose Pen / Lancet	Single use	Dispose of after use
Blood Glucose Monitoring Machine	Clean and disinfect	1. Between each patient 2. At the end of each session
Blood pressure sphygmomanometer and cuff	Clean and disinfect	1. Between each patient 2. At end of each session
Curtains- Disposable	Replace	6 monthly or when visibly soiled
Doppler Ultrasound probe	Remove gel and follow manufacturer's instructions	After use
Dressing trolleys	Clean and disinfect	Before and after each use
ECG equipment	Single use electrodes	Dispose of after use
ECG machine	Clean	After use
Examination Couch	1.Cover with paper roll (store paper roll off the floor) AVOID LINEN including blankets 2.Clean and disinfect	1. Change paper roll between each patient 2. Between each patient and at the end of each session and if contaminated
Nebuliser	1. Single use mask 2. Clean nebuliser box	1. Dispose of after use 2. After patient use
Peak flow mouth piece	Single use	Dispose of after use
Peak flow hand held device	1.Clean 2. Clean and disinfect	1. At the end of each session

		2. After patient use if contaminated
Pillows	1. Cover with paper towel Ensure pillows are completely enclosed in a heat sealed plastic cover. 2. Clean and disinfect	1. Change paper roll between each patient 2. Between each patient and at the end of each session
Scissors for clinical/dressing use	Single use	Dispose of after use
Specula (vaginal)	Single use	Dispose of after use
Spacer device	Single use	Dispose of after use
Stethoscope diaphragm/bell	Clean and disinfect	Between each patient
Suction tubing	Single use	Dispose of after use
Tourniquets	Single use	Dispose of after use
Tympanic thermometers ear piece	Single use	Dispose of after use
Tympanic hand held device	Clean and disinfect	1. At the end of each session 2. After patient use if contaminated
Work surfaces	Clean and disinfect	Between each patient and at end of session

CJD/vCJD

In the community there is little risk of the spread of CJD/vCJD but if a patient is identified as positive or high risk for CJD/vCJD the following must be undertaken:

- Follow standard precautions: hand hygiene, PPE, safe disposal of sharps and waste
- Clean and disinfect all patient contact surfaces following examination/procedures
- Use single-use disposable items wherever possible and dispose of items as clinical waste after use

PREVENTING AND MANAGING EXPOSURE TO BLOOD BORNE VIRUSES (BBV) GUIDELINE

Occupational exposure to blood borne viruses (BBV)

All occupational exposure to BBVs (including splashing and aerosols into mucous membranes) must be reported to Sister Charlotte Smith and Practice Manager Lizzie Jones. An accident form must be completed.

Sharps management

The term 'sharp' applies to any instrument that is able to puncture or inoculate the skin or mucus membrane. A sharps injury is defined as an injury where a needle or other sharp object, contaminated with blood or other body fluid, penetrates the skin. This also includes human bites and scratches that break the skin. Injuries can result not only where the person is the original user of the sharp but also during the process of disposal.

Safe Working Practices - These can be divided into 3 stages

Prior to use:

- Ensure the appropriate sharps bins are available
 - **Orange lid = sharps only; fully discharged syringes / no medicinal products - incinerate or alternative treatment**
 - **Yellow lid = partially discharged syringes / medicinal products - incinerate only**
 - **Purple lid = for cytotoxic/cytostatic products only - incinerate only**
- Follow correct method to ensure safe clinical practice when assembling the sharps bin (Bin must comply with the British Standard (BS7320))
- Ensure that date of assembly and name of assembler is clearly identified on the sharps bin. Post code to be written on label
- Choose the safest device possible, use needleless devices where appropriate
- Ensure there are adequate sharps bins of appropriate sizes available
- Ensure sharps bins are situated in suitable locations
- Take the sharps bins to the point of use when appropriate and place it on a hard even surface
- Always keep sharps bins out of the way of children and other vulnerable people
- Use vacuum blood collection bottles where appropriate

During use:

- Wear appropriate personal protective equipment
- Cover safety blood taking needle with safety cover immediately after removing from patients arm
- Use the device provided on the sharps bin to remove needles from syringes and blades from scalpel handles
- Use trays to carry sharps devices prior to use, never carry sharps in your hand
- Activate temporary closure mechanism on sharps bin between use
- Never move an open sharps bin

- Always carry the sharps bin by the handle
- Be especially careful of sharps risks during emergency procedures

After Use:

- Do not re-sheath needles
- Dispose of sharps directly into a sharps bin **at the point of use**
- Safe disposal is the responsibility of the user
- Dispose of sharps bins when $\frac{3}{4}$ full
- Always label the sharps bin with practice identifiable information
- Lock securely and dispose of sharps bin as clinical waste
- Do not put sharps bins in clinical waste bags

In The Event of a Sharps Injury

If a member of the public attends having received a needle-stick injury elsewhere they must be advised to attend A&E, not a minor injury unit.

First Aid

Member of staff

- Encourage the wound to bleed
- Do not suck or rub the wound
- Wash the area thoroughly with soap and warm running water
- Cover the injury with a waterproof dressing
- Note the patients name involved in the incident to assess risk to the user
- Contact the practice Occupational Health Service immediately and ask for guidance
- If the injury occurs out of hours attend the A&E department
- If the risk assessment identifies a potential risk of exposure to blood borne viruses, you will be required to have blood tested immediately
- You will be advised on whether Post Exposure Prophylaxis (PEP) is required
- Always make sure you know the results of your blood tests
- Copy of form in Infection control folder of Practice Policies

Reporting

- Injury from sterile sharps as well as contaminated sharps should be reported
- Report incident to practice manager and Occupational Health
- Fill in an incident report form which is located in the grey filing cabinet in the Reception.
- Form to be sent with bloods available in Practice Policies, H4, Health and Safety – Needlestick injuries folder

University Hospitals of Leicester NHS Trust Occupational Health Service

Action to be Taken after Blood Exposure Incident as per protocol below

Management of blood and body fluid spills

Measures to avoid exposure to blood borne viruses (BBV) such as hepatitis B and C and Human Immunodeficiency Virus (HIV) include:

- Wearing protective personal equipment (i.e. gloves, aprons, eye protection)
- Safe handling and disposal of sharps and clinical waste
- Management of risk during surgical procedures

Definitions

The term body fluid describes blood, vomit, urine, faeces, cerebrospinal fluid (CSF), sputum, or any other bodily secretions or excretions.

A Biohazard kit is a pack that contains all the essential equipment for dealing with spillages.

The Biohazard Kit is available in Reception – This practice uses Clinell spill kit wipes which are suitable for all bodily fluids. Instructions to use are on the box and on the individual kits.

Immediate action

- Spillages of blood and body fluids may present an infection risk to others and must be dealt with immediately.
- It is the responsibility of the clinical staff or a designated trained person to deal with spillages of body fluids in the first instance.
- The member of staff clearing the spillage must ensure that the safety of others is maintained and the area made safe immediately.
- Collect spill kit from reception
- Put on apron and gloves
- Open packaging and follow manufacturer's instructions
- Ensure that a replacement pack is ordered immediately after use

SPECIMEN HANDLING

A clinical sample includes any body fluid or tissue obtained for the purpose of analysis. Samples may be obtained to aid diagnosis, treatment and management of patients.

Personal protective equipment (PPE) will be worn when obtaining samples of body fluid or tissue. Disposable latex/nitrile gloves and plastic apron will be worn and a risk assessment is carried out to ascertain whether any face protection is required.

Samples must be placed into the correct container for the type of examination requested. All containers must be labelled with correct patient identification and must match the information on the requesting form. Care must be taken to ensure confidentiality is maintained at all times whilst ensuring that staff receiving samples in the laboratory is aware of any risk (e.g. blood borne virus).

Information required:

- Patient's surname and forename
- Date of birth
- NHS number
- Surgery/location of patient when sample taken
- GP/clinician's name
- Clinical details including current medication, especially antibiotics
- Type of examination/analysis required

Samples must be placed into clear specimen bags and attached to the request form and placed in the relevant colour coded bag for transportation to the laboratory.

Receiving specimens from patients

Anyone handling or receiving samples from patients must ensure they are not exposed to contact with body fluid or tissue.

Patients bringing their own samples are requested to place the sample into a collection box. Personal protective equipment is worn by staff if handling these samples prior to testing or transportation to the laboratory.

Containers that have contained body fluids or tissue must be disposed of as clinical waste and destroyed in accordance with the practice waste policy.

Personal protective equipment must be disposed as clinical waste and hands washed with soap and water after removal.

The reusable plastic receptacle used to collect/store specimens must be cleaned at least daily and immediately clean and disinfected if contaminated by body fluids following the practice cleaning and decontamination guidelines.

MANAGING COMMUNICABLE INFECTIONS; INCREASED INCIDENCE AND/OR OUTBREAKS OF INFECTION

Communicable disease is an illness that can be transmitted either by direct or indirect contact, inhalation, ingestion or inoculation.

Increased incidence of infection can be described as a period when higher than average levels of a particular communicable infection are identified e.g. influenza or viral gastroenteritis.

Outbreak is when two individuals or more are identified with the same organism and can be linked in time, place and evidence of transmission between one to another.

People with a known or suspected communicable disease will be seen and treated in a separate room from patients without a communicable disease.

Contaminated surfaces and equipment used in the diagnosis or treatment of someone with a known or suspected communicable disease will be decontaminated after use by that person.

Personal protective equipment (PPE) is worn when in contact with a person with a known or suspected communicable disease. The PPE will be appropriate to the risk of infection; gloves and disposable aprons in all circumstances and face protection if there is a risk of splashing of body fluids into mucosal membranes or if transmission is by respiratory secretions. Advice for protection against inhalation of micro-organisms is available from the Health Protection Agency website.

Hands are washed with soap and water after contact with a person with a known or suspected communicable disease. Sanitiser hand rubs are not a suitable substitute for hand washing in these circumstances.

Further information and guidance can be obtained from the local Health Protection Unit on telephone number 0344 225 4524.

Confirmed outbreaks of infection are reported to the Department of Health by the laboratory or Public Health. This Practice will participate in any investigation carried out to determine the cause and evaluate the measures that were instigated.

During a period of increased incidence or outbreak:

- Expert infection control advice will be taken
- Suspected or known periods of increased incidence and/or outbreaks to public health will be reported.
- Patients with known or suspected infection will be segregated from other patients whenever practicably possible.
- Hand hygiene facilities will be available for patients and staff
- The environment will be kept clean, paying particular attention to toilet flush handles, door handles, light switches etc.
- Patient equipment will be decontaminated appropriately between patients
- Protective personal equipment will be readily available to staff
- Samples will be taken from patients promptly and send to laboratory for diagnosis

Notifiable diseases

Acute encephalitis	Plague
Acute poliomyelitis	Rabies
Anthrax	Relapsing fever
Cholera	Rubella
Diphtheria	Scarlet fever
Dysentery	Smallpox
Food poisoning	Tetanus
Leptospirosis	Tuberculosis
Malaria	Typhoid fever
Measles	Typhus fever
Meningococcal septicaemia	Viral haemorrhagic fever
Mumps	Viral hepatitis – (A; B; C; other)
Ophthalmia neonatorum	Whooping cough
Paratyphoid fever	Yellow fever