



Standard Infection Control Policy

Approved By	Rachel England-Frost
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Purpose

The purpose of the policy is to set out the infection prevention and control procedures at Blyth Road Medical Centre.

This policy is relevant to all employers and anyone who works at Blyth Road Medical Centre including non-clinical staff and visitors/observers on the premises must also adhere to this.

This policy will be monitored and reviewed annually by a member of the Practice Nursing team.

This policy should be used alongside the separate additional infection control policies:

- Asepsis Policy
- Cold Chain Policy
- Decontamination Policy
- Handling, Disposal and Management of Waste
- Hand Hygiene Policy
- Management of Blood Spillages in Clinical Areas Policy
- Sharps Safety Policy

For any Infection Control queries the practice can contact the infection control team at Rotherham Hospital on 01709 820000.

Commitment of the practice

Good infection prevention and control is essential to ensure that people who use primary care services receive safe and effective care. All staff at Blyth Road Medical Centre are committed to minimising the risk of infection and to ensure the safety of patients, visitors and staff.

The Infection Prevention Control Lead for the practice is: Rachel England-Frost

Practice Staff

Infection prevention and control is the responsibility of everyone working within the practice although the management of this will be shared by the management team and the designated IPC lead. All staff have a responsibility to ensure that they:

- Are aware of the location, how to access and be able to demonstrate an understanding of the practice policies on the prevention and control of infection.
- Follow the infection prevention and control policies of the practice and to work in such a way that the infection risk to service users, themselves and others is minimised.
- Receive infection prevention and control training appropriate to their role.

Training

Infection control training, including Sepsis training, will take place for all staff on an annual basis. All clinical staff will receive aseptic technique training.

Infection prevention and control is an essential element of high quality care. Having effective infection prevention and control measures in place contributes to the safety of the environment for patients, staff and visitors.

The practice complies with the recommendations of the Health and Social Act 2008 - Code of Practice on the prevention and control of infections and related guidance. The Practice will also comply with the latest National Covid Infection Prevention Protocols.

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
- 4) Staff should be up to date with routine immunisations, e.g. tetanus, diphtheria, polio and MMR

Needle stick Injuries – see separate sharps safety policy

Staff Illness - If staff are off with a contagious disease, care will be taken to ensure adequate time is taken off and the staff member doesn't return to work until they are no longer contagious.

Why infection prevention and control is important

Many infections have the potential to spread in the health care environment and both service users and staff are at risk. In general practice activities are undertaken which may increase the risk of infection. Infections acquired in primary care may have serious consequences for service users, they may worsen underlying medical conditions and in some instances may be life threatening.

Service users receiving care may have an increased susceptibility to infection due to a number of risk factors including: Age, Immune status, Poor nutrition, Underlying medical conditions such as cancer, diabetes, heart problems, Antibiotic and other medications, Incontinence, Surgical procedures, Indwelling medical devices such as urinary catheters or gastric feeding tubes and Breaks in the skin

In recent years infection prevention and control has also become more of a challenge across all health care settings due to complexity of care and the increasing numbers of organisms that have become resistant to treatment with antibiotics. Resistant organisms that have increased include:

- Meticillin resistant *Staphylococcus aureus* (MRSA)
- Extended Spectrum Beta Lactamase producers (ESBLs).
- Glycopeptide resistant enterococci (GRE).

There has also been an increase in the numbers of cases of *Clostridium difficile* infection and the emergence of relatively new organisms such as E. coli 0157

Standard Precautions

Hand washing procedures

See separate Hand Hygiene Policy

Personal Protective Equipment

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 wear uniform. All clinical staff wear clothing that is above the elbow. Nails are kept short, clean and polish free. Artificial nails or nail extensions are not worn. Staff avoid wearing jewellery including watches and rings. A plain wedding band is acceptable.

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

See separate Handling, Disposal & Management of Waste and Sharps Safety policies.

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 must be used only once. 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)
 - Do not sheath the needle
 - Place the needle and vacutainer immediately into a sharps box
 - Specimens should 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

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
Speculums

- 1) Single use speculums are used
- 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

Specimens

A plastic basket is in reception for patients to drop samples in. This is emptied regularly throughout the day by the nurses and isn't touched by admin staff. There is a separate plastic box in reception for samples which have been put into appropriate plastic bags and are ready to be sent.

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 precautions used

When clinical staff are dealing with samples they should:

- 1) Avoid contamination of personnel or clothing
- 2) Wear Gloves
- 3) Hands should always be washed after handling specimens and testing urine

Disposal of Specimens

- All specimens are clinical waste and must be disposed of safely.
- Urine specimens tested in the practice should be disposed of via a toilet
- Specimens MUST not be disposed of via a hand wash sink.

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

Isolation Facilities

Primary care practices do not require dedicated isolation facilities or treatment rooms but there is an expectation to implement reasonable precautions when a patient is suspected or known to have a transmissible infection. Therefore 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.

Notifiable Diseases

Notifiable disease must be reported by law to the 'proper officer'. This practice will notify the Consultant for Communicable Disease Control, who is based at Sheffield Health Protection Unit. A notification form should be sent to the proper officer within 3 days, or notify them verbally within 24 hours if the case is urgent. A [notification form](#) should be completed immediately on diagnosis of a suspected notifiable disease. Staff should not wait for laboratory confirmation of a suspected infection or contamination before notification.

Notifiable Diseases include:

Anthrax	Haemolytic uraemic syndrome	Meningococcal septicaemia	Scarlet fever
Botulism	Haemorrhagic fever (viral)	Mumps	Smallpox
Brucellosis	Hepatitis, viral	Paratyphoid fever	Streptococcal disease (Group A, invasive)
Cholera	Legionnaires' disease	Plague	Tetanus
Diarrhoea (infectious bloody)	Leprosy	Poliomyelitis, acute	Tuberculosis
Diphtheria	Malaria	Rabies	Typhoid fever
Encephalitis, acute	Measles	Rubella	Typhus
Food poisoning	Meningitis	SARS	Whooping cough
Yellow fever	Coronavirus		

It is good practice for doctors to also inform the consultant in communicable disease control of instances of other infections (e.g. psittacosis) where there could be a public health risk. From a local Public Health perspective it would also be helpful to contact the Nurse Consultant Health Protection where notifiable diseases are suspected to be more than an isolated case.

Consultant in communicable disease control (CCDC) 01142 428850

Nurse Consultant Health Protection 9 am – 5 pm 01709 255849

Health Protection Unit (email notification forms) PHE.southyorks@nhs.net
Tel: 01143 211177

Equipment

All equipment used in surgery is maintained, serviced and calibrated in line with manufacturing instructions. All medical supplies used are now disposable, single use items.

Emergency Bag

The emergency bag is kept in reception. The equipment in the bag is checked weekly by the practice nurse.

Decontamination and Cleaning

See separate Decontamination Policy

Antimicrobial Prescribing

Patients are educated in the use of antimicrobials. All GPs have leaflets which they can give to patients who are requesting antibiotics but who don't need them. The leaflet details their infection, how to treat it without using antibiotics and when they should get further help.

Inappropriate use of antimicrobial agents has led to a significant increase in the numbers of antibiotic resistant microorganisms. In addition to this the use of broad spectrum antibiotics has increased the risk and spread of *Clostridium difficile* infection.

All antimicrobial prescribing should be in accordance with NHS Rotherham's antimicrobial prescribing guidelines 2013 – 2015.

Where the patient's condition or other factors warrant prescribing outside the guidelines advice should be taken from the Consultant Microbiologist.

All antimicrobial prescribing should be reviewed and amended if appropriate when microbiology results are available. When samples are sent to the labs, the results come back indicating the treatment plan. If any results show an infectious disease, this is phoned through to the surgery and the patient is contacted immediately.

Antibiotics should only be prescribed when there is clinical evidence of bacterial infection. The reason for the prescription should be clearly documented in the patients' notes.

Any long term prophylaxis should be discussed with the Consultant Microbiologist.