

Infection Control Policy (IPC)

Introduction

This document sets out the surgery policy on infection control and should be used with the Infection Control Inspection Checklist.

The '**NHS England » National standards of healthcare cleanliness 2025**' apply to all healthcare environments.

This policy should be read in conjunction with the Cleaning Schedule and also the following CQC myth busters:

- [GP Mythbuster 6: Guidance about Privacy Curtains](#)
- [GP Mythbuster 34: Maintenance of medical equipment](#)
- [GP Mythbuster 97: Responding to COVID-19](#)
- [GP Mythbuster 99: Infection Prevention and Control in General Practice](#)

Policy Statement

This Practice is committed to the control of infection within the building and in relation to the clinical procedures carried out within it. The Practice will maintain the premises, equipment, drugs and procedures to the standards detailed within the Infection Control Inspection Checklist and will provide facilities and the financial resources to ensure that all reasonable steps are taken to reduce or remove all infection risk.

Wherever possible or practicable, the Practice will seek to use washable or disposable materials for items such as soft furnishings and consumables, e.g. seating materials, wall coverings including paint, bedding, couch rolls, modesty sheets, bed curtains, floor coverings, towels etc., and ensure that these are laundered, cleaned or changed frequently to minimise risk of infection.

The Practice will use the Infection Control Checklist as the basis for managing infection control and ensure that training is given to the staff member responsible for the Annual Audit so that they have the necessary degree of competence to carry it out.

CQC Requirements for Infection Control

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires that healthcare premises are clean, secure, suitable and used properly and that a provider maintains standards of hygiene appropriate to the purposes for which they are being used.

Further, the code of Practice for preventing and controlling infections, and related guidance, states NHS bodies and independent providers of healthcare and adult social care in England must adequately resource local provision of cleaning services. They should also have a strategic cleaning plan and clear cleaning schedules and frequencies so that patients, staff, and the public know what they can expect.

An effective healthcare cleaning service should:

- Be patient and customer-focused
- Provide clarity for all personnel responsible for ensuring the healthcare environment is clean and safe enhance quality assurance systems

- Address governance and risk assessment
- Be consistent with IPC standards and requirements
- Meet the requirements of **CQC Outcome Standard Regulation 15 key criteria (1 and 2)** in the **Health and Social Care Act Code of Practice 2015** in terms of legal responsibilities for a cleaning lead, personal responsibilities, the need for audit, governance, and reporting
- Set clear outcome statements that can be used as benchmarks and output indicators
- Have clear objectives that provide a foundation for service improvements
- Be flexible to meet the needs of specific healthcare environments circumstances, and priorities
- Have well documented cleanliness policies and procedures
- Provide for a culture of continuous improvement
- Be flexible, to meet the ongoing needs of operational service delivery

Responsibility for the Management of Infection Risk

Michelle Adshead is the Practice Lead.

The responsibility for controlling infection and cross-contamination ultimately rests with all staff however specific tasks are allocated as follows:

- The clinician with overall responsibility for Infection Control and the annual audit is Michelle Adshead
- The non-clinician responsible for leading on Infection Control is the Practice Manager
- The staff member responsible for the training of Infection Control is Hayley Whitehead
- The lead cleaner responsible for Infection Control is NHS PROPS

Sue Cripps HCA or Emma McConnell Nurse will be responsible for the maintenance of personal protective equipment (PPE) and the provision of personal cleaning supplies within clinical areas. NHS PROPS will be responsible for the maintenance of the provision of personal cleaning supplies within non-clinical areas.

Sue Cripps will be responsible for the maintenance of sterile equipment and supplies, and for ensuring that all items remain “in date”. Please see Legacy / Infection Control / IPC Checks for a spreadsheet of regular checks for IPC within the Practice.

The following general precautions will apply:

- A daily, weekly, monthly and six-monthly cleaning specification will apply and will be followed by the cleaning staff. See also: Service Level Agreement (for Cleaning Contract)
- Infection Control training will take place for all staff on an annual basis and will include training on hand decontamination, handwashing procedures, sterilisation procedures, the use of Personal Protective Equipment (PPE) and the safe use and disposal of sharps. See also: Handwashing
- Infection Control Training will take places for all new recruits within two weeks of start.
- Handwashing posters will be displayed at each designated hand basin and in public toilets and washing facilities (e.g. Baby-changing room etc.). See also: Handwashing.
- The Practice will ensure that all staff have access to sufficient and appropriate supplies of materials for hand decontamination, PPE and sharps containers.
- A random and unannounced Infection Control Inspection by the above-named staff, using the Checklist, will take place on at least a quarterly basis and the findings will be reported to the partners’ meeting for (any) remedial action and minuted.
- The Practice will also seek to educate patients and carers regarding effective hand decontamination and handwashing techniques opportunistically. Hand gel or foam will be made available for patients and visitors throughout the Practice at strategic locations.

- Staff involved in clinical tasks will always be 'bare below the elbow'. NICE guidance advises that bare below the elbow should mean: not wearing false nails or nail polish; not wearing a wrist-watch or stoned rings; wearing short-sleeved garments or being able to roll or push up sleeves. The Practice-provided uniform for clinical staff will always be short-sleeved.

Annual IPC statement

The annual IPC statement details the risk assessments undertaken and subsequent recommendations regarding IPC. In addition, the statement also details IPC-related significant events and audits completed.

The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance (Appendix D) states that the IPC lead is to prepare an annual statement *"for anyone who wishes to see it, including patients and regulatory authorities"*.

This short review should include the following:

- Known infection transmission event and actions arising from this
- Audits undertaken and subsequent actions
- Risk assessments undertaken for the prevention and control of infection
- Education and training received by staff
- Review and update of policies, procedures and guidance

In addition to this, it is considered that this report should include any actions relating to any significant event that has occurred during the reporting period.

To meet the above-mentioned HSCA directive of "anyone who wishes to see it", this statement is to be placed in the waiting room and on the organisation's website.

Duties of employees regarding PPE

PPE is a fundamental element of safe practice in primary care. At Chadsfield Medical Practice, staff must be aware of the requirements for PPE and infection control requirements and associated policies.

The Personal Protective Equipment at Work Regulations 2022 place duties on employees to take reasonable steps to ensure that the PPE provided is properly used.

Other requirements include:

- PPE must be worn and used in accordance with the instructions given
- Employees must take all reasonable steps to ensure that PPE is stored correctly and safely when not in use
- PPE must be examined before use
- Any loss or obvious defect must be immediately reported
- Employees must take reasonable care of any PPE provided and not carry out any maintenance unless trained to do so

Furthermore, in accordance with HTM 07-01, the following details the specification for PPE:

- COSHH requires that risks to health be eliminated, prevented or, where this is not reasonably practicable, reduced

- Although the use of PPE should be considered as additional to other control measures, it is likely that even after all reasonably practicable precautions have been taken to reduce the exposure of staff who handle, transfer, transport, treat or dispose of healthcare waste, some PPE will still be required. In such cases, employers must ensure that these items are provided, used and maintained.
- They must also make appropriate arrangements for storage and cleaning whilst employees must cooperate with employers to ensure that their legal duties are met.

The [COSHH Risk Assessment Guidance document](#) can be used to support the organisation in the management of COSHH.

Risk assessments might identify the need for PPE, such as:

- Suitable heavy-duty gloves when handling healthcare waste receptacles
- Safety shoes to protect the feet against the risk of receptacles being accidentally dropped. The soles of such shoes or boots may also need to provide additional protection against slippery floors and sharps
- An industrial apron or leg protectors if receptacle handling creates a risk of bodily contact
- Protective face visors, helmets and strong industrial gloves where incinerators or other machines are manually loaded

Emergency situations, such as spillages, should also be addressed in any risk assessments. This might include the need for protective equipment to prevent exposure via routes such as skin contact (for example, using single-use aprons and gloves) or inhalation (for example, using respiratory protection and/or face visors).

Basic personal hygiene is important in reducing the risk posed by handling healthcare waste. Employers need to ensure that washing facilities are conveniently located for people handling healthcare waste; this is particularly important at storage and incineration facilities.

Duties of employees regarding personal clothing

All personnel at this organisation are to ensure that their own clothing is clean and 'fit for purpose'. Further reading with regard to staff obligations, including uniform requirements, please see staff handbook.

Guide to donning and doffing PPE

The UKHSA Guide to donning and doffing PPE: Droplet Precautions poster can be [downloaded here](#). PPE is to be disposed of as [infectious](#) clinical waste (orange bag).

In addition to the above, further detailed information to support the management of PPE at The Practice can be sought at:

[Community Infection Prevention and Control Policy for General Practice GP12 – PPE \(personal protective equipment\)](#).

Within this link, further detailed guidance includes:

- Gloves
- Aprons
- Facial protection
- Correct order for putting on and removing PPE
- Footwear

- Evidence of good practice
- Infection Prevention and Control resources, education and training
- Reference library

MRSA

In 2007, *methicillin-resistant staphylococcus aureus* (MRSA) bloodstream infections and *Clostridium difficile* infections were recorded as being the underlying cause of, or a contributory factor in, approximately 9,000 deaths in hospital and primary care in England.

Extra care is to be taken when dealing with at-risk patients to avoid them becoming infected with MRSA. Please visit: <https://cks.nice.org.uk/topics/mrsa-in-primary-care/management/management/> for current guidance.

Privacy Curtains Protocol

Introduction: The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance set out compliance in order to provide and maintain a clean environment in premises that ensures the prevention and control of infection. This includes the statement that “The environmental cleaning and decontamination policy should specify how to clean all areas, fixtures and fittings”.

Overview: The Code of Practice references the National standards for healthcare cleanliness in the NHS and states that “Curtains/blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages”.

These national specifications suggest cleaning frequencies, as a guide, and the CQC expects that providers risk-assess the required cleaning frequency for their premises and follow their own protocols. The frequency is dictated within the Cleaning standards and schedule policy. This policy should be used for further information and guidance, be agreed with the cleaning team, and be to the same high standards that would be expected of the general public, to include:

- Curtains in rooms used for other purposes
- Window coverings such as blinds and curtains in treatment rooms

Privacy curtains in Practice

Curtains around examination couches may either be:

- Disposable (paper), or
- Re-usable

This organisation is maintained by NHS Property Services who have a programme to change privacy curtains every 12 months, although in some cases annually may be sufficient depending on the location. However, any privacy curtain will be changed immediately if visibly dirty, soiled or stained.

Curtains must extend fully around examination couches, giving full privacy and dignity, and window coverings, which may be either curtains or blinds, should cover the whole of the window, giving full privacy and dignity.

It should be noted that fabric curtains should be laundered by a professional laundry service. The washing process should have a disinfection cycle in which the temperature of the load is either maintained at 65°C for not less than ten minutes or 71°C for at least three minutes.

Minor surgery and other high-risk procedures

As a result of the complex care increasingly being delivered in primary care settings, standards for the care of patients, and the management of devices to prevent related infections, are needed which will also reinforce the principles of asepsis.

The Health and Social Care Act 2008 Code of practice on the prevention and control of infection and related guidance assumes that all providers of healthcare in primary care settings are compliant with this code. The guideline aims to help to build on advice given in the code and elsewhere to improve the quality of care and practice in these areas over and above current standards.

At the Practice the high-risk procedures include:

- Cryotherapy (where applicable)
- Therapeutic injections used in a variety of conditions such as:
 - Injections into joints (steroids)
 - Injection of tennis and golfer's elbow, or carpal tunnel injection
 - Coil insertion and / or removal
 - Pessary insertion and/ or removal
- Other procedures that the organisation is deemed competent and contracted to carry out at various times, e.g., skin biopsy (punch and shave), endometrial sampling, removal of toenails

In conjunction with NICE guidance CG139, the areas detailed in the Primary care HCAI pathway and the appropriate infection control measures are to be robustly adhered to. These areas are:

- Availability of equipment
- Hand decontamination
- Personal protective equipment
- Waste disposal
- Safe use and disposal of sharps

BBVs (blood-borne viruses)

Introduction: Blood-borne virus (BBV) infections are spread by direct contact with the blood of an infected person. The main blood-borne viruses of concern are:

- Human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS)
- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)

These three viruses are considered together because infection control requirements are similar due to similarities in their transmission routes.

Full guidance can be sought from: Community Infection Prevention and Control Policy for General Practice GP02 – BBVs (Blood-borne viruses).

This link offers further detailed guidance on:

- Detailed guidance on HIV and Hepatitis
- Infectivity
- Precautions to reduce the risk of transmissions of BBVs

- Referral process
- Deceased patients
- IPC resources, education and training
- Reference library

C. difficile (Clostridioides difficile)

Introduction: Clostridioides difficile (formerly known as Clostridium difficile) is a bacterium that produces spores which are resistant to air, drying and heat. The spores survive in the environment and are the main route of transmission of the bacterium.

Clostridioides difficile (C. difficile) is present harmlessly in the bowel of up to 3-5% of healthy people and 66% of babies as part of their normal gut flora. However, when antibiotics disturb the balance of bacteria in the gut, C. difficile can multiply rapidly producing toxins that cause diarrhoea or colitis. This bacterium produces two major toxins (A and B) that are linked to its pathogenicity (ability to cause disease). The presence or absence of these toxins is detected in the laboratory as part of the C. difficile testing process. The 027 strain of this organism is particularly virulent (hypertoxigenic) causing severe morbidity and mortality. C. difficile has been associated with outbreaks in health and social care settings. It is therefore imperative that good infection prevention and control measures are instigated so that transmission does not occur in any health or social care setting.

Risk factors for C. difficile

The risk factors associated with acquiring C. difficile are:

Risk	Factor
Age	Incidence is much higher in those aged over 65 years
Underlying disease	Those with chronic renal disease, underlying gastrointestinal conditions and oncology patients
Antibiotic therapy	Patients who are receiving, or who have recently received, antibiotic treatment (< 3 months), especially broad-spectrum antibiotics
Recent hospital stay	Patients who are frequently in hospital or who have had a lengthy stay in hospital
Bowel surgery	Those who have had bowel surgery
Other medication	Patients receiving anti-ulcer medications, including antacids and proton-pump inhibitors (PPIs)
Nasogastric tubes	Patients undergoing treatments requiring nasogastric tubes
Previous history of colonisation or infection	Patients are at greater risk of developing C. difficile infection

Further detailed information to support the management and treatment of C. difficile can be found in the [Community Infection Prevention and Control Policy for General Practice GP03 – C. difficile \(Clostridioides difficile\)](#).

Within this link, further detailed guidance includes:

- Types of C. difficile conditions
- Signs and symptoms
- Prevention
- IPC control measures, including hand hygiene, PPE, cleaning and disinfection, and advice for symptomatic patients
- Referral processes
- IPC resources, education and training
- Resource library

Hand hygiene and handwashing audit

Introduction: This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England.

The aim of this guidance is to promote good hand hygiene amongst all staff at the Practice, to prevent the risk of patients acquiring a healthcare-associated infection.

All staff should have training in hand hygiene; it is best practice that this is provided on a regular basis, e.g., annually. The Practice should minimise the risk of poor hand hygiene and have processes in place to prevent this occurring. Hand hygiene is one of the most important procedures for preventing the spread of disease. It is essential that everyone takes responsibility to ensure that the care provided is carried out in a safe manner.

The transmission of microorganisms, such as bacteria and viruses, from one patient to another via staff's hands, or from hands that have become contaminated from the environment, can result in adverse outcomes.

Two routes of infection exist:

- Microorganisms can be introduced into susceptible sites, such as surgical wounds, by direct contamination
- Potential pathogenic (harmful) organisms can be transmitted by hands and establish themselves as temporary or permanent colonisers of the patient and subsequently cause infection at susceptible sites

Always use standard infection control precautions and, where required, transmission-based precautions (SICPs and TBPs). Please refer to the SICPs and TBPs Policy for General Practice at: <https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-1-standard-infection-control-precautions-sicps/>

When caring for patients in relation to COVID-19 or any other newly emerging infections, staff should refer to national infection prevention and control guidance as detailed above.

In addition, further detailed information to support the IPC management of handwashing can be sought at: Community Infection Prevention and Control Policy for General Practice GP05 – Hand Hygiene.

Within this link, further detailed guidance includes:

- Involving patients and the public in infection prevention and control
- Microbiology of the hands • Good hand hygiene practice • When to clean your hands
- Most commonly missed areas • Hand hygiene products • Hand hygiene facilities
- Hand cleaning methods • Alcohol hand rub • Skin care • Hand cream or lotion

- Evidence of good practice ● Infection Prevention and Control resources, education and training
- Reference library

Additionally, Appendix 1: Hand Hygiene Technique for Staff

Safe disposal of waste

Introduction: This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England.

The management of healthcare waste is an essential part of ensuring that general practice activities do not pose a risk, or potential risk, of infection and are appropriately managed. Waste is potentially hazardous and if not disposed of correctly can result in injury or infection.

At the Practice, all staff are responsible for the safe management and disposal of waste and should understand how waste should be segregated and stored prior to collection or disposal. This is driven by the need to reduce environmental impact, comply with waste regulations and other national guidance, such as The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, and reduce costs associated with waste management.

Contingency plans and emergency procedures should be in place in the event of contamination from waste. We will always use standard IPC and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice above.

This policy should be read in conjunction with CQC GP Mythbuster 99

Legal: Under the Environmental Protection Act 1990, it is unlawful to deposit, recover or dispose of controlled (including clinical) waste without a waste management licence, contrary to the conditions of a licence or the terms of an exemption, or in a way that causes pollution of the environment or harm to human health.

Hazardous healthcare waste is subject to the requirements of the Hazardous Waste Regulations 2005. Further reading can be found at the Gov.uk webpage here.

Responsibilities: All staff in general practice have a responsibility for ensuring that waste is dealt with appropriately from the point of generation to the point of final disposal. All staff should be trained and aware of waste procedures.

It remains the legal responsibility of this organisation, not the waste contractor, to ensure full compliance with environmental waste regulations.

Waste should be:

- Correctly segregated
- Appropriately labelled
- Packaged appropriately for transportation
- Stored safely and in a secure place away from areas of public access within the premises
- Described accurately and fully on the accompanying documentation when removed from the premises
- Recorded and copies of the waste documentation retained
- Transferred to an authorised waste contractor for transport to an authorised waste-disposal site
- Monitored, audited and reviewed, including the way in which waste arrangements work

Further information can be found in the [Health Technical Memorandum 07-01: Safe management of healthcare waste](#).

At Chadsfield Medical Practice, the approved contractor services are provided by NHS property Services. Details can be reviewed on the Property Services Portal.

Disposal of waste: All waste should be segregated correctly as detailed in this waste management policy and in accordance with NHS Property Services requirements.

The following principles apply when disposing of waste at this organisation:

- When handling waste, appropriate personal protective equipment (PPE) should be worn, and hands cleaned after removing PPE
- All waste bags should be no more than 2/3 full. This allows enough space for the bag to be tied using a suitable plastic zip tie or secure knot
- Waste bags should be labelled with the Practice address and date prior to collection by the waste contractor to ensure traceability should an incident occur
- When handling tied waste bags, only hold the bag by the neck and keep at arm's length to reduce the risk of injury in case a sharp item has been inappropriately disposed of in the bag
- If a waste bag awaiting collection is torn, the torn bag and contents should be placed inside a new waste bag
- Waste bins in clinical areas and toilets are to be lined, foot pedal operated and have a lid. All staff are to use the foot-operated mechanism to open the lid to prevent hand contamination
- Waste bins in other areas, such as an office, should have a liner, but do not need to have a lid

Collection: All clinical waste will be collected by NHS Property Services weekly, and is to be supported with a [Waste Transfer Note](#) (WTN). Copies are to be retained by the Health Centre Manager to evidence the correct and authorised removal of waste from the site.

Hazardous waste requires a [consignment note](#) (provided by the contractor) which must be retained for audit purposes.

Summary: In addition to the above, further detailed information to support the safe disposal of waste at this organisation can be sought at:

[Community Infection Prevention and Control Policy for General Practice GP15 – Safe disposal of waste](#).

Within this link, further detailed guidance includes:

- Assessing waste for segregation
- Infection Prevention and Control resources, education and training
- Reference library

All staff have a duty of care to ensure that waste is correctly segregated. Compliance with this protocol and the references contained within it will ensure the safe and effective management of waste at the Practice. Any questions relating to this protocol are to be directed to the Practice Manager.

[Safe management of blood and body fluids](#)

Introduction: This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England.

Blood and body fluids, e.g., urine and faeces, may contain a large number of microorganisms, such as bacteria and viruses. At Chadsfield Medical Practice, staff who may have contact with blood, or blood-stained body fluids, or are exposed to sharps or other inoculation risks, have had the opportunity for hepatitis B vaccination and antibody testing.

Contamination with or spillages of blood or body fluids should be dealt with immediately, as this may expose staff and others to infection. Blood and body fluid spillages should be managed by staff trained in the correct procedure.

We will always use standard IPC and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice above.

Staff must ensure that they adhere to the guidelines given in this document as well as regional and national guidelines. All staff at the Practice are given training in IPC at induction and will also receive annual refresher training.

Spillages: There may be occasions when exposure occurs despite careful attention to the correct procedures. If such incidents occur within the organisation, a spill kit should be used. At the Practice, the spill kit is stored in Reception. Only clinical personnel trained in the use of this kit are authorised to use it.

Immediate actions

In the event of a spillage, the following actions are to be taken:

- The spillage should be dealt with as soon as possible
- Staff, patients and visitors must be kept away from the spillage and, if possible, a warning sign shown while preparation is made to manage the spill
- Personal protective equipment (PPE), e.g., eye protection, long-cuffed disposable nitrile gloves and a disposable apron should be used. If the spillage is extensive, disposable plastic overshoes or rubber boots may be necessary

Further actions and guidance: All incidents are to be reported to the Infection control Lead and Practice Manager in the first instance. Further guidance and information can be sought by contacting the Manchester IPC Team as per above.

A poster detailing instructions for using spill wipes can be [downloaded here](#).

In addition to the above, further detailed information to support the safe management of blood and body fluids at this organisation can be sought at:

Community Infection Prevention and Control Policy for General Practice GP16 – Safe management of blood and body fluids.

Within this link, further detailed guidance includes:

- Assessing waste for segregation
- Infection Prevention and Control resources, education and training
- Reference library

Staff uniforms and workwear

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance recommends that clothing/uniform and workwear policies ensure that clothing worn by staff when carrying out their duties should be clean and fit for purpose.

In particular, consideration should be given to items of attire that may inadvertently come into contact with the patient. Of note, at the Practice, staff are to:

Always:

- Change in and out of uniform at work, or completely cover uniform when travelling to and from work
- Wear a clean uniform at the start of each shift and have enough uniforms to facilitate this
- Use personal protective equipment, e.g., a disposable apron, to prevent the contamination of uniform and workwear

Uniforms and workwear are to be:

- Clean, fit for purpose. Workwear is to be changed immediately if visibly soiled or contaminated
- Laundered on a cycle of ten minutes at 60°C, which removes almost all microorganisms, or at the highest temperature that the fabric will tolerate
- Laundered separately from other clothing if heavily soiled
- Dried thoroughly. Tumble drying or ironing will further reduce the small number of microorganisms present after washing
- It is not good practice to wear neckties (other than bow ties) or lanyards during direct patient contact. Ties are rarely laundered and have been shown to become contaminated with pathogens, and can accidentally come into contact with patients
- Footwear must be well maintained, visibly clean, non-slip, and support and cover the entire foot to avoid contamination with blood or body fluids or potential injury from sharps

In addition to the above, further detailed information to support the safe management of linen at this organisation can be sought at:

Community Infection Prevention and Control Policy for General Practice GP18 – Safe management of linen (including uniforms and workwear).

Safe management of sharps and inoculation injuries

Introduction: This policy is one of the Standard infection control precautions (SICPs) referred to as 'Occupational safety / managing prevention of exposure (including sharps)' by NHS England.

Sharps include needles, cannulas, stitch cutters, scalpels, razor blades, broken glass, medical instruments, e.g., scissors, and other sharp objects. Sharps that are handled inappropriately or not disposed of correctly are dangerous. All personnel are required to ensure that risks from sharps injuries are adequately assessed, and appropriate control measures are in place.

At the Practice, we will always use standard IPC and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice above.

Legislation: Healthcare employers, their contractors and employees have legal obligations. There are several legislative acts and laws governing the safe use and disposal of sharps:

- Control of Substances Hazardous to Health (COSHH) 2002
- Management of Health and Safety at Work Regulations 1999

- The Provision and Use of Work Equipment Regulations 1998
- Reporting of Diseases, Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR)
- The Personal Protective Equipment Regulations 1992
- Health and Safety (First Aid) Regulations 1981
- Safety Representatives and Safety Committee Regulations 1977
- The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

Further reading can be sought in [this](#) HSE publication

Venepuncture

Introduction: Venepuncture is the procedure of entering a vein with a needle to obtain a sample of blood for diagnostic purposes.

Venepuncture breaches the circulatory system; therefore, to minimise the risk of injury and/or infection to both staff and patients, standard infection control precautions and transmission-based precautions (SICPs and TBPs) should be adhered to.

The procedure should only be undertaken by appropriately trained and competent staff.

Reusable tourniquets can harbour microorganisms, such as bacteria and viruses, and therefore pose a risk of transmission of infection. Practices should risk-assess the use of reusable tourniquets against single-use ones, and if reusable tourniquets are used, a schedule for their decontamination and replacement should be implemented.

In addition to the above, further detailed information to support venepuncture at the Practice can be sought at: [Community Infection Prevention and Control Policy for General Practice GP24 – Venepuncture](#).

Within this link, further detailed guidance includes:

- Specimen containers and transport bags
- Specific information on microbiology specimen collection
- Storage
- Labelling
- Spillages of specimens
- Transportation
- Infection Prevention and Control resources, education and training
- Reference library

Management of sharps injuries

All staff need to be familiar with the immediate management procedure, both for themselves if they become injured and for assisting injured colleagues.

- The Practice Protocol for Needlestick & BBV is located within the Infection Control folder – Needlestick and displayed in clinical rooms

For further information staff can view the following:

- NHS – What should I do if I injure myself with a used needle
- HSE – Sharps injuries

A poster in each room details the process to effectively manage needlestick and sharps injuries.

- If a needlestick or sharps injury occurs, bloods must be taken from the patient to assess for BBV – these should be marked as urgent and sent to the lab at. This can only be done with consent. If the patient refuses, then Occupational Health (OH) should be informed as per below so that full testing is arranged
- Any staff subject to a needlestick injury must immediately follow the Needlestick flowchart– Please note: if the Manager or Assistant is unavailable staff must contact the OH themselves as urgent
- A SEA must be completed and reports to HSE if required

Reporting sharps injuries & Needlestick

At Chadsfield Medical Practice, all sharps' injuries are to be reported to Melanie Jones – Practice Manager or Hayley White and via Needlestick / sharps injury process Legacy / Infection Control.

Sharps injuries must be reported to HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) if:

- An employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g., hepatitis B or C or HIV. This is reportable as a dangerous occurrence
- The employee receives a sharps injury and a BBV, acquired by this route, seroconverts. This is reportable as a disease
- The injury itself is so severe that it must be reported

If the sharp is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable to HSE unless the injury itself causes an over-seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.

Recording of sharps injuries & Needlestick

All sharps' injuries sustained at the Practice must be recorded on the needlestick log in the shared drive / Legacy / Infection control. In addition, a significant event must be recorded and discussed at Practice meetings. As part of the SEA, the outcome may be to conduct an audit to ensure that the safest systems are being adopted. Training may be one of the outcomes that needs to be considered. It is the responsibility of the person suffering a sharps injury to ensure that it is reported/recorded appropriately. If unsure, they should discuss the incident with The Practice Manager.

Correct use of sharps bins

When assembling sharps bins, staff must ensure the following:

- The bin lid and label are a colour match, and the bin is of the correct size
- The lid is fully secured and 'clicked' into place
- The label is completed legibly, with the name of the individual assembling the bin, the date assembled and the location of the bin

Do ensure that when not in use, the lid window is "temporarily" closed.

Do replace the bin one month after the date of assembly (unless $\frac{3}{4}$ full prior to this date).

Do not overfill the bin. Once the bin is $\frac{3}{4}$ full, close the lid securely.

When closing sharps bins, staff are to ensure that:

- The lid window is clicked into the closed position
- The date of closure is annotated on the label and signed by the member of staff
- The bin is taken to the clinical waste area

In addition to the above, further detailed information to support the safe management of sharps and inoculation injuries at this organisation can be sought at:

Community Infection Prevention and Control Policy for General Practice GP19 – Safe management of sharps and inoculation injuries.

Within this link, further detailed guidance includes:

- Good practice in sharps management
- Prevention of inoculation incidents
- Always
- Risk of infection from inoculation incidents
- Action to be taken following an inoculation incident
- Management of significant exposures
- Reducing the risk of hepatitis B transmission
- Reducing the risk of hepatitis C transmission
- Reducing the risk of HIV transmission
- Exposure incidents in the community
- Infection Prevention and Control resources, education and training
- Reference library

A poster detailing the correct use of sharps bins is [accessible here](#).

Summary: Sharps injuries are not uncommon within primary care. Due diligence and adherence to guidance and legislation will reduce the risk to all staff. IPC training is delivered at Chadsfield Practice to maintain an awareness of the significance of the safe management of sharps.

Specimen collection

Introduction: All specimens are a potential infection risk; therefore, all specimens at the Practice must be collected using standard infection control precautions. Specimens should be transported in a rigid container in accordance with the [Carriage of Dangerous Goods and Use of Transportable Pressure Equipment \(2009\)](#).

Taking routine specimens, except for blood samples, should be avoided to help reduce the inappropriate prescribing of antibiotic treatment. Specimens should only be taken if there are indications of a clinical infection.

Conducting a urine dipstick for nitrites and leukocytes should not be performed unless there is clinical evidence of a urinary tract infection. Treating a patient following a positive dipstick in the absence of signs or symptoms of infection may result in the inappropriate prescribing of antibiotics.

At The Practice, we will always use standard IPC and staff must adhere to PPE requirements. Where required, transmission-based precautions (SICPs and TBPs) will be followed. Refer to the SICPs and TBPs Policy for General Practice above.

A clinical specimen can be defined as any substance (solid or liquid) taken from the patient for the purpose of analysis. Any staff member may at times be expected to handle specimens/samples

from patients, although this is to be restricted to a minimum due to the risk of infection. All staff are to have received the required training to ensure that specimens are handled safely.

It remains the responsibility of all staff to ensure that they adhere to best practice and the guidance provided. Further reading can be sought from MPS.

In addition to the above, further detailed information to support the managing of specimen collection at this organisation at can be found at:

Community Infection Prevention and Control Policy for General Practice GP22 – Specimen collection.

Within this link, further detailed guidance includes:

- Specimen containers and transport bags
- Specific information on microbiology specimen collection
- How to take MRSA nasal swabs
- Storage
- UTI diagnosis
- Labelling
- Disposal of urine samples
- Spillages of specimens
- Transportation
- Infection Prevention and Control resources, education and training
- Reference library

Staff exclusion from work

Introduction: Control of infection is one of the key elements of safe care in general practice. There may be on occasion a requirement to exclude staff from work, and it is essential that The Alexandra Practice is prepared to deal with such occurrences.

Recognising the requirement for exclusion: Staff must fully understand that there may be occasions when they are not able to work due to illness. This decision will be taken in line with recommendations at: <https://www.gov.uk/government/collections/infectious-diseases-detailed-information>

It is essential that staff advise their line manager if they are suffering from the conditions deemed infectious and adhere to the timescales for exclusion; this will minimise the risk of other staff and patients being exposed to the condition. Should doubt exist regarding the exclusion period, advice from the occupational health (OH) department must be sought. Each instance will be reviewed on a case by case basis.

Viral gastroenteritis / Norovirus

Introduction - Viral gastroenteritis is usually caused by a virus known as Norovirus which is a non-enveloped virus only affecting people. Norovirus was previously known as Norwalk or SRSV (small round structured virus). Other less common causes include Rotavirus and Sapovirus.

The incubation period for viral gastroenteritis ranges from 24-48 hours, but cases can occur within 12 hours of exposure.

Symptoms include:

- Sudden onset of vomiting which can be projectile

- Watery, non-bloody diarrhoea
- Abdominal cramps
- Nausea
- Headache, low-grade fever

The illness lasts 24-72 hours with no long-term effects. Maintaining good hydration is important.

Norovirus is highly infectious and is transmitted from person to person primarily through the faecal-to-oral route, or by direct person-to-person spread. Evidence also exists of transmission due to aerosolisation of vomit which can contaminate surfaces or enter the mouth and be swallowed.

Immunity to Norovirus is of short duration, possibly only a few months.

At the Practice, arrangements will be made, where possible, to see an infectious patient virtually, or in their own home. At this organisation, we will always use standard IPC and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice.

Outbreak notification

Norovirus can cause outbreaks in the community, e.g., in care or supported living establishments. An outbreak is defined as two or more patients within close proximity, two members of staff, or one patient and one member of staff, e.g., on the same floor or in the same unit, who have similar symptoms of diarrhoea and/or vomiting within a 48-hour period.

A suspected outbreak of viral gastroenteritis should be notified to the Community Infection Prevention and Control (IPC) or Health Protection (HP) Team:

Greater Manchester HPT
UK Health Security Agency North West
2nd Floor
3 Piccadilly Place
London Road
Manchester
M1 3BN
Telephone 0344 225 0562 / Out of hours advice 0151 434 4819

Email gmanchpu@ukhsa.gov.uk

Control measures: SICPs and TBPs should always be followed:-

- When assessing a patient with suspected viral gastroenteritis, a disposable apron and gloves should be worn. Before putting on, and after removal of, personal protective equipment (PPE), hands should be washed with liquid soap and warm running water and then dried with paper towels. Alcohol hand rub should not be used as it is not effective at killing Norovirus.
- Patients with symptoms should be encouraged to wash their hands thoroughly with liquid soap and warm running water after an episode of vomiting or diarrhoea, after using the toilet, and before eating and drinking.
- During periods of increased activity with Norovirus, practice staff should be reminded to wash their hands thoroughly rather than using alcohol hand rub after patient contact before their breaks and before eating and drinking.

- Patients or staff with vomiting and/or diarrhoea should be advised to stay off work until they are symptom free for 48 hours. If staff become unwell with symptoms of vomiting and/or diarrhoea whilst at work, they should be sent home immediately.

In addition to the above, further detailed information to support the management of viral gastroenteritis/Norovirus at the Practice can be sought at:

[Community Infection Prevention and Control Policy for General Practice GP25 – Viral gastroenteritis / Norovirus](#)

National Standards of Healthcare Cleanliness 2025

The National Standards of Healthcare Cleanliness provide a common understanding of what it means to be a clean healthcare setting and give healthcare organisations in England a framework for detailing the required cleaning services and how 'technical' cleanliness and the efficacy of the cleaning process should be assessed.

The standards do not state precisely how cleaning services should be provided, e.g. by direct employment or contracting out, but Practices are accountable for the effectiveness of cleaning services.

The standards provide advice and guidance on:

- What cleaning is required
- How Practices can demonstrate their cleaning services meet these standards

These recommendations are based on sound evidence and accepted good Practice relating to using equipment and avoiding the transfer of healthcare-associated infections in the UK.

The standards will support:

- The basis for developing specifications for service-level agreements or local procedures
- A benchmark against which to compare services
- Establishing the optimum levels of resource to deliver safe cleaning standards
- Part of an ongoing performance management process
- A framework for auditing and monitoring
- As a tool for improving patient and visitor satisfaction

Coronavirus / national outbreak

Updated IPC advice will be followed in the case of suspected Covid and or national outbreak.

COVID-19: information and advice for health and care professionals - GOV.UK

PPE recommendations will be implemented where applicable the most recent PHE recommendations from the UK government and NHS can be found here;

<https://www.gov.uk/government/news/new-personal-protective-equipment-ppe-guidance-for-nhs-teams>

Resources

Standard infection control precautions: national hand hygiene and personal protective equipment policy (NHS England and NHS Improvement);

<https://www.england.nhs.uk/publication/standard-infection-control-precautions-national-hand-hygiene-and-personal-protective-equipment-policy/>

National Institute for Health and Care Excellence (NICE) Guidelines:

Healthcare-Associated infections - Prevention and control in Primary and Community Care

www.nice.org.uk/guidance/cg139/chapter/1-Guidance

Guidance on Infection Control July 2015 (Dept of Health)

Legionella guidance (HSE) - <http://www.hse.gov.uk/legionnaires>

Care Quality Commission

<http://www.cqc.org.uk/content/guidance-providers>

<http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-full-list-tips-mythbusters-latest-update>

Health Building Note 11-01: Facilities for primary and community care services 2013 (DoH)

Essential Practice for infection prevention and control - Guidance for nursing staff, Royal College of Nursing 2012 <https://www.infectionpreventioncontrol.co.uk/>

Appendix 1

Handwashing Guide

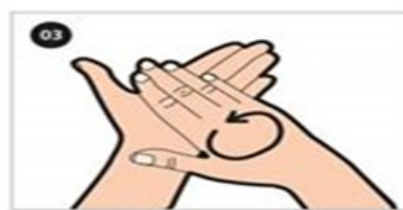
Fig 13



Wet hands with water



Apply enough soap to cover all hand surfaces



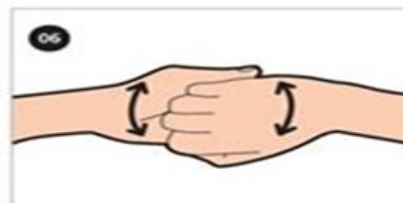
Rub hands palm to palm



Right palm over back of the left hand and left palm over back of the right hand



Palm to palm with fingers interlaced



Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of left thumb clasped in right palm and vice versa



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



Rinse hands with water



Dry hands thoroughly with a towel