

Infection Control Policy

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Responsible Committee: Clinical Governance Committee

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1.0 Introduction

SELDOC is committed to ensuring the health and safety of all patients and carers accessing its services and providing safe and healthy working environments for staff and duty doctors. This infection control policy sets out SELDOC's policies and procedures to minimise the risk of healthcare consumers and providers acquiring a healthcare associated or occupational infection. It sets out reasonable, practical steps to be taken to prevent healthcare associated infection and the spread of infection within its own and third party premises where its services are provided.

The key elements of the policy are aligned to the Essential Standards of Quality and Safety (Care Quality Commission Requirements, 2012). All health organizations and healthcare workers (HCWs) have a common law duty of care to take all reasonable steps to safeguard patients, staff and the general public from infection, therefore all SELDOC staff, including duty doctors, are required to follow the processes and guidelines contained within this document. In addition all clinical staff must also follow processes and procedures as set out by their statutory bodies.

SELDOC has full Public & Employers Liability Insurance, which will provide cover for any claim against the organisation.

SELDOC will aim:

- To ensure that the appropriate resources are available to support infection control activities.
- To have in place guidelines and procedures for the management of infection across the organisation's sites.
- To review and improve infection control arrangements where necessary
- To ensure that all staff receive relevant training in the prevention, control and management of infection associated with the provision of health care
- To ensure learning from incidents is shared to improve practice
- To comply with both prevention and control of infection and communicable disease processes.
- To ensure that the appropriate systems are in place for the surveillance of communicable diseases and infection to meet local regional and national needs.

2.0 Roles and Responsibilities

All staff are personally responsible for complying with agreed measures designed to prevent healthcare associated infection and for reporting untoward incidents and areas of concern. In addition specific roles are set out below.

2.1 Role of the shift supervisor

The shift supervisor will be responsible for:

- segregating patients who may have an infectious disease and prioritizing them for attention from a duty doctor
- reporting incidents using the standard reporting form
- weekly cleaning of clinical trolleys with antibacterial wipes
- management of spillages

2.2 Role of clinical staff.

Duty doctors will report infectious diseases in line with HPA guidance and follow specific health alerts

2.3 Role of Medical Director and Operations Team

The Medical Director and Operations team are responsible for ensuring that agreed measures to prevent healthcare associated infection are being complied with and implemented within their areas of responsibility.

All concerns and incidents will be logged and managed in line with SELDOC's Incident and SI Policy and actions undertaken as appropriate and where necessary escalated to the Board.

2.4 The Role of the SELDOC's committees

The clinical governance committee is responsible for setting and monitoring SELDOC's standards of infection control:

- setting out clear policies to manage healthcare associated infection risk
- setting up identification and reporting systems to ensure timely response to incidents
- strengthening or improving processes and procedures as appropriate.

The operations committee oversees the execution of a robust framework for infection control service delivery

3.0 Training and Education for Patients, Public and all Staff

Staff will receive appropriate health and safety training to identify infectious disease, isolate patients as necessary and facilitate prompt clinical care to reduce the potential for cross-infection. Relevant personnel also receive spillage and prevention of needle stick injury training.

All staff handling clinical waste and all clinicians will have undergone a programme of vaccinations for Hepatitis B and Tetanus.

Posters / leaflets are displayed to ensure that patients and carers receive accurate information on infections and are educated about relevant use of precautions and their responsibility for adherence to them.

4.0 Assessing and reporting compliance

To meet the required standards SELDOC will:

- Provide suitable accurate information on infections to service users and their visitors, including where to obtain further support or care procedures.
- Arrange through the facilities agreements with their landlords that rooms are cleaned in accordance with the National Specification for cleanliness and each area displays a cleaning schedule according to its risk level.
- Ensure that annual water chlorination tests as prevention of legionnaires disease are undertaken
- Ensure inspection audits of cleaning standards are performed on a regular basis
- Ensure there are systems in place to manage and monitor the prevention and control of infection.

5.0 Standard Infection Control Procedures (Standard Precautions)

SELDOC uses Standard Precautions for the care of all patients, regardless of their diagnosis or presumed infection status in order to reduce the risk of transmission of microorganisms from both recognised and unrecognised sources of infection. These precautions involve safe work practices such as routine hand-washing and appropriate device / specimen handling and the use of Personal Protective Equipment (PPE).

Precautions apply to:

- blood (including dried blood)
- all body substances, secretions and excretions (excluding sweat), regardless of whether or not they contain visible blood
- non-intact skin
- mucous membranes including eyes.

5.1 Routine Hand washing

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in the healthcare setting by removing potential pathogenic microorganisms from the hands and avoiding transfer of microorganisms to other patients or environments.

Hands should be washed for 10-15 seconds using liquid antimicrobial soap before and after most activities carried out in clinical practice, as per Standard Operating Procedure (S.O.P), Appendix 1:

- Between patient contacts
- Between tasks and procedures on the same patient to prevent cross-contamination of different body sites

- After touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn
- Immediately after gloves are removed

Alternatively, where hand washing facilities are not available (e.g. in a patient's home), use aqueous antiseptic solutions or alcohol gels is appropriate.

5.2 Personal protective equipment (PPE)

The purpose of PPE is to protect staff and reduce opportunities for transmission of micro-organisms. All staff should wear PPE and handle all body fluids and specimens with care. PPE includes gloves, plastic aprons, and masks; the choice of PPE depends on the risk of exposure to blood and body fluids during each particular procedure.

5.2.1 Gloves

Glove wearing does not replace hand washing.

The purpose of gloves is to protect hands from contamination and to reduce the risk of transmission of micro-organisms to both patients and staff.

Single use gloves must be worn for contact with sterile sites, non-intact skin and mucous membranes, where there is a risk of exposure to blood and / or body fluids, when handling sharp or contaminated instruments and clinical waste e.g. urine and blood glucose analysis.

Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient. Dispose of gloves in the clinical waste and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

Since patients or staff may have a latex allergy, SELDOC only stocks latex-free gloves.

5.2.2 Masks and Protective Aprons

Plastic Aprons

Single use disposable aprons should be worn where there is a risk that clothing may be contaminated with micro-organisms or exposed to blood, body fluids, secretions and excretions. Remove a soiled apron as promptly as possible, dispose in the clinical waste and wash hands to avoid transfer of microorganisms to other patients or environments.

Masks

Facemasks should be worn where there is a risk of blood, bodily fluids, secretions and excretions splashing into the face.

6.0 Patient care Equipment

Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.

All patient care equipment at SELDOC is single use (never reused) and marked with the following logo:



7.0 Environmental Control - premises

SELDOC ensures that its healthcare settings provide and maintain a clean and appropriate environment that facilitates the prevention and control of infections - having adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, examination couches, equipment trolleys, privacy curtains and other frequently touched surfaces - and ensures that these procedures are being followed.

- Cubicle curtains are replaced every six months
- Window blinds, walls and floors are cleansed in line with hospital protocols, no less than annually
- Hard surfaces are cleaned with alcohol disinfectant wipes daily or weekly as appropriate

SELDOC clinical areas have separate hand washing sinks with wall-mounted liquid soap/alcohol gel dispensers and disposable paper towels and both a general waste bin, yellow clinical bin (foot operated or open-topped) to avoid re-contamination and a dedicated sharps bin.

8.0 Occupational Health and Blood-borne Pathogens

8.1 Injury Prevention

Staff are advised on taking care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Used disposable syringes and needles, scalpel blades, and other sharp items should be placed in the designated sharps bin.

8.1.1 Sharps/Needle Stick Injury, Blood splash and Risk of HIV, Hepatitis B and C

An injection of a drug using a known contaminated needle carries a very high risk of infection, however, when a person is accidentally pricked by a used needle, blood flows outwards, and the risk is relatively less, even from high risk patients. The estimated risk of transmission is 1 in 300 after a single accidental percutaneous injection and 1 in 3000 after a single mucocutaneous exposure, see Appendix 2.

8.1.2 Specimen Handling

Staff should put on gloves prior to handling specimens and wash hands (or use alcohol hand rub as appropriate) after handling specimens. Patients should be encouraged to deliver their specimens to the appropriate place, however where this is not possible, specimens should be stored in the specially designated refrigerator.

Disposal of specimens

- Urine samples, tested on site should be disposed of into clinical waste or toilet bowl.
- Leaking and broken specimens should be disposed of as clinical waste and any spillage cleaned up promptly
- Samples must not be disposed of via a hand-washing sink.

8.1.3 Managing spillage of blood and body fluids

All spillages are regarded as potentially hazardous and should be dealt with immediately:

- PPE should be worn as appropriate
- A member of staff should be asked to assist in keeping members of the public away until the area can be barricaded off and cleaned
- PPE and contaminated materials should be discarded as clinical waste.
- Hands must be thoroughly washed and dried afterwards

Under no circumstances should patients or members of the general public be allowed to assist or be involved in any way with the cleaning up of spillages

The following products are available for use as directed:

Spillage	Product
Blood and Body Fluids	Spillpak / Biohazardous Spillpak
Vomit and Urine	Guest Medical Urine and Vomit Spillpak / Sanitaire

8.1.4 Provide mouthpieces, resuscitation bags, or other ventilation devices

Mouthpieces, resuscitation bags, and other ventilation devices are provided on resuscitation trolleys as an alternative to mouth-to-mouth resuscitation methods.

9.0 Isolation Areas

Any patient who may have an infectious disease should be placed in a separate designated waiting area. Patients who may be at increased susceptibility to infections or at increased risk from an infection e.g. immune-compromised or pregnant should be kept in a different designated isolation area.

10.0 Notification of Infectious Diseases

SELDOC doctors must notify the Health Protection Unit (HPU) of any “notifiable” disease in line with the HPU Notification List and Guidance (on ADASTRA / Intranet) using the designated HPU notification form, also on ADASTRA.

11.0 Pandemic procedures

SELDOC may be notified of an increase in infectious disease to epidemic levels via the Health Protection Unit, or Department of Health Activity Surveillance Data e.g. when flu cases reach a certain level within monitored practices. SELDOC will then follow Health Protection Unit guidance and reporting procedures. If necessary the organization will review and respond to the need for increased level of staffing, duty doctor cover and site access. For additional information follow the link below:

<http://www.hpa.org.uk/Topics/EmergencyResponse/CBRNAndDeliberateRelease/CBRNIncidentsAGuideToClinicalManagementAndHealthProtec/>

12.0 Waste Management

Segregation of Waste

Different waste materials require different disposal methods and staff should ensure the different types of waste are disposed of into the correct containers or correct colour coded bags (See Appendix 3).

Waste management is undertaken within the Facilities Contract of each premises used by SELDOC. The agreed processes:

- Reduce health and safety risk to staff, patients/clients and visitors from waste
- Protect the environment
- Ensure compliance with environmental legislation

12.1 Definition of Clinical Waste (Health & Safety Commission, 1999)

Clinical waste is defined as waste that consists wholly or partly of:

- Human or animal tissue
- Blood, body fluids or excretions
- Drugs or other pharmaceutical products
- Swabs or dressings
- Syringes, needles and other sharp instruments that may be a potential hazard
- Any other waste arising that may cause infection to any person coming into contact with it.

Always use the foot pedal to open the clinical waste bin to avoid contamination

12.2 Use of Waste bags and Disposal

- When handling waste and waste containers, staff should wear appropriate PPE, dispose of PPE appropriately afterwards and wash hands thoroughly
- All waste bags should be handled with care and held by the neck only
- Waste bags **MUST NOT** be compressed, clasped against the body, thrown or dropped
- Where waste bags are punctured or split, double-bag the contents and re-label.
- Where waste bags contain fluid, place paper in the bag to absorb fluids. Where there are large amounts of fluids, the contents should be double bagged to reduce the risk of spillages and leaks.

12.3 Storage, Collection and Transport of Waste

All waste for collection should be placed in the site's designated waste collection area
Clinical waste that includes sharps is kept in a locked container in a safe place until collected

12.4 Disposal of Waste from Homes

Small quantities of dressings (less than ½ a carrier bag) that are not odorous / heavy with exudates can be sealed in a plastic bag and sealed and disposed of in the domestic waste. Clinical waste should be either returned in the yellow clinical waste bag or sharps bin to be disposed with SELDOC wasted disposal at base.

APPENDIX 1- HANDWASHING S.O.P

- Keep nails short and clean.
- Cuts and abrasions on exposed skin must be covered with a water-resistant occlusive dressing.
- Wrist / hand jewellery must be removed where possible to facilitate decontamination of the hands, wrists and forearms, and to reduce bacterial counts.

a) Six Step Hand Washing Technique (Ayliffe et al, 1998) as illustrated below

1. Wet hands under running water
2. Apply liquid soap or aqueous antiseptic solution

3. Rub all parts of the hands vigorously, without applying more water
4. 10-15 seconds for routine hand washing (2 minutes for surgical hand washing)
5. Rinse hands under running water
6. Dry thoroughly using disposable paper towels (damp hands increase risk of bacteria transfer).

1



2



3



4



5



6



1. Palm to palm
2. Back of hands
3. Inter-digital spaces
4. Fingertips
5. Thumbs and wrists
6. Nails

- b) Where hand washing facilities are not available (e.g. in a patient's home) apply mls aqueous antiseptic solution or alcohol gels, rub into the hands thoroughly and allow to evaporate.**

APPENDIX 2 - SHARPS, NEEDLESTICK AND BLOOD SPLASH S.O.P

Immediate action following sharps/needle-stick injury or blood splash

A person who has been pricked must seek immediate attention and must not carry on working or wait until the end of the session before seeking help. Speed is paramount.

- For Sharps or Needle-stick Injury
 - Encourage the puncture wound to bleed, immediately squeezing the site and irrigating the area with running water
- For Splash with a Body Fluid or Blood
 - Wash repeatedly with a lot of water the wound, body surface or eye, if
- Obtain as much history as possible about the patient(s):
 - Risk of having an infectious disease
 - Hepatitis B, C and HIV status – arranging blood test(s) if unknown
- Complete an incident form
- **Attend A&E**
 - for assessment of the need for prophylactic antiviral combination therapy
 - for baseline bloods as necessary
 - for passive immunisation if non-immune
 - for advice re: post-exposure monitoring and management.

APPENDIX 3 - SEGREGATION OF WASTE

Receptacle	Contents	Procedures
Blue bin with Black Plastic Bags	Domestic waste including: Flowers, paper hand towels, tissue, clean paper waste etc	Do not over fill bags, ensure secure sealing. Single bag only for collection.
Yellow Plastic Bags	Clinical waste for incineration Includes dressings, sanitary items, IV sets etc	Seal bags when $\frac{3}{4}$ full Ensure secure sealing Single bag only SELDOC LABEL MUST BE APPLIED ready for collection
Sharps bins	Do not re-sheath needles All sharps: Syringes, Needles, Glass ampoules, stitch cutters, disposable razors, sharps connectors e.g. giving sets Small contaminated glass items	Seal bins when $\frac{2}{3}$ full Lock before removal Complete front label before storing in a secure place for collection
Grey bin with clear bag	Dry recyclables: Cardboard, plastic, paper and cans	Do not over fill bags, ensure secure sealing. Single bag only for collection
Shredder	Confidential papers,	Shredded, sealed and collected



Notification Form

Notifiable Disease or Contamination

Disease/ Suspected Disease(organism, if known), infection or contamination:

Date of onset of symptoms: / /

Date of diagnosis: / /

Date of notification: / /

Urgent case Proper Officer already informed
Yes
No

Date of death (if case died): / /

Details of any vaccination against this disease:

Specimen taken, name of lab:

Case Details

First Name:

Date of Birth: / /

Sex: Male or Female

Ethnicity:	Black African	Indian	Chinese	White British	Mixed White & Black African	Other Mixed
	Black Caribbean	Pakistani	Other Asian	White Irish	Mixed White & Black Caribbean	Other
	Other Black	Bangladeshi		Other White	Mixed White & Asian	Not stated

Surname:

NHS No:

Home address:

Current address (e.g. hospital, if not at home address):

Postcode:

Postcode:

Telephone No:

Telephone No:

Mobile No:

Overseas travel (if relevant); Destinations and dates:

Occupation:

Work or education address (e.g. school, nursery, college):

Is case likely to pass on infection in the course of their occupation?

Yes
No

Postcode:

Tel No:

Registered Medical Practitioner reporting case (Attending RMP)

Name:

Address:

Postcode:

Telephone no:

All Urgent cases see to be notified by Telephone to the South West London Health Protection Team on 0203 764 0804 (9.00am – 5.00pm); 0844 822 2052 ask for pager SELPH1 or if no answer SELPH2 (Out of Hours).

This form should be faxed to the South West London Health Protection Team; Fax number: 020 3764 0803; Address: South West London Health Protection Team – PHE, Floor 3C, Skipton House, 80 London Road, London, SE1 6LH.

APPENDIX 5 - GUIDANCE FOR HEALTHCARE STAFF ON PERSONAL PROTECTIVE EQUIPMENT

Prepare & Protect

Guidance for healthcare staff on personal protective equipment

PUTTING ON personal protective equipment (PPE)

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

The order for putting on PPE is: APRON, SURGICAL MASK, EYE PROTECTION and GLOVES.



APRON (OR GOWN)

- Pull over head and fasten at back of waist



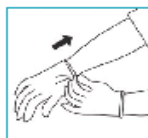
SURGICAL MASK (OR RESPIRATOR)

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit check respirator



EYE PROTECTION (GOGGLES/FACE SHIELD)

- Place over face and eyes and adjust to fit



GLOVES

- Extend to cover wrist

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF INFECTION

- Keep hands away from face
- Limit surfaces touched in the patient environment
- Change gloves if they became torn or heavily contaminated
- Regularly perform hand hygiene
- Always clean hands after removing gloves

REMOVING personal protective equipment (PPE)

PPE should be removed in an order that minimises the potential for cross-contamination.

The order for removing PPE is GLOVES, APRON, EYE PROTECTION and SURGICAL MASK.



GLOVES

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in the gloved hand
- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove
- Discard in a lined waste bin



APRON (OR GOWN)

- Unfasten or break ties
- Pull apron away from neck and shoulders lifting over head, touching inside only
- Fold or roll into a bundle
- Discard in a lined waste bin



EYE PROTECTION (GOGGLES/FACE SHIELD)

- Handle only by the headband or the sides
- Discard in a lined waste bin



SURGICAL MASK (OR RESPIRATOR)

- Unfasten the ties – first the bottom, then the top
- Pull away from the face without touching front of mask/respirator
- Discard in a lined waste bin

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

All PPE should be removed before leaving the area and disposed of as healthcare waste.

FOR MORE INFORMATION CONTACT:

