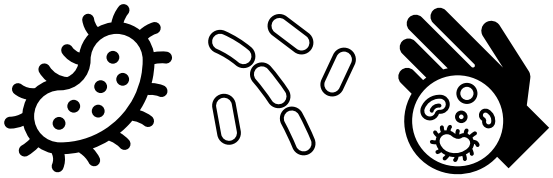
STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Infection Prevention and Control Resource Pack

for Primary Care Settings



Prepared for Greater Manchester Health Protection Confederation, June 2023

(Adapted for Stockport by Stockport MBC Health Protection Service)

CONTENTS

This document should be used electronically as there are a number of accessible links to expert advice and guidance; and read alongside the:

National infection prevention and control manual (NIPCM) for England.

1. INTRODUCTION

The need for safe and standard infection prevention and control practices in primary care is crucial. This resource pack has been developed to help healthcare professionals identify and take appropriate steps to minimize the risk of healthcare associated infections (HCAIs) by creating a safer clinical and working environment. The steps and guidance within this resource have been developed to support the standards set out in the 'Infection Prevention and Control in primary care, Regulation 12, Regulation 15, Health and Social Care Act and Code of Practice on the prevention and control of infections and related guidance, CQC regulations and the National Standards of Healthcare Cleanliness (2021).

This resource can be used in conjunction with the GM Primary Care IPC Audit Tool, which is available from the local Health Protection Team.

2. STANDARD INFECTION CONTROL PRECAUTIONS

Standard infection control precautions (SICPs) are a set of basic infection prevention and control measures that when put into practice will help reduce the risk of transmitting infectious agents during healthcare practices. Common sources and routes of infection are classed as airborne; blood borne, sexually transmitted, faecal, oral, environment, stagnant water, warm-water systems, animals.

The application of SICPs during care delivery is determined by assessing risk to and from individuals, as well as understanding common sources of infection and how infection is spread. Coupled with this the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids, must also be taken into consideration.

To protect effectively against infection risks, SICPs must be applied consistently by all staff. Monitoring of practice through audit and having effective infection prevention training will support the application of SICPs and create a reduction in avoidable infection.

There are 10 elements in the successful implementation of SICPs:

- Patient placement/assessment for infection risk
- Hand hygiene
- Respiratory and cough hygiene
- Personal protective equipment (PPE)
- Safe management of care equipment
- Safe management of the care environment
- Safe management of linen
- Safe management of blood and body fluids
- Safe disposal of waste (including sharps)
- Occupational safety/managing prevention of exposure (including sharps).

This document must be read and utilised in conjunction with the National infection prevention and control manual (NIPCM) for England. This is an evidence-based practice manual for use by all those involved in care provision in England. It should be adopted as mandatory guidance in NHS settings or settings where NHS services are delivered, and the principles should be applied in all care settings (link below).

NHS England » National infection prevention and control manual (NIPCM) for England

3. TRANSMISSION BASED PRECAUTIONS

SICPs may be insufficient to prevent cross transmission of specific infectious agents. Therefore, additional transmission based precautions (TBPs) are required and should be used by staff when caring for patients with a known or suspected infection or including colonisation. (Colonisation refers to the presence of organisms without infection).

Clinical judgement and decisions in practice should be made by staff on the necessary precautions they require to keep themselves and others safe. This must be based on the:

- suspected or known infectious agent
- severity of the illness caused
- transmission route of the infectious agent
- care setting and procedures undertaken

3.1 CONTACT PRECAUTIONS

Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of cross-infection transmission.

3.2 DROPLET PRECAUTIONS

Used to prevent and control infections spread over short distances (at least 3 feet or 1 metre) via droplets (greater than 5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

3.3 AIRBORNE PRECAUTIONS

Used to prevent and control infections spread without necessarily having close patient contact via aerosols (less than or equal to 5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level.

NHS England have supplied an Aide memoire for optimal patient placement and respiratory protective equipment (RPE) for infectious agents in hospital inpatients (based on evidence from WHO, CDC and UKHSA) this can be found at the link below:

https://www.england.nhs.uk/wp-content/uploads/2022/09/nipcm-appendix-11a-v2.5.pdf

4. AUDIT AND IPC COMPLIANCE, ANNUAL REPORT

The following sections outline responsibilities and expectations in the effective implementation and management of infection prevention and control practices.

4.1. GUIDELINES, POLICIES AND STANDARDS

Providers should have an effective IPC policy. This should be relevant to their practice. It should be accessible to all staff and regularly updated. It should include the contact details of the local IPC and Health Protection specialist teams and expectations on staff.
The policy should include specific requirements for higher risk procedures. For example, minor surgery and fitting of contraceptive devices.
There should be an IPC lead with overall responsibility for IPC. They should have the authority to lead and implement change where needed.
There should be an IPC audit programme, to ensure policies and procedures are effective and up to date. There should be evidence actions taken when issues have been identified through audit and incidents how they were addressed. Audit tools are available from your local Infection Prevention and Health Protection Teams.
The policy should include staff training requirements and frequency of training updates.
Practice staff that undertake clinical high-risk procedures that require good standards of asepsis must have completed Aseptic Non-Touch Technique (ANTT) training relevant to their role, with a local plan of update and competency assessment of this skill which is a mandatory requirement.

Completing the Annual Statement for Infection Prevention and Control (Primary Care)- It is a requirement of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance that the Infection Prevention and Control Lead produces an annual statement with regard to compliance with good practice on infection prevention and control and makes it available for anyone who wishes to see it, including patients and regulatory authorities. As best practice, the Annual Statement should be published on the Practice website.

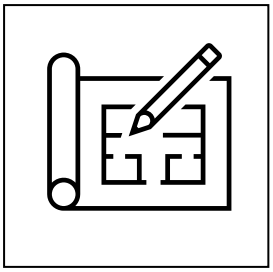
The Annual Statement should provide a short review of any known infection transmission event and actions arising from this; audits undertaken and subsequent actions; risk assessments undertaken for prevention and control of infection; training received by staff; and review and update of policies, procedures and guidance (see appendix 8).

INFORMATION SOURCES

- Aseptic Non-Touch Technique. *Home (antt.org)*
- Care Quality Commission (CQC, 2022) GP mythbuster 99: Infection prevention and control in General Practice. *GP mythbusters - Care Quality Commission (cqc.org.uk)*

4.2. CLINICAL ROOMS AND ENVIRONMENT

All premises and equipment used by the service provider must be;



- Clean
- Secure
- Suitable for the purpose for which they are being used
- Properly maintained and
- Appropriately located for the purpose for which they are being used (Health and Social Care Act, 2008).

Couches: Must be moveable if positioned against a wall to enable cleaning of all surfaces in between each patient use. Should be included in a daily cleaning schedule within each clinical room. Cleaning schedules should be audited on a regular basis.

Flooring: Should be impervious to facilitate effective cleaning. Ripped flooring cannot be cleaned effectively and therefore can harbour organisms and be a risk of cross contamination. Carpet should never be used in a clinical room.

Windows: Should be able to be opened for ventilation (or another form of ventilation provided if no windows/unable to be opened). Window coverings, such as blinds, need to be on a cleaning schedule and regularly audited. (Recommended frequency 6 monthly at least, and changed when visibly soiled).

Privacy curtains: Should be changed at least 6 monthly and immediately if decontaminated. Cloth curtains if used must be laundered and included in a cleaning schedule. Adhesive labels indicating the last date changed are recommended for use.

Walls/Tiled areas: Should be in good condition, wipeable and visibly clean. All splashbacks/tiled areas should be on a daily cleaning schedule and audited regularly. Deep cleaning of all walls should be performed regularly with an appropriate audit programme in place.

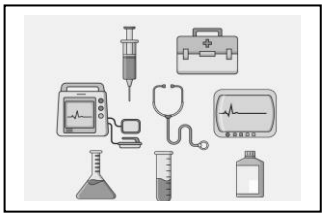
Radiators: Radiators/covers can be difficult to clean and should be on a daily cleaning schedule which is regularly audited. Radiator covers should be removed 6 monthly and documented evidence made available. More frequent cleaning is needed if visibly dirty/dusty.

Ventilation grills: If present, these should be on a regular cleaning schedule and cleaned when visibly dusty with regular audits and documentary evidence.

IT equipment/computer terminal: Computer keyboards, desks, telephones and any other shared items of equipment should be cleaned at the start and end of each session by the user. Any items of equipment shared during the session should be cleaned in between users. This activity should be included in the overall room cleaning schedule and regularly audited.

4.3. CLINICAL EQUIPMENT and MEDICAL DEVICES

A medical device can be described as any instrument, apparatus, implement, machine, appliance, or other similar or related article, intended by the manufacturer to be used, alone or in combination for a medical purpose. These should be used after training and following manufacturers guidance. Common devices and equipment used in patient care are described below along with advice in their management.



Linen: Avoid the use of any linen products where possible, for example, by using paper rolls and eliminating pillows on couches etc. Uniforms are not considered linen. Any linen used should be on a cleaning schedule with clear responsibility identified and frequency of changes. (see appendix 7 cleaning equipment guide

)

Dressing trolleys: Should be on a cleaning schedule and regularly audited. Clean dressing trollies using detergent and water and single use cloths, or disinfectant wipes. Start at the top of the trolley and work down to the bottom legs of the trolley using single strokes. Spot check/audits will identify compliance and support identification of non-compliance.

Invasive medical devices: An invasive device is any medical device introduced into the body. They enter either through a break in the skin or an opening in the body. Examples of common invasive devices include: Urinary catheters: Urinary catheters are rubber or silicone tubes inserted through your urethra to your bladder and those used in surgical procedures. Devices should be single use, checked for any damage to packaging etc. prior to procedure or effectively decontaminated as per the manufacturer guidelines with documented evidence made available. Each device should clearly display the decontamination date/signature. An audit programme should be in place to assure compliance.

Otoscope earpieces, single use/reusable: Clear instruction on whether earpieces are reusable or single use should be displayed and communicated to users, with details of how to decontaminate reusable pieces. Each device should clearly display the decontamination date/signature and be cleaned according to the manufacturer instructions. Audit programmes will help to assure compliance.

Ear syringing equipment: If used, this should be decontaminated according to the manufacturer guidance and instructions, with clear labelling of the date of decontamination. Regular audits should be in place to assure compliance with decontamination procedures.

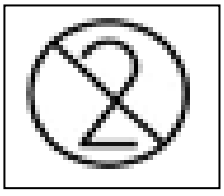
Cleaning of clinical equipment: All equipment used in clinical care must be cleaned in line with manufacturers guidance and stored appropriately prior to use. Evidence of cleanliness and decontamination must available, such as 'I am Clean' stickers and evidence of audit and feedback of any issues found with cleanliness noted at practice meetings.

Storage: Are items stored in sealed/lidded boxes to avoid dust contamination? Is the area cluttered? Can you easily wipe shelving and surfaces? Is storage adequate to the setting?

Detergent wipes available: Are appropriate cleaning wipes available in all clinical areas, dirty utility rooms and bathrooms (if risk assessment supports this). Are all staff aware of how to clean items of equipment, environment and is this recurring agenda item on staff meetings?

Sterile products stored correctly: Are sterile products stored in a safe way, not on the floor, expiry dates checked and documented evidence available upon request?

Single-use items: If an item is marked for single use, it means that you must only use it on a single occasion and then discard it. You should never use a single-use device on multiple occasions on a single patient or on different patients. Equipment marked with the symbol shown here with must not be re-used.



If a medical device is marked for single patient use, you can use the item for multiple uses. on one patient and then you must discard it. Examples of single patient use devices include nebulizer masks and suction tubing. Some form of reprocessing may be necessary between

uses on the same patient. Always make sure you follow the manufacturer's instructions.

The cleanliness of any health care environment is important to support infection prevention and control and ensuring patient confidence. In 2021 The National Standards for Healthcare Cleanliness were published by NHS England which replace the National specifications for cleanliness in the NHS 2007 (and amendments) published by the National Patient Safety Agency. To encourage continuous improvement they combine mandates, guidance, recommendations and good practice.

The 2021 cleaning standards encompass all cleaning tasks throughout the NHS regardless of which department is responsible for it. They are based around being easy to use; freedom within a framework; fit for the future; efficacy of the cleaning process; cleanliness which provides assurance; and transparency of results.

It is recommended this guidance is adopted by care providers where applicable as it will contribute to demonstrating how General Practices are meeting the registration requirements for maintaining appropriate standards. Compliance with the standards, and the auditing processes, should be written into contracts with cleaning service providers. Cleaning service managers and providers should ensure all staff are familiar with this document.

4.4.1 CLEANING

Cleaning is a process that removes visible contamination including dirt, dust and organic matter. Cleaning also reduces the number of micro-organisms present on surfaces and equipment.

Disinfection kills some micro-organisms but does not leave surfaces and equipment completely free of microbial contamination. It is only effective if the equipment or surface is thoroughly cleaned with a detergent solution before-hand. In most situations, thorough cleaning and rinsing with a freshly prepared solution of detergent and water is adequate.

IMPORTANT CONSIDERATIONS IN THE USE OF EQUIPMENT

Patient care equipment should be single-use items where practicable and all reusable non-invasive equipment must be decontaminated:

- between each and after patient/individual use.
- after blood and body fluid contamination
- at regular intervals as part of routine equipment cleaning

Decontamination of equipment must be performed using either:

- a combined detergent/disinfectant solution at a dilution of

1,000ppm av.cl; or a general- purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.

- alternative cleaning agents/disinfectant products may be used with agreement of the manufacturer
- cleaning of care equipment as per manufacturers guidance/instruction and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products
- the use of fans should be risk assessed –however they are not recommended in high-risk areas such as during minor surgery procedures and should be added to a cleaning schedule. Bladeless fans are discouraged, see link MHRA alert below. https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102823

4.4.2 COLOUR CODING OF CLEANING MATERIALS

All healthcare organisations must have a colour coding scheme for cleaning materials and equipment. The National Colour Coding Scheme for cleaning materials (appendix 1) should be implemented as best practice.

B0271-national-standards-of-healthcare-cleanliness-2021.pdf (england.nhs.uk)

CLEANING AND CLEANING PRODUCTS

Surfaces must be cleaned prior to disinfection, first, clean with a pH neutral detergent solution, e.g., Hospec/washing up liquid and warm water, or detergent wipes, then disinfect using either:

- A chlorine-based product at 1,000 parts per million, e.g., Milton, 50ml in 1Litre of cold water. Or,
- A virucidal product that is tested and conforms to EN testing standard EN14476
- 70% alcohol wipes
- Alternatively, a 2-in-1 cleaning and disinfection product, e.g., Chlor-clean, Actichlor plus, Clinell Universal Wipes or similar can be used as a one-step

COSHH safety data sheets must be available to provide information on chemical products that help users of those chemicals to make a risk assessment. They describe the hazards the chemical presents, and give information on handling, storage and emergency measures in case of accident

https://www.hse.gov.uk/coshh/basics/datasheets.htm

4.4.3 CLEANING SCHEDULES

Practices should have a regular planned and written cleaning schedule available that details items and environments to be cleaned. These should be displayed for staff instruction and public information.

- Before and after each clinic session
- Following any exposure within the premises of high-risk patient/ staff
- Daily, weekly, monthly, and annually

4.4.4 CLEANING EQUIPMENT

Cleaning equipment should be stored clean and dry in a designated lockable area.

- Use different colour-coded equipment for cleaning different areas. This avoids any risk of cleaning equipment being used inappropriately, e.g., the same equipment being used in both the toilet and clinical areas.
- Do not use brooms or fluffy dusters as they raise and disperse dust
- Cleaning cloths must be single use.
- After cleaning, surfaces should be dried using paper towels.
- Mop Heads to be colour changed after each area, these are to laundered or disposed if single use.
- Mop Buckets to be colour Coded for cleaning different areas, and stored inverted to dry following use.

4.4.5 DOMESTIC CLEANING STAFF

All staff should know and understand the importance of thorough cleaning. A clean environment reduces the cumulative risk of cross-infection posed by micro-organisms in the environment. All staff have a responsibility to clean their own working environment, and therefore a regime for damp dusting for example should made available and subject to local audit.

Please also refer to appropriate, selection and use of personal protective equipment and hand hygiene practices within this document to support safe working.

- Basic cleaning skills, schedules and responsibilities including which items they expected to clean
- Cleaning blood and body fluid spills (if included in job description)
- Safe handling of sharps bins and waste bags
- Care of cleaning equipment
- Safe and correct storage of consumables including disinfectants
- Standard precautions including hand hygiene and use of personal protective equipment
- Actions to be taken as a result of an inoculation injury (sharps, bites and splashes)

4.4.6 SPILLAGES

Treating spills of blood or body fluid may expose the healthcare worker to blood-borne viruses or other pathogens. The task can be carried out more safely if any pathogens in the spill are first destroyed by disinfectant. Disposable gloves should always be worn when cleaning possible contaminated spills. If there is a risk of contaminating clothing, a disposable plastic apron should also be worn. (Poster at Appendix 6)

4.4.6.1 METHODS OF TREATING BODY FLUID SPILLS

CHLORINE-RELEASING GRANULES (Spill Kits)

- Put on disposable gloves and apron
- Cover fluid completely with chlorine granules
- Remove granules and discard into infectious waste stream

- Wash the area with detergent and water

HYPOCHLORITE SOLUTION

- Put on disposable gloves and apron
- Cover spill with disposable paper towels
- Pour hypochlorite (10,000 ppm available chlorine) over the towels i.e., half strength
- Milton 2 diluted with water, HAZ Tabs or other propriety product sufficiently diluted.
- Leave for 3 minutes
- Remove towels and discard into infectious waste stream
- Wash the area with detergent and water

DETERGENT AND WATER

- Put on disposable gloves and apron
- Soak up spill with disposable towels
- Discard towels into infectious waste stream
- Wash the area with detergent and water
- Do not use for large spills of urine.

REFERENCES AND SOURCES OF INFORMATION

https://www.england.nhs.uk/long-read/national-infection-prevention-and-control-manual-methodology/

https://www.england.nhs.uk/publication/national-standards-of-healthcare-cleanliness-2021/

4.5. CLEANING – TOILETS

Staff and Public Toilets within the health care environment should be cleaned thoroughly and regularly to reduce the risk of cross infection.

- Toilets should be in a good state of repair and visibly clean.
- Appropriate hand washing facilities are available (liquid soap and paper towels, foot operated cover bin)
- Baby changing facilities are in a good state of repair.
- Cleaning schedule for regular cleaning and checks to be to be undertaken throughout the day to ensure cleanliness.

4.6. CLEANING – TOYS

The cleanliness of any equipment including toys within the health care environment is important to support infection prevention and control. Toys must be in good state of repair, wooden painted or varnished toys should be discouraged in waiting areas. Management of toys must ensure:

- Toys washable and visibly clean, disposed of when paint is cracked or toys are broken (wooden toys are discouraged in waiting areas)
- There is a schedule in place to ensure regularly maintained and toys are checked and cleaned frequently.
- No soft toys as unable to maintain the cleaning after every use.

4.7. HAND HYGIENE

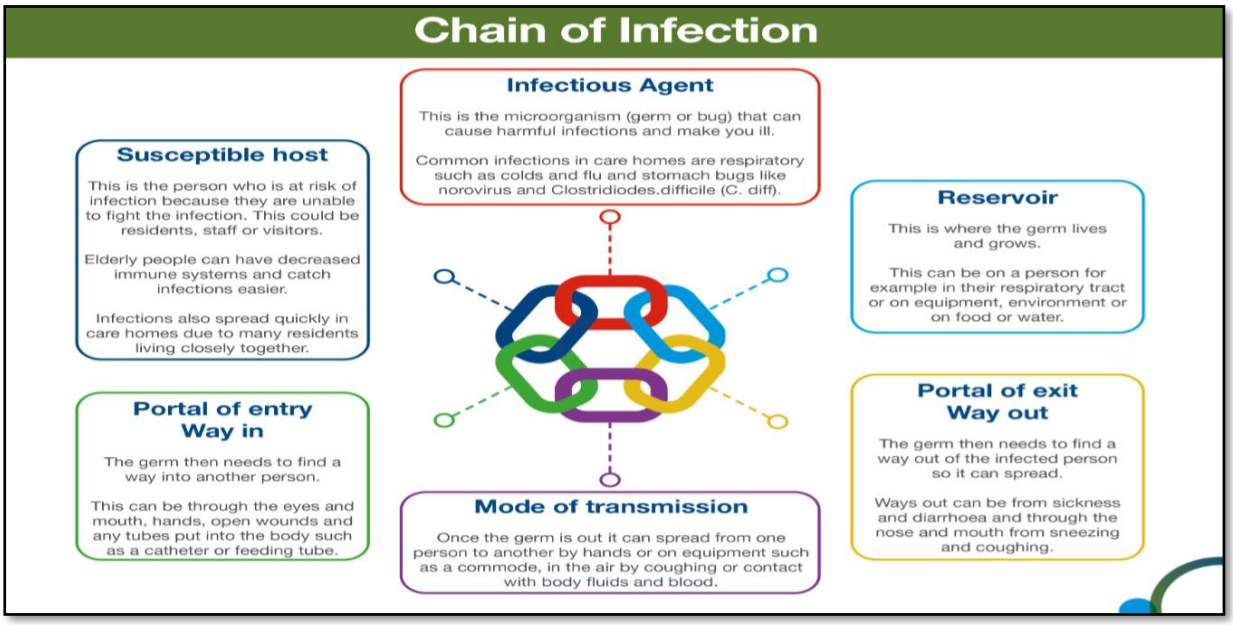
Most HCAIs are preventable through best hand hygiene practices, by cleaning hands at the right times and in the right way. Access to hand wash sinks, liquids soap and paper towels along with audit and education can prevent up to 50% avoidable infections acquired during health care delivery (WHO web page accessed 2023).

Good hand hygiene is vital in preventing any infections acquired in health care, the spread of antimicrobial resistance and other emerging health threats.

- Thousands of people die every day around the world from infections acquired while receiving health care.
- Hands are the main pathways of germ transmission during health care.
- Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections.
- Appropriate hand hygiene prevents up to 50% of avoidable infections acquired during health care delivery, including those affecting the health work force.
- Hand hygiene is the entrance door for reducing health care-associated infection (WHO)

4.7.1 CHAIN OF INFECTION

Understanding how infection is spread is crucial for effective IPC. The chain of infection contains 6 links. There are opportunities to break the chain at any link, and the more links that are broken the greater the protection. The diagram below shows the links and risks. The guidance in this document will help staff take the correct measures to break the link, this includes understanding the organism, patient placement, use of PPE, hand hygiene, environment and equipment cleanliness.



Chain of infection (scot.nhs.uk)

4.7.2 WHO 5 MOMENTS OF HAND HYGIENE

The World Health Organisation publication '5 moments for hand hygiene' is the global benchmark of when to perform Hand Hygiene. It is good practice to display these posters within clinical areas (see appendix 2).

4.7.3 CHOICE OF HANDWASHING METHOD

- **Soap and Water** - Effective handwashing with a non-medicated liquid soap will remove transient micro-organisms and render the hands socially clean. This level of decontamination is sufficient for general social contact and most clinical care activities. Current research suggests that a nailbrush should not be used as repeated scrubbing can damage skin. If the nail bed requires cleaning, a disposable nail pick may be used.
- **Hygienic hand rubs (alcohol)** – eliminate transient micro-organisms and have the advantage that a source of water is not required for their use, Hygienic hand rubs offer a practical alternative to handwashing, however, must only be used when the hands are visibly clean.

4.7.4 HAND DECONTAMINATION USING LIQUID SOAP

An effective handwashing technique involves three stages: wetting the hands; applying soap and rubbing it in before rinsing all remnants of soap off and drying.

- Preparation requires wetting hands under tepid running water **before** applying liquid soap.
- The hand wash solution must come into contact with all of the surfaces of the hands. The hands must be rubbed vigorously together for a minimum of 20 seconds, paying particular attention to the tips of the fingers, the thumbs, and the areas between the fingers as these are the area's most commonly missed.
- Hand drying has been shown to be a critical factor in the hand hygiene process. Hands that are not dried properly can become dry and cracked, leading to an increased risk of harbouring microorganisms on the hands that might be transmitted to others. (Appendix 3)

4.7.5 HAND DECONTAMINATION USING HYGIENIC HANDRUBS (ALCOHOL 60%)

When decontaminating hands using an alcohol hand rub, hands should be visibly clean.

- The amount/volume used to provide adequate coverage of the hands should be indicated in the manufacturers' instructions. This is normally around 3 ml.
- The steps to perform hand hygiene using alcohol-based hand rub are the same as when performing hand washing (See appendix 3)
- The time taken to perform hand hygiene using alcohol-based hand rub is at least 20 seconds (20-30 seconds is adequate). Manufacturers' instructions should be followed (a number of these recommend rubbing for 30 seconds)
- If the solution has not dried by the end of this process allow hands to dry fully before any patient/client procedures are undertaken.

- Ensure nozzles and dispensers are clean inside and out.

NB. Alcohol hand rub should not be decanted – it should be used in the dispenser it came in and then discarded when empty. (See appendix 3)

4.7.6 HAND CREAM

An emollient hand cream should be applied regularly to protect the skin from the drying effects of regular hand decontamination. Multiple use tubs/tubes should not be used.

4.7.7 NAILS

Evidence shows that nails, including chipped nail polish, can harbor potentially harmful organisms.

- Nails must be natural, kept short and clean.
- Nail polish/Gel nails must not be worn
- Artificial fingernails/extensions must not be worn when providing care
- Nail brushes should not be used

All steps included in the hand hygiene process must be followed to ensure nail areas are cleaned properly.

4.7.8 JEWELLERY

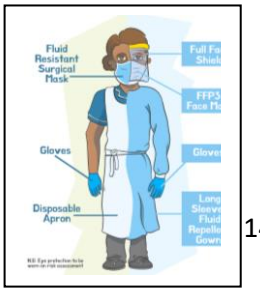
Evidence demonstrates that jewelry, particularly rings with stones and/or jewelry of intricate detail, can be contaminated with harmful organisms, which could then spread via touch contact and potentially cause infection. Wrist and hand jewelry is not to be worn in the care setting or when in contact with patients.

NB The "Bare Below Elbow" principles are a NICE Standard and applies to all healthcare settings at all times.

REFERENCES AND SOURCES OF INFORMATION

https://www.nice.org.uk/guidance/cg139
https://www.nice.org.uk/guidance/cg139/resources/healthcareassociated-infections-prevention-and-control-in-primary-and-community-care-35109518767045
https://www.england.nhs.uk/publication/uniforms-and-workwear-guidance-for-nhs-employers/
https://www.who.int/campaigns/world-hand-hygiene-day/2021/key-facts-and-figures

4.8. PERSONAL PROTECTIVE EQUIPMENT



Personal protective equipment (PPE) is used to protect both the patient and the healthcare worker from the potential risks of cross infection. Uniform is not classed as PPE.

Gloves, aprons, masks goggles/visors, and in certain situations hats

and footwear are classed as PPE. Practice staff should base their selection of PPE on an assessment of the risk of transmission of micro-organisms between patient and healthcare practitioner, likely exposure to blood and/or body fluids and when in contact with non-intact skin, or mucous membranes. PPE should also be worn when decontaminating the environment or care equipment and when in contact with substances hazardous to health, e.g., cleaning/disinfecting products.

- All staff must be trained in the correct use in donning and doffing personal protective equipment (PPE). Posters should be downloaded and placed on walls for staff to follow.
- Always perform hand hygiene appropriately before and after removing and disposing of PPE, (see link below to posters for donning and doffing).
- Contaminated/infectious PPE should be discarded into the clinical infectious waste stream,
- non-contaminated/non-infectious PPE should be discarded into the offensive waste stream.

- Best practice is to use a PPE dispenser to reduce the risk of the PPE becoming contaminated and to ensure it is available at the point of use.
- Always implement the methodology of standard infection control precautions or where required, transmission-based precautions.

REFERENCES AND SOURCES OF INFORMATION

Donning and doffing guidance and posters
https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

4.8.1 DISPOSABLE GLOVES

If contact with blood and/or body fluids, substances hazardous to health, e.g., cleaning/disinfecting products, non-intact skin or mucous membranes, is anticipated or the patient has a confirmed or suspected infection, disposable gloves should be worn that are appropriate for the task.

Disposable gloves are single use only. Disposable gloves must comply with European Standard EN 455 Medical Gloves for single use (Parts 1-4) and be CE marked for single use. The Medical Devices Agency recommends that only powder-free gloves are purchased due to latex allergy/sensitivity.

Hands must be decontaminated before and after wearing gloves for any task. Contaminated/infectious gloves should be discarded into the clinical infectious waste stream, non - contaminated/non-infectious gloves should be discarded into the offensive waste stream.

Washing hands or using alcohol-based gels whilst wearing gloves is considered unsafe practice.

. GLOVES SHOULD BE:

- Stored in a clean area in their original box/packaging away from sunlight, heat sources and liquids (including chemicals)
- Checked before use for any damage such as pin holes and changed if a perforation or puncture is suspected
- Changed before the manufacturer's recommended breakthrough time is exceeded - more than one pair may be required for a prolonged task.

DISPOSABLE GLOVES SHOULD BE:

- Disposed of after each procedure or activity
- Changed between different procedures on the same patient
- Worn when decontaminating care equipment or the care environment
- Appropriate for use, fit for purpose and well-fitting

GLOVE SELECTION SHOULD BE BASED ON RISK ASSESSMENT OF:

- Sensitivity to latex
- Nature of the task
- Risk of contamination
- Need for sterile gloves

See Appendix 4, Glove use and risk assessment guidance.

4.8.2 RCN "GLOVES OFF" CAMPAIGN

Gloves are one of the most common single-use plastic items in health care. Between 25 February 2020 and 24 February 2021, 5.5 billion gloves were used in the NHS and social care in England alone. By making one change to reduce unnecessary glove use we can help make health care more sustainable.

RCN states:

"There are times when gloves should be worn and when their use is unnecessary, and in fact may be harmful. Wearing gloves inappropriately can cause skin problems for staff and also prevent hand hygiene, putting patients at risk of infection".

REFERENCES AND SOURCES OF INFORMATION

https://www.rcn.org.uk/magazines/Action/2022/Jan/How-to-reduce-glove-use-170122

4.8.3 PLASTIC DISPOSABLE APRONS

Disposable aprons are impermeable to bacteria and fluids and protect the areas of maximum potential contamination on the front of the body.

A disposable apron is single use and should be worn when:

- There is a risk of exposure to blood and/or body fluids, non-intact skin, mucous membranes
- Undertaking a procedure on a patient with a confirmed or suspected infection

- There is a risk of splashing or soiling to the front of the uniform or workwear
- Undertaking an aseptic technique
- Decontaminating care equipment or the care environment

Never wear an apron for a dirty task and then move onto a clean task without changing it.

Disposable aprons should be removed after each task. Contaminated/infectious aprons should be discarded into the clinical infectious waste stream, non-contaminated/non-infectious aprons should be discarded into the offensive waste stream.

Hand hygiene should be performed after disposing of an apron.

OPTIONAL

FULL BODY GOWNS OR FLUID-RESISTANT COVERALLS must be:

- worn when there is a risk of extensive splashing of blood and/or body fluids, e.g., operating theatre, ITU
- worn when a disposable apron provides inadequate cover for the procedure or task being performed
- changed between patients and removed immediately after completing a procedure or task

4.8.4 EYE AND FACE PROTECTION

Appropriate facial protection should be worn if there is a risk of splashing of either blood and/or body fluids or substances hazardous to health, e.g., cleaning/disinfecting products, to the face, or the patient has a confirmed or suspected infection transmitted by the droplet or airborne route, e.g., Pulmonary TB, rubella, measles.

Eye and face protection should not be impeded by accessories, e.g., false eyelashes, facial piercings.

Hand hygiene must be performed prior to putting on each piece of PPE and after removal of each piece, as well as after discarding it in the appropriate waste cycle.

Eye or face protection (including full face visors) must:

- Not be touched when being worn
- Changed after each patient contact or in between tasks if appropriate
- Discarded in appropriate waste after each use if single use
- Decontaminated appropriately if not single use (face visors/goggles)
- Be worn according to the guidance.

Masks must:

- Be covering both nose and mouth when in use
- Should not be allowed to dangle around the neck after or between each use
- Be changed when they become moist or damaged
- Be worn once and then discarded as clinical waste – hand hygiene must be performed after disposal.

SURGICAL FACE MASKS ARE REQUIRED

- as a means of source control, e.g., to protect the patient from the wearer during sterile procedures such as surgery, and
- to protect the wearer when there is a risk of splashing or spraying of blood, body fluids, secretions, or excretions onto the respiratory mucosa.
- If the patient has a confirmed or suspected infection which may be transmitted by the droplet or airborne route.

GOGGLES/SAFETY GLASSES OR A VISOR SHOULD BE WORN

- When there is a risk of splashing of blood and/or body fluids or hazardous substances to the eyes
- If the patient has a suspected or confirmed infection transmitted by the droplet or airborne route

Prescription spectacles are not considered eye protection. Eye protection should be removed after each task.

4.8.5 FFP3 MASK (RESPIRATOR)

An FFP3 mask providing a high protection factor is rarely required in General Practice, advice on the wearing of these, e.g., during COVID-19 or an influenza pandemic, is issued by UK Health Security Agency (UKHSA).

The fit of these types of masks is critically important and every user should be fit tested and trained in the use of the mask. Additionally, a seal check should be carried out each time an FFP3 mask is worn. FFP3 masks should be removed and disposed of appropriately after each task.

Contaminated/infectious disposable respirators should be discarded into the clinical infectious waste stream, non-contaminated/non-infectious disposable respirators should be discarded into the offensive waste stream.

Hand hygiene should be performed after disposing of the mask.

Reusable single person respirators, if used, should be decontaminated and stored appropriately, e.g., in a clean lidded wipeable container or plastic bag, and the filter changed as per manufacturer's instructions.

REFERENCES AND INFORMATION SOURCES

https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021.pdf

National Institute for Clinical Excellence (NICE): Prevention of healthcare-associated infection in Primary and Community Care. Clinical Guideline 2 (2014) suppliment1. Overview | Healthcare- associated infections: prevention and control in primary and community care | Guidance | NICE

4.9. WASTE MANAGEMENT

Health care organisations and the individuals that work within these organisations, have a legal and moral duty to dispose of waste properly in accordance with statutory 'duty of care' requirements.

Changes to legislation governing the management of waste, its storage, carriage, treatment and disposal meant previous guidance on clinical waste provided in the *Health Service Advisory Committee* (HSAC) publication *Safe Management of Healthcare Waste* was replaced by the Department of Health's *Health technical memorandum* 07-01 (2014): *Safe management of health care waste*. Waste producers must adhere to the guidance set out in the 'Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste.

NB Employers are responsible for monitoring practice within their organisation through the implementation of robust audit procedures.

4.9.1 WASTE SEGREGATION

Segregating waste at the point of production is critical to the safe management of healthcare waste. Segregation not only helps control the management costs associated with waste, but ensures the correct pathways are adopted for the storage, transport and ultimate disposal of waste.(see appendix 5).

For segregation to effectively work, staff must be provided with colour-coded and labelled waste receptacles and sack holders. These should be positioned in locations as close to the point of production as possible and replaced when two thirds full, securely tied and appropriately labelled. Liquid or solidified waste should be placed in a rigid, leak-proof container.

4.9.2 THE NATIONAL COLOUR-CODING SYSTEM

A national colour-coded system for waste streaming is recommended for the segregation of health care waste into streams that are linked to an appropriate disposal path. This means that waste should be identified and segregated on the basis of its waste classification, which in turn determines its waste management option. Adopting this new best practice segregation system will ensure standardisation across the UK.

4.9.3 WASTE AUDITS

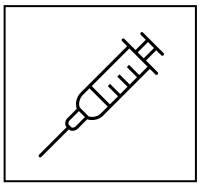
Waste auditing is a legal requirement, and not just best practice. Waste audits play an essential role in demonstrating compliance with regulatory standards and should be undertaken at least every year, In the case a waste contractor conducts the audits, staff need to audit waste in clinical rooms.

REFERENCES AND INFORMATION SOURCES

https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/

4.10. SHARPS MANAGEMENT

'Sharps' are needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin. Sharps injuries are a well-known risk in the health and social care sector. Sharps contaminated with an infected patient's blood can transmit more than 20 diseases, including hepatitis B, C and human immunodeficiency virus (HIV). Because of this transmission risk, sharps injuries can cause worry and stress and most if not all injuries are avoidable. (HSE web page accessed 2023).



- All sharps must be disposed of safely and correctly immediately after use.
- Discard sharps personally – do not rely on others to do this for you.
- Sharps must not be passed from hand to hand, and handling should be kept to a minimum.
- Needles must not be recapped, bent, broken, or disassembled before use or disposal. Discard needle & syringe as one unit directly into sharps container.
- Used sharps must be discarded into a sharp's container at the point of use by the user. These must not be filled above the mark that indicates that they are full.
- Containers must be assembled correctly according to manufacturer's instructions i.e., ensuring that the lid is secure and be signed and dated.
- Containers should be kept in a safe location out of the reach of children e.g., on a flat surface, below eye level, **but not on the floor** (free wall and trolley brackets are available from sharps bin manufacturers). This will reduce the risk of injury to patients, visitors, and staff.
- When not in use the temporary closing mechanism on sharps containers must be activated
- Full containers should not be allowed to accumulate. They must be sealed and labelled with an identification tag attached before disposal by the licensed route.
- Staff must receive sharps management training.
- Needle safety devices must be used where there are clear indications that they will provide safer systems of working for healthcare personnel.
- Under no circumstances should items be retrieved from a sharps box.
- Under no circumstances should sharps or sharps boxes be put in yellow bags for disposal.
- Sharps containers should be sealed and discarded after 3 months from the date they were assembled whether they are full or not.
- The practice should ensure where possible sharps are not used if unnecessary, sharps safe products are utilised where available or appropriate and staff have been trained in sharps management and sharps injury practice.

Under the Health and Safety Act (1974) it is the personal responsibility of the individual using a sharp to dispose of it safely, the exception being in situations where it may be necessary to delegate this responsibility to another named person (e.g., during surgical procedures).

4.10.1 SHARPS INJURY

Where sharps, splash, inoculation injuries occur immediate first aid and support will be required.

Skin/Tissue

- Encourage local bleeding by gently squeezing, do not suck area.
- Wash the affected area with soap and running warm water. Do not scrub the area.
- Cover area with waterproof dressing.

Eyes or Mouth

- Rinse out / irrigate with copious amounts of water (use eye washout kits if available).
- If wearing contact lenses irrigate eyes before and after removing them.
- Do not swallow water used for rinsing mouth.

A local policy for management of injuries must be held, which will include access to expert advice and occupational health support. Posters must be place on walls for staff knowledge and instruction (Appendix 9)

4.11. SPECIMENS MANAGEMENT

A clinical specimen can be defined as any bodily substance, solid or liquid, that is obtained for the purpose of analysis, examples include blood, sputum, pus, urine, faeces, and skin tissue. All specimens are potentially infectious, and all staff involved in collecting, handling, and transporting specimens must be trained in and follow infection control precautions to reduce the risk of preventing transmission of infection. Staff handling specimens are responsible and have a duty to safely collect, handle and transport specimens outline under the Health and Safety at Work Act (1974) and COSHH Regulations 2002

- Specimens need to be collated using universal precautions, standard infection control precautions are always applied when obtaining specimens and appropriate personal protective equipment (PPE) is worn.
- Take care when obtaining specimens to avoid contamination. Ensure specimens are well secured and in sealed plastic bags with a secure lids & containers. Specimens collected in inappropriate containers or containers that have leaked, there is a risk that the laboratory will not process them. Ensure there is no external contamination of the outer container by the contents.
- Specimens are to be placed inside the plastic transport bag, with attached to the request form/ documents with correct labelling.
- The transport bag should be sealed using the integral sealing strip (not stapled, etc.)
- For large specimens, e.g., 24-hour urine, specimens may be enclosed in individual clear plastic bags tied at the neck. The request form must not be placed in the bag, but securely tied to the neck of the bag
- Specimens received from residents should be transported to GP surgeries in a rigid wipeable container. This should be cleaned and disinfected after each usage.

- If refrigeration is required a designated specimen fridge is available.
- Specimens are transferred to the lab under controlled circumstances.

REFERENCES AND INFORMATION SOURCES

https://www.hse.gov.uk/biosafety/blood-borne-viruses/transportation-of-infectious-substances.htm

4.12. VACCINE FRIDGE

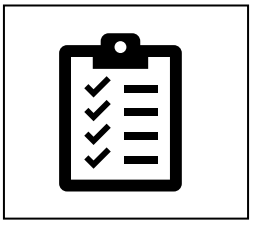
Vaccines are both sensitive biological substances and Prescription-Only Medicines (POMs).

Vaccines may lose their effectiveness if they become too hot or too cold at any time. Vaccines naturally biodegrade over time, and storage outside of the recommended temperature range – including during transport – may speed up loss of potency, which cannot be reversed. This may result in the failure of the vaccine to create the desired immune response and consequently provide poor protection.

Inappropriate storage and transport also result in wastage and unnecessary costs to the NHS. Anyone handling vaccines should follow appropriate policies to ensure cold chain compliance.

Vaccines should be stored according to the manufacturer's summary of product characteristics (SPC) – usually at +2˚C to +8˚C and protected from light. Prolonged exposure to ultraviolet light will cause loss of potency. Within the refrigerator, sufficient space around the vaccine packages should be left for air to circulate. Vaccines should be kept away from the side and back walls of the refrigerator; otherwise the vaccines may freeze rendering them inactive and unusable.

FRIDGE CHECKLIST



- Is the Fridge is suitably located (on flat surface, not near heat source) & used for vaccines only.
- Externally the fridge is in good condition, (No Rust or Cracks, etc).
- Internally the fridge is in good condition (frost free, seals intact and clean)
- Vaccines are in date and checked regularly.
- Min/max thermometer are in use & temperature is set correctly (2°/8°).
- If internal thermometer used probe is correctly placed (inside vaccine box).
- Thermometer battery is changed every 6 months and calibrated annually.
- Are the min/max temperatures recorded daily, are the recording documented for when requested (documentation of recording should be kept for a minimum of 12 months minimum, 5 years is best practice).
- All staff are trained and aware of vaccine fridge management policy.
- Appropriate warnings are visible at the fridge power supply (do not switch off).
- Appropriate warnings are visible on the fridge (vaccine fridge - do not switch

off/cold chain poster).

- Staff are aware of the correct procedure to follow in the event of a cold chain incident.

Poster: https://www.gov.uk/government/publications/keep-your-vaccines-healthy-poster

(Appendix 10)

REFERENCES AND INFORMATION SOURCES

UK Health Security Agency (2013). Immunisation against infectious disease- The Green Book. Immunisation against infectious disease (the Green Book), Chapter three: Storage, distribution and disposal of vaccines

Care Quality Commission- GP Mythbuster 17., GP mythbuster 17: Vaccine storage and fridges in GP practices - Care Quality Commission (cqc.org.uk)

4.13. ANTIMICROBIAL RESISTANCE

Antimicrobial resistance arises when the organisms that cause infection evolve ways to survive treatments. The term antimicrobial includes antibiotic, antiprotozoal, antiviral and antifungal medicines.

Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status. The scale of AMR threat and the need to contain and control it, is widely acknowledged by governments, international agencies, researchers and private companies alike. The UK Government has set out a national 5-year action plan to tackle AMR.

The plan has been designed to ensure progress towards the 20-year vision on AMR, in which resistance is effectively contained and controlled. It focuses on 3 keyways of tackling AMR:

- Reducing need for, and unintentional exposure to antimicrobials
- Optimising use of antimicrobials and
- Investing in innovation, supply and access

It is recommended all practices have an AMR link person who has pledged to be an 'Antibiotic Guardian' - **Antibiotic Guardian | Pledge to be an Antibiotic Guardian**

AMR is a major public health issue. Drug resistant infections are already responsible for an estimated 700,000 deaths globally, per year. Without action to stop the spread of resistance it has been estimated this figure could reach 10 million by 2050.

Resistance also has the potential to severely limit the ability to carry out many routine and complex medical treatments, where antimicrobials are necessary to prevent infection, such as in surgery or chemotherapy.

UK 5-year action plan for antimicrobial resistance 2019 to 2024 - GOV.UK (www.gov.uk)

4.14. MANAGEMENT OF HEALTHCARE ASSOCIATED INFECTIONS

4.14.1 MRSA (METHICILLIN-RESISTANT STAPHYLO-COCCUS AUREUS)

It is unacceptable for a patient to acquire an MRSA Bloodstream Infection (BSI) while receiving care in a healthcare setting. Healthcare providers are set the challenge of demonstrating zero tolerance of MRSA BSI through a combination of good hygienic practice, appropriate use of antibiotics, improved techniques in the care and use of medical devices as well as adherence to best practice guidance.

4.14.2 CONTROL OF MRSA IN COMMUNITY SETTINGS

The risk of MRSA transmission in residential care homes, where residents are generally healthier and have fewer invasive devices than hospital patients, is much lower. Spread of MRSA between residents may occur but is associated with colonisation rather than infection. Isolation of residents with MRSA is not necessary and they should be able to use communal areas with other residents. They may share a bedroom, provided neither occupant has open lesion, invasive devices or catheters. Standard (universal) precautions such as hand hygiene and the use of disposable gloves and apron for contact with body fluids, dealing with wounds or invasive procedures as described earlier should be sufficient to prevent spread. Advice to the home is available from the Infection Prevention and Control Team.

4.14.3 CONTROL OF MRSA IN COMMUNITY

Attempts to control the spread of MRSA are essential to both retain options for antimicrobial therapy and protect vulnerable patients. General Practices will support patients where MRSA colonistaion and infection is found, through appropriate suppression therapy and antimicrobial prescribing.

4.15. CLOSTRIDIUM DIFFICILE INFECTION (CDI)

Clostridium difficile is a bacterium found in a person's intestines. It can be found in healthy people, where it causes no symptoms (up to 3% of adults and 66% of babies). C. difficile causes disease when the normal bacteria in the gut are disadvantaged, usually by someone taking antibiotics. Prescribing antimicrobials wisely can reduce the incidence. Symptoms of CDI can vary from mild diarrhoea to fatal bowel inflammation. *C. difficile* spores are shed in the faeces and the spores can survive for long periods in the environment. If ingested, they can transmit infection to others.

4.15.1 PRUDENT ANTIMICROBIAL PRESCRIBING

Only prescribe antimicrobials when indicated by the clinical condition of the patient or the results of microbiological investigation. Practices are advised to work closely with local antibiotic pharmacist and medicines management teams.

4.15.2 WHICH PATIENTS ARE MOST AT RISK OF CDI?

Patients are more at risk of CDI if they are:

- Elderly
- Suffering from severe underlying diseases
- Immunocompromised

- In an environment where they are in close contact with one another (care home)

Other factors that increase the risk of CDI are:

- Use of antimicrobials
- Recent gastrointestinal procedures
- Presence of a nasogastric tube

4.15.3 CDI AND PRIMARY CARE

- CDI has commonly been associated with hospital stay but it is now recognised that many cases originate in the community, due to indiscriminate use of antibiotics.
- Patients most at risk are the elderly, particularly if they have medical conditions and are in close contact with others, e.g., in a care home, residential treatment centre or hospital.

REFERENCES AND INFORMATION SOURCES

Updated guidance on the management and treatment of Clostridium difficile infection (gov.uk)

https://cks.nice.org.uk/topics/mrsa-in-primary-care/

Contact the local health protection team for decolonisation regimes.

4.16. NOTIFICATION OF INFECTIOUS DISEASES

Health protection legislation in England has been updated to give public authorities new powers and duties to prevent and control risks to human health from infection or contamination, including by chemicals and radiation. UKSHA Requires clinicians to notify diagnosed or suspected disease (see list below).

The new legislation adopts an all-hazards approach and in addition to the specified list of infectious diseases, there is a requirement to notify cases of other infections or contamination which could present a significant risk to human health.

Under the new Notification Regulations, there are no provisions for Registered Medical Practitioners (RMPs) to be paid fees for notifications. RMPs are expected to provide information that is a requirement of legislation needed to protect public health as part of their professional duties. The prime purpose of the notifications system is speed in detecting possible outbreaks and epidemics. Accuracy of diagnosis is secondary, and since 1968 clinical suspicion of a notifiable infection is all that is required.

(Please use the links here to access information on Notifiable diseases and causative organisms: how to report and appropriate form)

https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report

https://www.gov.uk/government/publications/notifiable-diseases-form-for-registered-medical-practitioners

Notifications for Greater Manchester should be made to:

UKHSA Greater Manchester Health Protection Team,
2nd Floor 3 Piccadilly Place, London Road,
Manchester,
M1 3BN
gmanchpu@ukhsa.gov.uk

Phone: 0344 225 0562 option 3 in hours. For out of hours, contact 0151 434 4819 & ask for on-call GM UKHSA.

4.17. MINOR SURGERY

Minor surgery in primary care has long been held to be cost-effective and popular with patients. Minor surgery in primary care may include:

- Cryotherapy
- Electrocautery
- Curettage
- Therapeutic injections e.g., injection into joints, aspiration of joints, injection of varicose veins,
- Excisions
- Incisions
- Skin biopsy
- Contraceptive implants
- Removal of skin lesions

Most surgeries have a dedicated treatment room in which such surgical procedures are performed however cryotherapy, electrocautery and curettage can be performed in a normal consultation room, provided that there is adequate space and lighting. Equipment should be appropriate to the job and of adequate specification. An audit tool is available from the local Health Protection Team for practices undertaking or considering undertaking minor surgery and wishing to maintain best practice.

To maintain high standards, practices should:

- Have approved sterilisation procedures which reflect national guidelines
- Obtain, stock, and use sterile packs
- Use disposable sterile instruments

4.17.1 THE ENVIRONMENT

There must be minimal furniture and equipment in the room where the minor surgery is taking place. The environment including equipment must be clean and free from dust. Work surfaces, walls and floors must be in a good state of repair, free from cracks and impermeable. Open shelving must not be present, and windows must be closed during surgery ensuring appropriate Ventilation is available when carrying out minor surgery.

REFERENCES AND INFORMATION SOURCES

https://researchportal.ukhsa.gov.uk/en/publications/guidelines-on-the-facilities-required-for-

minor- surgical-procedur
https://www.england.nhs.uk/publication/specialised-ventilation-for-healthcare-buildings/

4.17.2 CLINICAL PRACTICE

Single use items must be used which are in date and have been stored correctly (not on the floor). There must be adequate room for a dressing trolley if one is required. The dressing trolley must be cleaned and in a good state of repair. Single use 2% Chlorhexidine gluconate in 70% isopropyl alcohol or single-use povidone iodine in alcohol is used for skin prep.

4.17.3 PROTECTIVE CLOTHING

Single use sterile gloves and single use non-sterile gloves must be available in addition to single use aprons and protective eye wear.

4.17.4 HAND HYGIENE

There must be a specific hand hygiene basin available for use within the room and no body fluids must be discarded of down this sink. Wall mounted liquid soap (chlorhexidine 4% hibiscrub) must be available and nail brushes, if used, must be single use. Annual hand hygiene audits must be completed on those who undertake minor surgery.

4.17.5 WASTE MANAGEMENT

Foot operated clinical and domestic waste bins must be available, and waste must be segregated correctly. Sharps containers must conform to BS7320. Sharps containers must be disposed of when the fill line has been reached or when the container has been in use for three months even if not full.

4.17.6 MANAGEMENT OF INFECTION

Staff undertaking minor surgery procedures must have attended infection prevention and control training within the last 12 months, completed ANTT theory training and assessment in clinical practice, and have evidence that they are immunised against Hepatitis B.

Infection prevention and control topics must be a standing agenda item at team / practice meetings, and any issues raised with the practice regarding infection prevention concerns or from audit discussed and action taken.

Audits must be completed in relation to infection rates resulting from any invasive procedures carried out on the premises.

REFERENCES AND INFORMATION SOURCES

Humpreys, H. Coia, JE., Stacey A. et al. (2012). Guidelines on the facilities required for minor surgical procedures and minimal access intervention. Journal of Hospital Infection. 103-9. https://www.journalofhospitalinfection.com/article/S0195-6701(11)00444-0/fulltext
NICE Guidelines. Surgical Site Infections: prevention and treatment. Overview | Surgical site infections: prevention and treatment | Guidance | NICE
Patient UK. Minor Surgery in Primary Care. (2022). Minor Surgery in Primary Care. Minor Surgery at PCT Level | Patient

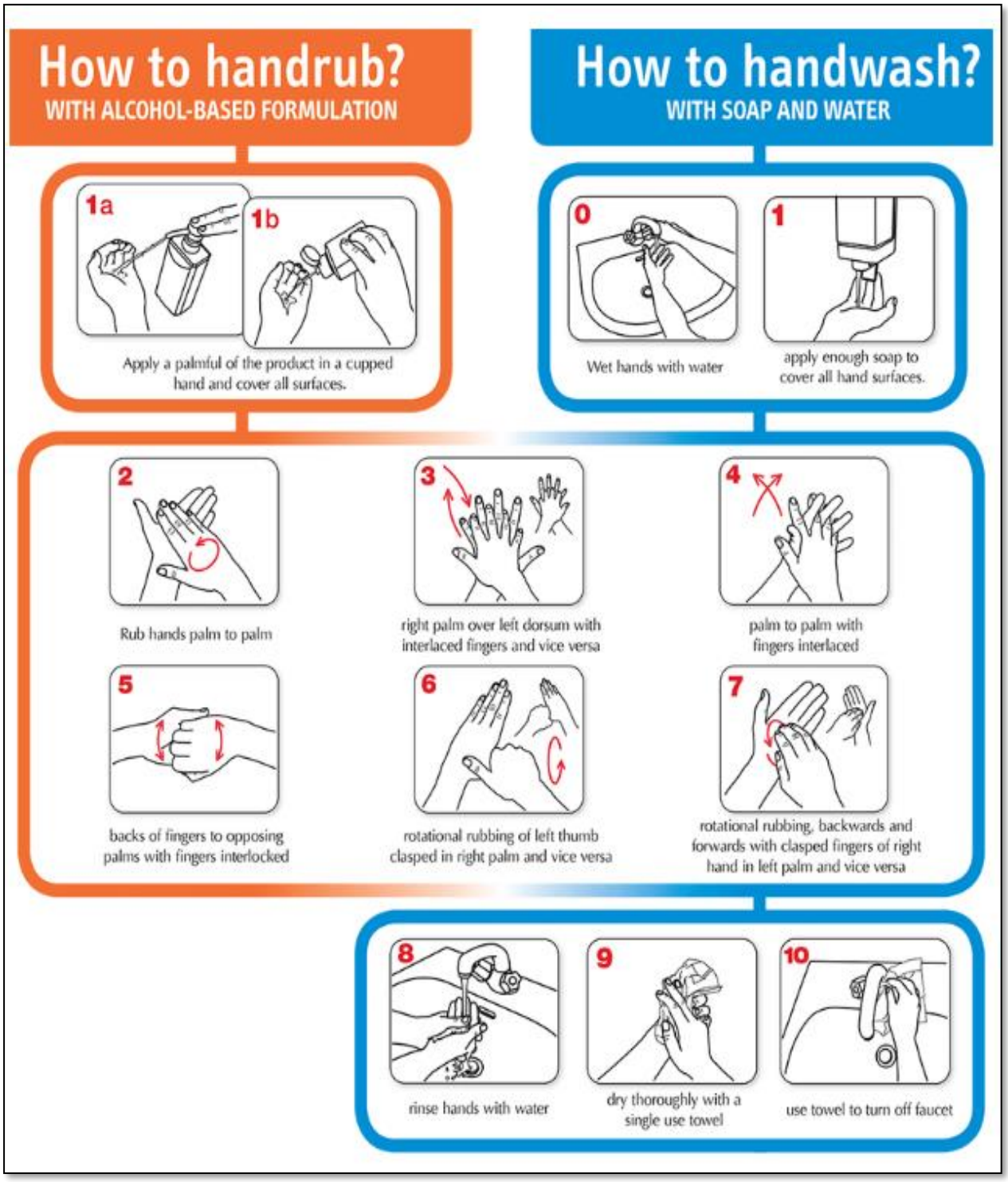
APPENDIX 1 – THE NATIONAL COLOUR CODING

This poster is available on request from Stockport MBC Health Protection Team, email: cv19@stockport.gov.uk

APPENDIX 2 – WORLD HEALTH ORGANISATION 5 MOMENTS FOR HAND HYGIENE

A range of setting specific posters for the '5 Moments for Hand Hygiene' can be downloaded by accessing this link: [Implementation tools (who.int)]

APPENDIX 3 – HANDWASHINIG POSTERS



This and more hand wash posters are available on request from Stockport MBC Health Protection Team, email: cv19@stockport.gov.uk

Appendix 5b: Personal protective equipment (PPE) when applying transmission based precautions (TBPs)

SICPs may be insufficient to prevent cross transmission of specific infectious agents and additional precautions (TBPs) may be required. PPE must protect adequately against the risks associated with the procedure or task. Refer to appendix 11a for additional information.

Hand hygiene must be performed before putting on and after removal of PPE.

TBPs	Gloves	Apron	Gown	Fluid resistant surgical mask (FRSM)	Respiratory Protective Equipment (RPE)	Eye/face protection
Contact precautions	✗ Unless exposure to blood or body fluid, mucous membranes, or non-intact skin is anticipated or footnote 1 applies[1]	✓	✗ Unless in place of an apron if extensive spraying or splashing is anticipated	✗ Unless risk of splashing or spraying of blood or body fluids is anticipated or footnote 2 applies[2]	✗	✗ Unless risk of splashing or spraying of blood or body fluids is anticipated
Droplet precautions	✓	✓	✗ Unless in place of an apron if extensive spraying or splashing is anticipated	✓	✗	✓
Airborne precautions	✓	✗	✓	✗	✓	✓

Where to put on and remove PPE

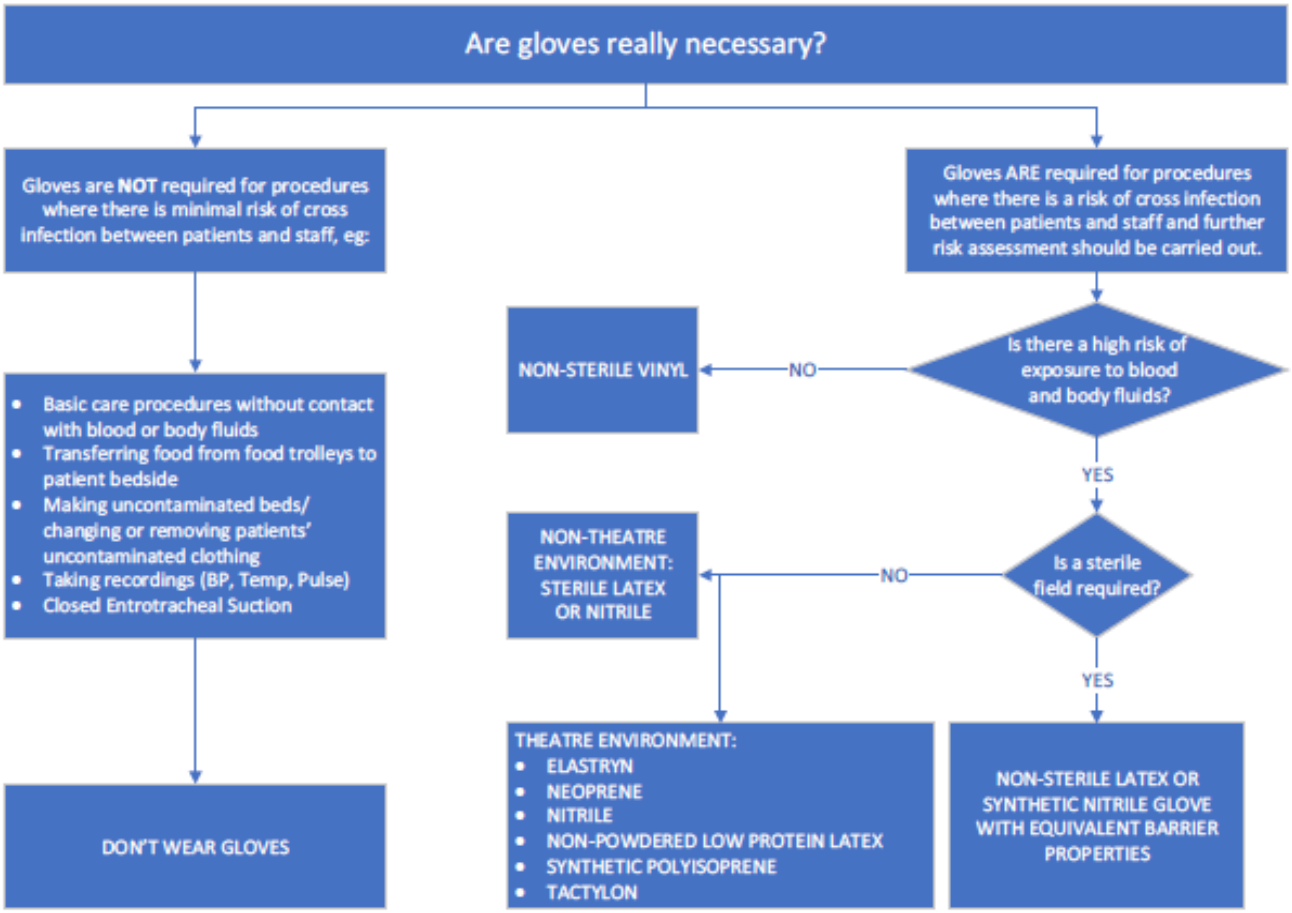
Gloves are not an alternative to hand hygiene. Gloves must always be removed after each task on the same patient and hand hygiene performed as per the 5 moments for hand hygiene.

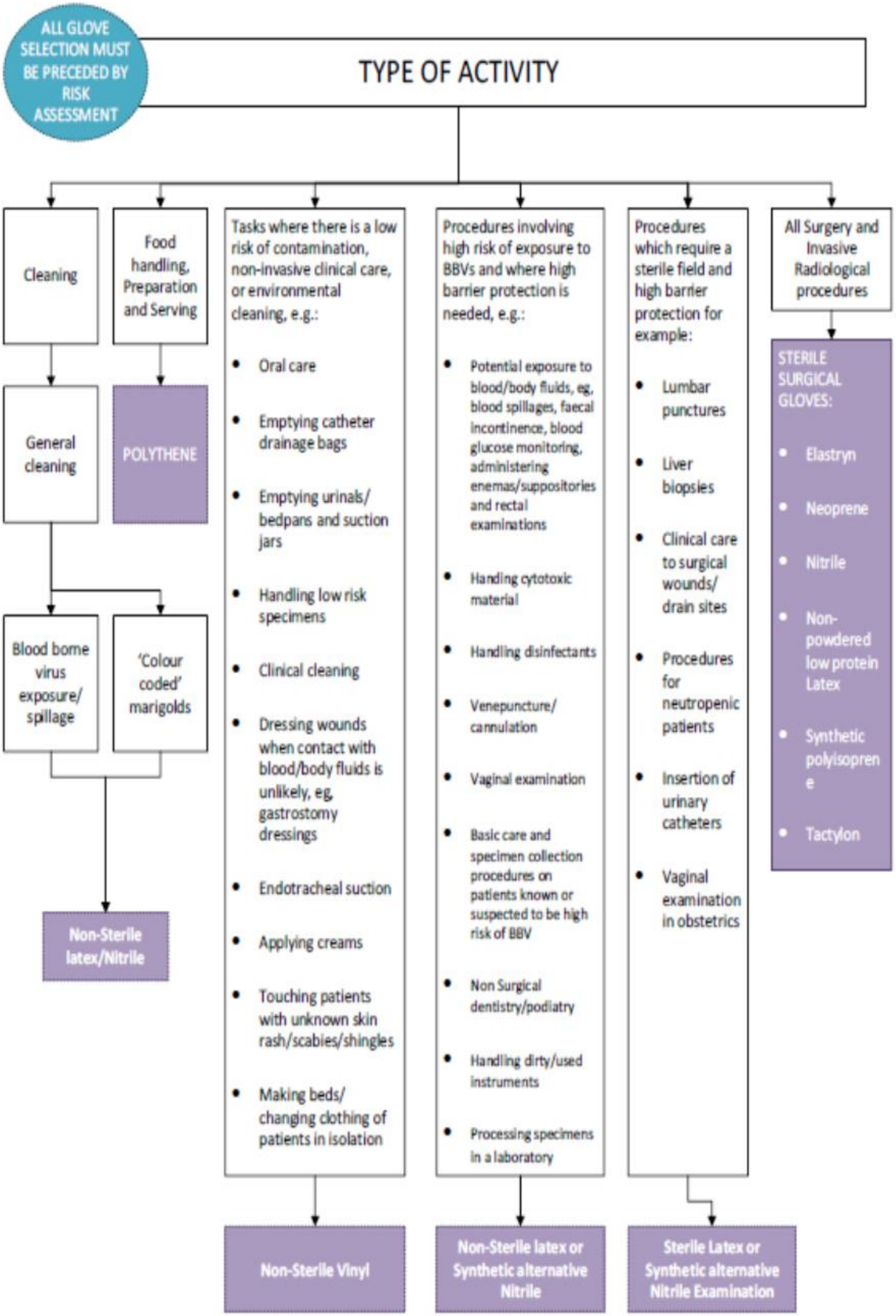
Contact precautions: required PPE should be put on within the patient room/care area immediately **before** direct contact with the patient or their environment and should be removed and disposed of **before** leaving the patient room/care area.

Droplet and airborne precautions: required PPE should be put on **before** entering the patient room/care area. Unless there is a dedicated isolation room with anteroom, gowns, aprons and gloves should be removed and disposed of before leaving the patient room/care area. Eye/face protection and RPE (if worn) must be removed and disposed of **after** leaving the patient room/care area.

1. Clinical risk assessment may also indicate the use of gloves for specific organisms such as scabies, multi-drug resistant organisms or those with increased potential for hand and environmental contamination such as spore forming organisms e.g. *C. difficile*. This list is not exhaustive.
2. Universal masking using FRSM may be indicated as a source control measure during outbreaks of respiratory infectious agents.

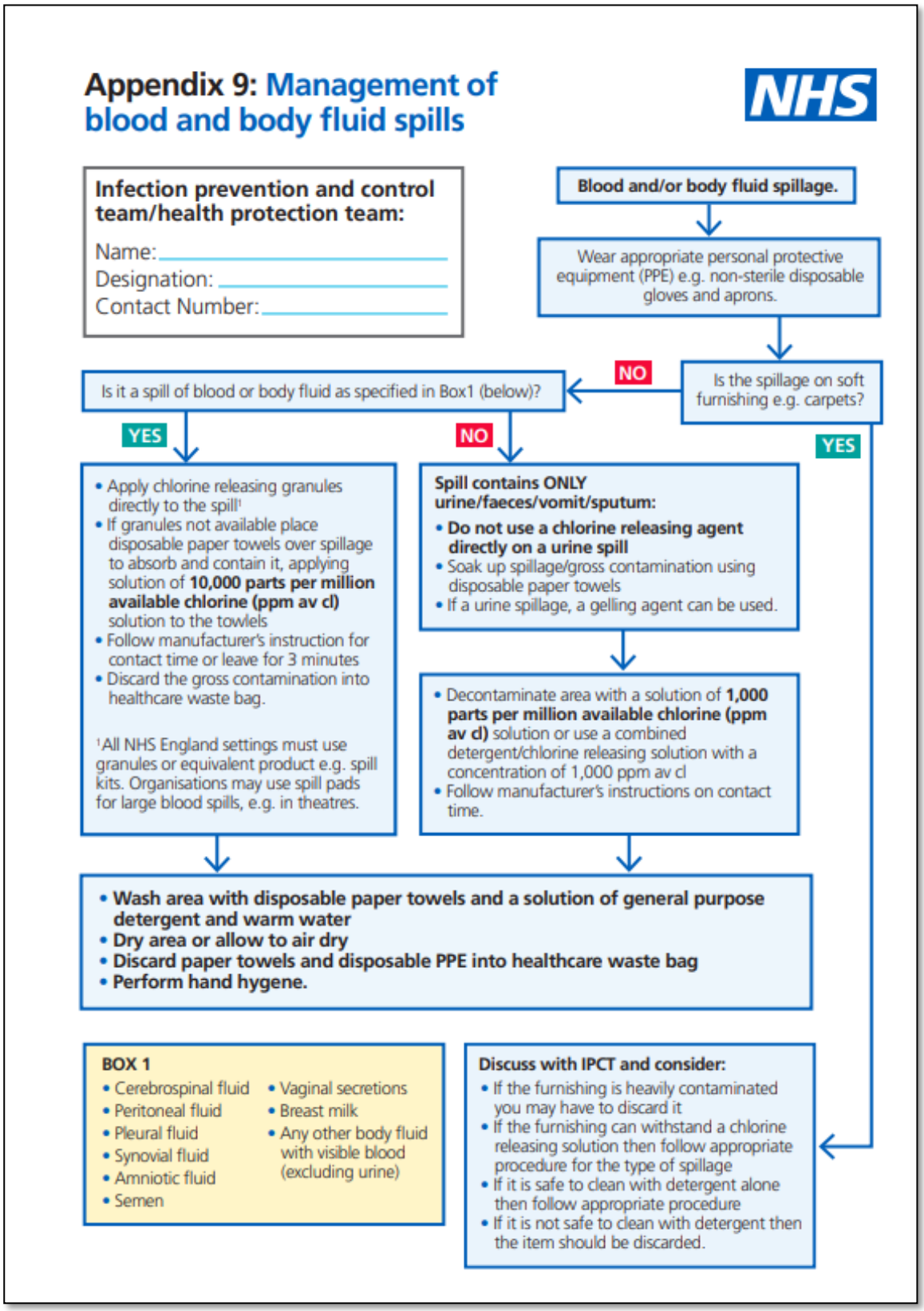
PPE requirements for high consequence infectious diseases should be discussed with specialist teams as per appendix 11b.


Are gloves really necessary?
Gloves are NOT required for procedures where there is minimal risk of cross infection between patients and staff, eg:
Basic care procedures without contact with blood or body fluids
Transferring food from food trolleys to patient bedside
Making uncontaminated beds/ changing or removing patients' uncontaminated clothing
Taking recordings (BP, Temp, Pulse)
Closed Entrotracheal Suction
DON'T WEAR GLOVES
Gloves ARE required for procedures where there is a risk of cross infection between patients and staff and further risk assessment should be carried out.
Is there a high risk of exposure to blood and body fluids?
NO
NON-STERILE VINYL
YES
Is a sterile field required?
NO
NON-THEATRE ENVIRONMENT: STERILE LATEX OR NITRILE
YES
THEATRE ENVIRONMENT:
ELASTRYN
NEOPRENE
NITRILE
NON-POWDERED LOW PROTEIN LATEX
SYNTHETIC POLYISOPRENE
TACTYLON
NON-STERILE LATEX OR SYNTHETIC NITRILE GLOVE WITH EQUIVALENT BARRIER PROPERTIES


ALL GLOVE SELECTION MUST BE PRECEDED BY RISK ASSESSMENT
TYPE OF ACTIVITY
Cleaning
Food handling, Preparation and Serving
Tasks where there is a low risk of contamination, non-invasive clinical care, or environmental cleaning, e.g.:
Procedures involving high risk of exposure to BBVs and where high barrier protection is needed, e.g.:
Procedures which require a sterile field and high barrier protection for example:
All Surgery and Invasive Radiological procedures
General cleaning
POLYTHENE
Oral care
Emptying catheter drainage bags
Emptying urinals/ bedpans and suction jars
Handling low risk specimens
Clinical cleaning
Dressing wounds when contact with blood/body fluids is unlikely, eg, gastrostomy dressings
Endotracheal suction
Applying creams
Touching patients with unknown skin rash/scabies/shingles
Making beds/ changing clothing of patients in isolation
Potential exposure to blood/body fluids, eg, blood spillages, faecal incontinence, blood glucose monitoring, administering enemas/suppositories and rectal examinations
Handing cytotoxic material
Handling disinfectants
Venepuncture/ cannulation
Vaginal examination
Basic care and specimen collection procedures on patients known or suspected to be high risk of BBV
Non Surgical dentistry/podiatry
Handling dirty/used instruments
Processing specimens in a laboratory
Lumbar punctures
Liver biopsies
Clinical care to surgical wounds/ drain sites
Procedures for neutropenic patients
Insertion of urinary catheters
Vaginal examination in obstetrics
STERILE SURGICAL GLOVES:
Elastryn
Neoprene
Nitrile
Non-powdered low protein Latex
Synthetic polyisoprene
Tactylon
Blood borne virus exposure/ spillage
'Colour coded' marigolds
Non-Sterile latex/Nitrile
Non-Sterile Vinyl
Non-Sterile latex or Synthetic alternative Nitrile
Sterile Latex or Synthetic alternative Nitrile Examination

APPENDIX 5 – COLOUR CODING OF WASTE

Colour stream	Description of waste	Example
	**Waste which requires disposal by incineration** Indicative treatment/disposal is incineration in a suitably permitted or licensed facility	Anatomical waste, Infectious waste requiring INCINERATION ONLY
	**Waste which may be "treated"** Indicative treatment/disposal required is to be "rendered safe" in a suitably permitted or licensed facilities, usually alternative treatment plans. However, this waste may also be disposed of by incineration	Infectious swabs, dressings, wipes, protective clothing
	**Offensive/hygiene waste** Indicative treatment/disposal required is landfill in a suitably permitted or licensed site. This waste should not be compacted in unlicensed/permitted facilities.	Non-infectious swabs, dressings, wipes, protective clothing, nappies, human hygiene waste, sanitary waste.
	**Domestic (municipal) waste** Minimum treatment/disposal required is landfill in a suitably permitted or licensed site. Recyclable components should be removed through segregation. Clear/opaque receptacles may also be used for domestic waste.	Clean packaging, food paper etc
	**Cytotoxic and Cytostatic waste** Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility. Sharps contaminated with cytotoxic/static medicines, i.e., sharps used for injections of cytotoxic/static drugs.	Medicines used for chemotherapy, certain antivirals, immuno-suppressants, and hormonal drugs
	**Waste which may be "treated"** Sharps not contaminated with any medicines, i.e., sharps used for bloods, glucose, saline, etc. Also suitable for blades and razor blades.	Sharps used for bloods, glucose, saline, etc, and blades
	**Waste which requires disposal by incineration** Sharps contaminated with medicines (non- cytotoxic/static).	Sharps used for injecting medicines


Appendix 9: Management of blood and body fluid spills
NHS
Infection prevention and control team/health protection team:
Name:
Designation:
Contact Number:
Blood and/or body fluid spillage.
Wear appropriate personal protective equipment (PPE) e.g. non-sterile disposable gloves and aprons.
Is the spillage on soft furnishing e.g. carpets?
NO
YES
Is it a spill of blood or body fluid as specified in Box1 (below)?
YES
NO
• Apply chlorine releasing granules directly to the spill[1]
• If granules not available place disposable paper towels over spillage to absorb and contain it, applying solution of 10,000 parts per million available chlorine (ppm av cl) solution to the towlels
• Follow manufacturer's instruction for contact time or leave for 3 minutes
• Discard the gross contamination into healthcare waste bag.
[1]All NHS England settings must use granules or equivalent product e.g. spill kits. Organisations may use spill pads for large blood spills, e.g. in theatres.
Spill contains ONLY urine/faeces/vomit/sputum:
• Do not use a chlorine releasing agent directly on a urine spill
• Soak up spillage/gross contamination using disposable paper towels
• If a urine spillage, a gelling agent can be used.
• Decontaminate area with a solution of 1,000 parts per million available chlorine (ppm av cl) solution or use a combined detergent/chlorine releasing solution with a concentration of 1,000 ppm av cl
• Follow manufacturer's instructions on contact time.
• Wash area with disposable paper towels and a solution of general purpose detergent and warm water
• Dry area or allow to air dry
• Discard paper towels and disposable PPE into healthcare waste bag
• Perform hand hygene.
BOX 1
• Cerebrospinal fluid
• Peritoneal fluid
• Pleural fluid
• Synovial fluid
• Amniotic fluid
• Semen
• Vaginal secretions
• Breast milk
• Any other body fluid with visible blood (excluding urine)
Discuss with IPCT and consider:
• If the furnishing is heavily contaminated you may have to discard it
• If the furnishing can withstand a chlorine releasing solution then follow appropriate procedure for the type of spillage
• If it is safe to clean with detergent alone then follow appropriate procedure
• If it is not safe to clean with detergent then the item should be discarded.

APPENDIX 7 – A TO Z CLEANING & DISINFECTANT POLICY FOR THE ENVIRONMENT & FACILITIES

Equipment	Routine decontamination method	Acceptable alternative if required	Additional information
Electrical items including computer equipment and waiting room televisions/radios Telephones	Dust Daily. Phones and keyboards cleaned with detergent wipe or equivalent daily.		
Bowls/buckets including those used for patients with leg ulcers.	Wash, dry, store inverted between patient use (always use with plastic liner for patient use).	If patient is infected, wash and then disinfect using a phenolic or chlorine-based product.	Badly scratched buckets and bowls used in leg ulcer treatment should be replaced
Carpets	Vacuum daily. Steam clean 6 monthly or if significantly stained. Do not use brooms in clinical areas.	For contamination spills, clean with detergent & water then dry (most disinfectants will damage carpets)	Ensure vacuum filters are changed frequently. Carpets should be visibly clean with no blood or body substances, dust, dirt, debris or spillages. Floors should have a uniform appearance and an even colour with no stains or water marks.
Drains	Clean regularly.	Chemical disinfection is not advised.	
Equipment (Clinical, including sphygometer cuffs, stethoscope)	Clean between each patient with detergent wipe		
Equipment surfaces	Damp dust contact points between patient use with one full clean weekly. Use freshly prepared detergent solution, and dry.	Clean and wipe with alcohol to disinfect.	All parts (including underneath) should be visibly clean, with no blood, body substances, dust, dirt, debris or spillages.
Floors (hard)	Disinfection of floors is not required routinely. Wash daily with freshly prepared detergent solution. Rinse with water weekly to remove detergent residues and help maintain anti-static properties, if required. (It is good practice to do this anyway. It prevents slipping when floors get wet, e.g., people coming in from the rain.)	For known contaminated surfaces, use a phenolic or chlorine-based solution.	The complete floor (including all edges, corners and main floor spaces) should have a uniform finish or shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages or scuff marks.

Equipment	Routine decontamination method	Acceptable alternative if required	Additional information
Furniture and fittings	Daily damp dust using a freshly prepared detergent solution.	For known contaminated surfaces, clean then use phenolic or chlorine- based solution.	Frequent use of disinfectants will damage cover.
Mattresses Couch Pillows	Use water impermeable cover. Wash using a freshly prepared detergent solution and dry twice daily, with additional spot clean as required.	For known contaminated surfaces, clean then use phenolic or chlorine-based solution.	Refer to manufacturer. Frequent use of disinfectant will damage cover.
Mops (dry and dust attracting)	Vacuum after each use.	Wash and clean every other day.	Vacuuming between uses prolongs the life of mops.
Mops (wet)	Wash in washing machine daily if available. Wash and rinse after each use, wring and store dry.	Disinfect by boiling or soak clean mop in chlorine-based product (solution 1000ppm available chlorine) for 30 minutes, rinse and store dry.	Mops should not be left to soak overnight. Fluid will become a growing medium for bacteria.
Rooms (clean/dirty/clinic)	Wash surfaces with freshly prepared detergent solution at end of clinic session.	If infected patients have been treated, wash surfaces and then wipe down with phenolic or chlorine-based products.	
Toilet seats	Wash with a freshly prepared detergent solution and dry.	After use by infected patient or if grossly contaminated, use phenolic or chlorine-based product, rinse and dry.	Clean toilet areas at least once a day.
Toys	Clean with a freshly prepared detergent and water solution.	Clean toys on a regular basis and more frequently during 'winter virus' period.	All toys should be wipeable. Soft toys are not recommended.
Trolley tops (clinical)	Clean with freshly prepared detergent solution at beginning & end of dressing clinic. Use alcohol spray between dressings.	If contaminated, or patient has a known infection, clean when dressing finished and then disinfect.	All parts (including wheels/castors and underneath) should be visibly clean with no blood or body substances, dust, dirt, debris, spillages.
Wash basins/sinks	Clean at least once daily using a proprietary cleaner to remove stains. Disinfection is not normally required.	Clean and then disinfect if contaminated.	Many products contain both a cleaner (i.e., detergent) and a disinfectant.
Hand wash containers/hand rub dispensers	One full daily clean using detergent		
Walls and ceilings	Clean using detergent every six months in treatment/minor surgery room. Clean annually elsewhere.	Clean and disinfect if blood or body fluids splash onto walls or ceiling.	

Equipment	Routine decontamination method	Acceptable alternative if required	Additional information
Curtains	Launder at least every 6 months or when visibly dirty		
Baby changing areas	Clean daily and in between patient use using a freshly prepared detergent solution and air dry.		

APPENDIX 8 – GREATER MANCHESTER TEMPLATE OF ANNUAL REPORT INFECTION CONTROL FOR PRIMARY CARE

To request Template, Contact your Community Health Protection Team in your Locality.

Annual Infection Control Template Statement – Primary Care

Last update:

Practice Name:	
Location:	
Practice Manager:	
Infection Control Lead at the practice:	
Date Infection Control Statement Produced:	
Date of next review:	

Purpose
As a requirement of the Health and Social Care Act 2008 Code of Practice, on the prevention and control of infections and related guidance, it is required that an annual statement be produced regarding compliance with good practice on infection prevention and control. The annual statement will be made available for anyone that wishes to see it, including service users, their representatives, and regulatory authorities. As best practice, the Annual Statement should be published on the practice website. The Annual Statement should provide a short review of any: • Known infection transmission event and actions arising from this; • Audits undertaken and subsequent actions; • Risk assessments undertaken for prevention and control of infection; • Training received by staff and • Review and update policies, procedures and guidance
Infection Control Incidents (Significant Events)
Significant events (which may involve examples of good practice as well as challenging events) including any learning outcomes from investigations.

1

APPENDIX 9 – Management of sharps and splash injury

STOCKPORT METROPOLITAN BOROUGH COUNCIL

Greater Manchester Integrated Care Partnership

Management sharps and splash injuries

Dispose of the sharp into a sharps bin!

Wash wounds with soap, under running water and do not scrub the wound or use antiseptics!

Splashes to the eye will need irrigating with water, after removing contact lenses if worn.

Cover wounds with a dressing.

Then.....
Report it!
Seek help!
Record it!

Health Protection Team: Floor 2 Stopford House, Piccadilly, Stockport, SK1 3XE
Tel: 0161 474 2446 – Email: cv19@stockport.gov.uk

Version 0.1 2023 developed by the Greater Manchester Health Protection Practitioner Forum

Public Health England

NHS

Keep your vaccines healthy

When ordering

- Order when you have two to four weeks' worth of stock left
- You can make weekly orders, so it's best to order smaller amounts regularly
- Some vaccines come in multidose packs – check you order the correct number of doses
- Check Vaccine Update newsletter for latest information

When receiving your order

- Check your delivery is correct and undamaged before you sign for it
- Refrigerate the stock as soon as you have checked it off against the order
- Do not over fill the fridge as this restricts the airflow
- Ensure the shortest-dated stock is placed at the front of the fridge

When stocking your fridge

- Check expiry dates regularly – never use out of date vaccine
- Keep vaccines in their original packaging in the main part of the fridge, not in drawers
- Keep your fridge door locked at all times
- Keep the opening of the fridge door to a minimum
- Use a maximum-minimum thermometer and keep a daily record of the temperatures
- Have back-up storage for your vaccines in case of power failure
- Position the fridge away from heat sources and mark or tape the fridge plug to avoid it being turned off accidentally
- See Chapter 3 of the Green Book for more information

Immunisation
The safest way to protect your health

When responding to a vaccine storage incident, please follow the guidance at **www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors**
In the event of vaccine wastage, please record it on the **ImmForm Stock Incident** page.
If you have any vaccination delivery queries, please call **Movianto** directly on **01234 248632**.

Keep your vaccines healthy (publishing.service.gov.uk)