

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

Policy Contents

- **General Statement**
- **Organisation/Arrangements**
- **General Principles of Infection Control**
- **Specimen Handling**
- **Waste Materials**
- **Equipment Decontamination**
- **Management of Sharps**
- **Blood & Body Spillages**
- **Hazardous Substances**
- **Instruments**
- **Use of Sterilisers**
- **Storage of Vaccines**
- **Ear syringing**
- **Environmental Hygiene**
- **Occupational Health**
- **Communicable Diseases**
- **Clinical Governance**

General Statement

Infection control comes under the remit of the Health & Safety at Work Act 1974, which imposes duties of care on both the employer and the employee. Ideally we should all be working together to ensure that safe and effective systems are in place to ensure that staff, patients and other members of the public can be protected from avoidable infections.

Organisation

In accordance with current Regulations each surgery must have a written protocol on policies and procedures for infection control pertinent to the activities carried out. It is the declared intent that the surgery will operate at or above the minimum requirements under current legislation and adapt current best practice.

Nurses should be aware of these, act within them and advise on changes needed as appropriate.

Arrangements

The Infection Control Manual is located in **Treatment Room 1**.

The Manual will be updated at least annually and in accordance with best practice and current legislation.

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

Training updates are available to all nursing staff and to new staff on induction as part of their mandatory training programme.

General Principles of Infection Control

The principles of infection control and the link between hand hygiene and cross infection have been established for many years but the same principles apply today.

Primary Care Teams are seeing more and more patients with hospital acquired infection and are also carrying out procedures that were once performed in hospital such as minor surgery.

Antibiotic resistant micro-organisms - such as **methicillin-resistant staphylococcus aureas (MRSA)** and blood-borne viral infections have also highlighted the importance of universal infection control procedures.

Universal infection control precautions underpin routine safe practice. They protect both staff and patients from infection. They are carried out with all patients, regardless of perceived or known infection risk factors and include:-

- hand washing and drying
- the use of protective clothing i.e. gloves, aprons, goggles
- protection of open wounds
- safe disposal of clinical waste and sharps
- prevention of sharps injury
- safe handling of contaminated linen
- environmental cleaning
- decontamination of equipment

Transient And Resident Micro-organisms

Transient Micro-organisms

- superficial
- easily removed by routine hand washing
- easily transferred and acquired
- an important source of cross infection

Resident Micro-organisms

- deep seated
- difficult to remove
- associated with infection post-surgery or invasive procedures

Hand Hygiene

Much of the micro-organism transmission between patients occurs by staff hands.

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

HAND WASHING IS THE SINGLE MOST IMPORTANT ACTIVITY FOR PREVENTING CROSS INFECTION.

Routine hand washing is sufficient before and after most activities carried out in clinical practice. However before minor surgery and invasive procedures, a more intensive technique is required in order to reduce the number of resident organisms.

Routine hand washing removes dirt, organic material and most transient micro-organisms found on the hands. Use liquid rather than bar soap.

Surgical hand washing destroys transient organisms and reduces resident flora before surgical or invasive procedures. An aqueous antiseptic solution is applied for two minutes.

Hand drying is an essential part of hand hygiene. In clinical settings, disposable paper towels are the method of choice because communal towels are the source of cross contamination. Store paper towels in a wall-mounted dispenser next to the wash basin, and throw them away in a pedal operated domestic waste bin. Do not use hands to lift the lid or they will become re-contaminated.

Bacterial counts increase when the skin is damaged so it is important to keep the skin in good condition. Do not routinely use a nail brush, if this is necessary make sure it is single use and preferably sterile. Cover any breaks in the skin with a water-impermeable dressing.

Hand washing facilities should be adequate and conveniently located. Hand wash basins must be in place in areas where needed and where consultations take place. They should not have a plug or overflow but they should have elbow or foot operated mixer taps. A separate sink should be available for other cleaning purposes such as cleaning instruments.

Hand washing techniques

Hand washing technique is more important than the solution used. Keep nails short and clean. Remove hand and wrist jewellery where possible to reduce bacterial counts. Do not wear false nails or nail varnish. Expose wrists and forearms. You must include all parts of the hands in the process.

- Wet hands under running water
- apply soap or antiseptic solution
- without applying more water, vigorously rub all parts of the hands
- rinse hands under running water
- dry thoroughly using disposable paper towels or a sterile towel for surgical hand washing

Or

- apply 5ml of alcohol hand rub to socially clean hands for routine hand washing - two applications for surgical procedures - then rub until dry. This is only suitable if the hands are not visibly soiled - alcohol is ineffective in the presence of dirt.

Protective Clothing

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

Protective clothing is essential to protect both patients and staff from micro-organisms. It protects the skin and mucous membranes from exposure to blood and body fluids, and also protects the uniform from contamination.

Disposable gloves

Disposable gloves are available at all times for staff use. Latex-free gloves are available to staff diagnosed as having a latex allergy.

Staff should:

- wear gloves whenever there might be contact with body fluids, mucous membranes or non-intact skin
- not wear gloves as an alternative to hand washing
- change gloves after each procedure and wash hands after their removal
- not wash gloves as this may not be effective and will affect their integrity
- ensure gloves are seamless, well fitting, hypoallergenic and powder-free
- do not use polythene gloves, except in exceptional circumstances such as handling bone cement.

Disposable plastic aprons

These are to be worn when clothing might become contaminated. Use for one procedure only and then dispose.

Masks, visors, eye protection

These are to be worn when a procedure is likely to cause body fluids or substances to splash into the eyes, face or mouth. This includes the manual cleaning of instruments and certain minor surgical procedures.

Specimen Handling

Clinical specimens, include any substance, solid or liquid, removed from the patient or the purpose of analysis. Staff should be trained to handle specimens safely and receive regularly updated immunisation cover.

- ensure patient details are both on the container and the request form
- place specimens in an approved container immediately after collection
- store in a cool place - some samples may require refrigeration
- do not contaminate the outside of the container
- store specimens away from food and drink
- a biohazard label must be attached to the specimen and the request form of any known or potential high risk specimen e.g. hazard category 3 (these include Hepatitis B, C, HIV and mycobacterium tuberculosis)

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

- place the container in a plastic transport bag and put the request form into the separate pouch provided
- when receiving specimens in Reception, gloves should be worn and lesions on exposed skin covered with a waterproof dressing
- if specimens are stored overnight, they must be placed in a fridge in a Tupperware box with lid.

The specimen transport carrier must be secure and conform to guidelines set out in the Health & Safety at Work Act (1974).

Clinical material that might be infected may be sent by post but must be packaged in line with UN602 Packaging requirements - contact Royal Mail Sales Centre on **0345 950 950**.

Training of Nurses and Receptionists should be carried out by a Senior Practice Nurse.

Waste Materials

Storage of Waste

A risk assessment should be carried out regarding the siting and disposal of full sharps containers and clinical waste bags.

- clinical waste containers must never be more than three quarters full
- clinical waste containers to be kept out of reach from the public and handled with care
- ensure the containers are securely tied, labelled with the date and name of surgery, stored in a clean, secure area and protected from adverse weather conditions while awaiting collection
- never place a sharps container inside a clinical waste bag
- make sure different categories of waste are segregated during storage
- Ensure collection by an authorised contractor.

Category of Waste	Description	Disposal
Clinical Waste	Soiled dressings, swabs and contaminated waste from treatment areas. Human tissues, blood and tissues	Put in an approved yellow clinical waste bag for incineration, secured with a plastic tag and labelled with surgery name and postcode.
Clinical Sharps	Discarded needles, cartridges, contaminated sharp items	A sharps container which complies with current UN and British Standards. For incineration and labelled with surgery name and postcode.
Household Waste	Other contaminated waste e.g. paper, wrappings. Glass e.g.	Black or purple plastic waste bag for land fill site, re-use or re-cycle.

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

	jars, juice bottles - and aerosols	Package safely. Collected weekly by Onyx.
Pharmaceutical Waste	Prescription only medicines, drugs or other pharmaceutical products	Do not discharge into local sewers. Local collection arrangements
Cytotoxic Waste	Cytotoxic agents and anything which may be contaminated with a cytotoxic agent e.g. used gloves, packaging etc	Place in a clinical waste bin suitable for containing cytotoxic waste and marked "cytotoxic waste". Special collection arrangements and documentation needed

Management of Used Linen

- use single-use products such as paper roll for examination couches or arrange a contract with a local commercial laundry to collect and deliver linen
- place soiled linen with body fluids in a leak-proof water-soluble bag and arrange prompt laundering
- Used linen must be laundered at 71° for 3 minutes or 65° for 10 minutes.

Equipment Decontamination

The aim of decontaminating equipment is to prevent potentially pathogenic organisms reaching a susceptible host in sufficient numbers to cause infection.

Certain items are classified as single-use only and these items **must never be re-used**.

Re-usable equipment should be appropriately decontaminated between each patient using the following risk assessment table:-

Risk	Application of Item	Minimum Standard
Low	<ul style="list-style-type: none"> • In contact with health skin or... • not in direct contact with patient. e.g. furniture, mattresses, surfaces, commodes etc 	Clean, or single use
Medium	<ul style="list-style-type: none"> • In contact with intact mucous membranes or... • Contaminated with virulent or readily transmissible organisms (body fluids) or... • Prior to use on immuno-compromised patients. E.g. thermometers, auroscope ear pieces. NB Items used in 	Disinfect, or single use

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

	the vagina and cervix must be sterilised.	
High	<ul style="list-style-type: none"> • In contact with a break in the skin or mucous membrane or... • For introduction into sterile body areas. e.g. uterine sounds, instruments used for surgical/operative procedure 	Sterilise, or single use item

Definitions

Cleaning "is a process which physically removes contamination but does not necessarily destroy micro-organisms. The reduction of microbial contamination cannot be defined and will depend upon many factors including the efficiency of the cleaning process and the initial bio-burden. Cleaning is an essential prerequisite of equipment decontamination to ensure effective disinfection or sterilisation".

Disinfection "is a process used to reduce the number of viable micro-organisms, which may not necessarily inactivate some viruses and bacterial spores. Disinfection may not necessarily achieve the same reduction in microbial contamination levels as sterilisation".

Sterilisation "is a process used to render the object free from viable micro-organisms, including spores and viruses".

Management of Sharps

At the present time in the UK the risk of other blood-borne viral infections such as HIV and HCV infection are very small. There are three main blood borne viruses that we know can be transmitted by needle stick injury - the rates of transmission vary. An easy way to remember is the rule of 3s:

- Hepatitis B is 30%
- Hepatitis C is 3%
- HIV is 0.3%.

Often the most anxiety is focused on HIV but Hep B and C are more infectious.

Transmission from an infected source patient depends on several factors for example:

1. The depth of the injury.
2. The width of the bore of the needle as large needles will have a greater inoculum.
3. The site of the injury.

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

4. The "infectiousness" of the source patient. This means how much of the virus the source patient has in their blood - in the case of HIV it is measured by a **viral load test**.

If the source patient has HIV and has been multiply treated with antivirals, they may have resistant virus which in theory makes post exposure prophylaxis (PEP) less effective. Here a good drug history is essential and probably access to drug resistance testing could help.

After an NSI blood should be taken from the injured person and **stored as baseline** and then more blood needs to be taken after **3 months for HIV** and **6 months for Hepatitis C and Hepatitis B**, which have a longer potential seroconversion period.

Sharps Usage

Sharps include needles, scalpels, stitch cutters, glass ampoules and sharp instruments.

Sharps must be handled and disposed of safely to reduce the risk of exposure to blood-borne viruses.

Always take extreme care when using and disposing of sharps. Avoid using sharps wherever possible.

- Clinical sharps should be single use only.
- **DO NOT RE-SHEATH A USED NEEDLE** - If this is necessary in exceptional circumstances, use a safe method - for example a re-sheathing device.
- Discard sharps directly into a sharps container immediately after use and at the point of use.
- Make sure sharps containers comply with **UN 3921** and **BS7320** standards.
- Close the aperture to the sharps container when carrying or if left unsupervised to prevent spillage or tampering.
- Place sharps containers wherever sharps are handled on a level surface.
- Do not place sharps containers on the floor, window sills or above shoulder height - use wall or trolley brackets.
- Assemble sharps containers by following the manufacturer's instructions.
- Carry sharps containers by the handle - do not hold them close to the body.
- Never leave sharps lying around.
- Do not try to retrieve items from a sharps container.
- Do not try to press sharps down to make more room.
- Lock the container when it is three-quarters full using the closure mechanism.
- Label sharps containers with the source details prior to disposal.
- Place damaged sharps containers inside a larger container -lock and label prior to disposal. Do **not** place inside yellow clinical waste bag.

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

Action Following Sharps Injury/Blood Splash Incident

For example, a stab with a needle, or contamination of an open wound with blood, where the source of the blood may not be known.

There is a risk of Hepatitis transmission following an exposure incident, which depends on the nature of the exposure, Hepatitis B status of the source and the Hepatitis B status of the recipient. If the source patient is known but their Hepatitis and HIV status are not then they must give consent to be tested.

In the event of a sharps injury/blood splash incident:-

1. Follow recognised first aid precautions. The injured area should be encouraged to bleed and washed with soap and water. Contamination of the eyes, nose and mouth should be flushed with water.
2. Wounds should be cleaned, sutured and dressed as appropriate.
3. Tetanus toxoid should be administered according to standard protocols if indicated.
4. Report to Line Manager and record in Accident Book as appropriate.
If source is known to have confirmed Hepatitis B, HIV or Hepatitis C, report to the Clinical Director. A report may be required to be made to the Health & Safety Authorities according to the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR).
5. Record details and assess significance of exposure. Significant exposures are penetration of the skin by a sharp object contaminated by blood or other body fluids or contamination of the eyes, inside of the mouth or nose, or non-intact skin, by blood or bloodstained body fluid. Speak to regional microbiologist for management advice.
6. Give person accelerated course of Hepatitis B immunisation or reinforcing dose as appropriate. Immunoglobulin should only be needed if source is known to be HbsAg-positive or the exposed person is a known vaccine non-responder.
7. If source is identifiable, assess Hepatitis C and HIV risk. If either is a possibility, with consent, consider testing for anti-Hepatitis C and anti-HIV risk. Counselling and testing should not be carried out by the staff member who has sustained the injury. With consent the following can be organised with patients own GP or occupational Health representative...
 - obtain blood samples from exposed person (5-10ml serum) for storage.
 - Arrange follow up for exposed person. As a minimum, the person should be tested for anti-Hepatitis C and anti-HIV after six months. The person should report any hepatic illness.

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

- Occupationally acquired Hepatitis C infection should be reported to the Clinical Director.
- Immunisation is not available for Hepatitis C and immunoglobulin is not effective.
- Consider **immediate** post exposure prophylaxis (PEP) with anti viral drugs if source known to be HIV-infected.

8. If the source is not identifiable, or not available for testing, reassure the exposed person that transmission of Hepatitis C and HIV is unlikely.

Post Exposure Prophylaxis (PEP)

The prophylaxis for **Hepatitis B** in the non immune patient is hyper immune gamma globulin as soon as possible and an accelerated course of Hepatitis B vaccination. Even the first Hepatitis B immunisation appears to offer some protection.

The recommendation for **HIV** is that prophylaxis is started as soon as possible, **preferably within an hour**. The drugs given are generally **Zidovudine, Lamivudine** and **Indinavir**.

Many reports have shown that there is a considerable likelihood of significant side effects and frequently anti emetics are co-administered. This is a complex drug regimen where drugs are taken 5 times a day, and people often have difficulties completing the 28 day course. Due to the side effects the combination is sometimes changed or in the case of an HIV-infected source patient who is heavily pre-treated a different combination may be given after taking **expert advice**. Recipients of triple combination PEP may be unable to work due to drug toxicity.

There is currently **no PEP** available for **Hepatitis C**.

Responsibilities for Post Exposure Prophylaxis

It is important that the person who has had the NSI is treated as a patient and does not have to take responsibility for seeking consent from the source patient, prescribing medication etc.

If in any doubt seek expert advice.

It is the responsibility of all GPs to make their staff aware of the risk of blood borne viruses and try and ensure universal precautions and simple prevention measures around sharps boxes and make the risk of NSI as low as possible.

Prevention is better than cure.

When issuing sharps boxes to patients they must...

- be issued as a complete box
- be signed and dated by the person giving box out
- the lid must be locked on firmly.

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

When receiving full sharps boxes from patients they must...

- be signed by the receiver and dated
- make sure the lid is locked on firmly

Managing Blood or Body Fluid Spills

It is essential to deal with blood and body fluid spills quickly and effectively (UK Health Departments 1988, RCN 1997).

For spillage of high-risk body fluids such as blood method 1 or 2 are recommended. For spillage of low-risk body fluids such as excreta, vomit etc use Method 3.

Method 1 - Hypochlorite method

- wear protective clothing and soak up excess fluid using disposable paper towels. Special kits are available and all staff should be aware of their location
- cover area with towels soaked in 10,000 parts per million of available chlorine for example Milton or HazTabs - and leave for at least two minutes
- remove organic matter using the towels and discard as clinical waste
- clean area with detergent and hot water, and dry thoroughly
- clean the bucket/bowl in fresh soapy water and dry
- discard protective clothing as clinical waste
- wash hands

Method 2 - Sodium dichloroisocyanurates (NaDCC) method

- wear protective clothing and cover spillage with NaDCC granules - for example Precept
- leave for at least two minutes
- scoop up the debris with paper towels and/or cardboard
- wash the area with detergent and hot water, and dry thoroughly
- dispose of all materials as clinical waste
- clean the bucket/bowl with fresh soapy water and dry
- discard protective clothing as clinical waste
- wash hands

Method 3 - Detergent and water method

- wear protective clothing and mop up organic matter with paper towels or disposable cloths

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

- clean surface thoroughly using a solution of detergent and hot water and paper towels or disposable cloths
- rinse the surface and dry thoroughly
- dispose of materials as clinical waste
- clean the bucket/bowl in fresh hot, soapy water and dry
- discard protective clothing as clinical waste
- wash hands

Hazardous Substances

The surgery should identify the risks to health of microbiological and chemical hazards within the working environment according to the Control of Hazardous Substances Regulations 1988.

In the unlikely event of mercury spillage from a sphygmomanometer a mercury spillage kit should be kept.

Safety data sheets have been obtained and substances assessed. Copies of data sheets and assessments should be filed in the COSHH Manual.

Chemical disinfectant agents must be stored in a locked cupboard.

The **COSHH Manual** is located in **Nurse Treatment Room 1**.

Instruments

All instruments used should be maintained according to the manufacturers instructions and comply with the advice from the Medical Devices Agency.

All instruments should be used and sterilised in accordance with manufacturer's instructions.

Sterilisers and fridges should be checked and recorded on a daily basis.

Use of Sterilisers (Not applicable to Chartfield Surgery at present)

Where sterilisation of instruments and other medical equipment is undertaken in the surgery the steriliser must be validated and maintained to the requirements of the Health Technical Memorandum (HTM2010). It is not necessary for the practice to have detailed knowledge of this memorandum but they should ensure that the authorised person servicing the steriliser has done so according to its recommendations.

The steriliser must be checked on a daily basis and these checks recorded. Pouched cycles to be run through immediately after appropriate test has been carried out.

Benchtop sterilisers must only be used to process the type of load for which the steriliser is designed to process.

Storage of Vaccines

Vaccines are biological products that need to be stored under controlled conditions to maintain their potency and efficacy. (Department of Health 1996).

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

They must be kept between 2° and 8° during transportation and delivery and must not directly touch ice packs. On arrival, vaccines should be checked to ensure the cold chain has not been broken and for signs of damage or leakage. A nominated person, who has received specific training in this practice, should make sure vaccines are correctly stored and handled by staff.

- store vaccines in a fridge designed for this purpose
- ensure strict stock rotation with new vaccines being placed behind the older stock
- discard expired vaccines safely
- prevent overstocking and allow air to circulate around all stock
- do not store in fridge door or in separate drawers in the bottom of the fridge as air cannot circulate
- ensure systems are in place to prevent accidental disconnection of the electrical supply
- do not store items other than vaccines in the same fridge
- defrost and clean regularly, storing vaccines in an alternative fridge during the procedure
- store vaccines between 2° and 8° and not below freezing. Monitor fridge temperature using a minimum/maximum thermometer, and record results, preferably daily.

Use reconstituted vaccine according to the manufacturer's recommendations, usually within one to four hours.

Remove vaccines from the fridge for the minimum length of time before administration - discard any opened in error.

Storage of Vaccines

Do not prepare vaccines in advance of immunisation as this increases the risk of administering the wrong vaccine and may affect the temperature.

Prepare each vaccine for the individual who is to receive it.

You do not have to routinely cleanse skin unless it is visibly dirty. If alcohol or other antiseptics are used, they must be completely dry otherwise the live vaccines may be inactivated.

Multi-dose vials may be used for one session only - discard any remaining at the end of the session. Dispose of heat inactivation or incineration. There are special precautions for the disposal of live vaccines (Department of Health 1996). Contact the Local Community Infection Control Team or Public Health Department for safe procedures.

Ear Syringing

Ear syringing is a commonly performed procedure in general practice but it can cause complications, including perforation, canal laceration, infection, deafness, pain, vertigo and tinnitus.

Nurses carrying out this procedure must:

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

- be competent; nurses are required to attend ear syringe study course and successfully complete the course with relevant certificate
- examine and assess the ear problem for each patient
- identify and record risks, and inform the patient
- follow an agreed protocol
- maintain, check and use equipment according to the manufacturer's recommendations and local protocol
- ensure excessive water is removed from the ear after syringing.

Further information about this procedure and training course can be obtained from the Primary Ear Care Centre 162 Wickersley Road, Rotherham S60 4JW 01709 835315.

Environmental Hygiene

The environment plays a relatively minor role in transmitting infection, but dust, dirt and liquid residues will increase the risk. They should be kept to a minimum by regular cleaning and by good design features in the building, fittings and fixtures.

General cleaning of the surgery should be carried out by competent persons and monitored by the Nursing Team and staff generally to ensure a high standard.

- work surfaces and floors should be smooth finished, intact, durable, of good quality, washable and should not allow pooling of liquids, and be impervious to fluids.
- carpets are no longer permitted in treatment rooms or areas where minor surgical procedures will take place because of the risk of body fluid spills.
- where carpets are in place, there should be procedures or contracts for regular steam cleaning and dealing with spills
- keep mops and buckets clean, dry and inverted
- mop heads should be removable for frequent laundering or single use if this is not possible
- provide single use, non-shredding cloths or paper roll for cleaning
- keep equipment and materials used for general cleaning separate from those used for cleaning up body fluids
- colour code cleaning equipment, such as mop heads, gloves and cloths for toilets, kitchens and clinical areas. Use different colours for each area.
- use cream cleaner for cleaning hand wash basins
- use general purpose detergent for other environmental cleaning - follow the manufacturer's instructions
- use alcohol wipes for items that cannot be immersed in water - eg electrical equipment

Occupational Health

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

Employers must ensure that staff receive vaccinations in keeping with current guidance on immunisations. For example staff must be offered vaccination and follow-up health surveillance for Hepatitis B, Rubella, Tetanus, Polio and Heaf testing the BCG if needed. This must be free of charge, be provided by the employer and comply with the standards expected by the health departments in each UK country (Department of Health 1996).

The Management of Health & Safety at Work Regulations (1992) state there should be access to competent occupational health advice. This advice can be sought from:

- The Royal College of Physicians
- The Royal College of Nursing
- The Health & Safety Executive
- The Occupational Health Department of the nearest NHS Trust
- The Royal College of General Practitioners
- The Health Education Authority in England

Exposure Prone Procedures (EPP's)

EPPs are defined as procedures where there is a risk that injury may result in exposure of the patient's open tissues to the blood of the worker, for example, where gloved hands may be in contact with sharp instruments or sharp tissues inside the patient's body or wound.

UK guidelines state that any health care worker who carries out exposure prone procedures (EPPs) must be vaccinated against Hepatitis B and have their immunity checked, unless they are known to be naturally immune to the virus.

EPPs do not include taking blood, setting up or maintaining intravenous lines, minor surface suturing, incising abscesses, uncomplicated endoscopies or normal vaginal delivery.

Health care workers who are infected with a blood borne virus may need to avoid performing EPPs and should consult their occupational health specialists for further advice (UK Health Departments 1998).

Occupationally acquired diseases and infections must be reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) (RIDDOR). This includes such injuries that involve exposure to HIV or Hepatitis B.

Communicable Disease Control

Under Public Health legislation published in 1984 and 1988 it is the responsibility of the General Practitioner to notify the Consultant in Communicable Disease Control, if he/she is aware or

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

suspects that a patient is suffering from a notifiable disease or food poisoning. Nurses working in general practice may need to refer patients to the GP if they suspect any patient presenting for treatment who is suffering from any of the following:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Cholera
- Diphtheria
- Dysentery (amoebic or bacillary)
- Food poisoning
- Leprosy
- Leptospyrosis
- Malaria
- Meningitis
- Meningococcal septicaemia (without meningitis)
- Mumps
- Ophthalmia neonatorum
- Paratyphoid fever
- Plague
- Rabies
- Relapsing fever
- Rubella
- Scarlet Fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (Lassa fever and Marburg disease)
- Viral hepatitis
- Whooping cough
- Yellow fever

Forms should be completed and forwarded to the Department of Communicable Diseases.

CHARTFIELD SURGERY – INFECTION CONTROL POLICY

OUTCOME 4 REG 9 & OUTCOME 8 REG 12

Clinical Governance

High standards of care are expected throughout the Health Service and the surgery is committed to providing high standards of care to all their patients.

Systems are in place to ensure that staff possess the skills, knowledge, training and information to carry out their duties in a safe manner. Where non-nursing/medical staff carry out other tasks such as the cleaning of used instruments and venepuncture they must be included in this training.

All staff must be familiar with infection control issues.

Infection audits are carried out regularly and are seen as a valuable method of monitoring, maintaining and improving standards and clinical practice.

The surgery will carry out Infection Audits on a yearly basis to ensure that standards and clinical practice within the surgery are above the minimum standards required under current regulations and legislation.

Contact Number of South West London Health Protection Unit

0208 682 6132 (office hours)

0208 390 4008 (out of hours)

Work includes:

- Communicable disease control
- Infection control
- Chemical incidents and environment hazards