# **The Upstairs Surgery**

Person Responsible for review of this policy: Sharon Ramsaroup

Date of Policy 03/07/2018

Date of next review 03/07/2019

***Purpose and scope***

The purpose of the policy is to set out the infection prevention and control procedures at our Practice . The policy also conforms with current legistration and guidance from professional bodies and current body of opinion on good practice.

This policy is relevant to all clinical and non-clinical staff who works at our surgery, Individuals on training placements and visitors/observers on the premises must also adhere to this.

Commitment of the practice

All clinical and non-clinical staff at the practice are committed in minimising the risk of infection and to ensure safety of patients and themselves

We all need to be aware of infection control measures. General practices are performing more minor surgery and invasive procedures, and primary care teams are dealing with an increasing number of patients with hospital-acquired infections.

This policy will be monitored and reviewed annuallyby the Infection Prevention and Control Lead. ( IPC).

The ICP Lead for this Practice is Sharon Ramsaroup.

Standard Procedures

.**Protective clothing**  
Protective clothing is essential to protect both patients and staff. As defined by the Health and Safety Executive, protective clothing ensures that skin, mucous membrane and healthcare workers' uniforms are protected from exposure to blood and body fluids.(1)

***Aprons***  
Water-repellent disposable protection should be worn when there is anticipated contamination from blood or body fluids (e.g., cervical cytology), or when close contact between the patient, materials or equipment may lead to contamination of clothing.(2)  
 ***Masks, visors and eye protection***  
These items are indicated when there is a procedure that is likely to cause body fluids or substances to splash into eyes, face and oral mucosa. Within general practice this may be: while manually cleaning instruments; while decontaminating invasive devices; during certain minor surgical procedures; and for cytotoxic therapy.

***Gloves***  
Disposable gloves are advocated if direct contact with blood or body fluids is anticipated, or whenever there might be contact with mucous membrane or non-intact skin. These should be seamless, nonsterile and powder- free. It is essential that a risk assessment is conducted on the gloves' suitability to reduce latex exposure, and that gloves are fit for the purpose.(3) Gloves must be changed following each procedure, followed by a thorough hand wash. A number of studies have identified that gloves used in clinical practice leak when apparently undamaged.(4,5) Therefore the integrity of gloves cannot be taken for granted, and hands may become contaminated during glove removal.(6)  
 **Hand hygiene**  
Evidence supports hand washing as one of the single most effective procedures in the control and prevention of infection.(7,8) However, despite the evidence, inadequate hand washing is still an issue.  
Routine hand washing removes most transient micro- organisms from soiled hands. The frequency of hand washing is determined by what you are doing - wash before and after direct patient contact. In most settings, hand washing with liquid soap and water is adequate for the purpose of the removal of dirt, organic material and most transient organisms found on the hands.(9) Before minor surgery or after invasive practices, a more intensive technique is required.  
Liquid soap is preferred to bar soap. Hands must be washed thoroughly using a 10-15-second hand wash technique, rinsed well and dried using disposable paper towels. Hand drying is extremely important as wet surfaces transfer microorganisms more effectively than dry ones.(10) Often terry towels continue to be used in clinical areas and are a potential risk for cross-infection.  
Alcohol rubs are a quick and effective alternative when water or towels are not readily available. They are of particular value in homes where hand washing facilities are limited or not available, and within general practice between patient examinations.(11) All cuts and abrasions must be covered with a waterproof dressing.

**Disposal of waste**  
Waste disposal within our Practice is governed by the Environmental Protection Act and the publication Safe Disposal of Clinical Waste by the Health Services Advisory Committee.(12) The practice has a policy in place and reflect all aspects of waste management.  
The practice have a responsibility to ensure that workers are trained in clinical waste disposal. Correct waste handling is imperative. For example: storage bags must be effectively sealed; waste bags should be handled by the neck only; all staff should know the procedure in the case of ­accidental spillage and to report accidents; the seal of any storage bag must be checked to ensure it is ­unbroken when movement is complete; the origin of the waste must be clearly marked on the bag; staff must be aware of the problems related to sharps disposal; different categories of waste must be ­segregated during storage; a sharp container must never be placed inside a clinical waste bag; and the waste carrier must be registered to ­collect clinical waste.  
Further to this, waste must be stored in an allocated area that is not accessible to the public. The storage location for clinical waste awaiting collection must be secured and lockable if outside the health centre. Access to storage facilities should be limited to those responsible for handling, transporting or disposing of clinical waste.

The practice Staff are responsible for leaving their work station clear and tidy to allow the cleaners to clean effectively. Appropriate cleaning for clinical equipment and fixtures between each individual patients cleaning of any spillages which arises during the day. (see the practice protocol for the management of Spillages attached as Appendix One).

All clinical and non-clinical staff are aware on how to access and how to use the Spillage Kits within the Practice.

**Management of sharps**  
The safe handling and disposal of needles and other sharp instruments should be an integral part of policy development. As with other infection control strategies, management and implementation of safe working practices are paramount. This ensures that risks are identified and procedures are in place to minimise those risks. All clinical and non-clinical staff who handles specimens are vaccinated for hepatitis B and are aware of other blood borne viruses, such as hepatitis C.  
The practice has a sharps policy that is easily made available, incorporating information on how to access medical intervention in the event of potential occupational exposure.( see below under management of Sharps)  
Accidental inoculation is defined as a puncture of the skin caused by:

* All penetrating sharps/needle injuries.
* Contamination of abrasions with blood or body fluids.
* Scratches/bites involving broken skin - causing bleeding or other visible skin puncture.
* Splashes of blood/body fluids into eyes or mouth.

**Needle stick Injury Protocol.**

In the event of a sharps injury, the area should be encouraged to bleed, washed immediately under running water and covered. Accidents must be reported immediately to the manager. This may be the practice manager, The general practitioner (GP) on call or the ICP, also the incident should be documented in a log book and raised this as a significant event. Giving feedback and a reflection of the incident.  
A bulletin issued by the Medical Devices Agency identified continuing reports of sharp injuries occurring as a result of the inappropriate sharps disposal.(12)  
***Management of sharps***

* Needles must never be resheathed and always ­disposed of as a complete unit into a sharps ­container.
* Sharps must not be passed directly from hand to hand, and movement must be kept to a minimum.
* If it is necessary to remove a needle from a syringe, such as transferring blood to a specimen bottle, the needle must be placed in the sharps container before transferring the blood.
* Needle forceps or other suitable devices must be used when the needle is disposable from a reusable syringe (e.g., local anaesthetic in dentistry).
* Cuts and abrasions of exposed skin must be ­covered with a secure waterproof dressing.
* Sharps containers should comply with British ­standards.
* Sharps containers should be only three-quarters full before sealing and disposal.
* Sharps containers must be correctly and ­adequately sealed.
* Sharps containers should be labelled with source of origin and date.
* Sharps containers are not placed in yellow bags.
* Wear appropriate protective clothing (such as aprons, gloves, protective glasses, masks) when involved in any procedure likely to lead to spillage of blood or body fluids.
* Never leave sharps lying around following use. It is the responsibility of the user to ensure ­immediate safe disposal.
* Sharps must be disposed of in the correct coloured coded sharp bins
* For Example, Cytostatic drugs, i.e. Depo provera, Zoladex, prostap and other hormonal preparation drugs should be disposed of in a purple top sharpsbin.
* The practice does not administer chemotherapy drugs.

.  
Intermediate risk  Any item in contact with: intact mucous membranes or contaminated with body fluids; before use on immunocompromised patients; ear syringing. Items used in the vagina or cervix must be sterilised.  
High risk  Any item in contact with a break in the skin or mucous membrane or that is introduced into an area identified as sterile; instruments used for surgical/operative procedures.

***Disinfection***

* All chemical disinfectants must be correctly ­selected and used.
* The Control of Substances Hazardous to Health (COSHH) regulations must be adhered to.(18)
* When diluting disinfectants they must always be measured (no guesses).
* Always wear disposable gloves, apron and eye ­protection, if indicated, when using disinfectants.
* Rinse equipment with water after disinfection.
* Discard the disinfectant solution after use, clean the ­container and store dry.

***Sterilisation***

The Practice does not use a steriliser, all instruments and speculums are single use.

**Handling Specimens**

All samples that are received or performed in the practice should be in the appropriate containers and are to be inserted into the approved plastic bag that is sealable.

All blood or potentially infected matter such as urine or other excreta for microbiological examination should be treated as high risk and should be handled using appropriate protective procedures that is deemed relevant,

Samples in sealed containers should pose a low risk as long as the outside has not been contaminated or damaged.

**Audit and Risk assessment**

A risk assessment and audit will be undertaken once a year.

Effective infection control is of paramount in providing high quality support for consumers and a safe working environment for the practice Employers.

.

**References**

1. Health and Safety Executive. Personal protective equipment at work regulations: guidance on regulations. London: HMSO; 1992.
2. Griffiths-Jones A, Ward K, editors. Principles of infection control practice. London: Scutari Press; 1995.
3. ICNA. Glove usage guidelines. London: ICNA; 1999.
4. Korniewicz DM, et al. Leakage of virus through used vinyl and latex examination gloves. J Clin Microbiol 1990;28:787-8.
5. De Groot, et al. Permeability of latex and vinyl gloves to water and blood. Am J Infect Control 1989;17:196-201.
6. Pratt RJ, et al. The epic project: ­developing national evidence-based guidelines for preventing healthcare associated infections. Phase I: Guidelines for preventing hospital-acquired infections. J Hosp Infect 2001;47 Suppl:S3-82.
7. Larson E, et al. Efficacy of alcohol-based hand rinses under frequent-use conditions. Antimicrobial Agents Chemotherapy 1986;30:542-4.
8. Ayliffe GA, et al. Hygienic hand disinfection tests in three laboratories. J Hosp Infect 1990;15:141-9.
9. Ward V, et al. Preventing hospital acquired infection - clinical guidelines. London: PHLS; 1997.
10. Hoffman PN, Wilson J. Hands, hygiene and hospitals. PHLS Microbiol Digest 1994;11(4):211-61.
11. McFarlane A. Why do we forget to remember handwashing? Prof Nurse 1990;5:250-2.
12. Health Service Advisory Committee. Safe disposal of clinical waste. London: HMSO; 1999.
13. Medical Devices Agency. Safe use and disposal of sharps. MDA safety warning. London: MDA; 2001.
14. Hoffman PN. Decontamination of equipment in general practice. Practitioner 1987;231:1411-5.
15. Morgan DR, et al. Decontamination of instruments and control of cross-­infection in general practice. BMJ 1990;300:1379-80.
16. Coulter WA, et al. Autoclave performance and operator knowledge of autoclave use in primary care - a survey of UK practices. J Hosp Infect 2001;48:180-5.
17. Royal College of Nursing. Good ­practice in infection control: guidance for nurses working in general practice. London: RCN; 2000.
18. COSHH Regulations. Statutory instrument number 1657. London: HMSO; 1988.
19. Medical Devices Agency. The purchase operation and maintenance of benchtop steam sterilisers. DB 9605. London: MDA; 1997.
20. MDA. Single use medical devices: implications and consequences of reuse. DB 2000(04).London: MDA; 2000.

**Resources**  
Infection Control Nurses Association  
W:[www.icna.co.uk](http://www.icna.co.uk/)  
Medical Devices Agency  
W:[www.medical-devices.gov.uk](http://www.medical-devices.gov.uk/)  
Public Health Laboratory Service  
W:[www.phls.co.uk](http://www.phls.co.uk/)

Appendix One

Spillage Policy.

This Policy is for the management of spillage of **high risk body fluids such as blood**

See below, method One

(Sodium Dichloroisocyanurate(NaDCC) method

. protective clothing must be worn and cover the spillage with NaDCC granules

.leave for at least 2 mins

. Assemble the scoop to scoop up the debris

.Disinfect area with 10.000 ppm of chloride solution.

.Dispose of all material and PPE clothing as clinical waste.

Method 2, Spillages for **low risk body fluids such as vomit and excreta**.

Wear PPE clothing and mop up spillage with paper towels or disposable cloths

.Clean the surface using a solution of detergent and hot water and paper towel or disposable cloths.

.Clean the surface using a solution of detergent and hot water and paper towels or disposable cloths

.Rinse the surface and dry thoroughly

.Dispose of the materials as clinical waste

.Clean the bowl/bucket with fresh water/detergent and leave to air dry

.Discard the PPE clothing as clinical waste.

Review date 03/07/2019