

BRUNSWICK PARK MEDICAL PRACTICE

INFECTION CONTROL POLICY

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1. Introduction

The information in this policy conforms to the specifications as stipulated in The Health and Social Care Act 2008 (a full DoH version of this can be found in the Policy folder). This Act is aimed at enhancing patient safety and improving public health and covers four key policy areas: creating the Care Quality Commission as a new integrated regulator for health and adult social care; the reform of professional regulation to enhance public and professional confidence in the system of professional regulation and strengthen clinical governance; Public Health Protection Measures to strengthen the response to infectious disease and provide a response to contamination; and the Health in Pregnancy Grant to be a one-off payment to expectant mothers ordinarily resident in the UK, to help with the costs of a healthy lifestyle, including diet, in the later stages of pregnancy.

A 'Code of Practice', which came into force on 1 April 2010 sets out the criteria against which a Practice will be required to register with the Care Quality Commission and then be assessed by them to ensure the criteria is met. The Practice timeline is April 2013, hence this Policy will be reviewed again prior to this time and updated accordingly.

This document sets out the surgery policy on infection control and should be used with reference to the principles outlined in the Infection Control (biological substances) Protocol ***Appendix 1** and the Infection Control Inspection Checklist ***Appendix 2**

2. Policy Statement

The **Brunswick Park Medical** Practice is committed to the control of infection within the building and in relation to the clinical procedures carried out within it.

The practice will undertake to maintain the premises, equipment, drugs and procedures to the standards detailed within the Checklist and will undertake to provide facilities and the financial resources to ensure that all reasonable steps are taken to reduce or remove all infection risk.

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

3. Proposals for the Management of Infection Risk

The clinician responsible for Infection Control is Wendy Prescott.

The non-clinician/staff member responsible for Infection Control is Esther Abel.

The lead cleaner responsible for Infection Control is the contracted cleaning company which is organised by Esther Abel.

Wendy Prescott will be responsible for the maintenance of personal protective equipment and the provision of personal cleaning supplies within clinical areas.

The lead cleaner will be responsible for the maintenance of the provision of personal cleaning supplies within non-clinical areas

Wendy Prescott will be responsible for the maintenance of sterile equipment and supplies, and for ensuring that all items remain “in date” although dates for single use items need to be checked by the clinician who is just about to use them.

4. The following general precautions will apply:

- A daily, weekly, monthly and 6 monthly cleaning specification will apply and will be followed by the cleaning staff.
- Infection Control training will take place for all staff on an annual basis and will include the e-learning on-line toolkit, hand washing procedures and sterilisation procedures.
***Appendix 4**
- Infection Control Training will take place for all new recruits within 4 weeks of start.
- Hand washing posters will be displayed at each designated hand basin. ***Appendix 4**
- A random and unannounced Inspection Control Inspection by the above named staff, using the Checklist *** Appendix 2**, will take place on at least a bi-monthly basis and the findings will be reported to the partners’ meeting for (any) remedial action.

See also:

***Appendix 3 Sample (blood, urine etc.) handling protocol**

5. Appendix 1 – Infection Control for biological substances protocol

Biological substances – Infection Control Protocol

INTRODUCTION

THE FOLLOWING MEASURES TO BE TAKEN BY ALL STAFF TO LIMIT THE RISKS OF INFECTION FROM THE FOLLOWING BIOLOGICAL SUBSTANCES. LOCAL AND NATIONAL GUIDELINES RELATING TO THE CONTROL OF INFECTION SHOULD BE CONSULTED.

All new staff will be provided with training on infection control as part of induction procedures, and will also receive an annual update.

GENERAL PRECAUTIONS - SPILLAGES

If there is any blood or other body fluid spillage outside the workplace then it can be rinsed away with a 2% bleach / water solution.

If there is spillage within the workplace a spillage kit is available containing antiseptic granules which may be poured onto blood spills, leave for 2 minutes, and removed using paper towels. The kit also contains rubber gloves (to be replaced if used once) and goggles to prevent splashes into the eyes. Disposable aprons should also be used.

Block off spillage areas from patients and staff until the spillage has been removed. Always use Personal Protective Equipment (PPE), and note the following general guidelines:

- Paper towels etc, once used, should be placed in clinical waste
- Non-disposable items such as buckets etc should be disinfected using a suitable bleach / disinfectant solution

- Always wash your hands using thorough techniques immediately after the event - see also Handwashing Policy

HIV is much less infectious than Hep B. The former will not live long outside the human body. The latter will survive for over a week in a drop of dried up blood. Consequently everyone in the practice will receive a Hep B vaccination shortly after recruitment, and everyone will receive training on infection control on an annual basis.

In the case of infection by an HIV patient drugs are available which, if administered within 1 hour will give an 80%+ chance of killing the HIV infection. The A&E department at Barnet General Hospital telephone 08451114000 is to be contacted immediately for advice on obtaining this treatment.

Handling of Pathology Specimens – Danger of Infection samples

These are labelled to alert laboratory staff that the specimen may require special handling. Clinical judgement is required in deciding to label samples correctly, and the onus is on the requestor to label correctly. Samples from the following will require "Danger of Infection" labelling:

- Patients with proven infection with a Hazard Group 3 (HG3) pathogen e.g. Hepatitis B and C, HIV, Tuberculosis and other mycobacteria, typhoid, brucella and anthrax.
- Patients suspected of having a HG3 pathogen (information from clinical history and examination e.g. injecting drug user, haemophiliac vCJD)
- A patient who is part of an ongoing outbreak caused by HG3 pathogen.
- Inmates of prisons.

The remainder of this protocol will deal with specific substances and procedures listed below:

- Blood
- Urine
- Faeces
- Vomit
- Semen
- Sputum/phlegm
- Vaginal specula
- Microbiological swabs
- Vaccinations
- Decontamination and disposal of materials contaminated with biological substances
- Transportation of biological specimens

BLOOD

Two major potential hazards from blood are contraction of Hepatitis B and C and the AIDS virus. The risk of contracting any of these is minimal if the operator does not inject his or her self with the patient's blood. If the operator has an open wound and spills an infected patient's blood there is a potential for transmission of one of these infective agents; in these circumstances it is advisable that the operator wears gloves.

Medical personnel who either handle blood samples or take blood from patients are therefore to take the following precautions:

The Taking of Blood

The risk of contamination to personnel is always less if the patient and the operator are relaxed and still. It is recommended that patients lie down during blood letting where appropriate. It is imperative that the operator takes his/her time and does not rush.

Sterile disposable syringes and needle are to be used only once. Care is to be taken that no blood comes into contact with the operator's skin by taking the following precautions:

- Always withdraw the needle from the vein whilst covering the site of the needle puncture with a cotton wool ball (not a medi-swab).
- Should a drop of blood escape from the end of the needle following the withdrawal, allow it to drip into the cotton wool ball.
- Do not sheath the needle as this is the most common cause of needlestick injury.
See Appendix 1.i – Needlestick Injury Protocol
- If a vacutainer system is not used, carefully pull back on the syringe to draw a little air into it.
- Carefully remove the needle from the syringe/vacutainer holder and place it immediately into the sharps box.
- Where syringe and needle are used, insert the required amount of blood into the bottle and do not fill beyond the line, since this increase the risk of spillage during transportation.
- With the introduction of vacutainers, the risk of spillage from filling bottles has diminished but care still needs to be taken when removing the bottle from the inducer when two or more specimens are needed to be collected.
- Replace the cap on the bottle and ensure a good seal.
- If required the bottle may be mixed with the preservative by gently rolling or tipping the bottle. Do not shake.
- When the required number of bottles has been filled, the syringe and any contents need to be disposed of in the sharps box. This will decrease the risk of spillage of blood onto the outside of the container from the syringe.
- If the amount of surplus blood in the syringe is more than 5 mls it should first be sealed in a blood bottle, like other blood samples, to reduce the risk of spillage.
- Once the sharps box is two thirds full it is to be sealed and returned for disposal. Under no circumstances attempt to force a syringe into a sharps box.

- All specimens are to be sealed in plastic pathology sample bags ready for transportation. Each sample should have its own bag. All forms that accompany the sample should be in a separate part of the plastic bag.
- Specimens should be stored in a cool safe place.
- All personnel who work with or may handle blood or pathological specimens are to be vaccinated against Hepatitis B and have their antibodies measured following vaccination to reduce the risk of contracting this infection.

Handling of Samples:

- All samples of blood are to be in the approved sample tubes provided, which are sealed by a top. Should leakage of blood occur due to imperfections in the bottle or incorrect fitting of the top, then the sample is not to be transported out of the Practice in the container.
- All sample tubes containing blood are to be inserted into an approved plastic bag, which should be sealed to minimise the risk of contamination of personnel should leakage occur.
- If there is a leak or spill the action will depend on the extent of the leak. If the leak is contained within the plastic bag the bag should not be opened and should be inserted within another plastic bag, which should then be sealed.

A suitable person (doctor/nurse) is to be informed if a leak occurs and will decide whether to dispose of the sample or to transfer the remains of the sample into another bottle. The transfer of blood should only be undertaken when the risk of contamination of personnel is minimal and when gloves are used. Otherwise the sample is to be disposed of as above in a plastic bag inserted to the clinical waste container.

- If the leak is not contained within the bag and contaminates either the outside of the bag or external objects the following action is to be taken:
 - Avoid any further contamination by containing the sample within another plastic bag - if possible without undoing the bag. Tighten the top of the tube as this may be loose.
 - Dispose of the sample within an approved clinical waste container.
 - Ensure that your hands are washed thoroughly with hot water and/or alcohol gel or soap. Any cut or open wound that comes into contact with the patient's blood should be thoroughly washed to ensure that none of the patient's blood remains in contact with the wound. **See Handwashing policy**
 - Any contaminated objects should be cleaned and disinfected as described below.
 - All blood should be treated as high risk and universal precautions applied.

Sharps Boxes:

The purpose of a sharps box is to protect personnel from injury. The most likely time that injury will occur is when inserting an object into the sharps box. Therefore it is important that the box is not used beyond the two-thirds full stage. If the box is more than two thirds full, seal it and start a new box. Never force objects into the box - if the syringe is too big to fit into the box, even though the box is not yet two thirds full, start a fresh box.

All sharps boxes are wall mounted!

Refer to ***Appendix 1- Needlestic Injury Protocol**

Patients who are bleeding:

The situation of a patient who is bleeding rarely poses a significant risk to the staff. However, some risk does exist and extra precautions and therefore needed:

- Always wear gloves when dealing with open wounds whether or not they have stopped bleeding.
- In the event of significant bleeding, such that would lead to contamination of medical staff clothing, a plastic apron must be worn.
- Patients should not leave the Practice whilst they are still bleeding as this poses a risk to the general public.
- Contaminated clothing belonging to the patient should be placed inside a plastic bag and returned to the patient with appropriate advice about soaking clothing in cold water before washing and about prevention of contamination of the clothing of other personnel. The patient should be advised to disinfect the bowl or sink that the clothing is soaked in.
- We have 'Spillage Kits' in Consulting Room 6,7 & the nurses room 4 which contain cleaning materials specifically for treating blood/urine spillages.

Major Accidents:

Occasionally, personnel will be involved with a major incident or accident where many people are injured, possibly seriously. All personnel are to take reasonable steps to protect themselves from injury and contamination. However, it is recognised that this may fall far short of the guidelines above. Personnel should remember that their prime duty under these circumstances is to the patient whilst maintaining as many safety precautions as possible. For this reason vaccination with the Hepatitis B vaccine is mandatory for all medical personnel.

Urine

Urine, whether non-infected or infected, poses less of a risk than blood. However sensible precautions should still be taken to avoid contamination of personnel or their clothing. Gloves should be worn when handling urine containers as it is impossible to tell whether or not the container is contaminated with blood or faeces.

Samples of urine in sealed containers should pose no health risk provided that the bottle is adequately sealed and no urine contaminates the outside of the bottle.

Analysis of samples of urine

- Pregnancy tests and dipstick testing make necessary the opening of urine bottles and exposure of personnel to urine. Gloves should be worn whilst testing urine and hands must always be washed after handling urine and testing urine.
- Disposal of Urine. Urine is to be disposed of down the sluice or toilet. **Under no circumstances may it be disposed of down a sink.**
- Disposal of Urine Containers. Urine containers are disposable and are to be used once only. Urine bottles are to be emptied when analysis is complete and disposed of in the clinical waste bin.

Faeces

Faeces pose a risk to medical personnel. Through faeces a number of diseases are transmitted that can be serious (though they are rarely as serious as blood diseases). It is important to handle specimens correctly to avoid the risk of disease.

Samples:

- Samples should be handed in a specimen pot. Other containers are not acceptable. The patient should label his specimen container before defecation with his name, date of birth and date and time of production. The specimen should then be placed inside a specimen bag and sealed by the patient. The patient should be advised to wash his hands thoroughly after defecation before touching the specimen pot and again after inserting the specimen pot into the bag.
- The cleaners are contracted to clean the entire building 2 times a week. In the event of a patient having diarrhoea the toilet should be cleaned by the patient if they are well enough, or by medical staff in the event of the patient being too ill to perform this task. Medical staff and cleaners should wear gloves when cleaning the toilet. Hands must always be washed afterwards.

Vomit

Vomit can contain infective organisms and is thus a risk to personnel. Always work on the assumption that the vomit is infected. Patients will usually have time to obtain a bowl or find their way to the toilet, but occasionally patients will vomit on the floor or furnishings.

Disposable paper bowls are available in each consulting room, but if any other container is used it should be emptied down the sluice or toilet and washed out immediately after being emptied and then disinfected. Toilets should be cleaned and sterilised in the same way that they are for diarrhoea. Personal Protective Equipment should be used. Spillages are to be cleaned in accordance with the practice spillage guidelines within this document.

Semen should be collected by the patient into a universal container and delivered to Barnet hospital laboratory within an hour of sample collection.

SPUTUM/PHLEGM

Sputum should be collected by the patient into a universal container and labelled by the patient. The container should be inserted into a plastic specimen bag with the request form in the pocket separate to the specimen itself. In the event of the specimen leaking out of the bottle or the bottle breaking the specimen is to be disposed of and a new specimen obtained.

VAGINAL SPECULA, SPATULA AND SMEARS

- Disposable speculums are only used. The doctors and qualified nurses are the only persons permitted to perform vaginal examinations and smears. Disposable specula are to be put in the clinical waste bag after use and this can be done by appropriately trained staff who may be assisting with the procedure. Gloves are to be worn when disposing of these instruments. Used spatulas are to be placed in the clinical waste bag.
- Cervical smear specimens are to be labelled and place in the appropriate specimen bag and sealed before placed in the collection box.

MICROBIOLOGICAL SWABS

Swabs are taken of many infected areas of the body to assess the cause of the infection. Thus a swab by definition contains an unknown hazard. Provided the swab is not removed from the transport medium, no risk of transmission of infection exists unless there has been contamination of the outside of the container. The following guidelines are to be followed:

Taking Swabs from Infected Lesions:

- The infected area must not be touched with the hands.
- The infected area must not come into contact with the operator's clothes.
- The container for the swab and the patient are to be as close together as is reasonably possible in order to minimise the distance that the swab needs to travel once the specimen has been taken.
- Care is to be taken that the swab contains enough material for analysis but not so much that there is a likelihood of dripping pus during the transit of the swab from the patient to the specimen container.
- The top of the bottle must be sealed adequately before insertion into a sealed plastic hazard bag. The form that accompanies the specimen is to be placed in the appropriate pocket of the bag and not in the same compartment as the specimen.
- In the event of the top becoming loose and parting from the container whilst in the bag, the top is to be re-sealed either through the bag, or by opening the bag.

- The transport medium is solid and unlikely to leak out of the bag, however, in the unlikely event of this occurrence it has to be assumed that microbiological material has also leaked. Therefore the specimen is to be disposed of and re-taken.

VACCINATIONS

Advice about blood taking also applies to vaccination of patients. Always avoid contact with blood by the use of cotton wool swabs after withdrawing the needle. Never sheathe the needle, always dispose of needles safely and without delay. When disposing of the needle it is to remain attached to the syringe, unlike blood letting where the purpose of removing the needle is to avoid haemolysis of the blood cells.

DECONTAMINATION & DISPOSAL OF MATERIALS CONTAMINATED WITH BIOLOGICAL SUBSTANCES

Clothes:

Precautions should always be taken to avoid contamination of clothing whenever possible, by the use of protective clothing, e.g. plastic apron when the situation can be anticipated. However there will be occasions when it is difficult to anticipate the situation. Contamination of clothes with biological material necessitates the following measures:

- Remove as much surplus material as possible using gloves and a disposable wipe.
- Change into clean clothing if any risk exists to either the operator or patients whom the operator will treat during that shift. If in doubt - change.
- Personnel should ensure that the clothing does not come into contact with any surface on which food is prepared.
- Blood stained clothing should be soaked in cold water prior to washing to facilitate removal of the stain.
- Soiled clothing should ideally be washed separately from other non-soiled clothing and the washer used at the maximum temperature that the clothing could tolerate without being damaged.
- There may be occasions when it is deemed fit for an item of clothing to be destroyed due to contamination with biological material. Under these circumstances the item is to be sealed in a hazard bag and disposed of in the clinical waste bin.

TRANSPORTATION OF BIOLOGICAL/CLINICAL WASTE

- Biological or clinical waste is to be placed in appropriate containers only. Sharps are to be placed only in sharps boxes. Only contaminated material that cannot penetrate the plastic is to be placed in hazard bags. Contaminated or non-contaminated material that may penetrate the hazard bags must be placed in a sharps box. This includes unbroken glass that may become broken if the bag is damaged in transit.

- Yellow hazard bags are to have no contamination of their outer surface. If there is contamination of the outer surface of the bag with biological material, the bag is to be placed inside another bag and sealed ready for transportation.
- Once boxed or bagged in hazard containers, waste is to be stored in the Clinical Waste bin in the Health Centre Car Park. The waste material is to remain inside these solid containers until collected by the clinical waste contractor.

See also *Appendix 1.ii – Disposal of waste protocol

Appendix 1.i – Needlestick Injury

PROTOCOL FOR NEEDLESTICK INJURIES

INTRODUCTION

The purpose of this protocol is to provide guidance for the urgent treatment and attention to injuries by sharps. It should be readily available in the event of an incident. Practices should research local arrangements and follow procedures in place as recommended by their own Health Protection unit.

PROCEDURE

The following action is recommended in the event of an inoculation injury.

1. IMMEDIATELY:

- (a) Make the wound bleed, if possible.
- (b) Clean well with copious amounts of soap and running water.
- (c) Apply occlusive dressing.
- (d) Identify the source of the sharp.

2. Refer immediately to the duty doctor in the Practice and see Appendix 3.ii for Occupational Health contact information

Recommended Action may then be:

3. Obtain sufficient information to identify the patient and the member of staff. Take a focused and impartial history to identify risk of HIV, HEP B (HBV) and HEP C (HCV).
4. If at high risk for HIV start Post Exposure Prophylaxis preferably within an hour, but worthwhile up to 36 hours post-exposure. Find HBV status of “recipient” and consider booster even if good immunity, consider HEP B immunoglobulin.
5. Note the type of injury, depth, gauge of needle, if used for injecting or aspiration, and if hollow bore or bloodstained.
6. Counsel and consent “donor” to take blood for immediate testing regardless of history.

7. Counsel and consent "recipient" for bloods to be taken and stored for HIV, HBV and HCV

Appropriate clotted blood specimens from the member of staff involved and the source patient may be requested immediately and in three months time, and should be sent with request forms and details of the accident. HIV testing is not routine and will not be undertaken without full counselling.

If immunoglobulin is required the member of staff will be contacted and treated by the Accident and Emergency Unit. Immunoglobulin must be given within 48 hours to be of most benefit.

8. **An accident report should be completed.** The Accident Report Book is held in The reception. The following should be recorded.

- The source of the sharp and description of the accident. Include the place, date, time and any witnesses.
- The name of the source patient.
- The action taken.
- Any persons who gave advice and the advice given.
- The advice given to the patient and/or staff member concerned.
- The action taken to prevent recurrence.

Sharps should be kept in the appropriate "Sharps" box, out of the reach of children and with the lid closed - except when disposing of the sharp.

Sharps should be disposed of by the person using them. **Never leave sharps to be disposed of by someone else.**

It is the responsibility of staff suffering injury to ensure that advice on first aid is sought and to ensure completion of the appropriate documentation in accordance with the Health and Safety Regulations.

APPENDIX 1.ii – DESPOSAL OF WASTE PROTOCOL

WASTE MANAGEMENT PROTOCOL

INTRODUCTION

The Brunswick Park Medical Practice has a general duty to ensure, so far as is reasonably practicable, the health and safety of employees and other persons who may be affected by the storage, handling or disposal of waste products. It is essential that waste is disposed of in a proper manner and that the method of disposal, and the standard of record keeping, complies with both legislation and best practice.

The policy will be reviewed annually to ensure that it remains effective and complies with current legislation.

The aim of this protocol is to increase awareness among staff who may be involved in the handling of clinical and non-clinical waste to ensure that safe procedures are maintained. Handling of waste should be considered when carrying out risk assessments for employees who are pregnant, or are new or breastfeeding mothers.

Definition of Waste

Waste is anything which is discarded by a business. The method of dealing with waste varies according to the nature of the waste itself, and the need to dispose of the class of waste in a safe manner, both for staff, contractor staff, and the environment.

Hazardous waste is defined as waste having the potential to harm persons or the environment.

If the premises produce Hazardous Waste, then it must be registered with the Environment Agency, although some types of business (typically offices producing less than 200kg a year) may be exempt. Most authorised contractors will undertake this registration on behalf of customers, and generally this must be done prior to removal of the waste.

Although waste may be of many differing types, the remainder of this protocol will deal with types of waste commonly found in general practice. Practices may elect to ensure that they comply with regulations themselves; however most will allow their waste contractors to deal with the management and disposal of their waste, along with the correct documentation, for a small annual fee.

Clinical Waste

Any waste which consists wholly or partly of human tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it. This includes other waste arising from the provision of treatment such as disposable clothing, towels, or any other waste which may cause infection to any person coming into contact with it.

Clinical waste is classed as hazardous, as it has properties which may be harmful to persons or the environment.

Also see Clinical Waste *Appendix 1

Non-clinical Waste

General waste, such as paper, cardboard, packaging, flowers, tins and items of a non-contaminated or non-hazardous nature. Glass is defined as non-clinical waste; however it is separately disposed of (see below) to ensure safe practice. Non-clinical waste items may be hazardous or non-hazardous, according to its nature. Examples of hazardous non-clinical waste are fluorescent light tubes, some electrical components, solvents, or used chemicals.

Colour coding and identification for waste containers

Please see Clinical Waste *Appendix 1 for a full colour-coding classification

Pressurised containers/aerosols must not be placed in yellow bags, as they present a hazard to the incinerator operator (a risk of explosion).

Yellow Clinical Waste bags must be sealed by tying at the neck of the bag and affixing the identification tag.

Sharp Containers are to comply with BS 7320 (1990). All used Sharps Containers must be sent for incineration. Sharp containers for disposal must be properly assembled, sealed and secured, then tagged, and should not be filled more than 2/3 full or above the level line marked on the container.

Procedures for handling waste

All staff handling waste must wear appropriate and suitable protection (gloves, aprons) and be trained in Infection Control and Control of Substances Hazardous to Health (COSHH) risk mitigation procedures at least on an annual basis. All bags of waste must not be more than three-quarters full.

All waste must be placed into an “appropriate” container, which must clearly indicate the nature of its contents, and must be secure in relation to its nature. As a minimum, externally stored containers must be lockable and preferably stored in a secure and dedicated area. There may be a need to segregate waste, especially chemical waste which may interact.

All waste is to be handled and disposed of by an authorised contractor who will provide certified waste transfer notices and who will be responsible for disposal of the waste using registered disposal sites. Casual disposal of waste or the use of casual contractors is not permissible.

All transfer of waste from the practice to an authorised contractor must be supported by a Waste Transfer Note (WTN). This may be a note issued for the purpose of one transfer of waste only, or it may be in the form of a certificate (perhaps annual) which states the nature of the waste and its collection arrangements. These must be retained for at least 2 years, or, for Hazardous Waste, a three year period.

The contractors may require a declaration from the practice stating the composite nature of the waste in advance of a contract year, and require the practice to limit the waste to the previous stated items, or advise them of any extra waste types which may be included from time to time. Contractors may also offer a special disposal collection for certain waste types (e.g. fluorescent tubes).

Responsibilities

Esther Abel is responsible for all waste management within the practice.

The designated reception staff are responsible for emptying the clinical waste bins and transferring it to the appropriate storage area.

Clinical waste is collected from The Practice every 2 weeks..

Non-clinical waste is collected from The Practice (general refuse) by Barnet Council on Fridays.

It is essential that a waste transfer note is provided for all clinical waste collections and this is

The practice, in order to comply with the regulations, must:

- Use suitable labelled containers
- Produce written procedures for staff to follow in handling waste
- Maintain a hazardous waste inventory of the premises
- Examine hazardous waste containers weekly
- Ensure contractors are authorised
- Have a WTN or consignment note for every waste transfer.

WEEE Waste

Waste Electrical and Electronic Equipment. This effectively covers IT equipment, medical devices, heating/cooling and lighting equipment. It must be stored, treated and recycled separately to any other waste produced by the practice.

A WTE must be obtained specifically in relation to WEEE from an authorised waste management contractor.

Training

All staff required to handle clinical waste must be given adequate instruction about the risks associated with, and the procedures to be used, in order to ensure the safe handling, segregation and storage of clinical waste.

In addition to this all staff must be made aware of the procedures to be used following a spillage (see Infection control - biological substances protocol) and receive COSHH training at least annually, or as relevant to their role. Additional training requirements apply to waste containing Cytotoxic products – see Clinical waste ***Appendix 1**

APPENDIX 1.iii – CLINICAL WASTE

CLINICAL WASTE MANAGEMENT PROTOCOL

INTRODUCTION

The Brunswick Park Medical Practice has a general duty to ensure, so far as is reasonably practicable, the health and safety of employees and other persons who may be affected by the storage, handling or disposal of waste products. It is essential that waste is disposed of in a proper manner and that the method of disposal, and the standard of record keeping, complies with both legislation and best practice. This document is specific to clinical waste but should be read with reference to the general Waste Management / Disposal Policy and the other resources below.

The policy will be reviewed annually to ensure that it remains effective and complies with both best practice guidelines and current legislation.

The aim of this protocol is to increase awareness among staff who may be involved in the handling of clinical waste to ensure that safe procedures are maintained. Waste handling risk assessments should be carried out for all employees handling clinical waste.

The colour-coding arrangements for waste containers contained in this protocol are best practice compliant however it should be noted that they are not mandatory. The principle resource in this respect is the DoH Technical Memorandum accessed from the Resources section below and practices are recommended to be familiar with the relevant principles.

The regulations regarding the categorisation, packaging, storage and disposal of waste are complex and practices should ensure that they accurately identify the types of waste produced on the premises and discuss their requirements for disposal with their licensed waste contractor.

Clinical Waste

Any waste which consists wholly or partly of human tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it. This includes other waste arising from the provision of treatment such as disposable clothing, towels, or any other waste which may cause infection to any person coming into contact with it.

Clinical waste is classed as hazardous, as it has properties which may be harmful to persons or the environment.

Segregation

Waste will be segregated into appropriate colour-coded containers at the point of use, which will determine the storage, transportation, and disposal methods. Clinical staff will have appropriate receptacles available and will be responsible for the most suitable choice of receptacle for the material being disposed of, with due regard to the type of receptacle (bin, bag etc) and the colour coding requirements. The disposal method will then become the responsibility of the authorised and licensed contractor who will dispose of the containers according to their colour-coded, and correctly segregated contents.

Appendix 1 details the colour-coding in place at this practice.

Appendix 2 details examples of contents of colour-coded containers

Key Colour-Codes

Yellow

- Requires disposal via incineration
- Includes anatomical waste
- Classified as Hazardous Waste

Orange

- May be treated to render it safe prior to disposal in a licensed facility
- May contain pathogens
- Classified as Hazardous Waste

Purple

- Requires disposal via incineration
- Contaminated or consisting of cytotoxic or cytostatic products
- Practices should ensure proper colour-coded receptacles are available for this waste stream including bags, sharps bins and rigid containers

Yellow / Black

- Offensive / hygiene waste. May be landfilled in a licensed facility
- Not considered to be infectious.

General Procedures for handling waste

All staff handling waste must wear appropriate and suitable protection (gloves, aprons) and be trained in Infection Control and Control of Substances Hazardous to Health (COSHH) risk mitigation procedures at least on an annual basis. All bags of waste must not be more than three-quarters full.

All waste must be placed into an “appropriate” container, which must clearly indicate the nature of its contents, and must be secure in relation to its nature. As a minimum, externally stored containers must be lockable and preferably stored in a secure and dedicated area. There may be a need to segregate waste, especially chemical waste which may interact.

All waste is to be handled and disposed of by an authorised contractor who will provide certified waste transfer notices and who will be responsible for disposal of the waste using registered disposal sites. Casual disposal of waste or the use of casual contractors is not permissible. Waste must be collected at intervals not exceeding 1 week.

Liquid waste or solidified liquid waste must be in a leak-proof container and placed in a properly colour-coded receptacle. Liquid waste cannot be sent for disposal to landfill. Guidance should be obtained from the licensed contractor.

All transfer of waste from the practice to an authorised contractor must be supported by a Waste Transfer Note (WTN). This may be a note issued for the purpose of one transfer of waste only, or it may be in the form of a certificate (perhaps annual) which states the nature of the waste and its collection arrangements. These must be retained for at least 2 years, or, for Hazardous Waste, a three year period.

The contractors may require a declaration from the practice stating the composite nature of the waste in advance of a contract year, and require the practice to limit the waste to the previous stated items, or advise them of any extra waste types which may be included from time to time. Contractors may also offer a special disposal collection for certain waste types.

Waste, including unused medicines and sharps are not accepted from patients or members of the public as the practice is not a licensed waste contractor. Patients are to be directed to the service which is provided by the local council (we are able to send a fax on their behalf – details in handbook folder).

Sharps

Sharps are any items which may cause a puncture, including needles, syringes with attached needles, broken glass, ampoules, scalpel blades etc.

Syringes containing residual products should not be intentionally discharged fully in order to dispose of them in a “fully discharged” sharps bin (i.e. the orange – lidded bin). If the syringe is only partially discharged and contaminated it must be disposed of in the yellow-lidded sharps bin.

Training

All staff required to handle clinical waste must be given adequate instruction about the risks associated with, and the procedures to be used, in order to ensure the safe handling, segregation and storage of clinical waste.

In addition to this all staff must be made aware of the procedures to be used following a spillage (see Infection control - biological substances protocol ^[*]), and receive COSHH training at least annually, or as relevant to their role.

Staff handling cytotoxic drugs must be specifically authorised to do so. Staff at any stage of pregnancy are not permitted to handle or dispose of these drugs or products. Personal Protective Equipment (PPE) must be worn at all times to include PVC disposable apron, Latex gloves or similar, eye protection, as appropriate.

Training will include:

- Risk assessment
- Use of PPE
- First aid on exposure
- Waste handling and segregation
- Spillage
- Needlestick injury
- Personal and equipment hygiene

See Appendices below >>>**APPENDIX 1**

Colour coding may apply to the container and / or container lids or tags



Waste for incineration in a licensed facility



Waste which may be treated to render safe in a licensed facility or by incineration



Cytotoxic waste for incineration in a licensed facility



Domestic waste suitable for landfill

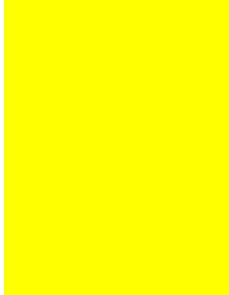


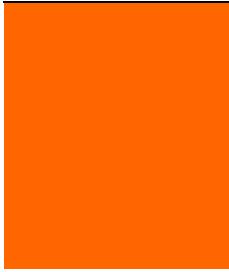
Offensive / hygiene waste suitable for landfill in a licensed facility

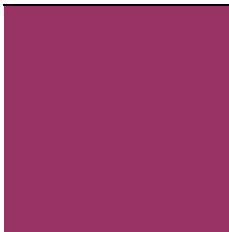
APPENDIX 2

EXAMPLES OF CONTENTS

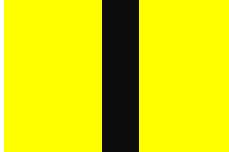
Colour coding may apply to containers and bags of all types, including sharps bins, bin tops, and tags. The correct container type must be selected for the item being disposed of e.g. sharps must be placed in a sharps bin not a bag.

- 
- Infectious and other waste for incineration.
 - Standard clinical waste / healthcare waste not specifically mentioned below.
 - Anatomical waste, specimens, reagents and tests
 - Partially discharged sharps may be placed in a yellow-topped sharps bin if not contaminated with cyto products
 - Syringe body with residual medicinal product.

- 
- Infectious waste, soiled dressings
 - Sharps in an orange-topped sharps bin which are not contaminated with medicinal products
 - Phlebotomy sharps (orange-topped sharps bin)
 - Fully discharged sharps contaminated with medicinal products other than cytotoxic and cytostatic products

- 
- Infectious waste with cytotoxic and / or cytostatic materials
 - Soiled dressings, tubings etc.
 - Sharps will be placed in a purple topped sharps bin when contaminated with cytotoxic products e.g. methotrexate, and cytostatic medicine products.

- 
- General practice refuse and domestic items

- 
- Human hygiene waste
 - non-infectious waste such as bedding, sheets and miscellaneous disposables.
 - Classed as non-hazardous

6. Appendix 2.i – Storage of Vaccines

To ensure all vaccines are handled and stored correctly, maintaining the cold chain.

All Vaccine's must be stored in a validated vaccine fridge.

1.Nominated Person

Wendy Prescott and Grace Tsang are responsible for the safe storage of vaccines the Practice Manager acts as deputy. For the safe storage of vaccines. They must:

- Ensure stock rotation
- Document stock records
- Maintain and document fridge temperatures in logbook

2. Delivery and receipt of vaccines

- Examine all supplies for evidence of leakage prior to accepting delivery
- Note any discrepancies on the delivery note and contact suppliers by telephone
- Place all vaccines in fridge according to storage instructions, ensure stock rotation - check expiry date of current stock.
- Record fridge opening
- Add all items to stock control list.
- Record on the delivery note any action taken and file the delivery note.

3. Vaccine Fridge's must be:

- Validated
- Locked when not in use
- Use only for vaccines (not food or drink)
- Either fixed spur-wired or taped in the 'ON' position to avoid accidentally switching off
- Defrost monthly or sooner, recording dates
- Take special care to store vaccines in an alternative fridge or in insulated containers during defrosting.
- Arrange for fridge's to be serviced yearly, recording dates.
- Store vaccines on shelving/racking **Do not over pack** allow for air circulation
-
- Keep door opening to a minimum

4.Temperature recording

All fridge's' must have an Electronic **validated** digital maxi-mini thermometer (digital reading outside the fridge, place the sensor inside the fridge in the centre) or an Liquid Crystal Display (LCD). In the event of the fridge being fitted with it is own max-mini integral thermometer readings can be taken from this if validated from the pharmacist.

- Read and record on daily recording chart:
- Fridge temperature
- Maximum temperature
- Minimum temperature
- Date and time
- Signature

The log of recordings must be kept close to the fridge for ease of reference. At the end of each month the completed log sheet must be returned to the Pharmacy Department. Log details will be noted and the log returned for filling into the folder.

In the event of the temperature going outside the specified range contact the vaccine suppliers for further advice.

(See schedule for storage temperatures)

5. Cleaning of fridge

- The competent person or their deputy will if necessary defrost the fridge monthly. And also clean the fridge monthly by washing with hot soapy water and detergent A fresh disposable cloth will be used which will be disposed of after use. A record of cleaning will be kept in the logbook.
- Vaccines will be stored in cool boxes with cool packs while defrosting is taking place. Ensuring that vaccines are not directly placed on to the cool packs. Vaccines should be returned to the fridge as soon as possible. Check expiry dates when returning stock to fridge

6. Transport of vaccines for domiciliary visits

- Designated Vaccines cool boxes must be used to transport vaccines between base site and clinic use or clients home. Vaccines must not be directly placed onto cold packs.
- Vaccines must be returned to the vaccine fridge at the earliest possible opportunity
- Vaccines that have not been used should be dated and labelled to indicate they have been taken out of the fridge for a session. These vaccines should be used at the next session in the department and if possible not taken out in a cool box for a second time. If in doubt consult the pharmacist.

7. Disposal of vaccines

- Expired vaccines can be placed in the sharps boxes

- Unused vaccines for disposal used or partly used vials of vaccines should be disposed of into a sharp bin

8. Vaccines Spillages

- *Accidental spillage should be treated as per spillage poster and/or policies in The Infection Control Manual (Spillage) Section 6 page. 1 and (Disinfectant usage) Section 10 page 6*
- Spillage on skin should be well washed with soap and water
- Spillage on the eye should be washed with large amounts of water and medical advice sought.

Appendix 2.ii – Toys

TOYS PROCEDURE

The Brunswick Park Medical Practice does not have any toys on the premises

7. APPENDIX 3 – Sample Handling (Bloods and Urine) Protocol

SAMPLE HANDLING PROTOCOL – see also Appendix 1

INTRODUCTION

This protocol sets out non-clinical safe handling procedures.

GENERAL

Reception staff accepting samples from patients should only do so where containers are correct and secure in accordance with the following guidelines. Where not, the sample should be refused and a correct container supplied or the patient should be referred back to the appropriate clinician.

Blood/Urine/Faeces etc – see above

APPENDIX 3.I – PERSONAL PROTECTIVE EQUIPMENT POLICY

Personal Protective Equipment (PPE) Policy

Personal protective equipment is any type of specialised clothing, eye shield or facial barrier that is used to protect the wearer from serious injuries or illnesses. Personal protective equipment acts as a barrier between infectious materials and your skin,

mouth, nose, or eyes (mucous membranes). The barrier has the potential to block the spread of infection from blood, body fluids, or respiratory secretions.

Most personal protective equipment is designed to be used one time. It is not intended to be used over and over. There are a few exceptions (for example some types of protective eyewear).

It is important to understand that if you are exposed to infectious material while wearing personal protective equipment; your PPE should be considered contaminated. Remove it promptly and dispose of it properly. Improper removal, reuse or improper disposal of contaminated PPE may increase your risk of infection.

You should not share personal protective equipment. Most PPE is not intended to be used over and over. The protective capabilities of a PPE cannot be assured when it is reused by either yourself or another person. Perhaps more importantly, by sharing, you may inadvertently be exposing another person to infectious material. PPE should be removed promptly after use and disposed of properly. Improper removal, reuse or improper disposal of contaminated PPE may increase your risk of infection.

Medical Gloves and Gowns

About medical gloves

Medical gloves are disposable gloves used during medical procedures and examinations. Medical gloves help prevent contamination between caregivers and patients. Some are designed to prevent contact with certain chemotherapy drugs.

When to use medical gloves

Use medical gloves when your hands or nails may touch someone else's body fluids (such as blood, respiratory secretions, vomit, urine or faeces) or certain hazardous drugs.

What you should know before using medical gloves

- Wash your hands before putting on sterile gloves.
- Make sure your gloves fit properly for you to wear them comfortably during all patient care activities.
- Some people are allergic to the natural rubber latex used in some medical gloves. If you are allergic to natural rubber latex, you should choose gloves made from other synthetic materials (such as polyvinyl chloride (PVC), nitrile, or polyurethane).
- Be aware that sharp objects can puncture medical gloves.
- Always change your gloves if they rip or tear.

- After removing gloves, wash your hands thoroughly with soap and water or alcohol-based hand rub.
- Never reuse medical gloves.
- Never wash or disinfect medical gloves.
- Never share medical gloves with other users.

About surgical gowns

Surgical gowns are garments worn during medical procedures. Gowns help prevent contamination between caregivers and patients, and they protect the caregiver's clothing.

You should consider using a surgical gown to cover your trunk, arms, legs, and clothing when you may be splattered by someone else's body fluids (such as blood, respiratory secretions, vomit, urine or faeces).

Facemasks

A facemask is a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Facemasks may be labelled as surgical, laser, isolation, dental or medical procedure masks. They may come with or without a face shield.

Facemasks are made in different thicknesses and with different ability to protect you from contact with liquids. These properties may also affect how easily you can breathe through the facemask and how well the facemask protects you.

If worn properly, a facemask is meant to help block large-particle droplets, splashes, sprays or splatter that may contain germs (viruses and bacteria) from reaching your mouth and nose. Facemasks may also help reduce exposure of your saliva and respiratory secretions to others.

While a facemask may be effective in blocking splashes and large-particle droplets, a facemask, by design, does not filter or block very small particles in the air that may be transmitted by coughs, sneezes or certain medical procedures. Facemasks also do not provide complete protection from germs and other contaminants because of the loose fit between the surface of the facemask and your face.

Facemasks are not intended to be used more than once. If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the facemask, discard it safely, and replace it with a new one. To safely discard your mask, place it in a plastic bag and put it in the trash. Wash your hands after handling the used mask.

APPENDIX 3.ii.

CNWL Occupational Health Service for dentists and GPs in Barnet (Feb 2012)

Contact details

Tel.no.:	Main reception: 0203 317 3350 <u>Service Manager: 0203 317 3361</u>
Key Contacts	<u>Administration – Dolly Persaud</u> <u>Occupational Health Nurse Advisor – Gillian Sale</u>
Fax no:	0203 317 3361
Email:	camden.ohs@nhs.net
Website:	www.ohs.camdenproviderservices.nhs.uk
Address:	<u>Ground Floor, South Wing, St Pancras Hospital, 4 St Pancras Way, London, NW1 0PE.</u>
<u>Key dates</u>	From 01 02 2012 all administration services will be provided from SPH. All practices requiring support to ring SPH where arrangement will be made accordingly to need – we will endeavor to ensure services are provided where possible on site at the practice.

Advice in the event of a sharps injury:

- Encourage bleeding and wash under running water.
- Report to your line manager / supervisor.
- Obtain “donor” i.e. patient details – this is essential to assess risk.

- **During working hours 09:00 – 17:00:** Immediately telephone CNWL- OH service on 0203 317 3350 and indicate you wish to report a sharps injury and give the name of your employer. You will be given immediate advice and information on how to proceed (this may involve you attending your local A&E)
- **Outside of working hours 17:00 – 09:00, weekends and public holidays:** contact your local A&E for immediate advice, and then telephone CNWL OH service on 0203 317 3350 and indicate you are reporting a sharps injury. Please leave your full name and a day time contact number where you can be easily reach on the next working day on our answer phone.

Please complete your local accident / incident process for the incident.

The email address and website will be available for staff to obtain general OH advice and information from 1 February. There will also be a duty nurse system to ensure that Independent Practitioners and their staff can receive immediate telephone advice regarding occupational health issues.

All the main administration will be undertaken at the main OH site – St.Pancras Hospital, where we will house all records.

8. Appendix 4 – Hand washing Guidance

HANDWASHING TECHNIQUES

INTRODUCTION

Effective handwashing techniques are the most important element in the prevention of the spread of infection. The requirements of the National Patient Safety Agency **clean hands** Alert dated 2nd September 2008 have been incorporated into this document version.

Hands are a repository for infectious organisms and healthcare staff have the greatest opportunity to transfer these organisms both between patients and between different procedures for the same patient. This is most likely in:

- The transfer of the patient's own micro organisms into sterile areas of the patient's body during treatment
- The transfer of micro organisms from one patient to another
- The transfer of micro organisms from the environment and equipment to the patient
- The transfer of micro organisms to yourself and other healthcare staff as a result of patient contact and subsequent person to person contact.

PROCEDURES

The use of an alcohol gel (see below) is usually preceded by handwashing, but may be effective without.

Hands should always be washed:

- When starting work
- When leaving the workplace
- When dirty and also at intervals
- Before and after direct contact with a patient
- After removing gloves
- After visiting the toilet
- After handling soiled items
- Before handling food
- Prior to any clean or aseptic procedure

Other points:

- Always use paper towels (only)
- Never use "bar" soap
- Always ensure that soaps, scrubs, and alcohol gel containers are wall-mounted
- Where nail-brushes are provided these must be single-use sterile brushes, disposed of immediately

Alcohol Gel

The use of alcohol rub should be frequent and routine on non-soiled hands as it is quick, effective, well tolerated by the skin, and can easily be placed in areas where needed the

most – for example at the point of patient care, such as treatment rooms, couches, patient chairs etc, as well as adjacent to each clinically-designated sink.

It may be used following hand washing, but is also effective on otherwise clean hands where no hand washing facilities are available, and for this purpose a small container may easily be carried in a doctor's bag.

It may (in addition to the instances above) be used:

- Prior to a patient contact – *protect the patient from germs on your hands*
- Prior to an aseptic task – *protect the patient from germs, including their own, entering the body*
- After a body fluid exposure risk – *protect yourself and the environment of the room*

- After a patient contact - *protect yourself and the environment of the room*
- After contact with a patient's surroundings - (e.g. a chair or door handle)

Follow the handwashing technique 6 stage process as illustrated on the poster below where a subsequent sterilisation of hands is required using the gel. Sterilisation is not a substitution for handwashing as gel does not clean hands, however where hand-wash facilities are not available the use of a sterilising gel is appropriate before or after undertaking any of the above activities (e.g. on external visits etc).

Alcohol rub is **not** the preferred primary hand cleansing product where:

- Hands are visibly soiled
- Patient is experiencing vomiting and / or diarrhoea
- There is direct hand contact with body fluids
- There is an outbreak of norovirus, clostridium difficile or other diarrhoeal illness.

In this case hands should always be washed first with liquid soap and water.

It is recommended that small dispensers (e.g. 125ml) are carried in every doctor's bag specifically for use on home visits. Wall mounted dispensers should be available above every clinical sink.

Contents should comply with European CEN Standard EN1500.

The poster below should be displayed in the following locations:

- Above every treatment room hand-washing basin
- Above every examination room hand-washing basin
- Above the hand-washing basin in every toilet used by staff

Consideration should also be given to the display of the poster in public toilets. Where possible, the poster should be laminated to facilitate wiping / cleaning.

Handwashing is the single most important activity for preventing cross infection

- Wet hands under running warm water
- Apply liquid soap
- Without applying more water, vigorously rub all parts of the hands using the technique below (10-15 seconds for routine handwashing)
- Rinse hands under running water
- Dry thoroughly using disposable paper towels

Six Step Handwashing Technique



1

Palm to palm



2

Right palm over back of left hand
then left palm over back of right hand



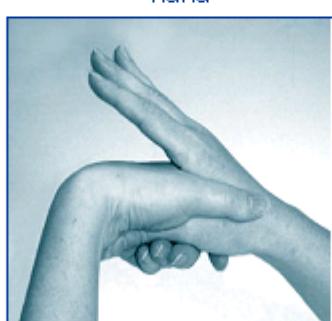
3

Palm to palm
fingers interlaced



4

Backs of fingers to
opposing palms with
fingers interlocked



5

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



6

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

Dated November 2015
Review November 2016