

Standard Principles of Infection Prevention and Control in General Practice

1.0 Introduction

Healthcare Associated Infections (HCAI) are a major concern in all healthcare settings. Not all HCAI can be avoided but a significant proportion can be prevented by the adoption of evidenced-based Infection Prevention and Control (IPC) standards.

National evidence-based guidelines for The Prevention of HCAI in Primary Care and Community settings were first published by the National Institute of Clinical Excellence (NICE) in 2003 and have been revised in 2012. This policy sets out the principles of safe and best practices as recommended in the NICE (2012) guidelines.

To ensure their own personal safety against the risk of contamination with infectious agents including blood and bodily fluids and to protect the safety of colleagues, patients and the general public against cross infection it is important that staff adopt the principles within these guidelines.

2.0 Standard Principles

The Standard Principles of Infection Prevention and Control include:

- Hand hygiene
- Use of personal protective equipment.
- Safe use and disposal of sharps

This section provides a summary of these measures and in addition also includes a section on obtaining specimens and The Safe management and disposal of waste.

2.1 Hand hygiene

This section provides a brief summary of how to undertake effective hand hygiene. Further advice can be found in the Hand Hygiene guidance.

It is recommended that hands should be decontaminated in accordance with the 5 moments for hand hygiene at the point of care as endorsed by the World Health Organisation (WHO 2009). Refer to Hand Hygiene guidance.

Liquid soap

Washing hands with liquid soap and water is the most effective method for removing transient organisms.

Hands that are visibly soiled or potentially contaminated with bodily fluids or other organic matter must be washed with liquid soap and water.

Hands must be dried using disposable paper towels and disposed of in a foot operated domestic waste bin.

Alcohol based hand rubs

These offer a practical and acceptable alternative when handwashing and hand drying facilities are inadequate or not available.

Alcohol hand rubs are available in wall mounted and freestanding dispensers as well as small pocket sized hand held "tottles". These are particularly useful when undertaking home visits.

However they are not a cleansing agent and are not effective in removing soiling or spores and must not be used when:

- Hands are visibly soiled or contaminated with blood or bodily fluids.
- Patients are known to have clostridium difficile.
- Patients are experiencing vomiting and /or diarrhoea.
- There is an outbreak of Norovirus or other diarrhoeal illness.

2.2 Use of personal protective equipment (PPE)

The main purpose of PPE is to protect staff from the risk of exposure to blood and other body fluids and reduce the transmission of infections from staff to patients and vice versa.

Gloves (non sterile and sterile) aprons and goggles should be available and should be worn for procedures based on the risk associated with that procedure. Gloves and aprons must be single use only.

2.2.1 Safe use and disposal of sharps

To prevent HCWs sustaining occupational injuries from sharps and potentially acquiring a blood borne virus or other infection from that injury, it is vital that they are used and handled safely. All staff must be aware of their responsibility in avoiding sharps injuries adhere to the following precautions:

- Sharps must be single use only.
- Always take a sharps box with you so that the sharp may be disposed of immediately at point of use.
- **NEVER re-sheath needles**
- Needles must not be purposely bent or broken, removed from syringe for disposal or manipulated by hand.

- Do not overfill sharps boxes; close and lock when $\frac{3}{4}$ full. Sharps bins must not become more than $\frac{3}{4}$ full. Dispose of sharps bins every three months even if not full.
- Sharps bins must have the date and signature of staff member responsible for assembling the bin and when sealing the bin for disposal. Sharps containers should then be removed to a safe storage area to await for collection by contracted waste contractors.
- Sharps bins must not be placed on the floor as children may access them
- NEVER leave a used needle or blade unattended
- NEVER pass sharps from hand to hand
- Sharps or needles must never be disposed of into black domestic or orange clinical waste bags.
- Damaged or contaminated sharps boxes should be placed in a larger sharps container for disposal or contact your waste contractor for advice.
- Do not put anything other than sharps into the sharps bins
- Never place your hand into a sharps bin to retrieve anything.

It is the responsibility of the person using the sharp to dispose of it safely.

2.2.2 Accidents

If the skin is punctured either by a needle or sharp, free bleeding should be encouraged and the wound should be washed with soap and water.

If the mouth or eyes are splashed with blood or bodily fluids immediately wash/irrigate thoroughly with water.

If there is any possibility of exposure to HIV, hepatitis B or C, specialist advice should be sought about the relevant indications for post exposure prophylaxis.

The staff member should immediately attend Occupational Health Services provided or Accident and Emergency according to local arrangements.

The practice IPC lead and appropriate GP should be informed.

If the source was a patient their details should be recorded and if testing is required consent from the patient must be gained.

Report any incidents in the practice accident log.

Obtaining specimens

Urine

- Avoid contamination of personnel or clothing
- It is advisable to wear gloves when handling urine containers (or performing pregnancy or dipstick tests) in case they become contaminated with urine. Hands should then be washed.
- Samples of urine in open containers are to be handled carefully to avoid spillage and transported a minimum distance after production to analysis, and after analysis to disposal
- If required the sample should be poured into a laboratory container by the patient to the indicated level avoiding contamination to the outside of the bottle
- A patient should be warned that failure to comply with this would lead to the disposal of the bottle without analysis. The patient and the staff member are to wash their hands after handling urine containers that have been used.

Microbiology swabs

- An infected area must not be touched by a healthcare workers clothes or hands. It is advisable to wear gloves when obtaining a specimen.
- Swabs must have enough sample on them for testing but not so much as to avoid spillage/contamination during transfer of swab to specimen container.
- The specimen container must be adequately sealed before placing in the compartment of the approved specimen form.

Handling specimens

Samples in sealed containers should pose low risk as long as the outside has not been contaminated or damaged. All handling of specimens should be kept to a minimum.

Hands should be washed after handling specimens.

3.0 Safe Management and disposal of waste.

Efficient and effective segregation of waste is important and must be in line with current guidance (Health technical memorandum 07-01: Safe Management of health care waste, 2011). Correct segregation also reduces the risk of exposure of contaminated material to staff, patients, visitors and the

general public. Failure to comply with guidance may result in prosecution and possible fines.

Clinical Waste is all waste contaminated with blood or body fluids or any other organic matter. This waste must be placed in an **ORANGE** waste bag. When disposing of orange bags they must be swan necked, tied with an orange tag and labelled clearly with date, time and place of origin and stored safely whilst awaiting collection by waste contractor.

Pharmaceutical Waste is for any waste which has contained or contains any residual medicine and any equipment which has been used for the administration of medication. This waste will be disposed of into a sharps bin with either a **PURPLE OR YELLOW** lid depending on which category the drug falls into. Purple lids are for cytotoxic or cytostatic medicines and yellow lids for all other medicines. Consumables such as cotton wool balls and syringe wrappers must not be placed in sharps boxes but placed in appropriate waste stream, either clinical or domestic based on individual risk assessment.

Domestic waste is all other waste that is generated and assessed as uncontaminated. This includes hand towels, packaging and papers.

Your waste contactor can provide you with further information.

4.0 Training, Audit and Review

Staff should receive training on the Standard Principles of Infection Prevention and Control. It is up to individual practices as to how they carry this out but it is recommended that this should be included in any induction and annual updates

It is advisable that staff who are involved in clinical care are audited to ensure they are following correct procedures for the Standard Principles of Infection Prevention and Control. Advice on undertaking audits can be obtained from Clinical Nurse Specialist Infection Prevention and Control. Tel: 2172649.

This guidance will be reviewed every 3 years on in the light of any legislative changes.

5.0 Related documents/links

- National institute for Clinical Excellence (NICE 2012) Prevention of healthcare associated infections in primary and community care. NICE, London.
<http://guidance.nice.org.uk/CG139>
- Health Technical memorandum (HTM) 07-01: Safe management of healthcare waste_(2011). DoH, London.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_133874.pdf

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