



## CC(CG03 Infection Control Policy

Document Classification: Policy		Document No: CC(CG03
Issue No: 01		Date Issued 13/01/2017
Pages: 68	Anna Bernard	Review Date:
Revisions:		[Enter details of revisions below]
Date	Author	Reason for Changes:-

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## ***Introduction***

Communitas Clinics is fully committed to the minimisation of risk of cross infection to staff, clients and visitors in the course of its work. The organisation expects staff or its representatives to take responsibility and practise safely to prevent the transmission of infection within the wider healthcare community.

References are to be found at end of the policy.

## ***Principles***

- This policy aims to minimise the number and severity of cross and healthcare acquired infections throughout our services and the wider healthcare community
- This policy aims to provide a safe environment for all health care workers, clients, staff and visitors. The policy covers all healthcare workers delivering care on behalf of Communitas Clinics
- This policy and the guidelines therefore are intended to set out procedures to be followed and to act as a reference for giving advice to staff, patient clients and others.
- Adherence to procedures and the philosophy implicit in it is a requirement for all staff, contractors and agency staff. It should therefore be brought to the attention of anyone working for or on behalf of the organisation
- ALL healthcare workers in ALL situations involving the care of patients or contact with the environment must use Standard Infection Control Precautions.
- This Policy and its accompanying guidelines should be drawn to the attention of all new staff as part of their induction
- Although staff may have to work in less than ideal environments, safe, standards and practice must be maintained at the highest level obtainable in that individual environment.
- All staff and contractors must receive adequate training in infection control relevant to their individual responsibilities and job content, prior to taking on those tasks.

The prevention of acquired infection depends upon the application of science and logic, breaking the chain of Infection and the practice of Standard Infection Control precautions in all activities.

Standard infection control precautions will prevent the spread of micro-organisms which cause infection which is defined as the entry of a harmful microbe into the body and its multiplication in the tissues.

## ***Responsibilities***

Communitas Clinics' Clinical Director has the ultimate responsibility for ensuring that there are effective arrangements for infection prevention control within the organisation.

Line Managers are responsible for ensuring that all staff are appropriately trained in Infection Control policy and procedures.

All Staff are responsible for ensuring that they use Standard Infection Control Precautions and following company policy and procedure at all times.

## ***Infection Control and the Law***

The importance of minimising risks of infection and the prevention of Healthcare acquired infection and the control of hazardous practices is clearly laid out in the Health Act 2006 and Health and Safety at Work Act (1974), the management of Health and Safety at Work regulations (1999) and the Control of Substances Hazardous to Health (COSHH) Regulations (1999)

### **Health Act 2006**

Health Act 2006 and its Code of practice for the prevention and control of health care associated infection became Law in October 2006 legalised all the current guidance and is regulated by the Healthcare commission.

The code has three separate components:

- embedding appropriate preventive infection control measures which will reduce( HCAI ) Healthcare Acquired Infections, result in fewer deaths and illnesses and reduce the costs both financial and physical of treating unnecessarily sick patients
- ensure that all care is delivered in a clean safe environment.
- create a safe well governance environment where the risk of HCAI is kept as low as possible and excellent safe standards of infection control are always practiced and delivered.

### **The Management of Health and Safety at Work Regulations (1999)**

Requires employers to assess the risk to their employees' health and to put in place control measures. In relation to infection control, it is the employer's responsibility to ensure that staffs are protected from exposure to infectious hazards through the provision of safe systems of work.

### **The Control of Substances Hazardous to Health Regulations (2002) as amended**

Offers specific guidance regarding protection against hazardous substances, including chemicals and biological agents in the workplace. The employer is responsible for ensuring that guidance and policies are in place and that these are implemented regularly reviewed and updated.

It also requires that potentially infectious biological agents leaving the Practice environment, such as Practice waste and pathology specimens, be packaged in accordance with current guidance to prevent accidental exposure to persons outside the Practice environment.

### **The Health and Safety at Work etc Act (1974)**

Requires employers to provide, as far as is reasonably practicable, a safe environment not only for employees, but all persons visiting the site. It requires employees to take reasonable precautions to ensure their safety and the safety of others. These include:

- Personal protective clothing
- Hand washing facilities
- Systems for the management of used instruments
- Systems for the safe disposal of waste
- Systems for the safe disposal of sharps
- Systems for the safe handling, storage and carriage of specimens

### **The Provision and Use of Work Equipment Regulations 1998 (PUWER)**

Requires the employer to ensure that work equipment is suitable for the intended purpose and is safe to use. Equipment must be maintained in a safe condition and inspected periodically to ensure that it remains safe. Only people who have received adequate information, instruction and training must use it.

### **The Pressure Systems Safety Regulations 2000 (PSSR).**

These regulations apply to bench top steam sterilisers. Steam is particularly hazardous and these regulations are intended to minimise the risks.

The main hazards are contact with steam and impact from parts:

- Proper maintenance
- Periodic examination of the pressure system by an authorised engineer.
- Suitable training for the operators

### ***Standard Infection Control Procedures***

Each member of staff is accountable for his/her actions and must follow safe practices in the course of all their duties.

Standard Infection Control Precautions are the group of precautions which aim to break the process by which an Infection occurs. The process is that there has to be a source or

reservoir of the bacteria, virus or other organism that can cause an Infection and there also has to be a vector or means of Transmission and a susceptible host.

Blood and body fluids may contain blood-borne viruses (e.g. Hepatitis B+C, HIV) or other bacterial and viral pathogens. As it is impossible to determine the status of who is infected with these pathogens all blood and body fluids are treated. As potentially Infectious and Universal precautions must always be taken when dealing with blood and body fluids this then also ensures the person's right to confidentiality is respected and maintained.

Universal precautions apply to all patients /clients where there is possible contact with:

- Blood
- Body fluids
- Non-intact skin
- Mucous membranes

## **Hand washing**

### **Aim**

To prevent “nosocomial infection” caused by an organism from another person either directly or indirectly (cross infection) by means of another person’s hands.

### **Definition**

Cross infection is most commonly spread by contaminated hands. Some bacteria will inhabit and multiply on the skin: these are known as resident flora or commensals. Others will be picked up by contact and passed on by contact: these are known as transient micro organisms. It's the transient organisms which are potentially Infectious

Hand hygiene is the single most important factor in the prevention of cross-infection.

Hand washing can be categorised into two types *routine* and *surgical*.

### **Routine Hand washing**

Routine hand washing removes dirt, organic material and most transient micro organisms found on the hands. A 10-15 second hand wash using the correct procedure (see guidelines for technique), clean liquid soap, and dry disposable paper towels is adequate for this purpose.

- Remove wristwatches, jewellery and roll up/remove long sleeved clothing
- Wet hands under warm running water and apply liquid soap into cupped hand
- Wash all parts of the hands thoroughly for 10-15 seconds
- Rinse hands thoroughly under running water
- Dry hands with disposable paper towel.

## **Surgical Hand washing**

Surgical hand washing destroys transient organisms and reduces resident flora. This procedure is only required as a pre-operative scrub before surgical or invasive procedures. Using the same correct routine hand washing technique, an aqueous antiseptic solution is applied for two minutes.

The wearing of gloves is NOT a substitute for hand washing.

## **Frequency of hands washing:**

There is no set frequency, as hands should be washed when necessary, not as routine. The following are some examples of when hands should be washed:

- Whenever hands become visibly soiled e.g. bodily fluid.
- Before and after physical contact with each client.
- After handling contaminated items such as dressings, bedpans, urinals and urine drainage bags.
- Before putting on and before and after removing protective clothing including gloves.
- After using the toilet or toileting others, blowing your nose, covering a sneeze.
- Before eating, drinking or handling food and before and after smoking.
- Before and after giving direct patient care and aseptic procedures
- Before and after each work shift or work break. Remove jewellery (rings).
- After disposing of rubbish both clinical and domestic.

## **Requirements**

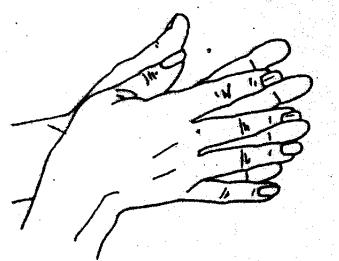
- Easily accessible sinks.
- Hot and cold water with mixer taps.
- Elbow, wrist or sensor operated taps to reduce the risk of hand contamination.
- Liquid soap (with disposable not refillable cartridges). Refillable cartridges can become contaminated with micro-organisms during the 'topping up' process.
- Soap bars are not suitable for use in the multi use setting as they easily become colonised with Gram-negative bacteria and *Pseudomonas* spp. and can therefore act as a source for cross-infection.
- Wall mounted disposable paper towels. Re-usable towels are not suitable for multi use settings as they become readily contaminated with micro-organisms and are therefore a potential source of cross infection.
- Nailbrushes are not usually required for hand hygiene in practice. If needed, a sterile (single use) brush should be used on each occasion.
- Foot operated Bins for disposal of paper hand towels.

## **How to wash your hands - Hand washing Technique**

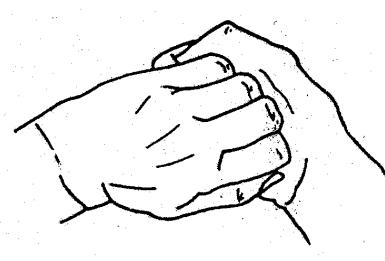
This technique is based on a procedure described by G.A.J.Ayliffe et al. (1978)



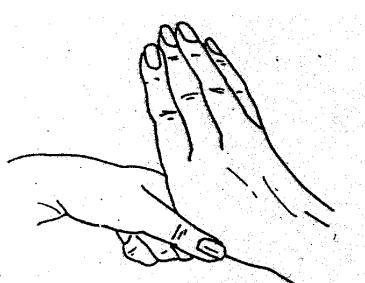
**1. Rub palm to palm with liquid soap**



**2. Rub backs of both hands**



**3. Rub palm to palm with fingers interlaced**



**4. Rub backs of fingers (interlocked)**



**5. Rub all parts of both hands**

**6. Rub both palms with finger tips**

**7. Rinse hands under running water and dry thoroughly on a clean dry paper towel.**

#### **Hand washing Table**

	<b>Method</b>	<b>Solution</b>	<b>Task</b>
1	Social (10-15 ) secs	Liquid Soap	For all routine tasks
3	Surgical scrubs (2 mins.)	Antiseptics, e.g. Hydrex, thorough and careful. Dry on sterile towels.	Prior to surgical and other invasive procedures.

### **Alcohol hand rub/gel**

70% Alcohol hand rub/gel must only be used on visibly clean hands as evidence has shown that the alcohol does not penetrate organic matter *dirt/grime*.

In areas where hand washing facilities are not available and provided the hands have been washed and are physically clean, a 70% alcoholic hand gel /rub containing an emollient is effective.

Alcohol hand rub should be used if working in a high-risk area, involved in an outbreak of infection, or where there are no suitable hand washing facilities.

**USE ALCOHOL GEL ONLY ON VISIBLY CLEAN HANDS**

### **Skin Care**

Bacterial counts increase when the skin is damaged so it is important all cuts and abrasions must be covered with a waterproof dressing. Blue dressings must be used by those involved in food preparation.

Regular use aqueous of hand cream may help to prevent skin damage. DO NOT use multi-use pots of cream, as these become contaminated.

### **Jewellery**

Jewellery and wristwatches must not be worn. A wedding ring is permitted, however great care must be taken to make sure that the finger under the ring is thoroughly dried.

### **Fingernails**

Fingernails must be kept clean, short and smooth. When hands are viewed from palm side, no nail should be visible beyond the fingertip. Nail Varnish and false nails must not be worn.

### **Footwear**

Whilst providing healthcare, footwear must be safe, sensible with closed toes, in good order, smart and clean and have regard to health and Safety considerations.

### **Personal Protective Clothing**

Disposable Aprons and gloves must always be worn when handling excreta, blood and body fluids.

The choice of protective clothing selected depends on the anticipated risk of exposure to blood and body fluid during the particular activity. Many service activities involve no direct contact with body fluid and do not require the use of protective clothing; for example: taking a pulse, blood pressure or temperature.

Other procedures may result in contamination of the hands or clothing and require the use of gloves, a plastic apron, goggles, face visor, for example handling specimens or during specific treatment, e.g. minor surgery.

### **Gloves**

Disposable gloves must be worn for any activity where blood and body fluid may contaminate the hands.

Hands should be washed and dried as per the aylliffe technique before and after removal of the gloves as they may be punctured, and because hands are easily contaminated as the gloves are put on and taken off.

To prevent transmission of infection, gloves must be used only once and discarded after each procedure.

Gloves should **not** be washed between patients as: the gloves *may be damaged by the soap solution* and, if punctured unknowingly, may cause body fluids to remain in direct contact with skin for prolonged periods.

Gloves must not be worn for prolonged periods.

Sterile gloves should only be used when the hand is likely to come into contact with normally sterile areas of the body; for example: performing surgical procedures.

General-purpose utility gloves (e.g. rubber household gloves) should be used for environmental and can be used for cleaning instruments prior to sterilisation, or when coming in contact with possible contaminated surfaces or items.

### **Latex sensitivity**

Good Practice – Staff must always ask and document any latex sensitivity that their clients may have and take the necessary actions. Staff experiencing an allergic reaction to latex must inform their Line Manager.

As the use of latex gloves has increased, reports of latex sensitivity amongst health care workers and patients have risen. The risk of allergic reactions is not only related to gloves but can involve other latex based devices. Reactions are classified as:

- Delayed hypersensitivity (type IV) resulting in contact dermatitis. This is the most common hypersensitivity reaction to NRL. Response occurs between 6-48 hours after exposure.
- Immediate hypersensitivity (type I) — anaphylactic shock/collapse. Response occurs 5-30 minutes after exposure. Individuals with a history of anaphylaxis caused by latex must avoid the use of latex gloves and devices.

## **High-risk populations**

The following groups appear to have an increased risk of developing a latex allergy:

- Individuals with frequent occupational exposure.
- Atopic individuals — those with a predisposition to allergic reactions (e.g. hay fever, asthma).
- Individuals with food allergies (e.g. bananas, avocado, tomato and kiwi fruit).

Frequent healthcare interventions — individuals with conditions, which require frequent healthcare interventions, particularly where latex devices are used (e.g. spina bifida, congenital urological abnormalities or any conditions requiring repeated surgical interventions).

Seek specialist advice if latex sensitivity is suspected. If the individual is sensitised, then all notes should be clearly marked (including dental and hospital notes).

In Type I reactions, the individual should wear a Medic Alert bracelet.

## **Eye Protection and Masks**

Eye protection and masks are used to protect health care workers from splashes of body fluid and should be worn for any activity where there is a risk of body fluid splashing into the face.

Protective eyewear must be made available for staff to use if the planned procedure is likely to cause splashing of body fluids into the eyes (e.g. certain minor surgical procedures, manual cleaning of instruments). Eyewear should be decontaminated according to the manufacturer's instructions.

In the past, masks were worn with the intention of protecting vulnerable sites on the patients such as wounds, from contamination by micro organisms expelled from the respiratory tract of the user. It is now recognised that a healthy member of staff expels few micro organisms from the respiratory tract and that masks are not necessary for most procedures.

## **Water-repellent Disposable Aprons or Gowns**

Water-repellent protection should be worn for procedures anticipated to cause significant contamination of skin or clothing with blood or body fluid and should be changed between each patient. This will protect the skin of the health care worker from contamination by potentially infected body fluid and reduce the risk of cross-infection of micro-organisms to other patients on the clothing.

Since the front of the body is the part most frequently contaminated by body fluid, plastic disposable aprons provide adequate protection in most circumstances.

Disposable plastic aprons should be worn when contamination of clothing with blood and body fluids is anticipated. Plastic aprons should be discarded after each procedure and between patients and disposed of as clinical waste.

Exposure to body fluid during surgical procedures varies; minor surgery such as biopsy or lump removal, which involves little exposure to body fluid, requires a disposable apron only. However, more invasive surgery may result in considerable contamination with blood or body fluid, and then a water-repellent sterile gown should then be worn.

### ***Sharps management***

This should be read in conjunction with CC-CG03 Sharp Injury Policy.

Sharps include needles, discarded syringes, scalpels, stitch cutters, glass ampoules, broken glasses and sharp instruments. The safe handling and disposal of sharps is essential in reducing the risk of exposure to blood borne viruses. The risk of injury can be minimised by adhering to accepted good practice.

It is the responsibility of the sharps user to ensure its safe disposal at the point of use.

As Communitas Clinics does not provide domiciliary services, staff should NOT carry type sharps containers off site.

#### **Key points for safe disposal of Sharps**

- Never re-sheath needles manually
- Sharps should be disposed of immediately after use
- The user should place sharps directly into an approved container. Never into a plastic bag. *Never leave sharps to be disposed of by someone else*
- Dispose of syringe and needle as one unit directly into a sharps container wherever possible
- Containers should be conveniently placed for staff to use. Where appropriate, take the container to the point of use
- Ensure that the bin is correctly assembled and that the lid is securely fastened before commencing use
- Sharps containers should not be placed on the floor, on an unstable surface or above shoulder height. They should be inaccessible to children and unauthorised persons
- Containers should be sealed and disposed of when three-quarters full (do not attempt to press down on container to make more room)
- Never attempt to retrieve any item from a sharps container
- Containers must not be placed into yellow bags prior to disposal
- If a sharps container is damaged, place into larger container, lock and label prior to disposal

## **Sharps containers**

There are several types of sharps bins currently on the market but all must conform to British Standard 7320:1990. UN3291 Wall and trolley brackets can be used to ensure that bins are conveniently located, especially in areas where space is limited.

**Only the two type's sharps bins detailed below should be used:**

- **Yellow Lid Bin** – For all sharps contaminated with medicinal products excluding cytotoxic and cytostatic medicines. Any other non-cytotoxic and cytostatic medicinal waste needing to be disposed of can also be put in this sharps bin.
- **Purple Lid Bin** – For sharps contaminated with cytotoxic and cytostatic medicines and also any cytotoxic and cytostatic drugs/ products for disposal.

It is the responsibility of the staff to replace the sharps bin when three-quarters full, closed securely and labelled with practice/area name, address and date before disposal. Sealed bins should not be placed in a yellow bag prior to disposal. Ensure that sealed bins awaiting collection are housed in a locked area, which is inaccessible to unauthorised persons. Ensure that clinic staff wears gloves when handling and disposing of full sharps bins.

## **Sharps Injuries/Splashing Injuries**

Please refer to specific Sharps Injury Policy (CC-CG04)

## ***Safe Injection Technique***

Always wash hands thoroughly prior to giving an injection.

If visibly dirty, skin should be cleaned with an individually packed swab soaked in 70% isopropyl alcohol and left to dry. If skin is not visibly dirty, this step is not necessary.

Only staff who are adequately trained and experienced and feel competent to undertake the task should carry out venepuncture and injections.

After use, hypodermic needles should not be re-sheathed. They should be placed directly into a sharps container conforming to the British Standard 3720. Containers should be stored out of reach of patients/residents, visitors and CHILDREN. The containers should be locked, closed when  $\frac{3}{4}$  full, for disposal by incineration. The lock must NOT be covered.

## ***Spillage Management***

All spillages of blood stained, or potentially blood stained, fluids should be dealt with immediately. Each base must have all the appropriate spillage kits from Guest Medical for all types of spillages, blood, body fluids and mercury. The spill must be cleaned up immediately by the doctor in conjunction with the service administrator. The base cleaner will clean the area thoroughly once the spill has been safely decontaminated.

- Use a spillage kit follow direction contained in the kit The kit will give all directions
- Keep people away from the area.
- Wear gloves and a disposable apron.
- If there is broken glass use domestic quality gloves to pick up the glass. (Gloves are kept in the cleaners' cupboard.)
- Soak up excess of spill with disposable towels.
- Cover spill with disposable towels.
- Clean up spill immediately following manufactures instructions
- All Wiped up spills including with sodium hypochlorite soaked towels must be discarded into clinical waste sack.
- Once spills are removed then wipe surface with general-purpose detergent and hot water.
- Dispose of protective clothing into clinical waste sack.
- Wash hands.

For spills on carpets and upholstery:

- Wear gloves and disposable apron.
- Clear away excess with disposable paper towels, and dispose of as Practice waste.
- Clean area with cold water.
- Clean area thoroughly with detergent and hot water.
- Allow to dry thoroughly. *It is then no longer an infection risk to others.*
- When dry, go over with a mechanical steam cleaner.

## ***Specimen Handling***

Specimens include any substance, solid or liquid, removed from the patients for the purpose of analysis; i.e. Histology, nasal swab.

Specimens must be placed in an approved container immediately after collection and the lid securely fastened. The patient's details and all relevant details must be entered on the container and the request form, the container must be placed in a plastic transport bag and the accompanying request form put into an integral or separate pouch to avoid contamination.

**SPECIMENS MUST NOT BE SENT IN THE INTERNAL POST**

The following are the key recommendations to reduce the risk of cross infection when handling specimens:

- Specimens should be placed in the bag with attached form and then into the designated collection box. Staples, pins or paper clips should not be used.
- Leaking and broken specimens should be disposed of as Practice waste and any spillage cleaned up promptly
- Only staff trained to do so should take and handle specimens.
- Aprons and gloves should be worn when taking specimens.
- Specimens should not be placed in areas where food is eaten or stored (e.g. kitchen fridge).
- Specimens should not be stored in a drugs fridge.
- Hands should be thoroughly washed after handling specimens.
- Samples tested on site should be disposed of in an appropriate sluice facility or toilet (not a sink).
  - Any specimen which needs to be sent through the royal mail or by courier must be in appropriate packaging which is in accordance with the safe Transport of Dangerous Goods Act 1999

### ***Vaccines***

Please refer to CC-CG05\_Medicines Management Policy

### ***Disposal of Waste/ Practice /Hazardous Waste Management***

Due to legislative changes that include Hazardous Waste (England and Wales) Regulations 2005 and the lists of Waste regulations 2005 (which introduce the European Waste Catalogue Codes) there have been substantial changes in the way that waste is defined... Practice Waste is still defined in the Controlled Waste Regulations 1992; however, as a consequence of the Hazardous Waste regulations 2005, any waste that is deemed to be infectious or hazardous is considered to be hazardous waste and must be consigned for disposal at suitably licensed facilities

The Hazardous Waste Regulations 2005 define Infectious waste as “substances containing viable micro-organisms or their toxins which are known or reliably believed to cause infection in man or other living organisms.”

All those working in areas where hazardous waste and general waste arise must adopt safe working practices, since failure to do so may result in the establishment being in breach of its statutory obligations as regulated by the environment Agency under the environment Protection Act, section 34 Duty of Care requirements.

Communitas Clinics has a duty of care to ensure waste is correctly segregated, sealed and stored before collection for incineration or land fill. Different classes of waste must

be segregated and discarded into colour-coded containers. It is the responsibility of the waste generator to dispose to segregate the waste safely and appropriately e.g. no flowers or newspapers in the hazardous waste container.

The collection of waste should be arranged through a licensed disposal contractor-using licensed carriers to transport the waste to licensed treatment/disposal plants only.

### **Clinical Waste**

When generated on health care premises or as a result of health care, the following must be disposed of in yellow bags with a biohazard sign, for incineration:

- Soiled surgical dressings, swabs and all other contaminated waste from treatment areas.
- Material other than linen from cases of infectious disease.
- All human tissues (whether infected or not) and tissues from laboratories, and all related swabs and dressings.
- Tampons and used sanitary towels; where possible these should be disposed of separately in dedicated sanibins.

**NB Yellow** bags must not be placed in second yellow bag. All bags must be securely tied and labelled with the white and red tape indicating the place of origin.

The above regulations require clinical waste that is generated as a result of health care in an individual's home to be disposed of by incineration. This is then considered to be the responsibility of the provider of the health care. This requires clinical waste to be collected from each home by a collection service. (Contact London Borough of Croydon on 020 8255 2700.)

Waste should be segregated at the point of origin.

Personal protective clothing must always be worn when handling waste.

### **Handling of Clinical Waste**

- Clinical waste should be correctly bagged in yellow bags of 225 gauges to prevent spillage.
- Clinical waste bags should be used in a holder or container with a foot-operated lid and, so far as is reasonably practicable, out of the reach of children.
- Clinical waste bags should only be filled to 2/3 full.
- Clinical waste bags are securely sealed with coded tape at the point of use.
- Bags are not re-used.
- Clinical waste is not decanted into other bags but remains in the original bag, regardless of volume (less than 2/3 full).
- The exterior of the Clinical waste bag is uncontaminated and seals are secure.
- Bags MUST be secured with the red and white tape indicating originating area/ dept.

### **Sharps Waste**

Discarded syringes, needles, cartridges, small items or broken glass and any other sharp instruments must be put in the approved sharps container.

In health care premises all sharps should be disposed of into a sharps container meeting BS7320 standards/UN3291

### **Non- Clinical Waste**

Other general waste (food waste, non-contaminated paper and household materials) should be disposed of in black bags.

Brown bags should be used for the disposal of 'domestic' glass or sharp plastic.

### **Storage of Clinical Waste**

Clinical waste should be removed daily to the Clinical Waste Store and then from point of generation as frequently as circumstances demand, and at least weekly. Whilst awaiting collection of bulk amounts, waste should be:

- Stored in correctly coded bags, with bags of each colour code kept separate;
- Situated in a separate area of adequate size related to the frequency of collection;
- Sited on a well-drained, impervious hard standing floor, which is provided with wash down facilities;
- Kept secure from unauthorised persons, entry by animals and free from infestation;
- Accessible to collection vehicles.

### **Transport of Clinical Waste**

The issue of transport of Clinical waste off-site for eventual disposal is dealt with specifically in the environmental legislation. Close liaison between producers and registered contractors is essential.

An identified employee of the premises from which the waste collection needs to sign a consignment note to confirm the Clinical waste has been collected, which is retained in the Base for two years. Copies of the signed consignment notes can be found in the Waste Folder located in the rear of the reception area.

A safe system of work includes:

- Written evidence of what is contained within the waste;
- All handlers have received training in the handling of waste;
- All vehicles are licensed to carry waste;
- Handlers are provided with protective clothing;
- An emergency telephone number of the transport company is provided in the event of an accident;
- It should be checked that the contractor is registered to transport waste

## ***Environmental Hygiene***

Environmental hygiene is an important component of good infection control. Overall, the environment should be visibly clean, free from dust and soilage, dry, well lit and well ventilated. *In health centres waiting area should allow for segregation of potentially infectious patients.*

The highest standards of cleanliness must be maintained at all times. A Regular performance auditing / monitoring process must be documented.

The British Institute of Cleaning Science standards including colour coding must be adhered too.

All areas should be cleaned and damp dusted regularly. Detergent and clean hot water is adequate for most routine cleaning requirements (added to this, many disinfectants are not effective in the presence of dirt and organic matter). Equipment such as mops buckets and cloths should be specifically designated for the area of use and stored clean, and dry. Mops should be washed regularly and stored inverted after use. Food fridges and other kitchen equipment must be maintained in a clean and hygienic state this includes regular defrosting of the fridge by the staffs that use it.

## **Surgery and Patient Areas**

Surgery and patient areas should not be used for non- Surgery work or storage if there is any risk of contamination or if it affects the cleanliness of the area.

The cleaning specification for the occupied areas MUST be adhered to all times

Food and drink MUST NOT be prepared, stored or eaten in Surgery Areas.

Food and drink must NOT be put in specimen or vaccine fridges.

No other consumables should be brought into the Surgery area or stored in the specimen fridge.

Clean, dirty and an admin work areas should be identified to prevent cross contamination.

- The room should be uncluttered to allow easy access for cleaning
- Work surfaces should be made of materials, which can be easily cleaned.
- Flooring should be a sheet finish, washable and coved to allow effective cleaning.

## **Carpet is not appropriate**

- Examination couch covering should be impermeable and intact. Paper rolls

Should be used to cover the couch and changed between patients.

- Used instruments should be stored dry in a lidded container prior to sending to CSSD
- Sterile stock should be stored off the floor
- Washable Toys should only be available/used as part of Practice procedures. They must have a documented /audited cleaning regime and must be cleaned as per manufacturer's instructions after every patient use.

### A Brief Guide to Cleaning and Disinfecting Agents

ALWAYS USE AS DIRECTED BY THE MANUFACTURERS

Agent	Preparation	Use
General purpose detergent	As supplies	Routine and environmental cleaning
Hypochlorite detergent	Cleaning powders containing hypochlorite are available and their use (following manufacturer's instructions) may well be easier than the alternative which is to make up a solution as follows:  NaDCC tablets* or liquid bleach made up to 1,000 ppm in a solution of general-purpose detergent and water. It is important to follow manufacturer's instructions	Disinfection
Hypochlorite solution	NaDCC tablets* or granules, or liquid bleach, made up to 10,000 ppm in water. <b>NB: Fumes from urine</b>	Blood and body fluid spillages
Alcohol	70% Spray Wipes Bottle	Disinfection of hard surfaces and hands which have already been cleaned

\*NaDCC = Sodium dichloroisocyanurate (e.g. Presept, Sanichlor)

**Note on Hypochlorite** - this should only be used on equipment which has no visible dirt.

The manufacturer's instructions should be carefully checked, but generally a dilution of 1 part commercial household bleach to 10 parts water is required.

Liquid bleach, which is not in use on the Practice's Premises, should be stored in a cool, dark, secure place and used within six months of purchase. **The Control of Substances Hazardous to Health (COSHH) regulations applies to liquid bleach and NaDCC tablets.**

Fresh solutions of hypochlorite should be made up daily, as required, as these solutions rapidly become inactive.

### ***Notification of Infectious Disease***

A doctor who suspects that a patient is suffering from one of the following infectious diseases must notify, with immediate effect (November 2010), via fax on **020 8812 7842** using the notification form (Appendix 70) directly to South West London Health Protection Unit (SWLHPU), and not to the Local Authority (LA).

Anthrax*	Paratyphoid fever*
Cholera*	Plague*
Diphtheria*	Poliomyelitis (acute)*
Dysentery	Rabies*
(Amoebic or bacillary)	
Encephalitis (acute)	Relapsing fever
Food poisoning**	Rubella
Leprosy*	Scarlet fever
Leptospirosis	Smallpox*
Malaria	Tetanus
Measles	Tuberculosis - all forms
Meningitis*	Typhoid fever*
Meningococcal Septicaemia*	Typhus*
(Without meningitis)	Viral haemorrhagic fever*
Mumps	Viral hepatitis
Ophthalmia neonatorum	Whooping cough
Yellow fever	

For more information please look at Appendix 71, 72 or 73.

\* For diseases marked with an asterisk, please telephone your Consultant in Communicable Disease at the South West London Health Protection Unit Control on 020 8682 6132, as well as sending a notification form.

\*\* Cases of food poisoning or dysentery in a food handler should be notified by telephone/fax to your Proper Officer. For all cases of food poisoning, obtain a specimen (pot) and ask patient to note recent food history.

A doctor who suspects that a patient is suffering from a notifiable disease has a responsibility under the Public Health (Control of Disease) Act 1984 and new Health Protection Regulations 2010 notify South West London Health Protection Unit (SWLHPU), and not to the Local Authority (LA). It is not necessary to wait for confirmation of diagnosis in order to notify.

