

**ELIZABETH COURTAULD PARTNERSHIP**  
**Elizabeth Courtauld Surgery & North Chelmsford NHS HC**

Policy adopted: 23 January 2013

Last Review 6 May 2015 - Next Review May 2016

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**PRACTICE POLICY ON INFECTION PREVENTION AND CONTROL**

**Policy Statement**

This policy is relevant to all employers and anyone who works at The Elizabeth Courtauld Surgery including non-clinical staff. Individuals on training placements and visitors/observers on the premises must also adhere to this.

This policy will be monitored and reviewed annually by the Infection Prevention and Control Lead.

**Commitment of the practice**

The Elizabeth Courtauld Surgery is committed to the control of infection within the building and in relation to the clinical procedures carried out within it.

**Infection Prevention and Control Lead**

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.

**Proposals for the Management of Infection Risk - Responsibilities**

The CCG/local commissioning body's Infection Prevention and Control Lead is: Pól Turner  
The contact details for the CCG/local Lead are: Pól Turner, Director Of Nursing, Wren House, Hedgerows Business Park, Colchester Road, Springfield, Chelmsford, Essex, CM2 5PF.  
Tel 01245 459 393

Alternatively, the infection prevention and control lead in Carol Anderson's Nursing and Quality team at the CCG is Chris Patridge [chrispatridge@nhs.net](mailto:chrispatridge@nhs.net) and she works across the Mid, West and North East Essex.

Although there is no formal arrangement in place, advice on managing infectious conditions can always be obtained from the local Health Protection Team. Used to be HPA but are now part of PHE. The local telephone number is 0345 155 0069.

From 1 April 2013, the HPA are part of Public Health England (PHE).

The **Essex Health Protection Team** are based at: 8 Collingwood Road, Witham, Essex, CM8 2TT  
Telephone: 0345 155 0069 Fax: 01376 503073 Out of hours (emergencies): 01245 444417  
Email: [phe.essexhpt@nhs.net](mailto:phe.essexhpt@nhs.net) or [essexhpt@phe.gov.uk](mailto:essexhpt@phe.gov.uk)

At the Elizabeth Courtauld Surgery:  
The Lead Clinician responsible for IPC is  
The clinician responsible for IPC is  
The non-clinician responsible for IPC is

Dr John Markham, Senior Partner  
Karen Balaam, Nurse Practitioner  
David Shedden, Practice Manager

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At the North Chelmsford NHS Healthcare Centre

The Lead Clinician responsible for IPC is  
The clinician responsible for IPC is  
The non-clinician responsible for IPC is

Dr Abidhar Prasad, GP Partner  
Mandy Dale, Nurse Practitioner  
David Shedden, Practice Manager

Justine (HCA) will be responsible for the maintenance of personal protective equipment and the provision of personal cleaning supplies within clinical areas

Justine Osborne (HCA) will be responsible for the maintenance of the provision of personal cleaning supplies within non-clinical areas

Justine Osborne (HCA) ] will be responsible for the maintenance of sterile equipment and supplies, and for ensuring that all items remain "in date"

Occupational Health Services are available to Mid Essex GP Practices at Broomfield Hospital, Court Road, Chelmsford, CM1 7ET. Tel 01245 516148.

### **The following general precautions will apply:**

#### **Cleaning**

A daily, weekly, monthly and 6 monthly cleaning specification will apply and will be followed by the cleaning staff. See Cleaning – Service Level Agreement (DS to get copy of cleaning SLA)

#### **Training**

Infection control training will take place for all staff as part of the practice induction (within 4 weeks of start) and on an annual basis and will include hand washing procedures and sterilisation procedures. All clinical staff will receive aseptic technique training.

#### **Handwashing**

Hand washing posters will be displayed at each designated hand basin. Washbasins with suitable taps, liquid soap dispensers, alcohol rubs, paper towels and clinical waste bins are provided in all clinical care areas

#### **Inspection**

A random and unannounced Inspection Control Inspection by the above named staff, using the IPC Inspection Checklist will take place on an annual basis and the findings will be reported to the partners' meeting for (any) remedial action.

#### **Protective Clothing**

Gloves (non-sterile and sterile), aprons and goggles are available and should be worn for procedures with associated risk. Gloves and aprons are single use.

#### **General Dress Code**

Staff should wear clothes that are clean and fit for purpose.

#### **Handling and disposal of healthcare waste including sharps and single use-devices**

See waste management protocol

#### **Venepuncture procedure**

- 1) Staff should be adequately trained to perform this procedure
- 2) Wounds or abrasions should be covered and gloves should be worn
- 3) Equipment should be easily accessible

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- 4) The patient should be comfortable and relaxed
  - 5) Special sterile phlebotomy (Vacutainer system) syringes and needles must be used only once. Healthcare professionals should ensure that no blood contacts their skin by:
  - 6) Covering the site of the needle puncture with a cotton wool ball when removing the needle (any drop of blood should be allowed to drip onto the wool ball)
  - 7) Do not sheath the needle
  - 8) Place the needle and vacutainer immediately into a sharps box
  - 9) Specimens should be sealed in pathology sample bags for transportation

### **Vaccinations**

- 1) Vaccines are administered in association with recommended best practice
- 2) Vaccines are stored as manufacturers' guidance in well maintained, monitored refrigerators to ensure maximum efficacy of products to combat infection
- 3) Care should be taken in using hypodermic equipment during administration to patient and subsequent equipment disposal as with venepuncture

### **Obtaining specimens**

#### **Urine**

- 1) Avoid contamination of personnel or clothing
- 2) Gloves need not be worn when handling urine containers (or performing pregnancy or dipstick tests) unless the container is contaminated with blood or faeces, when gloves are to be worn
- 3) Hands should always be washed after handling urine and testing urine
- 4) 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
- 5) 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
- 6) 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.

### **Microbiological Swabs**

- 1) An infected area must not be touched by a healthcare professional's clothes or hands
- 2) The swab must have enough material for testing but not too much, so as to avoid any spillage during the transfer of the swab to the specimen container
- 3) The specimen container must be sealed adequately and the specimen form placed in the correct compartment of the specimen bag

### **Cervical Smears**

Cervical smears should be taken in accordance with current liquid-based cytology protocols

### **Speculums**

- 1) Disposable specula are to be inserted into an appropriate plastic hazard bag after use.
- 2) Used gloves are to be placed into a hazard bag

### **Handling specimens**

- 1) Samples in sealed containers should pose low risk as long as the outside has not been contaminated or damaged. However, all samples should be handled as little as possible
- 2) All samples in appropriate containers are to be inserted into the approved plastic bag that is sealed
- 3) All blood or potentially infected matter such as urine or faeces for microbiological examination should be treated as high risk and precautions used

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### **Minor operations and dressing instruments**

- 1) The Practice uses disposable equipment for all minor surgery and dressing procedures.

### **Accidents/ Needle stick Injuries**

- 1) If the mouth or eyes are contaminated with blood or body fluid, they should be washed thoroughly with water
- 2) If skin is punctured, free bleeding should be gently encouraged and the wound should be washed with soap or chlorhexidine and water, but not scrubbed or sucked
- 3) If there is any possibility of HIV exposure, immediate advice should be sought about the relative indications for anti-retroviral post-exposure prophylaxis
- 4) The practice IPC lead and an appropriate GP e.g. duty doctor, senior partner should be informed
- 5) If the source of injury was from a patient, their details should be recorded
- 6) The staff member should immediately attend the Occupational Health Services provided by the PCT or Accident and Emergency according to local arrangements
- 7) The incident should be recorded in the practice accident log

### **Immunisation**

#### **Patient immunisation**

- 1) A record will be kept of all immunisations given to patients
- 2) The immunisation status and eligibility for immunisation patients will be regularly reviewed
- 3) After a review of the immunisation record patients will be offered further immunisation as needed

#### **Staff immunisation protection**

- 1) All medical personnel or staff who obtain or handle blood or pathological specimens are to be protected against Hepatitis B
- 2) A record of employees' Hepatitis B status is to be kept and maintained
- 3) All staff are offered annual influenza immunisation

### **Service Users with communicable diseases**

- 1) Where a patient contacts the surgery with a suspected communicable disease (ie measles or chickenpox) they will be encouraged not to attend the surgery for treatment but seek advice over the telephone in the first instance
- 2) Should a patient present at the reception and say that they think they have a communicable disease, they will be shown to the Recovery Room where they will be asked to sit and wait until a GP can be called to assess them. This room is easier to clean than the others and offers a degree of isolation from the general waiting room.
- 3) A GP will be advised by reception of the situation. Any door handles which the patient may have used as well as the counter will be wiped down with anti-bacterial wipes and the patient will be encouraged to use the alcohol hand gel to clean their hands.

### **Audit and risk assessment**

There will be one infection control audit and one infection prevention and control risk assessment per year. However, if the purpose of a room changes to that of treatment then a risk assessment will be conducted of that room.

### **Annual statement**

An annual statement will be written by the IPC Lead and include a summary of the following:

- 1) any infection transmission incidents and any action taken (If necessary these incidents should be reported in accordance with the incident reporting procedure)

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- 2) the infection control audit(s)
- 3) the infection prevention and control risk assessment
- 4) relevant staff training

**Related documentation/links**

NICE's Infection control: Prevention of healthcare-associated infection in primary and community care (2003)

Vaccine Administration Task force's Guidance on Best Practice in Vaccine Administration (2001)