



Infection Prevention Control Policy

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Infection Prevention Control Policy

1 Introduction

1.1 Policy statement

The purpose of this document is to ensure that **St Peter's Medical Centre** remains committed to the prevention of healthcare-associated infection and that patient safety is the utmost priority. Good management and organisational processes are crucial to ensure that high standards of infection prevention (including cleanliness) are maintained.

1.2 Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

1.3 Training and support

The practice will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

2 Scope

2.1 Who it applies to

This document applies to all employees of the practice and other individuals performing functions in relation to the practice, such as: **NHS Employees working and visiting St Peter's Medical Centre, PCN Employee's working or visiting St Peter's Medical Centre, agency workers, locums and contractors.**

2.2 Why and how it applies to them

Good infection prevention and control (IPC) is essential to ensure that people who use primary care services receive safe and effective care. **St Peter's Medical Centre** is committed to providing effective IPC procedures to minimise the risk of infection and to ensure the safety of patients, visitors and staff alike.

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.



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3 Guidance

3.1 Policy incorporation

This policy incorporates the following protocols (as annexes):

- Infection Control Biological Substances Protocol
- Infection Control Inspection Checklist
- Clinical Waste Management Protocol
- Disposable (Single-Use) Instruments Protocol
- Needle-Stick Injuries Protocol
- Safe use and disposal of sharps
- Sample Handling Protocol
- Sterilisation and Decontamination Protocol
- Isolation of Patients Protocol
- Notifiable diseases
- Toys in reception/waiting areas
- Staff exclusion from work

3.2 Compliance

St Peter's Medical Centre ensures compliance with the Health and Social Care Act 2008 Code of Practice criteria¹ which are:

1. Systems to manage and monitor the prevention and control of infection
2. Provide and maintain a clean and appropriate environment in managed premises which facilitates the prevention and control of infections
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
4. Provide suitable, accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion
5. Ensure prompt identification of people who have, or are at risk of developing, an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection
7. Provide or secure adequate isolation facilities
8. Secure adequate access to laboratory support as appropriate
9. Have and adhere to policies that are designed for the individual's care and provider organisations that will help to prevent and control infections
10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection

¹ [Health and Social Care Act 2008 Code of Practice](#)



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3.3 Annual IPC statement

The annual IPC statement details the risk assessments undertaken and subsequent recommendations regarding IPC. In addition, the statement also details IPC-related Significant Events and audits completed.

The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance² (Appendix D) states that the IPC lead is to prepare an annual statement, *“for anyone who wishes to see it, including patients and regulatory authorities”*. This short review should include the following:

- Known infection transmission event and actions arising from this
- Audits undertaken and subsequent actions
- Risk assessments undertaken for the prevention and control of infection
- Education and training received by staff
- Review and update of policies, procedures and guidance

In addition to this, it is considered that this report should include any actions relating to any significant event that has occurred during the reporting period.

To meet the above HSCA directive of “anyone who wishes to see it”, this statement is to be placed on the practice website.

Refer to the Annual Infection Prevention Control Statement Policy and template to assist completion. This can be found at **Practice Manager's Office**.

3.4 Guidance documentation

St Peter's Medical Centre refers to the guidance detailed in the annexes of this policy, which are related to infection prevent and control, whilst also referring to:

[The Health and Social Care Act 2008](#)

[NICE Guidelines – IPC](#)

[NICE Guidance – Healthcare-associated Infections](#)

3.5 Summary

All staff undertake infection prevention and control training and are committed to maintaining high standards of infection prevention and cleanliness within **St Peter's Medical Centre**. Regular training, audit and reviews are key to the prevention of healthcare-associated infection.

² [The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance](#)



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Annex A – Infection Control Biological Substances Protocol

Introduction

A biological agent is defined as a microorganism, cell culture or human endoparasite, whether or not genetically modified, which may cause infection, allergy, toxicity or otherwise create a hazard to human health³.

Overview

Healthcare workers will come into contact with a number of sources of infection, be it directly or indirectly, such as:

- Blood and bodily fluids
- Faeces, urine and vomit
- Direct skin contact
- Respiratory secretions and excretions

Staff must ensure that they adhere to the guidelines given in this document as well as regional and national guidelines. All staff at **St Peter's Medical Centre** are given training in IPC at induction and will also **receive annual refresher training**.

Spillages

There may be occasions when exposure occurs despite careful attention to the correct procedures. If such incidents occur within the practice, a spill kit should be used. At **St Peter's Medical Centre**, the spill kit is stored in **Clinical room 6**. Only personnel trained in the use of this kit are authorised to use it.

Immediate actions

In the event of a spillage, the following actions are to be taken:

1. The spillage should be dealt with as soon as possible.
2. Staff, patients and visitors must be kept away from the spillage and if possible a warning sign shown, while preparation is made to manage the spill.
3. Put on personal protective equipment (PPE), e.g. eye protection, long-cuffed disposable nitrile gloves and a disposable apron. If the spillage is extensive, disposable plastic overshoes or rubber boots may be necessary.

Management of spills

- Small blood spills onto hard surfaces: Wearing gloves, clean with universal/detergent wipes and dispose as clinical waste.

³ [COSHH 2002](#)



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- Large blood spills, e.g. spills onto floor (except urine): Wearing gloves and apron, use the blood spillage wipe and follow the instructions on the packet. Wash area with detergent and water.
- Very large blood spills including smears to walls, etc: Wearing gloves and apron, use spill wipes and leave to absorb for 30 seconds. Wipe, allowing the rest of the spill to be absorbed (if a larger spill), use the wipe contained within the pack to clean the area, place back into the bag, seal and dispose of in clinical waste.
- Blood-stained urine spills – DO NOT USE blood spillage kit: Wearing gloves and aprons, soak up urine with paper towels. Then wash areas with detergent followed by chlorine dioxide solution (Tristel).
- Urine/vomit spills: Wearing gloves and an apron, use the urine/vomit spillage kit and follow the instructions on the packet. Wash with detergent and water. If urine/vomit spillage kit not available, soak up urine/vomit with disposable towels. Then wash area with detergent.
- Spills onto carpets or soft furnishings: Wearing gloves and apron, soak up spillage with paper towels then clean with detergent and water. Then, for carpets, steam clean or for soft furnishings launder or dry clean. If item remains soiled it must be disposed of.

Further actions and guidance

All incidents are to be reported to Christine Bushell, Advanced Nurse Practitioner, in the first instance. Further guidance and information can be sought by contacting **Local Trust (CCG) IPC lead, Harriet Ddungu.**

Instructions for using spill wipes are shown overleaf.



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clinell®

www.clinell.com

SPILL WIPES

SOAKS UP SPILLS SAFELY, IN SECONDS

Clinell Spill Wipes are specifically developed to deal with bodily fluid spills quickly and efficiently. For use on blood spills, body fluid spills and urine.



Clinell Spill Wipes - (NHSSC: VJT268 / Order Code: CSW1)

<p>1</p>	<p>2</p>	<p>3</p>
<p>Tear open the pack.</p>	<p>Remove wipes.</p>	<p>Place the active side (A) face down onto the spill. Leave to absorb for 30 sec.</p>
<p>4</p>	<p>5</p>	<p>6</p>
<p>Push down on plastic backed side (B) and wipe until spill is fully absorbed.</p>	<p>Remove a disinfectant wipe from the sachet.</p>	<p>Clean the spill area in an 'S' shaped motion, from clean to dirty.</p>
<p>7</p>	<p>8</p>	<p>9</p>
<p>Put soiled wipes and empty sachet back into the pack.</p>	<p>If required repeat steps 5-7 with the remaining wipe and reseal.</p>	<p>Dispose of pack as hazardous waste.</p>

DISPOSE OF IN HAZARDOUS WASTE. DO NOT FLUSH OR MACERATE.

For more information, please contact the Infection Prevention and Control Team.



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Annex B – Infection Control Inspection Checklist

Introduction

The purpose of this document is to enable **St Peter's Medical Centre** to assess how it meets the standards for a managed environment which minimises the risk of infection to patients, staff and relatives. These standards reflect current legislation, national guidelines and good practice regarding infection control within a healthcare environment.

Usage

The checklist overleaf should be used as a guide and in conjunction with national guidelines. Each consulting room/treatment area, etc. should have an independent assessment completed and annotated on a separate form.

Summary

This checklist is not exhaustive and will need to be adapted to reflect building modifications, changes in practices, etc. The nominated IPC lead at **St Peter's Medical Centre** will review this document **St Peter's Medical Centre** to ensure accuracy and relevance.



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Infection Prevention Control Checklist

Management of IPC	Yes	No	N/A	Comments
Is there a named lead person responsible for infection prevention and control?				
Are these responsibilities detailed in the individual's job description?				
Are infection prevention and control-related topics agenda items at practice meetings?				
Is there evidence of a process for reporting incidents in relation to IPC?				
Are there up-to-date local contact telephone numbers available from which to obtain advice pertaining to IPC?				
Is there evidence that audits have been undertaken and practice changed regarding IPC?				
Are there local risk assessments held relating to IPC?				

Staff training pertaining to IPC	Yes	No	N/A	Comments
Is IPC included in all staff induction programmes?				
Have staff received mandatory training in IPC?				
Is there a process in place to ensure that all non-attendees at mandatory training are followed up?				

IPC policy and protocols	Yes	No	N/A	Comments
Are policies and protocols available to all staff?				
Are cleaning schedules in place and displayed in all areas?				
Are SLAs monitored and reviewed?				
Is there evidence of reviews of policies and protocols?				
Are audits regularly undertaken to review standards and procedures?				



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General IPC standards	Yes	No	N/A	Comments
Is the environment visibly clean and free from any damage?				
Is furniture made of impermeable and washable materials?				
Are all furnishings and fittings visibly clean and in a good state of repair?				
Is the floor visibly clean and in a good state of repair?				
Is the environment generally free from clutter?				
Are items such as telephones and IT equipment clean and in a good state of repair?				

Toilet IPC standards	Yes	No	N/A	Comments
Are the toilet environments visibly clean and free from any damage?				
Are all furnishings and fittings visibly clean and in a good state of repair?				
Are all dispensers clean and in a good state of repair?				
Are paper towels available from an enclosed dispenser?				
Is there a promotional hand hygiene poster displayed?				
Is there a hands-free domestic waste bin available, and is it in a good state of repair, clean and labelled appropriately?				
Are there appropriate facilities for the disposal of sanitary waste?				
Is the flooring in a good state of repair, clean and impervious to moisture?				

Baby-changing facilities IPC standards	Yes	No	N/A	Comments
Is the environment visibly clean and free from any damage?				
Are all furnishings and fittings visibly clean, in a good state of repair and made from impermeable, washable materials?				
Is there a dedicated basin for hand washing, and is it clean and in a good state of repair?				



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Are all dispensers clean and in a good state of repair?				
Are paper towels available from an enclosed dispenser?				
Is there a promotional hand hygiene poster displayed?				
Is there a hands-free domestic waste bin available, and is it in a good state of repair, clean and labelled appropriately?				
Is there a hands-free waste bin available for the disposal of nappies, and is it in a good state of repair, clean and labelled appropriately?				
Are there instructions for parents displayed on how to clean the facilities after use and are cleaning materials available?				
Are the changing mats in a good state of repair, intact and clean?				
Is the flooring in a good state of repair, clean and impervious to moisture?				

Treatment & consulting room IPC standards	Yes	No	N/A	Comments
Is the environment visibly clean and free from any damage?				
Are all furnishings and fittings visibly clean, in a good state of repair and made from impermeable, washable materials?				
Is the flooring in a good state of repair, clean and impervious to moisture?				
Is there a dedicated basin for hand washing, and is it clean and in a good state of repair?				
Are sensor or elbow taps available?				
Are all dispensers clean and in a good state of repair?				
Are paper towels available from an enclosed dispenser?				
Is there a promotional hand hygiene poster displayed?				
Is there a hands-free domestic waste bin available for paper towels, and is it in a good state of repair, clean and labelled appropriately?				
Are alcohol-based hand-rub bottles wall-				



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mounted in treatment rooms?				
Is there a designated work surface/trolley for clinical procedures, and is it clean and in a good state of repair?				
Are all items stored above floor level and are there appropriate storage facilities?				
Are all areas visibly clean (shelving, cupboards, drawers, etc.)?				
Are patient examination couches/chairs clean and in a good state of repair?				
Is the paper roll on couches replaced between patients?				
Are disposable curtains in date and marked with an expiry date?				
Is there a hands-free clinical waste bin available, and is it clean, free from damage and labelled appropriately?				
Is the drug fridge only used for the storage of drugs?				
Is there PPE readily available in the treatment/consulting rooms?				
Are sharps containers correctly assembled, labelled with a date, location and signed?				
Are all sharps bins free from protruding sharps, with contents below the 'fill' line?				
Are the lids closed between usage and bins out of the reach of vulnerable patients?				
Are sharps disposed of safely and not resheathed?				
Are full/locked sharps bins stored appropriately, away from public access until collected for disposal?				

Storeroom IPC standards	Yes	No	N/A	Comments
Is the environment visibly clean and free from any damage?				
Are all furnishings and fittings visibly clean, in a good state of repair and made from impermeable, washable materials?				
Is the flooring in a good state of repair, clean and impervious to moisture?				
Are all items stored appropriately and off the floor?				
Is the environment tidy and free from clutter?				



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Domestic/cleaning cupboard IPC standards	Yes	No	N/A	Comments
Is the environment visibly clean and free from any damage?				
Are all furnishings and fittings visibly clean, in a good state of repair and made from impermeable, washable materials?				
Is the flooring in a good state of repair, clean and impervious to moisture?				
Are all items stored appropriately and off the floor?				
Is the environment tidy and free from clutter?				
Is there a dedicated basin for hand washing, and is it clean and in a good state of repair?				
Are sensor or elbow taps available?				
Are all dispensers clean and in a good state of repair?				
Are paper towels available from an enclosed dispenser?				
Is there a promotional hand hygiene poster displayed?				
Is there a hands-free domestic waste bin available for paper towels, and is it in a good state of repair, clean and labelled appropriately?				
Is there a disposal facility for dirty water available, and is it visibly clean, free from damage and in a good state of repair?				
Are mops and buckets stored appropriately and are they clean and dry?				
Is there a colour-coding system in place for cleaning equipment?				
Are all items stored correctly and in accordance with current regulations, i.e. COSHH?				

Staffroom/kitchen IPC standards	Yes	No	N/A	Comments
Is the environment visibly clean and free from any damage?				
Are all furnishings and fittings visibly clean, in a good state of repair and made from impermeable, washable materials?				



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Is the flooring in a good state of repair, clean and impervious to moisture?				
Are all items stored appropriately and off the floor?				
Is the environment tidy and free from clutter?				
Is staff food placed in the fridge, correctly labelled with names and dates, and with expiry dates?				
Is the fridge free from medicines/drugs?				

Date inspection completed: _____

Inspection completed by: _____

This document should be retained as it can be used as evidence in an IPC audit.



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Annex C – Clinical Waste Management Protocol

Introduction

NHS England's framework agreement sets out consistent standards for the collection and disposal of clinical waste from practices. The framework identifies a number of benefits including quality standards, consistency, management of contracts and value for money. Clinical waste can be defined as any waste produced by, and as a consequence of, healthcare activities⁴. At **St Peter's Medical Centre** the approved contractor is: **Medisort Ltd**

Overview

Under the [Environmental Protection Act 1990](#) it is unlawful to deposit, recover or dispose of controlled (including clinical) waste without a waste management licence, contrary to the conditions of a licence or the terms of an exemption, or in a way that causes pollution of the environment or harm to human health⁵. Hazardous healthcare waste is subject to the requirements of the [Hazardous Waste Regulations 2005](#).

Aim

The aim of this protocol is to minimise the risks associated with clinical waste, particularly handling and disposal at **St Peter's Medical Centre**. Throughout this protocol, the term clinical waste refers to "hazardous waste" generated by practices in England, Wales and Northern Ireland or "special waste" in Scotland. This protocol is to be read in conjunction with the references in the footnotes and hyperlinks within the document.

Waste segregation









Segregation on-site is vital to ensure that waste is stored, transported and ultimately disposed of in the correct manner to maintain compliance with extant regulations. Clinical waste must be segregated as detailed overleaf.

⁴ [NICE Guidance](#)

⁵ [Guidance on the correct disposal of potentially hazardous clinical waste.](#)



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Waste Type	Classification	Colour Coding	Description & Disposal Method
Infectious	Hazardous		Infectious waste which requires disposal by incineration.
Infectious	Hazardous		Infectious waste which may be treated to render safe prior to disposal or alternatively it can be incinerated.
Cytotoxic / Cytostatic	Hazardous		Waste consisting of, or contaminated with, cytotoxic and/or cytostatic products which requires disposal by incineration.
Offensive	Non-Hazardous		Non-infectious, offensive/hygiene waste which may be recycled, incinerated or deep landfilled.
Anatomical	Hazardous		Anatomical waste which requires disposal by incineration.
Medicinal	Non-Hazardous		Waste medicines, out of date medicines, denatured drugs, which requires disposal by incineration.
Dental	Hazardous		Dental amalgam & mercury including spent and out of date capsules, excess mixed amalgam & contents of amalgam separators which requires disposal by recovery or recycling.
Domestic	Non-Hazardous		This waste should not contain any infectious materials, sharps or medicinal products, and requires disposal by landfill.

Source: Murray Medical UK – Segregation of Clinical Waste⁶

⁶ [Murray Medical UK](http://www.murraymedical.co.uk)



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Handling of waste

Clinical waste is classed as hazardous material and must therefore be handled and disposed of in a safe manner to ensure that personnel are not injured or exposed to contamination.

All personnel, when involved in the handling of clinical waste, should use the correct PPE; it is essential that staff have received IPC training before handling clinical waste. The minimum PPE requirements when handling clinical waste are gloves and an apron.

Clinical waste bins must be emptied on a daily basis and bags must not be filled more than three quarters full. Waste must be taken to **Outside** and placed in the correct receptacle (**Outside Yellow clinical waste bin**) whilst awaiting collection from **Medisort Ltd** Access to this area is for authorised personnel only; all staff must ensure that they secure the area when leaving. If this area is inaccessible, **Christine Bushell, Advanced Nurse Practitioner or Deborah Harvey, Practice Manager** are to be informed and alternative arrangements made for the safe storage of the clinical waste.

Collection

All clinical waste will be collected by **Medisort Ltd** weekly on a **Monday** and is to be supported with a Waste Transfer Note⁷ (WTN). Copies are to be retained by the **Book Keeper, Carole Slatter**, to evidence the correct and authorised removal of waste from the site. Hazardous waste requires a consignment note⁸ (provided by the contractor) which must be retained for audit purposes.

Summary

All staff have a duty of care to ensure that waste is correctly segregated. Compliance with this protocol and the references within it will ensure the safe and effective management of waste at **St Peter's Medical Centre**, Any questions relating to this protocol are to be directed to **Christine Bushell, Advanced Nurse Practitioner or Deborah Harvey, Practice Manager**.

⁷ [Example of a Waste Transfer Note](#)

⁸ [Example of a Consignment Note](#)



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Annex D – Disposable (Single-Use) Instruments Protocol

Introduction

This protocol details the management of single-use items at **St Peter's Medical Centre**. Single-use items are those items that are to be used on one patient, for a single procedure and then disposed of correctly. Reusing a single-use item could expose both staff and patients to unnecessary risks.

Overview

Single-use items are commonly used within the primary care environment. Whilst items held will vary depending on individual preferences, the management of such items remains the same. At **St Peter's Medical Centre, Helena Arthur, HCA**, is responsible for the ordering of medical stores, including single-use items.

Identifying single-use items

Single-use items have an identifier which clearly shows they are single-use only. This symbol is usually on the packaging of the item and may not be on the item itself. If there is any doubt, contact the manufacturer for further guidance.

The symbol that indicates single use is shown below:



Any item that displays this symbol can only be used on one individual, for a single procedure. Once used, the item must be disposed of correctly, following **St Peter's Medical Centre's** clinical waste protocol.

Safety implications



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There are a number of safety implications⁹ regarding the reuse of single-use items, which clearly explain the risks of reusing an item intended for single use.

Such implications are:

- Reprocessing single-use devices may compromise their intended function
- Single-use devices may not be designed to allow thorough decontamination and (if applicable) re-serialisation processes
- Reprocessing a single-use device may alter its characteristics so that it no longer complies with the original manufacturer's specifications and therefore the performance may be compromised
- Single-use devices have not undergone extensive testing, validation and documentation to ensure the devices are safe to reuse

Responsibility

Any individual who reuses an item identified for single use only, bears full responsibility for the safety and effectiveness of its function; such actions are against the guidance of the Medicines and Healthcare Products Regulatory Agency (MHRA).

Summary

Single-use items are specifically manufactured for the purpose of being used once. The risks associated with reusing such items clearly outweigh the benefits. Reusing items exposes patients and staff to the risk of infection and transfers the responsibility from the manufacturer to the individual. At **St Peter's Medical Centre's** training is delivered on a regular basis to ensure that all staff are aware of this protocol and adhere to the single-use policy.

⁹ [Single-use medical items: consequences and implications of reuse](#)



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Annex E – Needle-Stick Injury Protocol

Introduction

Sharps injuries are a well-known risk to workers in healthcare, and for those who receive them they can cause anxiety and distress. For the purpose of this protocol, sharps injuries are defined as injuries sustained from needles, scalpels and other instruments which can cause injury by cutting or pricking the skin. This protocol gives detailed guidance for the management of sharps injuries at **St Peter's Medical Centre**.

Overview

Anyone working at **St Peter's Medical Centre** is at risk from a sharps injury; this includes healthcare workers or clinicians but also non-clinical members of staff who may be at risk if sharps are not stored or disposed of correctly. All employers are required under existing health and safety law to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place¹⁰.

Minimising risk

Everyone has a duty of care to minimise the risk of exposure to sharps injuries at **St Peter's Medical Centre**. The following actions will further reduce the risk of exposure¹¹:

- No needle recapping or resheathing
- Availability of portable sharps containers
- Adequate number and placing of sharps containers within arm's reach
- Disposing of sharps immediately at the point of use in designated sharps containers
- Sealing and discarding sharps containers when they are three quarters full
- Establishing means for the safe handling and disposal of sharps devices before the beginning of a procedure

Training also reduces the risk of exposure, and at **St Peter's Medical Centre** training pertaining to sharps injuries is delivered **every 5 years**.

Management of sharps injuries

All staff need to be familiar with the immediate management procedure, both for themselves if they become injured and for assisting injured colleagues. The management of sharps injuries is shown in the infographic overleaf.

¹⁰ [Health and Safety \(Sharp Instruments in Healthcare\) Regulations 2013.](#)

¹¹ [Managing the Risks of Sharps Injuries \(NHS Employers\)](#)



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thebmj Managing sharps injuries
 by Will Stahl-Timmins
 illustrations by Katie Jessop
 27th July 2015

1
First aid

2
Assess incident risk

Incident risk:	High	Low	Minimal
Injury	Deep	Superficial	No skin breach
Needle use	Intravascular	Suturing/ Subcutaneous	Not used on patient
Age of sharps	Recently used	Old, discarded	Contact with low risk fluids: ♦ Saliva ♦ Urine ♦ Vomit ♦ Faeces
Blood on sharps	Visible	Not visible	No further action required

3
Assess source patient

for blood borne viruses, HIV, Hepatitis B (HBV) and hepatitis C (HCV) are the most common. Post-exposure prophylaxis (PEP) and/or follow up treatment may be required.

Is the source patient known to be infected with one or more blood borne viruses?

Viral load

Detectable Unknown Fully suppressed

Treatment status

Untreated / advanced infection Unknown Long term treatment, good adherence

Do risk factors apply?
e.g. Injecting drug users, men who have sex with men, sex workers

Yes No

Recent blood test negative for HIV, HBV & HCV

No Yes

High risk exposure

HIV

Begin immediate PEP with antiretroviral agents

See table 2

HBV

Check vaccine status

See table 3

HCV

Follow up and treat if necessary

See table 4

Low risk exposure

No further action required

The full BMJ clinical review on sharps injuries is available at: <http://bmj.co/sharps> © 2015 BMJ Publishing group Ltd.

Source – The BMJ:
http://www.bmj.com/content/bmj/suppl/2015/07/29/bmj.h3733.DC1/sharps_infographic_web_sm3.pdf



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Reporting sharps injuries

At **St Peter's Medical Centre** all sharps injuries are to be reported to **Christine Bushell, Infection Control Lead & Deborah Harvey, Practice Manager** In addition, report the incident to the duty doctor. It may be necessary to gain further advice from **Health & Safety Executive for Harrow** who can be contacted on the **Advisory Team on 0300 003 1747** during office hours - 8.30am to 5.00pm, Monday to Friday, Wednesday 10.00am to 5.00pm

Sharps injuries must be reported to HSE¹² under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) if:

- An employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g. hepatitis B or C or HIV. This is reportable as a dangerous occurrence
- The employee receives a sharps injury and a BBV acquired by this route seroconverts. This is reportable as a disease
- The injury itself is so severe that it must be reported

If the sharp is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable to HSE unless the injury itself causes an over-seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.

Recording of sharps injuries at St Peter's Medical Centre

All sharps injuries sustained at **St Peter's Medical Centre** must be recorded using **General Practice Patient Safety Incident Report Form, using the following link: https://report.nrls.nhs.uk/GP_eForm**. It is the responsibility of the person suffering a sharps injury to ensure that it is reported/recorded appropriately. If they are unsure, they should discuss the incident with **Christine Bushell, Infection Control Lead & Deborah Harvey, Practice Manager**.

Further actions

To raise awareness and to minimise the risk of future occurrences, a sharps injury should be recorded as a Significant Event and discussed at the next practice meeting, where lessons identified can be discussed and any additional training delivered.

Summary

Sharps injuries are not uncommon within primary care. Due diligence and adherence to guidance and legislation will reduce the risk to all staff. **Regular** training is delivered at **St Peter's Medical Centre** to maintain an awareness of the significance of the safe management of sharps.

¹² [HSE Sharps injuries – What you need to do](#)



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Annex F – Safe use and disposal of sharps

Introduction

Many sharps injuries can be avoided by adhering to the principles of safe practice at **St Peter's Medical Centre**. The incidence of sharps injuries in primary care is surprisingly high. Care is to be taken at all times to ensure the safe use and disposal of sharps.

Legislation

There are a number of legislative acts and laws governing the safe use and disposal of sharps:

- [Control of Substances Hazardous to Health \(COSHH\) 2002](#)
- [Management of Health and Safety at Work Regulations 1999](#)
- [The Provision and Use of Work Equipment Regulations 1998](#)
- [Reporting of Diseases, Injuries and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)
- [The Personal Protective Equipment Regulations 1992](#)
- [Health and Safety \(First Aid\) Regulations 1981](#)
- [Safety Representatives and Safety Committee Regulations 1977](#)

EU directive

In addition to the above, an EU directive was introduced in 2010 aimed at protecting healthcare workers from sharps injuries ([Directive 2010/32/EU](#)). From this directive a [transposition note](#) was produced detailing which aspects of the directive were to be incorporated into The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013¹³. Healthcare workers should adhere to the information detailed in these regulations when searching for guidance/information.

Safe use principles

The following principles should be followed at **St Peter's Medical Centre**.

- Never pass sharps from person to person by hand – use a safe area or receptacle to place them in
- Never walk around the room/practice with an exposed sharp in your hand
- Never leave sharps lying around – dispose of them appropriately
- Dispose of syringes and needles as a single unit – do not remove the needle first
- Never resheathe a needle
- If you are administering care to a confused patient, have help present to minimise the risk of injury to the patient and yourself

¹³ [HSE Regulations 2013](#)



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Disposal

In addition to the above, the safe use of sharps bins is also essential to reduce the risk of exposure. The Sharps Regulations require that clearly marked and secure containers be placed close to the area where sharps are used. Instructions for staff on safe disposal of sharps must also be placed in those areas¹⁴.

To comply with the regulations, the following guidance is to be adhered to:

- Ensure that sharps bins are of an appropriate size for the clinical activity
- Sharps bins should be available at the point of use of the sharp
- Sharps bins should be located at approximately waist height, but out of the reach of children or confused adults
- Between usages, the temporary closure device should be used to prevent accidental exposure if the bin is knocked over
- Only fill the bin to the 'fill line'
- Used/full sharps bins must be placed in a locked, segregated cupboard or clinical waste bin provided for such a purpose

See overleaf for an image regarding the safe use of sharps bins.

¹⁴ [HSE Health Services Information Sheet 7](#)



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Correct Use of Sharps Bins

Sharps bin management is the responsibility of the clinician using the bin, not the cleaning team.

When assembling sharps bins, staff must ensure the following:

- The bin lid and label are a colour match and the bin is of the correct size
- The lid is fully secured and 'clicked' into place
- The label is completed legibly, with the name of the individual assembling the bin, the date assembled and the location of the bin

Do ensure that when not in use, the lid window is 'temporarily' closed.

Do replace the bin one month after the date of assembly (unless $\frac{3}{4}$ full prior to this date).

Do not overfill the bin! Once the bin is $\frac{3}{4}$ full, close the lid securely.

When closing sharps bins, staff are to ensure:

- The lid window is clicked into the closed position
- The date of closure is annotated on the label and signed by the member of staff
- The bin is taken to the clinical waste area



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Colour-coded sharps bins

The image below illustrates the uses and colours of sharps bins:

Waste bin / Sharps Bin Colour Code

	<p>Yellow bin, with Yellow label and Yellow lid</p> <p>Used for:- All sharps. All syringes. Small Prescription only medicine bottles. All ampoules. All giving sets and all items contaminated with medical waste.</p>
	<p>Yellow bin, Purple label Purple lid</p> <p>Used for:- Cytotoxic, Cytostatic Sharps, Syringes. All items contaminated with Cytotoxic, Cytostatic products.</p>
	<p>Green bin, with Green label Green lid</p> <p>Used for:-Placenta Waste Only.</p>
	<p>Limb bins / Burn bins, Yellow bin, with Yellow lid</p> <p>Used for:- Anatomical waste/ Pathological waste, used instruments, C.J.D. waste. Prescription only medicine bottles. Pharmaceutical waste. Large giving sets, heavy blood loss.</p>

Summary

The safe use of sharps and their subsequent safe disposal will reduce the risk of injury to all staff and patients at St Peter's Medical Centre. Any queries relating to safe sharps management and disposal should be directed to: **'Mrs Christine Bushell, Advance Nurse Practitioner & Infection Control Lead'** in the first instance.

Supplementary guidance can be found by accessing the hyperlinks within this document or the references at the footnotes.



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Annex G – Sample Handling Protocol

Introduction

Staff at **St Peter's Medical Centre** may at times be expected to handle specimens/samples from patients. This protocol details the guidance for the safe handling of specimens for all staff, including non-clinical members*.

Overview

Clinical specimens are often referred to as samples by patients. A clinical specimen can be defined as any substance (solid or liquid) taken from the patient for the purpose of analysis. All staff at **St Peter's Medical Centre** have received the required training to ensure that specimens are handled safely. It remains the responsibility of all staff to ensure that they adhere to best practice and the guidance provided.

Handling

Specimens if not handled correctly are a risk of infection to all personnel involved, including healthcare workers, transport staff and laboratory personnel. Specimens that are unlabelled, without a completed request form, in incorrect containers or that are leaking are unlikely to be processed by the laboratory. If in doubt, speak to **Mrs Christine Bushell, Advance Nurse Practitioner & Infection Control Lead**.

All staff are to ensure the following:

- They are wearing the appropriate PPE, i.e. gloves
- The correct pathology request form has been used
- The correct specimen containers have been used
- The request form and container(s) have been labelled correctly, accurately and legibly
- Ensure a match between patient, form and container
- Ensure the above items are placed into the standard packaging for that container
- Place the package into the transportation container
- Dispose of PPE and wash hands
- Annotate the receipt of the specimen in the specimen log

* MPS¹⁵ recommend that reception staff do not touch patient specimens. Instead a box should be placed at reception for patients to leave their samples, which can then be passed to the clinical team for processing. This container is located: **above the four draw filing cabinet in reception**.

¹⁵ [Medical Protection Society Specimen Handling](#)



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Collection and transportation

At **St Peter's Medical Centre** specimens are collected on **Monday to Friday at 1pm** by **ECourier.co.uk** phone: **0207 565 1578** for onward transfer to **Pathology at Northwick Park Hospital**. If the courier fails to arrive, inform **Mrs Christine Bushell, Advance Nurse Practitioner & Infection Control Lead**, as this may affect the viability of the specimens.

The packaging of specimens must consist of three components to comply with UN 3373 regulations¹⁶:

- A. A primary receptacle – the specimen tube/pot
- B. Secondary packaging – the plastic specimen bag
- C. An outer packaging – the Verspak bag used to transport specimens to the laboratory

Example of a Verspak bag:



Compromised specimens

There may be occasions when concerns are raised either at **St Peter's Medical Centre** or the laboratory at **Pathology at Northwick Park Hospital** regarding the integrity of the sample. In such instances, there may be a requirement to raise a '**General Practice Patient Safety Incident Report Form**', using the following link: https://report.nrls.nhs.uk/GP_eForm. incident report, particularly if the specimen has leaked in a public area. However, communication will be maintained between both locations to determine (where possible) the cause.

Any incidents regarding specimens should be recorded as a Significant Event and discussed at the next practice meeting. Repeated incidents should indicate the requirement for an audit aimed at improving practice in the future.

¹⁶ [UN3373 Regulations](#)



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Summary

It is the responsibility of the sender to collect and package specimens as per the guidance given in this protocol and the associated references. Staff must collect specimens safely and effectively as any undue delay may have a detrimental effect on patient care.



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Annex H – Sterilisation and Decontamination Protocol

Introduction

Within the primary care environment, the majority of practices are opting for single-use items; however there are some items that are reusable and therefore require sterilisation. At **St Peter's Medical Centre** the following items are used which require sterilisation:

- **Non**

This protocol details the procedure for the sterilisation of instruments at **St Peter's Medical Centre**, whilst also detailing the general cleaning and disinfecting of items within the practice.

Overview

The careful sterilisation of equipment used in primary care is essential to the effective delivery of patient care. This policy will provide guidance which conforms to national and local directives. The effective decontamination of equipment between uses is a fundamental element of infection control practices.

Decontamination process

The decontamination process, which ultimately leads to sterilisation, is a multi-faceted process consisting of:

1. Cleaning
2. Disinfecting
3. Sterilising

Cleaning involves the removal of dirt, debris, body fluids, etc. from the equipment. Cleaning precedes the disinfection process.

Disinfecting reduces the number of microorganisms but is not a fail-safe method to ensure that all spores are removed; this stage alone consists of many factors:

- Prior cleaning must be effective
- The use of the appropriate disinfectant and in the correct strength
- The disinfectant must be used correctly as per the manufacturer's instructions

Sterilising is the only process that removes all microorganisms.



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Sterilisation

For reusable items that require sterilisation, **St Peter's Medical Centre** does not use any equipment that requires sterilisation, as all equipment are single usage.

Any questions relating to the sterilisation process are to be directed to **Christine Bushell, Advanced Nurse Practitioner** in the first instance.

General decontamination

The table below details the equipment/items held and used within **St Peter's Medical Centre** and the associated decontamination requirements:

Equipment	Decontamination method
Airways	Single use
Ambu bags	Single use
Auroscope ear pieces	Single use
Baby-changing mat	Clean with detergent at end of the session. If contaminated with blood/body fluids, clean then disinfect before next baby in line with policy
Baby weighing scales	Cover with disposable paper between babies. Clean with detergent at end of the session. If contaminated with blood/body fluids, clean then disinfect before next baby in line with policy
Bowls (used for cleaning purposes)	Empty, rinse with clear water and store inverted to dry
Blood pressure equipment	Wipe cuff and monitor with detergent/detergent wipe, pat dry with paper towel between patient uses. Do not immerse cuff in water. Disposable single-use cuff/cuff cover for use when a patient has a multi-resistant organism
Doppler ultrasound probe	Remove gel, clean with detergent/detergent wipe. Do not immerse in water
Ear irrigation – Propulse	Follow disinfection procedure in Ear Care Procedure
ECG equipment:	Single use
Electrodes Straps/leads/machine	Clean with detergent/detergent wipe. Do not immerse in water
Examination couches	Cover with disposable paper towel between patients. Clean with detergent at the end of the session. Clean and disinfect with disinfectant wipes, if contaminated with blood/blood-stained body fluid
Minor surgical instruments	Disposable, single use
Nebulisers	Single use only



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Peak flow meters/spirometry	Disposable single-use mouthpieces with one-way valve or filter (change filter as directed by manufacturer) Clean machine weekly with detergent/detergent wipe
Pelvic stimulator electrodes	N/A
Pillows	All pillows should be protected with plastic (sealed) or vapour-permeable cover Wipe with detergent/detergent wipe in between patients and at end of session Disinfect with disinfectant wipes, if contaminated with blood/blood-stained body fluid
Physiotherapy equipment	N/A
Pulse oximeter	Clean weekly with detergent/detergent wipe and between patients
Scissors	Single use
Stethoscope	Clean between each patient use, with detergent wipe
Sticks/frames/crutches	N/A
Stitch/staple removers	Single use
Suction machines	N/A
Thermometer	Disposable sheath for each patient Clean handpiece weekly with detergent/detergent wipes Do not immerse in water
Tourniquet	Wipe with detergent/detergent wipe, pat dry with paper towel between patient use or: Disposable single patient use if appropriate in specific services. If reusable tourniquet grossly contaminated – dispose of. Ensure adequate supply available
Treatment chairs	Clean daily with detergent/detergent wipes
Trolleys	Clean with detergent/detergent wipe prior to/following use
Toys: Hard	Clean weekly with detergent/detergent wipe or after use if used as part of treatment/assessment All hard toys must be made of suitable material to withstand disinfection if required
Soft	N/A
Weighing scales	Clean weekly with detergent/detergent wipe
Work surfaces	Clean with detergent/detergent wipe at the end of each session
Vacutainer needle holder	Single use
Vaginal speculum	Disposable, single use
Vaginal ultrasound probes	N/A



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Summary

The effective decontamination of equipment and the appropriate use of single-use items are essential to reducing the risk of infection. The clinical environment must be maintained appropriately for the delivery of safe, clean care. All staff at **St Peter's Medical Centre** have a duty of care to ensure they follow IPC policy and protocols at all times.



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Annex I – Isolation of Patients Protocol

Introduction

Control of infection is one of the key elements of safe care in general practice. There may be on occasion a requirement to isolate patients and it is essential that **St Peter's Medical Centre**, is prepared to deal with such occurrences. This protocol will explain the procedure for patient isolation at **St Peter's Medical Centre**.

Overview

Isolation in healthcare is defined as the voluntary or compulsory separation and confinement of those known or suspected to be infected with a contagious disease (whether ill or not), to prevent further infections. The kind of isolation required will depend on the type of disease. All staff must ensure that they understand the isolation protocol at **St Peter's Medical Centre**.

In accordance with [The Code of Practice](#) detailed in The Health and Social Care Act 2008, adequate isolation facilities must be provided, to minimise the spread of infection to both patients and staff.

The isolation of patients must be based on the infection risk. At **St Peter's Medical Centre**, the lead for IPC **Christine Bushell** and they must be consulted if there is concern regarding an infectious patient. Where doubt exists, caution should be taken and further advice sought from the local trust IPC team, who are located at **Local Trust (CCG) IPC lead, Harriet Ddungu, and can be contacted on: 07557 257075 or email: h.ddungu1@nhs.net**

Recognising the requirement for isolation

Staff should remain vigilant and if they suspect a patient is contagious and presents with any of the following, they must inform a clinician immediately:

- Cough and/or fever might indicate influenza
- Diarrhoea and/or vomiting might indicate Clostridium difficile, norovirus or food poisoning
- Skin lesion/rash might indicate scabies, chicken pox or measles

This list is not exhaustive, but merely indicative of examples of the ways in which an infectious patient may present. Further conditions will be discussed during staff training. It is acknowledged that it may not always be possible for staff to recognise a patient with a contagious illness.

Isolation protocol

Sensitivity is key when dealing with patients who may be contagious, whilst also considering other patients within the immediate vicinity. Transferring the patient to a single room, which



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can be decontaminated appropriately before being used again, is an effective way of reducing the spread of infection.

Transferring the patient from the waiting area to isolation should be done in such a manner as to limit movement, therefore reducing the spread of infection. The clinician must:

1. Ask the patient to follow them to **Clinical Room 2 (patient/employee isolation room)**
2. Explain to the patient why they have been asked to move
3. Ensure that the door to the room is closed to further reduce the spread of infection
4. Update the team, ensuring that they are aware of the potential risks associated with the infection
5. Update the patient's individual health record

Assessment of the patient by additional clinicians must be limited to minimise the transmission of infection. All staff involved in the care of a patient suspected of being contagious must ensure that they adhere strictly to the IPC protocols detailed in this policy.

Equipment used in the care of the infectious patient should be, where practicable, single use. However, where this is not possible the subsequent decontamination process should follow the guidance detailed in Appendix H of this policy.

Effective IPC precautions will further reduce the risk of transmission. Procedures such as the use of PPE, correct hand hygiene measures and decontamination will greatly reduce the risk of patients and staff becoming infected.

Room decontamination must also follow the guidance detailed in Appendix H. The room must not be used until it has been decontaminated. It is advised that the room used for isolation is routinely free from clutter, has appropriate PPE and a clinical waste bin for the disposal of PPE and is easily accessible for all patient groups.

Further guidance

The following information is aimed at promoting the risk of transmission. See overleaf for posters on the following:

- Hand hygiene
- Prevent the spread of flu
- Norovirus



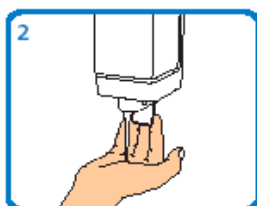
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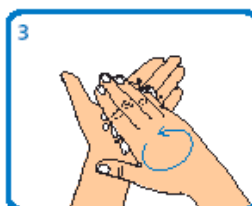
Hand-washing technique with soap and water



1
Wet hands with water



2
Apply enough soap to cover all hand surfaces



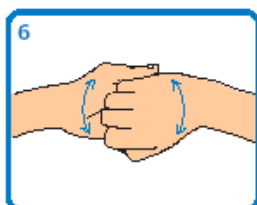
3
Rub hands palm to palm



4
Rub back of each hand with palm of other hand with fingers interlaced



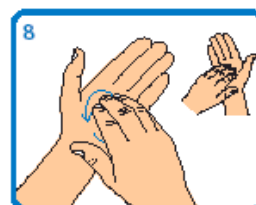
5
Rub palm to palm with fingers interlaced



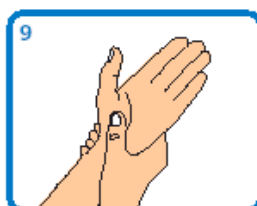
6
Rub with back of fingers to opposing palms with fingers interlocked



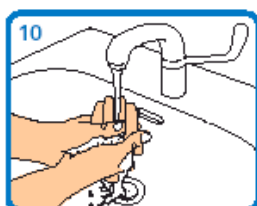
7
Rub each thumb clasped in opposite hand using a rotational movement



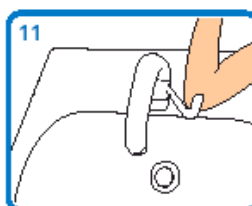
8
Rub tips of fingers in opposite palm in a circular motion



9
Rub each wrist with opposite hand



10
Rinse hands with water



11
Use elbow to turn off tap



12
Dry thoroughly with a single-use towel



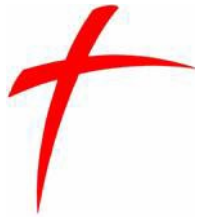
13
Hand washing should take 15-30 seconds



© Crown copyright 2007 283373 1p 1k Sep07

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*





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Source: www.whatdotheyknow.com



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Prevent the spread of flu



Catch it

Cover your nose and mouth with a clean tissue when you cough or sneeze



Bin it

Dispose of used tissue in your nearest bin



Kill it

Washing your hands and cleaning surfaces prevents the spread of germs



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Summary

Isolating a patient who is suspected of having or has a proven contagious disease is the most effective way of minimising the spread of the disease to staff and patients at **St Peter's Medical Centre**. Staff must ensure that they adhere to the guidance detailed in this policy and where they have cause for concern, they are to contact **Christine Bushell, Advance Nurse Practitioner and Infection Control Lead**. Regular training and compliance will ensure that the risk is minimised at **St Peter's Medical Centre**.



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Annex J – Notifiable diseases¹⁷

Introduction

GPs at **St Peter's Medical Centre**, have a statutory duty to notify the 'proper officer' at their local council or local Health Protection Team (HPT) of suspected cases of certain infectious diseases. Details of the local HPT can be found:

- **Health & Safety Executive for Harrow** who can be contacted on the **Advisory Team** on **0300 003 1747** during office hours - 8.30am to 5.00pm, Monday to Friday, Wednesday 10.00am to 5.00pm

or

Local health protection team in England

- PHE North West London Health Protection Team,
61 Colindale Avenue,
London,
NW9 5EQ

Email: phe.nwl@nhs.net

Phone: [020 3326 1658](tel:02033261658)

Fax: [020 3326 1654](tel:02033261654)

Out of hours for health professionals only: please phone 01895 238 282

Notifiable diseases

The following are notifiable diseases under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism

¹⁷ [Notifiable diseases and causative organisms: how to report](#)



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- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Reporting procedure

GPs are to use the: [registered medical practitioner notification form](#) to inform the local HPT about suspected notifiable disease cases. (This form is attached to this policy folder)



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Summary

It is essential that clinicians ensure that the notification form is completed and submitted to the proper officer within three days or in the event of urgent cases, within 24 hours by telephone. Where doubt exists, guidance can be sought from: **Local Health & Protection Team**

- PHE North West London Health Protection Team,
61 Colindale Avenue,
London,
NW9 5EQ

Email: phe.nwl@nhs.net

Phone: [020 3326 1658](tel:02033261658)

Fax: [020 3326 1654](tel:02033261654)

Out of hours for health professionals only: please phone 01895
238 282



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Annex K – Toys in reception / waiting areas

Introduction

Contrary to popular misconception, toys are permitted in the reception and waiting areas at **St Peter's Medical Centre** and, just like all areas within the practice, are to be cleaned in accordance with the information given in the HSCA 2008.

CQC requirements

The CQC does not have any specific guidance that focuses on toys in GP practices. Annex H of this policy will satisfy CQC requirements and refers to the cleaning schedule for toys.

Summary

It is essential that **St Peter's Medical Centre**, conforms to the guidance detailed in the HSCA 2008 to ensure that we: "Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections".



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Annex L – Staff exclusion from work

Introduction

Control of infection is one of the key elements of safe care in general practice. There may be on occasion a requirement to exclude staff from work and it is essential that **St Peter's Medical Centre**, is prepared to deal with such occurrences.

Recognising the requirement for exclusion

Staff must fully understand that there may be occasions when they are not able to work due to illness. It is essential that they advise their line manager if they are suffering from the conditions listed in the table below and adhere to the timescales for exclusion; this will minimise the risk of other staff and patients being exposed to the condition.

Condition	Recommendations
Chickenpox	Exclude staff member until lesions are dry or lesions have scabbed over.
Conjunctivitis	Exclude staff member for a period of 24 hours once treatment has commenced.
Dermatitis	If infected or discharging skin lesions, exclude staff member from clinical duties until the lesions have healed. OH to be consulted for advice.
Diarrhoea and Vomiting (or either condition on its own)	Exclude staff member until they are symptom free for a period of 48 hours.
Head lice	Exclude staff member until they have had their first treatment.
Hepatitis A	Exclude staff member for a period of seven days or until fully recovered.
Hepatitis B & C	Exclude staff member until they have recovered. OH must be consulted for advice.
Herpes Simplex	Staff members with facial Herpes Simplex are to be excluded from giving eye and neonatal care until lesions have healed.
HIV and AIDS	OH must be consulted for advice.
MRSA	OH to be consulted.
Salmonellosis	Exclude staff member until they are symptom free for a period of 48 hours.
Scabies	Exclude staff member until they have had their first treatment.
Shingles	Exclude staff member from work until the lesions have scabbed over.
Tuberculosis	For respiratory TB, exclude staff member for a period of two weeks post treatment or until sputum smear is negative. Consult with OH for advice. For all other forms of TB, there is no need to exclude the staff member.



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In instances where the practice manager is not the line manager for the staff member concerned, the practice manager is to be informed of the absence at the earliest opportunity (or the deputy practice manager in their absence). Where absence affects clinical delivery or service delivery, the practice manager is to be informed immediately in line with the practice absence policy.

Should doubt exist regarding the exclusion period, advice from the occupational health (OH) department must be sought. Occupational health can be contacted on:

Imperial Health at Work
Charing Cross
Phone: 0203 313 7010

NB: The table above is not exhaustive and practices should amend it as necessary.



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Usage of Baby Changing Facilities



This baby changing mat has been cleaned using disinfectant wipes.

Upon completion of use, please inform reception, who will ask a member of our Infection Control Team to disinfect these facilities.

