



Berkshire Primary Care
Infection Prevention and Control Policy

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Introduction

Clinical context

A wide variety of healthcare is delivered in primary and community care settings. Healthcare-associated infections (HCAI) arise across a wide range of clinical conditions and can affect patients of all ages. Healthcare workers, family members and carers are also at risk of acquiring infections when caring for patients.

HCAI can occur in otherwise healthy individuals, especially if invasive procedures or devices are used. For example: indwelling urinary catheters are the most common cause of urinary tract infections and bloodstream infections are associated with vascular access devices.

A wide range of microorganisms causes HCAI. These are often carried by the patients themselves, and have taken advantage of a route into the body provided by an invasive device or procedure. HCAI can exacerbate existing or underlying conditions, delay recovery and adversely affect quality of life.

Patient safety has become a cornerstone of care and preventing HCAI remains a priority. It is estimated that 300,000 patients a year in England acquire a HCAI as a result of care within the NHS180. In 2007, methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections and *Clostridium difficile* infections were recorded as the underlying cause of, or a contributory factor in, approximately 9000 deaths in hospital and primary care in England.

HCAI are estimated to cost the NHS approximately £1 billion a year, and; £56 million of this is estimated to be incurred after patients are discharged from hospital180. In addition to increased costs, each one of these infections means additional use of NHS resources, greater patient discomfort and a decrease in patient safety. A no tolerance attitude is now prevalent in relation to avoidable HCAI.

The purpose of these guidelines is to ensure good infection prevention and control procedures are applied to reduce the risk of transmitting infections from recognized and unrecognized sources of infection to both patient and health care workers.

General advice

1. Everyone involved in providing care should be:

- Educated about the standard principles of infection prevention and control and trained in hand decontamination, the use of personal protective equipment, and the safe use and disposal of sharps.

2. Wherever care is delivered, healthcare workers must have available appropriate supplies of:

- Materials for hand decontamination
- Sharps containers

- Personal protective equipment

3. It is also important to educate patients and carers about:

- The benefits of effective hand decontamination
- The correct techniques and timing of hand decontamination
- When it is appropriate to use liquid soap and water or hand rub
- The availability of hand decontamination facilities
- Their role in maintaining standards of healthcare workers' hand decontamination.

Hand decontamination

1. Hands must be decontaminated in all of the following circumstances:

- Immediately before every episode of direct patient contact or care, including aseptic procedures
- Immediately after every episode of direct patient contact or care
- Immediately after any exposure to body fluids
- Immediately after any other activity or contact with a patient's surroundings that could potentially result in hands becoming contaminated
- Immediately after removal of gloves

2. Decontaminate hands preferably with a hand rub (conforming to current British standards), except in the following circumstances, when liquid soap and water must be used:

- When hands are visibly soiled or potentially contaminated with body fluids or in clinical situations where there is potential for the spread of alcohol-resistant organisms (such as *Clostridium difficile* or other organisms that cause diarrhoeal illness).

3. Health care workers should ensure that their hands could be decontaminated throughout the duration of clinical work by:

- Being bare below the elbow when delivering direct patient care
- Removing wrist and hand jewellery
- Making sure that fingernails are short, clean and free of nail polish
- Covering cuts and abrasions with waterproof dressings

4. An effective hand washing technique involves several stages: preparation, washing, rinsing, and drying. (posters are situated at each sink area)

- Preparation requires wetting hands under tepid running water before applying liquid soap or an antimicrobial preparation
- The hand wash solution must come into contact with all of the surfaces of the hand
- The hands must be rubbed together vigorously for a minimum of 10–15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers
- Hands should be rinsed thoroughly before drying with good quality paper towels

5. When decontaminating hands using an alcohol hand rub, hands should be free from dirt and organic material.

- The hand rub solution must come into contact with all surfaces of the hand
- The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry

6. An emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand decontamination. If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation an occupational health team should be consulted.

Use of personal protective equipment

1. Selection of protective equipment must be based on an assessment of the risk of transmission of microorganisms to the patient, and the risk of contamination of the healthcare worker's clothing and skin by patients' blood, body fluids, secretions or excretions.

2. Gloves must be worn for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments.

3. Gloves must be worn as single-use items. They must be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves must be changed between caring for different patients, and between different care or treatment activities for the same patient.

4. Ensure that gloves used for direct patient care that have been exposed to body fluids are disposed of correctly, in accordance with current national legislation or local policies.

5. Alternatives to natural rubber latex gloves must be available for patients, carers and healthcare workers who have a documented sensitivity to natural rubber latex.

6. Do not use polythene gloves for clinical interventions.

7. When delivering direct patient care:

- Wear a disposable plastic apron if there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions, or wear a long-sleeved fluid-repellent gown if there is a risk of extensive splashing of blood, body fluids, secretions or excretions onto skin or clothing.

8. When using disposable plastic aprons or gowns:

- Use them as single-use items, for one procedure or one episode of direct patient care and ensure they are disposed of correctly.

9. Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes.

10. Respiratory protective equipment, for example a particulate filter mask, must be used when clinically indicated.

11. Gloves used for direct patient care must conform to current EU legislation (CE marked as medical gloves for single-use) and should be appropriate for the task.

Single use devices and equipment

Any equipment identified as single use is disposed of immediately after use in the appropriate waste stream. Refer to BPC Single Use Medical Devices Infection Prevention and Control Policy for additional guidance.

Vascular access device site care

1. Decontaminate the skin at the insertion site with chlorhexidine gluconate in 70% alcohol before inserting a peripheral vascular access device or a peripherally inserted central catheter.

2. Use a sterile, transparent semipermeable membrane dressing to cover the vascular access device insertion site.

3. Consider a sterile gauze dressing covered with a sterile transparent semipermeable membrane dressing only if the patient has profuse perspiration, or if the vascular access device insertion site is bleeding or oozing.

4. If a gauze dressing is used:

- Change it every 24 hours, or sooner if it is soiled and replace it with a sterile transparent semipermeable membrane dressing as soon as possible.

5. Change the transparent semipermeable membrane dressing covering a central venous access device insertion site every 7 days, or sooner if the dressing is no longer intact or moisture collects under it.

6. Leave the transparent semipermeable membrane dressing applied to a peripheral cannula insertion site in situ for the life of the cannula, provided that the integrity of the dressing is retained.
7. Dressings used on tunnelled or implanted central venous catheter sites should be replaced every 7 days until the insertion site has healed, unless there is an indication to change them sooner.

Waste Disposal

1. Healthcare waste must be segregated immediately by the person generating the waste into appropriate colour-coded storage or waste disposal bags or containers defined as being compliant with current national legislation and local policies.
2. Berkshire Primary Care staff are not required to empty waste at the end of their shift unless the capacity of the waste presents a hazard to staff and patients. Under the SLA with Boundary House Surgery, Boundary House Surgery staff are responsible for handling and disposal of healthcare waste.
3. Healthcare waste must be labelled, stored, transported and disposed of in accordance with current national legislation and local policies.
4. Educate patients and carers about the correct handling, storage and disposal of healthcare waste.

Isolation Facilities

It is recognised that primary care practices do not require dedicated isolation facilities or treatment rooms but there is an expectation to implement reasonable precautions when a patient is suspected or known to have a transmissible infection. Under these circumstances a designated isolation area will be created.

Duties

Medical Director

The Medical Director has overall responsibility for Infection Prevention and Control within BPC. It is the responsibility of the Medical Director to oversee the development and implementation of infection prevention and control policies. It is also their responsibility to review compliance with Infection Prevention & Control audits and address issues of non-compliance.

BPC Board

The BPC Board has a responsibility for ensuring that it meets its legal duties in relation to Infection Prevention and Control. This responsibility is delegated to the Quality and Governance Committee via the Infection Prevention and Control Group.

Business Manager

The Business Manager works closely with the Medical Director to ensure the day to day infection prevention and control policies are adhered to and that staff are adequately trained in Infection Control.

BPC Staff

Employees are responsible for complying with the principles detailed within this policy, and for ensuring they attend mandatory training programmes as directed by their Line Manager.

BPC staff must not reuse a single use medical device under any circumstances.

Employees must comply with BPC policies. Failure to comply with or act in accordance with BPC policies may result in disciplinary action.

Scope

These guidelines state how Berkshire Primary Care ensures compliance with the Health and Social Care Act 2008 Code of Practice for healthcare on the prevention and control of infections and related guidance 2010. This policy applies to all permanent, locum, agency, bank and voluntary staff of Berkshire Primary Care whilst acknowledging that for staff other than those directly employed by Berkshire Primary Care appropriate line management or chain of command will be taken into account.

EQUALITY IMPACT STATEMENT

Berkshire Primary Care is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

1. MONITORING COMPLIANCE

As a minimum the following elements will be monitored to ensure compliance

Minimum requirement to be monitored	Lead	Tool	Frequency of Reporting of Compliance	Reporting arrangements	Lead(s) for acting on recommendations
Action	Medical Director or Business Manager	ICAT audit tool	Annually	Policy audit report to:	Business Manager
Process				•	
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Process				•	

