Primary Care Infection Prevention and Control Policy

Version	Date	Reason for Change	Edited by	Approved by	Review Date
1.0	October 2019		Stephanie de Giorgio	Head of Operations	November 2019
1.2	November 2019		Stephanie de Giorgio	Head of Operations	November 2021
1.3	November 2021		Head of Quality	Chief Operating Officer	January 2022
1.4	January 2022	Updated to reflect Covid-19 Guidance	Chief Operating Officer	Head of Quality	1st September 2023

This policy will be reviewed every two years or sooner if national, local or Service guidance changes.

Purpose

This policy is relevant to all employers and anyone who works for THCIC, 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 every two years by the Infection Prevention and Control Lead for Thanet Health Community Interest Company (TH CIC).

Commitment of the Service

The employers and all staff working for THCIC are committed to minimising the risk of infection and to ensure the safety of patients and staff.

The Service will undertake to maintain the premises, equipment, drugs and procedures to the highest standards 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.

All staff are responsible for the effective prevention and control of infection.

The Nursing IPC lead for the Service is: Mrs Sandra Muirhead

The Medical IPC lead for the Service is: Dr Markus Maiden-Tilsen

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INTRODUCTION

Healthcare associated infections (HCAI) can be acquired following healthcare intervention within any inpatient or community setting. Infection prevention and control is an essential element of high-quality care and having effective prevention and control measures in place contributes to the safety of the environment for service users, care workers and others.

SCOPE

This document sets out to provide clear guidance on infection prevention and control in Primary Care to minimise acquisition of HCAI and protect the workforce.

Compliance with the Health and Social Care Act (2008) (revised 2015) has been mandatory for Primary Medical Care Providers from April 2012. The law states that the Code must be taken into account by the Care Quality Commission (CQC) when it makes decisions about registration against the cleanliness and infection control requirement (DH, 2010).

This policy does not replace the requirement to comply with any other legislation or regulatory guidance - such as Health Technical Memorandums (HTMs) - that apply to healthcare services; for example, the Health and Safety at Work Act 1974 and the Control of Substances Hazardous to Health Regulations 2002 (DH, 2010).

SYSTEMS FOR INFECTION PREVENTION AND CONTROL

All Services must have systems in place to monitor hygiene and infection within the Service and to identify and mitigate areas of risk.

INFECTION PREVENTION AND CONTROL (IPC) LEAD(S)

The IPC Lead is responsible for the local infection prevention and control programme. This involves identifying the risks to the Services, its patients and staff from infection, and taking responsibility for implementing and monitoring actions to manage those risks. Specifically, the IPC Lead(s) are responsible for:

- coordinating the audit programme, collating results and overseeing the development and progress of action plans where indicated
- updating local risk assessments against the code of Service
- ensuring that all staff receive appropriate induction and ongoing training in infection prevention
- producing the annual compliance and learning statement for the Service
- acting as a local resource and monitoring IPC standards and progress.

IPC Leads should be appropriately trained in infection prevention and control, have the skills to undertake the role and the authority to make decisions and challenge Service.

ALL STAFF

Every member of staff is individually responsible for their own Service and for implementing Standard Infection Prevention Precautions to reduce the risk of infection to service users, colleagues and themselves. Staff are expected to access and adhere to the Infection Prevention and Control Policy.

AUDIT

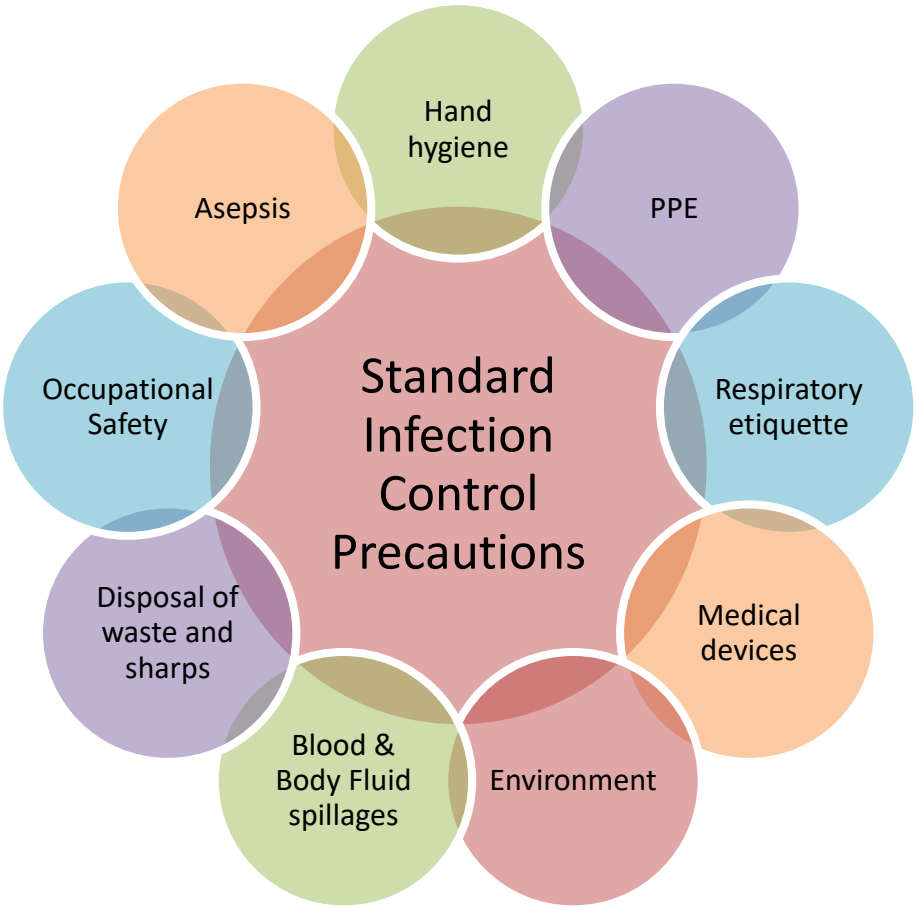
Audit provides an insight into infection prevention compliance and performance and an opportunity to further quality improvements both in clinical Service and the environment.
A full infection prevention and control audit will be completed annually by Sandra Muirhead IPC lead.
Action plans to address non-conformities will follow the SMART objectives, be time-bound and owned and regular review of progress detailed on the plan.
Audit results will be discussed at TH CIC board meetings and evidence of such be available in the form of Minutes, agendas and documentation of completed actions.

STANDARD INFECTION CONTROL PRECAUTIONS (SICPs)

Standard Infection Control Precautions (SICPs) will be used by all staff, in all care settings, at all times and for all patients, whether infection is known to be present or not to ensure the safety of those being cared for and staff and visitors.

SICPs (previously known as Universal Precautions) are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agent from both recognised and unrecognised sources of infection. Sources of (potential) infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

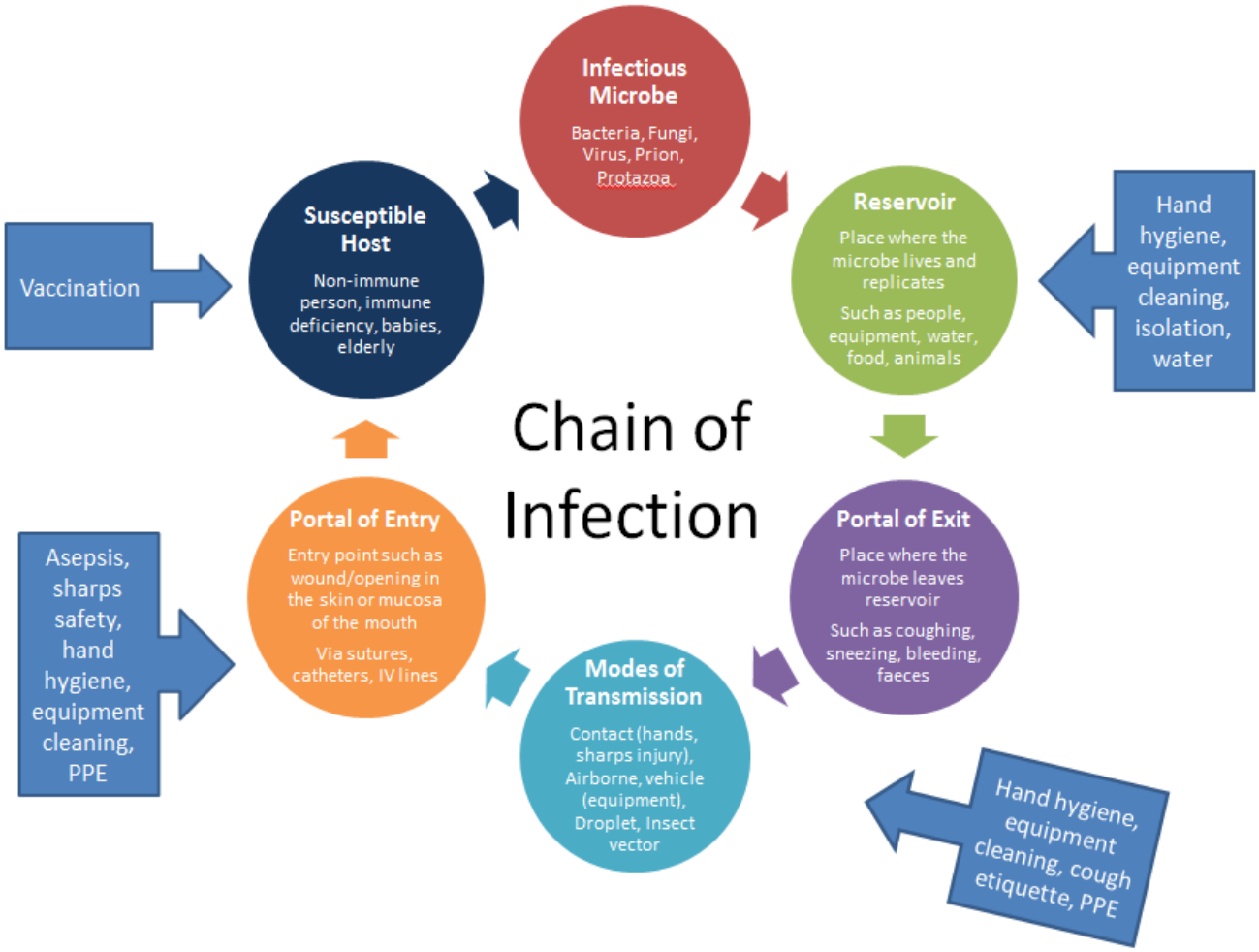
SICPs include:



The application of SICPs during care delivery is determined by an assessment of risk to and from individuals and includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

To be effective in protecting against infection risks, SICPs must be used continuously by all staff. SICPs implementation monitoring must also be ongoing to ensure compliance with safe Services and to demonstrate ongoing commitment to patient, staff and visitor safety.

Implementation of SICP results in the breaking of the chain of infection significant decrease in the number of HCAI, ultimately protecting patients, staff and visitors. SICP are applicable in all healthcare settings, including hospitals, clinics, surgeries or in the patient's own home/place of residence.



HAND HYGIENE

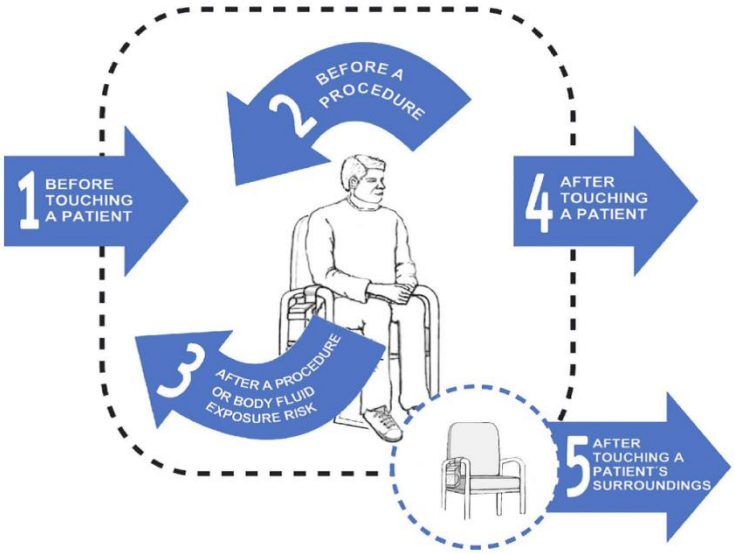
Hand hygiene is recognised as one of the most effective methods to prevent the transmission of pathogens and is a central component of standard precautions[1-3].

Micro-organisms on hands are either resident flora or transient flora. Resident flora live in the deeper crevices of skin and hair follicles, are not readily transferred to other people or objects and are usually of low virulence. Transient flora may contain many different pathogenic micro-organisms. They are not firmly attached to the skin and are readily transferred to other surfaces but can easily be removed by correct hand hygiene.

The purpose of hand hygiene is to remove transient flora.

When to clean hands

Hand cleaning should be performed when hands are visibly dirty or contaminated, at the 5 key moments [1,4] and immediately after removing gloves[4,5].



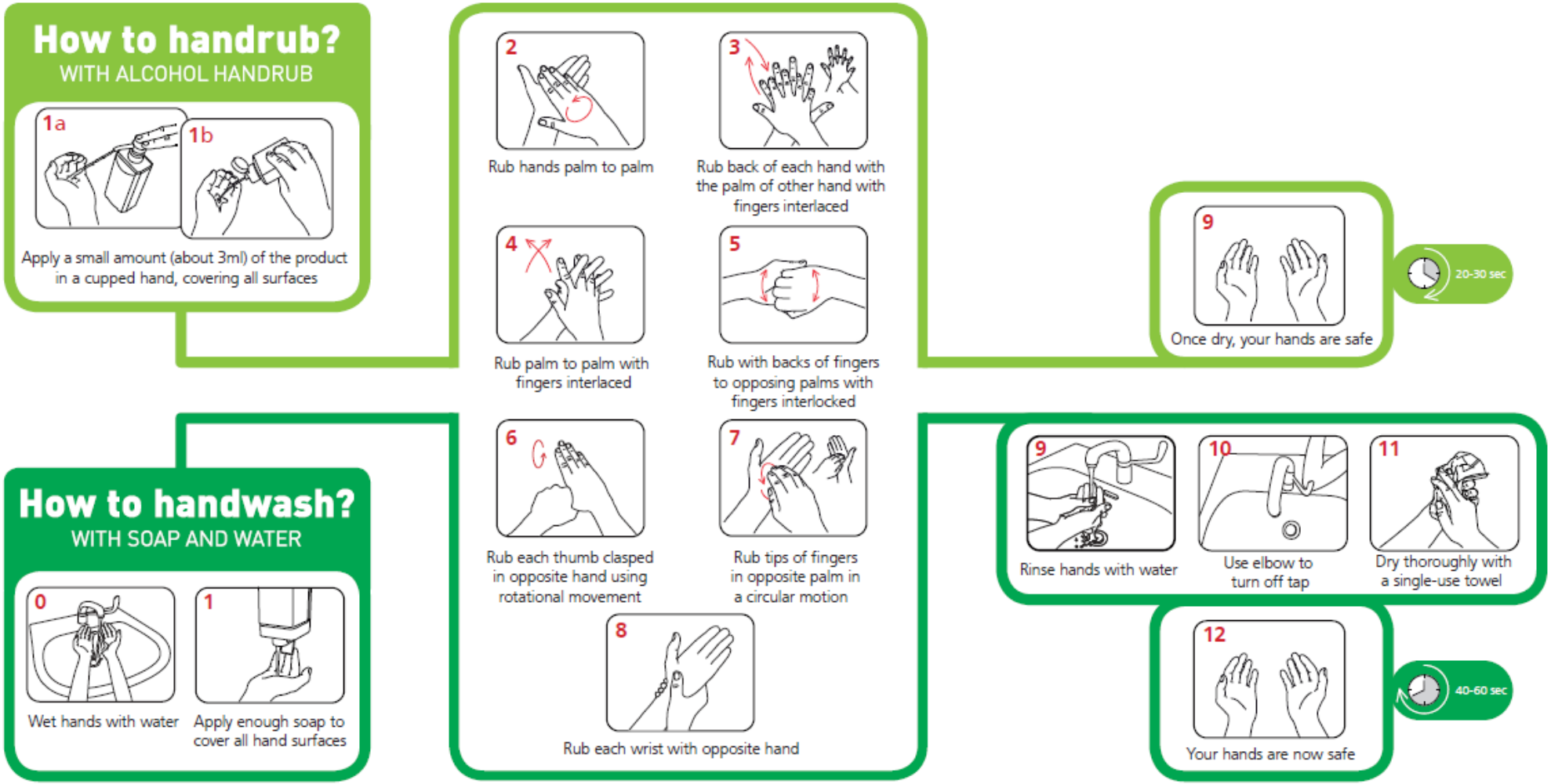
World Health Organisation (WHO) 5 Moments for Hand Cleaning

Hand cleaning agents

- Alcohol gel/hand rubs are highly effective at killing transient flora and can be used when hands are visibly clean.
- After five consecutive uses of the Alcohol hand rub hands must be washed with soap and water to remove the protein build up on the skin.
- Hand decontamination with Alcohol hand rub should take 20-30 seconds[1]

- Soap and water must always be used for hand cleaning when hands are visibly soiled i.e. following handling of blood or body fluids or when caring for patients with suspected or confirmed Clostridium *difficile* or diarrhoea of unknown origin.[4]
- Gentle liquid soap is all that is required for general hand washing in clinical Service.
- Hand washing should take 40–60 seconds[1]
- Chlorhexidine agents (e.g. Hibiscrub or Providone Iodine 7.5%) should only be used prior to minor surgery. These products should not be used for general hand cleaning.

Hand cleaning techniques:



If the tap is a twist tap, use a clean paper towel to turn it off as the taps will be contaminated

General Principles

- Clinical staff must adhere to 'bare below the elbows' to enable effective hand cleaning when in direct contact with patients.[5] This means that rings, bracelets and watches should be removed. Plain wedding bands are permitted
- Nails should be short, free from nail varnish and extensions.
- Cover any cuts/sores or lesions with a waterproof plaster.
- Hands must always be cleaned following removal of PPE.
- Only liquid soap from a single use cartridge should be used. There should be no bar soap or nail brushes in clinical areas.
- Protect skin integrity - Always wet hands before applying liquid soap, always rinse soap off hands thoroughly and dry hands completely, always completely rub Alcohol hand rub into hands, use moisturiser when appropriate, seek medical advice for persistent problems[5]
- Dedicated hand wash basins should be available in all clinical areas. These should be elbow or wrist operated taps and must not have overflow or a plug. They must not be used for the disposal of other fluids or for washing of patient equipment.[6]
- Use disposable paper towels to dry hands
- Have easily accessible alcohol hand rub at point of care
- Annual hand washing training is recommended for all clinical staff

1. World Health Organization. *WHO Patient Safety. WHO guidelines on hand hygiene in health care*. Geneva: World Health Organization; 2009.

2. Pittet D, Hugonnet S, Harbarth S, *et al.* Effectiveness of a hospital-wide programme to improve compliance with hand hygiene. *Lancet* 2000;**356**:1307–1312.

3.Department of Health (2008) *The Health and Social Care Act 2008: Code of Service on the prevention and control of infections and related guidance.* Department of Health, December 2010. London. HMSO

4. Loveday et al (2014). epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 86S1 (2014) S1–S70

5. National Clinical Guideline Centre (2012). Infection: prevention and control of healthcare-associated infections in primary and secondary care. NCGC, London (partial update of NICE CG2)

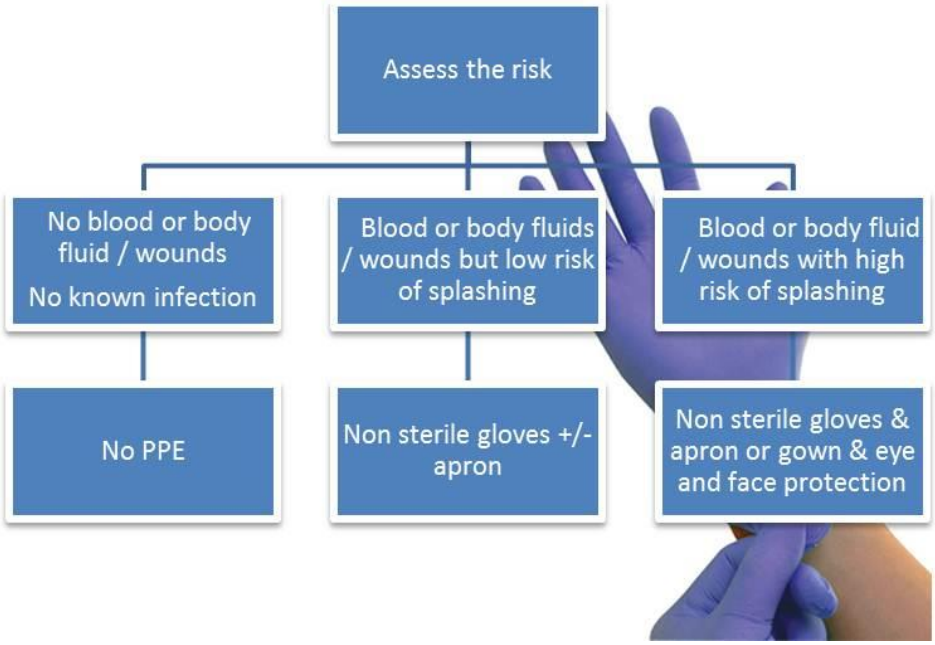
6. Department of Health (2013) Water systems Health Technical Memorandum 04-01: Addendum *Pseudomonas aeruginosa-advice for augmented care units.* DH, London

PERSONAL PROTECTIVE EQUIPMENT

Wearing PPE serves to protect the healthcare worker from contamination with blood, body fluids or pathogens and to prevent the onward transmission of potentially pathogenic microorganisms onto service users, colleagues, or to their own family members.

- Gloves should not be worn unnecessarily as their indiscriminate use may cause adverse reactions and skin sensitivity.
- Gloves must conform to European Community (CE) standards; powdered or polythene gloves are not suitable in healthcare.

The use of PPE should be guided by risk assessment and the extent of anticipated contact with blood, body fluids or pathogens.



The minimum PPE that must be immediately available for all clinical staff in each consulting room is -

- Non sterile gloves (general use)
- Plastic aprons
- Surgical masks

The minimum PPE that must be immediately available for all clinical staff in each treatment / minor surgery room is -

- Plastic aprons
- Non sterile (general use) and sterile gloves (for aseptic procedures)
- Eye and face protection – fluid / splash repellent standard, including surgical masks.

Aprons and gloves should be stored in an appropriate wall mounted dispenser or similar so that the potential for contamination of these items is kept to a minimum prior to use.

General principles

Aprons or gowns

- Aprons are inexpensive yet effective at reducing contamination to the front of clothing where most contamination occurs;
- Aprons are single use items and must be changed between patients;
- Aprons must be changed between dirty and clean procedures on the same patient;
- Long sleeved water impervious gowns may be used if the risk of contamination is excessive/significant e.g. large blood or body fluid spillage, when there is the potential for significant infection or when skin to skin contact should be avoided i.e. untreated scabies.

Gloves

- Gloves are NOT 100% impervious and hand washing after removal is essential;
- Gloves must be worn if contact with blood, body fluids, secretions, excretions or hazardous substances are expected, including specimen handling;
- Disposable gloves are single use items and must be discarded after each procedure;
- Gloves must be changed between dirty and clean procedures on the same patient.

GLOVE SELECTION CHART (Adapted from Ansell Medical GBU http://www.ansellhealthcare.com/temps/distributors/training/howtopick.cfm)

*WHEN USED IN ACCORDANCE WITH NATIONAL GUIDANCE

Glove Type	Level of Barrier Protection	Allergen Content	Strength and Durability	Elasticity	Puncture Resistance	Fit and Comfort	Chemical Resistance*	Economy	Recommended Use
LATEX	**Excellent** Benchmark for barrier protection due to strength and elasticity	**Varies** Contains protein and chemical allergens.	**Excellent** Natural rubber latex is very strong and reliable. Tensile strength typically 3000 psi or better	**Excellent** Superior to other glove films. Memory is very high allowing film to always return to original shape. Elongation limit is about 750%	**Very Good** Very resistant to punctures but can be pierced by very sharp objects	**Excellent** Excellent comfort and fit due to high elasticity and memory	**Good** Good protection from most caustics and detergents. Also recommended by OSHA for cytotoxic drugs	**Very Good** Provides very good economy for general use. Powder free versions (required for healthcare) are more expensive than powdered	**Low, Medium or High Risk Procedures** • Blood or body fluid contact • Procedures that stress the gloves • Invasive procedures • High risk of infection of HIV, HBV, HCV • Handling chemotherapy or cytotoxic agents
VINYL	**Poor** Breaks and punctures easily during use and baggy fit around the wrist making it a poor barrier	**Very Good** Contains no natural rubber proteins and no chemical curing agents	**Poor** Weakness of the glove films and breaks and punctures easily when stressed. Tensile strength typically below 2000 psi	**Fair to Poor** Limited and variable between brands. Typical elongation limit is less than 500%. Film exhibits limited memory	**Poor** Easily punctured by sharp objects	**Fair** Low elasticity limits fit and comfort. Wrist diameter is large making the glove baggy around the cuff	**Fair** Offers less protection than other polymer materials	**Very Good** Costs similar to latex	**Low Risk Procedures** • No blood contact • No body fluid contact • Intact skin • Low level of glove stress • Dispensing medications • Non-invasive physical examination
NITRILE	**Excellent** Highly resistant to punctures and tears	**Very Good** Contains no latex proteins but contains some curing agents	**Excellent** Extremely strong with puncture resistance superior to all glove films. Tensile strength is typically well above 3000 psi	**Very Good** Elasticity is very good with elongation limits typically 500% or better. Exhibits some memory, allowing the film to adapt to the wearer's hand	**Excellent** Puncture resistance is superior to all other medical glove films currently available	**Very Good** Provides good comfort and fit due to high elasticity and memory. Due to slightly tighter fit, users often choose a larger size	**Excellent** Excellent resistance to most chemicals especially harsh solvents. OSHA recommends nitrile for cytotoxic gloves	**Good** More expensive than latex but can be justified when weighed against the cost of managing latex allergies	**Medium or High Risk Procedures** • Blood or body fluid contact • Procedures that stress the gloves • Invasive procedures • High risk of infection of HIV, HBV, HCV • Handling chemotherapy or cytotoxic agents

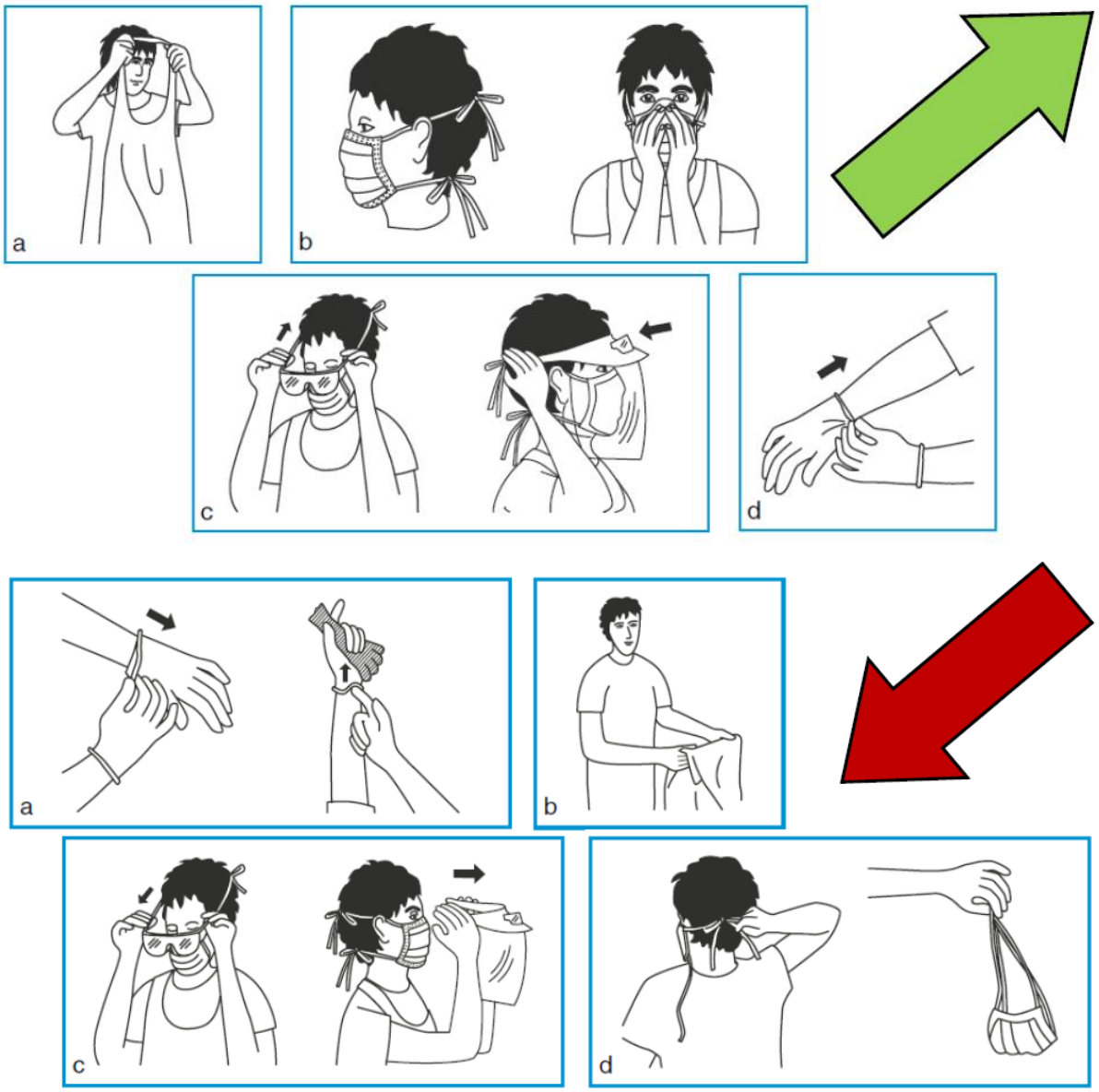
Masks, spectacles or visors

- Face protection or a mask should be worn for any activity where there is a risk of body fluid splashing into the face or eyes;
- Specialist FFP2 and FFP3 masks should only be used when indicated by Public Health England i.e. during an influenza or other infection disease pandemic and staff must be training and fit-tested prior to use of these masks.
- Remember - Staff will be less likely to wear PPE if it is not easily accessible.

Application and removal of PPE

PPE should be applied and removed in a specific order to minimise the potential for cross- contamination. Hand hygiene must be performed before and after using PPE.

- Face masks should be removed by breaking the bottom ties (if applicable) followed by top ties. The mask should then be pulled away from the face holding the ties without touching the front of the mask and disposed of directly into the clinical waste.



CLEANING AND DECONTAMINATION

Safe and effective decontamination of equipment and environment between patients is an essential part of standard precautions.

Medical Equipment

- All medical device cleaning and decontamination must meet NHS Cleaning Standards.[7]

Risk	Application of item	Recommendation
High	• In close contact with broken skin or broken mucous membrane. • Introduced into sterile body areas.	Cleaning followed by sterilization.
Medium	• In contact with mucous membranes. • Contaminated with particularly virulent or readily transmissible organisms. • Before use on immunocompromised patients.	Cleaning followed by sterilization or disinfection. NB: Where sterilization will damage equipment, cleaning followed by high level disinfection may be used as an alternative.
Low	• In contact with healthy skin. • Not in contact with patient.	Cleaning.

- Where practicable single use disposable equipment should be used for high risk or invasive procedures.
- Single use items must never be reused.[7,8] Anyone who reprocesses or reuses a single use device bears full responsibility for its safety and effectiveness and has the same legal obligations under the Medical Devices Regulations as the original manufacturer of the device.[9]

- Single patient use items must be securely retained for one named patient for a period of time, which is usually determined by the manufacturer.

- Reusable instruments (if used) that must maintain sterility i.e. wound or minor surgery must undergo high level disinfection according to manufacturer's instruction to protect service users and staff.[7,8]
- Where possible, use a sterile service facility rather than processing instruments locally[10]. Local Decontamination Units can be utilised for the correct, validated cleaning of certain medical items. However, the following basic principles apply:

- Instrument decontamination should be performed away from the patient treatment area (preferably in a dedicated room).
- Use automated instrument cleaning (wherever possible) or validated manual cleaning.
- Commissioning, validating, monitoring and maintaining of sterilizers
- Ensure segregation of dirty instruments and procedures from clean by zoning and workflow patterns.
- All relevant members of staff have been fully trained in decontamination protocols.[7]

- A decontamination certificate must be completed and attached to any item of equipment being sent for repair, or loan.

Correct storage of sterile instruments

- All packages / boxes must be stored off the floor to avoid contamination and facilitate effective cleaning.
- All sterile packages should be stored in cupboards with doors or enclosed drawers.
- Sterile packages that become wet are no longer sterile.
- Before use examine external packaging for damp, damage the sterile indicator strip if reprocessed items and expiry date. Any item failing these must be considered unsterile and reprocessed or disposed of as applicable.
- Regular checks on stock levels, and expiry dates.

Environment[11,12]

- General everyday cleaning requires detergent, water and effort. Detergent wipes are suitable for cleaning clinical environments
- All rooms and corridors must be cleaned with a suitable detergent and vacuumed regularly (if appropriate)
- All rooms and corridors should be clutter free to allow effective cleaning
- All fixtures, fittings and furniture should be maintained in a good condition to allow effective cleaning.

- The general fabric of the building can impact upon the ability to clean effectively i.e. broken tiles, crack to plasterwork.
- Clinical areas must be cleaned daily and specific areas cleaned as required i.e. counter tops, examination couches
- Toilets must be cleaned at least daily
- Enhanced cleaning must be undertaken following recognised infection risk or contamination with blood or body fluids
- Records of cleaning and related audits should be maintained locally.

Cleaning matrixes from the NPSA are shown below.

9. Medicines and Healthcare Products Regulation Agency (2013). Single-use medical devices: implications and consequences of reuse; DB2006(04) v2.0, December 2013 MHRA

8. Statutory Instrument 2002 No 618: The Medical Devices Regulations 2002 (amended 2012).

7. Medicines and Healthcare Products Regulation Agency (2014). Managing Medical Devices Guidance for healthcare and social services organisations. April 2014 MHRA

10. Medicines and Healthcare Products Regulation Agency (2014). Ten top tips Benchtop Steam Sterilizers. Available at: http://www.mhra.gov.uk/home/groups/dts-bs/documents/websiteresources/con019616.pdf

11. National Patient Safety Association (2010). The national specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises. August 2010, NPSA.

12. National Patient Safety Association (2009). The Revised Healthcare Cleaning Manual. June 2009, NPSA.

Colour Coding	Element	Standard	Frequency	Responsibility
	Primary Care			
Clinical Wipes	Weighing scales, manual handling equipment	All parts (including underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages	Clean contact points between patient use One full clean weekly	Clinical Staff Care Assistant / Nursing
Clinical Wipes	Medical equipment e.g. blood pressure monitor, ECG machine, nebulisers, glucose monitors, drip stands, oxygen cylinders and stands	All parts (including underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages.	Clean contact points between patient use One full clean weekly	Clinical Staff Care Assistant / Nursing
Clinical Wipes Consulting Treatment Room	Consultation room / treatment room / examination couch	All parts (including wheels/castors and underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages	Surface cleaning between patients Base cleaned daily	Clinical Staff Domestic Cleaner
Clinical Wipes	Dressings/minor operations trolley	All parts (including wheels/castors and underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages	Full clean between each procedure	Clinical Staff
	Fixed Assets			
Consulting Treatment Room Sanitary Kitchen	Switches, sockets and data points	All wall fixtures e.g. switches/sockets/ data points should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages	One full clean weekly	Domestic Cleaner
Consulting Treatment Room Sanitary Kitchen	Walls, ceiling and Ventilation grilles - extractor and inlets	All surfaces (including skirting) should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages	Check clean weekly Dust monthly Washing yearly	Domestic Cleaner Domestic Cleaner Estates/Maintenance
Consulting	All doors including handles			Domestic Cleaner

Treatment Room Sanitary Kitchen		All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jambs have no blood or body substances, dust, dirt, debris, adhesive tape or spillages	Clean handles and push plates daily	
	All internal glazing, including partitions and mirrors	All internal glazed surfaces should be visibly clean and smear free with no dust, dirt, debris, adhesive tape or spillages and should have a uniform shine appearance	One full clean weekly	Domestic Cleaner
	All external glazing	All external glazed surfaces should be clean	One full clean every three months	External Contractor or Estates/Maintenance
Consulting Treatment Room Sanitary Kitchen	Radiators	All part of the radiator (including between panels) should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages	Dust Weekly One full clean 6 monthly	Weekly external clean – Domestic Cleaner External Contractor or Estates/Maintenance
	Floors			
Consulting Treatment Room Sanitary Kitchen	Floor - hard	The complete floor (including all edges, corners and main floor spaces) should have a uniform finish or shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages or scuff marks	Dust removal daily Wet mop daily Machine clean monthly	Domestic Cleaner Domestic Cleaner Domestic Cleaner
	Floor – soft	The complete floor (including all edges and corners) should be visibly clean with no blood or body substances, dust, dirt, debris or spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks	Vacuum daily Full carpet clean 6 monthly or if significantly stained.	Domestic Cleaner Domestic Cleaner
	Electrical fixtures and appliances			
Consulting Treatment Room		The casing of any electrical item should be visibly clean with no blood or body substances, dust, dirt, debris or adhesive tape	Dust daily	Domestic Cleaner

Clinical Wipes	Electrical items including computer equipment, telephones and waiting room televisions/radio		Phones and keyboards cleaned with detergent wipe or equivalent daily	Clinical Staff
	Fans	All parts including the blades/fins and the underside should be visibly clean with no blood and body substances, dust, dirt, debris or spillages	Case daily One full clean quarterly	Case – Domestic Cleaner Quarterly full cleaner – Estates/Maintenance
	Cleaning equipment	Cleaning equipment should be visibly clean with no blood or body substances, dust, dirt, debris or moisture	Full clean after each use	Domestic Cleaner
	Furnishings and fixtures			
Consulting Treatment Room Sanitary Kitchen	Low surfaces	All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages	One full clean daily	Domestic Cleaner
Consulting Treatment Room Sanitary Kitchen	High surfaces	All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages	Dust weekly One full clean monthly	Domestic Cleaner Domestic Cleaner
Consulting Treatment Room	Chairs, tables/desks	All parts of the furniture should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape, stains or spillages	One full clean daily	Domestic Cleaner
Consulting Treatment Room Sanitary Kitchen	Hand wash containers/ hand rub dispensers	All part of the surfaces of hand soap/ paper towel containers should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages. Dispensers should be kept stocked	One full clean daily	Domestic Cleaner

Consulting Treatment Room Sanitary Kitchen	Waste receptacles	The waste receptacle should be visibly clean (including lid and pedal) with no blood or body substances, dust, dirt, debris, stains or spillages	One full clean daily	Domestic Cleaner
	Curtains & blinds	Curtains/blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages	Change 6 monthly or when soiled	Domestic Cleaner
Clinical Wipes	Toys	Toys should be visibly clean with no dirt, dust debris adhesive or body substances	One full clean daily or when contaminated with body fluids.	Clinical Staff in consulting rooms Domestic Cleaner In waiting rooms
	Kitchen fixtures and appliances			
Kitchen	Dishwashers / Ice machines and hot water	Dishwashers, Ice machines and/or hot water boilers should be visibly clean with no blood or body substances, dust, dirt, debris, stains, spillages or food debris	One full clean weekly	Domestic Cleaner
Kitchen	Fridges and freezers	Fridges and/or freezers should be visibly clean with no blood or body substances, dust, dirt, debris, spillages, food debris or build up of ice	Fridges – one full clean weekly Freezers – Defrost and clean monthly	Domestic Cleaner Domestic Cleaner
Kitchen	Kitchen cupboards	Kitchen cupboards should be visibly clean with no blood or body substances, dust, dirt, debris, stains, spillages or food debris	One full external clean weekly One full internal clean monthly	Domestic Cleaner Domestic Cleaner
Kitchen	Microwaves	All microwave surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, spillages or food debris	One full clean daily	Domestic Cleaner
	Toilets, sinks, wash hand basins and bathroom fixtures			

Sanitary	Toilets	The toilet and bidet should be visibly clean with no blood or body substances, scum, dust, removable lime scale, stains, deposits or smears	One full clean daily	Domestic Cleaner
Sanitary	Sinks	The sink (and such equipment as wall attached dispensers, etc.) should be visibly clean with no blood or body substances, dust, dirt, debris, lime scale, stains or spillages. Plugholes and overflow should be free from build-up	One full clean daily	Domestic Cleaner
Sanitary	Baby changing areas	All parts should be visibly clean with no body substances, dust, dirt, debris stains or spillages. Restraints should be capable of being removed for cleaning. Cleaning materials should be made available for cleaning between use	In between use One full clean daily	Public Domestic Cleaner

SAFE HANDLING AND DISPOSAL OF HEALTHCARE WASTE

Healthcare waste has the potential to be toxic, hazardous and / or infectious. All staff have a 'duty of care' under the Health and Safety at Work Act (1974, 2014)[13] and the Environmental Protection Act (1990)[14] to ensure that waste (including sharps) is segregated, handled, transported and disposed of in an appropriate manner to ensure it does not harm staff, patients/ service users, the public or the environment.

General Principles

- Biological or clinical waste is to be placed in appropriate containers only. Sharps are to be placed only in sharps boxes. Only contaminated material that cannot penetrate the plastic is to be placed in hazard bags. Contaminated or non-contaminated material that may penetrate the hazard bags must be placed in a sharps box. This includes unbroken glass that may become broken if the bag is damaged in transit
- Waste should be disposed of at point of care into the nearest appropriate coloured bin.
- Waste bags must be changed before ¾ full and the interval between collections should be as short as possible to prevent nuisance odours.[15]
- Waste bags must be swan necked or secured with a plastic tie to produce a fluid tight seal when closed.
- The waste bag must be clearly labelled or tagged with the generators ID as per local protocol.
- Holding waste bags slightly away from the body will reduce risk if the bag accidentally contains a sharp object.
- Clinical waste bags are to have no contamination of their outer surface. If there is contamination of the bags outer surface with biological material, the bag is to be placed inside another bag and sealed ready for transportation.
- Waste bags must be stored in an appropriate container, which must always be locked or within a locked compound that is inaccessible to animals and the public.
- Independent waste disposal contractors must be a registered waste carrier with waste disposed of, or recovered, at a suitable authorised facility.[15] The clinical waste contractor is SRCL.

Cytotoxic Waste

Cytotoxic drugs are in use in general Service and the purpose of this protocol is to set out additional procedures to follow in the use and handling of these drug types. It does not set out detailed technical specifications for the handling of these drugs and reference should be made to manufacturers and specialist directives. This protocol is in accordance with the recommendations of the Health & Safety Executive Safe Handling of Cytotoxic Drugs in the workplace

information sheet MISC615, published 9/2003, last accessed latest guidance 22/9/21 and does not include procedural issues more appropriate to a hospital setting.
Cytotoxic drugs have the potential to damage normal cells. There is a possible risk in the handling of these drugs and in caring for patients undergoing treatment.

The definition of cytotoxic and cytostatic used in waste classification is much broader than the term "cytotoxic" as used in the British National Formulary (BNF). The BNF should not be used for waste classification. *The definition of cytotoxic and cytostatic medicines is based on chemical properties rather than usage. Any medicine that is carcinogenic, mutagenic, toxic for reproduction, or toxic is classified as a 'cytotoxic and cytostatic' medicine. Examples in community care might include; chloramphenicol, BCG vaccine, Methotrexate, and Methoxyprogesterone (Depo provera), Oxytocin (Syntometrine, Syntocinon).*

Assessment will be part of a general COSHH risk assessment processes, and will specifically address:

- Which drugs are in use and what are their potential adverse effects?
- Who may be harmed and how, with particular reference to young workers, pregnant staff, new mothers, cleaners and contractors?
- Record the findings of the assessment and retain permanently.

General Principles

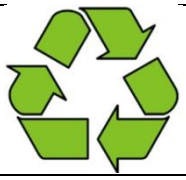
- Exposure should be controlled at source and issue personal protective equipment (PPE) to suitably trained staff members prior to handling, ensuring that PPE is selected following a risk assessment process. PPE provision will include protective gloves and disposable aprons.
- Arrange for safe handling, transport and disposal of cytotoxic drugs, and provide good hygiene facilities.
- Ensure that only specially trained staff have access. Staff must have suitable and sufficient information, instruction and training relevant to their area of work and be aware of the risks involved, and the precautions to be taken.
- Direct skin / drug contact should be avoided
- Spillage kits are readily available
- All cytotoxic and cytostatic waste must be disposed of into purple lidded bins.

13. Health and Safety Executive. Health and Safety at Work etc. Act 1974

14. Environmental Protection Act (1990)

15. Department of Health (2013) Environment and sustainability Health Technical Memorandum07-01: Safe management of healthcare waste. DH

16. Royal College of Nursing (2014). The management of waste from health, social and personal care. RCN.

Colour	Waste type and description[15,16]	Waste management requirements
	**BLACK Domestic (municipal) waste** • Paper hand towels • Tissues • Food waste • Non-contaminated couch roll Medical Services must not place any hazardous waste in this waste stream. Recycling options should be considered.	• Landfill • Municipal incineration • Energy from waste • Other authorised disposal or recovery
	**TIGER Offensive Non-infectious waste** • Contaminated items from non-infectious source e.g. dressings • Incontinence pads • Nappies • Non-infectious disposable PPE e.g. gloves, aprons	• Landfill • Municipal incineration • Energy from waste • Other authorised disposal or recovery
	**ORANGE Infectious waste** (not containing chemicals or medicinal contamination) • Contaminated items from known or suspected infectious patients • Infectious disposable PPE e.g. gloves, aprons, face masks • Infectious outbreak waste	• Alternative treatment or • clinical waste incineration
	**CLEAR Recycled waste** • plastic bottles • drinks cans • paper • cardboard	• Recycling
	**YELLOW lid** sharps box • Medicinally contaminated mixed sharps and pharmaceutical waste (not cytotoxic and cytostatic) This may include associated vials, bottles and ampoules of medicine	• Clinical waste incineration
	**ORANGE lid** sharps box • Non medicinally contaminated sharps	• Alternative treatment or • clinical waste • incineration

	**PURPLE lid** sharps box • Items contaminated with cytotoxic and cytostatic medicines This may include associated vials, bottles and ampoules of cytotoxic and cytostatic medicines	• Clinical waste incineration
	RED lid Anatomical waste • Anatomical waste for incineration (chemically and non-chemically preserved • e.g. podiatry anatomical waste	• Clinical waste incineration
	BLUE lid Medicinal waste • Medicinal waste (not cytotoxic and cytostatic) with or without original packaging • Includes Prescription Only Medicines (POM) and Over the Counter (OTC) medications	• Clinical waste incineration

List of 'Hazardous' Medicines ('Cytotoxic/Cytostatic') adapted from Table 2 HTM 07-06

A	Aldesleukin	F	**Finasteride**	P	Paclitaxel
	Alemtuzumab		Floxuridine		Pegaspargase
	Alitretinoin		Fludarabine		Pentamidine isethionate
	Altretamine		Fluorouracil		Pentostatin
	Amsacrine		Fluoxymesterone		Perphosphamide
	Anastrozole		Flutamide		Pipobroman
	Arsenic trioxide		Fulvestrant		Piritrexim isethionate
	Asparaginase	G	Ganciclovir		Plicamycin
	Azacitidine		Ganirelix acetate		Podoflilox
	Azathioprine		Gemcitabine		Podophyllum resin
B	Bacillus Calmette-Guérin Vaccine (BCG)		Gemtuzumab ozogamicin		Prednimustine
	Bexarotene		Choriogonadotropin alfa		Procarbazine
	Bicalutamide		**Goserelin (Zoladex)**		**Progesterone**
	Bleomycin	H	**Hydroxycarbamide**		Progestins
	Busulfan	I	Ibritumomab tiuxetan	R	Raloxifene
C	Capecitabine		Idarubicin		Raltitrexed
	Carboplatin		Ifosfamide		Ribavirin
	Carmustine		Imatinib mesilate	S	Streptozocin
	Cetrorelix acetate		Interferon alfa-2a	T	Tacrolimus
	Chlorambucil		Iinterferon alfa-2b		**Tamoxifen**
	Chloramphenicol		Interferon alfa-n1		Temozolomide
	Choriogonadotropin alfa		Interferon alfa-n3		Teniposide
	Chlormethine hydrochloride	L	Leflunomide		Testolactone
	Cidofovir		**Letrozole**		**Testosterone**
	Cisplatin		**Leuprorelin acetate**		Thalidomide
	Cladribine	M	Megestrol		Thioguanine
	Colchicine		Melphalan		Thiotepa
	Cyclophosphamide		Menotropins		Topotecan
	Cytarabine		Mercaptopurine		Toremifene citrate
	Ciclosporin		**Methotrexate**		Tositumomab
D	Dacarbazine		Methyltestosterone		Tretinoin
	Dactinomycin		Mifepristone		Trifluridine
	Daunorubicin HCl		Mitomycin		Trimetrexate glucuronate
	Denileukin		Mitotane		Triptorelin
	Dienostrol		Mitoxantrone HCl	U	Uramustine
	Diethylstilbestrol		Mycophenolate mofetil	V	Valganciclovir
	Dinoprostone	N	Nafarelin		Valrubicin
	Docetaxel		Nilutamide		Vidarabine
	Doxorubicin	O	Oxaliplatin		Vinblastine sulphate
	Dutasteride		Oxytocin		Vincristine sulphate
E	Ergometrine / methylergometri ne	*commonly used items in **bold**			Vindesine
	Estradiol				Vinorelbine tartrate
	Etramustine phosphate sodium			Z	Zidovudine
	Estrogen-progestin combinations				
	Estrogens, conjugated				
	Estrogens, esterified				

	Estrone	
	Estropipate	
	Etoposide	
	Exemestane	

SHARPS SAFETY

Injuries from health-care sharps pose a significant risk to the physical and mental health of staff. Blood sampling involving the use of large, hollow needles which carry a large volume of blood may be more likely to transmit disease than other sharps in the event of an accidental puncture [17,18].

Certain Services are known to increase the risk of needle-stick injury and transmission of disease. Dangerous Services include[2]:

- recapping used needles;[18,19]
- recapping and disassembling vacuum-containing tubes and holders;
- overfilling sharps containers;
- passing used sharps from hand to hand;
- working alone with confused or disoriented patients who may move unexpectedly, contributing to needle-sticks injuries.

General principles

- Avoid the unnecessary use of sharps whenever possible (e.g. for urine catheter sampling, use of needle free ports etc.)[18,19]
- Use a safer sharps product where appropriate
- Staff are responsible for the safe use and disposal of every sharp they generate.
- Sharps must be handled with care and respected as potentially dangerous items.
- Staff are recommended to maintain their own vaccinations up to date.
- Syringes and needles should not be used for venepuncture because of the potential for needle-stick injury when transferring the sample from syringe to the specimen bottle
- Blood sampling should be performed using a closed vacuum blood collection system which requires the use of a Vacutainer holder to protect staff from sharps injury

- Whenever possible, blood sampling systems should have sharps-safe systems.[19] These systems should be activated immediately after use prior to disposal.

Sharps disposal

- Sharps containers (of the correct colour) must be correctly assembled, tagged and labelled with start date, surgery and the initials of the person assembling it.
- Used sharps must be disposed of immediately at the point of use into a sharps bin which complies to UN 3921 and BS7320.
- Do not over fill sharps containers and dispose of before 2/3 full as indicated by the 'Full line'.
- Containers must be stored in an appropriate place, off of the floor and away from children and vulnerable adults. Wall securing devices are available.
- Always partially close the lid when not in use (temporary closure).
- Dispose of needles and syringes as one complete unit – do not disconnect the needle.
- Always take the sharps container to the point of use.
- Carry container only by the handle or on correct size designated sharps tray.
- Dispose of in designated area having securely closed, labelled, tagged and signed.
- Dispose of sharps bin after 3 months even if not full.

INOCULATION OR CONTAMINATION INJURY

(Sharps, bites, cuts, scratches or splashes of blood or body fluids)

- Immediate attention is required to attend to the injury.
- Allow the wound to bleed, do not apply pressure, massage or suck the wound.
- Wash the wound thoroughly under running water with soap.
- Dry well and apply a waterproof dressing.
- If body fluid splashes into eyes irrigate with large quantities of clean water. Remember to remove contact lenses.
- If body fluids splash into the mouth do not swallow, rinse well with cold water.
- Following skin exposure, wash the affected area thoroughly with soap and water.
- Report to manager, complete a Significant Event/Incident form and complete a risk assessment form.
- Injury from clean unused sharp – no further medical follow-up but report as incident for learning.

- If a bite does not break the skin, clean with soap and water and record incident no medical intervention necessary

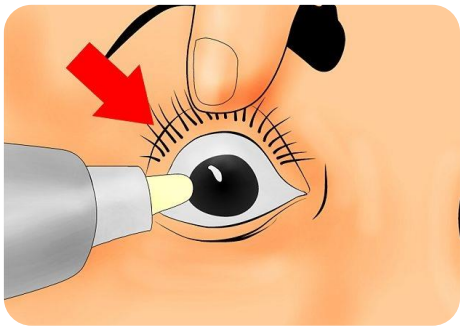
17. WHO (2010). Guidelines on drawing blood/ best Services in phlebotomy. World Health Organization.
18. Royal College of Nursing (2013).Sharps safety RCN Guidance to support the implementation of The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013. RCN.
19. Health and Safety Executive (2013). Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Guidance for employers and employees. HSE.

Splash Injury

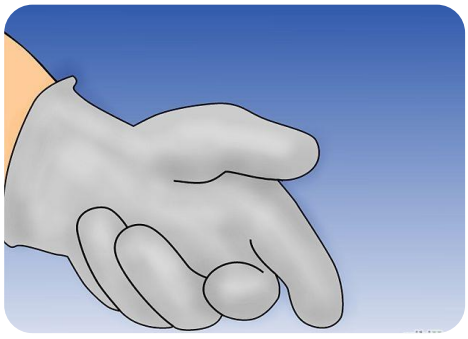
WASH IT

with soap, under running water

IRRIGATE IT



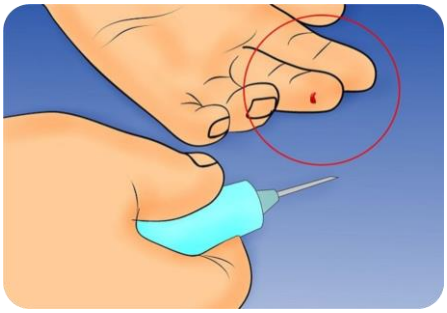
REMOVE



REPORT IT

Sharps Injury

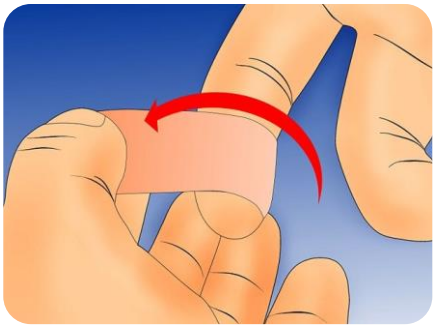
ALLOW TO BLEED



do not suck, squeeze or scrub the wound

WASH IT

COVER IT



Contact your nearest Emergency Department.

SPILLAGES
BODILY FLUIDS

Immediate Actions

- All bodily fluids spillages must be cleaned up immediately using the contents of a spillage kit by a person who has been vaccinated for Hepatitis B and suitably trained to manage body fluids. Follow the Spillage Flow Diagram

SPILLAGE KIT

- Cleaning products intended for spillages at the UTC are currently kept in A&E and utilised by the Emergency Department domestic staff. Further cleaning products can be found in Ambulatory Unit (whilst UTC is situated in Ambulatory Unit). Cleaning products at Kent Innovation Centre can be accessed by contacting the cleaners or the reception team. KCHFT have their own IPC policy and lead at Westbrook House and therefore the relevant KCHFT staff would ensure that all spillages would be dealt with promptly and in accordance with IPC guidance.
- Segregate area to prevent people from walking on the spill and unnecessary exposure. Due to the contamination danger of any bodily fluids, always wear gloves and an apron, and discard after use as clinical waste.
- Spillage kits contains gloves, aprons, paper towels, and bags for disposal (place waste in clinical waste bin in the treatment room.
- If there is broken glass, NEVER pick it up with your fingers (to avoid risk of piercing the skin and allowing opportunity of infection from the spillage). Use dustpan and brush or other suitable equipment.
- Splashes of bodily fluids on the skin should be washed off immediately.

Body Fluid spills flow charts

High risk spills i.e. Blood stained spills

Put on PPE, gloves, apron face and eye protection if splash is likely

If dry blood use method 1; if a blood spill use either of these methods

(1) Make up a fresh solution of Chlorine (e.g. Haz tabs) 10000 (A) PPM

Place paper towels over spill and soak with chlorine solution. Leave for 2 minutes

Place towels into orange clinical waste bag

Open spill kit and follow guidance on the poster, locating the granules etc.

Cover spill in granules to soak up spill. Leave for 2 minutes

Scoop up the debris and place in orange waste bag

Clean the area with detergent and water and discard unused water into sluice/toilet. Discard any single use cleaning items into the clinical orange waste bag, leaving area to dry thoroughly

Clean any buckets and leave to dry

Discard all PPE, gloves, apron, eye and face protection if used into clinical orange waste bag and complete paperwork as required

Body fluid spills; urine, faeces, vomit etc. (not blood stained)

Put on PPE; gloves, apron, face and eye protection if splash is likely

Mop up all matter with paper towel/ roll and discard into orange clinical waste bag

Clean the area with detergent and water and then wpe over with a chlorine solution of 1000(B) PPM and discard any single use cleaning items as clinical orange waste bag, leaving area to dry thoroughly

Clean any buckets and leave to dry

Discard all PPE, gloves, apron, eye and face protection if used into clinical orange bag waste

Complete all necessary paperwork including incident form where necessary

Dilution of chlorine

(A) If using haz-tabs the correct dilution for 10,000 ppm is 4 tablets dissolved in 1 litre of **cold** water

(B) If using chlor-clean or similar the correct dilution for 10000 ppm is 1 tablet to 1 litre of **tepid** water

HANDLING OF PATHOLOGY SPECIMENS

Samples should currently be placed into the specimen box (or sent to pathology directly via the pharmacy shoot) which is located in A&E. All other clinical settings will follow local guidelines, (C-ART samples will be taken directly to pathology when possible. All specimens will be placed inside a specimen pot, within a sealed plastic specimen bag. Other containers are not acceptable.

The patient (or member of staff involved in the collection of the sample) should label the specimen container before producing the specimen with their name, date of birth and date and time of production. The specimen should then be placed inside a specimen bag and if collected by the patient should be sealed by the patient. If the patient has collected their own sample, they should be advised to wash their hands thoroughly after producing the specimen, before touching the specimen pot and again after inserting the specimen pot into the bag.

Administration Staff are not permitted to handle specimens; this service currently does not have a specimen service or drop off for patients. Currently this service would be offered/managed by A&E department or if this involves a swab sample, this would be handled by the ENPs working in minor injuries. The A&E nurses and technicians would normally be involved in the collection and appropriate processing of specimens, in the first instance. Should a sample service be required for extended access patients or for patients attending the UTC in the future the following general principles will apply:

General principles

- Reception staff accepting samples must ask the patient to place their specimen into the box provided
- Only staff vaccinated for Hepatitis B will have contact with patient samples
- Samples should only be accepted where containers are correct and secure in accordance with the above guidelines. Where not, the sample should be refused and a correct container supplied or the patient should be referred back to the appropriate clinician
- The Service has a contract with the Trust and the Service has an assortment of different bins and containers which are marked up clearly. Clinical staff are aware of the different bins and their usages and care must be taken in the handling and processing of each sample
- Sharp bins should only be used for Hazardous/ Non-hazardous sharps as well as cytostatic Sharps, for such things as Needles, Scalpels, Stitch Cutter, Glass Ampoules, Sharp instruments, Syringes, Lancets and Razor Blades.

Blood

All samples of blood are to be in the approved sample tubes provided, which are sealed by a top. Should leakage of blood occur to imperfections in the bottle or incorrect fitting of the top, the sample is not to be transported out of the Service in the container.

All sample tubes containing blood are to be inserted into an approved plastic bag, which should be sealed to minimise the risk of contamination of personnel should leakage occur.

If there is a leak or spill the action will depend on the extent of the leak. If the leak is contained within the plastic bag the bag should not be opened and should be inserted within another plastic bag, which should then be sealed. A suitable person (doctor/nurse) is to be informed if a leak occurs and will decide whether to dispose of the sample or to transfer the remains of the sample into another bottle. The transfer of blood should only be undertaken when the risk of contamination of personnel is minimal and when gloves are used. Otherwise the sample is to be disposed of as above in a plastic bag inserted into the clinical waste box for incineration.

If the leak is not contained within the bag and contaminates either the outside of the bag or external objects, the following action is to be taken:

- Avoid any further contamination by containing the sample within another plastic bag - if possible, without undoing the bag. Tighten the top of the tube as this may be loose.
- Dispose of the sample within an approved clinical waste box
- Ensure that your hands are washed thoroughly with hot water and/or alcohol gel or soap. Any cut or open wound that comes into contact with the patient's blood, should be thoroughly washed to ensure that none of the patient's blood remains in contact with the wound.
- Any contaminated objects should be cleaned and disinfected.

All blood should be treated as high risk and universal precautions applied.

Urine

Urine, whether non-infected or infected, poses less of a risk than blood. However sensible precautions should still be taken to avoid contamination of personnel or their clothing. Gloves should be worn when handling urine containers as it is impossible to tell whether or not the container is contaminated with blood or faeces.

Samples in Sealed Containers

Samples of urine in sealed containers should pose no health risk, provided that the bottle is adequately sealed and no urine contaminates the outside of the bottle.

Pregnancy tests and dipstick testing make necessary the opening of urine bottles and exposure of personnel to urine. Gloves should be worn whilst testing urine and hands must always be washed after handling and testing urine.

Disposal of Urine

Urine containers are disposable and are to be used once only. Urine, once analysis is complete, should be resealed in its container and disposed of in a clinical waste bin. Under no circumstances may it be disposed of down a sink.

Faeces

Faeces pose a risk to medical personnel. Through faeces a number of diseases are transmitted that can be serious (though they are rarely as serious as blood diseases). It is important to handle specimens correctly to avoid the risk of disease.

Faeces samples should be handed in inside a specimen pot. Other containers are not acceptable. The patient should label their specimen container before defecation with their name, date of birth and date and time of production. The specimen should then be placed inside a specimen bag and sealed by the patient. The patient should be advised to wash their hands thoroughly after defecation before touching the specimen pot and again after inserting the specimen pot into the bag.

Microbiological Swabs

Swabs are taken of many infected areas of the body to assess the cause of the infection. Thus a swab by definition contains an unknown hazard. Provided the swab is not removed from the transport medium, no risk of transmission of infection exists unless there has been contamination of the outside of the container. The following guidelines are to be followed:

- The top of the bottle/container must be sealed adequately before insertion into a sealed plastic hazard bag. The form that accompanies the specimen is to be placed in the appropriate pocket of the bag and not in the same compartment as the specimen.
- In the event of the top becoming loose and parting from the container whilst in the bag, the top is to be re-sealed either through the bag, or by opening the bag.

- The transport medium is solid and unlikely to leak out of the bag, however, in the unlikely event of this occurrence it has to be assumed that microbiological material has also leaked. Therefore, the specimen is to be disposed of and re-taken.

CLOTHES

Precautions should always be taken to avoid contamination of clothing whenever possible through the use of protective clothing, e.g. plastic apron when the situation can be anticipated. However, there will be occasions when it is difficult to anticipate the situation. Contamination of clothes with biological material necessitates the following measures:

- Remove as much surplus material as possible using gloves and a disposable wipe.
- Change into clean clothing if there exists any risk to either the operator or patients whom the operator will treat during that shift. If in doubt - change.
- Personnel should ensure that the clothing does not come into contact with any surface on which food is prepared.
- Blood stained clothing should be soaked in cold water prior to washing to facilitate removal of the stain.
- Soiled clothing should ideally be washed separately from other non-soiled clothing and the washer used at the maximum temperature that the clothing could tolerate without being damaged.
- There may be occasions when it is deemed fit for an item of clothing to be destroyed due to contamination with biological material. Under these circumstances the item is to be sealed in a hazard bag and disposed of in the clinical waste bin.

ASEPSIS

Asepsis and Aseptic technique are terms used to describe the methods used to prevent contamination of wounds and other susceptible sites by organisms that could cause infection.

The aims of aseptic technique are:

- To prevent the introduction of pathogens to the site
- To prevent the transfer of pathogens from the patient to staff or other patients.

An aseptic technique should be implemented during any invasive procedure that bypasses the body's natural defences.

An aseptic technique should also be adopted when undertaking the following procedures (this list is not exhaustive):

- Dressing tracheostomy site
- Urinary catheter change
- Surgical wound dressing
- Joint injection

The procedure is undertaken **either with forceps or sterile gloved hands**. The important principles are that the susceptible site should not come into contact with any item that is not sterile.

Any items that have been in contact with the wound will be contaminated and should be disposed of safely.

Cleaning of trolleys with detergent and hot water or detergent wipes is generally accepted, as the sterile field will be created by the sterile towel contained within the dressing pack.

Appropriate Skin preparation should be used as per local guidance and policy

Bacteria acquired on the clothing during the procedure may be transferred into the wound of another patient; therefore, a clean disposable apron should be used for each dressing procedure.

A clean non-touch technique should be adopted when undertaking the following procedures

- Dressing wounds
- Removal of sutures or clips

ISOLATION OF POTENTIALLY INFECTIOUS PATIENTS

Depending on the urgency of consultation, patients with potentially infectious diseases e.g. infectious rashes and vesicles, diarrhoea, vomiting, mumps etc. should be asked to stay at home and telephone triage or home visits used to manage the patient.

Where patients do present to the service, they should be immediately isolated in an isolation room. Environmental cleaning of touch points and surfaces should be undertaken on the patient's departure.

EXCLUSION OF STAFF DUE TO INFECTION

Staff with diarrhoea or vomiting due to infectious causes must be excluded from work until 48 hours after symptoms have resolved.

Staff with influenza may return to work once their fever has subsided.

Staff with rashes should seek medical diagnosis but stay off work until vesicles (chicken pox) has crusted over.

A risk assessment is required for Shingles as staff may be able to work if the vesicles are not on hands, face or neck and they do not have contact with vulnerable patients.

Patients with Covid symptoms should be consulted with and examined in the Blue area of A&E where possible. If seen in consulting rooms then an 'amber' clean should be undertaken before seeing further patients in that area.

WATER HYGIENE (Legionella and Pseudomonas)

Primary Care Services have a duty to ensure that the water systems used do not pose a risk to the health and safety of employees and visitors (e.g. patients, hosted staff and contractors) from legionella bacteria under the Control of Substances Hazardous to Health Regulations (COSHH) and the Health & Safety at Work Act.

The Service will ensure that a water safety risk assessment is completed at least every three years and all identified actions completed. This service is currently undertaken by EKHUFT. Due to the location of eART and, in the future the UTC, the Trust are likely to continue to offer this service.

Monthly water temperature testing should be carried out:

Water leaving the boiler should be at no less than 60^{o}C

Hot water outlets should be at a temperature greater than 50^{o}C within 1 minute

Cold water outlets should be less than 20^{o}C

All infrequently used (less than weekly) water outlets should be identified and flushed (on full bore) for two minutes twice a week. (Undertaken by the Trust as per their protocols).

Water temperature testing and outlet flushing will be assessed by the Trust, documented and a record kept.

Care should be taken not to contaminate the hand hygiene water outlets within the Service to reduce the risk of Pseudomonas contamination

Hand hygiene sinks should be used for hand hygiene only; they must not be used for the disposal of any fluids such as drinks and urine or for decontamination of medical devices.

Hand hygiene sinks are for hand hygiene only.

Lime scale should not be allowed to build up on water outlets.

NOTIFICATION OF INFECTIOUS DISEASES

A number of infectious diseases are statutorily notifiable under the Public Health (Control of Disease) Act 1984, amended version 25/3/20 and the Health Protection (Notification) Regulations 2010.

Registered medical practitioners have a statutory duty to notify the 'proper officer' at their local council or local Public Health England HPT) of suspected cases of certain infectious diseases.

Complete a notification form immediately on diagnosis of a suspected notifiable disease. Don't wait for laboratory confirmation of a suspected infection or contamination before notification. Send the form to the proper officer within 3 days, or notify them verbally within 24 hours if the case is urgent, securely:

- by phone
- letter
- encrypted email

Public Health England South East contact:

Dr Alison Barnett
Regional Director Public Health England
Rochester
England