

INFECTION PREVENTION AND CONTROL POLICY

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Related Procedural Documents	Decontamination policy
In the case of hard copies of this policy the content can only be assured to be accurate on the date of issue marked on the document.	
For assurance that the most up to date policy is being used, staff should refer to the version held on the intranet	

Purpose

The purpose of the policy is to set out the infection prevention and control procedures at Sentinel Healthcare southwest CiC.

This policy is relevant to all employers and any one who works at Sentinel Healthcare SouthWest CiC, including non-clinical staff. Individuals on training placements and visitors/observers on the premises must also adhere to this.

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

Commitment of the organisation

The employers and all staff at Sentinel Healthcare SouthWest CiC are committed to minimising the risk of infection and to ensure the safety of patients.

Infection Prevention and Control Lead

The IPC lead for the organisation is: Dr Amanda Harry & Dr James Boorer

Standard Precautions

Hand washing procedures

Washbasins with suitable taps, liquid soap dispensers, alcohol rubs, paper towels and clinical waste bins are provided in all clinical care areas

Protective Clothing

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

General Dress Code

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

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

See waste management protocol

Other procedures

Surgical procedure

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

- 3) Equipment should be easily accessible
- 4) The patient should be comfortable and relaxed
- 5) Special sterile surgical packs, syringes and needles must be used only once. Healthcare professionals should ensure that no blood contacts their skin by:
 - i) Covering the site of the procedure with a surgical drape
 - ii) Place the surgical equipment immediately into a SDU container and sharps into a sharp box
 - iii) Specimens should be sealed in pathology sample bags for transportation

Microbiological Swabs

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

Handling specimens

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

Processing of medical instruments

This organisation out-sources the sterilising of re-usable instruments needed for all clinical examinations and minor operations. Some disposable single-use versions may be used as supplements

Minor operations and dressing instruments

These are cleaned, sterilised and stored clean for use or re-sterilised immediately prior to use for sterile needs

Accidents

Needle stick Injuries

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

Immunisation

Staff immunisation protection

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

Training

Infection control training will take place for all staff as part of the induction and on an annual basis. All clinical staff will receive aseptic technique training

Audit and risk assessment

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

Annual statement

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

- 1) any infection transmission incidents and any action taken (If necessary these incidents should be reported in accordance with the incident reporting procedure)
- 2) the infection control audit(s)
- 3) the infection prevention and control risk assessment
- 4) relevant staff training

Related documentation/links

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

HMSO (1996) Immunisation against Infectious Diseases - The Green Book