NHS
University Health Service
Southampton

Infection Prevention Control Policy

Version	Edited by	Date issued	Next review date
0002	Rebecca Ellery-Ash	09.02.2026	09.02.2027

Position	Named individual
Practice Manager	Rebecca Ellery-Ash / Wendy Fielder
IPC Lead	Andy Cooke
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1 Introduction

1.1 Handbook statement

The purpose of this handbook is to ensure that this organisation remains committed to infection prevention and control (IPC) and that patient safety is the utmost priority. The Care Quality Commission (CQC) regulations require that healthcare premises and equipment are safe, and there are systems in place to manage the control of infection.

This handbook incorporates the NHS England National Standards of Healthcare Cleanliness 2025. It should be noted that these standards apply to all healthcare settings, including GP surgeries, regardless of the way in which cleaning services are provided. This handbook should be read in conjunction with the organisation's Cleaning Standards and Schedule Policy and the following CQC mythbusters:

- GP mythbuster 34: Maintenance of medical equipment
- GP mythbuster 99: Infection Prevention and Control in General Practice

Good IPC is essential to ensure that people who use primary care services receive safe and effective care. This organisation is committed to providing effective IPC procedures to minimise the risk of infection and to ensure the safety of patients, visitors and staff alike.

Throughout this handbook, guidance has been sourced from Infection Prevention Control who are an IPC specialist NHS team. Their guidance for general practice lists a set of 27 policies and best practice decrees they should be incorporated into any organisation's IPC policy. While these protocols and all relevant links can be found within the annexes to this handbook, additional supporting policies, templates and audits have also been included to support the ongoing, day-to-day management of infection control.

1.2 Status

In accordance with the Equality Act 2010, we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures

contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

2 Management of IPC

2.1 Lead responsibilities

At this organisation, there is a nominated IPC Lead, and this responsibility is detailed within their job description. They are responsible for promoting good infection control practice within the organisation. Promoting these high standards and then providing evidence of the organisation's compliance are essential for reputational purposes, along with the need to maintain high levels of both patient and staff safety. The IPC Lead is to ensure that:

- They provide timely advice to colleagues, service users and relatives (where applicable)
- Training is provided on the standard principles of IPC, specifically training in hand decontamination, the use of PPE and the safe use and disposal of sharps (this list is not exhaustive)
- Appropriate supplies of sharps containers, PPE and materials for hand decontamination are available

Staff at this organisation are to support the IPC Lead in maintaining high standards of infection prevention and cleanliness.

The specialist IPC team at the Integrated Care Board (ICB) can be contacted for additional guidance and support, as required, and this may include oversight of IPC processes, including audit, to ensure compliance. While the IPC audit can be completed locally, this organisation would ordinarily liaise with the ICB specialist team to request an external audit.

This organisation ensures compliance with the Health and Social Care Act 2008 Code of Practice criteria which outline the management and organisational processes that are crucial to make sure high standards of IPC (including cleanliness) are developed and maintained.

2.2 Annual IPC statement

The annual IPC statement details the risk assessments undertaken and subsequent recommendations on IPC, whilst also detailing IPC-related significant events and audits completed. Guidance for compliance with criterion 1 of the Health and Social Care Act 2008 – Code of Practice states that the IPC Lead is to "produce an annual statement with regard to compliance with practice on IPC (including cleanliness) and make it available on request". This short review should include the following:

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

In addition to this, it is thought the statement should include any actions relating to any significant event that has occurred during the reporting period. To meet the above-

mentioned HSCA directive of “anyone who wishes to see it”, this statement is to be placed on the organisation’s website.

3 IPC and minor surgery

3.1 Overview

Given the increasingly wide variety of interventions now delivered in primary care, staff at this organisation are to use this guidance for the prevention of healthcare-acquired infections (HCAIs). HCAIs can exacerbate existing or underlying conditions, delay recovery and adversely affect quality of life. Patient safety is imperative, and the prevention of healthcare-associated infections is a priority at this organisation.

3.2 Methicillin-resistant Staphylococcus aureus (MRSA)

MRSA is a particular type of Staphylococcus aureus that has developed resistance to methicillin (a type of penicillin). Most of the time, MRSA sits on the skin without causing a problem. However, if it enters the body through an open wound, for example, it may cause an infection. Extra care is to be taken when dealing with at-risk patients, to avoid them becoming infected with MRSA.

3.3 Minor surgery and other high-risk procedures

At this organisation, high-risk procedures may include, but are not limited to:

- The fitting of contraceptive devices
- Electrocautery
- Curettage
- Therapeutic injections used in a variety of conditions, such as:
  - Injections into joints (steroids)
  - Aspiration of joints
  - Injection of tennis and golfer’s elbow or carpal tunnel injection
  - Injection of varicose veins and piles
- Excisions
- Incisions
- Other procedures that the organisation is deemed competent to carry out, e.g., skin biopsy (punch and shave), endometrial sampling, removal of toenails, insertion and removal of contraceptive implants

In conjunction with NICE guidance CG139, the areas detailed in the Primary care HCAI pathway and the appropriate infection control measures are to be robustly adhered to.

3.4 Equipment and rooms

At this organisation, the dedicated treatment room is to be used whenever possible for invasive procedures. However, should this not be available, then a normal consultation room can be used if there is adequate lighting and space.

Any medical equipment should be fit for purpose, of adequate specification, single use and disposable whenever possible. Should there be any uncertainty about the adequacy of the

equipment, the Clinical Governance team at the ICB will be able to provide advice and guidance.

3.5 Minor surgery compliance

When performing minor surgery, the table below is a check-off guide to ensure that this organisation remains compliant when undertaking surgical procedures:

Requirement	Expected standard
Facilities	• Appropriate equipment for the procedures undertaken • Appropriate premises
Clinical support	• Appropriately trained and competent • Professionally accountable to their professional body
Sterilisation and infection control compliance	• Appropriate standards
Clinical waste disposal	• Appropriate standards
Consent	• Appropriate standards
Patient information	• Proper written record
Clinician has the necessary skills to conduct the contracted procedures and includes:	• Regular update of skills • Ability to demonstrate a continuing and sustained level of activity • Conducting regular audits • Participation in appraisal of minor surgery activity • Participation in supportive educational activities
Pathology	• All specimens to be sent for histology
Audit	• Conducted
Appropriate training for all those involved in procedures	• Appropriately trained

4 IPC and community interventions

4.1 Overview

A wide range of interventions are carried out in the community setting. Infections can occur in otherwise healthy individuals, particularly during invasive procedures or when medical devices are used. Specific care will be taken during the following three procedures identified by NICE as the three most likely sites for HCAI in the community:

- Urinary catheters
- Enteral feeding sites
- Vascular access devices

Further reading on HCAIs and their prevention and control within a primary and community setting can be found in NICE guidance CG139.

5 IPC and pest control

5.1 Overview

The end of the policy details the practices Pest Control Policy and is supported by:

- Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance
- National Standards of Healthcare Cleanliness 2025: Pest control
- CQC GP mythbuster 15: Premises and equipment

Antimicrobial stewardship

Introduction

Antimicrobial stewardship (AMS) is part of the fight against antimicrobial resistance (AMR). The purpose of AMS is to ensure the right antibiotic for the right patient, at the right time, with the right dose, and the right route, causing the least harm to the patient and future patients. AMS includes optimising the prescribing of antibiotics and raising public awareness of AMR.

What is AMR?

AMR occurs when the microorganisms that cause disease are no longer affected by antimicrobial medicines, such as antibiotics, antivirals and antifungals, which are used to kill them, to prevent and treat the disease. While resistance is a natural occurrence, from a healthcare perspective it is accelerated by:

- The inappropriate and overuse of antimicrobial medicines
- Poor infection prevention and control practices
- A lack of new antimicrobial medicines being developed

What is needed in general practice to tackle AMR?

To optimise the prevention and control of infections, this organisation will consistently use standard infection control precautions (SICPs) and, where required, transmission-based precautions (TBPs).

The organisation will appoint a designated lead for antimicrobial stewardship who is **Arjun Grewal**, which can be either the organisation's IPC Lead or the Prescribing Lead. All prescribers will receive training in prudent antimicrobial use and the principles of antimicrobial stewardship. Furthermore, they will have access to advice on antibiotic use from the regional medicines optimisation team.

Patient information

Staff at this organisation are to encourage patients to use antibiotics responsibly, explaining the need to take antimicrobials as directed, and to return any unused antibiotics to the community pharmacy for appropriate and safe disposal.

Aseptic technique

Introduction

At this organisation, staff will use an aseptic technique to carry out a procedure in a way that minimises the risk of contaminating an invasive device.

When should an aseptic technique be used?

The following are some examples of when an aseptic technique should be used, but this is not an exhaustive list:

- When inserting an invasive device
- When dressing wounds that are less than 48 hours old
- When dressing wounds healing by primary intention, e.g., surgical wounds
- When dressing deep wounds that lead to a cavity or sinus
- When dressing burn wounds
- Minor surgery procedures
- Suturing wounds
- Insertion of intrauterine devices (IUDs)
- If the patient is immunosuppressed, diabetic or at high risk of infection

The principles of asepsis/aseptic technique

Asepsis is defined as the absence of pathogenic (harmful) microorganisms, such as bacteria and viruses.

The principles of asepsis/aseptic technique are:

- Reducing activity in the immediate vicinity of the area in which the procedure is to be performed
- Keeping the exposure of a susceptible site to a minimum
- Checking that all sterile packs to be used are in date and there is no evidence of damaged packaging or moisture penetration
- Ensuring all fluids to be used are in date
- Not reusing single-use items
- Ensuring contaminated/non-sterile items are not placed in the sterile field
- Ensuring appropriate hand decontamination prior to, during and after the procedure

BBVs (blood-borne viruses)

Introduction

Blood-borne virus (BBV) infections are spread by direct contact with the blood of an infected person. The main blood-borne viruses of concern are:

- Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS)
- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)

These three viruses are considered together because infection control requirements are similar due to similarities in their transmission routes.

Full guidance can be sought from BBVs (Blood-borne viruses) policy for general practice.

This link provides access to IPC resources, education and training and a reference library, and offers further detailed guidance on:

- HIV and hepatitis
- Infectivity
- Precautions to reduce the risk of transmissions of BBVs
- Referral process
- Deceased patients

Carpets and soft furnishings protocol

Introduction

At this organisation, no clinical space, which includes a room or an area, is carpeted. Areas that do have a carpet are included within the cleaning schedule for cleaning, be this routine vacuuming or a scheduled full carpet clean.

Minimising risk

A periodic clean has been agreed and will occur at the agreed frequency, or sooner if there is a requirement.

Management of contaminated carpets or soft furnishings

Should any carpets or soft furnishings be contaminated with body fluids or spillages then the following process is to be adhered to:

- Always deal with a spillage immediately

- Wear disposable gloves and an apron or gown. If there is a risk of splashing, wear eye protection

- Gather equipment as required. This may include clinical or offensive waste bags, paper towels, etc.

- Carefully remove the bulk of the spillage, e.g., vomit/faeces etc., using paper towels or a scoop, then dispose of directly into the waste bag
- If the item can be removed, e.g., cushions, place these items in appropriate bags for soiled items then secure and label
- If the item cannot be removed, e.g., furniture or carpet, clean the area thoroughly with general detergent solution and warm water
- Ensure that any contamination of the surrounding surfaces is appropriately dealt with
- Staff must discuss the matter with the cleaning contractor and request a professional clean of the item or area, and this item or area must remain out of use or cordoned off until fully cleaned and dried

C. difficile (Clostridioides difficile)

Introduction

Clostridioides difficile (formerly known as Clostridium difficile) is a bacterium that produces spores that are resistant to air, drying and heat. The spores survive in the environment and are the main route of transmission of the bacterium.

Clostridioides difficile (C. difficile) is present harmlessly in the bowel of up to 3-5% of healthy people and 66% of babies as part of their normal gut flora. However, when antibiotics disturb the balance of bacteria in the gut, C. difficile can multiply rapidly producing toxins that cause diarrhoea or colitis. This bacterium produces two major toxins (A and B) that are linked to its pathogenicity (ability to cause disease). The presence or absence of these toxins is detected in the laboratory as part of the C. difficile testing process.

The 027 strain of this organism is particularly virulent (hypertoxigenic) causing severe morbidity and mortality. It is therefore imperative that good infection prevention and control measures are instigated so that transmission does not occur in any health or social care setting.

Risk factors for C. difficile

The risk factors associated with acquiring C. difficile are:

Risk	Factor
Age	Incidence is much higher in those aged over 65 years
Underlying disease	Those with chronic renal disease, underlying gastrointestinal conditions and oncology patients
Antibiotic therapy	Patients who are receiving, or who have recently received, antibiotic treatment (< 3 months), especially broad-spectrum antibiotics
Recent hospital stays	Patients who are frequently in hospital or who have had a lengthy stay in hospital
Bowel surgery	Those who have had bowel surgery

Other medication	Patients receiving anti-ulcer medications, including antacids and proton-pump inhibitors (PPIs)
Nasogastric tubes	Patients undergoing treatments requiring nasogastric tubes
Previous history of colonisation or infection	Patients are at greater risk of developing C. difficile infection

CJD (Creutzfeldt-Jakob disease)

Introduction

Creutzfeldt-Jakob disease (CJD) is one of a group of diseases called Transmissible Spongiform Encephalopathies (TSEs) which can occur in people or animals. The transmissible agent is an abnormal protein known as a prion. TSEs are characterised by degeneration of the nervous system and are invariably fatal.

CJD has a long incubation period and may not cause symptoms for many years. Clinical features vary depending on the regions of the brain affected but all patients experience a very rapid deterioration following the onset of symptoms. There are no simple non-invasive tests available to diagnose CJD before symptoms develop; diagnosis can only be confirmed on the death of a patient by a brain biopsy.

IPC annual statement report

University Health Service Southampton

09.02.2026

Purpose

This annual statement will be generated each year in February 2026 in accordance with the requirements of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. The report will be published on the organisation's website and will include the following summary:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our significant event procedure)
- Details of any infection control audits carried out and actions undertaken
- Details of any risk assessments undertaken for the prevention and control of infection
- Details of staff training
- Any review and update of policies, procedures and guidelines

Infection Prevention and Control (IPC) Lead

The Lead for infection prevention and control at University Health Service is Andy Cooke and Corrinne Worters

The IPC Lead is supported by the GP partners/ Practice Manager / Lead Pharmacist Arjun Grewal

a. Infection transmission incidents (significant events)

Significant events involve examples of good practice as well as challenging events.

Positive events are discussed at meetings to allow all staff to be appraised in areas of best practice.

Negative events are managed by the staff member who either identified or was advised of any potential shortcoming. This person will complete a Significant Event Analysis (SEA) form which commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.

All significant events are reviewed and discussed at several meetings each month. Any learning points are cascaded to all relevant staff where an action plan, including audits or policy review, may follow.

In the past year, there have been no significant events raised which related to infection control. There have also been no complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

- **IPC Hampshire and Isle of Wight ICB Audits Part 1-3 January 2026**
    - Handwashing audit January 2026– Annual Audit
    - Safe handling of specimen's audit (including knowledge of IPC lead + knowledge of fridge protocol audit) January 2026
    - Aseptic technique audit January 2026– Annual Audit
    - Cold chain audit January 2026 – Annual Audit
    - Environmental cleanliness audit- this is done monthly and recorded at each site.
    - Minor surgery audit – continual monitoring

c. Risk assessments

Risk assessments are carried out so that any risk is minimised and made to be as low as is reasonably practicable. Additionally, a risk assessment that can identify best practice can be established and then followed.

In the last year, the following risk assessments were carried out/reviewed:

- Car park Safety
- Home visit Safety
- Lone working
- Slips, trips and falls
- Premises security
- Manual handling
- New and expectant mothers
- Clinical waste
- Sharps containers
- Ventilation and Thermal Comfort
- Medicines and Medical Gases storage
- Dealing with abusive, aggressive and violent patients

- Emergency medicines
- Disability access
- COSHH
- Water safety

d. Training

In addition to staff being involved in risk assessments and significant events, at University Health Service Southampton all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually.

e. Policies and procedures

The infection prevention and control-related policies and procedures that have been written, updated or reviewed in the last year include, but are not limited to:

Infection Control Policy

Clinical waste and sharps policy

Ventilation Policy

Cold Chain Policy

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis as per current advice, guidance and legislation changes.

f. Responsibility

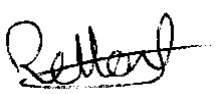
It is the responsibility of all staff members at University Health Service Southampton to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC Lead and Practice Manager are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before February 2027.

Signed by



For and on behalf of University Health Service Southampton

Hand hygiene and handwashing audit

Introduction

This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England. The aim of this guidance is to promote good hand hygiene among all staff at this organisation to prevent the risk of patients acquiring a healthcare-associated infection.

All staff should have training in hand hygiene; it is best practice that this is provided on a regular basis, e.g., annually. The organisation should minimise the risk of poor hand hygiene and have processes in place to prevent this from occurring. Hand hygiene is one of the most important procedures for preventing the spread of disease. It is essential that everyone takes responsibility to ensure that the care given is provided in a safe manner.

The transmission of microorganisms, such as bacteria and viruses, from one patient to another via staff's hands, or from hands that have become contaminated from the environment, can result in adverse outcomes.

Two routes of infection exist:

- Microorganisms can be introduced into susceptible sites, such as surgical wounds, by direct contamination

- Potential pathogenic (harmful) organisms can be transmitted by hands and establish themselves as temporary or permanent colonisers of the patient and subsequently cause infection at susceptible sites

Always use standard infection control precautions and, where required, transmission-based precautions (SICPs and TBPs).

Additionally, please refer to: the below guide on Hand Hygiene Technique for Staff

Furthermore, an NHS handwashing video clip can be found here. An alternative handwashing technique poster can be downloaded here, and an alcohol handrub hand-hygiene technique poster can be downloaded here.

Hand hygiene audit

The following audit tool enables this organisation to conduct hand hygiene audits. NICE CG139 states that there are five occasions when staff should **immediately** wash their hands:

1	Before every episode of direct patient contact or care, including aseptic procedures
2	After every episode of direct patient contact or care
3	After any exposure to body fluids
4	After any other activity or contact with a patient's surroundings that could potentially result in hands becoming contaminated
5	After the removal of gloves

Hands should be decontaminated, preferably with a handrub, 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 Clostridioides difficile or other organisms that cause diarrhoeal illness)

Good practice

To facilitate good hand hygiene in a clinical environment, staff should be “bare below the elbows” when delivering direct patient care:

- Where practical, staff should not wear long sleeves. If they do, then sleeves should be rolled up to the elbow
- Watches, wristbands and other jewellery should be removed (wedding rings are permitted if it is a plain band)
- Fingernails should be kept short and clean
- False nails, gel nails, nail jewellery and nail polish are not to be worn
- Any minor cuts or abrasions are to be covered with a waterproof dressin

Infection control audit checklist

Introduction

The purpose of this document is to enable this organisation to assess how it meets the standards for a managed environment that 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.

An audit to confirm cleanliness standards should be completed weekly by the IPC Lead or other nominated individual and is in support of the National Standards of Healthcare Cleanliness 2025.

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 which should be annotated on a separate form.

IPC audit tool

Another audit tool from IPC is its Safe management of the care environment Audit Tool for General Practice.

Summary

This checklist is not exhaustive and will need to be adapted to reflect building modifications, changes in practices and so on. Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections.

The nominated IPC Lead at this organisation will review this document annually to ensure accuracy and relevance.

Invasive devices

Introduction

An invasive device provides an entry point for microorganisms, such as bacteria and viruses, to enter the body and is a potential source for introducing infection.

All staff at this organisation involved in inserting or managing an invasive device should be educated in the standard principles of IPC. Information on this policy should be included in IPC training for all relevant staff groups.

Always use standard infection control precautions and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice at Annex BB.

GP practices should ensure that regular audits to monitor compliance with the policy, and to provide assurance, are undertaken.

Definition of an invasive device

An invasive device is a device that, in whole or part, penetrates inside the body, either through a body orifice or through the surface of the body; whereas a surgically invasive device is one that penetrates inside the body through the surface of the body, but with the aid of, or in the context of, a surgical operation/procedure.

Further guidance can be found in the Invasive devices policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Examples of invasive devices
- Period of use
- Inserting an invasive device
- Managing an invasive device

MRGNB, including CPE

Introduction

Species of bacteria commonly found in the bowel include Escherichia coli (E. Coli), Klebsiella, Proteus, Pseudomonas, Enterobacter and Acinetobacter, which are collectively referred to as Gram-negative bacteria (GNB) and are part of our 'good bacteria'. These bacteria can become resistant to antibiotics and are then referred to as multi-resistant Gram-negative bacteria (MRGNB).

Groups of MRGNB known as carbapenemase-producing enterobacterales (CPE) are resistant strains of bacteria which carry a carbapenemase enzyme that destroys carbapenem antibiotics.

Antimicrobial resistance is the ability of bacteria to resist the effects of antibiotics normally used to treat them, so the bacteria are not killed; this is known as 'antibiotic resistance'. Antibiotic resistance makes infections difficult to treat. It may also increase the length of severity of illness, the period of infection, adverse reactions (due to the need to use less safe alternative drugs), the length of hospital admission and overall costs.

Other multidrug-resistant organisms (MDROs) include Gram-positive bacteria, caused by the bacterium Mycobacterium tuberculosis and Methicillin-resistant Staphylococcus aureus (MRSA). For more information, refer to the MRSA Policy for General Practice at Annex L.

The increasing prevalence of antibiotic-resistant microorganisms, especially those with multiple resistance, is an international concern.

Further guidance can be found in the MRGNB, including CPE policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Key points
- Routes of transmission
- Treatment
- Clearance specimens
- Precautions for MRGNB
- Environmental and care equipment cleaning
- Referral or transfer to another health or social care provider
- Information for patients and family
- CPE card

Appendix 1 details the Inter-Health and Social Care Infection Control Transfer Form.

MRSA

Introduction

MRSA is not usually a risk to healthy people. Research has shown that healthcare workers who become colonised have acquired the bacteria through their work, but the MRSA colonisation is usually present for a short time only. MRSA is to be found on the skin or in the nose of up to 33% of the population and generally does not cause an infection.

Patients at risk of MRSA

- Those who have an underlying illness
- Older people – particularly if they have a chronic illness
- The very ill – patients in intensive care
- Those who have open wounds or have had major surgery
- Those with an invasive device such as a urinary catheter

Routes of transmission

- Direct spread via hands of staff or patients
- Care equipment that has not been appropriately decontaminated
- Environmental contamination (Staphylococci that spread into the environment may survive for long periods in dust)

Further guidance can be found in the MRSA policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Colonisation and infection
- Treatment
- Suppression treatment and screening
- Precautions for MRSA
- Environmental and care equipment cleaning
- Referral or transfer to another health or social care provider
- Information for patients and family
- Root Cause Analysis (RCA) requirements

Appendix 1 includes the Inter-Health and Social Care Infection Control Transfer Form.

Notifiable diseases

Introduction

Diseases that are notifiable to the Local Authority Proper Officers under the Health Protection (Notification) Regulations 2010 are listed below and are as listed by the UK Health Security Agency.

At this organisation, registered medical practitioners (RMPs) are aware of the statutory duty to notify the Proper Officer at the local council or the Health Protection (HP) Team of any suspected cases of certain infectious diseases. Details of the local HP Teams can be found here.

Notification form

This notification form is to be completed immediately upon diagnosis of a suspected notifiable disease. Laboratory confirmation of a suspected infection is not to be awaited before notification.

The notification form is to be sent within THREE days, or verbally within 24 hours, should the case be urgent. As required, the HP Team can provide further guidance. Note, the reporting processes differ between each UK country. The MDU has detailed these individual processes for Scotland, Wales and Northern Ireland.

List of notifiable diseases

Disease	Whether likely to be routine or urgent
Acute encephalitis	Routine
Acute flaccid paralysis (AFP) or Acute flaccid myelitis (AFM)	Urgent
Acute infectious hepatitis (A, B, C)	Urgent if suspected bacterial infection, otherwise routine
Acute meningitis	Urgent
Acute poliomyelitis	Urgent
Anthrax	Urgent
Botulism	Urgent
Brucellosis	Routine, although urgent if UK acquired
Chickenpox (varicella)	Routine
Cholera	Urgent
Congenital syphilis	Routine
COVID-19	Urgent
Creutzfeldt-Jakob disease (CJD)	Routine
Disseminated gonococcal infection (DGI)	Routine

Diphtheria	Urgent
Enteric fever (typhoid or paratyphoid)	Urgent
Food poisoning	Routine, or urgent if as part of a cluster or outbreak
Haemolytic uraemic syndrome (HUS)	Urgent
Infectious bloody diarrhoea	Urgent
Influenza of zoonotic origin	Urgent
Invasive group A streptococcal disease	Urgent
Legionnaires' disease	Urgent
Leprosy	Routine
Malaria	Routine, or urgent if UK acquired
Measles	Urgent
Meningococcal septicaemia	Urgent
Mpox (previously known as monkeypox)	Urgent
Mumps	Routine
Neonatal herpes	Routine
Plague	Urgent
Rabies	Urgent
Rubella	Routine
Severe Acute Respiratory Syndrome (SARS)	Urgent
Scarlet fever	Routine
Smallpox	Urgent
Tetanus	Routine, or urgent if associated with injecting drug use
Tuberculosis	Routine, or urgent if healthcare worker or suspected cluster or multidrug-resistant
Typhus	Routine
Viral haemorrhagic fever (VHF)	Urgent
Whooping cough	Urgent if diagnosed in acute phase: routine if later diagnosis
Yellow fever	Routine, or urgent if UK acquired

It is to be noted that this list is not exhaustive. If in doubt, telephone the local HP Team. Report other diseases that may present significant risk to human health under the category 'other significant disease'.

Additional reporting

Although the CQC is responsible for monitoring compliance with the requirements of the Health and Care Act 2008 (Regulated Activities) Regulations 2014, it is not a requirement to notify it of any outbreaks of infection. The UK HSA guidance document titled Notifiable diseases and causative organisms: how to report provides the full list of those diseases that need to be reported, coupled with causative organisms that also are required, by law, to be reported.

Further guidance can be found in the Notifiable diseases policy for general practice.

Outbreaks of communicable disease

Introduction

This guidance is designed to support and promote good practice in the investigation, management and control of infectious disease outbreaks or incidents which may have significant public health implications.

Examples include outbreaks of PVL-SA, food poisoning, such as salmonella, E. Coli 0157 infection, or a single case of a rare or serious disease, e.g., smallpox, Ebola. Each control problem will be unique, requiring specific measures to deal with individual circumstances. For these reasons, this guidance should be regarded as a template for action, describing key principles and good practice in the management and control of communicable disease.

Key personnel

Responsibility for responding to outbreaks of communicable infection occurring in the community lies with the Consultants in Communicable Disease Control (CCDC). The CCDCs are based at regional offices of the Health Protection (HP) Team. Details of the local HP Teams can be found here.

Community IPC Teams deal with giving day-to-day advice and support to a wide range of community settings where infection control is important and, on occasions, they support the HP Team in responding to outbreaks.

Further guidance can be found in the Outbreaks of communicable disease policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Recognising the problem
- Declaration of an outbreak
- Preliminary investigation
- Objectives of the Outbreak Control Team
- Outbreak Control Team membership
- Initial meeting
- Subsequent meetings
- Communications
- Conclusion of outbreak

Patient placement and assessment for infection risk

Introduction

This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England as 'Patient placement/assessment for infection risk'. Assessment for infection risk and subsequent correct patient placement is an essential infection prevention and control practice to prevent the spread of communicable disease within general practice.

Always use standard infection control precautions and, when required, transmission-based precautions (SICPs and TBPs).

Risk definitions

a. Confirmed risk

A 'confirmed risk' patient is one who has been confirmed by a laboratory test or clinical diagnosis, e.g., COVID-19, MRSA, multidrug-resistant organisms (MDROs), pulmonary tuberculosis (TB), scabies, seasonal influenza, and enteric infections (diarrhoea and/or vomiting) including C. difficile).

Note, as above, for COVID-19, refer to national IPC guidance.

b. Suspected risk

A 'suspected risk' patient includes one who is awaiting laboratory test results or clinical diagnosis to identify infections/organisms, or those who have been in recent contact/close proximity to an infected person.

c. No known risk

A 'no known risk' patient does not meet either of the criteria above.

Further guidance can be found in the Patient placement and assessment for infection risk policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Assessment for isolation
- Requirements for isolation
- Environmental and care equipment cleaning
- Communication to relevant parties
- Referral or transfer to another health or social care provider

Additionally, appendices include:

Appendix 1: Inter-Health and Social Care Infection Control Transfer Form
Appendix 2: Bristol Stool Form Scale

PPE (personal protective equipment)

Introduction

This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England. All staff at this organisation must be trained in the correct use and removal of personal protective equipment (PPE).

Before undertaking any task, staff should assess the risks associated with the patient interaction or task to be undertaken and wear PPE that protects adequately when:

- Dealing with a patient who has a confirmed or suspected infection
- There is likely exposure to blood and/or body fluids, non-intact skin or mucous membranes
- Decontaminating the environment or care equipment
- Being in contact with substances hazardous to health, e.g., products for cleaning/disinfecting

Hands should be cleaned before putting on PPE. All PPE should be changed between tasks and disposed of as soon as the task is complete. Always perform hand hygiene appropriately after removing and disposing of PPE. When caring for patients in relation to COVID-19, perform hand hygiene after removing and disposing of each item of PPE, e.g., pair of gloves, apron, mask, facial protection.

Best practice is to use a PPE dispenser to reduce the risk of the PPE becoming contaminated. PPE should be readily available at the point of use and should be within the expiry date. PPE must be stored in a clean, dry area, until ready for use.

Always use standard infection control precautions and, where required, transmission-based precautions (SICPs and TBPs)..

Legal

The regulations require that where the health and safety risks cannot be controlled by other means, PPE must be correctly selected and used. If PPE is required, then it will be provided free of charge by the organisation.

PPE requirements

In accordance with the COSHH Regulations, the hierarchy of controls that should be applied when assessing the risks are:

- Eliminate
- Substitute
- Segregate
- Ventilate, including local exhaust ventilation
- Personal protective equipment

However, it is recognised that in certain situations and environments, not all of these controls can be suitably considered such as infection control between person to person.

Employees who have been provided with PPE must ensure it is used and worn in accordance with the instructions provided.

The RCGP advises that basic PPE protection includes:

- Disposable aprons
- Disposable gloves
- Fluid-resistant face mask
- Eye protection: This should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory secretions), blood, body fluids or excretions

Face masks for general patient assessment only need to be of a fluid-resistant, surgical-mask type. Once worn, masks should not be touched and should be changed if they become damp or damaged.

An individual risk assessment should be carried out prior to/at the time of providing care. Eye/face protection can be achieved by using any one of the following:

- Surgical mask with integrated visor
- Full face shield/visor
- Polycarbonate safety spectacles or equivalent

Cambridge Hospitals NHS Trust has provided this YouTube clip detailing PPE requirements and procedures within primary care.

Risk assessment and selection of PPE

The completion of a risk assessment will identify if there is a requirement for PPE, e.g., when preparing COSHH assessments that identify the need for gloves when using certain substances.

When selecting the suitability of PPE, the following will be considered:

- It is appropriate for the risks involved and the extent of exposure
- It will be used to prevent or adequately control the risks without increasing the overall risk
- It will be adjustable and meet the needs of the user, fitting correctly and comfortably
- The health and wellbeing of employees required to use it
- The length of time that it is to be worn and the requirements for visibility and communication
- The compatibility when using more than one item of PPE

It is essential that the right type and standard of PPE is identified and provided. Additionally, all new PPE will be ‘CE’ marked to demonstrate certain basic/minimum safety requirements.

Further reading on risk management and risk assessing can be found in the organisation’s Health, Safety and Risk Management Handbook.

Information, instruction and training

The organisation will ensure that, where PPE is provided, the provision of adequate information, instruction and training on its use is also included, including refresher training.

This will cover:

- The types of risk exposure and why PPE is required
- The operation, performance and limitations of the equipment
- The correct methods for usage and storage
- Any testing requirements before use
- User maintenance including hygiene and cleaning procedures
- Factors that may affect the equipment
- How to identify defects in PPE and the methods of reporting these
- Arrangements for PPE replacement

Maintenance and storage

Maintenance schedules provided with the PPE from the manufacturer are designed to ensure that the equipment continues to give the degree of protection for the required purpose. These schedules can also include recommended replacement periods and expiry dates. When issued with PPE, it is important to follow the procedures regarding cleaning, examination, replacement, repair and testing of any equipment supplied.

Any costs incurred for the maintenance of PPE will be the responsibility of the organisation and adequate storage facilities for PPE to protect it from contamination, damage, damp or sunlight when not in use will be provided.

Duties of employees regarding PPE

PPE is a fundamental element of safe practice in primary care. At this organisation, staff must be aware of the requirements for PPE and infection control requirements and associated policies. The Personal Protective Equipment at Work Regulations 2022 place duties on employees to take reasonable steps to ensure that the PPE provided is properly used.

Other requirements include:

- PPE must be worn and used in accordance with the instructions given
- Employees must take all reasonable steps to ensure that PPE is stored correctly and safely when not in use
- PPE must be examined before use
- Any loss or obvious defect must be immediately reported
- Employees must take reasonable care of any PPE provided and not carry out any maintenance unless trained to do so

Furthermore, in accordance with HTM 07-01, the following details the specification for PPE:

- COSHH requires that risks to health be eliminated, prevented or, where this is not reasonably practicable, reduced

- Although the use of PPE should be considered as additional to other control measures, it is likely that even after all reasonably practicable precautions have been taken to reduce the exposure of staff who handle, transfer, transport, treat or dispose of healthcare waste, some PPE will still be required. In such cases, employers must ensure that these items are provided, used and maintained

- They must also make appropriate arrangements for storage and cleaning whilst employees must cooperate with employers to ensure that their legal duties are met

The organisation's Health, Safety and Risk Management Handbook can be used to support the organisation in the management of COSHH.

Risk assessments might identify the need for PPE, such as:

- Suitable heavy-duty gloves when handling healthcare waste receptacles
- Safety shoes to protect the feet against the risk of receptacles being accidentally dropped. The soles of such shoes or boots may also need to provide additional protection against slippery floors and sharps
- An industrial apron or leg protectors if receptacle handling creates a risk of bodily contact
- Protective face visors, helmets and strong industrial gloves where incinerators or other machines are manually loaded

Emergency situations, such as spillages, should also be addressed in any risk assessments. This might include the need for protective equipment to prevent exposure via routes such as skin contact (e.g., using single-use aprons and gloves) or inhalation (e.g., using respiratory protection and/or face visors).

Basic personal hygiene is important in reducing the risk posed by handling healthcare waste. Employers need to ensure that washing facilities are conveniently located for people handling healthcare waste; this is particularly important at storage and incineration facilities.

Duties of employees regarding personal clothing

All personnel at this organisation are to ensure that their own clothing is clean and 'fit for purpose'. Further reading regarding staff obligations, including uniform requirements, that support PPE can be found in the organisation's Uniform, Dress and Appearance Policy.

Guide to donning and doffing PPE

The UKHSA Guide to donning and doffing PPE: Droplet Precautions poster can be downloaded here. PPE is to be disposed of as **infectious** clinical waste (orange bag). Further guidance can be found in the PPE (Personal protective equipment) policy for general practice. This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Gloves
- Aprons
- Facial protection
- Correct order for putting on and removing PPE
- Footwear
- Evidence of good practice

Privacy curtains protocol

Introduction

The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance set out compliance in order to provide and maintain a clean environment in premises that ensures the prevention and control of infection. This includes the statement that “the environmental cleaning and decontamination policy should specify how to clean all areas, fixtures and fittings”.

Overview

The Code of Practice references the National Standards of Healthcare Cleanliness 2025 and states that “curtains/blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages”.

These national specifications suggest cleaning frequencies, as a guide, and the CQC expects that providers will risk assess the required cleaning frequency for their premises and follow their own protocols. The frequency is dictated within the organisation’s Cleaning Standards and Schedule Policy. This policy should be used for further information and guidance, be agreed with the cleaning team, and be to the same high standards that would be expected of the general public, to include:

- Curtains in rooms used for other purposes
- Window coverings such as blinds and curtains in treatment rooms

Privacy curtains in practice

Curtains around examination couches may either be disposable or reusable; the CQC do not set a mandatory frequency for changing or laundering curtains. Therefore, this organisation has a programme to change privacy curtains on an as-required basis, although in some cases annually may be sufficient depending on the location. However, any privacy curtain will be changed immediately if visibly dirty, soiled or stained.

Curtains must extend fully around examination couches, giving full privacy and dignity, and window coverings, which may be either curtains or blinds, should cover the whole of the window, giving full privacy and dignity.

It should be noted that fabric curtains should be laundered by a professional laundry service. The washing process should have a disinfection cycle in which the temperature of the load is either maintained at 65°C for not less than ten minutes, or 71°C for at least three minutes. Refer to the Health Technical Memorandum 01-04: Decontamination of linen for health and social care for further information.

Management and compliance

Cleaning at this organisation is managed and overseen by the cleaning contractor and appropriate records are retained. All administration staff and clinicians are fully trained and responsible for identifying and reporting areas of concern regarding infection control and cleanliness.

The frequency of changing/cleaning is determined by assessing each functional area containing window blinds, curtains and screens, then assessing and assigning the area to one of the six functional risk categories as detailed in Chapter 5 of the NHS National Standards of Healthcare Cleanliness 2025.

PVL-SA (PVL Staphylococcus aureus)

Introduction

Staphylococcus aureus (SA) is a common bacterium that approximately one in three people carry on their skin or in their nose without causing an infection. Some types of SA produce a toxin called Panton-Valentine Leukocidin (PVL) and they are known as PVL-SA.

PVL-SA predominantly causes recurrent skin and soft tissue infections (SSTIs), but can also cause invasive infections, including necrotising haemorrhagic pneumonia in otherwise healthy young people in the community.

In the UK, the genes encoding for PVL are carried by approximately 2% of clinical isolates of SA submitted to the National Reference Laboratory, whether methicillin-sensitive (MSSA) or methicillin-resistant (MRSA). Most PVL-SA strains in the UK are MSSA, with MRSA being less common accounting for 0.8% of all isolates.

Clinical features of PVL-SA

PVL-SA can cause harm if it enters the body – for example, through a cut or graze.

Skin and soft tissue infections:

- Boils (furunculosis), carbuncles, folliculitis, cellulitis, purulent eyelid infections
- Cutaneous lesion ≥5cm in diameter
- Pain and erythema out of proportion to severity of cutaneous findings
- Necrosis

Invasive infections:

- Necrotising pneumonia – often after a flu-like illness
- Necrotising fasciitis
- Osteomyelitis, septic arthritis and pyomyositis
- Purpura fulminans

Patients at risk of infection from PVL-SA

The epidemiology of PVL-SA differs from that of other type of SA. Cases tend to be younger and, in the UK, associated with community settings rather than hospitals.

Risk factors for PVL-related infection include the 5 ‘C’s:

- Contaminated shared items, e.g., towels
- Close contact, including contact sports, e.g., wrestling, rugby, judo
- Crowding, e.g., closed communities, military training camps
- Cleanliness
- Cuts and other compromised skin integrity, chronic skin conditions, e.g., eczema, psoriasis

Risk groups are often young and healthy people. Outbreaks or clusters can occur in the community.

Routes of transmission

- Direct spread, i.e., skin-to-skin contact with someone who is already infected
- Equipment that has not been appropriately decontaminated
- Environmental contamination

Further guidance can be found in the PVL-SA (PVL Staphylococcus aureus) policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Colonisation and infection
- Microbiological sampling
- Treatment for infection
- Action following a PVL-SA diagnosis
- Suppression treatment
- Screening swabs
- Precautions for PVL-SA
- Environmental and care equipment cleaning
- Referral or transfer to another health or social care provider

Respiratory and cough hygiene

Introduction

This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England.

Respiratory and cough hygiene can help to reduce the risk of spreading respiratory infections, thereby protecting those in contact with the infected person, e.g., patients and staff.

At this organisation, we adopt good respiratory and cough hygiene practices and promote these to patients. We will always use standard IPC precautions and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice.

At this organisation, we will ensure that regular audits are undertaken to monitor compliance with the policy and to provide assurance.

Further guidance can be found in the Respiratory and cough hygiene policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Good respiratory and cough hygiene

Respiratory illness

Introduction

Respiratory illnesses are a major cause of hospitalisation, morbidity and death in the elderly and are amongst the most common winter ailments, ranging from a self-limiting, mild, coryzal-like illness such as rhinovirus (common cold) to severe bronchitis, bronchiolitis and pneumonia.

At this organisation, staff are to adopt the standard infection control precautions (SICPs), especially 'Respiratory and cough hygiene' alongside good room ventilation, which will help to reduce the risk of spreading respiratory illnesses from an infected person to others.

When caring for patients in relation to any new or emerging infection, staff should refer to the latest national infection prevention and control guidance.

Further guidance can be found in the Respiratory illness policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- What are respiratory tract infections?
- How are respiratory illnesses spread?
- Management of a patient
- Good respiratory and cough hygiene
- TBPs for respiratory illnesses

Safe disposal of waste

Introduction

This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England. The management of healthcare waste is an essential part of ensuring that general practice activities do not pose a risk, or potential risk, of infection and are appropriately managed. Waste is potentially hazardous and if not disposed of correctly can result in injury or infection.

At this organisation, all staff are responsible for the safe management and disposal of waste and should understand how waste should be segregated and stored prior to collection or disposal. This is driven by the need to reduce environmental impact, comply with waste regulations and other national guidance, such as The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, and reduce costs associated with waste management.

Contingency plans and emergency procedures should be in place in the event of contamination from waste. We will always use standard IPC and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice at Annex BB.

This policy should be read in conjunction with CQC GP mythbuster 99 and the organisation's Waste Management Policy.

Legal

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 health.

Hazardous healthcare waste is subject to the requirements of the Hazardous Waste Regulations 2005. Additional guidance can be accessed here.

Responsibilities

All staff in general practice have a responsibility to ensure that waste is dealt with appropriately from the point of generation to the point of final disposal. All staff should be trained and aware of waste procedures.

It remains the legal responsibility of this organisation, not the waste contractor, to ensure full compliance with environmental waste regulations.

Waste should be:

- Correctly segregated
- Appropriately labelled
- Packaged appropriately for transportation
- Stored safely and in a secure place away from areas of public access within the premises
- Described accurately and fully on the accompanying documentation when removed from the premises
- Recorded and copies of the waste documentation retained
- Transferred to an authorised waste contractor for transport to an authorised waste disposal site
- Monitored, audited and reviewed, including the way in which waste arrangements work

Further information can be found in the Health Technical Memorandum 07-01: Safe management of healthcare waste.

Disposal of waste

All waste should be segregated correctly as detailed in the organisation's Waste Management Policy and in accordance with the guidance provided by the waste contractor.

The following principles apply when disposing of waste at this organisation:

- When handling waste, appropriate personal protective equipment (PPE) should be worn and hands cleaned after removing PPE

- All waste bags should be no more than two-thirds full. This allows enough space for the bag to be tied using a suitable plastic zip tie or secure knot

- Waste bags should be labelled with the practice address and date prior to collection by the waste contractor to ensure traceability should an incident occur

- When handling tied waste bags, only hold the bag by the neck and keep at arm's length to reduce the risk of injury in case a sharp item has been inappropriately disposed of in the bag

- If a waste bag awaiting collection is torn, the torn bag and contents should be placed inside a new waste bag

- Waste bins in clinical areas and toilets are to be lined, foot pedal operated and must have a lid. All staff are to use the foot-operated mechanism to open the lid to prevent hand contamination

- Waste bins in other areas, such as an office, should have a liner, but do not need to have a lid

Collection

All clinical waste will be collected by the approved contractor weekly, and is to be supported with a Waste Transfer Note (WTN). Copies are to be retained to evidence the correct and authorised removal of waste from the site. Hazardous waste requires a consignment note (provided by the contractor) which must be retained for audit purposes.

Further guidance can be found in the Safe disposal of waste policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Assessing waste, including sharps, for segregation

All staff have a duty of care to ensure that waste is correctly segregated. Compliance with this protocol and the references contained within it will ensure the safe and effective management of waste at this organisation. Any questions relating to this protocol are to be directed to the nominated IPC Lead.

Safe management of blood and body fluids

Introduction

This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England. Blood and body fluids, e.g., urine and faeces, may contain many microorganisms such as bacteria and viruses. At this organisation, staff who may have contact with blood or blood-stained body fluids, or are exposed to sharps or other inoculation risks, have had the opportunity to receive hepatitis B vaccination and antibody testing.

Contamination with or spillages of blood or body fluids should be dealt with immediately, as this may expose staff and others to infection. Blood and body fluid spillages should be managed by staff trained in the correct procedure. The organisation will always use standard IPC and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice at Annex BB.

Staff must ensure that they adhere to the guidelines given in this document as well as regional and national guidelines. All staff at this organisation are given training in IPC at induction and will also receive refresher training. This organisation undertakes regular audits to monitor compliance with this policy and to provide assurance.

Spillages

There may be occasions when exposure occurs despite careful attention to the correct procedures. If such incidents occur within the organisation, a spill kit should be used. 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:

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

Further actions and guidance

All incidents are to be reported to the IPC Lead in the first instance. Further guidance and information can be sought by contacting the local ICB IPC Lead.

A poster detailing instructions for using spill wipes can be downloaded here.

Further guidance can be found in the Safe management of blood and body fluids policy for general practice.

This link provides access to IPC resources, education and training, and a reference library.

Safe management of care equipment

Introduction

This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England. Management systems should ensure adequate supplies of reusable medical devices. The decontamination of equipment applies to reusable medical devices and care equipment. Medical devices and care equipment are essential for the safe and effective prevention, diagnosis, treatment and rehabilitation of illness and disease.

To ensure safe systems of work and to prevent transmission of infection, it is essential that at this organisation the decontamination of reusable medical devices and care equipment after use on a patient is undertaken to prevent the transmission of infection. This is in accordance with the requirements of The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

The organisation will always use standard IPC and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice at Annex BB.

This policy should be read in conjunction with the organisation's Cleaning Standards and Schedule Policy.

Definitions

Contamination	The soiling of an object with organic matter (dirt, debris, blood, vomit, faeces, etc.) and/or microorganisms such as bacteria and viruses
Decontamination	A combination of cleaning, disinfection and sterilisation processes that removes or reduces contamination
Cleaning	A process to remove contamination using 'fluid', usually detergent with warm water, and 'friction', either mechanical or physical, leaving the surface or care equipment visibly clean. Cleaning must precede disinfection for the process to be effective
Disinfection	A process to remove or reduce pathogenic (harmful) microorganisms using a disinfecting agent. The ability to kill spores is dependent on the type of disinfectant used. Some disinfectants are deactivated by organic matter. Cleaning must precede disinfection for the process to be effective, either using separate cleaning and disinfecting agents in a two-step process or a combined '2 in 1' product that cleans and disinfects in one step
Sterilisation	A process that removes or destroys all viable organisms including spores. Prions will not be effectively destroyed by this process

General decontamination

The table below details the equipment/items held and used at this organisation and the associated decontamination requirements:

Equipment	Decontamination method
Airways	Single use
Ambu bags	Single use/clean with detergent followed by appropriate disinfectant
Auroscope earpieces	Single use
Baby-changing mat	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
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 syringe – Propulse	Follow disinfection procedure in Ear Care Procedure
ECG equipment: Electrodes Straps/leads/machine	 Single use 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 NaDCC if contaminated with blood/blood-stained body fluid
Minor surgical instruments	Disposable, single use
Nebulisers	Wash mask and chamber with detergent, rinse and leave to dry on disposable paper. Do not wash tubing
Peak flow meters/spirometry	Follow manufacturer's guidance 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	Single patient use Clean with detergent/detergent wipe to remove any residues Wrap in paper roll and replace in carry case Return to patient for cleaning at home, following manufacturer's instructions

Pillows	All pillows should be protected with a plastic (sealed) or vapour-permeable cover Wipe with detergent/detergent wipe in between patients and at end of session Disinfect with NaDCC if contaminated with blood/blood-stained body fluid
Physiotherapy equipment	Clean weekly with detergent/detergent wipe, or disinfect with NaDCC if contaminated with blood/blood-stained body fluid
Pulse oximeter	Clean weekly with detergent/detergent wipe and between patients
Scissors	Single use Note: Bandage/dressing scissors – clean between patients with detergent/detergent wipe, and disinfect if required
Stethoscope	Clean between each patient use, with detergent wipe
Sticks/frames/crutches	Clean with detergent/detergent wipes between users
Stitch/staple removers	Single use
Suction machines	Follow manufacturer's guidance. Contact CES if further advice required
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 wipes prior to/following use
Toys: Hard	Clean weekly with detergent/detergent wipes or after use if used as part of treatment/assessment All hard toys must be made of suitable material to withstand disinfection if required
Toys: Soft	Not suitable for healthcare facilities
Weighing scales	Clean weekly with detergent/detergent wipe
Work surfaces	Clean with detergent/detergent wipes at the end of each session
Vacutainer needle holder	Single use
Vaginal speculum	Disposable, single use
Vaginal ultrasound probes	Cover with condom during use, clean with detergent/detergent wipes after removal Do not immerse in water

All staff at this organisation have a duty of care to ensure that they always follow IPC policy and protocols.

Further guidance can be found in the Safe management of care equipment for general practice policy.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Definitions
- Levels of decontamination
- Evidence of decontamination
- Decontamination of care equipment prior to inspection, service or repair
- Infection risks and categories

Appendix 1 includes a declaration of contamination status.

Safe management of linen

Introduction

This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England.

The use of linen, such as blankets, pillowcases and fabric handtowels, in general practice is not recommended as it is not practical to launder items between each patient. Best practice is to use disposable paper products, such as paper towels and couch roll.

Furthermore, we will ensure that regular audits are undertaken to monitor compliance with the policy and to provide assurance.

Blinds, curtains and screens

All blinds, curtains and screens (disposable or fabric) should be visibly clean with no blood, bodily substances, dust, dirt, debris, stains or spillages. T

Pillows and blankets

Pillows should be in a sealed wipeable cover with no tears and should be decontaminated appropriately with a detergent or detergent and disinfectant wipe after use. Damaged or stained wipeable covers and/or pillows should be replaced.

Fabric pillowcases, couch sheets and 'modesty' blankets are not recommended as it is not practical to launder them after each patient use. Disposable couch roll should be used to cover the couch and pillow, or to maintain the patient's modesty for procedures where this is required, and then disposed of after each use. The pillow/couch should then be decontaminated appropriately with a detergent or detergent and disinfectant wipe.

Staff uniforms and workwear

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance recommend that clothing/uniform and workwear policies should ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose.

In particular, consideration should be given to items of attire that may inadvertently come into contact with the patient. Of note, at this organisation, staff are to:

Always:

- Change in and out of uniform at work, or completely cover uniform when travelling to and from work
- Wear a clean uniform at the start of each shift and have enough uniforms to facilitate this
- Use personal protective equipment, e.g., a disposable apron, to prevent the contamination of uniform and workwear

Uniforms and workwear are to be:

- Clean and fit for purpose. Workwear is to be changed immediately if visibly soiled or contaminated
- Laundered on a cycle of ten minutes at 60°C, which removes almost all microorganisms, or at the highest temperature that the fabric will tolerate
- Laundered separately from other clothing if heavily soiled
- Dried thoroughly. Tumble drying or ironing will further reduce the small number of microorganisms present after washing
- It is not good practice to wear neckties (other than bow ties) or lanyards during direct patient contact. Ties are rarely laundered and have been shown to become contaminated with pathogens, and can accidentally come into contact with patients
- Footwear must be well maintained, visibly clean, non-slip and must support and cover the entire foot to avoid contamination with blood or body fluids or potential injury from sharps

Further reading can be sought in the organisation's Uniforms, Dress and Appearance Policy.

In addition to the above, further information can be found in the Safe management of linen including uniforms and workwear policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Blinds, curtains and screens
- Pillows and blankets
- Staff uniforms and workwear

Safe management of sharps and inoculation injuries

Introduction

This policy is one of the Standard infection control precautions (SICPs) referred to as 'Occupational safety/managing prevention of exposure (including sharps)' by NHS England.

Sharps include needles, cannulas, stitch cutters, scalpels, razor blades, broken glass, medical instruments, e.g., scissors, and other sharp objects. Sharps that are handled inappropriately or not disposed of correctly are dangerous. All personnel are required to ensure that risks from potential sharps injuries are adequately assessed and appropriate control measures are in place.

The organisation will ensure that regular audits are undertaken to monitor compliance with the policy and to provide assurance.

Legislation

Healthcare employers, their contractors and employees have legal obligations. There are several 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
- The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

Further reading can be sought in this HSE publication.

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.

- NHS – What should I do if I injure myself with a used needle
- HSE – Sharps injuries

A poster from BMJ details the process to effectively manage sharps injuries here.

Reporting sharps injuries

At this organisation, all sharps injuries are to be reported to the IPC Lead. In addition, the incident should be reported to the Duty Doctor. It may be necessary to gain further advice from the organisation's Occupational Health provider or the local emergency department.

Sharps injuries must be reported to HSE 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 absence. If the employee develops a disease attributable to the injury, then it must be reported.

Recording of sharps injuries

All sharps injuries sustained at this organisation must be recorded as a significant event and discussed at practice meetings. As part of the SEA, the outcome may be to conduct an audit to ensure that the safest systems are being adopted. Training may be one of the outcomes that needs to be considered.

It is the responsibility of the person suffering a sharps injury to ensure that it is reported/recorded appropriately. If unsure, they should discuss the incident with the IPC Lead or the Practice Manager.

Correct use of sharps bins

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 three-quarters full prior to this date).

Do not overfill the bin. Once the bin is three-quarters full, close the lid securely.

When closing sharps bins, staff are to ensure that:

- 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

For further information, see the Safe management of sharps and inoculation injuries policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Good practice in sharps management

- Prevention of inoculation incidents
- Risk of infection from inoculation incidents
- Action to be taken following an inoculation incident
- Management of significant exposures
- Reducing the risk of hepatitis B transmission
- Reducing the risk of hepatitis C transmission
- Reducing the risk of HIV transmission
- Exposure incidents in the community

Further reading on disposing of sharps can be sought at Annex U – Safe disposal of waste.

A poster detailing the correct use of sharps bins is accessible here.

Safe management of the care environment

Introduction

This policy is one of the Standard infection control precautions (SICPs) referred to by NHS England. The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance require that registered providers of health and social care "provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections" and must adequately resource the local provision of cleaning services.

It states that:

- There should be a designated lead for cleaning and disinfection of the environment, who may be the same person as the lead for infection prevention
- A clean environment reduces the cumulative risk of transmission of infection posed by microorganisms, such as bacteria and viruses, in that environment
- Outbreaks of infection have been associated with environmental contamination
- Most microorganisms are found in dust and dirt, so cleaning or vacuuming alone can often cause significant reductions in the number of organisms in the environment
- Some microorganisms, e.g., Clostridioides difficile spores, are adept at surviving in the environment for long periods; therefore, enhanced cleaning with disinfection is required when a patient has a confirmed or suspected infection
- Hands regularly come into contact with surfaces. If hands are not decontaminated, they will transfer any organisms present. This risk is always present but will increase if environmental cleaning is neglected
- Numerous agents and cleaning solutions are mentioned in this guidance. As with all substances, COSHH (Care of Substances Hazardous to Health) guidance and manufacturers' instructions must be followed to achieve safe practice

This organisation will always use standard IPC and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice at Annex BB.

This policy should be read in conjunction with the organisation's Cleaning Standards and Schedule Policy. Further information can be found in the Safe management of the care environment policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Definitions
- Standards of healthcare cleanliness
- Methods of decontamination
- Equipment used for cleaning
- Choice of cleaning product
- Cleaning and disinfecting procedure
- Blood and body fluid spillages
- Furniture, fixtures, fittings and toys*
- Colour coding of cleaning equipment
- Evidence of good practice

*Toys are permitted at this organisation, although they are to be added to the cleaning schedule as detailed in the organisation's Cleaning Standards and Schedule Policy.

Scabies

Introduction

Scabies is a skin condition caused by an immune reaction to the mite Sarcoptes scabiei and their saliva, eggs and faeces. Typical clinical presentation is intense itching, associated with burrows, nodules and redness, with symptoms lasting for weeks or months.

Untreated scabies is often associated with secondary bacterial skin infection, e.g. cellulitis (infection of the deeper layers of the skin), folliculitis (inflammation of a hair follicle), boils or impetigo. Scabies may also exacerbate other pre-existing skin conditions, such as eczema and psoriasis.

Management of an outbreak

If there is a suspected outbreak of scabies in a communal setting, refer to the Action Plan for the Management of Scabies in Health and Social Care Establishments.

Further information can be found in the Scabies policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Transmission
- Diagnosis
- Managing and preventing the spread of scabies
- Topical preparations for treatment
- Management and treatment
- General information
- Environmental cleaning
- Suspected treatment failure
- Referral or transfer to another health or social care provider

SICPs and TBPs

Introduction

There are several standard infection control precautions (SICPs) referred to by NHS England.

At this organisation, all staff in any situation involving the care of patients or contact with their environment must use standard infection control precautions (SICPs). SICPs may be insufficient to prevent cross-transmission of specific infectious agents. Therefore, additional transmission-based precautions (TBPs) must be used by staff when caring for patients with a confirmed or suspected infection or colonisation.

SICPs and TBPs underpin routine safe practice and break the chain of infection, which protects patients and staff. There is often no way of knowing who is infected, so by always applying SICPs and TBPs to all people, best practice becomes second nature, and the risk of infection is minimised.

Hand hygiene

Hand hygiene is the single most important way to prevent the spread of infection. Good hand hygiene should be undertaken by all staff and patients at this organisation.

Patient placement and assessment for infection risk

Prior to a patient's transfer to another health or social care facility, an assessment for infection risk must be undertaken. This ensures appropriate placement of the patient.

Personal protective equipment

Before undertaking any task, staff at this organisation should assess any likely exposure to infectious patients, blood and/or body fluids, non-intact skin or mucous membranes or substances hazardous to health, e.g., cleaning/disinfecting products, and they should wear personal protective equipment (PPE) that protects adequately against the risks associated with the exposure.

Respiratory and cough hygiene

Respiratory and cough hygiene can help to reduce the risk of spreading respiratory infections, thereby protecting patients, visitors and staff. Staff at this organisation should adopt good respiratory and cough hygiene practices themselves and promote them to patients.

Safe disposal of waste, including sharps

All staff are responsible for the safe management and disposal of waste

Safe management of blood and body fluids

All spillages of blood and body fluids must be dealt with promptly at this organisation.

Safe management of care equipment

Cleaning, disinfection and sterilisation are together known as decontamination. The safe decontamination of care equipment after use on a patient is an essential part of routine infection control to prevent the spread of infection.

Safe management of linen (including uniforms and workwear)

The use of linen, such as blankets, pillowcases and fabric handtowels, in general practice is not recommended as it is not practical to launder items between each patient. Best practice is to use disposable paper products, e.g., paper towels and couch roll.

All fabric blinds, curtains and screens should be visibly clean with no blood, bodily substances, dust, dirt, debris, stains or spillages.

Safe management of sharps and inoculation injuries

This is referred to as “occupational safety/managing prevention of exposure (including sharps)” by NHS England. Sharps are items that could cause cuts or puncture wounds and include needles and sharp instruments. It is the responsibility of the user to dispose of sharps safely into a sharps container.

Safe management of the care environment

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance require that registered providers of health and social care “provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections”.

Further information can be found in the SICPs and TBPs policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on transmission-based precautions.

Specimen collection

Introduction

A clinical specimen can be defined as any substance (solid or liquid) taken from the patient for the purpose of analysis.

All specimens are a potential infection risk; therefore, all specimens at this organisation must be collected using standard infection control precautions. Specimens should be transported in a rigid container in accordance with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (2009).

Taking routine specimens, except for blood samples, should be avoided to help reduce the inappropriate prescribing of antibiotic treatment. Specimens should only be taken if there are indications of a clinical infection.

Conducting a urine dipstick for nitrites and leukocytes should not be performed unless there is clinical evidence of a urinary tract infection. Treating a patient following a positive dipstick in the absence of signs or symptoms of infection may result in the inappropriate prescribing of antibiotics.

At this organisation we will always use standard IPC and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice at Annex BB.

Any staff member may at times be expected to handle specimens/samples from patients, although this is to be restricted to a minimum due to the risk of infection. All staff are to 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. Further reading can be sought from MPS.

Further information can be found in the Specimen collection policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Specimen containers and transport bags
- Specific information on microbiology specimen collection
- How to take MRSA nasal swabs
- Storage
- UTI diagnosis
- Labelling
- Disposal of urine samples
- Spillages of specimens
- Transportation

Additionally, appendices include:

- Appendix 1: UTI diagnosis of adults – Guide for General Practice
- Appendix 2: General Practice guide: Diagnosing suspected UTI in catheterised adults OR those over 65 years

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 this organisation 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	Seek advice on appropriateness of work; this will depend on clinical specialty, number of cases presenting, extent of conjunctivitis, likely cause, potential for spread, and treatment plan
COVID-19 contacts	Refer to current UK HSA advice
COVID-19	Refer to current UK HSA advice
Dermatitis	If infected or discharging skin lesions, exclude staff member from clinical duties until the lesions have healed Occupational Health (OH) to be consulted for advice
Diarrhoea and vomiting (or either condition on its own)	If considered to be infectious in nature, staff should be symptom free for 48 hours prior to returning to work In the event of an outbreak, advice will be issued; this will be dependent on the source organism
Head lice	No exclusion – treatment or wet combing must be undertaken to eradicate colonisation
Hepatitis A	Restrict from patient contact, contact with patients' environment and food handling until seven days after onset of jaundice In an outbreak situation, UK HSA will advise on management
Hepatitis B	No restrictions Standard precautions should always be applied

Healthcare worker who does not perform exposure-prone procedures (EPPs)	This is a blood-borne virus that is not infectious through normal casual contact
Hepatitis B Healthcare worker who does perform EPPs	Do not perform exposure-prone invasive procedures Seek advice from OH who will review and recommend procedures
Hepatitis C	Do not perform exposure-prone invasive procedures Seek advice from OH who will review and recommend procedures
Herpes simplex Hands (Herpetic whitlow)	Staff members with facial Herpes simplex are to be excluded from giving eye and neonatal care until lesions have healed Restrict from patient contact and contact with the environment until lesion has healed Seek advice from OH. This will be based on clinical tasks being undertaken
HIV infection	Do not perform exposure-prone invasive procedures OH must be consulted for advice
Impetigo	Staff should be excluded until lesions are crusted/healed or for 48 hours after starting antibiotic treatment Antibiotic treatment speeds up healing and reduces the infectious period
Influenza contacts	The contacts of someone with influenza who remain asymptomatic may continue to work All staff should follow standard precautions to prevent the spread of infection
Influenza and influenza-like illness (ILI)	Staff with probable/suspected flu or flu-like symptoms (fever of >38°C or history of fever plus two or more symptoms of cough or other respiratory symptoms, chills, sore throat, headache, muscle aches) should stay away from work and inform their manager of symptom presentation If influenza is suspected, linked to healthcare contact or confirmed swab results, staff should remain off work for a minimum of five days from symptom onset and should stay away from work until they feel well
Measles	Staff with measles must be excluded for four days from onset of rash and return to work only when feeling well. Measles is preventable by vaccination (2 doses of MMR) which should be offered to agreed staff groups

	Pregnant staff who are contacts should seek prompt advice from their GP or midwife
MRSA	OH to be consulted
Mumps	Staff with mumps must be excluded for five days from onset of swelling and must feel well before returning to work. Mumps is preventable by vaccination (2 doses of MMR) which should be offered to agreed staff groups Staff who are contacts should seek prompt advice from OH
Pandemic	Refer to current governmental advice
Ringworm	Treatment will usually be provided from GP, and member of staff, if completing healthcare tasks, will need to keep affected area covered For staff with ringworm on their face/scalp, further advice should be sought
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 If crusted scabies, further treatments may be necessary prior to returning to work and advice from the IPC team and/or OH department should be sought
Shingles	If rash is dry, or covered with an occlusive dressing, as long as the individual is medically well, they are fit for work Care should be taken if shingles rash is sited on face and further advice is required from IPC and/or OH in this situation
Streptococcal Group A infection (Strep pyogenes)	If infection is identified, a course of antibiotic treatment is required. Staff may return to unrestricted duties after 48 hours of treatment If a member of staff is a household contact of someone identified with a Group A Streptococcal infection, the member of staff must be aware of the need to be vigilant for any signs and symptoms of infection presenting in the 30 days from the time of contact If asymptomatic, no further actions are required
Pulmonary tuberculosis	Exclude from work until proven non-infectious
Whooping cough (Bordetella pertussis)	Ensure that Public Health England guidance on health management of pertussis in healthcare settings is followed

In instances where the Practice Manager is not the line manager for the staff member concerned, the Organisation Manager is to be informed of the absence at the earliest opportunity (or the Deputy Organisation Manager in their absence).

Where absence affects clinical delivery or service delivery, the Practice Manager is to be informed immediately in line with the organisation's Sickness Absence Management Policy.

Should doubt exist regarding the exclusion period, advice from the local Occupational Health department must be sought.

Viral gastroenteritis/Norovirus

Introduction

Viral gastroenteritis is usually caused by a virus known as Norovirus which is a non-enveloped virus only affecting people. Norovirus was previously known as Norwalk or SRSV (small round structured virus). Other less common causes include Rotavirus and Sapovirus.

The incubation period for viral gastroenteritis ranges from 24 to 48 hours, but cases can occur within 12 hours of exposure.

Symptoms include:

- Sudden onset of vomiting which can be projectile
- Watery, non-bloody diarrhoea
- Abdominal cramps
- Nausea
- Headache, low-grade fever

The illness lasts for 24-72 hours with no long-term effects. Maintaining good hydration is important.

Norovirus is highly infectious and is transmitted from person to person primarily through the faecal-to-oral route, or by direct person-to-person spread. Evidence also exists of transmission due to aerosolisation of vomit which can contaminate surfaces or enter the mouth and be swallowed. Immunity to Norovirus is of short duration, possibly only a few months.

At this organisation arrangements will be made, where possible, to see an infectious patient virtually, or in their own home. This is further detailed in the 'Patient placement and assessment for infection risk' at Annex O.

This organisation will always use standard IPC and, where required, transmission-based precautions (SICPs and TBPs). Refer to the SICPs and TBPs Policy for General Practice at Annex BB.

Outbreak notification

Norovirus can cause outbreaks in the community, e.g., in care or supported living establishments. An outbreak is defined as two or more patients within close proximity, two

members of staff, or one patient and one member of staff, e.g., on the same floor or in the same unit, who have similar symptoms of diarrhoea and/or vomiting within a 48-hour period.

A suspected outbreak of viral gastroenteritis should be notified to the local Community Infection Prevention and Control (IPC) or Health Protection (HP) team.

The decision to close a care establishment will be taken by either the local Community IPC or HP team.

Control measures

SICPs and TBPs should always be followed.

- When assessing a patient with suspected viral gastroenteritis, a disposable apron and gloves should be worn. Before putting on, and after removal of, personal protective equipment (PPE), hands should be washed with liquid soap and warm running water and then dried with paper towels. Alcohol handrub should not be used as it is not effective at killing Norovirus.

- Patients with symptoms should be encouraged to wash their hands thoroughly with liquid soap and warm running water after an episode of vomiting or diarrhoea, after using the toilet, and before eating and drinking.

- During periods of increased activity with Norovirus, practice staff should be reminded to wash their hands thoroughly rather than using alcohol handrub after patient contact, before their breaks, and before eating and drinking.

- Patients or staff with vomiting and/or diarrhoea should be advised to stay off work until they are symptom free for 48 hours. If staff become unwell with symptoms of vomiting and/or diarrhoea whilst at work, they should be sent home immediately.

Further information can be found in the Viral gastroenteritis/Norovirus policy for general practice.

This link provides access to IPC resources, education and training, and a reference library, as well as further detailed guidance on:

- Management of a body fluid spillage at the practice
- Specimens
- Referral or transfer to another health or social care provider

Pest control policy

Introduction

This policy aligns with the:

- Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance
- National Standards of Healthcare Cleanliness 2025

It is applicable to all members of staff at the organisation who have a responsibility to ensure both compliance and that they report any incidents of pests to the Practice Manager (or Deputy in their absence) at the earliest opportunity.

Pests present an infection hazard and can contaminate foodstuffs, damage both the building and contents, while also being a nuisance. Once established, pests can be difficult and costly to deal with and they also present a health risk to both patients and staff.

The most common pests can be placed into four categories:

1. Rodents (rats and mice)
2. Crawling insects (ants, fleas, cockroaches, silverfish and bed bugs)
3. Flying insects (wasps, bees, hornets, moths and flies)
4. Birds (pigeons)

Note: More pests are listed at the end of this policy, together with control measures and any management actions.

Requirement

All staff are to be mindful that there can be issues with pests and therefore a reactive or proactive approach to pest control may be adopted depending on the circumstances. There may also need to be ongoing management that may require a combination of both approaches to managing pest control.

Typical requests are:

- Pest controller service providing routine scheduled visits to monitor, bait and inspect
- A call-on service provided in response to evidence of pests
- A longer-term, on-site pest control solution

Cleaning standards

Standards of cleanliness are key to maintaining pest control in both clinical and non-clinical areas and are an integral part of providing an optimum environment for the delivery of quality care and the health of those who use the building. Cleaning standards are essential to health, hygiene and safety at any healthcare organisation and will be closely monitored at this organisation.

It is imperative that the highest standards are maintained within all areas, and to minimise the risk of any infestation, the following are absolute expectations from all members of staff:

- Staff are to be discouraged from feeding birds and stray animals, particularly cats, regardless of weather conditions and sentiments

- Food must only be stored, consumed and discarded in designated areas

- When using the kitchen to prepare any food or drinks, all staff are to ensure that the area remains clean, all surfaces are to be wiped down with cleaning products after being used, and the walls and floors will be cleaned. Note that dirt and grease can collect in inaccessible areas, which the pests can reach easily, especially the corners and backs of units

- Food preparation equipment is cleaned after each use

- Any foodstuffs are always to be appropriately sealed, including containers for tea, coffee and sugar. Never leave food uncovered at any time but especially overnight as most pests are nocturnal

- Perishable food should be kept in the refrigerator within a container that has a tight-fitting lid

- All foodstuffs are to remain in date and if personal to a member of staff, ideally they should be labelled showing to whom they belong

- Any foodstuffs that have passed their 'use by' date will be disposed of. Likewise, foodstuffs that are left unsealed or for what may be considered an unreasonable time frame may be disposed of

- All staff are to ensure that all used cutlery and crockery are cleaned, dried and put away. Never leave plates or cups in the washing-up bowl, especially overnight. If there is a dishwasher, ideally this will not be used when partially full, so therefore the door must always be closed and then used when full

- All spillages should be cleaned as they happen. Not only is this good practice for pest control but also for ensuring that the slip hazard is immediately removed

Further information can be found in the organisation's Cleaning Standards and Schedule Policy.

Maintaining standards and audit

In addition to the cleaning standards sheets that are completed for all areas, additional and regular inspections of the premises are conducted for all health and safety matters and this includes pest control.

Pest control will extend to all areas of the building, both internally and externally, and consideration is to be given to higher-risk areas such as clinical areas and any food/drink preparation areas and bin stores. Areas prone to pest activity should be stringently managed and pest ingress points blocked as part of any routine maintenance.

This may include considerations such as:

- Sealing all cracks and crevices in walls where pipes pass through a wall
- Placing a fine mesh screen over opening windows and ventilators

Further guidance relating to the control and management of pests is detailed in the section below titled *Management of specific pests*.

Requesting support

Any evidence of pests is to be reported as soon as possible to the Practice Manager (or Deputy in their absence) who will contact a commercial pest controller as soon as they can. They will ask them to attend to undertake the appropriate measures.

Any attendance by a pest control contractor will result in their providing a report. This will detail the date and time of the visit, the areas or locations inspected and treated, the pest activity identified, any treatment/work completed, and next steps and recommendations (i.e., proofing or housekeeping).

Health and safety requirements and risk management

Prior to any treatment, the pest control contractor will create a physical barrier or display appropriate signage/warning notices where insecticidal dusts have been used, barring entry until the products and contaminants have settled. Likewise, should there be instances when there is a local solution, such as using ant powder or fly/wasp spray, then a dynamic risk assessment will be undertaken, staff will be briefed and any actions taken.

All pesticides used by the organisation or contractor will be approved in accordance with The Control of Pesticides Regulations (COPR) 1986 and the Control of Substances Hazardous to Health (COSHH) Regulations 2002. The Health and Safety Executive Control of Pesticides Relations (COPR) details further information.

Should there be a need for ongoing maintenance, a risk assessment will be undertaken to mitigate any issues that may compromise the health and safety of both staff and service users. Risk management will also include the pest controller's recommendations such as staff awareness training or remedial actions.

A template risk assessment and additional supporting guidance can be found in the organisation's Health, Safety and Risk Management Handbook.

Further reading

- Regulation 15: Premises and equipment
- British Pest Control Association

Management of specific pests

Sources: East London NHS FT and Rotherham, Doncaster and South Humber NHS FT pest control policies

Pest	Significance	Control	Management
Houseflies	Houseflies can transmit intestinal worms and their eggs are potential vectors of diseases such as dysentery, gastroenteritis, typhoid, cholera and tuberculosis. They will frequent and feed indiscriminately on any liquefiable solid food, putrefying material or food stored for human consumption.	Flies have rapid, prolific breeding habits and high mobility. To break the lifecycle, control measures should be directed against larvae and adult flies.	Satisfactory hygiene is necessary to limit potential breeding sites and food sources. Entry of flies into buildings can be prevented by a 1.12mm mesh fly screen, air curtains, bead screens or self-closing door equipment with rubber seals.
Cockroaches	Cockroaches are common in premises associated with the production or handling of food. Gregarious and nocturnal, they spend the day hiding in cracks and crevices around areas such as sinks, drains, cookers, the backs of cupboards and in refrigerator motor compartments. They favour buildings with service ducts and complex plumbing installations which allow them to travel freely.	They are potential vectors of diseases such as dysentery, gastroenteritis, typhoid and poliomyelitis. Their diet is omnivorous and includes fermenting substances, soiled dressings, hair, leather, parchment, wallpaper, faeces and food for human consumption. The latter may be contaminated either by the mechanical transfer of causative agents of disease from the insect's body or by transmission in the faeces.	All sightings and other evidence of their presence should be reported to the Practice Manager. Monitoring and control are essential, although successful control of cockroaches is a complex subject and depends very much on tailoring control measures to the species concerned. Infestations can be difficult to control as cockroach eggs are poorly penetrated by insecticides. Therefore, surveillance of the area by the pest control contractor may need to be prolonged.

			Ongoing high standards of hygiene will deny them sources of food and hiding places.
Ants	<u>Black ants</u> Foraging worker ants cause a nuisance as they travel widely in search of food following well-defined trails and clustering around the food source. Sweet foods are preferred. <u>Pharaoh's ants</u> These 2mm omnivorous light brown ants are half the size of black ants. The ants may be found in wall cavities, heating pipes, behind sinks and ovens, and in linen rooms and clinical areas. They are particularly attracted to sweet or light protein.	They are an unpleasant sight and may cause damage They are unable to breed without artificial heat. They are very persistent and pose a serious cross-infection risk in healthcare facilities. Although frequently inaccessible and difficult to destroy, ants' nests must be eradicated. If infestation is to be successfully controlled, hormone treatment is required which causes sterilisation in the female of the species.	All sightings and other evidence of their presence should be reported to the Practice Manager. If appropriate, take advice from the pest control contractor as to ongoing management dependent on the species.
Wasps	Wasp stings cause pain and distress, with some individuals being particularly sensitive. Wasp nests are only used for one season so it may be possible to put up with the problem temporarily. They are often found in cavities in brickwork, in air bricks and roof vents.	The nest can be treated by a pest control contractor. Such work may be best carried out in the evening or during the weekend as poisoned, stupefied wasps can cause problems such as greater incidences of random stinging. Particular attention should be paid to areas around rubbish bins, which should be kept in a hygienic condition.	All sightings and other evidence of their presence should be reported to the Practice Manager. Take advice from the pest control contractor as to ongoing management.

Other insect pests	There are many other insect pests that occur sporadically in healthcare facilities. The most common are various species of flies, crickets, silverfish and dry store insects and mites such as flour weevils and maggots which can be found infesting dried foods.		All sightings and other evidence of their presence should be reported to the Practice Manager. Take advice from the pest control contractor as to ongoing management dependent on the species.
Mice and rats	These are the vertebrates with the greatest potential for damage to food stocks and building fabric in any healthcare facility. Modern rodenticides are extremely efficient in eradication.	The actions of the relevant local authority, with regard to any infestation of its land or buildings by rats and mice in "substantial numbers", is as required by the Prevention of Damage by Pests Act 1949. Rodents have been known to gnaw through electric cables and cause fires.	All sightings and other evidence of their presence should be reported to the Practice Manager. Advice to be sought from both the pest control contractor and the local authority. The organisation will take reasonable steps to ensure that the premises are rodent proofed by, for example, fitting collars where pipes pass through walls and by filling gaps in the building's fabric.
Bats	Bats are protected by the Wildlife and Countryside Act 1981 and The Conservation (Natural Habitats etc.) Regulations 1994. The penalties for contravention are severe.		If bats are discovered in any of the organisation's buildings or on any of its land, they must not under any circumstances be killed, expelled, stopped from gaining access, touched or disturbed. Contractors must be prevented from doing work anywhere near them.

			Local Government advice should be sought.
Birds	Birds can cause a nuisance and be unsightly.	Birds can be controlled in the first instance by preventative measures, e.g., blocking nesting holes and applying devices to discourage perching. Netting and trapping can also be considered with the aim of immediate release away from the area/location of capture. As a last resort, birds may be culled by shooting with the approval of the organisation's management and the local police authority. No attempt should be made to poison birds.	Whichever method is employed, it should be considered whether the birds are currently in a nesting season or whether they are protected by law. Advice can be sought from the Royal Society for the Protection of Birds (RSPB). Wildlife and Countryside Act 1981: it is 'an offence intentionally to kill, injure or take any wild bird, or take or destroy their eggs or nest, or damage a nest, while that nest is in use or being built'.
Squirrels	The most serious damage in urban areas arises when the squirrel enters the roof spaces of premises by climbing the walls or jumping from nearby trees. Once inside, they chew woodwork, ceilings, electrical wiring insulation or tear up loft insulation to form a drey.	The best method of control is to proof the building/loft. Prevention is better than cure but, should a cure be required, the best form of control is the use of a squirrel trap.	All sightings and other evidence of their presence should be reported to the Practice Manager. If appropriate, take advice from the pest control contractor as to ongoing management.
Foxes	Foxes may occasionally spread diseases such as toxocariasis and		All sightings and other evidence of their presence should be reported to the Practice Manager.

	leptospirosis but the risk is believed to be small. More significantly, foxes cause a nuisance in several ways. During the mating season, the noise of barks and blood-curdling screams proliferate and there may be damage to grounds caused when digging for food and the indiscriminate depositing of faeces.		If appropriate, take advice from the pest control contractor as to ongoing management.