

Infection Control and Decontamination

Kirkvoe Medical

Date Effective:	1/3/24
Review Date:	1/3/27
Version No:	1
Policy Owner / Author:	Dr Zoe Shepherd

1. Reason for Policy / Purpose of Policy

In order to provide safe care the environment must meet cleanliness standards with staff adhering to infection control guidance.

2. *Policy Statement and Aims*

This policy outlines Kirkvoe Medical's infection control and decontamination policies.

3. Scope

This applies to staff and premises.

4. *Procedure*

Infection control best practice guidelines are published in the National Infection Control and Prevention Manual. Chapter 1 of this manual, Standard Infection Control Precautions, provides a substantial amount of information and is the source of much of the information contained within this policy. Healthcare Improvement Scotland's document Infection Prevention and Control Standards 2022 has also been used to inform this policy.

Handwashing

Hand hygiene is considered an important practice in reducing the transmission of infectious agents which cause infections.

Hand washing sinks must only be used for hand hygiene and must not be used for the disposal of other liquids

Before performing hand hygiene:

- expose forearms (bare below the elbows)
- remove all hand/wrist jewellery including any embedded jewellery (a single, plain metal finger ring or ring dosimeter (radiation ring) is permitted but should be removed (or manipulated) during hand hygiene); bracelets or bangles such as the Kara which are worn for religious reasons should be able to be pushed higher up the arm and secured in place to enable effective hand hygiene which includes the wrists;
- ensure fingernails are clean, short and that artificial nails or nail products are not worn; and
- cover all cuts or abrasions with a waterproof dressing.

Hand washing should be extended to the forearms if there has been exposure of forearms to blood and/or body fluids.

To perform hand hygiene:

Alcohol Based Hand Rubs (ABHRs) must be available for staff as near to point of care as possible. Where this is not practical, personal ABHR dispensers should be used.

Application of sufficient volume of ABHR to cover all surfaces of the hands is important to ensure effective hand hygiene. Manufacturer's instruction should be followed for the volume of ABHR required to provide adequate coverage for the hands. In the absence of manufacturers instructions, volumes of approximately 3ml are recommended to ensure full coverage.

The World Health Organisation's '5 moments for hand hygiene' should be used to highlight the key indications for hand hygiene.

1. before touching a patient
2. before clean/aseptic procedures. If Alcohol based hand rub (ABHR) cannot be used, then antimicrobial liquid soap should be used
3. after body fluid exposure risk
4. after touching a patient
5. after touching a patient's immediate surroundings

Some additional examples of hand hygiene moments include but are not limited to:

- before handling medication
- before preparing food
- before donning (putting on) and after doffing (taking off) PPE
- after visiting the toilet
- between carrying out different care activities on the same patient
- after cleaning and disinfection procedures
- after handling waste

Wash hands with non-antimicrobial liquid soap and water if:

- hands are visibly soiled or dirty
- hands are potentially contaminated with blood, other body fluids or excretions
- caring for patients with vomiting or diarrhoeal illnesses;
- caring for a patient with a suspected or known gastro-intestinal infection, for example Norovirus or a spore forming organism such as *Clostridioides difficile*

Hands should be washed with warm/tepid water to mitigate the risk of dermatitis associated with repeated exposures to hot water and to maximise hand washing compliance. Compliance may be compromised where water is too hot or too cold. Hands should be dried thoroughly following hand washing using a soft, absorbent, disposable paper towel from a dispenser which is located close to the sink but beyond the risk of splash contamination.

In all other circumstances use ABHRs for routine hand hygiene during care.

Procedures

Kirkvoe Medical does not perform procedures on patients other than examinations, investigations with devices such as ECG and audiograms and phlebotomy.

For phlebotomy sharps will be disposed of in sharps containers, with any dressings being disposed of in clinical waste. NHS Orkney have policies for disposing of clinical waste and sharps from independent medical providers operating in Orkney.

Audit

Adherence to infection control policy will be audited as required by Dr Zoe Shepherd.

Review of infection transmission incidents

Any infection control related incidents will be logged and formally reviewed by Dr Zoe Shepherd to ensure steps are taken to minimise the likelihood of recurrence.

Legionella

Hot water systems in the clinic are provided by the landlord. He has policies in place to ensure heating and hot water systems are serviced as per their manufacturer's guidance.

Staff Immunisation

Dr Zoe Shepherd is immunised against transmissible diseases such as Hepatitis B as required for her NHS work. Ongoing vaccination requirements (for example covid boosters) will be dealt with as recommended by Scotland's chief medical officer.

Personal Protective Equipment (PPE)

Before undertaking any care task or procedure staff should assess any likely exposure to blood and/or body fluids and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

All PPE should be:

- located close to the point of use;
- stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to);
- single-use only items unless specified by the manufacturer;
- changed immediately after each patient and/or following completion of a procedure or task; and
- disposed of after use into the correct waste stream i.e. healthcare waste or domestic waste.

Reusable PPE items, e.g. non-disposable goggles/face shields/visors must have a decontamination schedule with responsibility assigned.

Gloves must:

- be worn when exposure to blood, body fluids, (including but not limited to secretions and/or excretions), non-intact skin, lesions and/or vesicles, mucous membranes, hazardous drugs and chemicals, e.g. cleaning agents is anticipated/likely.
- Gloves are a single-use item and should be donned immediately prior to exposure risk and should be changed immediately after each use or upon completion of a task;
- never be worn inappropriately in situations such as; to go between patients, move around a care area, work at IT workstations;
- be changed if a perforation or puncture is suspected or identified;
- be appropriate for use, fit for purpose and well-fitting;
- not be worn as a substitute to hand hygiene.

Aprons must be:

- worn to protect uniform or clothes when contamination is anticipated/likely
- changed between patients and following completion of a procedure or task.

If hand hygiene with soap and water is required, this should not be performed whilst wearing an apron/gown in line with a risk of apron/gown contamination; hand hygiene using ABHR is acceptable.

Eye/face protection will not be required in the scope of work of Kirkvoe medical unless dealing with patients who are known to be positive or suspected to have covid 19. They must

- be worn if blood and/or body fluid contamination to the eyes/face is anticipated/likely .
- not be impeded by accessories such as piercings/false eyelashes;
- not be touched when worn;
- cover the full peri-orbital region and wrap around the sides of the face;

- be removed or changed in accordance with manufacturer's instructions, if vision is compromised through contamination with blood or body fluids, if the integrity of the equipment is compromised, at the end of a clinical procedure/task and/or prior to leaving the dedicated clinical area.

Regular corrective spectacles and safety spectacles are not considered eye protection.

Fluid Resistant Type IIR surgical face masks must be:

- worn by a patient known or suspected to be infected with a micro-organism spread by the droplet or airborne route throughout their clinical pathway. This is unlikely to occur as such patients are advised not to attend when booking their appointment.
- worn if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated/likely; (as part of SICPs a full face visor may be used as an alternative to fluid resistant Type IIR surgical face masks to protect against splash or spray.) well fitting and fit for purpose (fully covering the mouth and nose);
- removed or changed;
 - at the end of a procedure/task;
 - if the integrity of the mask is breached, e.g. from moisture build-up after prolonged use or from gross contamination with blood or body fluids; and
 - in accordance with specific manufacturers' instructions.

Footwear must be:

- non-slip, impervious, clean and well maintained, and support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps
- Footwear found to be defective should be repaired or replaced before further use.
- Overshoes/shoe covers should not be used in the general health and care environment.

Non-clinical areas

Cleaning of non-clinical areas of the practice, including the toilet, kitchen, waiting area and other clinic rooms is the responsibility of the landlord. These areas will be kept clean and tidy at all times.

Cleaning and equipment

Dr Zoe Shepherd is responsible for cleaning the clinic room used by Kirkvoe medical. It has hard floors and wipe clean surfaces. These will be cleaned daily with additional cleaning performed as required. Blood spillages will be cleaned as NIPCM guidance. Cleaning techniques in general are again informed by NIPCM guidance:

- A fresh solution of general purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty or at 15 minutes intervals or when changing tasks.
- Routine disinfection of the environment is not recommended. However, 1,000ppm available chlorine should be used routinely on sanitary fittings.

Staff illness including covid 19

In the event of Dr Shepherd being unwell with a respiratory illness she will consult remotely to reduce the chance of her spreading an illness.

Covid protocols, including the use of PPE for face to face contacts, will be followed as per the current government guidance.

5. *Responsibilities*

Dr Shepherd is responsible for maintaining appropriate infection control and decontamination procedures in line with this policy and national guidance. She will ensure ongoing training through completion of the Scottish Infection Prevention and Control Education Pathway available on TURAS as part of her ongoing continual professional development.

6. *Related information*

[National Infection Prevention and Control Manual: Responsibilities \(scot.nhs.uk\)](https://www.scot.nhs.uk/nhs.uk/infection-prevention-and-control-manual-responsibilities)

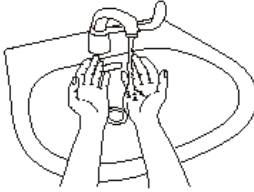
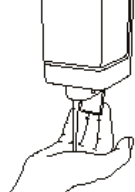

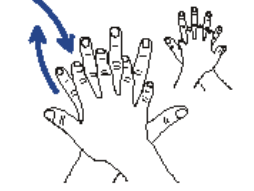




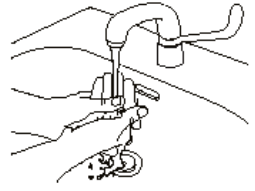

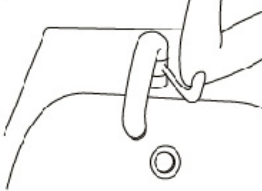
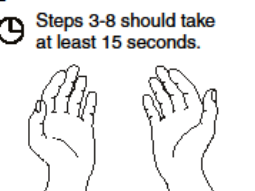
[Infection Prevention and Control \(IPC\) Zone | Turas | Learn \(nhs.scot\)](https://www.nhs.uk/learning-from-turas/infection-prevention-and-control-zone)

[Coronavirus in Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/)

https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/standards/ipc_standards.aspx

Best Practice: Appendix 1 - How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.

<p>1</p>  <p>Wet hands with water.</p>	<p>2</p>  <p>Apply enough soap to cover all hand surfaces.</p>	<p>3</p>  <p>Rub hands palm to palm.</p>
<p>4</p>  <p>Right palm over the back of the other hand with interlaced fingers and vice versa.</p>	<p>5</p>  <p>Palm to palm with fingers interlaced.</p>	<p>6</p>  <p>Backs of fingers to opposing palms with fingers interlocked.</p>
<p>7</p>  <p>Rotational rubbing of left thumb clasped in right palm and vice versa.</p>	<p>8</p>  <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	<p>9</p>  <p>Rinse hands with water.</p>
<p>10</p>  <p>Dry thoroughly with towel.</p>	<p>11</p>  <p>Use elbow to turn off tap.</p>	<p>12</p>  <p>Steps 3-8 should take at least 15 seconds.</p> <p>...and your hands are safe*.</p>

*Any skin complaints should be referred to local occupational health or GP.

Adapted from the World Health Organization



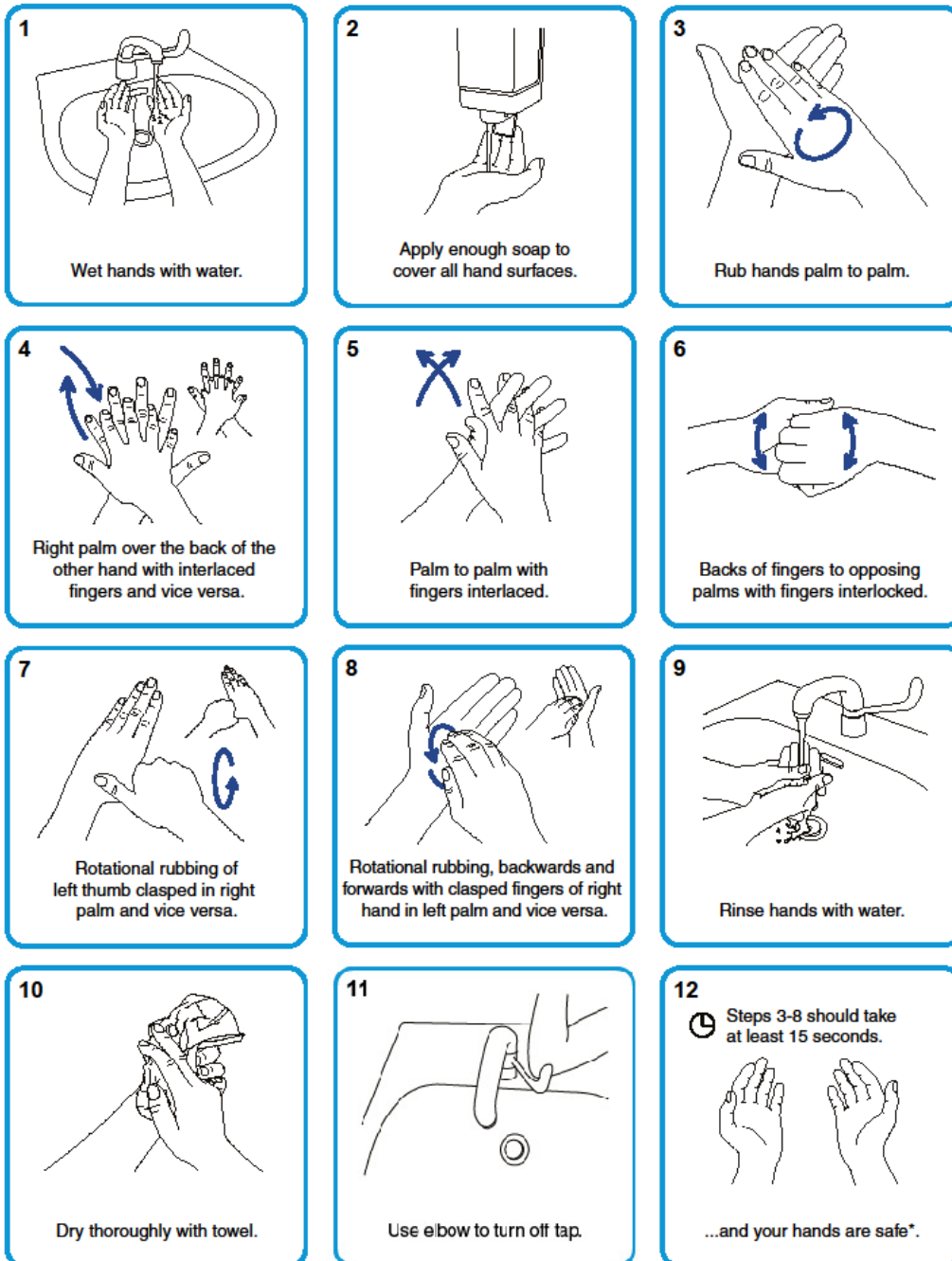
Germs. Wash your hands of them.



Part of the National Infection Prevention and Control Manual (NIPCM), available at: <http://www.nipcm.hps.scot.nhs.uk/>.
Produced by: Health Protection Scotland, July 2018.

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