Infection Prevention and Control Policy

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Introduction

Infection prevention and control (IPC) is a complex, multi-faceted topic encompassing the safe care and treatment of patients, premises, and equipment. As well as understanding of sustainability and environmental considerations, within a robust governance process.

BrisDoc is committed to ensuring the highest possible standard of safe and effective IPC for all patients, carers, and co-owners. Effective IPC must be part of BrisDoc's everyday practice and be consistently applied by everyone in the organisation as part of our Brisdoc values.

Important guidance documents referred to and followed within this Policy:

- National Infection Prevention Control Manual (NIPCM) for England (2023)
- Health and social Care Act Code of Practice on the prevention and control of infections and related guidance (2008)
- National Standards of Healthcare Cleanliness (2021)
- Health and Safety (Sharps Instruments in healthcare) Regulations (2013)
- Infection prevention and control - Care Quality Commission (CQC.org.uk) (2024)

This policy is not exhaustive in defining IPC and situations may arise not outlined within this policy, Co-owners should use a common-sense approach in adhering to the principles underpinning this policy and seek help when required.

Advice & Support

For any further support or advice, please contact the IPC Lead within each service as stated in individual service SOP or your Line Manager.

Concerns can also be raised to the Governance Team using a Learning Event in the Brisdoc Portal - Weblinks – BrisDoc Healthcare Services.

Role and Responsibilities

Directors

The Directors are responsible for:

- ensuring adequate provision of all resources that enable the implementation of safe and effective IPC principles to a consistently high standard across the Brisdoc organisation.
- Ensuring robust Governance processes are maintained including audits.

Director of Nursing, AHPs and Governance

The Director of Nursing, AHPs and Governance is responsible for:

- ensuring compliance with safe and effective infection prevention and control principles is audited and reported to the BrisDoc Executive Directors,

Governance Team

The Governance team is responsible for:

- submitting any RIDDOR reports to the Health and Safety Executive of proven contaminated inoculation injuries.

Service Managers

All Managers are responsible for:

- ensuring there is an IPC Lead for each service within Brisdoc Healthcare Services
- ensuring all co-owners and self-employed colleagues are fully aware of the IPC policy and compliant in IPC training.
- ensuring all premises within the Brisdoc Organisation are compliant with IPC Policy
- investigating any IPC incidents in accordance with Brisdoc procedure

Co-owners

All Co-owners are responsible for:

- assessing the IPC risks associated with interventions they undertake and apply safe systems to minimise risk.
- using personal protective equipment provided to minimise risks including wearing uniform as deemed appropriate,
- performing safe, effective interventions in accordance with evidence-based practice, that minimise risk to themselves, patients and colleagues,
- providing safe patient care in accordance with this policy and national guidelines,
- undertake appropriate induction and refresher training,
- reporting any contamination and inoculation injury using the Learning Events process,
- working with their Line Manager to participate in the investigation into any incidents and liaising with advice and instructions from Occupational Health Services
- seeking and complying with advice from UK Health Security Agency.
- Working with People Team to ensure up to date vaccination status and medical adjustments if required.

People Team

The People Team are responsible for:

- sourcing and organising infection prevention and control training,
- supporting Line Managers and Co-owners access the Occupational Health Service.
- Ensuring co-owners are vaccinated and working with Occupational Health regarding co-owner health vaccine recording.
- Ensuring co-owners are supported with medical needs such as immunocompromised status

IPC Leads

The IPC Leads for Brisdoc are responsible for

- providing advice and support to colleagues within respective services
- undertaking routine and ad-hoc risk assessments and audits of IPC aspects in the workplace, reporting when necessary to the governance team
- acting as a link between BrisDoc and BNSSG ICS Governance structure in particular the Infection Strategic and Response Group (IPaMS).
- Liaising and networking with National IPC – Southwest Infection Prevention Control Network.
- working collaboratively to provide peer review of each other's services and ensure there is always IPC Lead availability covering BrisDoc.

Severnside IPC Plan

The IPC Lead is responsible for leading IPC within Severnside in terms of exposure and education by creating an annual plan. The role includes monthly newsletter entries regarding topical subjects such as handwashing awareness, correct process for specimen collection and transportation, cleaning processes at Treatment Centres, awareness of High Consequence of Infectious Diseases. The IPC Lead would also celebrate events such as Hand Washing week creating entries on Shine and Newsletter. There could also be awareness raising in Clinical Forums. The IPC Lead will collate a monthly report on the Handwashing Awareness Audit and an annual IPC Report in October. The IPC Lead will report to Health and Safety Group.

BNSSG ICS Infection, Prevention and Management Governance

The overarching group for IPC in BNSSG is the Infection, Prevention and Management Strategic Group (IPaMS). This group is responsible for aligning priorities and workplans to the Regional Infection Prevention and Management Strategy.

The current structure has several sub-groups, the most relevant groups being Infection Prevention Control and Management Response Group Meeting which meets regularly to discuss outbreaks and pertinent IPC issues and the Strategic Group which plans IPC initiatives and good practice across BNSSG.

Standard Infection Control Precautions

Standard infection control precautions (SICPs) are to be always used by all co-owners and self-employed staff in all health care settings to ensure the safety of patients, staff, and visitors.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection.

Sources of (potential) infection include blood and other bodily fluids, secretions, or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

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

SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to patient, staff, and visitor safety as required by the Health and Safety Executive and regulators, such as the Care Quality Commission.

Hand Hygiene

Hand hygiene is considered one of the most important ways to reduce the transmission of infectious agents that cause healthcare associated infections (HCAIs).

Clinical hand-wash basins must:

- be used for that purpose only and not used for the disposal of other liquids.
- have mixer taps, no overflow or plug and be in a good state of repair.
- have wall mounted liquid soap and paper towel dispensers.

All hand hygiene facilities should include instructional posters.

Before performing hand hygiene

- expose forearms (bare below the elbow).
    - If disposable over-sleeves are worn for religious reasons, these must be removed and disposed of before performing hand hygiene, then replaced with a new pair

Please refer to the NHS England uniforms and workwear guidance (2020) for more information of long-sleeves and longer-sleeved uniforms.

- remove all hand and wrist jewellery. The wearing of a single, plain metal finger ring, e.g. a wedding band, is permitted but should be removed (or moved up) during hand hygiene. A religious bangle can be worn but should be moved up the forearm during hand hygiene and secured during patient care activities
- ensure fingernails are clean and short, and do not wear artificial nails or nail products
- cover all cuts or abrasions with a waterproof dressing

To perform hand hygiene

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

- hands are visibly soiled or dirty
- caring for patients with vomiting or diarrhoea
- caring for a patient with a suspected or known gastrointestinal infection

In all other circumstances, use alcohol-based handrubs (ABHRs) for routine hand hygiene during care.

ABHRs must be available for staff as near to the point of care as possible. Where this is not practical, personal ABHR dispensers should be used.

Where running water is unavailable, or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first opportunity.

Perform hand hygiene

- before touching a patient
- before clean or aseptic procedures
- after body fluid exposure risk
- after touching a patient; and
- after touching a patient's immediate surroundings
- before putting on and after removing gloves

How to wash hands with soap and water

This is a graphic from the UK Health Security Agency (2022) with step-by-step images of how to wash hands.

How to clean hands with hand rub

This is a graphic from the UK Health Security Agency (2022) with step-by-step images of how to wash hands.

Skin Care

- dry hands thoroughly after hand washing, using disposable paper towels
- use an emollient hand cream regularly e.g. during breaks and when off duty
- do not use or provide communal tubs of hand cream in the care setting
- staff with skin problems should seek advice from occupational health or their GP and depending on their skin condition and the severity may require additional interventions or reporting
- cover all cuts or abrasions with a waterproof dressing

Respiratory and cough Hygiene

Respiratory and cough hygiene is designed to minimise the risk of cross transmission of known or suspected respiratory illness via pathogens:

- cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose, if unavailable use the crook of the arm
- dispose of all used tissues promptly into a waste bin
- wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions

- where there is no running water available or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity
- keep contaminated hands away from the eyes nose and mouth

NHS England provided guidance on patient placement and respiratory protective equipment for infectious patients, this is inpatient guidance but useful information.

Personal Protective Equipment

Before undertaking any procedure, staff should assess any likely exposure to blood and/or other body fluids, non-intact skin or mucous membranes and wear personal protective equipment (PPE) that protects adequately against the risks associated with the procedure.

The principles of PPE use set out below are important to ensure that PPE is used correctly to ensure patient and staff safety. Avoiding overuse or inappropriate use of PPE is a key principle that ensures this is risk-based and minimises its environmental impact. Where appropriate, consideration should be given to the environmental impact of sustainable or reusable PPE options versus single-use PPE while adhering to the principles below.

All PPE must be:

- located close to the point of use. PPE for healthcare professionals providing care in the community and domiciliary care providers must be transported in a clean receptacle
- stored to prevent contamination in a clean, dry area until required (expiry dates must be adhered to)
- single use only unless specified by the manufacturer
- changed immediately after each patient and/or after completing a procedure or task
- disposed of after use into the correct waste stream, e.g. domestic waste, offensive (non-infectious) or clinical waste
- discarded if damaged or contaminated

Reusable PPE such as goggles/face shields/visors, must be decontaminated after each use according to manufacturer's instruction.

Putting on and removing Personal Protective Equipment

This is a graphic from NHS explaining how to put on and remove PPE.

Gloves

Gloves must be worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely. All gloves must be:

- changed immediately after each patient and/or after completing a procedure/task even on the same patient, and hand hygiene performed
- changed if a perforation or puncture is suspected
- appropriate for use, fit for purpose and well-fitting
- never decontaminated with ABHR or soap between use
- low risk of causing sensitisation to the wearer
- appropriate for the tasks being undertaken, considering the substances being handled, type and duration of contact, size and comfort of the gloves, and the task and requirement for glove robustness and sensitivity

Oversleeves

Oversleeves can be used when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely and arms are covered. If oversleeves are worn, then they must be:

- changed immediately after each patient and/or after completing a procedure/task even on the same patient, and hand hygiene performed
- removed and disposed of if visibly contaminated or soiled

Aprons

Aprons must be worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely. All aprons must be:

- worn to protect uniform or clothes when contamination is anticipated or likely
- changed between patients and/or after completing a procedure or task

Further information on PPE including eye / face protection and Fluid resistant surgical face masks can be found in the National Infection Prevention and Control Manual for England (2022)

Respiratory Hood System

The Facilities Team have responsibility for the maintenance of the respiratory hood system and making sure it is ready for use.

Using respiratory hood systems

The system consists of a wipeable hood, an air tube, and air pump with integrated filter. Step by step laminated instructions (appendix one) on how to use the equipment are in the Respiratory hood box.

Fresh filtered air is pumped into the hood and the exhaled air is removed through positive pressure from the bottom of the hood, like a balloon.

Cleaning the respiratory hood

The hood, air tube and air pump will be cleaned by the clinicians with Clinell wipes using standard infection precautions. The clinician will leave the isolation room wearing respiratory hood and go directly to the sluice. The clinician will don gloves and an apron, turn off and remove the respiratory hood then clean the hood, tube and pump.

Using Clinell wipes, clean the inside and outside of the hood, the outer air tube and the respirator. Doff PPE. Take the respiratory equipment and place it back in the respiratory equipment box.

There will be PPE and Clinell wipes in the sluice to facilitate cleaning.

Where is it stored & what is in the Respiratory hood box

The Respiratory hood will be stored in a plastic box on the Personal Protective Equipment Trolley.

Testing and changing the battery/filter of the Respiratory hood system

The filter and battery of the airflow unit will be changed if the air flow is not adequate, the filter is 75% full, or annually, or as indicated by the light on the Respiratory hood system, whichever is sooner. This will be checked weekly by facilities and the battery and filter

changed/charged as required. Fully charged there is enough charge for 11 hours. This will be done by facilities every week.

FFP3 Masks

There are no FFP3 masks available for use in the organisation unless individuals have been tested and provided with FFP3 masks within their other roles.

There is a Respiratory Hood System for use for transmission-based infections in selected bases and GP surgeries.

In the event of a national priority risk category of Level 2 where there is a emerging threat of an infectious pathogen spread by airborne routes or there is a need to undertake aerosol generating procedures then the Preparedness plan for fit testing will be enacted.

Safe Management of the Care Environment

The care environment must be:

- visibly clean, free from non-essential items and equipment to facilitate effective cleaning
- well maintained, in a good state of repair and with adequate ventilation as specified in Specialist Ventilation for Healthcare Buildings guidance (2023)

Always adhere to Control of Substances Hazardous to Health (COSHH) risk assessments for product use and processes for decontamination of the care environment.

Functional Risk (FR) Categories

All healthcare environments should pose minimal risk to patients, staff, and visitors, but because different functional areas do not carry the same degree of risk, they will require different cleaning frequencies and levels of monitoring and auditing. For example, Osprey Court which is not patient facing does not require the same cleaning frequency as Marksbury Road GP Surgery.

NHS England (2021) suggest allocating a Functional Risk score and the cleaning, monitoring and audit frequency and audit target scores are all directly linked to this.

All urgent care centres are assigned a Functional Risk of 3 and Osprey Court is assigned a Functional Risk of 6.

Routine cleaning

The environment should be routinely cleaned in accordance with the National Cleaning Standards (2021) which details all cleaning tasks throughout the NHS. Brisdoc will follow guidance for Primary / outpatients' settings, where the extent of decontamination between patients will depend on the duration of the consultation / assessment, the patient's presenting symptoms and any visible environment contamination.

- use of detergent wipes is acceptable for cleaning surfaces/frequently touched sites within the care area
- a fresh solution of general-purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty or when changing tasks
- routine disinfection of the environment is not recommended however, 1,000ppm chlorine should be used routinely on sanitary fittings
- staff groups should be aware of their environmental cleaning schedules for their area and clear on their specific responsibilities
- cleaning protocols should include responsibility for, frequency of, and method of environmental decontamination

High frequency Touch Points

The definition of high frequency touch points are all surfaces or items that have had the most frequent contact with many hands. These areas require more cleaning and disinfecting as they pose a significant risk for the spread of infectious diseases. High frequency touchpoints include all patient facing reusable equipment, all surfaces, all furniture including chairs and couch, doorknobs or handles.

Safe Management of Care Equipment

Care equipment is easily contaminated with blood, other body fluids, secretions, excretions, and infectious agents. Consequently, it is easy to transfer infectious agents from communal care equipment during care delivery.

Care equipment is classified as either:

- single use: equipment which is used once on a single patient then discarded. This equipment must never be re-used. The packaging will carry the symbol of the number two in a circle with a diagonal line.
- single patient use: equipment which can be reused on the same patient and may require decontamination in-between use such as nebuliser mask.
- reusable invasive equipment: used once then decontaminated, e.g. surgical instruments and solid-state reusable equipment, such as, flexible endoscopes and transducers.
- reusable non-invasive equipment: (often referred to as communal equipment) – reused on more than one patient following decontamination between each use, e.g. commode, stethoscope.
- Needles and syringes are single use devices, they should never be used more than once or reused to draw up additional medication. Never administer medications from a single-dose vial or intravenous (IV) bag to multiple patients

Before using any sterile equipment check that:

- the packaging is intact
- there are no obvious signs of packaging contamination
- the expiry date remains valid
- any sterility indicators are consistent with the process being completed successfully

Decontamination of reusable non-invasive care equipment must be undertaken:

- between each use or between patient
- after blood and/or body fluid contamination
- at regular predefined intervals as part of an equipment cleaning protocol
- before inspection, servicing, or repair
- If providing domiciliary care, equipment should be transported safely and decontaminated as above before leaving the patient's home

Always adhere to Control of Substances Hazardous to Health (COSHH) risk assessments and manufacturers' guidance for use and decontamination of all care equipment.

All reusable non-invasive care equipment must be decontaminated between patients/clients using either approved detergent wipes or detergent solution, in line with manufacturers' instructions, before being stored clean and dry as outlined in the National Infection Prevention and Control Manual for England Appendices (2023)

- decontamination protocols must include responsibility for; frequency of; and method of environmental decontamination
- an equipment decontamination status certificate will be required if any item of equipment is being sent to a third party, e.g. for inspection, servicing or repair
- guidance should be sought from the infection, prevention and control team prior to procuring, trialling or lending any reusable non-invasive equipment

- medical devices and other care equipment must have evidence of planned preventative maintenance programmes

Safe management of healthcare linen

Brisdoc Healthcare Services do not use healthcare linen. Further information can be found on the Safe Management of linen in National Infection Prevention and Control Manual for England (2022).

Safe management of blood and body fluids

Bodily fluids are urine, faeces, sputum, tears, sweat and vomit. Blood and bodily fluids (mixed with blood) may pose infection risk through potential blood borne viruses.

Please follow specimen collection, handling and transportation SOP for collecting specimens from patients

Spillages must be dealt with immediately using an appropriate spillage kit and disinfected in accordance with the instructions provided whilst wearing the appropriate personal protective equipment.

BrisDoc Co-owners and self-employed colleagues are responsible for the initial immediate clean-up of any area where there has been a spillage or discharge, and any area where there is a possibility of an infection being spread.

The National Infection Prevention and Control Manual for England Appendices (2023) provides best practice guidance for management of blood and body fluid spillages.

Safe disposal of waste (including sharps)

The National Infection Prevention and Control Manual for England (2022) contains the relevant documents for regulatory waste management guidance for all health and care settings and further details can be found on the section Management and Disposal of Healthcare Waste (2023).

Segregating Waste

Category	Segregation	Treatment/disposal
Offensive (non-infectious)	Yellow bag with black stripe (tiger) bag	Energy from waste, landfill or other permitted processes
Clinical waste (infectious only)	UN approved orange bag UN approved box or sharps container*	alternative treatment
Healthcare waste contaminated with non-hazardous pharmaceuticals or chemicals	UN approved yellow bag, UN approved box or sharps container*	For incineration or other permitted process
Domestic	Black/clear bags	Energy from waste, recovery or landfill
Non-hazardous pharmaceuticals (no sharps)	Blue box/container	For incineration or other permitted process

Always dispose of waste immediately and as close to the point of use as possible. Please follow local guidance on management of waste at a care setting.

See definitions for categories below:

Offensive Waste

Offensive waste is not clinical waste. It is not infectious, but may contain body fluids, secretions, or excretions.

Clinical Waste including Sharps

Clinical waste means waste from a healthcare activity containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms. For example, if a patient is known or suspected to be infected, or colonised, by an infectious agent.

Clinical judgement should be applied in the assessment of waste and should consider the infection status of a patient and the item of waste produced.

It may also contain or be contaminated with a medicine that contains a biologically active pharmaceutical agent, or is a sharp, or a bodilyy fluid or other biological material (including human and animal tissue) containing or contaminated with a dangerous substance within the meaning of Regulation (EC) No 1272/2008 of the European Parliament.

Sharps Containers

Sharps containers must have a handle and a temporary closure mechanism employed when the box is not in use. Do not fill a sharps box past the manufacturer's fill line. The box must be labelled and all fields on the box completed.

Sharps Safety

Basic guidance to reduce and eliminate the incidence of sharps injuries is as follows:

- avoid unnecessary use of sharps.
- if use of medical sharps cannot be avoided, source and use a 'safer sharp' device
- if a safer sharp device is not available then safe procedures for working with and disposal must be in place e.g. sticky mats, sharps bins, safety procedures and training
- manufacturers' instructions for safe use and disposal must be followed
- needles must not be re-sheathed/recapped or disassembled after use
- sharps must not be passed directly hand to hand
- used sharps must be discarded at the point of use by the person generating the waste
- always dispose of needles and syringes as single item
- if a safety device is being used safety mechanisms must be deployed before disposal
- When transporting sharps boxes for community use these must be transported safely with the use of temporary closures
- Sharps bins need to replaced 3-monthly irrespective of usage

Occupational Safety/Exposure (including sharps)

The Health and Safety Regulations (2013) outline the regulatory requirements for employers in healthcare sector in relation to safe use and disposal of sharps, training of staff and necessary investigations and actions required in response to sharp injuries.

There is a potential risk of transmission of a blood borne virus (BBV) from a significant occupational exposure and staff must understand the actions they should take when a significant occupational exposure incident takes place. There is a **legal** requirement to report all sharps injuries and near misses to line managers/employers.

A significant occupational exposure is:

- a percutaneous injury e.g. injuries from needles, instruments, bone fragments, or bites which break the skin; and/or
- exposure of broken skin (abrasions, cuts, eczema, etc); and/or
- exposure of mucous membranes including the eye / mouth from splashing of blood or other high risk body fluids.

Management of Occupational Exposure to Blood-Borne Viruses

What to do if you have exposure to Blood or Bodily Fluids

The National Infection Prevention and Control Manual for England (2022) contains the a flowchart for management of occupational exposure incidents guidance for all health and care settings. Further guidance can be found on the Health & Safety Executive, Bloodborne viruses (BBV) - HSE

Immediate First Aid

Where the eyes or mouth have been exposed to blood or body fluids, they should be washed copiously with water.

For puncture wounds, the wound should be gently encouraged to bleed, but not scrubbed or sucked, and should be washed with soap and water.

It is not necessary to keep any needle/sharp instrument to send to the laboratory for testing for the presence of blood-borne viruses. Any such sharp instruments should not be re-sheathed but disposed of directly into an appropriate container.

Immediate Risk Assessment

Escalate the incident to a manager and/or Senior Clinician on duty and risk assess if the exposure is significant. Consider the following:

- the **type of body fluid** to which the recipient has been exposed - Blood carries the highest risk, but BBV can be transmitted by other body fluids, especially if they are also contaminated by blood.
- **Route of exposure** - This is classified essentially into 3 categories - percutaneous, mucous membranes (which include eyes, mouth), and skin. Splashing of blood/body fluids onto mucous membranes may result in virus transmission, although the risk is considerably lower than for percutaneous exposure. If skin is not intact through cuts, abrasions, eczema, then transmission may occur.

- **Nature of exposure** - whether exposure to blood/body fluids was direct, or indirect, e.g. through an item, such as a contaminated device or instrument.
    - If indirect, then in what way had the item become contaminated? Contaminated hollow bore needles (e.g. those used for injection) are more likely to transmit than solid needles (e.g. those used in suturing);
    - Needles that have been present in a blood vessel are more likely to transmit than needles used for intramuscular injection.
    - How soon after the sharps became contaminated did the exposure incident occur? The viability of the BBV will decrease rapidly on drying, so, for instance, transmission is very unlikely from a dried-up needle found lying in a field.
- **Personal protective equipment** used - e.g., were gloves in use? There is a wiping effect as a needle pierces a glove, which may reduce the likelihood of transmission.
- What is known about the **source**?
    - If the source is known, it may be possible to determine their BBV infection status, or the presence of risk factors for BBV infection, from serological testing with informed consent or from medical notes; and if the incident arose from an unknown source, a risk assessment may still be possible in the light of local knowledge of the prevalence of BBV infections.
    - if the incident arose from an unknown source, a risk assessment may still be possible in the light of local knowledge of the prevalence of BBV infections.
- **Hepatitis B immunisation status** of the recipient - has the recipient previously received any doses of HBV vaccine? If so, was he/she a responder to the vaccine?

All the above will contribute to decisions on whether HIV and/or HBV post-exposure prophylaxis (PEP), or follow-up for evidence of HCV transmission, is required. Detailed guidance from Public Health England on blood borne viruses is available here.

Actions Post Occupational exposure to potential BBVs

Complete a Learning Event.

All co-owners are encouraged to take advice from Occupational Health after an occupational exposure for assessment for prophylactic therapy for potential exposure to BBVs.

Practice Services

Consider contacting Avon Partnership Occupational Health Service (APOHS) on 01173423400 available in primary care opening hours or email occupationalhealth@uhbw.nhs.uk.

Severnside OOH

Consider contacting the BRI on 01173421000 and get advice from Emergency Department.

For patients presenting following needle stick injury follow guidance at Needlestick injury - DRAFT (Remedy BNSSG ICB)

Transmission Based Precautions

Standard Infection Control Precautions may be insufficient to prevent cross transmission of specific infectious agents and additional precautions, Transmission Based Precautions (TBP), may be required when caring for patients with known infections or colonisations.

TBPs are categorised by the route of transmission of infectious agents, which may be more than one route.

Clinical judgement and decisions should be made by staff on what additional precautions are required and this will be based on:

- suspected/known infectious agent
- severity of the illness caused
- transmission route of the infectious agent
- care setting and procedures undertaken

Contact precautions

Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of cross-infection transmission.

Droplet precautions

Measures used to prevent, and control infections spread over short distances via droplets from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual.

Airborne precautions

Measures used to prevent, and control infection spread without necessarily having close patient contact via aerosols from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual.

Patient Placement / infection risk

Primary care/outpatient settings:

The potential for transmission of infection must be assessed when a patient enters a care area. The assessment should influence patient placement decisions in line with clinical/care need(s). Patients attending with suspected/known infection/colonisation should be prioritised for assessment/treatment, e.g., scheduled appointments at the start or end of the clinic session or seen an isolation room.

Infectious patients should be separated from other patients while awaiting assessment and during care management by at least 3 feet (1m).

If transfer from a primary care facility to hospital is required, ambulance services should be informed of the infectious status of the patient. Patient confidentiality must be maintained.

NHS England provided guidance on patient placement for high consequence of infectious patients.

Personal Protective Equipment (PPE) for TBPs

Personal Protective equipment guidance for transmission-based precautions may be required. PPE must still be used in accordance with standard infection control precautions when using respiratory protective equipment (RPE). NHS England provide general guidance on PPE when applied to Transmission Based Precautions.

Where it is not reasonably practicable to prevent exposure to a substance hazardous to health (as may be the case where healthcare workers are caring for patients with suspected or known airborne pathogens), the hazard must be adequately controlled by applying protection measures appropriate to the activity and consistent with the assessment of risk in accordance with the hierarchy of controls.

If the hazard is unknown the clinical judgement and expertise of IPC staff is crucial, and the precautionary principle should apply.

Fluid resistant masks

Outpatients with respiratory symptoms who present for treatment should be asked to wear a facemask/covering (or offered one on arrival unless placed in a single room) if this can be tolerated and is deemed safe for the patient. Outpatients without respiratory symptoms are not required to wear a facemask unless this is a personal preference.

The request for patients to wear a facemask **must never compromise their clinical care**, such as when oxygen therapy is required or where it causes distress, e.g., paediatric/mental health settings.

Visitors and individuals accompanying patients to inpatient, outpatient appointments or the emergency department are not required to wear a facemask unless this is a personal preference.

Respiratory Protective Equipment

The decision to wear an FFP3 respirator with higher or equivalent protection should be based on clinical risk assessment, e.g., task being undertaken, the presenting symptoms, the infectious state of the patient, risk of acquisition and the availability of treatment for the infectious agent. Brisdoc have respiratory hoods available in all treatment centres that are used in accordance with the Notifiable and High Consequence Infectious Disease Operational PPE and Cleaning SOP.

Fit Testing and the use of FFP3 masks are part of a Preparedness Plan in the eventuality of a pandemic and is not currently in use.

For a list of organisms spread wholly or partly via airborne or droplet routes NHS England provided guidance on patient placement and respiratory protective equipment for high consequence of infectious patients.

Ventilation Assessments of Isolation Rooms

Ventilation assessments were commenced in October 2024 to determine and / or improve Fallow times between potentially infectious patients with High Consequence of Infectious Diseases (HCIDs) within isolation rooms.

This piece of work is in progress but the following bases will have ventilation assessments and determine our management of HCIDs accordingly.

Christchurch Treatment Room

There is no powered ventilation. There is access to natural ventilation through a window and door. The Fallow Time is two hours.

Greenway Community Practice Southmead – Recovery Room

This room does have powered ventilation by way of a vent Axia wall fan. This a 3 speed fan which is capable of supplying or extracting depending on the switch selection. We have noted the air flows on both S&E and in each of the speed positions.

We would recommend the fan is run in the extract position so as not to spread any contaminated air to the surrounding areas. We have noted below the Air change rates and fallow times between patient examinations.

Extract Air

Speed 1 = ACR - 26.24 ac/hour and a fallow time between patients of 12 minutes.

Speed 2 = ACR - 34.29 ac/hour and a fallow time between patients of 9 minutes.

Speed 3 = ACR - 35.62 ac/hour and a fallow time between patients of 9 minutes.

This type of fan gets quite noisy with the increase in speed, so we would suggest running on speed 1 which still allows for a significant patient turnover per hour.

Bridge View Marksbury Road – Room 24

This room does have powered ventilation by way of a HR Unit located above the false ceiling. Unfortunately at the time of test we were unable to get the fan running, The wall controller was unresponsive and the screen was blank. There were no maintenance staff on duty to assist.

We have been unable to complete the testing of this system.

Clevedon Hospital – Consulting Room 1

This room does not have any powered ventilation.

There are openable windows which will provide some natural ventilation when suitable conditions prevail and the door to the corridor is left open.

This form of ventilation is unreliable and does not provide the necessary protection required. It is currently not suitable for the intended use.

168 Medical Centre – Weston-super Mare Recovery Room

This room does have powered ventilation by way of a nuaire ceiling extract fan. This a variable speed fan. We have noted the air flows on both min & max.

We have noted below the Air change rates and fallow times between patient examinations.

Extract Air

Min Speed = ACR - 1.73 ac/hour and a fallow time between patients of 173 minutes.

Max Speed = ACR - 5.1 ac/hour and a fallow time between patients of 59 minutes.

Broadmead Medical Centre consulting Room 5

This room does have some powered ventilation by way of a Fan Coil Unit located above the suspended ceiling void. This is primarily a recirculation system with the intension to add additional fresh air by way of a duct connection at the FCU inlet section. Unfortunately the fresh air connection is not pointed directly into the rear of the FCU, it is just spilling air into the ceiling void, so it will only provide minimal fresh air into the room. The air flow from the FCU via the supply grille is also very low.

At best it is providing 1.82 ac/hour which would mean a fallow time between patients of 163 minutes.

We suspect the FCU was only ever intended to provide comfort control with additional FA to comply with building regulations. There are no windows fitted to aid natural ventilation.

Homeless Health Centre – Treatment / Covid Room

This room does not have any powered ventilation.

There are openable windows which will provide some natural ventilation when suitable conditions prevail and the door to the corridor is left open.

This form of ventilation is unreliable and does not provide the necessary protection expected. The suitability of this room for its current use should be reviewed.

Charlotte Keel Medical Centre – Treatment / Isolation Room 30

This room does not have any powered ventilation.

There are openable windows which will provide some natural ventilation when suitable conditions prevail and the door to the corridor is left open.

This form of ventilation is unreliable and does not provide the necessary protection expected. The suitability of this room for its current use should be reviewed.

High Consequence Infectious Disease (HCID)

Definition

In the UK, a high consequence infectious disease (HCID) is defined according to the following criteria:

- acute infectious disease
- typically has a high case-fatality rate
- may not have effective prophylaxis or treatment
- often difficult to recognise and detect rapidly
- ability to spread in the community and within healthcare settings
- requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely

Classification

HCIDs are further divided into contact and airborne groups:

- contact HCIDs are usually spread by direct contact with an infected patient or infected fluids, tissues and other materials, or by indirect contact with contaminated materials and fomites
- airborne HCIDs are spread by respiratory droplets or aerosol transmission, in addition to contact routes of transmission

The list of HCIDs will be kept under review and updated by the UK 4 nations public health agencies, with advisory committee input as required, if new HCIDs emerge that are of relevance to the UK. Please refer to UK Health Security Agency (2023) guidance.

Please refer to Notifiable & High Consequence Infectious Diseases Operational, PPE and Cleaning SOP, BrisDoc Clinical Toolkit and UKHSA guidance in relation to specific HCIDs.

High Consequence of Infectious Disease (HCID) Cleaning Box

This box will be available in the Isolation Room. There will be a mixing bottle for acticlor, actichlor tablets and disposable J-clothes. When an assessment of a suspected measles case is performed, the clinician will mix the solution up using tap water. Instructions will be in the box (appendix two). Actichlor is a disinfectant and to be used for high frequency touch points. Once cleaning is completed the clinician will dispose of the cloth and take the actichlor with them to the sluice to be disposed of.

Infection Prevention Control and caring for deceased.

The principles of SICPs and TBPs continue to apply while deceased individuals remain in the care environment. This is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living patients.

Staff should advise relatives of the precautions following viewing and/or physical contact with the deceased and when this should be avoided.

Deceased patients with a suspected or confirmed hazard group 4 pathogen should be transferred to a specialised high consequence infectious disease (HCID) facility as part of the HCID response network. NHS England provided guidance on Transmission based precautions for deceased patients with infections.

Antimicrobial Stewardship (AMS)

The Antimicrobial Stewardship Group is part of the BNSSG IPAMS Group collates data and reports trends nationally and locally. AMS although broadly part of IPC falls within the Brisdoc Medicines Management Policy.

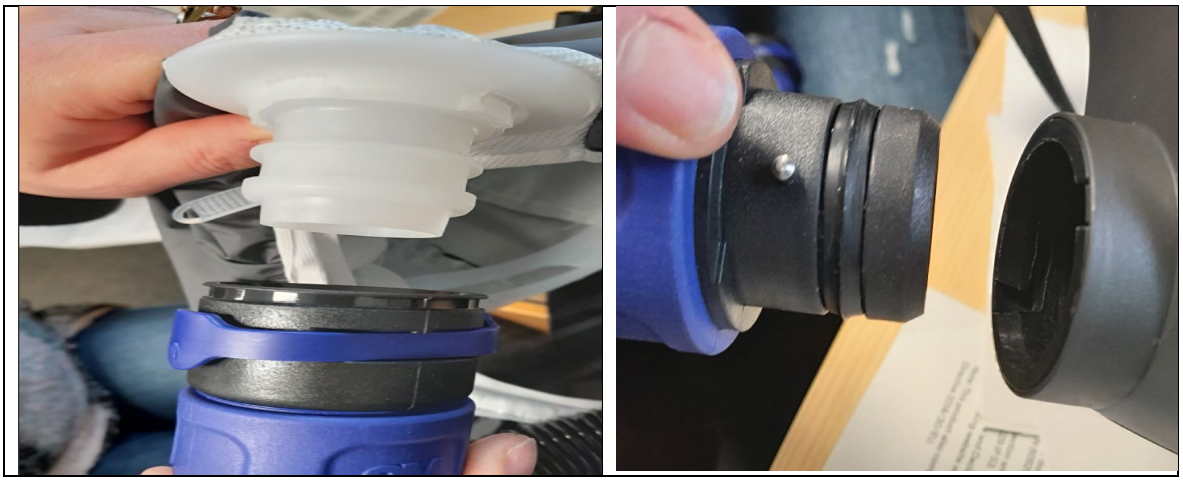
Appendix One - Clinicians Guide to using and cleaning the respiratory hoods

1. Clip the Versaflo Respirator to your waist by using the belt and adjust as necessary.

2. Connect the larger end of the air tube to the hood and click it into place.

3. Place the hood over the head, ensure the head band is against your forehead. The hood must be placed in front of your ears and around your chin, ensuring there is a good seal. The hood headband can be adjusted for a tighter fit. The respirator must be in use before entering the isolation room, do not remove the hood & respirator until you are in the sluice.

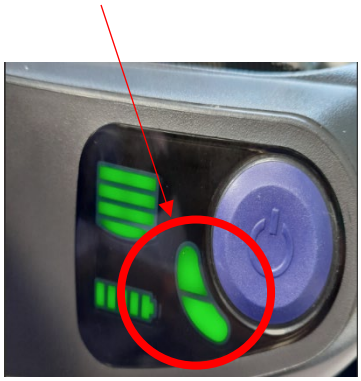
4. Fit the smaller end of the air tube to the Versaflo Respirator, ensuring the 2 metal clips are in-line and twist to lock.



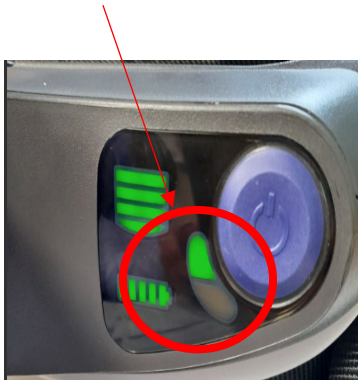
Adjusting flow

Once fitted to your waist, press the blue button and air flow will commence, the unit will power up and it will start with a standard flow, this is indicated by 1 green light next to the blue button. If the blue button is pressed again, hi flow will commence, this is indicated by 2 green lights next to the blue button. To take it back to standard flow, press the blue button twice.

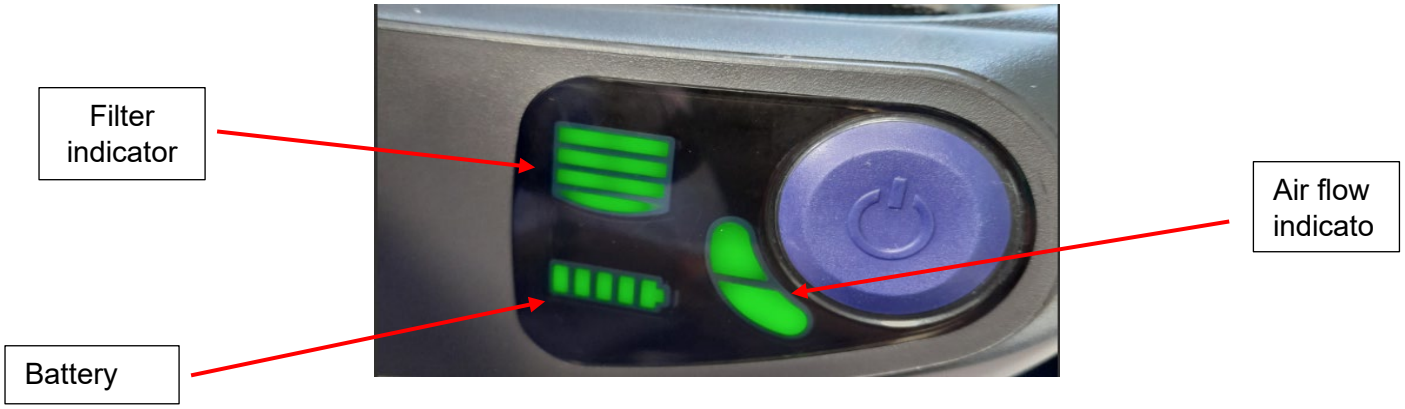
Standard flow



Hi flow



Lights on the Versaflo Respirator



After a few seconds, the filter light & the battery light will go out and only the air flow indicator light will show.

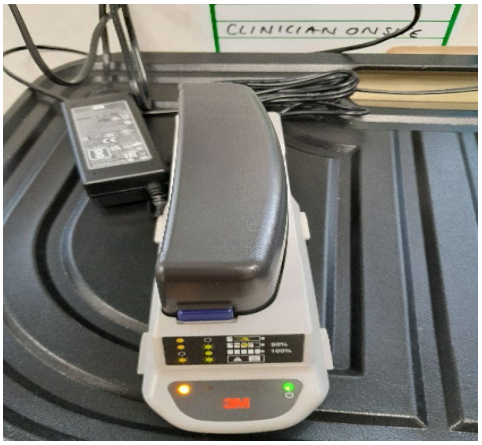
Turning off the Versaflo Respirator

Do not turn the respirator off unit you have vacated the isolation room and entered the sluice. Press and hold the blue button until the machine stops working, and then let go of the blue button.

Charging and Maintaining the Respiratory Hood System

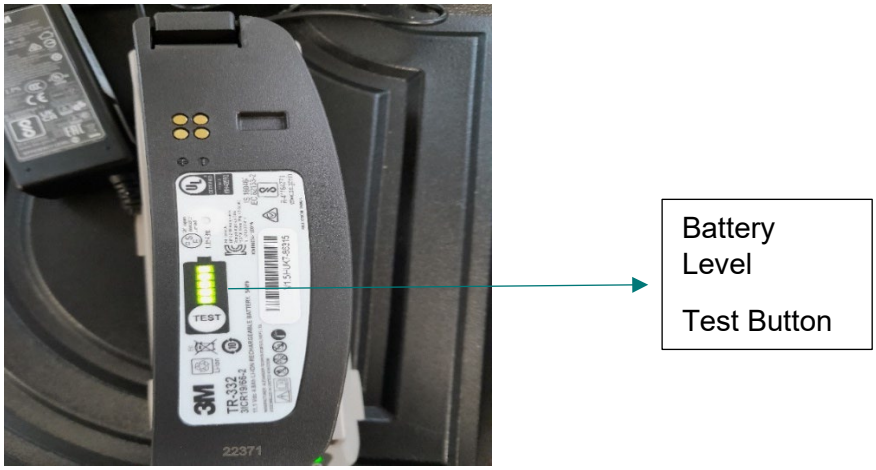
Charging

To charge battery, remove it from the Respiratory System and place it in the battery charging unit, click it into position.



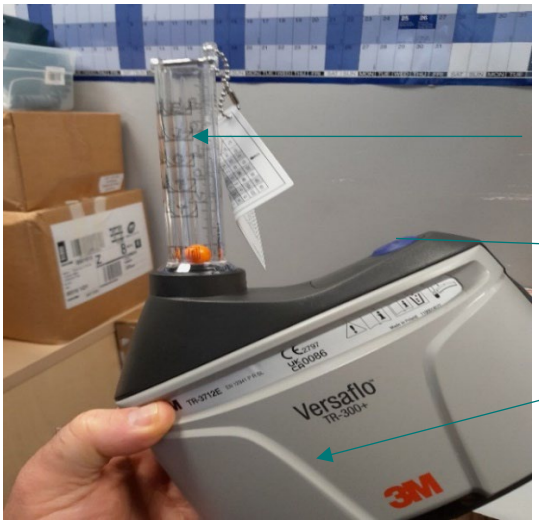
When plugged in, the LED lights on the front display will cycle and flash. If the battery requires charging, the amber light will remain on. If the battery is fully charged this will light will show as green.

On the rear of the battery is a button to test the battery level without putting it on charge. Press this button and the green LED lights are lit to show the current battery level.



Testing the air flow

Ensure the battery is connected to the Respiratory System. Insert the Air Flow Meter into the filter. Turn on the filter by pressing the large blue button, the lights will cycle and the air will flow on the standard setting. By pressing the blue button again, high flow will commence, the second green LED will light up to reflect this. The flow meter needs to be in the vertical position as shown below and air allowed to flow for a few seconds to stabilise. The orange ball should be on, level or above the minimum flow mark. Take the reading and document this in the green book. Once the standard flow is documented, then continue to test the high flow. Document as before.



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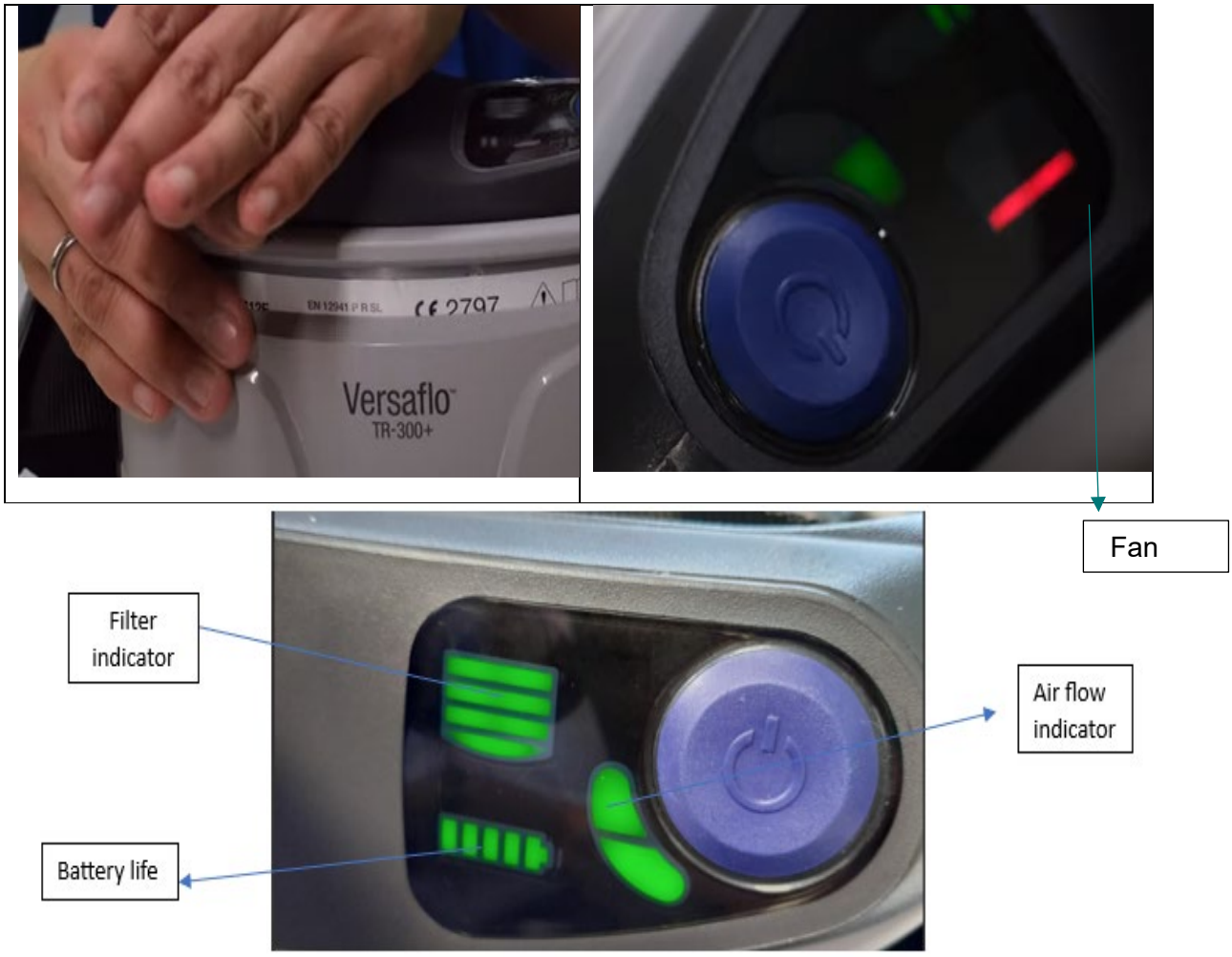
Check alarms are working by placing a hand over the outlet of the unit. An alarm should sound and the fan red LED next to the power button will flash. During use, the alarms will sound if the filters are clogged or if the battery is low.



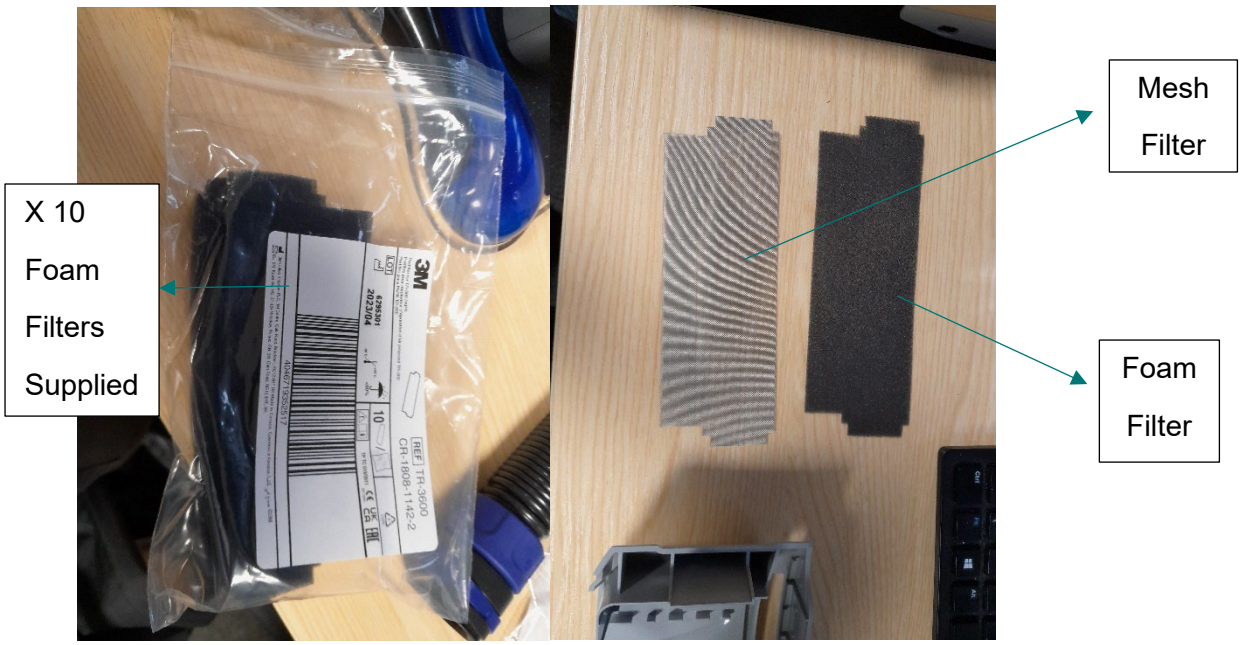
Replacing the filters

The filters will need replacing when the display shows one LED light (this will indicate 75% full). This needs to be replaced as a complete cartridge. The foam insert can also be changed at this time.

The filter cover on the air unit is removed and the reassembly instructions state that the mesh filter goes on the inside of the filter cover, then the foam insert supplied and then the filter cartridge, this is then clipped to the Respirator, ensuring the latch is properly engaged. The filter labels should be visible in the filter window.

Particle Filter

The Particle Filter sits underneath the front cover of the air unit. There is a button on the side of the Respirator that will release the front casing.



Adjusting the belt

The belt has been installed and the adjustments can be made by sliding the belt along the black curved clips. This is better done whilst not wearing the belt and then trying it for size.

Appendix Two - High Consequence of Infectious Disease (HCID) cleaning box

For use in the Isolation Room only

Contents:

1 x Acticlor Mixing Bottle

1 x Tub of Chlor-Clean Tablets

1 x Box of Disposable Cloths

The clinician will mix the solution up using tap water. Chlor-Clean is a disinfectant and to be used for high frequency touch points.

Instructions for mixing the solution: -

- To make 1000ml solution use 1 litre cold water with 1 tablet Chlor-Clean.
- Fill the empty Actichlor bottle with 1 litre of cold water and add 1 tablet of Chlor-Clean.
- Place the top on the bottle and secure, let the tablet dissolve, and then invert the bottle a few times to ensure mixed thoroughly.

Storing of the solution: -

- Each bottle of made-up solution should be kept in the Isolation room. Along with the disposable cloths and Chlor-Clean tablets.

Disposing of the cleaning solution and cloths: -

- After the Isolation room has been cleaned, the solution is to be taken to the sluice to be disposed of. Discard all disposable cloths and PPE in the clinical waste bag.

Change Register

Date	Version	Author	Change Details
01.04.15	1.0	CL Nicholls/F Burge	To include learning from investigation in the management of an at risk patient including isolation and transfer arrangements, role and relationship with PHE.
19.11.15	2.0	CL Nicholls	Recommended additions following specialist IP&C audit – section 5.7, 5.8, 7, appendices 3, 4
15.09.16	2.3	CL Nicholls	5.3 change to reflect referral for cleaning to the acute trusts for AGPT and contracted cleaners for primary care services. Inclusion of new values slide.
18.08.17	2.4	CL Nicholls	Updated the contact numbers for occupational health for in and out of hours – appendix 2.
15.01.18	2.5	SDT	Inclusion of the process for cleaning IUCs clinical equipment in the bases.
12.11.18	2.6	CL Nicholls	Update to include specific processes in CKMP and map into new template
17.11.18	2.7	CL Nicholls	Inclusion of BMP. Addition of audit expectations, BMP specific audit processes, curtain changing and LMC support in needlestick injury cases.
Jan 2022	2.8	CL Nicholls	Change language to co-owners and IUC, change title of Head of Governance, remove reference to Bishopston Medical Practice, include latest guidance for HCWs living with BBVs undertaking EPPs, inclusion of section on covid-19.
27.03.2024	3.0	Renuka Suriyaarachchi	Re-write of IPC policy and amalgamation of different service lines
02/07/24	3.1	Renuka Suriyaarachchi	Amendment for Infectious diseases and PPE and Fit testing
23/07/24	3.2	Renuka Suriyaarachchi	ICB IPC policy review and update on BBV and needlestick injuries
04/09/24	3.3	Renuka Suriyaarachchi	Functional Risk score for Treatment Centres and Osprey
30/10/24	3.4	Renuka Suriyaarachchi	IPC Plan created for Severnside following T&F IPC
17/01/25	3.5	Renuka Suriyaarachchi	Ventilation assessments
29/07/2025	3.6	Shelly Joseph	Managing BBV hazards in work places
15/01/2025	3.7	Renuka Suriyaarachchi	Update Avon Occupational health Partnership Occupational Health contact details
19/02/2025	3.8	Renuka Suriyaarachchi	Specimen collection, handling and transportation SOP referenced