INFECTION CONTROL POLICY

Introduction

This document outlines the infection prevention and control (IPC) policy for The Orchard Partnership GP Practice. It is designed to prevent and control the spread of infections within the practice, protecting both patients and staff. This policy aligns with the principles set out in the **National Infection Prevention and Control Manual (NIPCM)**, published by NHS England, and the **Health and Social Care Act 2008 Code of Practice** on the prevention and control of infections and related guidance and the **National Standards of Healthcare Cleanliness 2025**

The **UK Antimicrobial five-year national action plan**, published in January 2019 stated that the Scottish NIPCM will be adopted in England as national standards, to be measured by the regulators. The NIPCM has been adapted for use within England to support and facilitate healthcare providers to demonstrate compliance with the ten criteria of the 'Health and Social Care Act 2008, Code of practice on the prevention and control of infections and related guidance.

This document sets out the surgery policy on infection control and should be used with reference to the principles outlined in the **Infection Control (Biological Substances) Protocol** and the **Infection Control Inspection Checklist**.

Aims

This policy aims to:

- Prevent and control the transmission of healthcare-associated infections (HCAIs) within the practice.
- Ensure compliance with the ten criteria outlined in the Health and Social Care Act 2008 Code of Practice.
- Promote a culture of safety and best practice regarding infection control.
- Provide staff with the necessary training, resources, and equipment to effectively implement IPC measures.

CQC Requirements for Infection Control

Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires that healthcare premises are clean, secure, suitable and used properly and that a provider maintains standards of hygiene appropriate to the purposes for which they are being used.

Further, the code of practice for preventing and controlling infections, and related guidance, states NHS bodies and independent providers of healthcare and adult social care in England must adequately resource local provision of cleaning services. They should also have a strategic cleaning plan and clear cleaning schedules and frequencies so that patients, staff, and the public know what they can expect.

An effective healthcare cleaning service should:

- Be patient and customer-focused
- Provide clarity for all personnel responsible for ensuring the healthcare environment is clean and safe enhance quality assurance systems
- Address governance and risk assessment
- Be consistent with IPC standards and requirements
- Meet the requirements of **CQC Outcome Standard Regulation 15 key criteria (1 and 2)** in the **Health and Social Care Act Code of Practice** in terms of legal responsibilities for a cleaning lead, personal responsibilities, the need for audit, governance, and reporting
- Set clear outcome statements that can be used as benchmarks and output indicators
- Have clear objectives that provide a foundation for service improvements
- Be flexible to meet the needs of specific healthcare environments circumstances, and priorities
- Have well documented cleanliness policies and procedures
- Provide for a culture of continuous improvement
- Be flexible, to meet the ongoing needs of operational service delivery

Responsibility for the Management of Infection Risk

The responsibility for controlling infection and cross-contamination ultimately rests with all staff however specific tasks are allocated as follows;

Name	Responsibility
Judith Wardlaw	The clinician with overall responsibility for Infection Control
James Druce	The non-clinician responsible for leading on Infection Control
Judith Wardlaw	The staff member responsible for training and the annual audit of Infection Control
SMART Cleaning Services	The lead cleaner responsible for Infection Control
Sites Practice Nurses are	responsible for the maintenance of personal protective equipment (PPE) and the provision of personal cleaning supplies within clinical areas
Site Lead	responsible for the maintenance of the provision of personal cleaning supplies within non-clinical areas
Sites Practice Nurses are	responsible for the maintenance of sterile equipment and supplies, and for ensuring that all items remain "in date"
Local IPC Team **Connie Timmins** **Jenny Bennett- Britton**	Lead Nurses for Infection Prevention and Control BSW ICB

The following general precautions will apply:

- A daily, weekly, monthly and six-monthly cleaning specification will apply and will be followed by the cleaning staff. See also: **Service Level Agreement (for Cleaning Contract)**
- Infection Control training will take place for all staff on an annual basis and will include training on hand decontamination, handwashing procedures, sterilisation procedures, the use of Personal Protective Equipment (PPE) and the safe use and disposal of sharps. See also: **Handwashing Techniques**.
- Infection Control Training will take place for all new recruits within two weeks of start.
- Handwashing posters will be displayed at each designated hand basin and also in public toilets and washing facilities (e.g. Baby-changing room etc.). See also: **Handwashing Techniques.**
- The practice will ensure that all staff have access to sufficient and appropriate supplies of materials for hand decontamination, PPE and sharps containers.

- A random and unannounced Infection Control Inspection by the above-named staff, using the **Checklist**, will take place on at least a quarterly basis and the findings will be reported to the partners' meeting for (any) remedial action and minuted.
- The practice will also seek to educate patients and carers regarding effective hand decontamination and handwashing techniques opportunistically. Hand gel or foam will be made available for patients and visitors throughout the practice at strategic locations.
- Staff involved in clinical tasks will always be `bare below the elbow`. NICE guidance advises that bare below the elbow should mean: not wearing false nails or nail polish; not wearing a wrist-watch or stoned rings; wearing short-sleeved garments or being able to roll or push up sleeves. The practice-provided uniform for clinical staff will always be short-sleeved.

National Standards of Healthcare Cleanliness 2025

The National Standards of Healthcare Cleanliness 2025 (NSHC 2025) remain applicable to primary care settings in England, though with some considerations:

Focus on Infection Prevention and Control (IPC):
The NSHC 2025 provides a framework for cleaning standards, but the primary emphasis in primary care should be on infection prevention and control as outlined in the National Infection Prevention and Control Manual (NIPCM).

Complementary Standards:
The NSHC 2025 can be seen as complementary to the NIPCM, ensuring a clean environment that supports effective infection control practices.

The National Standards of Healthcare Cleanliness provide a common understanding of what it means to be a clean healthcare setting and give healthcare organisations in England a framework for detailing the required cleaning services and how 'technical' cleanliness and the efficacy of the cleaning process should be assessed.

The standards do not state precisely how cleaning services should be provided, e.g. by direct employment or contracting out, but Practices are accountable for the effectiveness of cleaning services.

The standards provide advice and guidance on:

- What cleaning is required
- How Practices can demonstrate their cleaning services meet these standards

These recommendations are based on sound evidence and accepted good practice relating to using equipment and avoiding the transfer of healthcare-associated infections in the UK.

The standards will support:

- The basis for developing specifications for service-level agreements or local procedures
- A benchmark against which to compare services

- Establishing the optimum levels of resource to deliver safe cleaning standards
- Part of an ongoing performance management process
- A framework for auditing and monitoring
- As a tool for improving patient and visitor satisfaction

For more detailed information on cleaning, disinfection & contamination protocols under this Standard, please refer to the **'Cleaning and Decontamination of Surfaces Protocol'.**

Standard Infection Control Precautions (SICPs)

PLEASE NOTE: THIS IS A SUMMARY OF THE INFORMATION FROM NHS ENGLAND – PLEASE REFER TO THE COMPREHENSIVE DOCUMENT AVAILABLE FROM THIS NHSE LINK;
https://www.england.nhs.uk/wp-content/uploads/2022/04/PRN00908-National-infection-prevention-and-control-manual-for-England-version-2.9-February-2024.pdf

To ensure a safe environment for everyone, all staff in all care settings must consistently apply **Standard Infection Control Precautions (SICPs)** to all patients, regardless of their known infection status.

SICPs are the foundation of infection prevention, reducing the risk of transmission from any source, recognised or unrecognised. These sources could be blood, bodily fluids (excluding sweat), broken skin, mucous membranes, or contaminated equipment. The specific SICPs used depend on the assessed risk of the task, patient interaction level, and potential exposure to bodily fluids.

Consistent and monitored implementation of SICPs is crucial for effective protection and demonstrates ongoing commitment to the safety of patients, staff, and visitors, as required by the Health and Safety Executive and care regulators.

There are 10 elements of SICPs:

Patient placement/assessment of infection risk
Upon arrival, patients should be promptly assessed for infection risk, ideally before transferring from another care area. This assessment is continuous throughout their stay and influences placement decisions based on their clinical and care needs.

Patients at higher risk of spreading infections include those experiencing symptoms like diarrhea, vomiting, rashes, fever, or respiratory problems; those known to have previously carried multi-drug-resistant organisms (MDROs) like MRSA or CPE; and those recently hospitalised in the UK or abroad, or linked to someone carrying CPE.

Hand hygiene
Since hand hygiene is critical for reducing healthcare-associated infections (HCAIs), dedicated clinical hand-wash basins with mixer taps, proper drainage, and wall-mounted dispensers for liquid soap and paper towels should be readily available, accompanied by instructional posters to promote proper handwashing techniques.

(See Appendix 1 to 4 in the NHS Appendix table below for reference to relevant resources)

Respiratory and cough hygiene
To minimise the spread of respiratory illnesses, proper cough hygiene is essential:

- cover your nose and mouth with a tissue (or your arm if unavailable) when coughing, sneezing, or blowing your nose;
- dispose of used tissues promptly;
- wash hands with soap and water after respiratory actions or contact with secretions;
- use hand wipes with alcohol-based hand rub (ABHR) if water isn't accessible, followed by handwashing at the first opportunity;
- and avoid touching your face with unwashed hands.

Staff should actively promote and assist patients, especially those needing help (elderly, children) by providing tissues, dedicated waste bins, and hand hygiene facilities.

Personal protective equipment
Before procedures, staff should assess exposure risks (blood, body fluids, broken skin, mucous membranes) and wear appropriate Personal Protective Equipment (PPE) based on the risk. Remember, proper PPE use is crucial for safety, but avoid overuse to minimise environmental impact. Consider sustainable or reusable options when possible, while adhering to essential PPE principles.

(See Appendix 5b and 6 in the NHS Appendix table below for reference to relevant resources)

Safe management of the care equipment
To prevent the spread of germs, different care equipment requires specific handling. Single-use items are discarded after each patient, while reusable equipment is decontaminated between uses, after contact with blood or body fluids, and at regular intervals.

Reusable equipment comes in various categories:

- single-patient use (like nebuliser masks)
- reusable invasive (surgical instruments)
- reusable non-invasive (commode chairs).

Needles, syringes, single-dose vials, and IV bags must never be reused. Before using sterile equipment, always check the packaging, expiry date, and sterility indicators.

Decontamination protocols outline who is responsible, how often it's done, and the cleaning method for both equipment and the surrounding environment. Equipment sent for service may

require a decontamination certificate. Consult infection prevention experts before acquiring, testing, or lending reusable equipment. Finally, ensure all equipment has planned preventative maintenance programs.

(See Appendix 7 in the NHS Appendix table below for reference to relevant resources)

Safe management of care environment
To maintain a hygienic environment, the care area should be visibly clean, free from clutter, and well-maintained with proper ventilation. Always follow COSHH risk assessments for cleaning products and processes. Routine cleaning involves using detergent wipes for frequently touched surfaces and a fresh disinfectant solution for general cleaning. Disinfecting the entire environment isn't recommended, but sanitary fittings require chlorine bleach routinely. Staff should be aware of their cleaning schedules and responsibilities, and cleaning protocols should outline who cleans, how often, and how to decontaminate the environment.

Safe management of healthcare linen
Healthcare laundry follows strict guidelines (HTM 01-04) for categorisation, storage, and handling. Clean linen requires hand hygiene before handling, storage off the floor in designated areas, and physical separation from used/infectious linen.

Staff handling used/infectious linen must wear PPE and practice good hand hygiene. Used linen goes into designated hampers without rinsing, shaking, or sorting. Infectious linen gets rolled, sealed in a water-soluble bag, and placed in another impermeable bag before leaving the patient area. All linen bags are tagged and stored securely until collection.

Unusable or heavily contaminated linen is categorised at the point of use for laundry assessment and disposal. Linen used during patient transfers is categorised at the destination. Importantly, linen from patients with high-risk organisms must be disposed of as hazardous waste at the point of use.

(See Appendix 8 in the NHS Appendix table below for reference to relevant resources)

Safe management of blood and body fluids
To prevent the spread of bloodborne viruses, blood and body fluid spills require immediate attention by trained staff. Each care area should have clear procedures for managing such spills (see Appendix 9 for details). Practices may choose to use locally approved spill management products, but they must ensure proper training, risk assessments, and product effectiveness following relevant European standards (EN numbers listed).

It's important to keep non-patient-use polymer gels (spill kits, cleaning supplies) secure and away from patients, as highlighted in the National Patient Safety Alert (NatPSA/2019/002/NHSPS).

(See Appendix 9 in the NHS Appendix table below for reference to relevant resources)

Safe disposal of waste (including sharps)

Healthcare waste disposal follows strict regulations to prevent infection and harm. **The Health Technical Memorandum** (HTM 07-01) outlines waste classification (infectious, pharmaceutical, etc.) and disposal methods (colour-coded bins, sharps containers). Waste must be segregated at the source, placed in designated bins, and stored securely until collection. Sharps containers require specific handling and labeling. Local waste management guidance may apply in certain settings.

Occupational safety/managing prevention of exposure (including sharps)

To minimise sharps injuries and prevent bloodborne virus transmission, healthcare regulations require employers to provide training on safe sharps use and disposal, investigate sharps incidents, and report them. Significant exposures include needle sticks, cuts with contaminated instruments, or splashes to mucous membranes.

Safety devices are crucial to reduce injuries: avoid unnecessary sharps, use safety devices whenever possible, and follow proper handling procedures (sticky mats, sharps bins) if safer devices aren't available. Always dispose of sharps immediately in designated containers and follow manufacturer instructions.

(See Appendix 10 in the NHS Appendix table below for reference to relevant resources)

Transmission based precautions (TBPs)

Regular infection control measures might not always prevent the spread of certain pathogens. To address this, healthcare workers use extra precautions ("transmission-based precautions") for patients with suspected or confirmed infections.

These precautions depend on factors like the type of illness, its severity, how it spreads, and the healthcare setting. Staff use their judgment to determine the most appropriate additional measures.

Contact precautions

These aim to prevent infections transmitted by direct or indirect patient contact, including touching contaminated equipment, making it the most common route for such infections.

Droplet precautions

These aim to prevent infections from coughs or sneezes landing in another person's eyes or mouth within about 3 feet.

Airborne precautions

These precautions prevent infections spread through tiny airborne particles breathed in by another person. While the exact way respiratory illnesses spread can vary depending on the germ and setting, airborne precautions offer additional protection.

See Appendix 11 in the table below for details specific precautions based on the situation.

Patient placement/assessment of infection risk

Healthcare providers must assess a patient's infection risk upon arrival and continuously throughout their stay. This assessment will guide your decisions about where to place the patient, considering both their clinical needs and the risk of spreading infection.

Patients who might pose a risk include those with symptoms like diarrhoea, fever, or rashes, or those known to carry multidrug-resistant organisms. Isolation facilities are prioritised based on the suspected infection.

All these decisions and risk assessments must be documented in the patient's notes and communicated to other caregivers. Staff and infection prevention teams should collaborate, especially when single isolation rooms are limited, to determine the most appropriate use of transmission-based precautions.

(See Appendix 11a and 11b in the NHS Appendix table below for reference to relevant resources)

Safe management of patient care equipment in an isolation room/ area

To minimise the spread of pathogens in isolation or cohort areas, disposable items should be considered where appropriate. Reusable equipment assigned to these areas must be thoroughly decontaminated before use on another patient, and the overall cleaning frequency for reusable equipment should be increased. It is important to have environmental consideration and therefore a risk-based approach should be used to favour and facilitate reusable equipment, where it is clinically safe to do so.

(See Appendix 7 in the NHS Appendix table below for reference to relevant resources)

Safe management of the care environment

Isolation and group (or 'cohort') areas require a meticulously clean environment. This means keeping them free from clutter, ensuring proper ventilation, and maintaining good repair of all surfaces. Even cleaning equipment should be disposable or dedicated to the area. Reusable cleaning tools must be decontaminated or disposed of after each use.

Primary care/outpatient settings

The extent of decontamination between patients will depend on the duration of the consultation/assessment, the patients presenting symptoms and any visible environmental contamination.

(See Appendix 7 in the NHS Appendix table below for reference to relevant resources)

Use of Personal Protective Equipment (PPE): fluid-resistant surgical masks (FRSM) and respiratory protective equipment (RPE)

Even when using respiratory protection (RPE), healthcare providers must follow standard infection control precautions (see PPE in SICPs section for details). In situations where complete protection from airborne hazards isn't possible (e.g., caring for patients with suspected airborne infections), a layered approach is essential. This means using a combination of control measures tailored to the specific risk, following a hierarchy where elimination or substitution of the hazard is most effective, and working down to using PPE as a last resort. If the exact risk is unknown, infection prevention experts should be consulted, and a cautious approach should always be taken.

(See Appendix 5b and 11a in the NHS Appendix table below for reference to relevant resources)

Aerosol generating procedures

Healthcare procedures that create airborne particles (aerosols) from a patient's respiratory tract are considered Aerosol Generating Procedures (AGPs). These procedures carry a higher risk of transmitting infections, especially from patients with known or suspected respiratory illnesses.

Here are some examples of AGPs;

- Bronchoscopy (lung examination) and tracheal intubation (breathing tube insertion) performed on awake patients
- Ear, nose, and throat procedures with suctioning on awake patients
- Upper gastrointestinal endoscopy (examination of the digestive tract) on awake patients
- Certain dental procedures using high-speed equipment
- Sputum induction (coughing up mucus for testing)
- Open suctioning of the respiratory tract (excluding oral/pharyngeal suctioning)
- Surgeries or post-mortem procedures that could create respiratory tract aerosols
- Tracheostomy procedures (creating an opening in the windpipe)

Please Note: "Awake" in this context includes conscious sedation, but not patients under general anesthesia with a secured airway. Open suctioning refers to suctioning beyond the mouth and throat.

Infection prevention and control when caring for the deceased

Even after death, basic infection control precautions (SICPs) and transmission-based precautions (TBPs) are still important to reduce the risk of infection, although the risk is generally lower than with living patients.

Staff should inform family members about any precautions needed after viewing or contact with the deceased. In some cases, like infections caused by specific bacteria or viruses, washing or dressing the deceased should be avoided (see Appendix 11b for details).

For the highest risk infections (hazard group 4), the body should be placed in a double sealed bag with disinfectant and a sturdy coffin. Post-mortem examinations are not recommended in these cases, but blood sampling in the mortuary can be done to confirm or rule out the diagnosis.

(See Appendix 11b in the NHS Appendix table below for reference to relevant resources)

NHS England : Supporting Information for Infection Prevention & Control

NHS England has provided documentation for the above as Appendices to the NIPCM;

Appendix	Description
Appendix 1	Best practice – How to hand wash, step-by-step images
Appendix 2	Best practice – How to hand rub, step-by-step images
Appendix 3	Best practice – surgical hand antisepsis using antimicrobial soap
Appendix 4	Best practice – surgical hand rub technique using alcohol based hand rub (ABHR)
Appendix 5a	Personal protective equipment (PPE) when applying standard infection control precautions (SICPs)
Appendix 5b	Personal protective equipment (PPE) when applying transmission based precautions (TBPs)
Appendix 6	Putting on and removing personal protective equipment (PPE)
Appendix 7	Best practice – decontamination of reusable non-invasive care equipment
Appendix 8	Best practice – linen bagging and tagging
Appendix 9	Best practice – management of blood and body fluid spills
Appendix 10	Best practice – management of occupational exposure incidents
Appendix 11a	Aide memoire for optimal patient placement and respiratory protective equipment (RPE) for infectious agents in hospital inpatients (based on evidence from WHO, CDC and UKHSA)
Appendix 11b	Aide memoire for optimal patient placement and respiratory protective equipment (RPE) for high consequence infectious diseases
Appendix 12	Transmission based precautions for deceased patients with infection

Coronavirus Updates from 2022

Updated IPC advice published on 17 January 2022 says that 'an FFP3 respirator (or equivalent), must be worn by staff when…caring for patients with a suspected or confirmed infection spread by the airborne route (during the infectious period)'.

Where a risk assessment indicates it, RPE should be available to all relevant staff. The risk assessment should include evaluation of the ventilation in the area, operational capacity, and prevalence of infection/new SARS-CoV-2 variants of concern in the local area. The hierarchy of controls can be used to inform the risk assessment. Staff should be provided with training on correct use.

Practices must have undertaken the necessary risk assessments and arranged for staff to have been fit tested before ordering the equipment. It is a legal requirement on employers that all tight fitting RPE, such as, FFP3 masks must be fit tested on all health and care staff who may be required to wear one to ensure an adequate seal/fit according to the manufacturer's guidance.

The updated (from March 2023) guidance can be found here:
COVID-19: information and advice for health and care professionals - GOV.UK

Infection Control Policies / Protocols

The following policies / protocols are a foundation for infection control and prevention within the Practice environment and the wider community:

- Access to Occupational Health Protocol;
- Cleaning Plan;
- Clinical Waste Protocol;
- Contagious Illness Policy;
- Control of Substances Hazardous to Health (COSHH) Policy & Risk Assessments;
- Decontamination of Re-usable Instruments Policy;
- Decontamination Training Policy and Register;
- Disposable (Single Use) Instrument Policy;
- Hand Hygiene Policy and Audit;
- Hepatitis B Policy;
- Infection Control Biological Substances Incident Protocol;
- Infection Control Inspection Checklist;
- Infection Control Policy (this document);
- Laundering of Linen, other Fabric Materials and Uniforms Policy;
- Local Laboratory Accreditation Statement – Outcome 8 – Criterion 8;
- Needlestick Injuries Policy;
- Patient Isolation Protocol;
- Personal Protective Equipment (PPE) Policy;
- Specimen Handling Protocol;
- Staff Screening and Immunisation Policy;

Training

The Practice has a policy of conducting a thorough programme of training on infection control as part of the staff induction process. This is led by the Practice Infection Control Team in association with other, carefully chosen, external bodies such as TeamNet – for online and consistent training for all staff.

Training will cover the content of the Practice's infection control policies and protocols (see previous sections) as well as the latest amendments and guidance.

Refresher training will be conducted annually, or more frequently if required - subject to the emergence of new thinking or legislation (such as in response to seasonal viruses).

Review

This infection control policy and all other infection control-related policies and protocols will be reviewed at least once annually, or in-line with new thinking or legislation changes.

Where necessary, advice will be sought from the local network bodies (ICS and/or PCN) during the review process to ensure that policies, protocols and systems are as up-to-date and comprehensive as possible.

PRACTICE STATEMENT

The Orchard Partnership GP Practice is committed to preventing and controlling the spread of infections within our practice environment, while also prioritising environmental sustainability and resource efficiency. We recognise the interconnectedness of human health and planetary health and strive to minimise our environmental footprint alongside our infection control efforts.

We prioritise the safety and well-being of both our patients and staff by adhering to the latest guidance from the National Health Service (NHS) England. The practice will maintain the premises, equipment, drugs, and procedures to the standards detailed within the Infection Control Inspection Checklist and will provide facilities and the financial resources to ensure that all reasonable steps are taken to reduce or remove all infection risk. This is in accordance with the NHS National Infection Prevention and Control (IPC) Board Assurance Framework (BAF), within the building and in relation to the clinical procedures carried out.

We are committed to reducing our environmental impact and contributing to the NHS's Net Zero by 2040 ambition. Wherever possible and practicable, we will consider the use of reusable items over single-use or disposable materials where it is appropriate, clinically safe to do so, and where a lifecycle assessment demonstrates environmental benefit. Reusable items will be cleaned and maintained according to the BAF to reduce risks of infection.

We will actively explore and evaluate sustainable alternatives to single-use items, considering factors such as environmental impact, cost-effectiveness, and clinical efficacy. Our approach to infection prevention and control (IPC) is based on the principles outlined in the National Infection Prevention and Control Manual (NIPCM) and aligns with the ten criteria established in the Health and Social Care Act 2008 Code of Practice.

Furthermore, it is informed by the principles of sustainable healthcare, aiming to minimise waste, conserve resources, and reduce our carbon footprint. This commitment is reflected in the following key actions:

- **Maintaining a clean and hygienic environment:** We follow the National Standards of Healthcare Cleanliness as a framework, prioritising single-use or disposable materials only when clinically necessary. We are actively exploring and implementing the use of reusable cleaning products and equipment where appropriate. We implement regular cleaning and disinfection schedules using environmentally friendly cleaning agents wherever possible.
- **Promoting hand hygiene:** Handwashing facilities and alcohol-based hand rub are readily available throughout the practice, and all staff are trained in proper hand hygiene techniques. We encourage the use of refillable hand sanitiser dispensers to reduce plastic waste.
- **Utilising appropriate Personal Protective Equipment (PPE):** Staff wear PPE based on risk assessments to minimise exposure to blood or bodily fluids. We are exploring the use of more sustainable PPE options where available and clinically appropriate, and we

optimise PPE use to minimise waste. We have implemented a process for the safe and appropriate segregation and disposal of PPE, including exploring recycling options where feasible.

- **Effective waste management:** We ensure safe and compliant disposal of clinical and non-clinical waste. This includes appropriate recycling and waste reduction in line with national NHS aspirations to become Net Zero by 2040. We are actively working to minimise waste generation through source reduction and reuse strategies. We are exploring partnerships with local recycling facilities to maximise diversion of waste from landfill, this includes with ICB and ICS contract holders and decision makers.
- **Staff training and education:** Staff receive regular and up-to-date training on IPC practices, ensuring their competence in infection prevention measures. This training also includes education on sustainable healthcare practices and the importance of resource conservation.
- **Incident reporting and investigation:** We encourage the reporting and investigation of all incidents and near misses related to infection control, aiming to learn from them and prevent future occurrences. This includes considering the environmental impact of incidents and identifying opportunities for improvement.
- **Patient and visitor engagement:** We encourage patients and visitors to follow IPC practices, such as maintaining good hand hygiene and informing us of any infectious illnesses. We also promote sustainable practices within the practice, such as encouraging the use of reusable water bottles and providing information on local recycling initiatives.

By implementing these comprehensive measures, we strive to create a safe and sustainable environment for everyone who visits our practice. We will regularly review our practices and set measurable targets for improvement in both infection control and environmental sustainability.

RESOURCES

Standard infection control precautions: national hand hygiene and personal protective equipment policy (NHS England and NHS Improvement);
https://www.england.nhs.uk/publication/standard-infection-control-precautions-national-hand-hygiene-and-personal-protective-equipment-policy/

National infection prevention and control manual (NIPCM) for England:
https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/

HTM01-01 decontamination of surgical instruments:
https://www.england.nhs.uk/publication/decontamination-of-surgical-instruments-htm-01-01/

Health Technical Memorandum 01-04: Decontamination of linen for health and social care;
https://www.england.nhs.uk/publication/decontamination-of-linen-for-health-and-social-care-htm-01-04/

Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste
https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/

NHS Scotland: Occupational exposure management (incl. sharps) literature review;
https://www.nipcm.hps.scot.nhs.uk/chapter-1-standard-infection-control-precautions-sicps/#a1086

NHS Scotland: National Infection Prevention and Control Manual
https://www.nipcm.scot.nhs.uk/

National Patient Safety Alert – Superabsorbent polymer gel granules (2019) Updated 2022 - NatPSA/2019/002/NHSPS;
https://www.england.nhs.uk/wp-content/uploads/2020/02/PS_Alert_Polymer_28_Nov_2019_FINAL.pdf

NHS Scotland: Management of blood and body fluid literature review;
https://www.nipcm.hps.scot.nhs.uk/media/2232/2020-07-31-blood-and-body-fluids-spillages-v30-final.pdf

National infection prevention and control board assurance framework (BAF);

https://www.england.nhs.uk/wp-content/uploads/2022/04/National-infection-prevention-and-control-board-assurance-framework.xlsx

National Institute for Health and Care Excellence (NICE) Guidelines:
Healthcare-Associated infections - Prevention and control in Primary and Community Care
www.nice.org.uk/guidance/cg139/chapter/1-Guidance

Guidance on Infection Control July 2015 (Dept of Health)
Legionella guidance (HSE) - http://www.hse.gov.uk/legionnaires

Care Quality Commission

Regulation 15: Premises and Equipment;
https://www.cqc.org.uk/guidance-providers/regulations/regulation-15-premises-equipment

GP mythbuster 37: Immunising healthcare staff
https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-37-immunisation-healthcare-staff

Health Building Note 11-01: Facilities for primary and community care services 2013 (DoH)

IPC Policies for General Practice; https://www.infectionpreventioncontrol.co.uk/