



LONDON HEART CLINIC

INFECTION PREVENTION AND CONTROL POLICY AND PROCESS

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Responsible Person	Anika Jivraj
Date Issued	Jan 2024
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Authorised by	
Version No	04



Title	Medicines Management Policy & Process
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References	<ol style="list-style-type: none"> 1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 2. The Health and Safety at Work Act 1974 3. Control of Substances Hazardous to Health (COSHH) Regulations 2002 4. Department of Health and Social Care (DHSC) Code of Practice on the Prevention and Control of Infections and Related Guidance (2022) 5. National Standards of Healthcare Cleanliness 2021 6. NHS Infection Prevention and Control (IPC) Framework (2021) 7. Public Health England (PHE) Infection Control Guidance 8. WHO "Five Moments for Hand Hygiene" Guidelines 9. NHS Employers - Vaccination and Immunisation Guidance (2022)
Appendix	
Scope	All individuals in the employ of this establishment <i>(‘employ’ means any person who is employed, self-employed, volunteer, working under practising privileges or contract of service with this establishment)</i>

Infection Policy and Process

Aim & Statement

London Heart Clinic (LHC) is dedicated to minimising the risk of healthcare-associated infections (HCAIs) and ensuring a safe environment for patients, staff, and visitors. This policy reflects current legislation and guidance, including the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**, the **Department of Health and Social Care (DHSC) Code of Practice on the Prevention and Control of Infections and Related Guidance (2022)**, and **NHS Infection Prevention and Control (IPC) Framework (2021)**. It outlines the roles and responsibilities of all staff in maintaining effective infection prevention and control measures.

Key Principles

1. Compliance with Legal and Regulatory Requirements

LHC complies with all relevant legislation and guidance related to infection prevention and control, including but not limited to:

- **The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**
- **The DHSC Code of Practice (2022)**
- **The NHS Standard Contract (2022)**



- **Control of Substances Hazardous to Health (COSHH) Regulations 2002**

This policy ensures LHC meets its obligations under these regulations to protect staff, patients, and visitors from infection risks.

2. Infection Control Responsibilities

All employees at LHC have a responsibility to prevent and control infection. Specific roles include:

- **Infection Prevention and Control Lead (IPC Lead):** Oversees infection control procedures and ensures compliance with legislation, provides advice, and monitors infection control activities.
- **Senior Management Team:** Ensures resources are allocated to infection prevention, including training, personal protective equipment (PPE), and cleaning supplies.
- **All Employees:** Are required to adhere to infection control practices, including appropriate use of PPE, hand hygiene, waste disposal, and reporting of incidents.

All staff must complete mandatory infection control training and participate in regular updates and audits.

3. Standard Precautions

Standard precautions are essential practices that apply to all patient care, regardless of infection status. These include:

- **Hand Hygiene:** Hand hygiene is the most critical factor in preventing the spread of infection. All staff must perform hand hygiene:
 - Before and after patient contact.
 - After removing gloves or other PPE.
 - After exposure to body fluids or contaminated surfaces.
 - **Liquid soap and water** or **alcohol-based hand rubs** should be used in line with the **WHO "Five Moments for Hand Hygiene"**.
 - **Personal Protective Equipment (PPE):** PPE (gloves, aprons, masks, and gowns) must be used where there is a risk of exposure to body fluids, secretions, or other contaminants. PPE must be disposed of appropriately after use in clinical waste.
 - **Sharps and Waste Disposal:**
 - **Clinical waste** must be disposed of in designated bins, which should be sealed and replaced when three-quarters full.
 - **Sharps** must be disposed of in a sharps container immediately after use, without re-sheathing needles. Containers must be properly labelled and not overfilled.
 - **Linen Management:** Clean and used linen must be handled separately to prevent cross-contamination. Used linen must be stored in sealed bags and laundered at high temperatures ($\geq 60^{\circ}\text{C}$) to reduce the risk of infection spread.
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4. Transmission-Based Precautions

Additional precautions are required for patients known or suspected to have infections that can be spread by contact, droplet, or airborne routes. These include:

- **Isolation:** Patients with certain infections (e.g., MRSA, COVID-19) may require isolation to prevent transmission. Appropriate signage and PPE must be used.
 - **Enhanced PPE:** When dealing with high-risk infections, staff may be required to wear additional PPE, such as face shields or FFP3 respirators, to prevent inhalation of infectious particles.
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5. Environmental Cleanliness

A clean and hygienic environment is critical for infection control:

- **Routine Cleaning:** All clinical and non-clinical areas must be cleaned regularly, following schedules and guidelines outlined in the **National Standards of Healthcare Cleanliness 2021**.
- **Clutter-Free Spaces:** Keeping areas clutter-free facilitates cleaning and reduces infection risks.
- **Cleaning Logs:** Cleaning records for all areas must be maintained and regularly audited by the IPC Lead. These logs are reviewed as part of routine compliance monitoring.

6. Management of Equipment

To reduce the risk of cross-infection from medical devices and other equipment, LHC ensures:

- **Decontamination of Equipment:** Reusable equipment, including stethoscopes, blood pressure cuffs, and diagnostic tools, must be cleaned, disinfected, or sterilised after each use, as per **manufacturer instructions** and **National Decontamination Guidelines**.
- **Disposable Equipment:** Single-use items (e.g., syringes, gloves) are disposed of after use to prevent cross-infection.
- **Equipment Repair:** Any equipment sent for off-site repair must be decontaminated and labelled with a 'Decontaminated' certificate before transportation.

7. Hand Hygiene Facilities

- **Liquid Soap and Water:** These should be available in all clinical areas, with signage promoting hand hygiene practices.
- **Alcohol-Based Hand Gel:** Available at all patient entrances and clinical areas. Alcohol gel should be used where hand washing facilities are unavailable, but is not a substitute when hands are visibly soiled.

8. Managing Spills and Contaminations

- **Blood and Body Fluid Spills:** Any spills involving blood or body fluids must be cleaned immediately using **chlorine-releasing agents (10,000 ppm)** or appropriate spill kits.
- **Spill Kits:** Spill kits should be readily available and regularly checked to ensure they are fully stocked.
- **COSHH Compliance:** All cleaning agents must be used in compliance with COSHH regulations, and Material Safety Data Sheets (MSDS) should be available for staff.

9. Staff Health and Safety

- **Hepatitis B Vaccination:** Staff handling blood or body fluids must have up-to-date Hepatitis B vaccinations, and antibody levels should be monitored.
- **Post-Exposure Prophylaxis:** LHC has procedures for managing needle-stick injuries or other exposure incidents. Immediate actions include washing the affected area, reporting the incident, and accessing post-exposure prophylaxis, if necessary.
- **Occupational Health:** Staff experiencing symptoms of infection (e.g., fever, respiratory issues) should stay home, report to their line manager, and seek advice from the occupational health team before returning to work.

10. Infection Surveillance and Reporting



- **Infection Audits:** Regular audits of infection prevention practices (e.g., hand hygiene, PPE usage, waste disposal) are carried out to ensure compliance with this policy.
- **Incident Reporting:** All suspected or confirmed cases of healthcare-associated infections must be reported to the IPC Lead. Serious incidents may be reported to external bodies (e.g., Public Health England, the Care Quality Commission) as required by law.

11. Education and Training

- **Mandatory Training:** All staff must complete regular infection prevention and control training as part of their induction and attend annual refresher sessions. Training includes proper hand hygiene techniques, use of PPE, and management of infectious outbreaks.
- **Bespoke Training:** Additional training may be provided for high-risk scenarios, such as pandemic preparedness, management of antimicrobial resistance, and specific infectious diseases.

12. Clinical Waste / Sharps Disposal*

LHC will ensure to/that

- Dispose of all waste promptly into the appropriate bag or container.
- Dispose of sharps into a sharps bin.
- Do not re-sheath needles unless there is a safe means of doing so.
- All waste bags/containers should be no more than $\frac{3}{4}$ full.
- All waste must be sealed with a traceable tag before removal to the disposal hold area. The identification label on rigid containers must be completed.

**See Policy Disposal of Clinical and Non Clinical Waste C06*

13. Monitoring and Review

This policy will be reviewed **annually** or sooner if new legislation or guidance is introduced. The IPC Lead is responsible for ensuring that any updates are implemented promptly and that all staff are informed of policy changes.

By following this policy, LHC ensures a safe, hygienic environment and minimises the risk of healthcare-associated infections for staff, patients, and visitors.