GP mythbuster 99: Infection prevention and control in General Practice

**Categories:**

* Organisations we regulate,
* GP and GP out-of-hours services

We judge compliance with registration requirements set out in the regulations.  All providers of healthcare and adult social care should meet or exceed the[Code of Practice on the prevention and control of infections and related guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf).

The Code states:

“Good infection prevention (including cleanliness)1 is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

Good management and organisational processes are crucial to make sure that high standards of infection prevention (including cleanliness) are developed and maintained”.

We base our expectations of registered providers on the criteria of the code. Our findings help us decide if providers deliver safe, effective and well-led services.

[National Standards of Healthcare Cleanliness 2021](https://www.england.nhs.uk/publication/national-standards-of-healthcare-cleanliness-2021/) replace the 2007 specifications for NHS cleanliness. This guidance mirrors expectations for GP providers which are already covered by our regulations and the code of practice. For example, IPC audit processes, waste management, cleaning schedules and maintenance of equipment.

There are no expectations that we require star ratings or logos to be displayed in general practices. We will continue to regulate using Regulations 12 and 15. We will also regulate using the code of practice on prevention and control of infection.

Coronavirus (COVID-19)

The UK [COVID-19: infection prevention and control (IPC) guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) strengthens existing messages. It provides further clarity. This includes updates to the care pathways to recognise testing and exposure. The guidance also contains appendices. They support the remobilisation and maintenance of mental health and learning disability services.

General requirements

* Providers should have an effective IPC policy. This should be relevant to their practice. It should be accessible to all staff and regularly updated. It should include the contact details of the local IPC specialist team.
* The policy should include specific requirements for higher risk procedures. For example, fitting of contraceptive devices and minor surgery.
* There should be an IPC lead with overall responsibility for IPC. They should have the authority to lead and implement change where needed.
* There should be an IPC audit programme, so policies and procedures are effective and up to date. There should be evidence of issues identified by the audit and how they were addressed.
* The policy should include staff training requirements and frequency of training updates.
* Cleaning contractors should have a schedule of general cleaning. The schedule should include cleaning frequency of specific areas, fixtures and fittings. This includes high frequency touch items such as keyboards, telephones, door handles and light switches. It should be checked regularly for compliance and in line with what the general public would expect in health care premises. The policy should include responsibilities for cleaning of specific clinical equipment.
* Staff should have access to occupational health services. They should be immunised according to the Public Health England [Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book).
* The policy should include the use of personal protective equipment (PPE). This includes staff training in safe use and disposal of PPE.

Specific issues

Curtains and window blinds

Curtains around examination couches may be either disposable or re-usable. There is no mandatory frequency for changing or laundering curtains. The National Specifications for Cleanliness in the NHS suggests frequency. The specifications are guidance on setting and measuring performance outcomes in primary care. We expect providers to assess the risk attached to each item, including curtains. Providers should follow their own protocol.

There should be a programme of cleaning for curtains and other window coverings in non-clinical areas. This should include regular vacuuming. The programme should specify when curtains will be cleaned. Curtains should be changed immediately if visibly soiled or stained.

Carpets

Clinical rooms should not have carpets. There should be a policy for the frequency of cleaning carpets in consulting rooms and other communal areas. The policy should include actions to take if carpets are contaminated with body fluids or spillages.

Health care waste

Primary care providers have a statutory duty of care. It requires all reasonable measures to be taken to deal with waste appropriately. This is from point of production to final disposal.

Healthcare Technical Memorandum (HTM) 07-01 [Safe Management of Healthcare Waste](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf) is a framework for best practice. It makes sure legislation such as Health and Safety at Work regulations are met.

General clinical waste

Bins should be easily accessible to staff at point of use. In clinical areas they should be lidded and operated with a foot pedal.

* Waste should be assessed and segregated appropriately.
* Waste bags should be:
  + maximum two thirds full and securely tied
  + labelled with the address and date before collection
  + stored in a secure, clean designated area while awaiting collection.

Medicines waste

* Medicines waste should be  stored in a designated bin and collected regularly by an appropriate waste contractor.
* Purple topped bins, including sharps bins must be available. This is for the disposal of cytotoxic medicines (which include hormones).
* Staff should be aware which medicines should be disposed of in each bin.
* Denaturing kits must be available for the disposal of Controlled Drugs. There should be a written procedure to govern the process and evidence that dispensary stock CDs are only disposed of in the presence of an authorised witness.
* Labels, prescriptions and other patient identifiable documents must be treated as confidential waste.

Sharps

Sharps should be assessed and disposed of in the correct container. Containers are orange, yellow or purple lidded depending on nature of the item.

Containers should be labelled on assembly and on locking. They should not be filled above the black line. Lock and dispose of containers after three months even if not full.

All staff should be assessed for risk of contracting blood borne viruses. They should be offered vaccination as appropriate.

The process for action following a sharps injury should be clear and accessible to all staff.

Hand hygiene

Adequate handwashing facilities must be available and easily accessible for all staff. This should allow washing hands in hot water using the correct technique.

Liquid soap, paper towels and alcohol gel should be available. Hand hygiene should be included in staff training.

Disposable gloves and other PPE should be available and used as appropriate, with staff training being provided where necessary.

When we inspect

We use these [Regulations](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers) when we review if the practice is:

* safe
* effective
* caring
* responsive
* well led.

When we inspect the management of Infection Prevention and Control we assess against:

* [Regulation 12 (Safe care and treatment)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment)
* [Regulation 15 (Premises and equipment)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-15-premises-equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

when assessing cleanliness of premises and management of Infection Prevention and Control (IPC). These regulations remind providers they must:

* assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.
* ensure 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.

We also use key lines of enquiry (KLOEs). In particular [S1 Safeguarding and protection from abuse](https://www.cqc.org.uk/guidance-providers/healthcare/safeguarding-protection-abuse-healthcare-services) which assesses how providers:

* maintain standards of cleanliness and hygiene
* have reliable systems in place to prevent and protect people from a healthcare-associated infection
* maintain and use of facilities and premises in a way to keep people safe
* manage waste and clinical specimens to keep people safe.

Last updated:

04 August 2021