CROSS INFECTION AND ACCIDENT PREVENTION

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH

COSHH Regulations 1988 apply to all work with substances hazardous to health (including micro organisms). The object is to prevent exposure to hazardous substances if reasonably practicable. Methods of control including use of personal protective equipment such as gloves, gowns and aprons.

<u>Substances likely to be found in the surgery are:</u>

- Disinfectants
- Cleansing agents
- Drugs, liquid tablet, injections
- Batteries
- Gases in cylinders
- Waste products: including biological materials
- Used products: syringes, swabs, needles.

Infection and contamination hazards would include:

- Used sharps and instruments
- Dressing and swabs
- Pathological specimens
- Urine and faecal samples
- Air borne and contact infection

Annually, Dr. P. Westwood and the Practice Manager would access all substances considered hazardous during their Health and Safety review.

For example; caustic and harmful substances should be stored in a locked cupboard. Patients, particularly children, should not be left alone in rooms where harmful substances are stored.

Waste, while still on the practice premises, should be stored safely and securely in locked shed at rear of practice.

- All waste is picked up weekly by carriers under licence from the Health Authority.
- When waste changes hands, a transfer note is completed and signed by both parties.

- Clinical waste should be separated from the general waste and placed in yellow bags.
- * Sharps disposal.

Hepatitis B

All G.P.'s and Practice Nurses have immunity to Hep B (such immunity is offered to all staff likely to be in contact with body fluids and clinical waste, including cleaners). Regular testing carried out every three years to check immunity. Protocol in place should a needle stick injury occur, all staff to be aware of procedure.

Maintaining the integrity of the Gold Chain.

- On receipt deliveries of vaccines are inspected for leakage or damage, batch numbers and expiry dates are checked before placing immediately into refrigerator.
- All vaccines logged in vaccine book by Practice Nurse.
- Refrigerators monitored daily by the Practice Nurse on duty. Temp should be within the range of 2°C-8°C and recorded in a book.
- Emergency storage procedure in place if refrigerator fails.
- Records kept of yearly servicing of fridge.
- No items other than medicines to be kept in vaccine fridge.
- Vaccines must not be tightly packed, but should allow sufficient space for the circulation of air.
- Vials and ampoules not removed from original packing.

Sterilizing of Instruments

If possible, all instruments used are disposable. Little Sister 3 used for instrument sterilization. Manufacturer instructions followed.

- All staff must used and dispose of sharps correctly.
- All disposable sharps must be placed immediately after use in a designated sharps bin.
- Disposable needles must not be re-sheathed, bent or cut or detached from syringe.
- Whenever possible, gloves should be worn. They must be worn whenever the Nurse, G.P. has cuts, abrasions or broken skin on the hands.

* Correct use of Sharps Bins

- Sharps bins must be yellow bins designed for the purpose.
- Sharps bins must be kept and out of reach of children.
- Sharps bins must never be filled to more than two-thirds capacity.
- No attempt to retrieve items discarded into sharps bins.
- After sealing, sharps bins must be stored in locked shed at rear of surgery until removal along with clinical waste.
- All staff members are aware of the protocol for the disposal of sharps.