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November PC IP&C Leads update

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IP&C Measures in Primary Care

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Extended use of face masks , 1m social distancing, ventilation, decontamination of the environment and equipment and optimal hand hygiene is required.
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-recommendations-for-primary-and-community-health-care-providers-in-england

"The extended use of face masks does not remove the need for other key bundles of measures to reduce the risk of transmission of SARS-CoV-2, including social or physical distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. ***Reliance on individual (as opposed to bundles of) measures to reduce the risk of virus transmission is not sufficient."***

- **https://www.gov.uk/guidance/working-safely-during-covid-19/offices-factories-and-labs**

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[COVID-19: guidance for maintaining services within health and care settings – infection prevention and control recommendations - GOV.UK (www.gov.uk)]

Chapters 4.4 - Administration measures for the pathways and 4.6 Outpatient/primary/day care gives details of the IP&C precautions required in primary care.

- hand hygiene facilities including instructional posters good respiratory hygiene measures
- maintaining physical distancing of 1 metres at all times (unless wearing PPE due to clinical care or personal care as per pathways)
- increasing frequent decontamination of equipment and environment
- considering improving ventilation by opening windows (natural ventilation) if mechanical ventilation is not available
- clear advice on use of face coverings and face masks by patients/individuals, visitors and by staff in patient facing & non-patient facing areas

Isolation guidelines

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- C1381-Updated-guidance-on-NHS-staff-and-student-self-isolation-return-to-work-following-COVID-contact.pdf (england.nhs.uk)
- If the above criteria cannot be met, or if the staff member/student has not had both doses of the vaccine, or they are living directly (same household) with a positive COVID-19 case, they will be asked not to come to work. This will remain under review.
- There may be times when it is appropriate for the staff/student living with a positive COVID-19 case to return to work, inline with government guidance, in a risk-assessed way, **but this should be through a process agreed with an appropriate senior decision maker (eg DPH/DIPC). All staff and students must have an up to date individual risk assessment and be working in an appropriate setting for their risk status.**

Clinical waste management

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Inappropriate waste segregation can cause huge issues for the clinical waste industry, resulting in missed collections and unsafe waste build up at GP Practices. It's therefore more important than ever to ensure that waste is being segregated into the appropriate bag or bin so it can be disposed of correctly and where possible, recycled. PPE used to treat non-infectious patients can be disposed of safely within tiger bags (Yellow with black stripes). The links below provides a helpful quick reference and posters to appropriate waste segregation.

https://www.property.nhs.uk/news-insight/insights/how-to-dispose-of-waste-correctly/

waste-segregation-posters.pdf (property.nhs.uk)

CORRECT SEGREGATION - CLINICAL WASTE BAGS

NHS Property Services

Waste receptacle	Description	Examples of correct waste items	Examples of incorrect waste items
Medicine Contaminated Infectious Clinical Waste			
Yellow bag 	Waste items that have been used in the treatment of infectious patients and those suspected of having an infection and may also be contaminated with medicines or chemicals.	✓ IV bags, lines and tubing that have had medicines added ✓ Chemically contaminated waste ✓ Items contaminated with infectious waste and chemicals/medicines	✗ Infectious ONLY waste ✗ General waste ✗ Packaging waste ✗ Paper towels ✗ Sharps waste ✗ No free-flowing liquids
Cytotoxic and Cytostatic Waste			
Yellow purple striped bag 	Waste that has been used in the treatment of infectious patients and those suspected of having an infection and has been used for the administration of cytotoxic	✓ IV bags, lines and tubing that have had cytotoxic/static medicines added ✓ Waste contaminated with cytotoxic and cytostatic waste	✗ Other chemical/medicinal infectious waste ✗ Domestic waste or recyclable waste ✗ Packaging waste ✗ Paper towels

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NEW MRSA guidelines published Oct 2021

Joint Healthcare Infection Society (HIS) and Infection Prevention Society (IPS) guidelines for the prevention and control of meticillin-resistant Staphylococcus aureus (MRSA) in healthcare facilities - Journal of Hospital Infection

The Executive Summary within the document states which recommendations have been updated, withdrawn and implemented. Below is a summary of recommendations relevant to primary care

- If the patient undergoes decolonisation therapy, consider repeat MRSA screening two to three days following the therapy, to determine whether decolonisation was successful or not. Do not delay a surgical procedure if the patient still tests positive. Targeted or universal patient MRSA screening must be performed and must be linked to a specific point of action such as decolonisation or isolation (or both)
- Use mupirocin for nasal decolonisation, either selectively (i.e., for those who are colonised) or universally (i.e., for all high-risk patients)
- Use chlorhexidine, either selectively or universally, for body decolonisation to reduce MRSA carriage.
- Consider alternatives (e.g. octenidine) where mupirocin and chlorhexidine are not feasible
- Healthcare workers and patients should aware that decolonisation therapy does not necessarily result in complete eradication but that achieving temporary suppression is sufficient in many circumstances.

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- For patients known to be colonised/infected with MRSA, consider using contact precautions for direct contact with the patient or their immediate environment. If contact precautions are used, gloves and aprons must be changed between care procedures and hand hygiene must be performed after glove removal.
- Consider placing patients colonised or infected with MRSA in a single room
- Provide clear information to patients about the need for the use of protective equipment to reduce feelings of stigma
- Advise visitors about the need and available facilities for hand hygiene.
- Prioritise room cleaning and disinfection for MRSA patients placed in isolation or on contact precautions.
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- MRSA colonisation is not a barrier to discharging patients to another health care setting, their home or residential care.
- Clean and disinfect shared pieces of equipment used in the delivery of patient care after each use.
- All healthcare workers should be aware of the importance of maintaining a clean and safe care environment for patients. Every healthcare worker needs to know their specific responsibilities for cleaning and decontaminating the clinical environment and the equipment used in patient care
- Introduce policies for staff, patients, and visitors to clean their hands before and after they use the shared equipment.
- Inform patients of their screening result as soon as it is available
- Use patient leaflets provided in the Supplementary Materials of the guideline.
- Inform patients about the possibility of re-colonisation and the importance of changing linen, towels, and clothes daily.