 Kingston GP Chambers <small>Kingston Training Hub Clinical Services Practice Support Services Kingston Education Centre</small>	INFECTION CONTROL		Reviewed	October 2024
			Revised	Yes
	Adopted	26/08/14	Next review	October 2026

INFECTION PREVENTION AND CONTROL POLICY

INTRODUCTION

This document sets out Kingston GP Chambers (KGPC) policy on infection prevention and control (IPC) and should be used with reference to local IPC policies belonging to host practices.

Contents

This policy incorporates all aspects of infection prevention and control, which were previously set out in separate policies. This policy includes information on:

- [Site-specific arrangements](#)
- [Equipment](#) (including PPE)
- [Spillages](#)
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- [Minor surgery](#)
- [Individual staff requirements and responsibilities](#)
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Policy Statement

KGPC is committed to ensuring that staff, patients and visitors to its services are kept safe. This includes ensuring that individuals are protected from the risk of infection. In order to achieve this, KGPC undertakes to:

- Ensure that effective arrangements are in place to identify and manage risks relating to the physical environment from which services are provided, including monitoring and assurance arrangements for areas where responsibility for IPC sits with host practices/organisations
- Ensure that all necessary equipment and consumables are available to enable services to operate safely
- Ensure that all staff have the necessary skills and training in order to execute their role safely
- Ensure that staff have access to clear guidance in relation to the processes to follow in relation to IPC

Responsibility

The IPC lead for KGPC is Julia Jalilova. The responsibility of the IPC lead includes:

- Ensuring that all IPC audits are completed in line with relevant operational policies (oversight of audits completed by host sites with by managed by Adam O'Donnell and Jeremy Suter)
- Leading on the reporting and investigation of any incidents relating to IPC breaches
- Ensuring that all IPC policies and procedures are kept up to date
- Ensuring that all staff have completed IPC training appropriate for their role in conjunction with Mark Mensah.

All KGPC staff are responsible for ensuring that they follow IPC policies and procedures relating to the site they are working from. This may involve following procedures implemented by host sites.

KGPC operates primarily from sites where the host practice/organisation is responsible for maintaining the premises (and in some cases, the equipment) in a condition that meets IPC best practice guidance, including carrying-out IPC audits. For these sites, KGPC will maintain oversight of the IPC processes relating to the premises via the following:

- KGPC will review IPC policies for each site prior to entering into a hosting contract, to ensure that the contents are sufficient to ensure IPC safety, including those relating to:
 - o Premises cleaning (including cleaning schedules and arrangements for monitoring completed cleaning)
 - o Water safety (including Legionella control)
 - o Maintenance and cleaning of shared equipment
- As part of the hosting contract, KGPC will require host practices to comply with their own IPC policies, including the completion of IPC audits
- KGPC will require host practices to supply them with copies of IPC audits completed, including a report on how any areas of non-compliance will be managed

For sites where KGPC is responsible for ensuring that all, or part, of the premises complies with IPC standards (Surbiton Health Centre & Ground floor CI Tower), KGPC will take the following action:

- Complete an annual audit, using KGPC's IPC self-audit tool, of all areas of the premises that are the sole responsibility of KGPC. Where KGPC has sole responsibility for only part of the premises (e.g. where KGPC is responsible for the consulting rooms but the host practice is responsible for communal areas), KGPC's audit should be combined with that completed by the host practice in order to form a complete document covering all areas of the site.
- Where it is found that aspects of the premises do not comply with IPC best practice standards (as set out in the NHSE GP IPC Audit Tool), take action to rectify the problem and, where applicable, put interim arrangements in place to ensure that the site remains safe for patients and staff.

Site-specific arrangements

Site	KGPC areas of responsibility	Host site areas of responsibility
CI Tower (ground floor)	<ul style="list-style-type: none"> • General cleaning and maintenance of premises including clinical rooms, communal areas, toilets 	N/A

	<ul style="list-style-type: none"> • General maintenance and routine decontamination of shared equipment (e.g. vaccine fridges) • Spillages occurring on the ground floor • IPC assurance relating to the general fabric of the building and ground floor clinical facilities • Decontamination of clinical areas between patients • General maintenance and routine decontamination of all equipment owned by KGPC • Cleaning of spillages occurring on the first floor using KGPC procedure and equipment • IPC assurance relating to first floor clinical rooms 	
Kingston Health Centre	<ul style="list-style-type: none"> • Decontamination of clinical areas and equipment between patients • General maintenance and routine decontamination of all equipment owned by KGPC • Cleaning of spillages relating to KGPC patients using KGPC supplied spill kits. 	<ul style="list-style-type: none"> • General cleaning and maintenance of premises including clinical rooms, communal areas, toilets • General maintenance and routine decontamination of shared equipment • Cleaning of spillages relating to non-KGPC patients • IPC assurance relating to the general fabric of the building
Surbiton Health Centre	<ul style="list-style-type: none"> • Decontamination of clinical areas and equipment between patients • General maintenance and routine decontamination of all equipment owned by KGPC • Cleaning of spillages relating to KGPC patients using KGPC supplied spill kits. • IPC assurance relating to clinical rooms used solely by KGPC services • 	<ul style="list-style-type: none"> • General cleaning and maintenance of premises including clinical rooms, communal areas, toilets • Cleaning of spillages relating to non-KGPC patients • IPC assurance relating to the general fabric of the building
Merritt Medical Centre	<ul style="list-style-type: none"> • Decontamination of clinical areas between patients • General maintenance and routine decontamination of all equipment owned by KGPC • Cleaning of spillages relating to KGPC patients using KGPC supplied spill kits. 	<ul style="list-style-type: none"> • General cleaning and maintenance of premises including clinical rooms, communal areas, toilets • Cleaning of spillages relating to non-KGPC patients • IPC assurance relating to the general fabric of the building
Claremont Medical Centre	<ul style="list-style-type: none"> • Decontamination of clinical areas between patients • General maintenance and routine decontamination of all equipment owned by KGPC • Cleaning of spillages relating to KGPC patients using host practice procedure and equipment 	<ul style="list-style-type: none"> • General cleaning and maintenance of premises including clinical rooms, communal areas, toilets • Cleaning of spillages relating to non-KGPC patients • IPC assurance relating to the general fabric of the building

Equipment

All KGPC staff are responsible for ensuring that the equipment they use is safe. The decontamination guidelines set out in [Appendix A](#) should be followed in all cases.

Availability of equipment and consumables

KGPC is responsible for ensuring that all staff have access to the equipment they need to carry-out their role in line with IPC best practice guidelines and to fulfil the requirements of the processes set out in this document.

Service managers are responsible for ensuring that staff working for their services have available:

- All required PPE
- Decontamination equipment and materials (including disinfectant/alcohol solution/wipes, disposable cloths, couch roll)
- Spill kits
- Waste bags and bins
- Soap and hand sanitisers

Safe use of disposable equipment

Where the efficacy or integrity of an item of disposable equipment is time limited, staff members responsible for stock control must ensure that arrangements are in place to identify and dispose of items once they reach their expiry date; for example:

- A system of stock rotation should be in place to ensure that items with the shortest remaining shelf life are used first
- Frequent checks of equipment stocks should be carried-out to identify any items that have passed their shelf life.

All staff are responsible for ensuring that the items of disposable equipment they use are not outside of their shelf life. Prior to using an item of disposable equipment, staff should check the packaging to ensure the item is within date. If an item of expired clinical equipment is found this should be reported to the infection control lead.

Safe use and disposal of PPE

Where a member of staff carries-out a task where there is a risk of contamination (e.g. seeing a patient with an infectious disease, cleaning a spillage of body fluid), the member of staff must protect themselves by wearing personal protective equipment (PPE). This may include gloves, aprons, masks, goggles/visors.

Having completed the task, the member of staff should remove all items of PPE and either decontaminate the item, or (where items are single use), dispose of items in the clinical waste bin. PPE should be removed using the process in [Appendix C](#).

Spillages

Where KGPC staff are working to the local IPC procedures of a host practice, the host practice's spillage procedure must be followed (see chart above for site-specific responsibilities).

Where KGPC is responsible for managing spillages, spill kits will be available for staff to use, along with the necessary PPE (including disposable gloves, aprons, eye protection). Separate spill kits are available for use on blood and for vomit/urine; each contains step by

step instructions on their use. All relevant staff will be shown the location of spill kits as part of their new staff induction and will be given instructions on their use.

Used spill kits and all PPE used during a clean-up must be disposed of as clinical waste. Following the removal of PPE, the staff member should complete hand hygiene as set out in [Appendix B](#).

The spill kits for CI Tower are located in the cupboard under the sink next to the emergency medicines in room 1, under the sink in room 3 and in the storage cupboard in the back of room 1 where the clinical stock is stored.

Waste disposal

The removal of waste from all KGPC sites is the responsibility of the host practice/organisation, in line with their local processes and contractual arrangements. The disposal of waste items in appropriate on-site bins is the responsibility of the staff member producing the waste. Waste items should be placed in bins as follows:

General waste: Any item that **has not** come into contact with any potentially contaminated or harmful substances and does not pose a risk of harm (e.g. is not sharp)

Clinical waste (orange bags): Disposal of any item contaminated with human tissue (including blood and all related swabs and dressings).

Where the sack reaches 75% fill, it should be securely sealed and replaced.

See section on [use of sharps](#) for details of sharps disposal

The clinical waste storage for CI Tower is located next to the car park outside of the in a locked gated storage area.

Minor surgery

Where minor surgery is performed, the following guidelines must be followed:

- Surgical surfaces must be cleaned prior to and following surgery using suitable antibacterial solution. This cleaning must be carried out by a member of staff who has undertaken a suitable level of training relating to minor surgery IPC
- Sterile gloves and plastic aprons must be worn by the member of staff performing the procedure and any assistants
- Mask and eye protection may be necessary if there is a risk of spray from body fluids
- Only single use, disposable instruments may be used
- Disposable instruments must be disposed of using in line with the waste disposal section in this document
- Excision and samples for histopathology should be placed directly into the appropriate specimen container, labelled and sealed

Individual staff requirements and responsibilities

All staff members are responsible for ensuring that they participate in IPC processes, relative to their role. Specific responsibilities for different categories of staff, in respect of Adam O'Donnell v3

particular IPC tasks, monitoring and reporting are outlined elsewhere in this policy; however, the following general guidelines are relevant to all staff:

- All staff must familiarise themselves with the correct hand hygiene process, as outlined in [Appendix B](#). Staff must wash their hands at regular intervals, but at a minimum, on arrival at work, after using the toilet, after contact with patients, prior food preparation, when hands become visibly dirty.
- All staff must ensure that they understand and execute their responsibilities in relation to IPC. Where a staff member notes an IPC issue which falls outside of their remit or ability, they must immediately raise the issue with their manager or a member of staff who has responsibility for addressing the issue.
- All staff must ensure that they maintain up to date knowledge and skills relating to IPC issues relevant to their role (see section on staff training).

Clinical staff must not work in a clinical setting knowingly with a highly infectious illness (e.g. flu, norovirus).

Members of clinical staff who suspect themselves to have a highly contagious disease (e.g. HIV) must notify the service manager immediately and seek specialist advice in respect of acceptable areas of practice.

Staff immunisation

KGPC follows the Public Health England Green Book guidance on staff immunity. These are set out in the Recruitment and Selection Procedure and Ongoing Suitability procedure.

Use of sharps

All staff using sharps (e.g. needles, scalpels) should follow the guidelines below:

- Before using sharps, ensure that you have all the equipment you will need to hand for the procedure you are about to undertake (e.g. swabs, gauze, bandages)
- Ensure that you know where the sharps container is located and check that there is enough room in the container for the sharp object you are about to use to fit into it
- DO NOT uncover or unwrap a sharp object until you are ready to use it
- Keep the object pointed away from yourself
- Keep your fingers away from the tip of the object
- Never re-sheath a sharp object after use
- Never hand a sharp object to another person or put it on a tray for another person to pick up
- Where you are working with another person, inform them when you plan to set the sharp object down or pick it up

Sharps bins should be located within easy reach of the staff member using the sharp object. Sharps should be disposed of in sharps bins as follows:

Sharps bin – Orange lid: For the storage/disposal of sharps that are not contaminated with medicinal products. Sharps used for taking blood should be put in these bins.

Sharps bin – Yellow lid: For the storage/disposal of sharps that are contaminated with medicinal products. Sharps used to administer non-cytotoxic substances such as flu vaccines should be put in these bins.

Sharps bin – Purple lid: For the storage/disposal of sharps that are contaminated with cytotoxic or cytostatic medicinal products (i.e. those used to destroy or slow the division of cells). It is unlikely that these types of medicinal products will be administered by any KGPC service.

Where any sharps container reaches 75% full it must be sealed and a new container should be used. Any member of staff who notes that a sharps container should no longer be used is responsible for sealing the container and reporting the fact to the relevant service manager. The service manager is responsible for notifying the host practice that the container needs removal.

Sharps injuries

Where an individual pierces or punctures their skin with a used needle, they should take the following steps immediately:

- Encourage the wound to bleed, ideally by holding it under running water
- Wash the wound using running water and plenty of soap
- Do not scrub the wound whilst washing is
- Do not suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing

The individual should then seek urgent medical advice to establish whether treatment is required to reduce the risk of getting an infection by contacting KGPC's Occupational Health Advisor, Dr Anthony Hughes (07788415560).

The Occupational Health Advisor will discuss the circumstances of the injury and make a judgement on whether further clinical intervention is required (for example, blood testing, vaccination against hepatitis B, treatment to prevent HIV).

Where further clinical intervention is indicated or in the event that the occupational health advisor is unavailable, the individual must travel to the nearest A&E department immediately.

- Once the wound has been bled, the following additional steps may need to be taken, depending on the advice given by the Occupational Health Advisor:
- Obtain sufficient information to identify the patient and the member of staff. Take a focused and impartial history to identify risk of HIV, HEP B (HBV) and HEP C (HCV).
- If at high risk for HIV start Post Exposure Prophylaxis preferably within an hour (contact KHT A&E immediately for advice on next steps), but worthwhile up to 36 hours post-exposure.
- Find HBV status of "recipient" and consider booster even if good immunity, consider HEP B immunoglobulins. - Note the type of injury, depth, gauge of needle, if used for injecting or aspiration, and if hollow bore or blood-stained.
- Counsel and consent patient to take blood for immediate testing regardless of history.

- Counsel and consent individual who has sustained the injury for bloods to be taken and stored for HIV, HBV and HCV.

Appropriate clotted blood specimens from the member of staff involved and the source patient may be requested immediately and in three months' time, and should be sent with request forms and details of the accident. HIV testing is not routine and will not be undertaken without full counselling.

If immunoglobulin is required the member of staff will be contacted and treated by the Accident and Emergency Unit. Immunoglobulin must be given within 48 hours to be of most benefit

Handling specimens

Where a clinician needs a patient to supply a specimen (e.g. urine), the following guidelines must be followed:

- The patient must be provided with a specimen bottle/container
- The patient should be directed to an appropriate toilet in order to produce the specimen. They should be instructed to seal the container with its lid before leaving the toilet
- Before accepting the specimen from the patient, members of staff should put on disposable gloves, which they should continue to wear throughout the handling of the specimen.
- Where it is necessary to remove the lid of the specimen container in order to test its contents, the specimen container should be held over the sink in the consulting room in case of spillages.
- Once the specimen has been tested urine safety gel should be added to the container, the lid of the specimen container should be replaced and the container should be put into the clinical waste bin, along with any other items which have come into contact with the specimen.
- The member of staff should then remove their gloves and dispose of these in the clinical waste bin.
- Where there has been a spillage of body fluids into the sink, the member of staff should put on a new pair of disposable gloves and then use disinfectant spray or wipes to clean the area. Spillages onto another surface or the floor should be cleaned in line with the instructions for cleaning spillages in the section in this document.

Management of patients with suspected highly contagious condition

Where a patient attends a site with a suspected highly contagious condition, staff must take prompt action to ensure that the risk of transmission to other patients or staff is managed. The risk management plan will vary depending on the condition and the method of transmission, and in some cases, specific processes will be in place; however, general principles apply as follows:

Infectious diseases spread by droplets in the breath (e.g. sneezing/coughing/talking)

- Where the patient's condition is known about prior to them attending the site, the patient should be either be scheduled to attend the site after other patients have left, or they should be directed to an isolation room immediately on arrival, avoiding contact with other patients and staff where possible.

- Where the patient's condition is only discovered on arrival at the site, they should be placed in an isolation room as soon as the condition is identified, and any areas they have come into contact with should be wiped down using antibacterial wipes/solution by a member of staff wearing full PPE (mask, apron, gloves, eye protection)
- Where there is a possibility that other patients may have contracted the condition due to contact with the infected patient, these patients should be advised of any action they need to take.
- Staff treating the patient to wear full PPE
- Patient should only remain on the premises for the minimum amount of time to enable clinical care to be provided
- A full wipe- down of the room(s) and equipment used by the patient must be performed after they have left the premises by staff wearing full PPE.

Blood borne Infectious diseases (e.g. HIV/Hepatitis B)

- Extra care should be taken when cleaning spillages of blood or other body fluids from patients with these types of infectious disease, including the wearing of full PPE and appropriate hand hygiene.
- Where possible, only staff that the service has evidence of having Hepatitis B immunity should carry-out procedures on patients where there is a risk of contact with blood (e.g. phlebotomy, minor surgery, cleaning up blood spillages).
- See section on Emergency Arrangements for action to be taken in the event of a needlestick injury where a patient with known or suspected blood borne infectious disease is involved.

Infectious diseases spread by contact with vomit/faeces/urine

- Spillages should be cleaned immediately and extra care should be taken, including wearing of full PPE and appropriate hand hygiene.

Notifiable diseases

All clinical staff must be aware of their obligation to report notifiable diseases to NHSE. Information about reporting, including a list of notifiable diseases and a link to the reporting form are available [here](#).

Training requirements

Role-specific training in IPC will be included in the new staff induction for all staff. This will be provided as a formal e-learning session and supplemented with instructions from the new staff member's manager or mentor on role and site specific processes.

Refresher training via the e-learning system will be completed annually. In addition to this, further training will be provided to all staff relative to their role whenever a significant change to process occurs.

The IPC lead will complete enhanced formal training in order to ensure that they are competent to fulfil the role. Refresher training will be provided every 2 years and whenever significant changes occur.

Cold chain management

KGPC services outside of Sunray surgery do not typically administer medicines which require refrigeration (e.g. vaccines). Where KGPC takes on responsibility for delivering a vaccine service, the cold chain arrangements will be contained in the SOP for that service.

KGPC's Vasectomy Service uses local anaesthetic which requires refrigeration. This service uses a fridge provided by Your Healthcare as part of the contract for use of the building. Monitoring and recording of fridge temperatures is undertaken by Your Healthcare nursing staff in line with Your Healthcare's cold chain policy.

Antimicrobial stewardship (AMS), including management of Sepsis

All KGPC prescribers are expected to prescribe in line with NICE and other local guidelines; this includes the prescribing of antibiotics.

All new GPs working for Kingston GP Chambers should complete the antibiotic self assessment form at the point of recruitment. The form will be discussed with Richard Hughes prior to new employees undertaking any shifts. This form can be found at [Appendix D](#).

Richard Hughes will undertake an audit of antibiotic prescribing twice each year for Extended/Enhanced Access and Kingston Educational Centre. In addition an audit of clinical consultations will also be completed twice a year. The results, of these audits will be shared with GPs working at these services via clinical update emails. Richard will undertake one to one discussion with clinicians where required.

Information on antibiotic stewardship, management of sepsis and clinical guidelines are available to all staff via the staff portal on the KGPC website. Also available via the portal are leaflets and information to download for patients. Links to these resources are also saved in [Appendix D](#).

All Extended Hours and Kingston Education Centre prescribers complete an AMS self-assessment tool, which looks at their attitudes to and practice in antibiotic prescribing (for new staff from February 2021 this will form part of the induction process).

Appendix A

Use and decontamination of equipment

Item	Decontamination arrangements	Responsible staff member
Blood pressure machine	Cuffs and machine to be wiped between patients using detergent wipes	Consulting clinician
Curtains	Disposable – consulting rooms every two years and any treatment rooms every six months; or more frequently where visibly soiled To be changed between patients where contaminated with body fluids	Service manager Consulting clinician
Defibrillator	Single use pads to be disposed of after each use in general waste bin Machine to be cleaned after each use using detergent wipes (or alcohol wipes where contaminated with body fluid)	Member of staff leading on resuscitation (to be delegated to a colleague where lead member of staff is required to continue to provide clinical care)
Desks	To be kept clutter free and wiped between users using detergent wipes	All staff
E.C.G. and monitoring	Single use pads to be disposed of after each use in general waste bin Machine cleaned after each use using detergent wipes	Consulting clinician Consulting clinician
Flooring	Routine cleaning in line with host site's policy Cleaning following spillage conducted using spill kits (see section on Spillages)	Cleaning staff Consulting clinician appropriate delegated member of staff
Keyboards/mouse	Cleaned between users using detergent wipes	All staff
Nebulisers	Single use masks to be disposed of in clinical waste after use Machine to be wiped using alcohol wipes after each use	Consulting clinician Consulting clinician
Ophthalmoscopes	Single use covers to be disposed of after each patient Machine to be wiped with alcohol wipes after each patient	Consulting clinician Consulting clinician

Otosopes	Single use covers to be disposed of after each patient	Consulting clinician
	Machine to be wiped with alcohol wipes after each patient	Consulting clinician
Oxygen cylinder and masks	Single use masks to be disposed of in clinical waste after use	Consulting clinician
	Cylinder to be wiped using alcohol wipes after each use	Consulting clinician appropriate delegated member of staff
Patient chairs and foot stools	Cleaned daily using detergent wipes	Cleaning staff
	Clean immediately with alcohol wipes following contact with body fluid	Consulting clinician
Patient couch	To be covered using couch roll before each use. Used couch roll to be disposed of in general waste bin	Consulting clinician
	Couch cleaned daily using detergent wipes	Cleaning staff
Peak flow monitors	Single use mouth piece to be disposed of in clinical waste after use	Consulting clinician
	Monitor to be wiped using alcohol wipes after each use	Consulting clinician
Pulse oximeters	Clean after each patient using alcohol wipes	Consulting clinician
Scalpels	Single use. To be disposed of in sharps bin after use.	Consulting clinician
Sharps trays	Single use To be disposed of in general waste bin after use (or in clinical waste bin if contaminated with body fluids)	Consulting clinician
Speculums	Single use To be disposed of in clinical waste bin after use	Consulting clinician
Stethoscopes	Clean after each patient using alcohol wipes	Consulting clinician
Syringes	Single use To be disposed of in clinical waste bin after use	Consulting clinician
Telephones	Wipe between users using detergent wipes	All staff

Thermometers	Single use covers to be disposed of after each patient Machine to be wiped with alcohol wipes after each patient	Consulting clinician
Tongue depressors	Single use To be disposed of in clinical waste bin after use	Consulting clinician
Trolleys - dressing	Clean with detergent at the end of each session. Clean immediately with alcohol wipes following contact with body fluid	Consulting clinician appropriate delegated member of staff Consulting clinician
Trolleys - equipment	Cleaned weekly using detergent wipes Clean immediately with alcohol wipes following contact with body fluid	Cleaning staff Consulting clinician
Weighing scales	Wipe after each use using detergent wipes	Consulting clinician

Appendix B

The Right Way to Wash Your Hands



Wet hands under running water



Apply soap and rub palms together



Spread the soap lather over the backs of hands



Make sure soap gets in between fingers



Grip fingers on each hand



Make sure to clean thumbs



Press fingertips into palm of each hand



Dry thoroughly with clean towel or paper towel



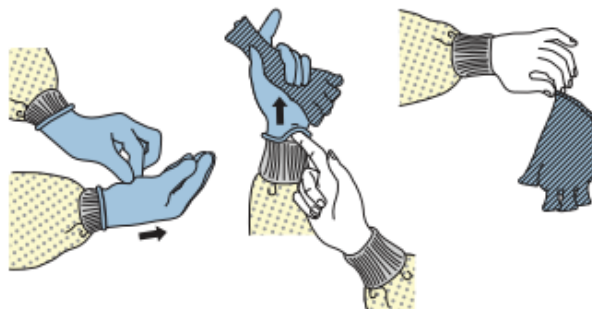
Appendix C

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in an infectious* waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in an infectious* waste container



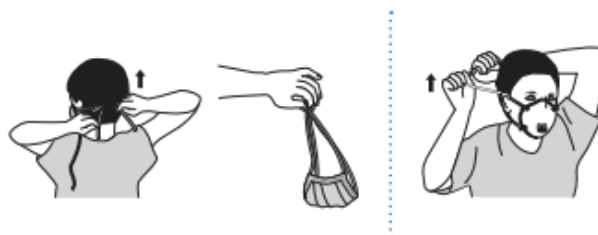
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in an infectious* waste container



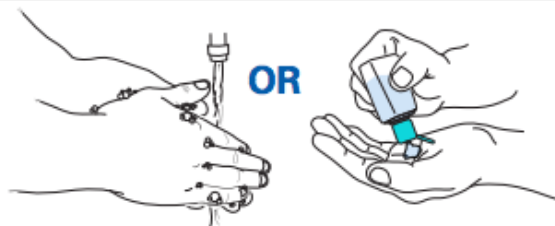
4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in an infectious* waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

* An infectious waste container is used to dispose of PPE that is potentially contaminated with Ebola virus.





**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



Appendix D

KGPC staff website portal resources – Antimicrobial Stewardship and Sepsis

AMS:

Clinician AMS self assessment form	 Antibiotic prescribing self assessment for cl
Tools and information	PHE Antibiotic Guardian campaign RCGP resources (including latest clinical guidance, links to training modules, leaflets for patients)
National and local guidance	Antimicrobial prescribing and stewardship competencies NICE guidance Kingston local prescribing guidelines UK's 5-year Antimicrobial Resistance Strategy
Leaflets for patients	RCGP "when should I worry?" leaflet for parents of small children. "Get well soon without antibiotics" KGPC "Helping you to help yourself" leaflet  4 page info sheet - FINAL 'helping you to

	Self care forum fact sheets
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Sepsis:

Sepsis decision support tools	Adult 5-11 year olds Under 5s
RCGP resources	RCGP resource toolkit (including clinical guidance, guides for patients and parents, training resources)