NHS South Lincolnshire Clinical Commissioning Group

NHS South West Lincolnshire Clinical Commissioning Group

NHS Lincolnshire West Clinical Commissioning Group

NHS Lincolnshire East Clinical Commissioning Group

INFECTION PREVENTION AND CONTROL POLICY/GUIDELINE FRAMEWORK

FOR PRIMARY CARE

Incorporating the following:

- **Infection Prevention and Control Policy**
- **Reducing the Risk of Transmitting Infections Guidelines**
- **Cleaning and Decontamination Guideline**
- **Management of Exposure to Blood Borne Infections Guideline**
- **Safe Handling of Specimens Guideline**
- **Management of Increased Incidence and Outbreaks of Infection Guideline**
- **Supporting guidance notes for completing the Infection Prevention and Control Policy**

Title:	**INFECTION PREVENTION AND CONTROL POLICY**
Name of originator/author, job title and department:	Kevin Shaw, Head of Health Protection, Lincolnshire NHS CCGs Federated Health Protection Function
Approved by:	Executive Nurses for the Lincolnshire NHS CCGs
Date approved:	17th April 2015
Due Regard Analysis	An overarching equality analysis has been undertaken
Date of local due regard consideration	To be undertaken by General Practice
CQC Registration Requirements Outcome Number(s)	Outcome 8

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1.0 Due Regard Analysis

An overarching equality analysis has been undertaken for this suite of template policies which covers the general aspects. The Lincolnshire NHS CCGs aim to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This suite of policies has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. For instance, the requirement to be naked from the elbow down (with the exception of a wedding band or equivalent) is in line with national (National Institute for Health and Clinical Excellence: Prevention and control of healthcare-associated infections in primary and community care – Guideline 139, March 2012) and local guidance.

2.0 Local Due Regard Analysis

Each practice will need to assure themselves that a site specific due regard analysis has been considered and undertaken for each policy/guideline contained within this framework template and documented. This can be done using the template appended to this pack which would then need to be appended to each policy. Where a practice chooses to adopt this suite of policies in its entirety a single equality analysis may be undertaken.

Note: *Once the practice has completed the Equality Analysis Template for policies / procedures / guidelines in Appendix 4, they will need to remove 'Lincolnshire NHS CCGs' and insert the practice name*

INFECTION PREVENTION AND CONTROL POLICY

Person responsible for this policy: *(insert name)*
Date of last review: *(insert date)*
Date of next review: *(insert date)*

1.0 Introduction

Good infection prevention and control (IPaC) is essential to ensure that people who use primary care services receive safe and effective care. This practice is committed to providing effective IPaC practices to minimise the risk of infection and ensure the safety of patients, visitors and staff.

2.0 Scope

This policy states how *(insert name of practice)* ensures compliance with the Health and Social Care Act 2008 *Code of Practice for healthcare, including primary care and adult social care on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). The Code consists of ten criteria; this policy will incorporate criteria 1; 3; 4; 5; 6; 8; 9m; 9x 9y and 10.

3.0 Responsibilities

3.1 Designated Lead IPaC Responsibilities

The designated lead for IPaC is: *(insert name/role in practice)* and can be contacted *(insert details).* The purpose of this role is to develop an annual IPaC programme to include:

- The practice's collective responsibility for preventing and controlling infection and the measures needed to reduce such risks.
- A review of all Policies, procedures and guidance and if necessary develop new guidance
- An audit programme to demonstrate adherence to policies and guidelines and compliance with clinical procedures
- Initial and on-going training all staff will receive

The IPaC lead will produce an annual statement covering the following list of activities that is available to view on request:

- Completed IPaC risk assessments
- IPaC audits, outcomes and subsequent actions
- Known infection transmission and subsequent actions
- Training received by staff
- Reviewed and updated policies, procedures and guidance

The local commissioning lead for IPaC is: Kevin Shaw (Tel: 01522 513355 or Mob: 07837096035) who can be contacted via the global email system. The purpose of this role is to provide advice and support relating to the quality of IPaC procedures within the practice. The Health Protection Agency local unit can also be contacted for advice on telephone number 0344 2254524 Option 1.

3.2 Other IPC Responsibilities- relating to staff

This practice uses (*insert name and contact details*) for their Occupational Health service. This service includes:

- Risk-based screening for communicable diseases and assessment of immunity to infection after a conditional offer of employment and on-going health surveillance
- Offer of relevant immunisations
- Arrangements in place for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary in line with *Immunisation against infectious disease* ("The Green Book") and other Department of Health guidance.

Staff employed or contracted by this practice receive IPaC training commensurate with their role within the practice. The responsibilities of each member of staff for prevention and control of infection are reflected in their job description and any development plan or appraisal.

This practice will ensure all members of staff including agency, external contractors and volunteers understand and comply with the need to prevent and control infections including those associated with invasive devices.

This practice will ensure that clothing worn by staff when carrying out their duties will be clean and fit for purpose. All healthcare staff will ensure that their hands can be decontaminated throughout the duration of clinical work by being bare below the elbows (with the exception of a wedding ring or equivalent) when delivering direct patient care, removing wrist and hand jewellery, making sure that fingernails are short, clean and free of nail polish, covering cuts and abrasions with a waterproof dressing. (NICE clinical guidelines 139: 1.1.2.3)

3.3 Other IPC Responsibilities- relating to patients

This practice uses *(insert name)* for their diagnostic microbiology and virology laboratory service. This laboratory operates according to the requirement of the relevant national accreditation bodies, for the investigation and management of diseases.

When a service user under the care of this practice develops an infection, initial advice and treatment will be provided and an assessment of any potential communicable disease control issues undertaken to ensure that appropriate actions are taken to minimise risks to others. This information will be documented on the practice's patient summary record. This practice will ensure that information on infectious conditions about service users as appropriate is shared with other health and social care providers when:

- A patient that is admitted to hospital, social care or mental health facility
- A patient that is scheduled for an invasive procedure
- A patient is transported in an ambulance
- There is an outbreak or suspected outbreak amongst patients

This practice will make available information to service users about their approach to preventing and controlling of infection, staff roles and responsibilities and who to contact with infection control concerns. The practice will consider patient feedback in the running of the practice. The practice will also make available up to date information on current infectious conditions.

The practice has an immunisation procedure in place for service users which includes:

- A record of all immunisations given
- The immunisation status and eligibility for immunisation of service users are regularly reviewed in line with the *Immunisation against infectious disease* ('The Green Book') and other Department of Health guidance; and
- Following a review of the record of immunisation, all service users are offered further immunisation as needed, according to the national schedule.

This practice complies with national guidance and specifications for cleaning and decontamination, cleaning schedules are available *(insert where schedules can be found)*.

4.0 Risk Assessment

A risk assessment for infection control risks within the practice has been completed and an action plan developed in response to any risks identified to reduce or control them which will be monitored.

5.0 Notifiable Diseases

Any notifiable disease will be reported to the appropriate authority in accordance with The Health Protection (Notification) Regulations 2010. A full list of notifiable diseases is below:

Acute encephalitis
Acute poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery
Food poisoning
Leptospirosis
Malaria
Measles
Meningococcal septicaemia
Mumps
Opthalmia neonatorum
Paratyphoid fever
Plague
Rabies
Relapsing fever
Rubella
Scarlet fever
Smallpox
Tetanus
Tuberculosis
Typhoid fever
Typhus fever
Viral haemorrhagic fever
Viral hepatitis – (A; B; C; other)
Whooping cough
Yellow fever

6.0 Practice Due Regard Analysis

The Practice needs to signpost readers to the template in Appendix 4 here once completed

***** Remove all red and blue text instruction once you have inserted your local practice information/arrangements

(*Insert name of practice*)

REDUCING THE RISK OF TRANSMITTING INFECTIONS GUIDELINES

Person responsible for review of this guideline *(insert name)*
Date of last review: *(insert date)*
Date of next review: *(insert date)*

1.0 Introduction

The purpose of these guidelines is to ensure good infection prevention and control procedures are applied in this practice to reduce the risk of transmitting infections from recognised and unrecognised sources of infection to both patients and health care workers (HCW).

All staff understand their responsibility with regard to reducing the risk of transmission of infections within this practice and undertake training commensurate to their responsibilities. A record of this training is kept as evidence.

2.0 Scope

These guidelines state how this practice ensures compliance with the Health and Social Care Act 2008 *Code of Practice for healthcare on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). The Code of Practice consists of ten criteria; this guideline will incorporate criteria 7, 9a, 9b, 9d, 9i, 9p, 9s and 9w

3.0 Training

All staff in this practice involved in the delivery of healthcare or supporting its delivery have been trained in the principles of reducing the risk of transmitting infections including hand hygiene, use of personal protective equipment and the safe use and disposal of sharps (NICE clinical guideline 139), and this training has been documented.

4.0 Isolation Facilities (criteria 7, 9d)

The Code recognises that primary care practices do not require dedicated isolation facilities or treatment rooms but there is an expectation to implement reasonable precautions when a patient is suspected or known to have a transmissible infection.

Therefore within this practice those patients with known or suspected infections such as pulmonary tuberculosis and communicable diseases such as chicken pox or measles will be segregated from other patients and staff whenever practically possible.

5.0 Clinical Procedures, Use of Medical Devices and Wound Management (criteria 9b, 9i, 9s)

Principles of asepsis will be followed by all staff that perform clinical procedures including the use of medical devices and wound management. All staff carrying out these procedures will have documented training and adhere to the locally agreed skin disinfectant guidelines. (*These guidelines must be in line with best practice, agreed and documented*)*
This practice uses: *(select one of the following options and delete the other two)**

- single use instruments which are disposed of immediately after use in line with the waste management guidelines

OR

- reusable instruments that are decontaminated by an accredited reprocessing unit

OR

- combination of single use instruments which are disposed of immediately after use in line with the waste management guidelines, and reusable instruments that are decontaminated by an accredited reprocessing unit

6.0 Standard Precautions (criteria 9a, 9p)

Standard Precautions are a set of principles designed to minimise transmission of infection of a wide variety of micro-organisms, therefore it is essential that **standard precautions are used for all patients at all times**. Sources of potential infection include blood and other body fluids, non-intact skin or mucous membranes and any equipment or items in the care environment which are likely to become contaminated.

Detailed information relating to Standard Precautions can be found as identified below and consist of the following:

***** Remove all red and blue text instruction once you have inserted your local practice information/arrangements

Hand Hygiene Guideline

1.0 Hands are decontaminated

- before and after every episode of patient contact/care
- after removal of personal protective equipment (PPE i.e. gloves, aprons)
- after any activity or contact that potentially results in hands becoming contaminated.

2.0 Facilities

Clinical hand wash basins (elbow taps, no plug) will be available where clinical care takes place and equipment will not obstruct access to it. The following must be available at the clinical hand wash basin:

- Liquid soap in a wall mounted dispenser
- Paper towels in a wall mounted dispenser
- Foot operated waste bin for disposal of paper towels

3.0 Products

Soap - Liquid soap and water must be used when hands are visibly soiled and after dealing with a patient with a known or suspected infection. The liquid soap must not be decanted from one container to another.

Hand rub - Alcohol hand rub products can be used when hands are visibly clean. It must not be used when dealing with patients with a known or suspected infection.

Hand Cream **-** hands should be maintained in good condition by regular application of hand creams. Pump dispenser units should be used which should not be re-filled.

4.0 Technique

It is imperative that all surfaces of the hands and wrists are in contact with the hand cleansing solution; therefore to facilitate this staff should remove hand/wrist jewellery (with the exception of a wedding band or equivalent) and ensure long sleeves are rolled up when delivering direct patient care.

SOLUTION	HOW TO USE
Liquid Soap	• Wet hands under running water. • Dispense one dose of soap into a cupped hand. • Wash hands for 10-15 seconds vigorously and thoroughly • Ensure contact with all surfaces of each hand • Rinse hands thoroughly under running water. • Dry hands with a soft disposable paper towel and dispose into a foot or sensor operated waste bin
Alcohol hand rub	• Dispense one application of solution onto the hands. • The hand gel solution must come into contact with all surfaces of each hand.

5.0 Educating patient and carers

All opportunities to educate patients and carers about good hand hygiene in the home will be utilised.

Personal Protective Equipment Guideline

1.0 Personal Protective Equipment (PPE)

The practice will supply suitable PPE to employees who may be exposed to any risk whilst at work.

The staff in this practice will use personal protective equipment (PPE) provided to minimise the spread of infection to patients and healthcare workers (HCW). PPE is not a substitute for safe systems of work but is complementary to them and health care workers have a responsibility to ensure PPE is worn appropriately.

Once removed any item of PPE must be disposed of in the appropriate waste stream followed by immediate decontamination of hands.

Selection of PPE- A risk assessment should take place to identify what personal protective equipment is required.

2.0 Gloves

The aim of wearing gloves is to:

- Protect hands from contamination by organic matter and micro-organisms
- Protect hands from chemicals that may cause an adverse reaction on the skin
- Reduce the risk of cross-infection by preventing the transfer of organisms from staff to patients, patient to staff and environment to staff

Disposable, well fitting, good quality, single-use sterile/non-sterile powder-free, low-protein, latex gloves should be worn for contact with body substances or items contaminated by them, mucous membranes and non-intact skin. Nitrile is an acceptable alternative to latex.

3.0 Disposable Plastic Aprons

Disposable plastic aprons are worn:

- To protect the wearer's clothing/uniform from the patient
- To protect the patient from the wearer's clothing / uniform
- To protect the wearer's clothing/ uniform from cleaning agents and splashing

4.0 Masks

General surgical face masks must be worn to protect the HCW's mouth and nose during procedures likely to cause splashing or aerosol of body substances into the mouth or nose of the HCW

Respiratory protective equipment for example a particulate filter mask must be used when clinically indicated.

5.0 Eye Protection/ Face Visors

Goggles, visors or protective spectacles must be worn to protect the HCW's eyes from aerosol or splash contamination of body substances or chemicals.

Safe Handling and Disposal of Waste Guideline

All healthcare waste must be segregated, stored, transported and disposed of in accordance with the Health Technical Memorandum 07-01: *Safe Management of healthcare waste*. Compliance with HTM 07-01 will fulfil legal and statutory requirements.

In this practice (*insert name of designated person*) is ultimately responsible for ensuring that clinical waste is managed in compliance with HTM 07-01

It is the duty of *(insert name of designated person)* to ensure implementation and compliance of this guideline including auditing.

It is the duty of staff in this practice that produce waste to follow the segregation protocols, and deposit their waste into the appropriate colour coded waste receptacle.

*Information is required here on the local waste segregation and national colour-coding approach as per HTM 07-01. You may want to use a table (example below) to identify waste streams**

Waste should be segregated according to the definitions below

Type of waste	Receptacle
***Sharps** contaminated with cytotoxic/cytostatic medicinal products*	*Yellow sharps bin with purple lid* 
Sharps medicinal products that are partially and fully discharged but not contaminated with cytotoxic/cytostatic products. Single use sharp instruments should also be placed in this sharps bin	Yellow sharps bin with yellow lid 
Infectious waste and potentially infected waste	Orange bag 

Offensive waste, for example continence products, stoma bags and healthcare waste that has been assessed as non-infectious by a Health Care Professional	Yellow and black striped bag 
Domestic type refuse: Food packaging Paper/magazines that cannot be recycled Paper towels (no hazardous waste)	Black bag 

All clinical waste bags must be securely fastened to avoid leakage, sharps containers locked, and all items labelled to identify the premises where waste has been generated. Waste must be stored in a secure location away from the public while waiting for collection by the registered waste carrier.

All staff that produce or handle waste are trained in the categories of waste, appropriate segregation of waste, use of personal protective equipment (PPE), and the storage of waste. A record of this training will be kept as evidence.

This practice *(and their branch surgeries- include this text if this is applicable)* will be registered as a hazardous waste producer and a signed consignment note, as defined in the Hazardous Waste Regulations, must accompany the clinical waste from the place of production to the place of destruction. The consignment note comprises of duplicate copies and the general practice must retain a copy as evidence of compliance. All Consignment Notes must be kept for three years from the date of issue.

***** Remove all red and blue text instruction once you have inserted your local practice information/arrangements

Linen Management

1.0 Linen

This practice uses:

- disposable paper roll for covering examination couches which is changed between patients and the paper roll is stored off of the floor.

If the couch becomes visibly contaminated it is cleaned, dried and disinfected (apron and gloves worn) before replacing the paper towelling for the next patient.

If a “dignity” sheet is required, disposable paper roll is used.

2.0 Patient Privacy Curtains

This practice uses *(select one of the following options and delete the other)**

- Fabric curtains which are thermally disinfected (71^0C for at least 3 minutes or 65^0C for 10 minutes) every six months or more frequently if soiled.

OR

- Disposable curtains which are changed every six months or more frequently if soiled.

***** Remove all red and blue text instruction once you have inserted your local practice information/arrangements

CLEANING AND DECONTAMINATION GUIDELINE

Person responsible for review of this guideline: *(insert name)*
Date of last review: *(insert date)*
Date of next review: *(insert date)*

1.0 Introduction

The designated lead for cleaning and decontamination is *(insert name)* and they are responsible for the implementation of this guideline.

The cleanliness of health care premises and equipment of great importance to both patients and the Department of Health (DH) and is paramount in reducing the risk of transmitting infections. This practice is committed to providing clean premises and equipment for its patients. Healthcare premises and equipment that are not in regular use still require cleaning on a regular basis.

All staff understand their responsibility with regard to cleaning and decontamination and undertake training in the correct procedures and use of cleaning products commensurate to their responsibilities. A record of this training is kept as evidence.

2.0 Scope

These guidelines state how *(insert name of practice)* ensures compliance with the Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). The Code of Practice consists of ten criteria; this guideline will incorporate criteria 2, 9i, 9j, 9k, 9t and 9o.

3.0 Definitions

Decontamination - a general term used to describe the destruction or removal of microbial contamination to render an item or the environment safe.

There are different levels of decontamination categorised as follows:

Cleaning - a process that removes dirt, dust, large numbers of microorganisms and the organic matter, such as blood or faeces that protects them. A general purpose detergent and water or detergent wipe is used. The product(s) used in this practice is *(insert name/s).* This is the most important part of the decontamination process and must be carried out to a high standard, prior to any further stages of the decontamination process.

Disinfection - the process which reduces the number of microorganisms to a level at which they are not harmful. Spores are not usually destroyed. A disinfectant is an agent which destroys most microorganisms, but not usually bacterial spores. The disinfectant used in this practice is *(insert name).*

If a Sanitiser is used in the practice include this section if it is not used delete this section

Sanitiser- is a product which cleans and disinfects in one process. The product used in this practice is (*insert name).*

Sterilisation - - this is the process of removing or killing all viable organisms including spores with the exception of prions.

4.0 Environment (criteria 2 and 9i)

All staff is responsible for ensuring that the environment they work in is kept clean and free from clutter. The type of furniture, fixtures and fittings used in the different areas and rooms in this practice reflects the activity which takes place and therefore the associated cleaning required.

This practice has a cleaning schedule in place which identifies what is to be cleaned, the frequency of cleaning and how it is to be cleaned (including identifying products and equipment which is colour coded in line with national guidance). All areas are monitored to ensure the cleaning schedule achieves the standard of cleanliness that is required. *Note- if minor surgery takes place in the practice the cleaning schedule for the minor surgery room needs to reflect the increased risk**

*Select one of the options below and delete the other**

Where invasive procedures/ and or wound management takes place:

- A disinfectant is used following the detergent clean

- A sanitiser which is combined detergent and disinfectant product is used

This practice complies with the National Patient Safety Agency guidance produced in 2010 the national specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes guidance in primary care medical and dental premises it is available from *http://www.nrls.npsa.nhs.uk/resources/?entry45=75241*

5.0 Reusable Medical Devices (criterion 9j)

Reusable medical devices (excluding surgical instruments) are decontaminated as identified in Appendix 1 of this guideline.

If the practice uses reusable surgical instruments include the text below, if not delete this section*- Reusable surgical instruments used for invasive procedures in this practice are reprocessed (cleaned and sterilised) by *(insert name)* which is an accredited reprocessing unit.

6.0 Single Use Devices (criterion 9k)

Any equipment identified as single use is not decontaminated for re-use. All single use equipment is disposed of immediately after use in the appropriate waste stream.

The following symbol is used on packaging indicating that it is single use and that it must not be re-used. It replaces the 'Single use' wording.

7.0 Single Patient Use

Medical devices marked as 'single patient use' can be used more than once on the same patient (the number of times will be indicated by the manufacturer). Decontamination will be required after each use according to the manufacturer's instructions and then the device must be stored in a way to prevent contamination prior to subsequent use by the same patient and to prevent reuse by another patient.

8.0 Decontamination of medical devices requiring inspection, service or repair (Compliance with MHRA DB 2006(05)

Prior to requesting inspection, service or repair of medical devices used in clinical practice they must be decontaminated wherever possible and a form must accompany the item identifying if it is decontaminated or contaminated.

9.0 Purchase, cleaning, decontamination, maintenance, and disposal of equipment (criterion 9t)

Before equipment is purchased consideration is given on how it will be cleaned (including accessibility and affordability of chemicals recommended), maintained and disposed of recognising the infection control risks associated with each process. Manufactures will be asked to provide information on the decontamination method to be used.

10.0 CJD/vCJD (criterion 9o)

A prion is a non-living, self-replicating infectious agent made of protein. It can reproduce with the aid of its host's biological machinery, like a virus. Prions cause a number of diseases in a variety of animals, including variant Creutzfeldt-Jakob disease (vCJD) in humans. Prions are generally quite resistant to being inactivated by heat, radiation and disinfectant treatments, although their infectivity can be reduced by such treatments.

In the community there is little risk of the spread of CJD/vCJD but if a patient is identified as positive or high risk for CJD/vCJD the following must be undertaken:

- Follow standard precautions as identified in preventing the transmission of infections (i.e. hand hygiene, PPE, safe disposal of sharps and waste)
- Clean and disinfect all patient contact surfaces following examination/procedures
- Use single-use disposable items wherever possible and dispose of items as clinical waste after use
- If reusable medical devices including endoscopes are required liaise **prior to the procedure** with your decontamination unit regarding any precautions required including quarantine
- Liaise with the Health Protection Unit (HPU) for more information and support Telephone number 0844 2254524.
- Advice is also available in guidance from the Advisory Committee on Dangerous Pathogens (ACDP) TSE Working Group.

11.0 Practice Due Regard Analysis

*Document date of local analysis**

***** Remove all red and blue text instruction once you have inserted your local practice information/arrangements

Appendix 1

*Suggestions for inclusion in table- the list below should reflect all equipment that is used within the practice and the practice will need to add or remove equipment as appropriate**

Cleaning - wash with detergent and water (*insert name of product agreed by practice*), rinse and dry. Alternatively a detergent wipe can be used *(insert name of product agreed by practice).*

Disinfect - *insert name of chemical agreed by the practice.*

Sanitiser - alternatively a product which cleans and disinfects in one stage is used by this practice insert name agreed by the practice.

ITEM	METHOD	FREQUENCY/ COMMENTS
Auroscope ear piece	Single use Reusable- clean ensuring all wax removed and disinfect	Dispose of after use After each use
Auroscope hand held device	1. Clean 2. Clean and disinfect	1. At the end of each session 2. After use if contaminated
Baby Changing Mat (if torn must be disposed of) And Baby Scales	Cover with paper roll Clean and disinfect	Change paper roll between each baby At the end of each session and after patient use if contaminated
Blood Glucose Pen / Lancet	Single use	Dispose of after use
Blood Glucose Monitoring Machine	1. Clean 2. Clean and disinfect	1. At the end of each session 2. After patient use if contaminated
Blood pressure sphygmomanometer and cuff	1. Clean 2. Clean and disinfect	1. At the end of each session 2. After patient use if contaminated
Curtains- Disposable	Replace	6 monthly or when visibly soiled
Curtains- Fabric	Thermally disinfected (71ºC for at least 3 minutes or 65ºC for 10 minutes)	6 monthly or when visibly soiled
Doppler Ultrasound probe	Remove gel and follow manufacturer's instructions	After use
Dressing trolleys	Clean and disinfect	Before and after each use

Ear syringing equipment	1. Single use tips 2. Clean and disinfect reusable equipment following manufacturer's instructions	1. Dispose of after use 2. After patient use
ECG equipment	Single use electrodes	Dispose of after use
ECG machine	Clean	After use
Examination Couch	1.Cover with paper roll (store paper roll off the floor) AVOID LINEN including blankets 2.Clean and disinfect	1. Change paper roll between each patient 2. At the end of each session and if contaminated
Nebuliser	1. Single use mask 2. Clean nebuliser box	1. Dispose of after use 2. After patient use
Peak flow mouth piece	Single use	Dispose of after use
Peak flow hand held device	1.Clean 2. Clean and disinfect	1. At the end of each session 2. After patient use if contaminated
Pillows	1. Cover with paper towel Ensure pillows are completely enclosed in a heat sealed plastic cover. 2. Clean and disinfect	1. Change paper roll between each patient 2. At the end of each session and if after patient use if contaminated
Scissors for clinical/dressing use	Clean and disinfect	Before and after each use
Specula (vaginal)	Single use	Dispose of after use
Stethoscope diaphragm/bell	Clean	Daily and if contaminated
Suction tubing	Single use	Dispose of after use
Tourniquets	1. Clean 2. Clean and disinfect	1. At the end of each session 2. After patient use if contaminated
Tympanic thermometers ear piece	Single use	Dispose of after use
Tympanic hand held device	1. Clean 2. Clean and disinfect	1. At the end of each session 2. After patient use if

		contaminated
Toys Only plastic toys that are in good condition should be used. (no soft toys or wooden toys	1. Clean 2. Clean and disinfect	1. At the end of each session and 2. After patient use if contaminated Toys in waiting rooms should be cleaned weekly and after patient use if contaminated
Work surfaces	Clean and disinfect	At the beginning and end of each session, and after patient if contaminated (if minor surgery list between each patient)

***** Remove all red and blue text instruction once you have inserted your local practice information/arrangements

(Insert name of practice)

PREVENTING AND MANAGING EXPOSURE TO BLOOD BORNE VIRUSES (BBV) GUIDELINE

Person responsible for these guidelines: *(insert name)*
Date of last review: *(insert date)*
Date of next review: *(insert date)*

1.0 Introduction

These guidelines will ensure, as far as practicably possible, that staff working in this practice are free from exposure to BBV infections that can be transmitted in the healthcare environment and that all staff are educated in the prevention and control of infection. Training records for each staff member will be maintained.

Occupational health services are available by contacting *(insert name of service and contact details).* Screening and vaccination for blood borne viruses will be provided and records maintained for all staff. Occupational Health will provide advice regarding fitness for work and monitoring as necessary in line with Department of Health guidance.

Information on actions to take and how to obtain post-exposure prophylaxis in the event of occupational exposure to blood or body fluids is identified on Appendix I of these guidelines.

2.0 Scope

These guidelines state how *(insert name of practice)* ensures compliance with the Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). The Code consists of ten criteria; these guidelines will incorporate criteria 9e, 9f, 9g and 10.

3.0 Occupational exposure to blood borne viruses (BBV)

All occupational exposure to BBVs (including splashing and aerosols into mucous membranes) must be reported to *(insert name)* in this practice and advice on actions to be taken including post-exposure prophylaxis can be found on Appendix 1 of these guidelines. An accident form must be completed; this is found *(insert location).*

4.0 Sharps management (9e)

The term ‘sharp’ applies to any instrument that is able to puncture or inoculate the skin or mucus membrane. A sharps injury is defined as an injury where a needle or other sharp object, contaminated with blood or other body fluid, penetrates the skin. This also includes human bites and scratches that break the skin. Injuries can result not only where the person is the original user of the sharp but also during the process of disposal.

Safe Working Practices - These can be divided into 3 stages

Prior to use:

- Ensure the appropriate sharps bins are available
  - **Orange lid = sharps only; fully discharged syringes / no medicinal products – incinerate or alternative treatment**
  - **Yellow lid = partially discharged syringes / medicinal products – incinerate only**
  - **Purple lid = for cytotoxic products only – incinerate only**

- Follow correct method to ensure safe clinical practice when assembling the sharps bin (Bin must comply with the British Standard (BS7320))
- Ensure that date of assembly and name of assembler is clearly identified on the sharps bin.
- Choose the safest device possible, use needleless devices where appropriate
- Ensure there are adequate sharps bins of appropriate sizes available
- Ensure sharps bins are situated in suitable locations
- Take the sharps bins to the point of use when appropriate and place it on a hard even surface
- Always keep sharps bins out of the way of children and other vulnerable people
- Use vacuum blood collection bottles where appropriate

During use:

- Wear appropriate personal protective equipment
- Use the device provided on the sharps bin to remove needles from syringes and blades from scalpel handles
- Use trays to carry sharps devices prior to use, never carry sharps in your hand
- Activate temporary closure mechanism on sharps bin between use
- Never move an open sharps bin
- Always carry the sharps bin by the handle
- Be especially careful of sharps risks during emergency procedures

After Use:

- Do not re-sheath needles
- Dispose of sharps directly into a sharps bin **at the point of use**
- Safe disposal is the responsibility of the user
- Dispose of sharps bins when ¾ full
- Always label the sharps bin with practice identifiable information
- Lock securely and dispose of sharps bin as clinical waste
- Do not put sharps bins in clinical waste bags

In The Event of a Sharps Injury

First Aid

- Encourage the wound to bleed
- Do not suck or rub the wound
- Wash the area thoroughly with soap and warm running water
- Cover the injury with a waterproof dressing
- Note the patients name involved in the incident to assess risk to the user
- Contact the practice Occupational Health Service *(or follow local agreement)* immediately and ask for guidance
- If the injury occurs out of hours attend the A&E department *(or follow local agreement)*
- If the risk assessment identifies a potential risk of exposure to blood borne viruses, you will be required to have blood tested immediately
- You will be advised on whether Post Exposure Prophylaxis (PEP) is required
- Always make sure you know the results of your blood tests

Reporting

- Injury from sterile sharps as well as contaminated sharps should be reported
- Report incident to practice manager and Occupational Health
- Fill in an incident report form which is located (*insert where held in the practice)*

5.0 Management of blood and body fluid spills (see appendix 2 of this guideline)

Measures to avoid exposure to blood borne viruses (BBV) such as hepatitis B and C and Human Immunodeficiency Virus (HIV) include:

- Wearing protective personal equipment (i.e. gloves, aprons, eye protection)
- Safe handling and disposal of sharps and clinical waste
- Management of risk during surgical procedures

Definitions

The term body fluid describes blood, vomit, urine, faeces, cerebrospinal fluid (CSF), sputum, or any other bodily secretions or excretions.

A Biohazard kit is a pack that contains all the essential equipment for dealing with spillages, including chlorine granules, which are the safest method of managing spillages of body fluids.

Immediate action

- Spillages of blood and body fluids may present an infection risk to others and must be dealt with immediately.
- It is the responsibility of the clinical staff or a designated trained person to deal with spillages of body fluids in the first instance. *(The practice should identify responsible persons)*
- The member of staff clearing the spillage must ensure that the safety of others is maintained and the area made safe immediately.

Management of spills depends on a number of factors, including:

- The nature of the spill for example sputum, vomit, faeces, urine, blood or laboratory culture
- The organism most likely to be involved in these different types of spills
- The size of the spill for example large, small or spot
- The type of surface for example carpet or impervious hard flooring

Equipment required for blood spillages

Collect the Biohazard Kit. If a kit is not available gather the equipment you will need:

- Protective personal equipment - disposable gloves, apron and face visor or goggles if there is a risk of splashing
- Sodium dichloroisocyanurate (NADCC) granules to sprinkle on the spill **or** soluble tablets reconstituted to 10,000ppm (1% available Chlorine).
- Absorbent paper towels to mop up the spill
- Clinical waste bag to dispose of the used materials
- Mop and bucket to clean the area after the spillage has been cleaned up

Procedure for dealing with large spillages

- Wear gloves and apron. A mask and goggles may also be required if there is a risk of splashing.
- Sprinkle the spill with NADCC granules until the fluid is absorbed **or** cover the spillage with paper towels to absorb all liquid and carefully pour a freshly prepared hypochlorite solution of 10,000pppm (1%) available chlorine.
- Leave the spill for a contact period of approximately 3 minutes to allow for disinfection. Ensure the area is safe.
- Depending on the method used, either scoop up the absorbed granules or lift the soiled paper towels and discard into a clinical waste bag.
- Wipe the surface area with fresh hypochlorite solution
- Wash treated area with detergent and water and rinse with clean water, as hypochlorite may be corrosive.
- Dry the surface with paper towels.
- Remove PPE worn (gloves, plastic apron and mask), and discard into a clinical waste bag.
- Remove goggles if worn and clean and disinfect.
- Wash and dry hands thoroughly immediately.

Procedure for splashes and drips of blood

- Wear gloves and apron.
- Wipe the area immediately with paper towel soaked in hypochlorite solution of 10,000ppm (1%) available chlorine.
- Wash treated area with detergent and water and rinse with clean water as hypochlorite solution may be corrosive.
- Dry the surface with disposable paper towels.
- Wash and dry hands.

Procedure for dealing with urine/vomit/faecal spillages

- Wearing gloves and apron cover the area with paper towels to absorb all liquid. (Chlorine based products should not be used directly onto urine/vomit/faecal spillages as this will result in fumes being released).
- Discard paper towels into clinical waste bin.
- The area should be wiped with a chlorine solution of 10,000ppm (1%)
- Clean the treated area with detergent and water and then rinse with clean water
- Dry surface with disposable paper towels

6.0 Accidents and incidents

If an accident occurs due to a spillage incident, administer first aid and attend Accident and Emergency Department, Walk in Centre or *(insert name and contact details of occupational health service).* Follow the policy for documenting and reporting the incident.

7.0 Training and education

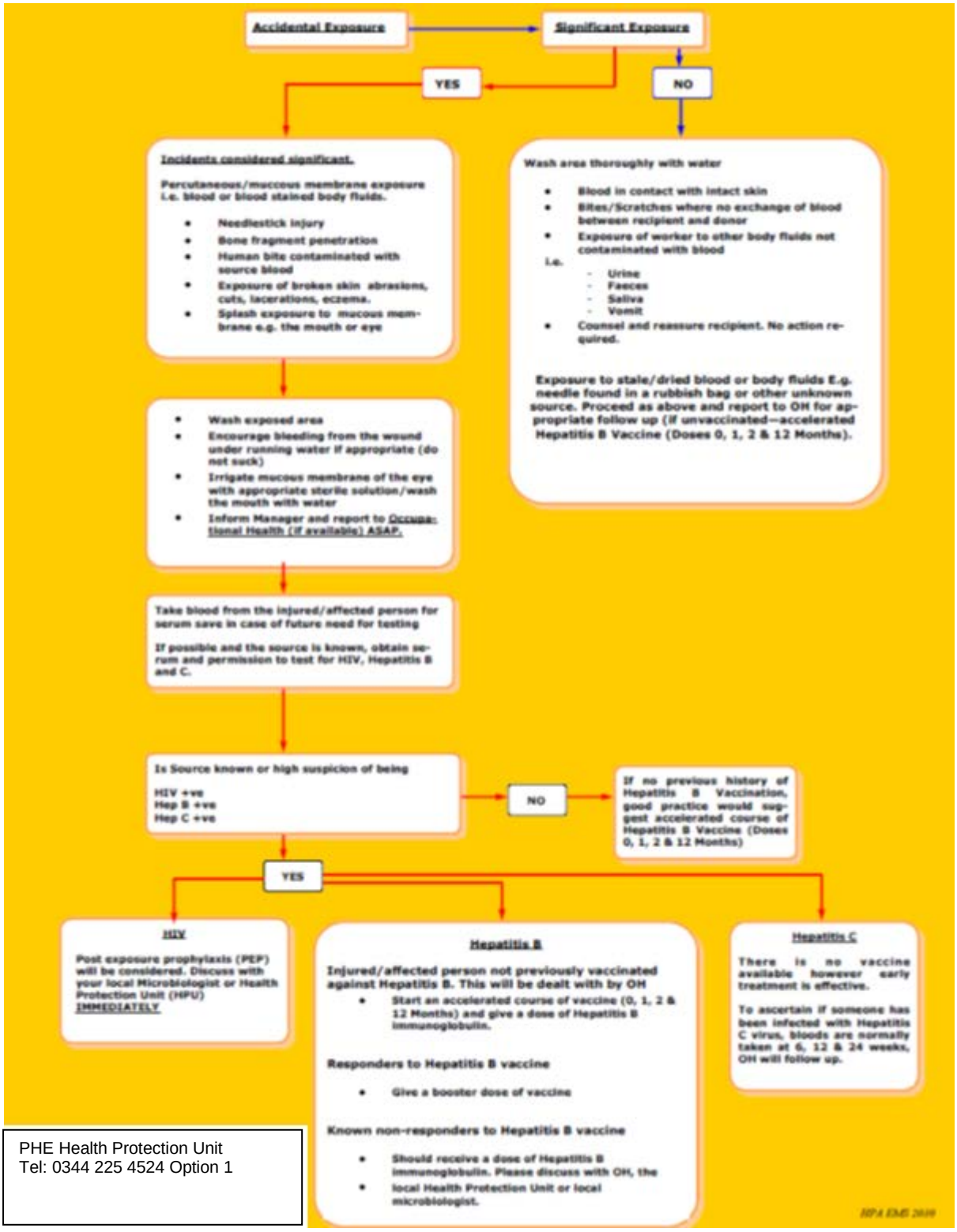
All staff involved directly or indirectly in patient care will attend an annual infection control training session that includes sharps handling and management of body fluid spills/splashes. Training records will be maintained.

8.0 Practice Due Regard Analysis

*Document date of local analysis**

***** Remove all red and blue text instruction once you have inserted your local practice information/arrangements

Appendix 2



PHE Health Protection Unit
Tel: 0344 225 4524 Option 1

NHS South Lincolnshire Clinical Commissioning Group

NHS South West Lincolnshire Clinical Commissioning Group

NHS Lincolnshire West Clinical Commissioning Group

NHS Lincolnshire East Clinical Commissioning Group

Appendix 3

PROCEDURE FOLLOWING SPILLAGE OF BODY FLUIDS IN A PRIMARY CARE SETTING

- PERSONNEL PROTECTIVE EQUIPMENT i.e. DISPOSABLE APRONS AND LATEX GLOVES MUST BE WORN WHEN DEALING WITH ANY BODY FLUID SPILLAGE
- DISPOSABLE PAPER TOWELS MUST BE USED THROUGHOUT
- DISCARD ALL PAPER TOWELS, GLOVES AND APRONS INTO AN ORANGE CLINICAL WASTE BAG
- ENSURE THE CORRECT COLOUR CODED MOP AND BUCKET IS USED

BLOOD

MINOR SPILLS

- WIPE WITH DISPOSABLE PAPER TOWELS AND A CHLORINE BASED SOLUTION i.e. SODIUM HYPOCHLORITE 1% or MILTON
- CLEAN WITH DETERGENT AND WATER, RINSE AND DRY

MAJOR SPILLS

- USE A DEDICATED SPILL KIT FOR THE CLEANING UP OF MAJOR SPILLS i.e. HAZ TAB GRANULES (Follow manufacturer's instructions)
- ONCE THE SPILL IS CLEANED UP WIPE WITH CHLORINE BASED SOLUTION i.e. SODIUM HYPOCHLORITE 1% or MILTON
-
- CLEAN WITH DETERGENT AND WATER, RINSE AND DRY

FAECES, VOMIT, URINE, SPUTUM

- WIPE UP SPILLAGE WITH PAPER TOWELS
- CLEAN THE AREA THOROUGHLY WITH DETERGENT AND WATER
- WIPE AREA WITH A CHLORINE BASED SOLUTION i.e. SODIUM HYPOCHLORITE 1% or MILTON
- CLEAN WITH DETERGENT AND WATER, RINSE AND DRY

(Insert name of practice)

SPECIMEN HANDLING GUIDELINE

Person responsible for this policy: *(insert name)*
Date of last review: *(insert date)*
Date of next review: *(insert date)*

1.0 Introduction

Good infection prevention and control is essential to ensure that people who handle samples of body fluid or tissue do so safely. This practice is committed to providing effective infection prevention and control practices to minimise the risk of infection and ensure the safety of patients, visitors and staff.

A clinical sample includes any body fluid or tissue obtained for the purpose of analysis. Samples may be obtained to aid diagnosis, treatment and management of patients.

2.0 Scope

This guideline states how *(insert name of practice)* ensures compliance with the Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). It is aimed at all staff involved in the taking, handling or transporting of body fluid or tissue samples in this practice. The Code consists of ten criteria; this document will incorporate criterion 9q.

3.0 Responsibilities

The designated lead for infection prevention and control in this practice is responsible for ensuring that protocols for the handling and transportation of samples of body fluid and tissue are compliant with current legislation.

All staff handling samples of body fluid and tissue is compliant with this guideline.

4.0 Obtaining specimens from patients

Personal protective equipment (PPE) will be worn when obtaining samples of body fluid or tissue. Disposable latex/nitrile gloves and plastic apron will be worn and a risk assessment is carried out to ascertain whether any face protection is required.

The purpose of the sample and the procedure for taking the sample will be explained prior to obtaining consent. Consent must be obtained from a patient prior to taking body fluid or tissue samples.

Samples must be placed into the correct container for the type of examination requested. All containers must be labelled with correct patient identification and must match the information on the requesting form. Care must be taken to ensure confidentiality is maintained at all times whilst ensuring that staff receiving samples in the laboratory is aware of any risk (e.g. blood borne virus).

Information required:

- Patient's surname and forename
- Date of birth
- NHS number
- Surgery/location of patient when sample taken
- GP/clinician's name
- Clinical details including current medication, especially antibiotics
- Type of examination/analysis required

Containers must be placed into leak proof containers for transportation to the laboratory. All staff is aware of the correct procedures for storing samples prior to transporting to the laboratory.

All staff is aware of the procedures needed if a container or packaging becomes soiled with body fluid or tissue when receiving samples from patients. Refer to protocol for managing body fluid spills.

5.0 Receiving specimens from patients

Anyone handling or receiving samples from patients must ensure they are not exposed to contact with body fluid or tissue.

Patients bringing their own samples are requested to place the sample into a collection box. Personal protective equipment is worn by staff if handling these samples prior to testing or transportation to the laboratory.

Containers that have contained body fluids or tissue must be disposed of as clinical waste and destroyed in accordance with the practice waste policy.

Personal protective equipment must be disposed as clinical waste and hands washed with soap and water after removal.

The reusable plastic receptacle used to collect/store specimens must be cleaned at least daily and immediately clean and disinfected if contaminated by body fluids following the practice cleaning and decontamination guidelines.

6.0 Practice Due Regard Analysis

*Document date of local analysis**

(Insert name of practice)

MANAGING COMMUNICABLE INFECTIONS; INCREASED INCIDENCE AND/OR OUTBREAKS OF INFECTION GUIDELINE

Person responsible for this policy *(insert name)*
Date of last review *(insert date)*
Date of next review *(insert date)*

1.0 Background

Medical primary care practices need to ensure that the management of patients infected or colonised with specific communicable disease e.g. MRSA is available to staff for reference

All medical primary care practices must have guidance on managing episodes of increased incidence and outbreaks of communicable infection detected by the practice or by other clinicians or health protection services.

Additional sources of infection prevention and control advice must be available to staff for managing communicable infections.

2.0 Scope

These guidelines state how *(name of practice)* ensures compliance with the Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance 2010* (to be known hereafter as the Code). The Code consists of ten criteria; this document will incorporate criteria 9c; 9h and 9n of the Code.

3.0 Definition

Communicable disease: an illness that can be transmitted either by direct or indirect contact, inhalation, ingestion or inoculation.

Increased incidence of infection: can be described as a period when higher than average levels of a particular communicable infection are identified e.g. influenza or viral gastroenteritis.

Outbreak: is when two individuals or more are identified with the same organism and can be linked in time, place and evidence of transmission between one to another.

4.0 Patient management

People with a known or suspected communicable disease will be seen and treated in a separate room from patients without a communicable disease.

Contaminated surfaces and equipment used in the diagnosis or treatment of someone with a known or suspected communicable disease will be decontaminated after use by that person.

Personal protective equipment (PPE) is worn when in contact with a person with a known or suspected communicable disease. The PPE will be appropriate to the risk of infection; gloves and disposable aprons in all circumstances and face protection if there is a risk of splashing of body fluids into mucosal membranes or if transmission is by respiratory secretions. Advice for protection against inhalation of micro-organisms is available from the Health Protection Agency website.

Hands are washed with soap and water after contact with a person with a known or suspected communicable disease. Sanitiser hand rubs are not a suitable substitute for hand washing in these circumstances.

5.0 Management of increased incidence and outbreaks

Further information and guidance can be obtained from the local Health Protection Unit on telephone number 0844 2254524.

Confirmed outbreaks of infection are reported to the Department of Health by the laboratory or Public Health. This practice will participate in any investigation carried out to determine the cause and evaluate the measures that were instigated. This practice will consider the following points when involved in the management of increased incidence or outbreak.

- Seek expert infection control advice
- Report suspected or known periods of increased incidence and/or outbreaks to public health.
- Segregate patients with known or suspected infection from other patients whenever practicably possible.
- Ensure hand hygiene facilities are available for patients and staff
- Ensure the environment is kept clean, paying particular attention to toilet flush handles, door handles, light switches etc.
- Ensure shared patient equipment is decontaminated appropriately between patients
- Ensure protective personal equipment is readily available to staff
- Take samples from patients promptly and send to laboratory for diagnosis

6.0 Closure of premises

It is unlikely that primary care practices will be required to close premises as a direct consequence of infection. A system will be in place to receive advice from the local health protection unit and/or infection prevention team and clear criteria for closure and re-opening of premises, including environmental decontamination, is available.

7.0 Control of outbreaks with specific organisms

This practice has policies and procedures to minimise risk to patients from alert organisms e.g. anti-microbial prescribing policy to minimise the Clostridium difficile risk. The policy takes account of patients infected or colonised with these organisms.

8.0 Practice Due Regard Analysis

*Document date of local analysis**

***** Remove all red and blue text instruction once you have inserted your local practice information/arrangements

PRIMARY CARE INFECTION PREVENTION AND CONTROL POLICY GUIDANCE NOTES

1.0 Introduction

Every practice should have a comprehensive written infection prevention and control (IPaC) policy, which is tailored to the routines of the individual practice and regularly updated. It should demonstrate that the practice is working to current recommendations for all aspects of infection control.

As a result of frequent and extensive media coverage, the public is now more aware of the need for General Practitioners and primary care teams to adhere to good practice. These procedures should be regularly monitored during clinical sessions and routinely audited. All members of staff should understand their role and responsibility towards IPaC and regular discussion at practice meetings is recommended.

2.0 Scope

The regulation of adult health and social care has been changing since April 2009 because of the introduction of the Health and Social Care Act 2008 (H&SCA). Care providers must be able to demonstrate compliance with the H&SCA to achieve registration with the Care Quality Commission. The *Code of Practice on the prevention and control of infections and related guidance* (to be known hereafter as the Code) sets out the requirements for providers of regulated activities to demonstrate compliance with the Code.

3.0 Responsibilities

- Primary Care practices must outline the collective responsibility for minimising the risk of infection and how this will be achieved.
- Sufficient resources must be available to secure effective IPaC and include the implementation of an IPaC programme, infrastructure, develop an annual report and the ability to detect and report infections.
- There must be a designated person who has the appropriate knowledge and skills to take responsibility for IPaC; developing the infrastructure, assurance framework and infection prevention programme. The role will depend on the size, organisational structure and complexity of care provided in the practice.
- A list of names and contact details of health practitioners who can provide advice on IPaC should be available.
- Premises should be furnished and decorated in a way that follows national guidance to facilitate cleaning and the delivery of clean safe care. Examination of infected patients / wound sites should be carried out in a designated room for the purpose.

- Cleaning schedules should be developed to cover communal areas, consultation and treatment rooms and other specialist areas.
- Initial advice and treatment to a service user who develops an infection should be provided by the primary care practitioner.
- Systems must be in place to ensure that information about infections is shared with other health and social care providers, whilst ensuring the principles of information governance are followed.
- All staff have a duty to adhere to policies, procedures and guidelines in preventing the transmission of infection.
- Staff must attend IPaC training commensurate with their role in the practice. Staff have a responsibility to maintain IPaC knowledge to ensure that it is up to date to ensure competency levels and best practice.
- Systems must be in place to record all training delivered and received by staff.
- Primary Care practices should provide up to date information on infections including how patients can contribute to the prevention and control of infections.
- Primary Care practices must have access to a CPA-accredited diagnostic microbiology and virology laboratory for the investigation and management of disease.
- Information should be available to service users about the practice's approach to IPaC, staff responsibilities and who to contact in the event of concerns about IPaC.

4.0 Risk assessment

- Primary Care practices should complete an assessment of the infection risks within the practice environment.
- Steps to reduce or control any risks should be identified and implemented.
- All findings and control measures must be recorded along with methods to monitor further risk.

5.0 Notifiable Diseases

The Health Protection (Notification) Regulations 2010 require the attending doctor to notify the Proper Officer of the local authority of cases of specified infectious disease (see list below) which present or could present, significant harm to human health, to allow prompt investigation and response. The regulations also require diagnostic laboratories to notify the Health Protection Agency of the identified causative agent of the infectious disease.

APPENDIX 4

Equality Analysis Template for policies / procedures / guidelines

Name of Practice:	
Name of policy:	
Purpose of policy:	*The aim of this policy / procedure / guideline is to ……*

Equality Act 2010 General Duty

Information relating to the Equality Act 2010 and the general duty can be found on the Ministry of Justice website: http://www.justice.gov.uk.

It is a requirement, when making any decisions relating to the shaping of policies, service delivery or as an employer, to have due regard to the need to:

1. **eliminate unlawful discrimination**, harassment, victimisation, and any other conduct prohibited by the Equality Act 2010
2. **advance equality of opportunity** and
3. **foster good relations**

between people who share any of the protected characteristics and people who do not share them (note: 2 and 3 do not apply to marriage and civil partnership).

Socio-economic deprivation is not a protected characteristic but included as best practice

Human Rights Act 1998 It is a requirement for organisations to protect and promote human rights for service users and staff.

Please read the Due Regard guidance on the Ministry of Justice website before completing this equality analysis
What information have you used to analyse the effects on equality, particularly in relation to the protected characteristics?
• *Provide details of the statistics, research or stakeholder engagement that you have analysed in order to assess the effect of the service, function or policy on equality* • *Provide hyperlinks/references to any websites/documents (if analysis is already documented elsewhere, no need to repeat it here providing you can reference it).* • *If there are any gaps in the information available how do you aim to address them? If not, why not?* *E.g. The purpose of the ….. Policy is to ……. Nice guidance has been reviewed in relation …….*
What has this information told you about the potential effect on equality, particularly in relation to access, experience or outcomes for the protected characteristics?
*Analysis should be as rigorous as possible, although the amount of analysis undertaken should be **proportionate** to the likely impact on protected groups.* • *If you have made a judgment that there is no likely impact, can you justify why you have made this judgment?* • *Provide hyperlinks/references to any documents where analysis is reported (if analysis is already documented elsewhere, no need to repeat it here providing you can reference it).* ***XXXXXXX***
Taking into account your equality analysis, and the aims of the equality duties and Human Rights Act in mind, what is your overall assessment of the likely impact of the policy/decision on the protected characteristics listed below?

Overall finding of equality analysis (✓)	**Go ahead as planned**		**Adjust**		**Continue regardless**		**Stop**	

What are the potential risks/costs (financial or otherwise) of not taking the actions below?

What are the potential savings/ benefits of taking the actions below?

Protected Characteristic	Eliminate unlawful discrimination	Advance equality of opportunity	Foster good relations	Action Plan	
	Issue/Risk			Actions/ Outcomes	Target date
Age	*e.g. Yes*	*e.g. yes*	*e.g. Yes*	*e.g. No impact*	
Disability	*e.g. No*	*e.g. No*	*e.g. No*	*e.g. leaflets to be provided in different languages – send to translation service.*	*e.g. By end November 2012*
Gender re-assignment					
Marriage & Civil Partnership		N/A please refer to guide			
Pregnancy and maternity					
Race					
Religion / Belief					
Sex (gender)					
Sexual Orientation					
Socio-economic deprivation					
Human Rights					

Date of analysis	D	D	M	M	Y	Y	Accountable Officer for actions (name and signature)	*XXXXX*
Action Plan Review Date	D	D	M	M	Y	Y		