GUIDANCE ON ENVIRONMENTAL REQUIREMENTS FOR MINOR SURGERY IN GENERAL PRACTICE

Approved by: Quality and Clinical Governance Committee

On: 2nd August 2011

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Review Date: August 2013

Directorate responsible for Review: Quality, Communications and Engagement Directorate

Policy Number: PC012

Signed by: Liz Rowbotham
Director of Quality, Communications and Engagement
### Version Control and Summary of Changes

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Amendment</th>
</tr>
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<tbody>
<tr>
<td>1.0</td>
<td>October 2006</td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>March 2010</td>
<td>Rewritten.</td>
</tr>
<tr>
<td>3.0, Draft 1</td>
<td>June – July 2011</td>
<td>Joint guidance produced following the amalgamation of Directorates across NHS Leicester City and NHS Leicestershire County and Rutland with minor changes.</td>
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<td></td>
<td>August 2011</td>
<td>Policy presented to and approved by the joint Quality and Clinical Governance Committee on 2nd August 2011.</td>
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</tbody>
</table>
# Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Race</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Nationality</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Gender</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Culture</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Religion or belief</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Age</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4. Is the impact of the policy/guidance likely to be negative?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>5. If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>7. Can we reduce the impact by taking different action?</td>
<td>N/A</td>
<td></td>
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Aim

1. NHS Commissioners must satisfy themselves that the General Practice setting in which minor surgery takes place is of a requisite high standard.

The aim of this guidance is to provide the environmental requirements in which minor surgery is undertaken to support the reduction of cross infection and to enhance privacy and dignity.

Policies, protocols and guidelines

2. Practices must have current infection prevention and control policies and guidelines in place, which are compliant with national guidelines and include the handling of used instruments, excised specimens and the disposal of clinical waste. A list of policies/guidelines that should be in place can be found in the Health and Social Care Act 2008: *Code of Practice on the prevention and control of infections and related guidance.*

The Minor surgery / Treatment room

3. The clinical area should be organised so that dirty and clean procedures and processes are clearly separated to reduce the risk of cross contamination.

3.1 Room Size

Ideally the room should be 16m squared but must be of a sufficient size that ensures required staff (practitioner and assistant) are able to move freely and there is access to three sides of the operating couch.

3.2 Clinical Hand wash basin

An easily accessible designated clinical hand wash basin must be available which is large enough to contain splashing and enables the correct hand wash technique to be performed. The clinical hand wash basin must be fitted with elbow or sensor operated taps, have no overflow or plug and the taps should not be directly over the aperture.

The following must also be available at the clinical hand wash sink:

- Wall mounted liquid soap dispenser.
- Wall mounted paper towel dispenser.
- Surgical hand scrub must be available in a pump operated dispenser. It is preferable to have this wall mounted.
- Foot operated waste bin for disposal of paper towels.

3.2.1 Nailbrushes, if used for completing a surgical hand washing technique at the beginning of the session, must be single use and disposed of immediately after use.
3.2.2 Alcohol hand rub should be available as an alternative to hand washing with liquid soap

3.2.3 Splash backs should be impermeable, and ideally without joints and smooth.

3.3 Furniture, fixtures and fittings

The room should contain the minimum amount of equipment to reduce the risk of dust accumulation and allow for easy cleaning. All equipment and consumables should be stored off the floor (unless floor standing) and wherever possible equipment should be stored in a cupboard to reduce risk of environmental contamination. Sharps bins must be located at the point of use and preferably wall mounted.

Furniture, fixtures and fittings must be clean, intact and constructed of an impermeable material that allows easy and frequent cleaning and is able to withstand a chlorine base solution. Ideally wall cupboards should be fitted to the ceiling or alternatively they should have sloped tops instead of horizontal surfaces to reduce the build-up of dust. All engineering services pipe work must be appropriately encased to present a smooth surface ensuring all gaps are sealed.

The free standing adjustable examination couch should be intact, made of impervious material to allow cleaning and be fitted with a paper towel roll holder as disposable towelling must be used instead of linen sheets. Pillows if used must have intact plastic covers that are heat sealed and covered with either a disposable pillow case or paper towelling which must be changed between patients.

3.4 Flooring

The flooring should be of sheet vinyl with welded seams and ideally at least 20cms up the wall to allow for ease of cleaning.

3.5 Work surfaces

Work surfaces in the minor surgery / treatment room should be impermeable, intact with all joints sealed and coved up the wall to facilitate cleaning and to reduce the build-up of potentially harmful micro-organisms.

3.6 Walls

Walls should be intact and have a smooth hard impervious finish to allow cleaning. Any posters/information that is displayed must be laminated to facilitate cleaning.
3.7 **Windows / Blinds / Curtains**

If windows are present they should ideally have obscured glass.

Vertical blinds if used must be impervious to moisture and be able to withstand cleaning.

Disposable curtains are preferred to standard linen curtains. If linen curtains are used, they must be laundered at thermal disinfection temperatures (65 degrees centigrade held for a minimum of 10 minutes, or 71 degrees centigrade held at a minimum of 3 minutes) on a six monthly basis and always when visibly soiled.

3.8 **Ventilation**

It is not acceptable to have the windows open or fans running during minor surgical procedures in an attempt to minimise the risk of infection. Ideally, the room should have mechanical ventilation that provides a minimum of 10 air changes per hour. This should be installed in all major refurbishments and new developments.

3.9 **Lighting**

There should be movable task lighting that is easy to clean.

3.10 **Privacy**

The room should be a cellular room with solid partitions with a door that has no vision panels and offers speech privacy. Doors should be lockable and it should not be possible for a normal conversation within the room to be overheard by someone standing outside the room.

**Equipment**

4. **Surgical Instruments:**

Surgical instruments must be sterile at the point of use.

Since the Department of Health publication of the National Decontamination Strategy in 2005, there has been a requirement for all healthcare providers to implement and maintain stringent decontamination standards in relation to surgical equipment/devices. Healthcare practitioners must decide which combination of the following three options to utilise when using surgical instruments to undertake minor surgery:

- Disposable sterile instruments.
- Use of contracted sterile services facility.
- Local decontamination in line with the national decontamination strategy (equivalent to a central decontamination facility).
4.1 Suction canister

If single use suction tubing is used, this must be disposed of between patients. Disposable liners must be disposed of between sessions.

Personal Protective Equipment (PPE)

5. A risk assessment should be undertaken to identify what personal protective clothing is required acknowledging that PPE is worn to protect the patient and/or the health care worker (NICE 2003, SP8).

Environmental Cleaning (including blood spillages)

6. Minor surgery / treatment room

6.1 In addition to the daily cleaning routine, the following cleaning / preparation schedule must be in place:

- Cleaning prior to surgery / surgical session

Prior to a surgical session all surfaces must be cleaned with detergent and warm water or disposable detergent wipes, rinsed and dried. The patient examination couch, light source and floors are areas to include but these are not exclusive areas.

In addition to cleaning, some surfaces will need disinfecting. Once the surfaces have been cleaned with detergent (as described above), they should then be rinsed and disinfected using sodium hypochlorite 0.1% (1000ppm) or Milton solution, rinsed and dried. Alternatively, a one step process can be undertaken to clean and disinfect surfaces using a chlorine based liquid sanitizer (i.e. Chlorclean). Surfaces cleaned must be allowed to air dry or staff must allow a minimum contact time of 5 minutes before rinsing and drying. Surfaces to include are:

- work surfaces.
- patient couch.
- stainless steel trolley (can use alcohol for disinfection following cleaning with detergent and warm water).

There should be an adequate supply of liquid hand soap, hand surgical scrub and soft paper towels.

- Clean between Cases as described in section 6.1 above.
- Clean at the end of each session as described in section 6.1 above.
6.2 Cleaning blood spillages

All spilt blood or blood stained body fluids should be regarded as potentially infectious, and should be treated accordingly. Remove blood spillage as soon as possible using sodium hypochlorite 1% (10,000 parts per million), undiluted Milton or commercial chlorine releasing granule spill packs.

6.3 Weekly clean

High dusting should be undertaken and should include light fittings, tops of cupboards and curtain tracks. Waste bins should be cleaned inside and out. Further guidance on cleaning methods can be found in the Revised Healthcare Cleaning Manual (June 2003).

Antiseptic skin preparation and hair removal

7. Patient skin sites should be prepared immediately prior to surgery with an antiseptic solution, povidone-iodine 10% or chlorhexidine 0.5% are most suitable.

The solution should be applied liberally to the procedure site and surrounding area and allowed to dry.

Hair must not be removed routinely to prevent the risk of surgical site infection. However, if hair removal is required, the use of electric clippers with disposable heads is recommended as the use of razors increases the risk of infection.

Waste Disposal

8. Waste must be managed in line with Health Technical Memorandum (HTM) 07-01 Safe management of healthcare waste, which is available from the Department of Health website.

Foot operated pedal bins are required for disposal of all waste streams.

Supporting rooms

9. Dirty utility room

The dirty utility room should be located near to the minor surgery/treatment room with separate access for disposal of liquid waste.

In addition to a slop hopper, there must be a deep sink with a drainer and a clinical hand wash basin – see section on Clinical Hand Wash Basin.

10. Clean utility room

The clean utility room should also be located near to the minor surgery/treatment room for storage of clean and sterile products. It should
also have a clinical hand wash basin – see section on Clinical Hand Wash Basin.

11. Monitoring Arrangements

This policy will be subject to a routine review on a two-yearly basis and subject to amendments (if required) in line with changes to national policy, legislation or local guidance.

The review will be undertaken by the Lead(s) responsible for Infection Prevention and Control.

12. References


Infection Control Nurses Association 2003 Protective Clothing Guidelines


National Institute for Clinical Excellence (NICE), Infection control, Prevention of healthcare-associated infection in primary and community care (SP8) (June 2003). Thames Valley University. London

