

## Minor surgical procedures in General Practice

Infection Prevention and Control is an important part of an effective risk management program to improve the quality of patients' care and the occupational health of staff. For assurance that your facilities meet the appropriate standard it is recommended that the QIT self-assessment tool (see section 6) for treatment rooms is completed.

Patients undergoing invasive procedures such as minor surgery will have an increased susceptibility to infection. There is evidence that adherence to good infection control principles can significantly reduce the risk of infection post procedure.

### a. Levels of risk

Recommendations have been drawn up in the following paper and should be read in conjunction with the summary below:

*Humphreys, H., Coia, J. E., Stacey, A., Thomas, M., Belli, A.-M., Hoffman, P., Jenks, P. and Mackintosh, C.A. Guidelines on the facilities required for minor surgical procedures and minimal access interventions. Journal of Hospital Infection 80 (2012) 103-109.*

The guidelines provide recommendations for those designing new facilities or upgrading existing ones and draw upon best practice and available evidence. New facilities are recommended to achieve 15 air changes per hour, as required for the removal of airborne chemicals/anaesthesia gases and which are believed microbiologically adequate.

In all cases the primary requirement is to protect the patient from preventable infection

### b. Definitions

**Minimal access interventions** may be therapeutic or diagnostic and not considered major procedures. These are carried out using non-open approach e.g. laparoscopic colectomy.

**Minor surgical procedures** are those that are carried out under local anaesthesia and are superficial. This may include some podiatric procedures and debridement of leg ulcers.

A full assessment would be required to ensure the working environment is safe and appropriate for enhanced Services.

### c. Standards for group 1 minor surgical procedures

Injections, Aspirations, Curette, Cautery and Cryo-cautery

- These can be undertaken in a GP consultation/examination room or in the practice treatment room as long as the room is clean and tidy. And:
- All infection control standard precautions as detailed in these guidelines and as summarized below, must also be implemented.

#### **d. Standards for group 2 minor surgical procedures**

Incisions, excisions, 'lumps and bumps', toe nail removal, vasectomy

- Ideally, these should be undertaken in a room designated for the purpose of minor surgical procedures only. If this is not possible due to the constraints of the building, please contact the IPCT so that a risk assessment can be undertaken on your behalf and advice can be given on the individual requirements necessary for minor surgery to be performed in the room available

As a minimum requirement, a treatment room may be utilised, but this room must be clean and tidy with:

- Washable, impervious floors, walls and ceiling
- Intact, washable, impervious work tops and cupboards
- No clutter on any surfaces (or room can be easily cleared and cleaned prior to minor surgery sessions)

In addition, the following summaries of infection control standards must be implemented for ALL minor surgical procedures.

#### **e. The Environment**

*Standard - The environment is in good order and a good standard of repair, to assure cross-infection does not take place.*

- The ceiling, walls and floors must be washable, in a good state of repair, and visibly clean. Flooring should be intact with sealed joints and coved edges.
- The lighting must be of a good quality; florescent tubes must be covered with diffusers. Examination lamps must be correctly designed so as to ensure they give enough light and that the bulb is encased within the lamp casing.
- There must be sufficient storage space, to ensure that there is no clutter on the surfaces. The cupboards and worktops must be in a good state of repair, orderly and clean inside and out.
- The couch covering must be washable and in good repair. No linen should be used and the disposable paper towelling must be changed between patients.
- Couch curtains should be laundered regularly (6 monthly, in a commercial laundry), or straight away if contaminated. Disposable curtains are also available.
- Wipe able vertical blinds are recommended if required at windows. The windows and ledges must be clean and dust free and not used for storage. Blinds should be cleaned 6 monthly.
- A designated stainless steel, free standing dressing trolley which is in a good state of repair and which can be cleaned with general purpose detergent wipes between uses.

## **f. Hand hygiene**

Standard – *To minimise the risk of cross-infection, all staff have access to hand washing facilities using a recommended technique.*

- There must be a designated hand-wash sink, with elbow/wrist/mixer taps (HBN 00-10 Part C compliant).
- Access to the hand basin should be clear.
- The sink should be visibly clean.
- Wall dispensed liquid soap should be available from a cartridge style dispenser.
- Anti-bacterial soap or hand washing with liquid soap followed by alcohol hand rub/gel should be used prior to performing minor surgery.
- Wall dispensed paper towels for hand-drying should be available.
- Only single-use nailbrushes should be used.

## **g. Protective clothing**

Standard - *The health care worker demonstrates the appropriate usage of protective clothing.*

- Single-use, un-sterile, vinyl gloves should be readily available, in a range of sizes. If contact with blood is likely, it is recommended that latex (or an alternative to latex is used e.g. nitrile), in preference to vinyl gloves.
- Single-use disposable aprons should be readily available and worn if exposure to body fluids is possible.
- Single-use, sterile, gloves should be available (an alternative to latex must be available e.g. nitrile).
- A pair of plastic goggles/ face visor should be available in the surgery for use when excessive splashing of body fluids to the face is anticipated.

## **h. Decontamination**

Standard - *Local decontamination and sterilisation of instruments is now not permissible in General Practice.*

In order to be able to perform minor surgery, sterile instruments must either be sourced from a single-use equipment supplier, or via a Sterile Services Department.

All equipment should be rotated to ensure products are used within expiry times.

Single-use equipment:

- Single use items must **never** be re-used.
- Sterile products should be stored above floor level in cupboards.
- All sterile products (including cautery tips equipment) must be single-use,
- All single use, disposable equipment must be disposed of immediately after use as per manufacturer's instructions; therefore, a sharps container that conforms to BS7320 and a yellow clinical waste bag supported in a foot operated, rigid bin must be available.
- Ideally, these should be undertaken in a room designated for the purpose of minor surgical procedures only. If this is not possible due to the constraints of the building, please contact the IPCT so that a risk assessment can be
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Sterile equipment obtained from Sterile Services Department (SSD):

- Stock rotation must be implemented to ensure products are used within expiry times
- Sterile packs and all equipment should be stored in cupboards
- Used equipment should be stored separately in a designated safe area prior to collection within a 7-day period

#### **i. Spillages**

Standard *The health care worker will demonstrate safe handling and disposal of all body fluids.*

- Staff should be familiar with the policy for dealing with spills of body fluids.
- All equipment required for dealing with spillages, including a Sodium Hypochlorite solution should be readily available for use.

#### **j. Specimens**

Standard - *All specimens are collected, labelled, and transported safely to prevent the risk of contamination or infection.*

- Specimens must be collected using universal precautions.
- Specimens must be well secured and placed in a re-sealable clear plastic bag.
- Specimens must be clearly labelled, on both the specimen container and the accompanying form.
- Specimens should be stored in a separate designated area while awaiting collection.
- Specimens should be transferred to the laboratory, under controlled circumstances.

**k. Waste disposal**

Standard - *All waste from health care premises is segregated and identified at source, transported and disposed of safely without risk of contamination, infection or injury to health care staff and the general public.*

- There should be correct segregation of glass, clinical and household waste, and the correct colour coded bags must be used.
- Waste bags should be no more than 2/3rds full, then sealed and labelled.
- Foot operated and rigid sided bins should be available and be clean inside and out.
- There should be a designated area to store all waste prior to collection. This is kept secure from unauthorised persons, entry by animals and free from infestations.
- All waste should be collected on a regular weekly basis by an approved waste contractor.