DOLAN'S PODIATRY

Infection Prevention & Control Policy

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1. Purpose

Dolan's Podiatry is committed to preventing and controlling infection and providing treatment in a clean and safe environment.

Standard infection-control precautions will be applied to every patient, regardless of whether infection is known or suspected.

2. Hand hygiene

Hand hygiene will be performed:

- before and after patient contact;
- before clean or aseptic procedures;
- after exposure to blood or body fluids;
- after removing gloves;
- after touching the patient or their immediate surroundings;
- whenever hands are visibly contaminated.

Hands will be washed with liquid soap and water when visibly dirty and when required because of vomiting, diarrhoea or suspected gastrointestinal infection.

Alcohol-based hand rub will be used for routine hand hygiene where appropriate.

Hands will be dried using disposable paper towels.

3. Personal protective equipment

PPE will be selected according to the clinical risk.

Gloves will be used where exposure to blood, body fluids, non-intact skin or mucous membranes is anticipated.

Gloves will:

- be appropriate for the procedure;

- be changed between patients;
- be changed between different procedures where required;
- never be washed or disinfected for reuse;
- be disposed of appropriately.

An apron or other protective clothing will be used where there is a risk of contamination.

Eye or face protection will be used where there is a foreseeable risk of splashing.

PPE will not be worn unnecessarily where there is no anticipated exposure risk.

4. Skin integrity and sharps safety

Any procedure involving cutting instruments or other sharps will be carried out using safe working practices.

Sharps will never be passed directly from one person to another.

Used sharps will be disposed of immediately into an appropriate sharps container.

Sharps containers will be:

- suitable for the equipment being discarded;
- kept secure and upright;
- closed when not in use where appropriate;
- replaced before they become overfilled.

Needlestick or sharps injuries will be dealt with immediately and appropriate medical advice sought.

5. Instrument decontamination

Reusable instruments will be cleaned and decontaminated using a validated process appropriate to their intended use.

Instruments will be separated into clean and used areas during transport, storage and processing.

Clean instruments will be stored so that they remain protected from contamination.

Single-use items will not be reused.

6. Clinical environment

Treatment surfaces and frequently touched surfaces will be cleaned and disinfected appropriately between patients where contamination is possible.

The clinical area will be kept clean, uncluttered and suitable for safe treatment.

7. Linen and protective coverings

Reusable clinical linen will be managed to prevent cross-contamination.

Disposable protective coverings will be changed between patients where required.

Used linen will be kept separate from clean linen.

8. Blood and body-fluid contamination

Spills of blood or other potentially infectious material will be dealt with promptly using appropriate procedures and products.

Contaminated materials will be disposed of using the appropriate waste stream.

9. Clinical waste

Waste will be segregated and disposed of according to its nature and the requirements of the waste contractor and relevant legislation.

Sharps will always be disposed of in an approved sharps container.

Clinical waste will not be placed in ordinary household waste where this would be inappropriate.

10. Patient infection risk

Patients who present with symptoms that could create an infection-control risk will be assessed.

Where appropriate, treatment may be postponed or alternative arrangements made.

This may apply where a patient has, for example:

- unexplained fever;
- vomiting or diarrhoea;
- an acute infectious illness;
- an open wound requiring a different clinical environment;
- another condition creating an unacceptable infection risk.

The decision will be based on clinical judgement and risk assessment.

11. Personal health and occupational safety

I will maintain appropriate personal hygiene and use safe working practices.

Any occupational exposure, injury, contamination incident or infection-control breach will be documented and reviewed.

12. Review

This policy will be reviewed annually and whenever significant changes occur in infection-control guidance, equipment, premises or clinical procedures.

Signed: _____
Date: _____