Guidance on Environmental Requirements for Minor Surgery in General Practice

Approved by: Clinical Governance Committee

On: March 2010

Review Date: March 2011

Directorate responsible for Review: Quality

Policy Number: PCO12

Signature:

Liz Rowbotham
Director of Quality
Guidance on Environmental Requirements for Minor Surgery in General Practice

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Amendment</th>
</tr>
</thead>
<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>
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</table>
Policy/ Service Content:

For each of the following checks is this policy sensitive to people of different age, ethnicity, gender, disability, religion or belief, sexual orientation & transgender?

- The checklists below will help you to see any strength and / or highlight improvements required to ensure that the policy / procedure is compliant with equality legislation.

### A. Check for DIRECT or INDIRECT discrimination against any minority group of SERVICE USERS:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Action required</th>
<th>Resource implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your policy/service contain any issues which may adversely impact people from using the services who otherwise meet the criteria under the grounds of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.0 Age</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.1 Gender (Male, Female and Transsexual)</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.2 Learning Difficulties / Disability or Cognitive Impairment</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.3 Mental Health Need</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.4 Sensory Impairment</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.5 Physical Disability</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.6 Race or Ethnicity</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.7 Religion or Belief (including other belief)</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.8 Sexual Orientation</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes is answered to any of the above items the policy may be considered discriminatory and requires review and further work to ensure compliance with legislation.

### B. Check for DIRECT or INDIRECT discrimination against any minority group relating to EMPLOYEES:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Action required</th>
<th>Resource implication</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>1.9 Age</td>
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<tr>
<td>2.0 Gender (Male, Female and Transsexual)</td>
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<tr>
<td>2.1 Learning Difficulties / Disability or Cognitive Impairment</td>
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<td>2.2 Mental Health Need</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td>2.5 Race or Ethnicity</td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>2.6 Religion or Belief (including other belief)</td>
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<td>Yes</td>
<td>No</td>
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<td>2.7 Sexual Orientation</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes is answered to any of the above items the policy may be considered discriminatory and requires review.
and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED ‘YES’ INDICATING DIRECT or INDIRECT DISCRIMINATION = 0

<table>
<thead>
<tr>
<th></th>
<th>Yes/ No</th>
<th>Comments /</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of ‘Yes’ answers for Service users</strong></td>
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<td></td>
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<tr>
<td><strong>Number of ‘Yes’ answers for Employees</strong></td>
<td>0</td>
<td></td>
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<tr>
<td><strong>Is there any evidence that some groups are affected differently?</strong></td>
<td></td>
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<tr>
<td><strong>Is there a need for external or user consultation?</strong></td>
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<tr>
<td><strong>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</strong></td>
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<tr>
<td><strong>Is the impact of the policy/guidance likely to be negative?</strong></td>
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<tr>
<td><strong>If so can the impact be avoided?</strong></td>
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<tr>
<td><strong>What alternatives are there to achieving the policy/guidance without the impact?</strong></td>
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<tr>
<td><strong>Can we reduce the impact by taking different action?</strong></td>
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**IMPACT (Please Tick)**: High | Medium | Low | X

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

If you have answered “Yes” to any of the above questions, it is likely the policy/service will need a full EIA, please complete a full impact assessment. If you have identified a potential discriminatory impact of this procedural document, please refer it to policy/service administrator; together with any suggestions as to the action required to avoid/reduce adverse impact.

**Signatures of authors / auditors:**

**Date of signing:**
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AIM

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 requirements relating to the environment in which minor surgery is undertaken that will minimise the risk of infection and enhance privacy and dignity.

1.0 THE MINOR SURGERY/TREATMENT ROOM (HBN 11-01, HFN 30)

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

1.1 Size

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

1.2 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 be available at the clinical hand wash sink:

- Wall mounted liquid soap dispenser,
- Wall mounted alcohol rub dispenser
- Wall mounted and 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

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.

Splash backs should be impermeable, and ideally jointless and smooth.

1.3 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. Harps bins must be located at 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 able to withstand chlorine base solution. Ideally wall cupboards should be fitted to the ceiling or have sloped tops instead of horizontal surfaces to reduce the build up of dust. All engineering services pipework must be appropriately encased to present a smooth surface with any gaps sealed.

The free standing adjustable couch should be intact and 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.

1.4 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.

1.5 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.

1.6 Windows/ Blinds / Curtains
- If windows are present they should ideally have obscured glass.
- Vertical blinds if used must be impervious to moisture and 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 or when visibly soiled.

1.7 Ventilation
It is not acceptable to have the window open or fans running during procedures to minimise the risk of infection. Ideally the room should have mechanical ventilation that provides a minimum of 10 air changes per hour and this should be installed in major refurbishments and new developments.

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

1.9 Privacy
The room should be a cellular room with solid partitions and a door that offers speech privacy. Doors should be lockable without vision panels.
It should not be possible for a normal conversation within the room to be overheard by someone standing outside the room.

2.0 INSTRUMENTS

2.1 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 a contracted sterile services facility
- Local decontamination in line with the national decontamination strategy (equivalent to a central decontamination facility)

2.2 Suction canister
If used single use suction tubing must be disposed of between patients. Disposable liners must be disposed of between sessions.

3.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)

A risk assessment should take place to identify what personal protective clothing is required acknowledging that PPE is worn to protect the patient and/or the health care worker.

4.0 ENVIRONMENTAL CLEANING

4.1 Minor surgery/ treatment room
In addition to the daily cleaning the following cleaning / preparation schedule must be in place.

4.2 Prior to surgery / surgical session
Clean with detergent and warm water or disposable detergent wipes, rinse and dry all furniture fixtures and fittings in the procedure area including but not exclusively;

- patient couch,
- light source
- floors

Clean (as above), rinse and disinfect using sodium hypochlorite 0.1% (1000ppm) or Milton, rinse and dry. Alternatively a one step process can be undertaken to clean and disinfect surfaces using a chlorine based liquid sanitiser allowing to air dry or allow a minimum contact time of 5 minutes before rinsing and drying;
- work surfaces
- patient couch
- Stainless steel trolley (can use alcohol for disinfection following cleaning with detergent and warm water)

Ensure adequate supply of liquid hand soap, hand surgical scrub and soft paper towels.

4.3 Between Cases
Clean (as above), rinse and disinfect using sodium hypochlorite 0.1% (1000ppm) or Milton, rinse and dry. Alternatively a one step process can be undertaken to clean and disinfect surfaces using a chlorine based liquid sanitiser allowing to air dry or allow a minimum contact time of 5 minutes before rinsing and drying;

- work surfaces
- patient couch
- Stainless steel trolley (can use alcohol for disinfection following cleaning with detergent)

4.4 End of session
Clean (as above), rinse and disinfect using sodium hypochlorite 0.1% (1000 parts per million) or Milton, rinse and dry. Alternatively a one step process can be undertaken to clean and disinfect surfaces using a chlorine based liquid sanitiser allowing to air dry or allow a minimum contact time of 5 minutes before rinsing and drying;

- work surfaces
- patient couch
- Stainless steel trolley (can use alcohol for disinfection following cleaning with detergent)

Clean floor with detergent, if contaminated with blood see section 7.0.

4.14 Weekly
- High dusting including light fittings, tops of cupboards, curtain tracks
- Rubbish bins cleaned inside and out

5.0 ANTISEPTIC SKIN PREPARATION AND HAIR REMOVAL
(NICE SSI)

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 operation site and surrounding area and allowed to dry.

Hair must not be removed routinely to prevent the risk of surgical site infection, but if hair removal is required use electric clippers with disposable heads as razors increase the risk of infection.
6.0 WASTE (HTM 07-01)

Waste must be managed in line with Health Technical Memorandum 07-01 Safe management of healthcare waste. Foot pedal operated bins are required for disposal of all waste streams.

7.0 BLOOD SPILLAGE

All spilled 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.

8.0 SUPPORTING ROOMS (HTM 11-01)

8.1 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 fitted with elbow or sensor operated taps have no overflow or plug and the taps should not be directly over the aperture.

8.2 Clean utility room
The clean utility room should be located near to the minor surgery / treatment room for Storage of clean and sterile products, it should have a clinical hand wash basin fitted with elbow or sensor taps have no overflow or plug and the taps should not be directly over the aperture.
REFERENCES


National Institute for Clinical Excellence (2008) Surgical Site Infection, prevention and treatment on surgical site infections