

# Infection Control Guidance for Community Pharmacy

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**Important Note:**

The Internet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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## 1. BACKGROUND

Pharmacists and their teams have a track record in delivering public health services, such as promoting and supporting good sexual health, helping people to stop smoking and reducing substance misuse within communities. As such, Pharmacies are an important community resource, often being a patient's first point of contact and, and sometimes, their only contact with a healthcare professional.

The Scottish Government via Healthcare Improvement Scotland (HIS) has set [Infection Prevention and Control Standards](#)<sup>i</sup> for Health Boards with infection control teams employed to help achieve and maintain these. In addition, all NHS staff and premises are obligated to follow infection prevention and control procedures as set out in the [National Infection and Prevention Manual \(NIPCM\)](#)<sup>ii</sup>. Community Pharmacies are not currently mandated to follow the NHS guidelines but are strongly encouraged to do so as these guidelines are research and best practice based.

In addition, Pharmacies are subject to the [Health and Safety at Work etc Act 1974](#)<sup>iii</sup>. This Act sets out the framework for managing workplace health and safety and defines what action employees and employers must take to ensure that pharmacy premises are safe and fit for purpose.

Furthermore, the [National Institute for Clinical Excellence \(NICE QS61\) Infection Control Quality Standards](#)<sup>iv</sup> and the related [Healthcare-associated infections: Prevention and Control In Primary And Community Care](#)<sup>v</sup> documents are endorsed and recognised by the [Royal Pharmaceutical Society](#). These documents stipulate that anyone involved with providing health care should be appropriately trained, have appropriate supplies of materials for hand decontamination, sharps disposal and access to personal protective equipment (PPE).

## 2. PURPOSE OF GUIDANCE

Community Pharmacy Teams work closely with patients; therefore, it is good practice to ensure that the health, safety and wellbeing of patients and staff are protected and that appropriate policies are in place<sup>iii iv vi</sup> in the routine course of business for example when:

- Offering clinical services such as immunisations or near patient testing
- Providing Injecting equipment provision services and receiving sharps returns
- Managing accidental exposure to blood or body fluids
- Supporting selfcare for minor ailments
- Promoting healthy habits and lifestyles, e.g. stopping smoking, blood glucose monitoring
- Monitoring and support for long-term conditions
- Undertaking wound dressing
- Diagnosing and advising on potentially notifiable diseases (e.g. measles).

This document, therefore, sets out good practice guidance points intended to aid Community Pharmacy owners, Responsible Pharmacists and their staff to enable them to manage infection control risk as part of normal practice and service provision, and to further develop their quality management systems which are the subject of inspection by the [General Pharmaceutical Council](#).

This guidance has been developed in consultation with multi-professional expert groups and is intended to be an aid to community pharmacies to develop their own governance processes, policies, and audit tools. This is the responsibility of the Community Pharmacy Superintendent Pharmacist - the regulation of which is the responsibility of the [General Pharmaceutical Council](#).

Separate guidance on major outbreaks or incidents is available and will be reviewed and issued in the event of any new pandemic.

The recommendations contained in this document are mainly drawn and adapted from the aforementioned documents and current recommended best practice, they cover:

- [Recognising and Managing Communicable Disease](#)
- [Infection Prevention and Control Mechanisms](#) (including hand hygiene, cough etiquette, personal protective equipment, environmental considerations, sharps, and waste disposal)
- [Staff Education Resources](#)
- [Patient Information Resources](#)
- [Pharmacy IPC Self Audit Tool](#)

In support of application of this guidance a self-audit tool has been developed and is included in [Appendix A](#).

### **3. RECOGNISING AND MANAGING COMMUNICABLE DISEASE**

Patients suspected of suffering a notifiable illness or communicable diseases such as meningitis, measles, mumps, rubella, or mpox should be promptly referred to their GP or appropriate 'out of hours' service through NHS24. A notification should also be made to the [NHS GGC Public Health Protection Unit](#) (see [Appendix B](#)) who will advise on any additional control measures for Pharmacy staff and any close contacts. Notifiable diseases are listed in Schedule 1 of the [Public Health etc. Scotland \(2008\) Act](#).<sup>vii</sup>

Patients may present to their local pharmacy for assessment of rash. All rash presentations should be treated as potentially infectious. Consideration should be given to wearing PPE including a Type 11R surgical face mask if assessing a patient with a suspicious maculopapular rash, particularly if they report recent foreign travel.

In these circumstances, it is good practice to record the advice given on the Pharmacy Care Record (PCR) or Patient Medical Record (PMR).

In practice:

- Where communicable disease is suspected, staff should don appropriate [Personal Protective Equipment](#) (PPE).
- All patients presenting to community pharmacy with symptoms of a communicable disease should be counselled on preventing disease spread appropriately.
- Community pharmacy staff should be aware of the [NHS GGC Infection Management in Adults Guidance for Primary Care Poster](#)<sup>viii</sup> and counsel on appropriate antibiotic use.
- Staff should follow basic infection control techniques described in detail below, when offering first aid and wear the appropriate PPE, e.g. gloves and apron when contact with blood and/or body fluids is anticipated.

- Please see Public Health [Diagnosing and notifying measles and mumps - NHSGGC](#) advice.
- Also see [Managing specific infectious diseases: A to Z - GOV.UK](#) which includes useful information on infectious periods, isolation and other advisable actions.

## 4. INFECTION PREVENTION AND CONTROL MECHANISMS

The application of infection control mechanisms should be determined by an assessment of the risk level, in relation to the task being carried out and should include the level of interaction and the anticipated level of exposure to blood or other body fluids. <sup>ii</sup> Infection control activities, referred to in this document, are intended for use by all staff, at all times, for all patients, whether infection is present or not.

### 4.1 Hand Hygiene

Hand hygiene is a key activity that can help reduce person to person transmission of pathogenic organisms and reduces contamination of the environment. Many common viruses and infections are spread by hand to face contact so encouraging hand hygiene at the most appropriate times is a good cost-effective way to prevent staff succumbing to infections they might be exposed to in the pharmacy such as influenza. Therefore, all staff should receive training in hand washing and should be encouraged to wash their hands frequently.

Hand hygiene should be carried out in a consistent manner and can be performed by either washing with liquid soap and running water or, where hands are clinically clean, using an appropriate hand rub.

Hands should be washed with liquid soap and water if they are visibly soiled, contaminated with blood or bodily fluids or when dealing with anyone suspected of having a gastro-intestinal infection (after removing PPE).

To remind staff of the importance of this activity, all working areas should display the [World Health Organization's '5 moments for hand hygiene' poster](#). Pharmacy staff should adhere to this where possible and carry out hand hygiene at key points, such as:

- before handling medication
- before donning (putting on) and after doffing (taking off) PPE
- after visiting the toilet
- between carrying out different care activities on the same patient
- after cleaning and disinfection procedures
- after handling waste

Staff should also remember hand hygiene before and after handling items such as inhalers, smokelysers or peak flow meters for demonstration to patients.

Please see the [NIPCM](#) for more information and video demonstration of the correct hand hygiene techniques. "[How to Hand Wash](#)" and "[How to Hand Rub](#)" guides are also available and act as helpful reminders for staff.

## 4.2 Hand Hygiene Facilities

It is recognised that community premises vary in size and scale, however the following practice points are worth considering if refitting the shop floor or considering new premises.

- If possible, a sink should be designated for hand washing only. Nothing other than hand wash items should be available at this sink and no other activity should take place at this sink. It should have liquid soap dispensers filled with disposable soap pouches, paper towel dispensers that are fitted to the wall and lined foot operated pedal bins.
- A sink (ideally a clinical sink) with warm running water should be available for hand washing in all clinical areas e.g. dispensary, consultation room so that hand washing facilities should be readily available for all front shop staff.
- Other sinks should also have paper towels, liquid soap and lidded, lined foot operated pedal bins available.
- The current ["How to Hand Wash"](#) and ["How to Hand Rub"](#) guides should be prominently displayed at all sinks.
- A separate sink should be available for the management of clinical samples.
- If hand creams and lotions are used, a pump bottle of hand cream with pump dispenser should be available for staff use. Otherwise, staff should be discouraged from using each other's personal hand creams.

In addition, drug preparation, aseptic or other clinical procedures should not be carried out in close proximity to sinks, nor within surrounding areas where splashing may occur. <sup>ii</sup>

## 4.3 Respiratory and Cough Hygiene

Staff should understand and be able to demonstrate "cough etiquette" <sup>ii</sup>.

- Tissues should be disposed of immediately in an appropriate bin, as consigning these to pockets can contaminate clothing and lead to further spread of infection.
- A hand wash using running water and liquid soap should be carried out after any cough or sneeze episode.

## 4.4 Personal Protective Equipment (PPE)

Staff should undertake a personal risk assessment relevant to the task and don personal protective equipment (PPE) as appropriate <sup>ii</sup>.

- Personal protective equipment usually consists of gloves (single use, non-latex), aprons, masks, goggles or visors. The correct PPE donning (putting on) and doffing (taking off) sequence should be used, please see [National Infection Prevention and Control Manual: Appendix 6 - Putting On and Removing PPE](#).
- Gloves should be worn when undertaking finger prick testing or where exposure to blood or body fluids is anticipated, e.g. when administering first aid or dressing wounds. Please note that vinyl gloves are not suitable for dealing with wound dressings or blood and body fluids. Further information on glove use and a selection chart can be found at [National Infection Prevention and Control Manual: Appendix 5 - Gloves Use and Selection](#)
- Gloves and an apron should be worn when undertaking cleaning tasks.
- In general, it is not necessary to use face masks in community pharmacy. However, special instructions may be issued during outbreaks or pandemics e.g. COVID-19. (See also recognising and managing communicable diseases section).

- A description of types of PPE and rationale for use may be found in the [National Infection Prevention and Control Manual: Chapter 1 - Standard Infection Control Precautions \(SICPs\)](#)

## 4.5 Care of Equipment and Environmental Cleaning

Health and safety in the workplace include having a workplace that is clean and fit for purpose. The Scottish Government publicised [NHS Scotland National Cleaning Services Specification: Healthcare Associated Infection Task Force](#) and [NHS Scotland national cleaning services specification \(SHFN 01-02\) | National Services Scotland](#) which sets out the importance of cleaning tasks in keeping the public and staff safe. Thus, good housekeeping dictates that all workplaces should have a regular cleaning rota and Standard Operating Procedures (SOPs) for cleaning in place.<sup>ix</sup>

- The rota and SOPs should ensure that clinical areas receive at least a once daily clean and cleaning tasks should be undertaken by specifically designated, and appropriately trained staff.
- Cleaning rotas should be signed and dated.
- Most bacterial infectious organisms are readily killed by regular cleaning agents so cleaning with detergent i.e. commercially available cleaning agents will be sufficient in normal use. Therefore, when infection is not suspected, it is unnecessary to use specialist disinfecting agents. However, some viruses, enteric organisms and fungal spores require appropriate cleaning products to be used.
- Special care should be taken when cleaning surfaces infected by body fluids such as blood or vomit. The assumption must be made that all body fluids are potentially infectious. Specific guidance should be in place for dealing with blood and body fluid spills and pharmacies should have a blood spillage kit available – see [Appendix C](#).
- Areas that have been contaminated with blood or body fluids should be segregated off and cleaned as soon as possible.
- Staff should refer to manufacturer's guidelines and correct protocols when cleaning equipment used for patient testing such as blood glucose monitoring equipment and smokelysers.

For more information on appropriate cleaning schedules please see [National Standards of Healthcare Cleanliness 2025](#).<sup>x</sup>

The NHS cannot advise on specific cleaning products, but approved suppliers can be viewed at [Cleaning Equipment Supplies and Associated Products](#).

### 4.5.1 Consideration of Fixtures and Fittings

Soft materials, and materials that allow water ingress are difficult to clean and disinfect if they were to become contaminated.

Material upholstery can allow bacteria and mould to thrive and spread from one person to another.

Some viruses e.g. norovirus can be transmitted by aerosolised particles when a patient vomits. Subsequent vacuum cleaning of contaminated soft surfaces may then spread infection by aerosolising the virus.

Thus, when fitting or re-fitting a pharmacy, it is recommended that surfaces such as carpet, or soft furnished chairs are kept to a minimum.

- Ensure areas used for consultation are fitted with surfaces, and flooring, including seats, which are impervious to water and may be readily cleaned.
- Flooring should ideally be fitted with 'curved' skirting boards between the floor and wall to prevent corners for dirt to accumulate and allow for cleaning.
- Avoid 'clutter', file paperwork away and dispose of waste promptly, particularly in consultation rooms. Cluttered workspaces cannot be easily cleaned, thus reducing clutter means if a contamination event takes place there are less items requiring cleaning.
- Any paperwork and documents stored in consultation rooms should be stored in a covered container e.g. a drawer or box with a lid.

#### **4.6 Sharps Handling**

- All staff working in pharmacies who are 'injecting equipment providers' (IEPs) or who are involved with finger prick testing and vaccination procedures should receive immunisation against Hepatitis B infection. This aims to protect both staff and patients from potential Hepatitis B infection should a needle stick injury occur.
- Consideration should be given to offering Hepatitis B vaccination to all staff in the pharmacy, especially those who may be involved in accepting returned patient medicines, due to potential risk of needle stick injury with sharps in bags of returned medicines.
- A standing operational procedure should be in place, for handling of sharps as appropriate to the Pharmacy. SOPs should also detail ways of minimising needle stick injuries and what do so should an injury occur.
- All staff should receive education on and know the correct process for the management of needle stick injuries.
- Pharmacies should not accept returned 'sharps' unless they are IEPs with appropriate storage containers and SOPs in place.
- Community pharmacies offering vaccination and 'near patient' testing should follow the recommended infection control protocols for these activities.
- Used sharps either generated by clinical activity in the pharmacy e.g. travel vaccination clinics or returned to Injecting Equipment Providers (IEPs) must be promptly disposed of in an approved container.
- Approved sharps containers should be assembled correctly, signed and dated, filled no more than 2/3 full, then closed and stored securely until return for incineration by an appropriate carrier.
- Injecting Equipment Providers (IEPs) should use the designated NHS GGC carrier.
- Staff should be aware that used needles must never be re-sheathed e.g. after a vaccine has been administered. Pharmacies may consider using safety needles for all injections, including vaccinations.

#### **4.7 Managing Needle Stick and Similar Injuries**

Patients and staff that have suffered a needle stick injury or similar injury should be directed to their local Emergency Department for assessment of the injury and post exposure prophylaxis and vaccination as necessary.



- [National Infection Prevention and Control Manual: Appendix 10 - Management of Occupational Exposure Incidents](#), has a helpful poster that can be printed and displayed in consultation rooms.
- The NHS GGC policy and advice on the Management of Occupational and non-occupational Exposures to Blood borne Viruses can be found here [Needlestick and Similar Injuries - NHSGGC](#)

#### **4.8 Waste Disposal**

- All waste should be promptly removed from business areas and stored appropriately and safely for regular uplift by waste disposal services.
- Paper towels for hand drying and used tissues should be disposed of in a foot operated, lidded and lined pedal bin.
- Waste that has been contaminated with blood or body fluids should be disposed of via a clinical waste route or if being disposed via the domestic route items should be double bagged.
- Returned medicines should be promptly disposed of in an appropriate container.

## **5. STAFF EDUCATION RESOURCES**

General training on infection prevention and control can be found on LearnPro and TURAS.

- Standard Infection Prevention and Control Educational Pathway - Foundation Layer [SIPCEP foundation layer | Turas | Learn](#)
- NHS GGC Link to LearnPro [Education and Training - NHSGGC](#)

Please also see the following links for further information on infection control.

- [National Infection Prevention and Control Manual: Chapter 1 - Standard Infection Control Precautions \(SICPs\)](#)
- [Infection Prevention and Control - NHSGGC](#) Staff Net Page
- [Infection Prevention and Control Education Team | NHS Education for Scotland](#)

#### **5.1 Hand Hygiene Resources**

- The National Infection Prevention and Control Manual Hand Hygiene – Wash your hand of them campaign - [National Infection Prevention and Control Manual: Hand hygiene - wash your hands of them](#)
- [National Infection Prevention and Control Manual: Chapter 1 - Standard Infection Control Precautions \(SICPs\)](#) - video
- [National Infection Prevention and Control Manual: How to carry out hand hygiene](#)
- [Hand Hygiene - NHSGGC](#) training videos

## 5.2 PPE Resources

- [National Infection Prevention and Control Manual: Appendix 5 - Gloves Use and Selection](#) Poster
- [National Infection Prevention and Control Manual: Appendix 6 - Putting On and Removing PPE](#)

## 5.3 Cleaning Resources

- [National Infection Prevention and Control Manual: Appendix 9 - Management of Blood and Body Fluid Spillages](#)
- [National Infection Prevention and Control Manual: Appendix 7 - Decontamination of reusable non-invasive care equipment](#)

## 5.4 Antimicrobial use and Infectious Diseases Resources

- NHS GGC Primary Care Adult Infection Management Guidelines [Primary Care | Right Decisions \(scot.nhs.uk\)](#)
- NHS GGC primary Care Paediatric Infection Management Guidelines [Empiric infection management guidelines, paediatrics, Primary Care \(scot.nhs.uk\)](#)
- Courses on Antimicrobial use, Influenza and Pharmacy First Scotland are available via Turas; [Home | Turas | Learn](#)
- Public Health Scotland toolkit for managing norovirus outbreak [General information to prepare for and manage norovirus in care settings | National Services Scotland](#). The toolkit is for use in care settings but contains some useful advice which may be extrapolated to other healthcare settings.
- [External AMS resources | RPS](#)

# 6. PATIENT INFORMATION RESOURCES

There is a wealth of information available in the public domain, reliable NHS sources can be found below.

- General infection control and some disease specific information can be found at [Patient Information - NHSGGC](#)
- [Scottish health information you can trust | NHS inform](#)
- [Community Pharmacy – A hub for all information relating to community pharmacy](#)
- [Public Health Protection Unit - NHSGGC](#)
- [Managing specific infectious diseases: A to Z - GOV.UK](#)

## APPENDIX A – Pharmacy IPC Self Audit Tool

Self-audit is a confidential exercise - you do not need to share your audit results. If you have any comments or queries please contact Pharmacy Public Health at [ggc.pharmacypublichealth@nhs.scot](mailto:ggc.pharmacypublichealth@nhs.scot)

### Quality in practice: Infection Control

- You don't have to complete the self-audit in one attempt, do a little at a time.
- Some of the criteria may not be applicable to your practice. Feel free to change or add new criteria.
- Discuss results with others, e.g. colleagues or facilitators, at your discretion.
- If you identify areas where improvements are needed, you don't have to make all the recommended changes at once.
- Be realistic in what you set out to achieve.
- You should review your actions and set target dates to assess your progress.
- You should monitor your progress.

If you have any comments or queries, please contact Pharmacy Public Health at [ggc.pharmacypublichealth@nhs.scot](mailto:ggc.pharmacypublichealth@nhs.scot)

CRITERIA	AUDIT RESULT			ACTION		
	Yes	No	NA	Comments/ action to be taken	Target date	Completed
Premises						
There are no carpets in clinical areas including waiting areas.						
There are no soft upholstered chairs in clinical areas including waiting areas.						

<b>Clinical areas used for near patient testing, injections or vaccinations are fitted with:</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/ action to be taken</b>	<b>Target date</b>	<b>Completed</b>
Water impervious surfaces which are easily cleaned.						
Curved skirting boards to prevent dirt accumulation at wall/floor edge.						
Clinical consultation areas are clear from paperwork, 'clutter' and waste.						
The pharmacy has or can access the NHS GGC Community Pharmacy Infection Control Guidance and the NIPCM.						
<b>Cleaning</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/action to be taken</b>	<b>Target date</b>	<b>Completed</b>
There is a regular cleaning rota for the environment.						
All staff understand that areas that have been contaminated are cleaned immediately.						
There is a 'blood spillage kit' for cleaning up blood and body fluids.						
Staff are aware of the correct dilutions required for cleaning up different types of body fluids.						
There are rotas in for cleaning multiple use equipment used for near patient testing e.g. 'smokelysers', finger prick devices.						

<b>Waste Disposal including Sharps</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/action to be taken</b>	<b>Target date</b>	<b>Completed</b>
A foot operated, lined pedal bins are available.						
All waste is removed promptly from business and clinical areas of the pharmacy, into a safe storage area.						
Waste is uplifted regularly from the pharmacy.						
Contaminated waste is double bagged prior to removal.						
Sharps are not accepted from patients or customers for disposal (unless the pharmacy is an Injecting Equipment Provider).						
<b>Sharps containers are:</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments/action to be taken</b>	<b>Target date</b>	<b>Completed</b>
Available for the prompt disposal of used needles						
Assembled correctly						
Appropriately labelled						
No more than 2/3 full when sealed						

CRITERIA	AUDIT RESULT			ACTION		
Hand Washing Facilities	Yes	No	NA	Comments/action to be taken	Target date	Completed
Hand washing facilities are available in all clinical areas e.g. consulting rooms.						
Hand washing facilities should be readily available for all front shop staff.						
A separate sink is available and used for the management of clinical samples if necessary.						
All sinks designated for hand washing have:	Yes	No	NA	Comments/action to be taken	Target date	Completed
Paper towels						
Liquid soap dispenser (clean and filled)						
A lined, lidded, foot operated pedal bin						
A current hand washing guide prominently displayed.						

CRITERIA	AUDIT RESULT			ACTION		
Staff Behaviours	Yes	No	NA	Comments/action to be taken	Target date	Completed
Are encouraged to wash their hands frequently.						
Are trained in hand hygiene techniques.						
Undertake hand hygiene before and after patient contact.						
Understand and can demonstrate good hand hygiene.						
Understand and can demonstrate 'cough etiquette.'						
Are vaccinated against Hepatitis B if appropriate e.g. administer vaccinations, conduct near patient testing.						
Have received education on the management of 'needle stick' injuries.						
Are training in correct cleaning procedures.						
Follow basic infection control techniques when offering first aid, e.g. wearing gloves to dress a wound.						

CRITERIA	AUDIT RESULT			ACTION		
The Pharmacy	Yes	No	NA	Comments/action to be taken	Target date	Completed
Has SOPs in place for the management of patient returned medicines.						
Has an SOPs in place for management of sharps and sharps injuries.						
Has an SOP in place for dealing with blood and body fluid spills.						
Follows recommended infection control protocols for vaccination and 'near patient' testing when these services are offered.						
CRITERIA	AUDIT RESULT			ACTION		
Communicable Disease	Yes	No	NA	Comments/action to be taken	Target date	Completed
The pharmacy has on-line access to Chief Medical officers letters detailing notifiable illnesses at <a href="#">NHS Scotland - Publications</a> .						
All patients presenting to the pharmacy suspected of having a notifiable illness e.g. measles, mumps, rubella are referred to their GP.						
All patients presenting to the pharmacy with a communicable disease are appropriately counselled on						



infection control e.g. self-isolation, hand hygiene, cough etiquette.						
Pharmacy clinical staff are aware of the <a href="#">NHS GGC Primary Care Infection Management Guidelines</a> and can counsel on appropriate antibiotic use.						

## **APPENDIX B – NHS GGC Public Health Protection Team**

The Public Health Protection Unit (PHPU) is responsible for the management of communicable disease and infection control, in the community. This work includes investigation and control of infectious diseases in the community, emergency planning, waterborne incidents, environmental contamination events, chemical and microbiological incidents and environmental health work.

The team provides specialist advice and support to health staff working in the community (e.g. GPs, practice nurses, Health Visiting Team, Dental Practices and Pharmacies); hospitals; local councils; and other local organisations and discuss and agree how best to deliver health protection activity locally. This includes coordination and liaison with other professionals to advise on and provide chemoprophylactics and/or vaccination post exposure.

The team focus on investigating and managing the full range of health protection incidents (including outbreaks of diseases such as meningitis and food poisoning) and carry out surveillance, co-ordination, support and the monitoring of certain key national programmes.

The team also support the co-ordination of routine and special immunisation programmes within the GGC Board area.

### **Public Health Protection Unit**

West House

Garthnavel Royal Hospital

1055 Great Western Road

Glasgow, G12 0XH

Telephone: 0141 201 4917 Email: [ggc.phpu@nhs.scot](mailto:ggc.phpu@nhs.scot)

Web: [Public Health Protection Unit - NHSGGC](#)

## **APPENDIX C - Management of Blood and Body Fluid Spillages in Community Pharmacy**

All blood and bodily fluids should be considered an infection risk.

Blood and body fluids may contain disease causing micro-organisms, which must be dealt with as soon as possible after a spillage has occurred. Body fluids are blood, sputum, faeces, pus or vomit. It is the responsibility of all staff to deal promptly with such spills.

### **Cleaning products**

Pharmacies should have a BBF spill kit available that contains the appropriate equipment and cleaning agents. This should contain single use gloves, a disposable apron, a disposable tray, absorbent powder or granular material, a suitable disinfectant, disposable cloths and an infectious waste bag.

Blood spills require a different process than any other bodily fluid.

### **Body Fluids Cleaning Process**

This process may be altered depending on the spill kit being used. Please ensure staff are familiar with the spill kit in use.

Cleaning should be undertaken using combined detergent/disinfectant solution at the suitable dilution strength of available chlorine or general purpose neutral detergent in a solution of warm water, followed by a disinfectant solution at a suitable dilution strength of available chlorine.

- 10'000 parts per million (ppm) of available chlorine for blood
  - 1'000 parts per million (ppm) of available chlorine for body fluids
1. As soon as and if possible, section off the contaminated area.
  2. Put on appropriate PPE.
  3. If necessary, prepare the chlorine releasing cleaning products. Ensure that the chlorine solution is made up in a well-ventilated area.
  4. Chlorine based products should not be applied directly to urine spills as this can cause release of toxic chlorine gas. However, the spill kit may have absorbent granules for use on vomit, blood or urine spills.
  5. Consider a wider area for cleaning than the actual spill (vomit particles emitted from a standing position can travel over 3 feet).
  6. If absorbent granules are not available, soak up excess contaminants using disposable paper towels or paper roll. Disinfectants will not work on gross biomaterial so the bulk of the contaminant should be removed first. If using granules, please ensure they have been left for the approved contact time.
  7. If using a combined detergent/disinfectant solution, proceed with cleaning ensuring correct contact time is adhered to, or after cleaning with detergent, apply chlorine based disinfectant to the area with a concentration of 1'000ppm available chlorine for body fluids or the stronger 10'000 ppm for blood.
  8. For the disinfectant product to be effective it must be left on for the appropriate time period as per manufacturer's instructions, this can be up to 5 minutes or more.

9. Ensure the spillage area is completely covered with the disinfectant solution as this inactivates any infectious organisms.
10. Clear towels/disinfectant/granules from the area, place immediately into a lined and lidded waste bin.
11. Wipe up the solution and dry or if safe to do so leave the area to air dry.
12. Dispose of all remaining items into a bag ('spill kits' contain suitable bags) then into a lined and lidded waste bin or clinical waste bag if available.
13. Waste should be disposed of as clinical waste or double bagged in domestic waste bin.
14. Remove PPE and dispose of as above.
15. Perform hand hygiene.

### **Note**

- Chlorine based cleaners are bleaching agents which may damage carpets and soft furnishing. If chlorine based disinfectant can't be used for this reason, the area can be steam cleaned.
- When steam cleaning - care must be taken to do this slowly and methodically, as the area requires sufficient contact time with the high temperature steam for it to be effective. Moist heat above 80°C will kill most pathogens. If the steam nozzle is too far away from the surface being treated, or passes over it too quickly, the critical temperature will not be reached. Goggles should be used if steam cleaning. <sup>xi</sup> See [Existing and emerging technologies used for the decontamination of the healthcare environment: Steam: Literature review and practice recommendations Version 3.0 | National Services Scotland](#) for further information.
- Care must be taken not to vacuum clean, soft surfaces contaminated by vomit for at least 48 hours after exposure as this will aerosolise viral particles and increase the risk of transmission of infections such as Norovirus.
- If vacuum cleaner has been used to clean up soiled soft furnishing, consideration needs to be given to the cleaning and disinfection of the vacuum cleaner.
- Alcohol solutions are not effective on BBF spillages and should not be used.

## REFERENCES

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- <sup>i</sup> Healthcare Improvement Scotland (2022) Infection prevention and control standards – Healthcare Improvement Scotland Available at <https://www.healthcareimprovementscotland.scot/publications/infection-prevention-and-control-standards/>
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