

Local Resource No 9 Minor Surgery facilities

Minor procedures are those that are carried out under local anaesthesia and do not involve procedures below the deep fascial plane.

The operative site is usually limited in size by whether it can be anaesthetised locally. Some podiatry procedures and the debridement of leg ulcers are included in this category.

Some general practices have contracts to do more complex procedures such as joint injections, joint aspirations and vasectomies. For these procedures where there is a greater risk of infection, consideration should be given to the provision of mechanically ventilated operating facilities.

Facilities for minor surgery

The room should be a designated minor surgery or treatment room, (which may or may not be used for other clinical activities). The room should be of a sufficient size with a floor area of at least 16-20 metres².

The following facilities should be made available:

- A clinical hand wash basin with lever-operated mixer taps*
- wall mounted liquid soap
- antiseptic hand solution
- alcohol hand rub
- paper towels should be available

*it is noted in primary care that lever operated taps are not always available due to the age of the premises. In these scenarios thought should be given to a buddy system, so the operator does not touch the taps once hands are decontaminated or using a paper towel to switch taps off.

Furniture and equipment should be kept to the minimum which will allow care workers to work unhindered and facilitate cleaning. The furniture, fixtures and fittings should be made of/or covered in material that is impervious, can be wiped clean and in a good state of repair.

Consideration should be given to replacing the facilities with lever operated taps and a HTM64 compliant sink as soon as possible

Ventilation - naturally ventilated rooms are acceptable. Where more complex procedures /or procedures where the risk of infection is increased mechanical ventilation **should be considered** especially if refurbishment or new build projects are planned. Advice can be sought from infection prevention and control specialists.

Electric extractor fans and vents should be inspected on a monthly basis and cleaned on a 3 monthly basis to prevent the build-up of dust.

Ceilings should be made from non-porous material that can be easily cleaned and which will withstand regular cleaning. They should be of solid construction i.e. not a suspended ceiling and be free from cracks and visible defects.

Walls - Plasterwork should be smooth, free from cracks and visible defects and made from non-porous material or painted with a product that can be easily cleaned and that will withstand regular cleaning. They should be of solid construction i.e. not tiled.

Walls only need to be cleaned when visibly soiled (usually every 6 months) by using detergent and water. Blood splashes should be removed as soon as possible.

Work surfaces and splash backs should be made of smooth, impervious material. Work surfaces should be made of material that will withstand chemical disinfection e.g. stainless steel. They should have rolled edges and all joints should be sealed. There should be separate work surfaces for clinical and non-clinical activities. Surfaces should be clear of extraneous items.

Windows -Natural ventilation - the presence of opening windows is acceptable but they must be fitted with a fly screen.

Mechanical ventilation - windows must not be opened during surgery. To maintain service user privacy obscured glass is preferred.

Window curtains should be avoided where minor surgery is carried out. If present these should be laundered on a 6 monthly basis. Vertical wipe clean blinds are the most appropriate choice.

Doors should ideally be self-closing with a vision panel to facilitate observation of procedures and avoid unnecessary movement in and out of the operating room.

Floors should be impervious, durable, non-slip with welded seams and made of material that can be easily cleaned. They should have continuous coving which extends a short height up the wall. Floors should be cleaned at least daily using detergent and water; this should take place at the end of the day or session. Blood splashes should be removed and the area cleaned as soon as possible.

Fixtures and fittings must be in good condition and of a design and material that can be easily cleaned.

Treatment /Examination Couches -The covering should be made of wipe clean impervious fabric. Covers should be intact. The couch should be protected with disposable paper which is changed between each service user. The couch should be cleaned with general purpose detergent and hot water between each service user or a combined detergent/disinfectant wipe.

Privacy screen/curtains - The use of curtains should be avoided where possible.

Washable or disposable curtains should be used and changed at least every 3 months or sooner if visibly soiled or contaminated with blood and body fluids. Screens that can be wiped clean should be used.

Hand wash sinks/Scrub-up facilities - These need to be within the designated room and should comply with current standards:

- Taps should be non-hand operated
- Taps and basins should conform to HTM 64 with no plugs or overflows and the waste outlet offset from directly below the tap
- Sink should be large enough to avoid splashing
- Liquid soap in single use wall mounted dispensers
- Alcohol hand rub and or antiseptic hand scrub solution
- Single use paper towels in a wall mounted dispenser
- Foot or sensor operated bins with close fitting lids
- If nail brushes are used they must be single use disposable

Sterile pack storage - There should be adequate space with due regard to the range of procedures carried out and the throughput of service users.

Packs and instruments should be stored in a clean area away from possible contaminants and above floor level. The design should minimize the collection of dust including appropriate racking or shelving. Sterile packs and instruments should only be set out as required and not in advance. Prior to use, sterile packs should be checked for integrity, sterility and expiry dates.

Room conditions (e.g. temperature) - These should be within the standard range, i.e. 18 - 22^o C, unless clinical considerations deem otherwise.

Lighting - This should be adequate for the task to be undertaken in the facility. The light fittings should be of a suitable construction that allows easy cleaning and does not allow a build-up of dust. The light fitting should be cleaned at the end of each day using detergent and water or a combined detergent/disinfectant wipe and at the end of any procedure where the operator has to adjust the light fitting.

Lighting used for patient examination/minor surgery must be fitted with a heat filter. Fittings and illumination should be in accordance with BS EN 12464-1.

Specimen storage/transport - There should be adequate facilities and space for the collection and storage of specimens.

Electrical services - An uninterrupted power supply is required for minor procedures to avoid loss of lighting, and any other essential electrical equipment. A battery back-up is adequate for non-hospital facilities. This should be considered in general practice and requirements for uninterrupted power supply source assessed according to the type of procedure being carried out

Electrical sockets should be splash proof and placed 1 metre above the floor.



Central heating radiators can quickly accumulate high levels of dust so it is important that they are of a design that can be easily cleaned. They should be cleaned at a frequency that prevents build-up of dirt and debris. Radiators should be painted with paint that will withstand regular cleaning.

Further information available from:

Infection Control in the Built Environment

<https://www.gov.uk/government/publications/guidance-for-infection-control-in-the-built-environment>

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Organisation:

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