

Primary Care Premises Room Specification for Local Enhanced Services

Infection Prevention and Control Guidance/Recommendations

Acknowledgement: This document has been drawn from a range of national guidance, referenced within the text.

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INTRODUCTION

All Primary Care NHS providers are subject to the same infection prevention and control regulations as other parts of the Health Service. As such, providers need to ensure that procedures are compliant with the extensive agenda of legislation and regulations governing safe practice (ICNA and RCGP, 2003)

The range of services delivered can vary significantly and change frequently. Therefore, the buildings that house them should be flexible enough to accommodate these changes, including where decisions are taken to deliver services such as minor surgical procedures.

Due to the diversity of services offered, it is recognised that not all of this guidance will be relevant to all Primary Care premises. However, what it does offer is a detailed account of best practice in assuring clean, safe practice. This document has been produced in accordance with an abundance of national documents (e.g. Health Building Notes (HBN) /Health Technical Memorandums (HTM)); in order to incorporate adequate measures to minimise infection control risks (and the risk of healthcare associated infections (HCAI)) so far as is practicable within areas occupied by patients, staff and visitors. As such, it is to be adopted in Sheffield as “current best practice” on all projects undertaken.

Proposed New Build and Refurbishments of Existing Buildings (including self-funded projects)

The minimum standard requirements (see appendix) will apply to all refurbishment (including PCT improvement grants) and new building projects within Primary Care premises. It is acknowledged that currently many existing primary care premises may not achieve the minimum standard requirements. Although using the following guidance, can consider redesign of their current spaces and will need to demonstrate commitment in achieving the minimum requirements at the next available opportunity for refurbishment.

Infection Prevention and Control Teams should be consulted from the outset of any new build or renovation/refurbishment project and should form part of the planning team and remain integral team members throughout all planning stages.

1. GENERIC REQUIREMENTS (see appendix)

1.1 HAND HYGIENE

Hand hygiene is the single most important measure in reducing the spread of infection. It is an infection control practice with a clearly demonstrated efficacy, and remains the cornerstone of efforts to reduce infection. Although aware of its importance, compliance among staff is poor. Good design, with sufficient handwash basins appropriately placed, can increase compliance.

1.1.1 Handwashing Facilities

All clinical rooms must have adequate hand hygiene facilities; preferably a designated hand wash basin with wall-mounted liquid soap dispenser and paper towel dispenser. In addition, it is good practice to have alcohol hand rub available in the room.

1.1.2 Hand wash basins

- Taps to all clinical areas should be elbow, knee or sensor operated with a mixer tap. Sinks should have NO plug or overflow and the water should not be directly over the outflow as this can lead to the splashing of micro-organisms from the drain (HBN 10)
- Handwash basins must not be obstructed and must be free of clutter and inappropriate items.
- Hand disinfectants, soaps and alcohol hand rub (including drip trays to prevent splashes) should be wall mounted near the sink and should not be refillable, but be of a disposable single-cartridge design.
- Paper towels should be wall mounted and located conveniently above or near the handwash basin.
- Cotton, absorbent towels MUST NOT be used.
- Foot operated bins should be provided and situated near each hand washbasin.
- Waterproof splash backs e.g. Integrated plumbed system (IPS) (with a good seal) should be fitted behind all sinks.

However, the location of the hand wash basin should not be within the curtained patient examination area and should be away from surfaces e.g. worktops, where splashing may occur.

1.1.3 Alcohol hand rub

The use of alcohol hand rub is recommended as the gold standard for hand hygiene (World Health Organisation (W.H.O) 2009) and therefore is advocated alongside hand wash facilities.

- Alcohol hand rub is available in a wall mounted dispenser (located in the clinical zone), pump dispenser or hand carriage.
- Alcohol hand rub pump dispensers/hand carried containers must not be refilled

1.2 FINISHES

1.2.1. Recommendations for Finishes

The finishes should be designed to provide a comforting environment for patients and practitioners. During planning, materials and finishes should be selected to minimise maintenance, they should be compatible with the rooms intended function. All finishes in patient and clinical areas should be chosen with cleaning in mind, especially where contamination with blood or body fluids is a possibility. All walls, soft furnishings, e.g. patient chairs and couches and floor finishes in any clinical areas **MUST** be accessible and capable of easy cleaning, be able to withstand cleaning with a chlorine releasing product up to 10,000 parts per million (p.p.m) and should also dry quickly (See appendix).

1.2.2 Floor Coverings:

- All floor coverings should be smooth, easily cleaned, and appropriately wear resistant.
- There should be coving between the floor and the wall to prevent accumulation of dust and dirt in corners and crevices.
- Must be able to withstand cleaning with a chlorine releasing products up to 10,000 p.p.m (in the event of a blood and/or body fluid spillage)
- Carpets are **NOT** a suitable floor covering in any clinical areas.
- Wood, unsealed joints and tiles should be avoided as they may produce a reservoir for infectious agents

- **In all clinical areas and adjoining corridors:** coved vinyl flooring should be laid up to the wall edge or up to the fixtures/fittings with a good seal.
- **In non clinical areas e.g. waiting rooms:** a suitable flooring which can withstand cleaning with a chlorine releasing product up to 10,000 p.p.m e.g. flutex, vinyl or rubber, is recommended. If carpets in existence in these areas become damaged, soiled or contaminated and cannot be cleaned sufficiently, they **MUST** be condemned and removed immediately.

1.2.3 Walls:

Smooth paint surfaces are easier to clean, i.e. acrylic emulsion or eggshell finish

1.2.4 Ceilings:

Ceilings should be easily accessible for cleaning with no hidden lighting or box work, and preferably with a wipeable smooth surface.

1.2.5 Windows (excluding theatre suite):

The room should have a window to the outside for views and to offer natural ventilation. It may be necessary to shield views into the room from outside by appropriate means, e.g. obscure glass.

1.2.6 Curtains:

Curtains are easily contaminated, for good infection control it is important that policies are in place for regular laundering (3 monthly as a minimum, or if become soiled or contaminated interim); as part of a cleaning schedule and they can withstand washing at disinfection temperatures. A spare set of curtains is required. All curtains must be fire retardant. An alternative to fabric curtains would be to consider purchasing disposable.

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1.2.7 Blinds:

Venetian blinds should not be used, as they are extremely difficult to clean. If venetian blinds are to be considered, they MUST be installed between the 2 glass panes.

Vertical blinds are NOT recommended in clinical areas, and should only be used in office/administration areas. If vertical blinds are in existing use, they must be laundered 3 monthly as a minimum (as per manufacturer's instructions) and suction cleaned on a monthly basis as part of a cleaning schedule.

1.2.8 Lighting:

Artificial lighting which is easily controllable, with the capacity to provide low levels of lighting is recommended. The need for an examination lamp should be reviewed locally.

1.2.9 Soft furnishings:

These are easily contaminated, and may become malodorous, so they should be covered in a material that is impermeable to fluids, or of the vinyl variety that is wipeable and not affected by chlorine releasing cleaning products. Any worn or damaged items of furniture must be condemned and replaced, as they are impossible to clean.

1.2.10 Couch:

Couches should be adjustable height (manual or electric), with a paper roll holder at their foot (usually attached to the couch). Steps may be required to enable patients to climb onto the couches. The couches should be wipeable and easy to clean.

1.2.11 Pipe work and radiators:

Pipe work should be contained in a smooth surface box that is easy to clean with no obvious corners and crevices where dust and dirt can accumulate and is included in the premises cleaning schedule.

1.2.12 Work surfaces:

These should be designed for ease of cleaning. Surfaces near plumbing fixtures should be smooth, non-porous and water resistant. They should be free of cracks, fissures, open joints and crevices that will retain or permit the passage of dirt and particles.

1.2.13 Joints:

All joints must be sealed and well maintained. Keep work surfaces clear, not as storage areas.

2. DECONTAMINATION

To ensure that control of infection is maintained at a high level, all healthcare staff must be aware of the implications of safe decontamination and of their responsibilities to themselves, their colleagues, and of course, to their patients.

As of April 2007, the Medical Devices Directive 93/42/EEC came into force. The implications for General Practice are the use of medical devices which are either:

- Single use, disposable items

- Instruments which have been processed at an approved Sterile Services Department (SSD)

3. ROOM SPECIFICATIONS

3.1. CONSULTING ROOM

Activities:

Consulting rooms are used predominately by one professional for the purpose of consultation (only) with a patient and allows for basic administration work to be carried out.

The characteristics, e.g. flooring, storage, fixture and fittings, of many existing consulting rooms are not suitable to undertake clinical practices/activities.

3.2. CONSULTING/EXAMINATION ROOM

Size/Activities:

All consulting/examination rooms in a building should be standardised in order to increase flexibility in use. This room should be a minimum of 16m² to enable sufficient space in their layout for consulting and examination zones:

The consulting zone - will provide an area for consultation/interview with the patient (and possibly accompanying person(s))

A separate examination zone - where examinations and simple procedures e.g. injections can be carried out, the area should have a couch and wall-mounted examination light (where necessary) and be enclosed by a ceiling fixed track and curtains, or a movable screen to enable privacy and dignity of the patient.

This area also requires provisions of a designated hand wash basin, appropriate waste stream receptacles and sharps container.

NB: Clinical procedures must not take place in the consulting zone/area.

3.3 GENERIC CLINICAL (TREATMENT) ROOM

Size/Activities:

This room should be a minimum of 16m² to enable sufficient space in their layout for consulting and examination zones:

Clinical/treatment rooms are generic spaces used for patient consultation, administrative work, examination/diagnostic investigations or clinical procedures by a healthcare professional e.g. practice nurse, GP, or other visiting Healthcare Professionals. Treatments will include activities such as changing dressings, cleaning wounds, applying or removal of sutures, administering injections, gynaecological or rectal examinations, etc.

Where examinations and simple procedures are carried out, the area should have a couch and wall-mounted examination light (where necessary) and be enclosed by a ceiling fixed track and curtains, or a movable screen to enable privacy and dignity of the patient. This area also requires provisions of a designated hand wash basin, appropriate waste stream receptacles and sharps container.

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3.4. MINOR PROCEDURES ROOM

Size/Activities:

A minor procedures room (excluding the use of general anaesthetic) should be a minimum of 18-20m² in size, to enable a workspace for the practitioner and an assistant.

Within the specialist minor procedure area, not only will activities such as minor surgical procedures be performed, either whilst the patient is seated or on an examination couch, but the area should also allow the preparation of treatment items, storage of clean and disposable items, clinical hand washing and administration work on a computer.

Equipment and furniture should be kept to a minimum to reduce the risk of dust accumulation and allow for easy cleaning. Separate work surfaces are required for procedure preparation and trolleys (where in use).

Clean and dirty zones/areas should be clearly defined.

Where examinations and procedures are carried out, the area should have a couch (centrally located, with three sided access) and an appropriately located e.g. wall-mounted examination light (where necessary) and be enclosed by a ceiling fixed track and curtains, or a movable screen to enable privacy and dignity of the patient. This area also requires provisions of a designated hand wash basin, appropriate waste stream receptacles and sharps container.

3.5 THEATRE SUITE

Size/Activities:

A configuration of the following rooms is required for a Theatre Suite:

- A preparation or anaesthetic room
- Clinician scrub room
- Patient changing room
- Procedures room, with all round couch access
- Patient recovery area
- Clean utility room
- Dirty utility room

To accommodate this configuration of these rooms, it is suggested that a space of 55m² is essential. There are limited facilities within Primary Care that are able to lend themselves to accommodate these requirements.

NB: If a theatre suite is proposed, please contact the infection prevention and control team for advice during planning.

4. ANCILLARY (CLINICAL SUPPORT) SPACES

4.1 CLEAN AND DIRTY UTILITY ROOMS

Clinical rooms such as consulting/examination and treatment rooms are usually grouped together into clusters of two to ten rooms and should be supported by a range of utility spaces, such as clean and dirty utility, specimen WC and storage space. Depending on the organisational principles adopted, the 'clinic cluster' may also contain counselling-type spaces and/or treatment spaces.

The clean and dirty utility rooms should be located to support clinical rooms (consult/exam rooms, treatment rooms, etc) and open off a shared corridor. Where possible, these should be located to minimise travel distances to and from clinical spaces. It is important that these ancillary areas are provided, clearly defined and are of an acceptable standard that they do not put the users at risk of cross-contamination.

4.2 CLEAN UTILITY ROOM

Size/Activities:

The room should be a minimum size of 8m² - 9.5 m², with a suggested size of 12m², depending on the number of clinical rooms it is supporting; to enable sufficient room for preparation and storage (if required).

- Space/storage for sterile supplies, equipment and other clean supplies is needed. Storage should be in clean cupboards, not open racks/shelving where contamination with dust is more likely.
- Floors must be cleaned easily and not impeded by inappropriate storage on the floor of boxes of over-stocked items.
- Stock rotation is essential to ensure that sterile items do not go out of date.
- Horizontal surfaces must be kept free of clutter to enable frequent cleaning of work surfaces.
- There should be no storage of inappropriate items e.g. food products

4.3 DIRTY UTILITY ROOM

Size/Activities:

The room should be a minimum size of 8m² - 9.5 m², with a suggested size of 12m², depending on the number of clinical rooms it is supporting; to enable sufficient space and facilities for sterile service returns or waste facilities for disposal of single use disposable instruments (as appropriate).

- Designated handwashing facilities separate to the slop-hopper are essential
- A slop-hopper should be provided in areas where contaminated waste water or blood and body fluids are disposed of, i.e. dirty utility rooms and domestic store areas for cleaning equipment.

4.4 CLEANER'S STORE/ROOM

Size/Activities:

The room should be a minimum size of 8m² to enable sufficient space for storage and cleaning their equipment.

- Must have a separate, designated hand wash basin
- The sink (slop hopper) provided for the domestic cleaners must be a low level one for easy emptying of buckets and the reduction of the risk of splashing.

5. DEFINITIONS

Non invasive procedure - is one that does not break the skin, for example, changing a dressing.

Minimally invasive procedure – is one that breaks or punctures the skin, for example, injections and venepuncture (taking blood).

Invasive procedure – is one that cuts the superficial layers of the skin, for example, removal of moles, warts or corns, biopsies or any endoscopic procedure accessing any body orifice. (A local anaesthetic or sedation may be required).

6. LEVEL OF SERVICE CLASSIFICATION (see appendix)

The following classification of levels will help NHS providers and purchasers to minor surgical procedures in Primary Care and assist in the room specification required for the level of services provided.

6.1 NON-INVASIVE AND MINIMALLY INVASIVE TREATMENTS may take place provided by a suitably qualified clinician **in the examination zone (only) of a consulting/ examination room:**

- Venepuncture
- Dressing change
- Basic cryotherapy
- Intra articular injection

6.2 LEVEL 1 – These services can be provided by a qualified clinician with basic surgical skills from a clinical (treatment) room or minor procedures room:

In addition to the above procedures

- Sebaceous cysts
- Lipoma < 2cms
- In growing Toe Nail (IGTN) – avulsion
- Excision of 'small lumps and bumps'
- Intra articular injection
- Intra Uterine Device (IUD) fitting
- Contraceptive device (Implanon) fitting and removal
- Cryotherapy

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- Aspiration of cysts

6.3 LEVEL 2 – These services can be delivered by a qualified clinician e.g. GP, GPs with a Special interest (GPwSI), with enhanced surgical experience from a theatre suite:

In addition to the above procedures

- Vasectomy
- Carpel tunnel decompression
- Ganglion on dorsum of wrist
- Zadek's of IGTN
- Ligation of varicose veins
- Haemorrhoid injections

6.4 LEVEL 3 – These services can be delivered by a qualified and trained surgeon in a primary care setting from a fully functional operating theatre (E.g. day surgery unit):

- Inguinal, femoral, epigastric or umbilical hernia repair
- Excision of hydrocele
- Large Lipoma
- Circumcision
- Frenuloplasty of penis
- Eye lid procedures

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APPENDIX

	REQUIREMENTS/RECOMMENDATIONS	CONSULT/EXAM ROOM	GENERIC CLINICAL ROOM (E.G. TREATMENT)	MINOR PROCEDURES ROOM	THEATRE SUITE
Environment	Room sizes and dimensions should be standardised wherever possible, so that they can be adapted for alternative use more easily.				
Room Size – Non LIFT builds	Ref. Health Building Note 00-03 and HBN 11-01 (to allow space for patients, equipment and access to 3 sides of the couch)	16 m ² .	16m ²	18 – 20m ²	Acute facility specification only available Recommend 55m ²
Room Size – LIFT builds	GP Training Consult/Exam Room	15.3m ² 18m ²	18m ²	18m ²	
Privacy and Dignity	At the time of any procedure/ treatment being carried out, the privacy and dignity of the patient must be maintained at ALL times	Requires a designated area for patient changing if necessary	Requires a designated area for patient changing if necessary	Requires a designated area for patient changing and possible storage of clothes	Requires a separate room for patient changing and storage of clothes
Storage of patient clothes	Provision of a hook or a chair is required.	√	√	Required outside the room, or if room space does not allow, in a separate designated area	Required outside the operating theatre room
Cleaning Schedule	When selecting materials and finishes, their cleaning requires consideration. See manufacturer's instructions for specific	√	√	√	√

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	REQUIREMENTS/RECOMMENDATIONS	CONSULT/EXAM ROOM	GENERIC CLINICAL ROOM (E.G. TREATMENT)	MINOR PROCEDURES ROOM	THEATRE SUITE
	advice.				
Fixtures	The quality of finishes in all areas should be of a high standard. Finishes should be robust enough to withstand accidental impact, and additional protection should be provided at likely points of contact.				
Flooring (HTM 61 & HFN) 30	<p>Hard, impervious, jointless, smooth finish with coved vinyl skirting. A good seal is required (E.g. to all joints and crevices).</p> <p>Vinyl flooring is recommended as a suitable floor covering and is able to be easy cleaned and can withstand chlorine releasing products up to 10,000 parts per million (ppm).</p> <p>Vinyl flooring should finish at least 15cm up the wall to ensure jointless finishes with the wall or the fixture/fitting.</p> <p>Rooms where clinical procedures are taking place must not have carpeted floor covering.</p>	✓	✓	✓	✓
Wall coverings (HTM 56)	<p>Impervious, jointless, and smooth finish.</p> <p>Normal humidity moisture resistance.</p> <p>Plastered walls with acrylic emulsion or eggshell finish, which are suitable, washable wall coverings.</p> <p>Avoid the use of any wood finishes.</p>	✓	✓	✓	✓

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	REQUIREMENTS/RECOMMENDATIONS	CONSULT/EXAM ROOM	GENERIC CLINICAL ROOM (E.G. TREATMENT)	MINOR PROCEDURES ROOM	THEATRE SUITE
Ceilings (HTM 60)	The surface finish is smooth, imperforate, jointed and normal humidity moisture resistance for easy cleaning.	✓	✓	✓	✓
Windows (HTM 55)	<p>Polyester, powder coated thermally broken aluminium frame with double glazed unit, complete with lockable opening lights.</p> <p>When selecting glazing, protecting the privacy and dignity of every patient is paramount.</p> <p>Windows MUST not be left open whilst procedures are taking place, to prevent the risk of cross-contamination</p>	<p>Clear glass</p> <p>Consider the use of obscure glass if the location of the room is overlooked.</p>	<p>Clear glass</p> <p>Consider the use of obscure glass if the location of the room is overlooked.</p>	<p>Obscure glass.</p> <p>Wherever possible, do NOT open the windows</p>	<p>Obscure glass.</p> <p>Wherever possible, do NOT open the windows</p>
Window Dressings (if required)	<p>If venetian blinds are used, they must be set into the window frame between the 2 panes of glass.</p> <p>If this is not possible, curtains should be used and must be fire retardant and laundered 6monthly as a minimum, as part of the premises cleaning schedule, or sooner if become dirty, soiled or contaminated.</p>	✓	✓	Not recommended	Not recommended

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	REQUIREMENTS/RECOMMENDATIONS	CONSULT/EXAM ROOM	GENERIC CLINICAL ROOM (E.G. TREATMENT)	MINOR PROCEDURES ROOM	THEATRE SUITE
Curtains	A privacy/dignity curtain may be required on entrance to the room/area. Curtains should be used and must be fire retardant and laundered 3 monthly as a minimum, as part of the premises cleaning schedule, or sooner if become dirty, soiled or contaminated.	✓	✓	Not recommended	Not recommended
Cubicle Curtain Track Rail Ref:DH (2007)08: 21 st June 2007	If a patient is to be left unattended in the room at any time, a risk assessment should be carried out and consideration given to the fitting of the curtain rail/track to be sectional to reduce the risk of ligature.	✓	✓	✓	Not recommended
Ventilation (HTM 2025 and HTM 03-01)	Natural ventilation should not be considered where it could jeopardise control of infection issues. Excluding General Anaesthetic Including General Anaesthetic (Ref: Recommended air change rates for Day-case Theatre, HTM 03-01)	Natural	Natural or 10 air changes per hour (supply - if mechanical)	Mechanical – 10 air changes per hour (supply and extract)	Mechanical – 15 air changes per hour (AC/hr) (supply and extract) 25 AC/hr
Natural cross-ventilation (ref. HBN 11-01)	The use of natural cross-ventilation (reliant on window openings on opposing sides of the building) is in line with reducing carbon	Natural	Natural or 10 air changes per hour (supply -	Not recommended	Not recommended

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	<p>footprints, but may conflict with requirements for acoustic privacy and security.</p> <p>Natural ventilation should not be considered where it could jeopardise control of infection issues.</p>		if mechanical)		
Humidity	For staff comfort and inhibit microbial growth				40-60%
Temperature				23°C - 27 °c summer 19°C - 23 °c Winter	18°C - 25 °c
Air conditioning units	Where air conditioning units are in use: Drainage/waste systems from air-conditioning units should be installed to prevent Legionaries' disease and back-feeding in the unit.				
Room Lighting/ Luminaries	<p>Light fittings and illumination levels should comply with BS EN 12464-1 requirements (BSI, 2002)</p> <p>Natural lighting is of particular importance to the wellbeing of patients and staff.</p>	Good natural lighting, wherever possible	Good natural lighting, wherever possible	Good natural lighting, wherever possible	Where possible, natural daylight directly from windows, or by means of borrowed light from windows across corridors.
Operating	The positioning of artificial lighting should	A mobile/fixed	A mobile/fixed	A mobile/fixed	A fixed operating

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luminaries	<p>be carefully considered:</p> <p>All ceiling mounted lighting should NOT be installed directly overhead the patient area in a theatre. If ceiling mounted fittings are used, they should be 2 directional so they can be adjusted to prevent unwanted glare.</p> <p>The light should be dimmable without flicker.</p>	examination lamp/ light may be required for examination/clinical task	examination lamp/light may be required for examination/clinical task	light is required for examination/clinical task	light is required
Hand hygiene facilities (HTM 64) Hand wash basin	<p>No plugs, no overflows. The water from the taps is not directly situated above the plughole.</p> <p>Elbow operated or non touch taps, combination mixer taps with thermostatic valve.</p>	A designated hand wash basin is required.	A designated hand wash basin is required	A designated hand wash basin is required	A designated scrub room is required
Splash back	The area behind the hand wash basin/sink should be protected by splash backs which are smooth, impervious and has a good seal e.g. IPS panels	✓	✓	✓	✓
Liquid Soap	Liquid soap is in a disposable, single use cartridge and is ideally in a wall mounted	✓	✓	✓	✓

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	REQUIREMENTS/RECOMMENDATIONS	CONSULT/EXAM ROOM	GENERIC CLINICAL ROOM (E.G. TREATMENT)	MINOR PROCEDURES ROOM	THEATRE SUITE
	<p>dispenser.</p> <p>Bar soap must not be used</p>				
Paper Towels	<p>Paper towels are in a wall mounted dispenser and be disposed of in the household waste stream unless contaminated, where it must be disposed of as clinical waste</p> <p>Cotton, absorbent towels must not be used</p>	✓	✓	✓	✓
Alcohol Hand Rub	<p>Alcohol hand rub is available in a wall mounted dispenser (with drip tray), pump dispenser or hand carriage.</p> <p>Alcohol hand rub pump dispensers/hand carried containers must not be refilled</p>	✓	✓	✓	✓
Waste Receptacle	A foot-operated waste bin is required to be located near to the hand wash basin.	✓	✓	✓	✓
Cupboards	Base and wall units with doors have a smooth finish and are in a good state of repair with no chips or cracks, etc, evident	✓	✓	Cupboards to be located in the clean area only	Not recommended
Racks/Shelving	Racks/shelving in clinical areas are not recommended as they allow dust build up, are difficult to clean and are a potential area to harbour micro-organisms.	Not recommended	Not recommended	Not recommended	Not recommended

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Surfaces/ Worktops	Smooth, impervious and in a good state of repair and seal. Preferably roll edged finish. All surfaces are accessible, clutter free and easy to wipe clean. Required to withstand cleaning with chlorine releasing agents up to 10,000 ppm	✓	✓	✓ Keep to a minimal	Not recommended
Storage	All items are to be stored above floor level and in accordance with manufacturer's storage instructions and/or COSHH (2002) where necessary.	✓	✓	✓	Not recommended
Finishes of engineering services e.g. electrical trunking, pipework, luminaries, etc.	All exposed surface finishes of engineering services and equipment require to be appropriately encased, smooth surface with gaps sealed with a suitable substance to control the potential harbouring and propagation of bacterial growth.	✓	✓	✓	✓
Fittings					
Couch/ Theatre Table	Ideally the examination couch should be centrally located, with access on 3 sides. It requires a suitable covering/finish which is wipeable, easy to clean and can withstand cleaning with a chlorine releasing agent up to 10,000 ppm.	✓ If space is limited, locate the couch adjacent to a wall in the exam zone	✓	✓	✓

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Chairs		✓	✓	Possibly, if required	Not recommended
Computer/Desk and clinician's chair Computer/Desk and clinician's chair (continued)	<p>Generic Clinical room/Minor Procedures Room:</p> <p>Desk: freestanding, including a limited amount of storage for stationery e.g. forms only. The desk must be of a material which is wipeable and easy to clean (see above)</p> <p>All chairs: require a suitable covering /finish which is wipeable, easy to clean and can withstand cleaning with a chlorine releasing agent up to 10,000 p.p.m</p> <p>The desk and chairs must be located in the designated 'clean zone/area' of the room.</p> <p>Keyboards can present a cross-infection hazard (NPSA, 2003).</p> <p>In non theatre environments: ensure keyboards, computing equipment and other equipment e.g. telephone handset, are decontaminated regularly as part of a cleaning schedule.</p> <p>In theatre suites: keyboards and computing equipment should be avoided, wherever possible.</p>	✓	<p>✓</p> <p>Wherever possible, Administration to be kept to a minimum</p>	Wherever possible, Administration to be kept to a minimum	If a workstation/ computer terminal is in use for administration work, see recommendations

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	<p>If a workstation/ computer terminal is in use for administration work:</p> <ul style="list-style-type: none"> • A touch screen monitor • Alternatively, a flat, wipeable keyboard or a • standard keyboard protected with a clear plastic cover which can be cleaned and/or disposed of between each patient is recommended 				
Dressing Trolley	The room should be of sufficient size to accommodate a dressing trolley.	To examination area	✓	✓	✓
Dressing Trolley (continued)	Ensure appropriate decontamination of dressing trolley is carried out for each patient use.				
Ancillary areas.	Clinical rooms such as consulting/examination and treatment rooms are usually grouped together into clusters of two to ten rooms and should be supported by a range of ancillary areas and opening off a shared corridor. Where possible these should be located to minimise travel distances to and from clinical spaces				
Clean store	Required within Primary Care Premises for storage of supplies, storage of consumables and/or equipment.				
Clean Utility Room	The room should be a minimum size of 8m ² - 9.5 m ² , with a suggested size of 12m ² , depending on the number of clinical rooms	If no clean utility is available, define a	If no clean utility is available, define a	✓	✓

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	it is supporting. Requires supply ventilation as apposed to extraction with positive pressure (Pascals) of a recommended 6 air changes per hour (AC/hr)	designated clean area/zone on the premises	designated clean area/zone on the premises		
Dirty Utility Room	The room should be a minimum size of 8m ² - 9.5 m ² , with a suggested size of 12m ² , depending on the number of clinical rooms it is supporting. Requires extraction ventilation as apposed to supply with negative pressure (Pascals) of a recommended 6 air changes per hour (AC/hr)	Define designated dirty area within the area/zone	Define designated dirty area within the area/zone	✓	✓
Clinician Preparation area or Scrub Room	This is a generic zone where the clinician prepares prior to undertaking any procedure i.e. hand hygiene and adorning of Personal Protective Equipment (PPE) (depending on the level of invasiveness)	Designated Hand wash basin	Designated Hand wash basin	✓ Designated hand wash basin (HTM 64) in clean zone	✓ Scrub Room required
Cleaner's Store/Room	The room should be a minimum size of 8m ² Required within Primary Care Premises for the storage of cleaning products, supplies, cleaning equipment, etc.				
Waste					

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Waste Streams	Waste bins/bags for household (non-hazardous), offensive and infectious, as appropriate must be provided to all areas where clinical procedures take place.	✓	✓	✓	✓
Disposal hold	A dedicated area for the safe storage of clinical waste [ideally in an outside compound] is required; which is under cover from the elements and free from pests/vermin and the area is locked and inaccessible to animals and to the public.				
Sharps					
Sharps Containers Sharps Containers (continued)	Appropriate sharps containers for each waste stream must be available. Must be stored at a height away from easy reach and public access The temporary closure mechanism should be closed when not in use or unattended.	✓	✓	✓	✓
Decontamination					

	REQUIREMENTS/RECOMMENDATIONS	CONSULT/EXAM ROOM	GENERIC CLINICAL ROOM (E.G. TREATMENT)	MINOR PROCEDURES ROOM	THEATRE SUITE
Decontamination	Local decontamination of instruments must not take place. Instruments should be either single use disposable or reusable instruments which are reprocessed at an approved CSSD unit.				
Miscellaneous					
Drugs/Vaccine Refrigerator	Ideally to be stored in a central place for easy access by staff members i.e. clean utility and located in a lockable room. Where the premises do not have a clean utility, it is appropriate to be stored in the clinical/treatment room.		If a clean utility is not available, can be stored in the clinical room.		
Oxygen	Provisions of O2 and suction (portable) are required on the premises, stored in an appropriate location				
Panic Call System	Staff to staff call systems should be provided in all spaces where staff consult, examine and treat patients. Consideration should be given to the installation of a patient to staff call system in all areas where patients may be left alone temporarily e.g. patient WC.	✓	✓	✓	✓
Notice boards	Notice boards must be avoided in clinical rooms.				

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Notices/Posters	<p>If they are in use, the board MUST be a wipeable, white board.</p> <p>Cork boards must not be used</p> <p>Notices and posters should be kept to a minimum in all patient/clinical areas/rooms. Any displayed must be laminated to enable easy cleaning</p>				
Observe Clock	All clocks must display synchronised time and have a sweep second hand	Optional	Optional	Essential	Essential

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