Infection Prevention and Control Policy

- Spirometry

SpiroSense - Independent Respiratory Diagnostics
Person responsible - Catherine Bridges
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Purpose

This policy outlines how SpiroSense prevents and controls infection during spirometry testing, in line with:

- Health and Social Care Act 2008: Code of Practice on the prevention and control of infections
- Regulation 12: Safe care and treatment
- UK health and safety and infection control guidance

It ensures the service operates safely, protects service users, and complies with regulatory requirements.

Scope

This policy applies to all spirometry procedures conducted using the **PneumoTrac device with SpiroTrac 6 software**, including use of bacterial/viral filters, consumables, and associated equipment. It covers:

- Infection risk assessment and monitoring
- Hand hygiene and personal protective equipment (PPE)
- Cleaning, decontamination, and waste disposal
- Staff health and vaccination

Risk Assessment and Monitoring

Identifying and Assessing Infection Risks

Infection risks associated with spirometry include:

- Aerosol generation from forced exhalation
- Contamination from mouthpieces and filters
- Environmental surface contamination

- Cross-infection between patients

Risk assessment is carried out by:

- Reviewing the patient's health status prior to testing (symptoms, recent infections)
- Inspecting the device and filters before each use
- Considering specific needs (e.g., immunocompromised patients)
- Maintaining a spirometry risk register

Monitoring Infection Control Measures

- Daily checks of equipment and consumables
- Audits of cleaning and decontamination logs
- Recording incidents of contamination or PPE breaches
- Periodic review of infection control procedures (at least annually)
- Reflection and review after any near-miss or actual infection-related incident

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Systems to Manage and Prevent Infection

- Use of single-use bacterial/viral filters for each patient
- Ensuring only one patient uses a filter per test
- Immediate disposal of filters after use
- Environmental cleaning between patients
- Documentation of cleaning and filter use

Prevention and Control Measures

Hand Hygiene

- Wash hands with soap and water before and after each patient
- Use alcohol-based hand rub where appropriate
- Hand hygiene is documented in the infection control log

Personal Protective Equipment (PPE)

PPE available/optional for practitioner:

- Disposable gloves
- Apron
- Face mask
- Eye protection if risk of splashes

PPE use:

- PPE is removed and disposed of safely after each patient

Transmission-Based Precautions

- Symptomatic or infectious patients are deferred where clinically appropriate
- Enhanced PPE used if patient is suspected of carrying respiratory infection
- Patients instructed on cough etiquette and hand hygiene

Cleaning, Decontamination, and Waste

Equipment:

- PneumoTrac external surfaces wiped with approved disinfectant before and after each patient
- Device internal circuit protected by single-use filter; no further decontamination required
- Mouthpieces are single-use and disposed of after each test

Environment:

- Surfaces (treatment table, chairs, counters) cleaned between patients
- High-touch areas cleaned at the start and end of the day
- Cleaning checklist carried out throughout the day

Waste:

- Used filters, mouthpieces, PPE, and tissues disposed of in clinical waste bags
- Bags removed at the end of each session and stored securely for collection

Laundry / Uniforms:

- Not applicable for this service (practitioner wears clean clothing daily; PPE covers clothing as needed)

Consideration of Patient Needs

- Immunocompromised or high-risk patients: additional cleaning and PPE measures
- Adjustments for patient mobility or sensory needs, e.g., seated testing, assistance with hygiene

Staff Health and Vaccination

- Practitioner must be fully vaccinated in line with current NHS occupational health guidance, including:
  - Influenza (seasonal)
  - COVID-19 (if recommended)
  - Hepatitis B (if applicable)
- Practitioner must not perform testing if acutely unwell or symptomatic with a respiratory infection
- Overseas practitioners must provide proof of immunisation according to UK guidance
- Health status and vaccinations are reviewed annually

Governance and Compliance

- Infection control practices are audited regularly and documented
- Logs of cleaning, filter use, and hand hygiene are maintained
- Any IPC incident triggers reflection and corrective action
- Policy reviewed annually or sooner if guidance changes
- Linked to the Governance and Quality Assurance Policy for oversight

Policy Review

This policy is reviewed annually or following changes to legislation or guidance. Legislation and guidance links are checked and updated as part of the annual policy review.

Last review date: 04/02/26
Next review date: 03/02/27

References and Guidance

- Health and Social Care Act 2008: Code of Practice on the prevention and control of infections
  https://www.gov.uk/government/publications/code-of-practice-on-the-prevention-and-control-of-infections
- Regulation 12: Safe care and treatment
  https://www.legislation.gov.uk/uksi/2014/2936/regulation/12

- Public Health England: Infection prevention and control in healthcare https://www.gov.uk/government/publications/infection-prevention-and-control-in-healthcare-settings