



THE LIVEWELL SYNDICATE · POLICY

Infection prevention *and control.*

The precautions that keep clients, staff and visitors safe
from infection wherever we take blood.

The Livewell Syndicate Ltd

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TYPE	REF	VERSION	DATE	REVIEW
Policy	IPC-02	5.1	03/10/2026	30/09/2027

Knowledge gives you control over your health.

Controlled document

Document control.

ITEM	DETAIL
Policy code	IPC-02
Policy title	Infection prevention and control policy.
Purpose	Sets out the infection prevention and control precautions for the activities The Livewell Syndicate actually carries out: blood collection, and the sharps and waste it produces.
Applies to	All staff of The Livewell Syndicate, and anyone collecting samples on its behalf.
IPC Lead	Cynferth J. Turrian, Executive Director and Clinic Manager.
Authorised by	Cynferth J. Turrian, Executive Director and Clinic Manager. Date: 03/10/2026
Approved by	Daniel Snow, Managing Director. Date: 03/10/2026
Version	5.1
Date issued	3 October 2026
Next review	30 September 2027, or sooner if practice, law or circumstances change. Review carried out by Cynferth J. Turrian.
Law and guidance checked	3 October 2026

Amendment record

DATE	SUMMARY
3 October 2026	Version 5.1, issued 3 October 2026.

Related documents: IPC-01 Blood and Body Fluid Spillage Policy; IPC-03 Personal Protective Equipment (PPE) Policy; HS-06 Needlestick and Sharps Injury (NSI) Policy; HS-08 Waste Management Policy (incl. Clinical Waste); CC-07 Phlebotomy Policy; HS-05 Lone Working and Mobile Phlebotomy Policy; HS-03 First Aid and Emergency Response Policy; HS-01 Accident and Incident Reporting Policy; CO-01 Business Continuity and Emergency Preparedness Policy.

Policy statement.

1. The precautions in this policy match what The Livewell Syndicate actually does: venous blood collection in the Hull clinic and at workplace sessions, and the handling of the sharps and clinical waste this produces. It does not carry out surgery, injections, wound care or any procedure needing aseptic technique, and it uses no reusable instruments, so nothing is decontaminated or sterilised.
2. Hevolve Health uses the same clinic room for its own blood collection. One set of cleaning, waste and sharps arrangements, and one IPC Lead, cover the room for both services.
3. The Livewell Syndicate follows the Code of Practice on the prevention and control of infections, and uses the National Infection Prevention and Control Manual for England as its reference for good practice.

Who is responsible where.

SETTING	RESPONSIBLE FOR INFECTION PREVENTION AND CONTROL
Hull clinic	The Livewell Syndicate, under this policy.
Workplace sessions run by The Livewell Syndicate	The Livewell Syndicate, under this policy.
Home or workplace visits by Inuvi practitioners	Inuvi, under its own procedures and its agreement with The Livewell Syndicate. Inuvi removes all its sharps and waste. The IPC Lead confirms each year that Inuvi's assurances remain current.
Home finger prick kits	The client, following the kit instructions.
Venous kits taken by a practitioner the client arranges	That practitioner.

Hand hygiene.

4. Hands are cleaned before and after every client contact, before putting on and after taking off gloves, and after any contact with blood, following the World Health Organization's five moments for hand hygiene.
5. The clinic has a clinical hand wash station with liquid soap and paper towels. Alcohol hand rub is used when hands are not visibly dirty.
6. Staff collecting blood are bare below the elbows: short sleeves, no watch or bracelets, no rings other than a plain band, short nails and no nail varnish or false nails. Cuts and grazes are covered with a waterproof dressing.

Personal protective equipment.

7. Single use nitrile gloves are worn for every blood collection and changed between clients, as the Personal Protective Equipment (PPE) Policy (IPC-03) sets out. Clients are asked about latex allergy.
8. Aprons and eye protection are worn where splashing is likely.
9. Fluid resistant surgical masks are available for anyone with respiratory symptoms.

Respiratory infections.

10. Staff with symptoms of a respiratory infection and a high temperature, or who do not feel well enough to work, stay at home until they are well, in line with UK Health Security Agency guidance. Clients who report such symptoms before an appointment are offered a new date.

Equipment and single use items.

11. Needles, needle holders, tubes, lancets and single use tourniquets are used once and disposed of straight away. Single use items are never reused.
12. The phlebotomy chair, couch, arm rest and other surfaces a client touches are cleaned with detergent or disinfectant wipes between every client. Couch roll is changed between clients.
13. Consumables are stored off the floor in a clean, dry place, stock is rotated, and expiry dates are checked before use.

Cleaning the clinic.

14. The clinic room is cleaned every day it is used, and client contact surfaces are cleaned between every client. Cleaning is recorded.
15. Cleaning equipment follows the national colour coding. Clutter is kept to a minimum so that surfaces can be cleaned properly.

Blood spills.

16. Blood spills are dealt with straight away by a trained member of staff wearing gloves and an apron, using a chlorine releasing agent at 10,000 parts per million available chlorine, as the Blood and Body Fluid Spillage Policy (IPC-01) sets out. The waste goes into clinical waste. Spill kits are kept in the clinic and carried to every workplace session.

Sharps and clinical waste.

17. Sharps go into a sharps container within arm's reach at the point of use, immediately. Needles are never resheathed. Safety engineered needles are used and activated as the needle is withdrawn, as the Needlestick and Sharps Injury (NSI) Policy (HS-06) and the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 require.
18. Sharps containers meet the relevant British Standard, are assembled and labelled correctly, are never filled above the fill line, and are closed and locked when full.
19. Clinical waste goes into the correct waste bags and is never overfilled. Sharps and clinical waste are collected only by a licensed waste contractor, and the transfer or consignment notes are kept, as the Waste Management Policy (HS-08) sets out. Until they are collected, full containers and bags are kept closed, locked, labelled and stored securely in the clinic. Waste is never handed to anyone who is not a licensed carrier.

Sharps injuries.

20. If someone is injured by a used needle or sharp: encourage the wound to bleed, wash it under running water with soap, do not scrub or suck it, and cover it with a waterproof dressing.
21. The injured person reports it to the IPC Lead straight away and attends Accident and Emergency the same day, so that the need for treatment to prevent infection can be assessed as quickly as possible.
22. The full procedure, including when an injury must be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, is in the Needlestick and Sharps Injury (NSI) Policy (HS-06). The injury is recorded under the Accident and Incident Reporting Policy (HS-01).

Workplace sessions.

23. The employer provides a private room with a table, two chairs, and a sink or hand sanitiser, as the Master Services Agreement requires. Before the first client, staff check the room for lighting, cleanliness, trip hazards and a clean surface for equipment.
24. Staff bring alcohol hand rub, gloves, aprons, detergent wipes, disposable covers, a blood spill kit, a portable sharps container and clinical waste bags. Surfaces are cleaned before the first client and between every client.
25. All sharps and clinical waste are taken back to the clinic in closed, locked containers and disposed of with the clinic's waste. Nothing is left on the employer's premises.

Home kits and sending samples.

26. Home finger prick kits use single use safety lancets. The kit instructions explain how to dispose of the lancet and packaging safely.
27. Samples are posted in packaging that meets the UN3373 (Biological Substance, Category B) requirements and Packaging Instruction 650, as Royal Mail requires.
28. Samples taken in the clinic or at a workplace session are stored as the laboratory instructs and sent on the day of collection. A leaking or damaged sample is never sent.

Staff health and immunisation.

29. Staff who collect blood are offered hepatitis B vaccination, and their immunisation status and response to the vaccine are checked and recorded before they start, in line with the

UK Health Security Agency's guidance for healthcare staff (the Green Book, chapter 12).
All staff are encouraged to keep their routine immunisations up to date.

Training, audit and review.

30. All staff complete infection prevention and control training, including Aseptic Non Touch Technique for staff who collect blood, at induction and every year after that.
31. The IPC Lead audits hand hygiene and the cleanliness of the clinic every two months, and sharps and clinical waste handling every three months, and after any infection prevention and control incident.
32. Sharps injuries and infection prevention and control incidents are reviewed at the quarterly governance review.
33. This policy is reviewed every year, and before any new clinical activity starts.

Law and guidance.

Department of Health and Social Care. (2022). The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance (2015, updated December 2022). London: DHSC.

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

NHS England. (2023). Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste. London: NHS England.

NHS England. (n.d.). National infection prevention and control manual for England. Retrieved from <https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/>

UK Health Security Agency. (n.d.). Immunisation against infectious disease (the Green Book), chapter 12: Immunisation of healthcare and laboratory staff. London: UKHSA.

World Health Organization. (2009). WHO guidelines on hand hygiene in health care. Geneva: WHO.