

Infection Control Annual Statement 201617

Purpose

In line with the Health and Social Care Act 2008: Code of Practice on Prevention and Control of Infection and its related guidance, this Annual Statement will be generated each year. It will summarise:

- Any infection transmission incidents and action taken (these will be reported in accordance with the Significant Event procedure)
- Details of any infection control audits undertaken and actions taken
- Details of any infection control risk assessments undertaken
- Details of staff training
- Any review and update of policies, procedures and guidelines

Background

The practice's Lead for Infection, Prevention and Control is Val Chamberlain (Senior Practice Nurse) and is supported by Jo Stackhouse (Healthcare Assistant) and Julie Thurlby (Practice Manager).

This team will keep updated on infection control and share necessary information with staff and patients throughout the year.

Significant Events

In the past year (October 2015 – October 2016) there have been no significant events raised in relation to infection control.

Audits

- Minor Surgery was undertaken by Dr T M Hama for the period 1.4.15 to 31.3.16 – no infections reported.
- Annual infection control audit*(including waste management) and Action Plan
- Vaccine Fridge audit and Best Practice in Immunisation
- Cleaning Control audits and Action Plans

*Infection control audits are now undertaken on a quarterly basis.

Risk Assessment

Regular risk assessments are undertaken to minimise the risk of infection and to ensure the safety of patients and staff. The following risk assessments relating to infection control have been completed in the past year and appropriate actions have been taken.

- Control of Substances Hazardous to Health (COSHH)
- Sharps Handling and Disposal
- Legionella
- Handling and Storage of Liquid Nitrogen
- Handling and Storage of Oxygen

Cleaning specifications, frequencies and cleanliness of equipment

The practice has a designated lead for cleaning and there is an environmental cleaning policy for staff to follow. The policy specifies how to clean all areas, fixtures and fittings and what products to use. Cleaning audits of the premises are undertaken quarterly.

The practice ensures that:

- clinicians use auroscopes and thermometer with single use tips.
- All instruments used for patient care are single use.
- Nursing staff clean treatment areas and equipment between patients. Protective equipment policies are in place.

Curtains

The practice uses disposable curtains in consulting rooms which are replaced every 6 months (or sooner if necessary) as per practice policy.

Flooring

The flooring in all ground floor consulting rooms have hard flooring.

Furniture

All furniture in the practice is made of easily cleanable substances and furniture in the waiting area and consulting rooms is cleaned on a daily basis.

Staff training

All staff are aware of the practice hand hygiene policy and instructions for hand cleansing are displayed in all clinical rooms. Members of the team (clinical and non-clinical) have received update training for Infection Prevention and Control for General Practice and also hand hygiene refresher.

Policies, Procedures and Guidelines

All policies, procedures and guidelines are reviewed every 2 years but updated sooner if necessary.

J Thurlby
Practice Manager
14.12.16