

INFECTION CONTROL STATEMENT 2020

General Practice must meet the requirements of The Health and Social Care Act 2008 (updated 2015) and other related legislation. This statement is to demonstrate how The Green House Surgery strives to meet these requirements by ensuring we have robust infection prevention and control (IPC) measures in place.

INFECTION PREVENTION AND CONTROL LEAD PERSONS

Dr F Houldsworth (GP Partner)

T. Weyer (Practice Nurse)

Their role is to facilitate the practice in ensuring a clean and safe environment for staff, patients and any other members of the public attending the surgery.

BACKGROUND

All our staff follow our Infection Control Policy to ensure the care we deliver and the equipment we use is safe.

As a practice we ensure that all of our staff are up to date with their Hepatitis B immunisations and are offered any occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu).

We encourage staff and patients to raise any issues or report any incidents relating to cleanliness and infection control. We can discuss these and identify improvements we can make to avoid any future problems.

We provide annual staff updates and training on cleanliness and infection control

We review our policies and procedures at least yearly, to make sure they are adequate and meet national guidance.

We maintain the premises and equipment to a high standard within the available financial resources and ensure that all reasonable steps are taken to reduce or remove all infection risk.

SIGNIFICANT EVENTS

There has been no significant infection transmission events reported regarding infection control issues in the period covered by this report.

A significant event related to infection control is regarded as a needlestick injury, vaccine refrigerator breakdown or major outbreak of infection such as diarrhoea and vomiting or norovirus, etc.

All relevant significant events are reviewed in the monthly Clinical Meetings and learning is cascaded to all relevant staff.

AUDITS and RISK ASSESSMENTS

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out.

Infection control risk assessment was last performed 2020 and the following aspects were checked against our audit tool

- Hygiene – staff and clinical surroundings
- Clinical practice- storage of stock and immunisations
- Sharps management
- Waste management

No major risks or hazards were identified in last audit cycle.

Hand hygiene audits are regularly undertaken. Hand hygiene training with the use of UV light has taken place in October 2020 – 100% of clinical staff proved to be washing hands well, everyone was reminded of correct handwashing procedure and areas that are frequently missed.

A thorough COVID -19 risk assessment was undertaken in 2020 and is regularly updated as new information and procedures are cascaded down from government advice.

We have implemented the following:

- Changed layout of reception to ensure social distancing maintained
- Social distancing between staff maintained in administration offices
- Adequate stocks of PPE maintained and staff are trained in correct appropriate use
- All staff wear masks in communal areas
- Reduced footfall in to the practice with more consultations done over the phone or electronically
- All meetings virtual via MS teams
- Measures in place to ensure extra cleaning is done between each consultation
- Make Alcohol Hand Rub Gel available throughout the practice.

Legionella (Water) Risk Assessment: This is performed by Robertsons, who has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff.

The practice uses OCS, Internal Facilities Management, who are responsible for cleaning throughout Redcar Primary Care Hospital. We regularly check with OCS that they are carrying out checks to ensure the standard of cleanliness and hygiene is maintained.

We use washable or disposable materials for items such as couch rolls, modesty curtains, floor coverings, towels etc., and ensure that these are laundered, cleaned or changed frequently to minimise risk of infection. The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable privacy curtains, replaced every 6 months. To this effect we use disposable privacy curtains and ensure they are changed every 6 months

An audit on Minor Surgery was undertaken in October 2020. No infections were reported for those patients who had had minor surgery. During the pandemic all routine minor surgeries were suspended.

TRAINING

Mandatory yearly for clinical staff and three-yearly for non-clinical staff. This is usually done online through an accredited training website

All members of the team are encouraged to follow their continuing professional development requirements for disinfection and decontamination. Training in the infection control procedures for the practice is included in the practice induction programme for new staff.

Opportunistic training sessions – re donning and doffing PPE (especially important in the current COVID-19 climate)

POLICIES

All Infection Prevention and Control related policies are in date for this year.

Policies relating to Infection Prevention and Control are available to all staff and are reviewed updated regularly, all are amended on an on-going basis as per current advice, guidance and legislation changes. Infection Control policies are circulated amongst staff for reading.

Review date: 11/2021