

INFECTION CONTROL ANNUAL STATEMENT 2018

PURPOSE

This statement will be generated annually. It will summarise:

- any infection transmission incidents and any action taken (these will have been reported in accordance with our 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

Infection Prevention and Control Lead are Sister Sarah Hall at Oldfield site and Sister Christine McDermott at St James's site.

A representative from Heart of Bath attends Infection control LINK worker meetings when able and shares this information with the health care team. Minutes from the LINK meeting are stored electronically on the shared hard drive and emailed to health care team. IPC is routinely included on the agenda of Clinical Supervision meetings which are held alternate months. More immediate IPC issues are dealt with at the time and reviewed at these meetings.

Significant Events

In the past year there has been one significant event relating to infection control. This will be discussed at the next Significant events meeting and Clinical Supervision meeting. Control measures will be put in place to prevent such an incident occurring again and policies and procedure will be checked to see if amendments are required. All staff were reminded of IPC good practice procedures at the time of the incident. Relevant cleaning company / professional bodies were consulted.

Audits

The annual Minor Surgery audit was undertaken in November 2018; with a 0% post-operative infection rate.

We ensure that we share audit information with our patients. We include the Annual Statement on our website and ensure that it is displayed in the waiting room, and that it is updated annually.

The last hand hygiene audit was conducted in August 2018, no significant concerns were raised. All measures to ensure and promote good standards of hand hygiene were noted throughout the surgery.

The Infection Prevention and Control and Quality Audit was also conducted over the summer months. This audits all infection control elements within the practice. This has set the benchmark for Heart of Bath Medical Partnership to continue to monitor

and make improvements. It has not been necessary to repeat this audit more frequently as all was found to be satisfactory. It was noted that clinical waste bins were being used for non-clinical waste, resulting in an increase in the number of clinical waste bags being collected from the surgery. Extra recycling bins have been provided for each room and staff have received re-training to ensure waste disposal is appropriate.

Risk Assessments

Risk assessments are performed to establish best clinical practice. In the last year a number of risk assessments were carried out.

Curtains

The surgery has various curtains and blinds, both at the windows and in consulting rooms as modesty screens to be used around couches during examinations. The NHS Cleaning Specifications state that curtains should be cleaned or if using disposable curtains, replaced every 6 months. St James's now has all disposable curtains in all clinical rooms bar one at the GPs specific request to maintain a homely atmosphere. Oldfield site has disposable curtains in all clinical rooms. A risk assessment was carried out to establish if the blinds had to be cleaned 6 monthly or if a different timescale would be more appropriate. The assessment generally found that the window blinds were very low risk and therefore did not require a particular cleaning regime other than regular vacuuming to prevent build up of dust. The material curtains are checked regularly and included in the 6monthly soft furnishings audit and steam clean.

Room checking

Each clinical room in use is routinely checked at the end of morning and afternoon surgeries to ensure adequate provision of PPE equipment to ensure IPC standards are maintained.

Staff Training

E-learning

Sister Hall and Sister McDermott continue to provide Infection, Prevention and Control induction training to all new members of staff- specific policies are included in the new staff induction and reference folder.

The surgery uses an e-learning IPC module as a mandatory annual resource to enable additional IPC training and has arranged for a presentation and update for all clinical and non-clinical staff in the New Year.

This year we have also introduced a new tool to help promote Infection prevention and control; a workbook with guidance for General Practice, aimed at encouraging effective hand hygiene; the most essential yet simple form of infection prevention and control. All new members of staff joining the practice and clinicians are asked to complete the work book. We plan to introduce it to all HOB non-clinicians in the new year.

Policies, Procedures and Guidelines

Most policies are formally reviewed annually, however all are amended on an ongoing basis as current advice changes, or need arises.

Policies reviewed:

Receipt of refrigerated products policy

Receptionists/ HCAs duties for clinical room and waiting room check

Isolation policy

Policy for Spillages

Policy for Handling specimens

Couch Policy

St James's/HOB Surgery Infection Control Policy

Policy for disposable instruments

Policy for Sharps safety and disposal of Sharps

Policy for Needlestick Contamination

Policy for Decontamination

Policy for use of handwash and hand rub

Toy cleaning Procedure

Fridge maintenance & Cold chain policies

Infectious disease notification policy

Tourniquet policy

Waste management policy

BP cuff policy

IPC Risk assessment

Treatment room cleaning policy

Single use instrument policy