

INFECTION CONTROL ANNUAL STATEMENT

Introduction

This document has been generated following the annual infection prevention audit. It's foundation is within the IPC policy and should be used with reference to the principles outlined in the Infection Control (Biological Substances) Protocol.

Policy Statement

This practice is committed to the control of infection within the building and in relation to the clinical procedures carried out within it. The practice will maintain the premises, equipment, drugs and procedures to the standards within the IPC policy and established guidelines. The practice will provide facilities and the financial resources to ensure that all reasonable steps are taken to reduce or remove all infection risk.

Wherever possible or practicable, the practice will seek to use washable or disposable materials for items such as soft furnishings and consumables, e.g. seating materials, wall coverings including paint, bedding, couch rolls, modesty sheets, bed curtains, floor coverings etc., and ensure that these are laundered, cleaned or changed frequently to minimise the risk of infection.

The practice will use the IPC policy and established guidelines as the basis for managing infection control. The staff member responsible for the Annual Audit has under gone two day intensive training so that they have the necessary degree of competence to carry it out.

PURPOSE

In line with the Health and Social Care Act 2008: Code of practice on prevention and control of infection (July 2015) and its related guidance, this Annual Statement will be generated each year. It will summarise:

- Any infection transmission incidents and any lessons learnt and action taken
- Details of any infection prevention and control (IPC) audits undertaken and any subsequent actions taken arising from these audits
- Details of any issues that may challenge infection prevention and control including risk assessment undertaken and subsequent actions implemented as a result
- Details of staff IPC training
- Details of review and update of IPC policies, procedures and guidance
- To highlight priorities for the upcoming year.

Responsibility for the Management of Infection Risk

The responsibility for controlling infection and cross-contamination ultimately rests with all staff however specific tasks are allocated as follows:

- ❖ Practice Infection Control Lead: Julie Castledine
- ❖ Non-clinician responsible leading on Infection Control is Lucy Bardoe.

INFECTION CONTROL LEAD

The Infection Control Lead enables the integration of Infection Control principles into standards of care within the practice, by acting as a link between the surgery and Leicester, Leicestershire and Rutland Infection Control Team. They will be the first point of contact for practice staff in respect of Infection Control issues. They will help create and maintain an environment which will ensure the safety of the patient / client, carers, visitors and health care workers in relation to Healthcare Associated Infection (HCAI).

The Infection Control Lead will carry out the following within the practice:

- A daily, weekly, monthly and six-monthly cleaning specification will apply and will be followed by the cleaning staff.
- The IPC lead offers Infection Control training for staff. This takes place on an annual basis or more often if required. It includes training on hand decontamination, handwashing procedures, the use of Personal Protective Equipment (PPE) and the safe use and disposal of sharps. See also: Handwashing Techniques.
- Infection Control Training takes place for all new recruits within two weeks of start.
- Handwashing posters are displayed at each designated hand basin and also in public toilets and washing facilities (eg Baby-changing room etc).
- The practice has ensured that all staff has access to sufficient and appropriate supplies of materials for hand decontamination, PPE and sharps containers.
- A random and unannounced Infection Control Inspection by the above named staff, will take place on at least a quarterly basis and the findings will be reported to the partners' meeting for (any) remedial action and minuted.
- The practice will also seek to educate patients and carers regarding effective hand decontamination and handwashing techniques opportunistically. Hand gel is made available for patients and visitors throughout the practice at strategic locations.
- Staff involved in clinical tasks will always be 'bare below the elbow'. NICE guidance advises that bare below the elbow should mean: not wearing false nails or nail polish; not wearing a wrist-watch or stoned rings; wearing short-sleeved garments or being able to roll or push up sleeves. The practice-provided uniform for clinical staff will always be short-sleeved.

SIGNIFICANT EVENTS

All significant events are reported to management, investigated and discussed at monthly meetings which are minuted.

ACTION PLAN FOLLOWING IPC ANNUAL AUDIT

The following audits/ assessments were carried out in the practice

Infection control annual audit

Date of risk assessment April 2020

Audit Key findings/ Recommendations / Updates

- Implement cleaning schedule for items such as fridges, rooms, equipment etc
- The job description of the designated Infection Control lead outlines the responsibilities of the role
- Infection Control and cleaning/decontamination are part of clinical lead meetings and monthly staff meetings. This is in the form of discussing incidents or significant events with learning outcomes, cascading results of recent audits, new protocols and staff training such as hand hygiene and sample handling.
- An annual statement has been created and will be available to all upon request.
- A contracted cleaning company have been sought and now maintain the premises; this counters the previous cleaning issues. The practice has also liaised with the CCG, input from the IPC lead Nurse has been sought to ensure the practice is compliant.
- The practice has annual legionella checks along with a copy of the legionella risk assessment report including the recommendations for legionella control in the premises.
- Initiated an 'action taken' form to record what action is taken if temperature is out of range.
- Fixed wall mounted alcohol hand pumps have been implemented.
- All Legionella information will recorded and stored electronically.
- Cleaning schedules have been included in room checks and staff allocated these duties daily.
- Vaccine audit to be carried out weekly
- Emergency medications audit carried out monthly
- Audits to be scanned and stored electronically.
- Cleaning schedule implemented for vaccine fridges.
- Creation of a document that shows what action is taken if fridge temperature is out of range.
- There is a suggestion/comment box available in the practice for patients to make comments, feedback or express concerns with regards to infection control issues such as cleanliness of the premises.
- The practice has an 'Isolation of Infective Patient Policy' which is available on Microsoft Teams under Practice Protocols which all staff have access to. This policy explains what measures staff undertakes to identify and isolate patients with possible infectious rashes i.e. chicken pox.

- The practice have educated and provided training and posters to staff on the correct procedure following a needle stick injury. The management of inoculation injuries is included as an agenda item at the next staff meeting in the form of a significant event with learning outcomes identified.
- An IPC board is being put together for staff to have access to key information relating to IPC.
- Environmental cleaning audit is carried out daily by cleaning company. Admin staff carryout room checks which include cleaning and checking stock to ensure none is out of date.
- Hand hygiene audit carried out every 6 months. Training was given by IPC lead on the correct procedure. All soap dispensers have step by step instructions of the process. Staff shown how to use spillage kits at training sessions with IPC lead.
- All patients with an active or previous infection have alerts on patient home screen.
- COSHH sheets created for domestic products.
- Identification of infectious patients. Answerphone message been recorded to inform patients what action to take if infectious. Reception staff have a script to follow to identify patients who present with an infection. Patients with an infection can be seen at the end of the day to reduce the risk to others.
- Occupational forms have been handed out to staff to check immunity status.

STAFF TRAINING

All staff complete E-learning during the first couple of weeks of employment, this includes Infection Control training. Progress is saved via the training dashboard, when it is due for renewal; staff are allocated protected time for training. The percentage of completed training for all staff at the present time is 100%. The Infection Control Lead for the Practice has attended Infection Control training within the last year.

POLICIES, PROTOCOLS AND GUIDELINES

The Policies below have been updated this year. They are reviewed annually or earlier when appropriate due to changes in regulations and evidence based guidance.

- Standard Infection Control Precautions
- Aseptic Technique
- Isolation of Service Users with an Infection
- Safe Handling and Disposal of Sharps
- Prevention and Management of Occupational Exposure to Blood and Body Fluids (including sharps injuries)
- Safe Handling and Disposal of Waste
- Packaging and Handling of Specimens
- Immunisation of Patients
- Decontamination of Re-usable Medical Devices and Equipment
- Single Use Medical Devices
- Outbreaks of Infection / Communicable Disease/ Isolation of Infective Patients
- Reporting of Infections to the Health Protection Agency or Local Authority
- CJD / vCJD – handling of instruments and devices
- Environmental Cleaning

To be reviewed 01/04/21

- Uniform Policy / Dress Code
- Antimicrobial Prescribing

PRIORITIES AND KEY POINTS FOR THE NEXT 12 MONTHS

Areas identified for change have been addressed and are reviewed regularly, to ensure compliance.

The priority is to continue with the implementation of the changes and continue to work at a high standard. Ensure staff remain motivated and involved via staff meetings. Offer training on IPC related topics if required.