



Infection control statement

Person(s) responsible for reviewing this Policy	Mrs Tracy Green Practice Manager and Mrs Joyce Pickering Nurse Manager
Date of Last Review	April 2018
Date of Next Review	April 2019
Reference:	The Health and Social Care Act 2008 – Code of Practice on the prevention and control of infections & related guidance

We aim to keep our practice clean and tidy and offer a safe environment to our patients and staff. We are proud of our Health Centre and endeavour to ensure it is kept clean and well maintained at all times.

If you have any concerns about cleanliness or infection control, please report these to our Patient Services Advisors.

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

We take additional measures to ensure we maintain the highest standards:

- 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.
- Carry out an annual infection control audit to make sure our infection control procedures are working.
- Provide annual staff updates and training on cleanliness and infection control
- Review our policies and procedures to make sure they are adequate and meet national guidance.
- 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.
- 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.
- Make Alcohol Hand Rub Gel available throughout the building

Significant events

In the past year there have been no significant events raised that related to infection control.

Audits

An annual Infection Control Audit is undertaken in the Practice. This is based on the Department of Health's Audit Tool (2005). The results from this year's audit showed compliance in 89% of all areas. The other 11% is under review and will require substantial building alterations which are being reviewed.

Cleaning specifications

The cleaning staff work to structured cleaning schedules and the daily cleaning of the Health Centre is contracted to a company who follow national NHS guidance.

Risk Assessments

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.

• Children's Toys

- Toys can be a useful distraction for children waiting in the waiting room and also in consulting rooms as an aid to relax young patients or distract them when a parent is having a consultation. Unfortunately these toys can also be a source of infection and this can be difficult to control. The GP is responsible for the cleaning of toys after each use and its safe storage. In the waiting area, a fixed bead table toy is provided and cleaned after each surgery session by a receptionist. Clinell wipes are used for the cleaning as per guidelines. Due to the risk of toys harbouring germs, we would advise parents to bring in their child's own toy to play with as necessary.

• Curtains and Blinds

- All the clinical rooms have wipe-able disposable modesty curtains which are replaced annually. The treatment rooms all have wipe-able window blinds which are cleaned every 6 months.

• Flooring

- Across all the health centres we are aware that, at present, we are not fully compliant with NHS recommendations with regard to flooring. Any spillages of blood or body fluids are to be avoided on a floor that cannot be cleaned effectively. Many of the treatment and GP consulting rooms have the correct flooring, but the audits did highlight that many of the floors are still needing replacement flooring. We currently have a prioritised rolling refurbishment

plan in action and many of the rooms/floors have been refurbished as per current CQC standards. Doctors have been asked not to undertake clinical procedures in rooms with carpeted floors so as to minimize risk of spillage. A carpet cleaner and steamer are regularly used to keep carpets as clean as possible.

- **Cleaning Specifications, Frequencies and Cleanliness of Equipment;**

Cleaning schedules and audits are reviewed and updated on an annual basis. Nursing staff clean treatment areas and equipment between patients. Personal Protective Equipment policies are in place. All the cleaning for our surgery is carried out by an external cleaning company who claim to work to CQC standards.

Staff Training

All staff are aware of the practice hand hygiene policy and instructions for hand cleansing are displayed in all clinical rooms and health centre toilets. Members of the clinical team carry out a Hand Hygiene Assessment annually. All clinical staff receive annual IPC training as part of their Continuous Practice Development. All new clinical and non-clinical staff receive IPC training and clinical staff carry out a Hand Hygiene Practical Assessment as part of their induction.

Patients

We attempt to inform our patients about any infection issues, i.e. flu season, on notice boards at the surgery and on our practice website.

Patients who are thought to have an infection that may be contagious e.g. chickenpox are asked to wait in a designated isolation room rather than the main waiting room. With our telephone triage system now in place we hope to reduce the number of infectious patients having to come to the surgery by trying to help/advise them over the phone.

All patients requiring dressings who are known to have MRSA infection are treated at the end of the nurses list so that the room can be prepared and cleaned after the consultation. All Patients with MRSA have an individual risk assessment completed which is shared with them to ensure everything possible is done to reduce the risk of cross infection. There have been no reported cases of MRSA acquired in the practice.

Policies, Procedures and Guidelines

Policies relating to Infection Prevention and Control will be reviewed as current advice changes and updated annually if appropriate. The policy manual is kept in the Nurse manager's room.

