



## **Infection control statement 2023**

Person(s) responsible for reviewing this Policy	Joyce Pickering Partner and Ruth Christophers Nurse manager
Date of Last Review	<b>October 2023</b>
Date of Next Review	<b>October 2024</b>
Reference:	The Health and Social Care Act 2008 – Code of Practice on the prevention and control of infections & related guidance. National Standards of Healthcare Cleanliness 2021

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 (including COVID Measures) 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 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. The results from this year's audit showed compliance in 96% an improvement of 2% across all areas. The other 4% 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 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. Clinicians are responsible for the cleaning of toys after each use and its safe storage. In the upstairs waiting area, they are activity boards fixed to wall which are cleaned as part of the regular cleaning schedule. Similar boards are being installed in the downstairs waiting area too.

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.

### **Flooring**

All clinical consulting rooms now have correct flooring, which has resulted in our overall compliance.

### **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 using an ultraviolet "box" which we borrow from Torbay hospital. 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, COVID 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 in the cabin at the back of the practice 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 staff room, beside the external cleaning schedules.