

Oaklands Health Centre Infection Control Annual Statement

Aug 2016

Purpose

This annual statement will be generated each year in August. It summarises:

- 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 undertaken
- Details of staff training
- Any review and update of policies, procedures and guidelines

Scope

This Protocol applies to all staff employed by the practice and all 3rd party staff working at Oaklands.

IC Lead

The clinical services manager, Caroline Shamsee is our infection control lead.

Training

Caroline has attended an Infection Control Lead training course in 2015 (due again in Sept/Oct 2106) and has completed levels 1-3 of mandatory infection control training. She keeps up to date with IC policy and provides update training to the rest of the practice team at our weekly nursing team meetings and monthly Clinical Governance and staff training meetings.

Staff who are unable to be present at the training are given a copy of the minutes and the training presentation is stored on our practice shared drive available to all staff.

Immunisation

As a practice we ensure that all of our front-line staff are up to date with their Hep B immunisations and offered any occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population.

Cleaning

- Our contract cleaners (Sarah and Sarah) work to cleaning specifications laid out in their contract along with frequencies and an annual audit takes place to ensure these are being met. Cleaning equipment is stored in accordance with the NHS Cleaning Specifications.

- We do not provide toys in the waiting area and encourage parents to bring their own as being familiar, these are of more comfort to young children.
- The surgery has various material curtains in consulting rooms which are washed at 6 monthly intervals or sooner if soiled.(records are maintained).
- Spill kits for blood, vomit or urine are provided in the reception office and treatment room complete with all necessary PPE.
- Our Air conditioning units are serviced annually to prevent any legionella build up in line with our Legionella Risk Assessment.

PPE (Personal Protective Equipment)

The practice provides PPE for all members of the team in line with their role.

- Clinical staff are provided with aprons, several different types and sizes of gloves and goggles/face shields.
- Reception staff are provided with gloves for the handling of sample pots and sharps bins.

Waste

- Clinical waste is categorised and stored in line with our waste management policy and collected weekly, waste transfer sheets are stored and archived for 5 years.
- Domestic waste is disposed of via a commercial wheelie bin commissioned from the local council. Collections take place weekly.

Fixtures, Fittings & Furniture

Where possible all decorating, renewals and repairs will be made in line with infection control guidelines.

- Where planned renewals of fixtures such as sinks and taps will ensure compliant items are installed where they are not currently at full spec.
- A rolling plan of redecoration is in place and where performed wall coatings will be in line with infection control guidelines.
- The exam couches in the clinical rooms have recently been replaced (2013) to ensure they are in good repair and of wipe able materials. Fabric chairs in the waiting area and consulting rooms are gradually being replaced with wipe able items.

Audit

In August 2016 an MPS 360 Infection Prevention and Control audit was completed by the lead GP Partner and Clinical Services Manager. Some policies and procedures have now been updated and a sign off sheet instigated for clinical staff to sign they are aware of the IC policies contained in the folder. There have not been any infection control incidents.

Our Post Minor Surgery / Vasectomy Infection Audit was completed in July 2016 and showed no areas of concern. We are currently performing a re-audit of this area including a patient survey.

In August 2017 we will repeat the MPS 360 Infection Prevention and Control self-assessment toolkit.

Policies

Policies relating to Infection Prevention and Control are stored in the Infection Control Policies and Procedures Folder in the Clinical Services Managers' room and on the practices Shared Drive. These are reviewed and updated annually as appropriate. However, all are amended on an on-going basis as current advice changes.

Responsibility

It is the responsibility of each individual to be familiar with this Statement and their roles & responsibilities under this. It is also the responsibility of the practice manager to ensure staff are familiar with the contents.

Review date

Original written August 2016, reviewed annually, due for review August 2017.

Responsibility for Review

The Practice Manager & IC lead nurse are responsible for reviewing the Statement.