

LITTLEDOWN SURGERY

INFECTION CONTROL ANNUAL STATEMENT

(April 2018 – March 2019)

1. PURPOSE

In line with the Health and Social Care Act 2008: Code of practice on prevention and control of infection and its related guidance, this Annual Statement will be produced 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

2. INFECTION CONTROL LEAD

The Infection Control Lead will enable the integration of Infection Control principles into standards of care within the practice, by acting as a link between the surgery and Dorset 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:

- Increase awareness of Infection Control issues amongst staff and clients
- Help motivate colleagues to improve practice
- Improve local implementation of Infection Control policies

- Ensure that practice based Infection Control audits are undertaken
- Assist in the education of colleagues
- Help identify any Infection Control problems within the practice and work to resolve these, where necessary in conjunction with the local Infection Control Team
- Act as a role model within the practice
- Disseminate key Infection Control messages to their colleagues within the practice

Practice Infection Control Lead: Roz Gilbert

3. SIGNIFICANT EVENTS

There have been **no significant events** reported regarding infection control issues in the period covered by this report.

4. AUDITS / RISK ASSESSMENT

The following audits/ assessments were carried out in the practice

- Infection control annual audit – comprising:
 - Management of infection control
 - Staff
 - Decontamination
 - Environment
 - Audits of all rooms within the surgery
 - Hand
 - PPE
 - Sharps management
 - Specimen handling
 - Waste & Bio waste
 - Vaccine management

The audit is conducted on a rolling basis throughout the year, with the frequency of individual elements determined by the risk that has been assessed e.g. the Treatment Room is audited quarterly, whilst the management of infection control is audited annually.

Audit Key findings/ Recommendations / Updates

- Good hand washing techniques demonstrated by staff
- Books and magazines checked on a monthly basis and worn ones are removed
 - Done on a monthly basis
- Infection Control Annual Statement to be produced
 - Completed – available on Intranet/Practice Policies
- Cleaning of the clinical waste bin
 - Completed November 2015, and now done as part of annual cycle
- Change of use of room from office to Treatment Room 2
 - Hard flooring replaced the carpet
 - Chairs with infection control compliant wipeable surfaces replaced the old chairs
 - Infection control compliant couch purchased
 - Washable blinds to be fitted

5. STAFF TRAINING

All nursing and administrative staff do training on Infection Control on an annual basis, to a level appropriate to their role.

6. POLICIES, PROTOCOLS AND GUIDELINES

The practice Infection Control suite of policies and procedures comprises the following:

- ❖ Infection Control Policy
- ❖ Sample Handling protocol
- ❖ Clinical Waste Management Policy
- ❖ Control of Substances (COSHH) Policy

- ❖ Disposable (Single Use) Instruments Policy
- ❖ Infection Control (Biological Substances) protocol
- ❖ Cleaning Service Level Agreement with Nova Cleaning
- ❖ Disposable Clinical Curtains protocol
- ❖ Needlestick Injuries Protocol
- ❖ Hand Hygiene Policy
- ❖ Infection Control Audit
- ❖ Uniform Policy
- ❖ PPE Protocol
- ❖ Induction Policy
- ❖ Toys and Books Protocol
- ❖ Asptic Non-Touch Technique Protocol

All policies and protocols have been reviewed and updated this year. They are reviewed annually or earlier when appropriate due to changes in regulations and evidence based guidance.

Signed by Infection Control lead:

Date: