

THE ADAM PRACTICE STATEMENT

Title: Infection Control Annual Statement 2014-15

Review Date: March 2016

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 generated each year. It will summarise:

- Any infection transmission incidents and any lessons learnt and action taken
- Details of any infection control 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 training
- Details of review and update of IC policies, procedures and guidance.

2. INFECTION CONTROL LEAD

The Infection Control Lead (IC) 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 CCG Infection Control Team.

Practice Infection Control Lead: Clare Mechen (Nurse Manager), assisted by Ruth Thompson (Practice Nurse/ IC Link nurse)

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

3. SIGNIFICANT EVENTS

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

4. AUDITS

The following audit was carried out in the practice:

This year an internal annual audit was carried out at each site in adherence to the Code of Practice. The following actions were taken as a result of the feedback/outcome of the audit:

- Hand Gel – this was made available in all toilets and public areas.
- Soft Toys were removed from the waiting room and consulting rooms. Cleaning schedule put in place for wooden toys left in waiting rooms.
- Walls in Waiting rooms were cleaned down.
- Admin room carpet cleaned

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- New flooring (washable) in kitchen areas.
- Liquid soap dispensers installed in kitchen areas
- Hand washing posters displayed in all public toilets
- Rooms which are carpeted added to wish list to replace with impervious\sealed floors when able.
- Pedal operated clinical bins purchased for each consulting\treatment room.
- Material chairs in consulting\treatment rooms added to wish list to replace with wipe clean as replaced.
- Bars of soap removed where found.
- Open shelving in rooms added to wish list to replace with closed cupboards
- Non wrist operated taps added to wish list to replace.
- Table repaired in Poole waiting room
- GPs\Nurses asked to declutter rooms.

5. STAFF TRAINING

51 members of staff have all attended Infection Control training within the last Year including;

- 22 clinical staff
- 26 admin staff
- 3 management team members

Hand Hygiene

All clinical staff are trained in the correct hand washing and hand rub methods and are 'spot checked' regularly by our Nurse Manager/ IC Link Nurse

The cleaning staff members all receive training via their employers Two Counties. Who also do monthly audits to ensure the cleaning schedule is adhered to and deep cleaning is done within prescribed timescales.

6. POLICIES, PROTOCOLS AND GUIDELINES

Our Infection Control Policy is available via the Practice Intranet. This includes information on;

- Standard Infection Control Precautions
- Non-Touch Aseptic Technique (ANTT) & Procedure
- Hand Hygiene
- Environmental Cleanliness
- Personal Protective Equipment
- Disposal of Sharps
- Disposal of Waste
- Soiling and Spillages
- Single Use Instruments
- Reusable Instruments (from CSSD)
- Guidelines for cleaning Propulse
- Curtains
- Equipment

Our Needle stick policy and Cleaning and Decontamination of Surfaces protocol are available via the practice Intranet.

Cleaning schedules are also available via the practice intranet for nursing teams and via the practice network for admin teams. These are completed daily, weekly and monthly to ensure all areas are kept clean and infection free.