

The Green House Surgery

INFECTION CONTROL STATEMENT 2022

General Practice must meet the requirements of The Health and Social Care Act 2008 (updated 2015) and other related legislation. This statement is to demonstrate how The Green House Surgery strives to meet these requirements by ensuring we have robust infection prevention and control (IPC) measures in place.

INFECTION PREVENTION AND CONTROL LEAD PERSONS

Dr F Houldsworth

Practice Nurse T. Weyer

Their role is to facilitate the practice in ensuring a clean and safe environment for staff, patients and any other members of the public attending the surgery.

BACKGROUND

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

As a practice we ensure that all of our staff are up to date with their Hepatitis B immunisations and are offered any occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu).

We 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.

We provide annual staff updates and training on cleanliness and infection control

We review our policies and procedures at least yearly, to make sure they are adequate and meet national guidance.

We 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.

SIGNIFICANT EVENTS

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

A significant event related to infection control is regarded as a needlestick injury, vaccine refrigerator breakdown or major outbreak of infection such as diarrhoea and vomiting or norovirus, etc.

All significant events are reviewed in the monthly Clinical Meetings and learning is cascaded to all relevant staff.

AUDITS and RISK ASSESSMENTS

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out

Infection control risk assessment was last performed 2022 and the following aspects were checked against our audit tool

- Hygiene – staff and clinical surroundings
- Clinical practice- storage of stock and immunisations
- Sharps management
- Waste management

No major risks or hazards were identified in last audit cycle.

Hand hygiene audits are regularly undertaken Hand hygiene training with the use of UV light has taken place regularly and with every new member of staff – 100% of clinical staff proved to be washing hands well, everyone was reminded of correct handwashing procedure and areas that are frequently missed.

A thorough COVID -19 risk assessment was undertaken with the changes in guidelines and is regularly updated as new information and procedures are cascaded down from government advice.

We have implemented the following:

- Adequate stocks of PPE maintained and staff are trained in correct appropriate use
- Patients are no longer required to wear masks but are encouraged to do so if they have any respiratory symptoms or if they still choose to wear one
- We have phased in more face to face appointments over the past few months, ensuring we keep patient safety in the waiting room
- Make Alcohol Hand Rub Gel available throughout the practice.

Legionella (Water) Risk Assessment: This is performed by OCS, who has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff.

The practice uses OCS, Internal Facilities Management, who are responsible for cleaning throughout Redcar Primary Care Hospital. We regularly check with OCS that they are carrying out checks to ensure the standard of cleanliness and hygiene is maintained as per national policy standards

We 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. The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable privacy curtains, replaced every 6 months. To this effect we use disposable privacy curtains and ensure they are changed every 6 months

Routine minor surgery service has been restarted and is run by Dr N Hall

Spirometry testing has restarted, still following infection control guidelines.

TRAINING

Mandatory yearly, normally done online through accredited training website. The nurse lead has recently attended a full day training session in infection control

All members of the team are encouraged to follow their continuing professional development requirements for disinfection and decontamination. Training in the infection control procedures for the practice is included in the practice induction programme for new staff.

POLICIES

All Infection Prevention and Control related policies are in date for this year.

Policies relating to Infection Prevention and Control are available to all staff and are reviewed updated annually, all are amended on an on-going basis as current advice, guidance and legislation changes. Infection Control policies are circulated amongst staff for reading and discussed at meetings on an annual basis.

Dated: 31/10/2022

Next review: 31/10/2023