Farrow Medical Centre

Infection Control Annual Statement

Purpose

This annual statement will be generated each December in accordance with the requirements of The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance*. It summarises:

Any infection transmission incidents and any action taken (these will have been reported in accordance with out Significant Event procedure)

Details of any infection control audits undertaken and actions undertaken

Details of any risk assessments undertaken for prevention and control of infection

Details of staff training

Any review and update of policies, procedures and guidelines

Infection Prevention and Control (IPC) Lead

Farrow Medical Centre has a Lead for IPC : Jo Briscoe (JoB) Nurse Partner.

The IPC Lead is supported by: Katie Dedics (KD) Practice Nurse

JoB & KD have completed online IPC training in 2019 & JoB attended IPC Network meeting on 5.11.19 (next 6.2.20)

Infection transmission incidents (Significant Events)

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. All significant events are reviewed in monthly multidisciplinary Protected Learning Time events and learning is cascade to all relevant staff.

As a result of these events, Farrow Medical Centre has:

 Instigated annual infection control update for clinical and non-clinical staff

 Ensured Infection Control guidance is accessible to all staff.

Infection Prevention Audit and Action

An annual infection control audit was completed by Samantha Moorehouse, BDCT, in February 2019.

As a result of the audit, the following things have been changed:

 Job description of the named lead & deputy developed & agreed;

 Infection control and prevention included on every meeting agenda;

 All clinical staff have taken part in hand hygiene audit;

 Audits that are completed weekly/monthly have an action plan which is access able to all staff via 'F' drive;

 Damaged structures eg plaster work & boxing around pipes has been repaired or replaced;

 Toilet brushes have been removed;

 Soap & hand gel dispensers have been replaced with dispensers using sealed units;

 Hand hygiene posters are displayed by all hand wash sinks;

 Bins in clinical rooms have been replaced with hands-free clinical and general waste bins;

 The treatment room couch has been replaced;

 Privacy curtains are dated and replaced on a six-monthly programme;

 Spillage kits are available;

 Personal protective equipment is available;

 The cleaning contractor has been changed

 Sharps bins are audited as part of monthly environmental cleanliness audit;

 Only disposable tourniquets are used.

An audit of Minor Surgery was undertaken by Dr Sarah Reynolds in 2019. No infections were reported for patients who had minor surgery at Farrow Medical Centre.

An audit of hand washing technique by clinical staff was undertaken throughout 2019. An audit of aseptic technique by appropriate clinical staff has been started in 2019 but not completed.

Weekly clinical room cleaning, weekly environmental cleanliness and monthly decontamination audits are completed with action plans where necessary.

In 2020, the Practice plan to undertake the following audits:

 Hand hygiene audit;

 Complete Aseptic technique audit for relevant staff;

 Annual Infection Prevention and Control audit by BDCT

Risk assessments

Risk assessments should be carried out so that best practice can be established and then followed. In 2019 the following risk assessments were carried out:

 Legionella (Water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff'

 Immunisation: As a practice we work towards all our staff being up to date with recommended immunisations applicable for their role (Tetanus & Polio; Measles, Rubella, Hepatitis B; Chickenpox, Influenza) We take part in the National Immunisation Programme for patients and offer vaccinations in-house and via home visits.

 Curtains: Disposable curtains are used in clinical rooms and are changed every six months according to national guidance. All curtains are regularly reviewed and changed more frequently if damaged or soiled.

 Fans: fans have been cleaned and packaged and stored until next required. Once in regular use the cleaning contractor will clean on a weekly basis.

Training

All our staff received training in infection prevention and control ant a PLT event in Jan 2019 by Bradford Metropolitan District Council.

All clinical staff have completed 'Preventing Infection ' Workbook

The practice subscribes to an IPC Bulletin produced by Harrogate & District NHSfT on a monthly basis. This is emailed to all staff and a copy filed in IPC folder and in IPC file on 'F' drive

IPC lead attends a quarterly IPC meeting at Canalside HC, Bingley.

Nurse team members completed e-learning IPC module in 2019.

A nurse representative attends monthly PN Forum meeting wherever possible which includes Infection Control updates.

Policies

All Infection and Control related policies are in date for this year. The practice has adopted policies from Community Infection Prevention and Control, Harrogate & District NHSfT

Policies are available in Policies folder in Clean Utility Room and IPC folder on 'F' drive. These are amended as current advice, guidance and legislation changes.

Responsibilities

It is the responsibility of each individual to be familiar with this statement and their roles and responsibilities under this

Review date:

December 2020

Responsibility for Review

The Infection Prevention and Control Lead is responsible for producing the annual statement

Jo Briscoe

Nurse Partner Dec 2019