

ST JAMES'S SURGERY

INFECTION CONTROL ANNUAL STATEMENT 2017

PURPOSE

This statement will be generated annually. It will summarise:

- 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 taken.
- Details of any infection control risk assessments undertaken.
- Details of staff training.
- Any review and update of policies, procedures and guidelines.

Background

Named Infection Prevention and Control Lead – Sister Christine McDermott. Sister McDermott attends infection control LINK worker meetings when able and shares this information with the health care team by email and itemised agenda at PN and GP meetings. The minutes are also stored on the surgery S Drive.

Significant Events

In the past year there has been one significant events raised that related to infection control. This was discussed at a Significant events meetings attended by both doctors and nurses. Control measures were put in place to prevent such an incident occurring again and policies and procedure were checked to see if amendments were required. None were. All staff were reminded of IPC good practice procedures. Relevant professional bodies were consulted.

Audits

A Minor Surgery audit was undertaken in November 2016; with a less than 0% post operative infection rate.

We ensure that we share audit information with our patients. We include the Annual Statement on our website and ensure that it is displayed in the waiting room, and that it is updated annually.

The last hand hygiene audit was conducted in August 2017. All measures to ensure good standards of hand hygiene were noted throughout the surgery.

The Infection Prevention and Control and Quality Audit was also conducted over the summer months. This audits all infection control elements within the practice. This has set the benchmark for St James's Surgery to continue to monitor and make improvements. It has not been necessary to repeat this audit more frequently as all was found to be satisfactory. It was noted that clinical waste bins were being used for non-clinical waste, resulting in an increase in the number of clinical waste bags being collected from the surgery. Extra recycling bins have been provided for each room and staff have received re-training to ensure waste disposal is appropriate.

Risk Assessments

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

Curtains

The surgery has various curtains and blinds, both at the windows and in consulting rooms as modesty screens to be used around couches during examinations. The NHS Cleaning Specifications state that curtains should be cleaned or if using disposable curtains, replaced every 6 months. St James's prides itself on being a welcoming, homely practice and to this effect it was felt that disposable curtains in GP rooms do not create the right ambiance. A risk assessment was carried out to establish if the curtains had to be cleaned 6 monthly or if a different timescale would be more appropriate. The assessment generally found that the window blinds were very low risk and therefore did not require a particular cleaning regime other than regular vacuuming to prevent build up of dust. The modesty curtains were hardly ever handled by patients, and clinicians would always remove gloves after an examination and before touching the curtains. It was therefore felt acceptable to have the curtains in GP consulting rooms steam cleaned 6 monthly. The curtains in the treatment rooms where more invasive procedures are carried are all disposable. They are changed every 6 months. Treatment Rooms include the main one, rm B, C, D and JR nurses room.

Room checking

Each clinical room in use is routinely checked at the end of morning and afternoon surgeries to perform a stock check and ensure adequate provision of PPE and items for staff able to easily ensure IPC standards are maintained. A more comprehensive weekly check is also performed. The daily check was always noted to be done but the weekly check was sometimes not done because of reduced staffing numbers and extremely busy periods. A new system has been introduced so that room checking is no longer personally allocated but highlighted as a specific generic receptionist task, with each room displaying a laminated check list to easily record and check resulting in a noticeably improvement.

Staff Training

E-learning

Sister McDermott continues to provide Infection, Prevention and Control induction training to all new members of staff- specific policies are included in the reception induction and reference folder.

Karen Bladwell, Practice Co-ordinator, holds the records for staff attendance for Infection Prevention and Control.

The surgery is using an e-learning IPC module as a mandatory annual resource to enable additional IPC training.

Policies, Procedures and Guidelines

Most policies are formally reviewed annually, however all are amended on an ongoing basis as current advice changes, or need arises.

Policies reviewed August 2017:

Receipt of refrigerated products policy
Receptionists duties for clinical room and waiting room check
Isolation policy
Policy for Spillages
Policy for Handling specimens
Couch Policy
St James's Surgery Infection Control Policy
Policy for disposable instruments
Policy for Sharps safety and disposal of Sharps
Policy for Needlestick Contamination
Policy for Decontamination
Policy for use of handwash and hand rub
Toys cleaning Procedure
Fridge maintenance & Cold chain policies
Isolation policy
Infectious disease notification policy
Tourniquet policy
Waste management policy
BP cuff policy
IPC Risk assessment
Treatment room cleaning policy
Single use instrument policy