

HEATON ROAD SURGERY

INFECTION CONTROL ANNUAL STATEMENT 2018

Purpose

Heaton Road aims to keep the practice clean, tidy and safe for both patients and staff. We encourage all staff to take a role in this and raise any concerns as well as welcoming feedback from patients

Our annual statement is generated each year in February with the aim to summarise:

- Any infection control incidents as reported over the year in significant event/incident log reporting
- Details of any infection control audits undertaken and actions taken
- Details of any infection control risk assessments undertaken
- Details of any staff training
- Review or update of policies, procedures and guidelines
- Review of CQC requirements for regulated activities

Heaton Road Surgery lead for Infection Control

Dr Lucinda McWhor is IPC lead and responsible for reviewing the statement

Significant events

There has been one case of clostridium difficile diarrhoea in a patient. This was related to hospital antibiotic prescribing.

Incident Log

Training and observation has been carried out on handwashing, also on clinical waste streaming and on safe use of sharps boxes. Improvement was needed with safe use of sharps boxes and this has been re-audited with success.

Audits

Audits are carried out approximately six monthly to look at complication rates of minor surgery and joint injections carried out at the surgery. An annual Infection Control Audit is also carried out using the NHS Infection Control Toolkit, there is compliance in all areas.

Risk Assessments

An independent contractor is used to provide cleaning to both clinical and non-clinical areas. We regularly audit the standard of their work.

NHS property services carries out legionella assessments.

Staff are vaccinated for hepatitis B if they have any patient/clinical waste contact and we encourage staff to have flu vaccinations. There is annual training infection control.

Curtains around couches in clinical rooms are replaced every 6 months and we use disposable curtains.

Blinds are present in some consulting rooms but they are not touched by patients and they are never moved by clinicians as they are left down to provide privacy from external windows. It is felt that they don't need changing just regular vacuuming.

Baby change

Antimicrobial Wipes are available for use at the baby change and this is also cleaned daily by cleaners.

Fridge

If specimens have been taken following the last courier to the hospital they need to be stored in a fridge overnight. It is not feasible to purchase a separate specimen fridge so a sealed container is provided to be kept on the bottom shelf of the drugs fridge to be used if needed.

Biohazard Box

Available at reception for use in event of blood/vomit or urine spills.

Further risk assessments can be found in the Health and Safety risk assessment log.

Staff Training

All staff have completed on line training for infection control. In house training has been provided in May 2017. Training included advice about hepatitis immunisation, when to use PPE, handwashing, handling clinical waste/sharps bins/specimens, biohazard –vomit, urine blood. All protocols are accessible via the shared drive. The CCG IC nurse was also invited to the surgery to carry out a walk around and feedback on potential improvements. Her advice has been adopted and improvements made where relevant.

Policy reviews

All infection control policies have been reviewed this year.

CQC requirements

Internal audits indicate continue to be compliant with CQC requirements for regulated activities.