

DIDSBURY MEDICAL CENTRE

INFECTION CONTROL ANNUAL STATEMENT

April 2018-March 2019

Sr Catherine Standing

(Infection control lead)

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 at the end of March. It will summarise:

- Any infection transmission incidents and lessons learnt and actions taken.
- Details of any infection prevention and control (IPC) 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 and subsequent actions implemented as a result.
- Details of staff IPC training.
- Details of review and update of IPC policies, procedures and guidance.

INFECTION CONTROL LEAD

The infection control lead will enable the integration of infection control principles into standards of care within the practice, by acting as a link between the surgery and Manchester Public Health Team. 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, carers, visitors and health care workers in relation to Healthcare Associated Infection (HAI).

The infection control lead will carry out the following within the practice:

- Increase awareness of infection control issues amongst staff and patients.
- 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 and training 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 (Manchester Public health).
- Act as a role model within the practice.
- Disseminate key infection control messages to their colleagues within the practice

Practice infection control lead

Sr Catherine Standing

Deputy lead

Sarah Sales (practice manager)

SIGNIFICANT EVENTS

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

AUDITS/RISK ASSESSMENT

The following audits/risk assessments were carried out in the practice.

Risk assessment Audit: Date of assessment 21st February 2019

Infection control annual audit: Date of assessment 21st February 2019

Waste & sharps audit: Date of assessment 26th February 2019

Audit key findings/recommendations/update

Infection control discussed at practice meetings as a regular agenda item.

Infection control annual statement produced and published on DMC website every April.

Legionella risk assessment next report due 2021

Legionella monthly checks undertaken and recorded as per recommendations.

The practice should be assured that all members of staff are aware of the correct procedure following needle stick injury. Zero injuries were reported this year. All staff are aware of protocols, immediate care and where to find appropriate contact details. Laminated posters displayed in every clinical room and in reception.

Hand hygiene and PPE audit undertaken annually or with new staff members (no current issues).

Redecorating is been carried out in the toilets and reception area. Carpets in some GP rooms but majority of clinical procedures carried out in nurses rooms. (Part of DMC improvement plan includes a rolling programme for redecorating/re-flooring).

A suggestion box is in the ground floor waiting room for any suggestions or feedback or any concerns that our patients may have.

STAFF TRAINING

The infection control lead for the practice has attended a one day infection control and legionella training in January 2019

New recruits have had infection control as part of their induction programme, including hand-hygiene and PPE equipment use.

All staff have had a course of hepatitis B vaccinations and a blood test post course to check they are protected and have been fully trained on PPE and specimen handling.

All staff undertake hand-washing assessments and PPE training annually in July.

POLICIES, PROTOCOLS AND GUIDELINES

The policies below have been updated this year. They are reviewed annually or earlier when appropriate due to changes in regulations and evidence based guidance.

- Access to occupational health
- Clinical waste protocol
- Cold chain protocol
- Decontamination training policy
- Hand hygiene policy and audits
- Hepatitis B policy
- Health & safety policy
- Infection control policy
- Infection control inspection list
- Legionella management policy
- Laundering of linen and uniforms policy
- Needle-stick injury policy
- Patient isolation policy
- Personal protective equipment (PPE) policy
- Specimen handling policy
- Spillage policy
- Staff screening and immunisation policy