

Infection Control Annual Statement

January 2022

Purpose

This annual statement will be generated each year in January 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 our Learning 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
- Specific measures taken relating to the Covid-19 pandemic.

Infection Prevention and Control (IPC) Lead

Alchester Medical Group has 1 Lead for Infection Prevention and Control: Dr Helena Doucas, GP Partner.

The IPC Lead is supported by: Joanne Jackson, Nurse Manager, and assisted by: Sam Fincham, Deputy Nurse Manager.

Joanne Jackson and Sam Fincham keep updated on Infection Prevention and Control practice. Both attended remote webinar updates lead by Hilary Munabe the Infection Protection and Control Locality Lead, due to the ongoing changes in practice as part of the COVID-19 pandemic response.

Infection transmission incidents (Learning Events)

Learning 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 learning events are reviewed in the quarterly practice Staff meetings and learning is cascaded to all relevant personnel.

In the past year (01/01/2021-31/12/2021), there have been no significant events raised that related to infection control.

Infection Prevention Audit and Actions

The Annual Infection Prevention and Control audit for Victoria House Surgery was completed by Sam Fincham on 24th December 2020

As a result of the audit, the following things have been changed at Alchester Medical Group, or are currently being reviewed:

- Carpet in staff coffee room stained.
- Ceiling lights in Rm 2 and 3 without covers to improve lighting in room
- Torn fabric chair in staff coffee room

The Annual Infection Prevention and Control audit for Langford Medical Practice was completed by Sam Fincham on 14th January 2022.

As a result of the audit, the following things have been changed at Alchester Medical Group, or are currently being reviewed:

- Some paint flaking off in waiting area
- Stains on carpets in reception/dispensary areas.

An audit on sharps bins was undertaken at Victoria House Surgery and Langford Medical Practice in January 2022. All sharps bins were found to be assembled correctly, signed, dated within 3 months, not over filled, with correct sharps disposal according to coloured lid. All sharps bins were stored off the ground.

An audit on Minor Surgery was undertaken by Dr Hadley in December 2021. 22 patients had a minor surgery procedure at Victoria House Surgery and of these there were no reported infection's relating to their procedure.

All planned surgery involving potential infection, such as toenail wedge resection, is placed at the end of the morning list in order to reduce the risk of cross-infection.

As a result of the audit, nothing has been changed.

An audit of IUCD insertions was undertaken in December 2020. Dr Van Stigt inserted 418 coils, and 205 implants with no adverse reactions.

As a result of the audit, the surgeries will not be changing their working practice unless an infection has been highlighted and discussed at future quality meetings and improvements recommended.

An audit on hand washing was undertaken in December 2021, all to a high standard. Hand hygiene is everybody's responsibility and good hand hygiene is the single most important factor which can prevent cross infection.

Review of 2021 Infection Control Audit:

Victoria House – all work highlighted in the 2020 audit was completed apart from the following:

- Ceiling lights in Rm 2 and 3 covers removed to improve lighting in room.
- Carpet in staff coffee room stained.

Langford Medical Practice – all work highlighted in the 2020 audit was completed apart from the following:

- Room 9 walls require painting as scuffed
- Toilet next to Room 9 walls require painting.

Alchester Medical Group plan to undertake the following audits in 2022:

- Annual Infection Prevention and Control audit
- Minor Surgery outcomes audit
- IUCD/Implant outcomes audit
- Hand hygiene audit
- Decontamination of Equipment audit

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 / reviewed:

Legionella (Water) Risk Assessment: The practice has reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff. The water has had a sample sent off for testing, from both sites, in 23rd November 2021, and the results are clear.

Immunisation: As a practice we ensure that all of our staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e., MMR, Seasonal Flu). We take part in the National immunisation campaigns for patients and offer vaccinations in house and via home/Care Home visits to our patient population. In 2018 the cleaners completed their course of Hepatitis B vaccines and seroconverted successfully. For the 2021/22 flu season, 40 staff at Alchester had a flu vaccine the same number as the previous year.

With the COVID-19 pandemic risks, all staff have had health risk assessment forms completed. The practice has followed National guidance to protect those staff identified as at risk and appropriate measures taken to ensure staff and family members are protected. Covid-19 vaccinations have been offered and made available to all members of staff in line with National guidance.

Following National Guidance all patient facing staff have been provided with Lateral Flow test kits and are required to routinely self-test twice weekly and prior to attending mass vaccination clinics and record their results. Those staff members not normally patient facing but who assist at the mass vaccination clinics are also required to test prior to attending the clinics.

Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. The window blinds are very low risk and therefore do not require a particular cleaning regime other than regular vacuuming to prevent build-up of dust. The modesty curtains although handled by clinicians are never handled by patients and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled.

Toys: All toys have been removed from both sites.

Cleaning specifications, frequencies and cleanliness: We have a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by the cleaning team manager and logged in addition to the IP&C Leads monthly environmental cleanliness audits.

Hand washing sinks: The practice has clinical hand washing sinks in every room for staff to use. Some of our sinks do not meet the latest standards for sinks but we have removed plugs and reminded staff to turn off taps that are not 'hands free' with paper towels to keep patients safe.

Patients are encouraged to use the alcohol hand gel sanitiser dispensers that are available in the practices. Patients are also encouraged to wear face coverings as per National COVID -19 Guidance.

Training

All our staff receive annual training in infection prevention and control, and hand hygiene. Certificates are available for inspection.

Legionella training completed by:- Laura Cooper.

We use BlueStream e-learning for all our staff mandatory and non-mandatory training, which provides separate infection prevention and control courses for non-clinical and clinical staff, and a hand hygiene course.

All hand washing facilities for patients and staff have a pictorial display of correct hand washing techniques. We try to observe hand washing techniques on Staff yearly, when we do our Hand Washing Audit.

Training and observation of correct Donning and Doffing of appropriate Personal Protective Equipment (PPE) has been undertaken by all clinicians and visual pictorial displays of correct procedures are displayed in clinical rooms. All new members of clinical staff including nursing/medical students have PPE training as part of their induction.

Policies

All Infection Prevention and Control related policies are in date for this year and have been updated. Documents related to infection prevention and control are reviewed in line with National and local guidance changes and are updated 2 yearly, or sooner in the event of new guidance.

Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated annually by Sam Fincham, and all are amended on an on-going basis as current advice, guidance and legislation changes. Infection Control policies are available to staff for reading, on the shared drive.

Specific Measures relating to the COVID-19 pandemic

Routine Appointments

All appointments are strictly assessed and patients only invited to attend the surgery if they can not be dealt with by telephone or e-consult and have no COVID-19 symptoms in their household, or been advised to self-isolate due to contact tracing. Patients are requested to wear a face mask and come alone (or one parent/care if required). Staff will be wearing PPE for face-to-face consultations as per Local IP&C guidance, and will deal with them as quickly and efficiently as possible.

Urgent appointments where COVID-19 may be present

A separate clinic has been set up for this on a daily basis, patients will attend only when this is arranged by the COVID Duty Doctor. Specific instructions would be given to the patients in this situation and would be seen safely in specific treatment rooms that can be cleaned appropriately afterwards. A SOP (Standard Operating Procedure), is in place following guidance from PHE (Public Health England) and local IP&C guidance.

Responsibility

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

Review date

January 2023

Responsibility for Review

The Infection Prevention and Control Lead and the IPC Lead nurse are responsible for reviewing and producing the Annual Statement.

Publication

A copy of this Annual Statement will be uploaded to our practice website, and we will notify patients of any seasonal or other outbreaks that they may need to be aware of via posters in the surgery and on our website.

Joanne Jackson

Nurse Manager

For and on behalf of the Alchester Medical Group, January 2022