

# **Hilary Cottage Surgery**

## **Infection Control Annual Statement 2017-2018**

### **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 annually in December. It summarises:

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

### **Background & Scope – Infection Control Leads**

Responsibilities within the practice:

- Infection prevention and control GP lead is Dr Gordon Fletcher
- Infection prevention and control Nurse lead is Emma Kennedy ( Temporary Cover)
- Practice Manager is Diane Piatek.

### **Significant Events**

There have been no significant events raised relating to Infection Control in the past year.

### **Audits**

In January 2018 an Infection Prevention and Control in General Practice Audit was completed by the lead nurse. Policies and procedures have been updated and circulated to staff and include the location of electronic copies are stored.

We also carry out regular audits of minor operative procedures, the latest in November 2017. A hand washing observational audit for a sample of staff including, GP, nursing and administrative staff was carried out on 26<sup>th</sup> June 2017.

### **Actions taken as a result of 2016/2017 audit**

Cleaning standards are regularly audited by the cleaning contractor and discussed with the practice. Concerns were raised by the practice during 2017 as the standard and results of the monthly audits were not acceptable. As a result, a new contractor was appointed starting mid-January 2018. As a result, cleaning standards have much improved which is reflected in the recent audit. The new contractors have also renewed all equipment and retrained staff.

The rolling programme of flooring replacement continues with the waiting room carpet being scheduled to be replaced in the future. A new clinical waste bin has been provided in room 6.

### **Risk Assessments**

We carry out annual risk assessments and safe systems of work are introduced as required. These are filed in the Risk Assessment folder located in the Deputy Practice Managers office.

### **Staff Training**

The trained lead IC nurse left the practice at the end of December 2017 and Emma Kennedy, Nurse Team Leader is covering this role until a replacement commences and undertakes the necessary training. All staff carry out online IC training relevant to their role.

### **Policies, Procedures and Guidelines**

Hard copy policies relating to Infection Prevention and Control are stored in the Nurse Clinical Policies and Procedures Folder at the Nurse Station and also electronically on the shared protocols intranet in the shared G:\ drive. These are reviewed and updated annually as appropriate. However, all are amended on an on-going basis as current advice changes.

### **Responsibility**

It is the responsibility of each individual to be familiar with this statement and their roles & responsibilities under this. It is also the responsibility of the IC Lead to ensure staff are familiar with the contents.

### **Review date**

Reviewed annually, due for review January 2019

### **Responsibility for Review**

The IC Lead GP & IC Lead Nurse are responsible for reviewing the Statement annually.