



GREENWAY COMMUNITY PRACTICE

Infection Control Annual statement 2017-18

Purpose

This annual statement will be generated each year. It will summarise:

- Any infection transmission incidents and any action taken (these will have been recorded 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

Greenway Community Practice has an Infection Control Team, comprising of
Mrs Alison Garrod – Quality Lead and Lead for Infection Control
Mrs Julie Prior – Practice Nurse
Dr James Cross – GP
Mrs Kate Barnes – Practice Manager

Alison Garrod attends bi-monthly Infection Control LINK practitioners Meetings and reports back with relevant information to a fortnightly Operational Group Meeting or a monthly Nurses meeting.

Regular Nurses meetings highlight the need for continuing good clinical practice in the prevention of infection at Greenway Community Practice

Significant Events

There has been 1 incidents of Cold Chain Breakdown in the last 12 months.

This involved faulty LED temperature readings for 12 hours in our older pharmacy fridge. Fortunately very few vaccines had been stored in this fridge. All these were disposed of according to the practice protocol and reported to Imms Form and NHS England SW the next working day as per correct procedure.

The incident was subsequently discussed at the next minuted Significant Event Meeting with the whole practice team, and a new working pharmacy fridge purchased.



Audits

Two whole practice Infection Control Audits have been undertaken in the last 12 months the first by Alison Garrod, Matt Wood the previous Practice Manager and Beverley Walker, the buildings manager, the second by Alison Garrod and Julie Prior. No infection transmission incidents were recorded. A number of areas were identified as needing improvements.

- Keeping clinical work surfaces as clear as possible
- Ensuring sharps bins in rooms not used regularly are changed more frequently.

Annual audits take place where activity and procedure are looked at for

Hand Hygiene
Personal Protective Equipment usage
Clinical Room suitability and cleanliness
Sharps Handling
Specimen Handling
Medical Devices
Waste Handling and Disposal

Risk Assessments

Risk assessments are carried out so that best practice can be established and then followed. In the past year a number of risk assessments have been carried out. These include

Urine Testing
Modesty curtains in clinicians rooms
Toys in clinicians rooms
Venepuncture for the patient
Venepuncture for the phlebotomist
Giving immunisations/injections
Multilayer bandaging

Staff Training

In the last year, Infection Control courses attended or completed by staff are as follows

Alison Garrod	Bi monthly Link Practitioner meetings Infection Control Update June 2018 (provided via LMC)
Julie Prior	Infection Control Update May 2018 (provided via LMC)



Policies, Procedures and Guidelines

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

The following policies/protocols are currently in place

Cleaning Plan	last updated June 2018
Clinical Waste Protocol (incl sharps)	last updated May 2017
Infection Control Policy	last updated April 2018
Laundering of linen	last updated April 2018
Personal Protective Equipment	last updated September 2017
Contagious Illness Policy	last updated August 2017
Hand Hygiene Policy	last updated April 2018
Needlestick Injuries	last updated March 2018
Specimen Handling	last updated April 2018
Disposable Instrument Usage	last updated December 2017
Patient Isolation Policy	last updated March 2017
Health and Social care Act 2008 Code of Practice on Prevention and Control of Infection	

