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## INFECTION CONTROL ANNUAL STATEMENT 2017-2018

### **PURPOSE**

This annual statement will be generated each year in November: It will summarise:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our Significant Event Policy).
- 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.

### **Significant Events**

In the past year there has been 1 significant event regarding infection transmission incident

### **Audits**

In August the Practice carried out an audit on the use of Co-amoxiclav as 1<sup>st</sup> line for facial cellulitis, for animal/human bites and diabetic foot cellulitis (where cellulitis is >2cm) due to increased risk of C Dif. The results were disappointing with 35 patients identified, 26 of whom were outside the guidelines. This was discussed at clinical meeting in September and arrangements were made for Dr Leahy to speak to locums to ensure that they were aware of and following the Stockport community antibiotic guidelines with regards to co-amoxiclav. A further audit was undertaken in January the results of which were much improved with 8 patients identified, 3 of whom were prescribed for outside the guidelines. Further audit planned in June.

### **We carry out a continuous hand washing audit**

Our Senior Practice Nurse randomly checks members of staff (both clinical and non-clinical) and results are recorded.

Audit on Hand washing was undertaken MARCH 18 The results have been put on the Agenda for next clinical meeting. We have had no reports of C-Diff & MRSA reported

### **Risk Assessments**

Risk assessments were carried out Oct 17 to enable best practice to be established and then followed.

### **Curtains**

The surgery has curtains in consulting rooms as modesty screens to be used around couches during examinations. 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 modesty curtains although handled by clinicians were never handled by patients and clinicians would always remove gloves after an examination and before touching the curtains.

### **Toys**

There are no toys at the surgery



Dr M Leahy  
Dr J Bendelow  
Dr H Bower  
Dr J Abushena  
Dr D Tragen

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### **Staff Training**

Infection Control policies are in the Docman library and all staff are aware of them. They are also available in paper form in files at both sites. The Policies are reviewed annually and discussed firstly at clinical meeting and then at the following staff meeting. All new staff are informed of the policies at induction.

An Infection Control training course for all non-clinical staff was held at the Practice in January 2018. All the nursing team attended annual training in September 2017.

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

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

Labelling, Storage and Transportation of Specimens– reviewed January 2018  
Spillage of bodily fluids – reviewed January 2018  
Hand Decontamination Policy – reviewed January 2018  
Decontamination of Equipment Policy – reviewed January 2018  
Infection Control/Hand decontamination – reviewed January 2018  
Sharps and Needlestick injuries – reviewed January 2018  
Disposal of Waste including sharps disposal – reviewed January 2018  
Management of Clostridium Difficile Infection – reviewed January 2018  
Control of Substances Hazardous to health (COSHH) –reviewed January 2018  
Vaccine Cold Chain and Storage – reviewed January 2018  
Use of personal protective equipment – reviewed January 2018  
Hep B – reviewed January 2018  
Infection Control Policy – reviewed January 2018