

Thaxted Surgery
Infection Control Summary Statement – 2019

Introduction

This statement summarises the current status of infection control at Thaxted Surgery. It is produced by our infection control lead, nurse practitioner Louise Burgess, and our practice manager.

The statement summarises:

- Responsibilities
- Risk assessment, and the policies in place to address those risks
- A current assessment of our compliance, and actions to increase compliance
- Infection Control training.

Responsibilities

The Infection Control lead is a clinician who has overall responsibility for infection control policies and procedures within the surgery. She is responsible for understanding the risks, developing policies that address the risks and comply with regulation, monitoring our outcomes and compliance, and identifying changes to practice where appropriate. She works closely with the practice manager, whose role is to provide backing and authority, and help ensure that changes to are fully and sustainably implemented across the practice.

Risk Assessment & Policies

The following table identifies the key risks which are dealt with as part of infection control within Thaxted Surgery, and indexes the policies that address those risks.

The policies themselves are stored electronically, on our intranet, under a clearly marked directory, "Premises and Infection Control" accessible to all staff. The policies have all been reviewed and updated within the last year, but the infection control lead and practice manager jointly.

Key Risks	Policies that address the risk
Infection of service users resulting from poor hygiene by staff	Infection Prevention and Control Policy
Clinical Waste not correctly disposed of resulting in infection of staff and service users	Waste Management Policy
Sharps not securely disposed of, resulting in injury and contamination or service users or staff	Waste Management policy
Spillage of dangerous chemicals and/or body fluids resulting in injury and/or infection of staff or service users	Decontamination policy
Infection of service users resulting from poor environmental cleanliness	Decontamination policy
Infection of service users resulting from poor cleanliness of medical equipment	Infection Prevention and Control Policy (sets out our approach to single use items) Decontamination policy
Injury to service users (including incorrect diagnosis & resulting incorrect treatment) resulting from medical equipment that is not functioning correctly	Inspection, Calibration and Replacement of Equipment policy

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Vaccine degradation resulting from breaking cold chain, resulting in administering ineffective and/or dangerous vaccines	Cold Chain policy
Vaccines not secure resulting in loss or theft or inappropriate use	Cold Chain policy
Needlestick injury resulting in infection	Needlestick and Accidental Exposure Policy
Inability to react quickly in an emergency due to inadequate, out of date or inaccessible emergency drugs	Checking expiry dates of Emergency Drugs policy

Compliance Statement, as at December 2019

Since our last infection control statement, the surgery has undergone an extension and major refurbishment. Infection control requirements have been built into the design of the extension, which complies with NHS building requirements (HBN00). Refurbished areas of the existing building have also been upgraded to be more compliant with infection control requirements. In particular, new washable flooring with coved skirting has replaced old carpet tiles.

The building project necessitated a large amount of decluttering, and the building is now much simpler to clean. Cleaning hours have been increased in line with the bigger building, and we have taken steps to ensure staff keep floors and surfaces clear and uncluttered so that they can be adequately cleaned.

Incidents

We have had one incident relating to infection control over the past year. In May 2019, there were traces of blood on the treatment room floor first thing in the morning. This led to a formal letter to the cleaning company who dealt with the matter with their employees. The cleaning plan was clear – treatment room floors are to be properly cleaned every evening.

Audit

A full audit encompassing the new and old building has not yet been completed (it is only 6 weeks since building finished, and there are still two rooms awaiting refurbishment.). A full audit will be conducted within the first half of 2020.

Training and Expertise

Both clinical and non-clinical staff are required to keep their Infection control training upto date on bluesream. This is checked as part of each individuals annual appraisal.