

Selsdon Park Medical Practice

Annual Statement of Infection Control

Outbreaks of Infection	<p>There have been no significant events relating to failure of infection control from 2013 to date.</p> <p>** Covid-19 saw 8 members of staff over a period of time contracting this virus in the early days. We cannot be sure of the origin of the virus. No patients contracted Covid-19 from the surgery**</p>
Audits	<p>The practice undertook an annual infection control audit using the Infection Control Audit for General Practice issued by NHS Surrey on the 13/04/2021. This audit was undertaken by Nicki Pursey Clinical Lead Nurse for Selsdon Park Medical Practice and Pauline Copeman Practice Manager.</p> <p>This was an internal audit and the following actions were identified for attention:</p> <p>Maintain yearly training for Infection Control and Hand Hygiene Review storage of sterile products above floor level.</p> <p>Practice undertakes 6 monthly sharps audits in line with EU directive 32 Temperature checking of both hot & cold taps in the practice</p> <p>As a result of Covid-19 Pandemic the practice maintains regular briefings with staff at clinical meetings which has now been changed from virtual to face to face meetings for the purpose of informing all of the changes/developments/changes in practice and dissemination of emails giving up to date Covid guidance from NHSE/PHE/SWL Primary Care. This enabled the whole team to be kept up to date with the ever changing guidance and advice for GPs.</p>
Risk Assessments	<p>Hand Hygiene – 10/12/2019 the practice held a Hand Hygiene Training Afternoon delivered by an Infection Control Nurse from North Downs Hospital Caterham Surrey – clinical staff attended this event. A refresher course is to be arranged within the next 12 months.- exact date to be confirmed with clinicians shortly. ** date to be confirmed **</p> <p>Posters on walls – these are all laminated in line with good practice in Infection Control.</p> <p>Sharps – the practice undertakes a 6 monthly sharps audit to include all clinical rooms.</p> <p>AS a result of Covid-19 an in house staff & safety assessment was carried out. The results included:</p>

Informing patients when attending surgery they must wear a face mask or covering, unless they have an exemption to wearing one. This information was disseminated either by telephone when the patient made the appointment, information was added to the surgery website as breaking news along with the surgery telephone message being changed.

All staff were asked to complete a SAAD risk assessment. Those who were in the high risk group including BAME were asked to complete an additional risk assessment. All of this has been recorded for easy reference.

All staff were asked to complete a mental health and wellbeing questionnaire with the practice manager, 1 member of staff declined this. The information was recorded for reference.

The addition of protective screen around the entire reception desk. The addition of screens in admin room where 3 members of staff worked for their protection.

The removal of 50% of chairs from the waiting room to ensure social distancing could be achieved for those patients that need to attend an appointment at the surgery.

Patients are booked a telephone appt with the GP in the first instance, unless the patient informs us that they have to have a face to face appointment, if the GP felt the patient needed to be seen then they would be given a face to face appointment.

Nurses have the majority of their appointments face to face .All face to face appointments the clinician would wear full PPE equipment.

A "hot" room was de-activated, with the assurance that if needed it would be re-established. The entrance by this room was marked with floor tape showing the way to the room from a side door. This enabled patients who was to be seen in this room to enter the surgery via a side door and exit the same way. This reduced them coming into contact with other staff and patients. The nursing team researched and developed a policy for effective cleaning of this and other clinical rooms, which is attached at the end of this statement for reference. Staff were advised to wear a face mask when walking around the surgery

Clinical staff were advised to wear scrubs, provided by CCG/Practice. The infection control lead advised all clinicians to change in and out of their scrubs when in their clinical rooms. Laundry bags were provided to enable the scrubs to be safely stored/transported and washed. GPs continue to wear scrubs with the nursing team now in formal nurses uniform.

VNC was installed on all PCS by the director of operations to allow working from home for all staff. Laptops supplied by the CCG were configured by DOO and given to clinicians to enable them to work from home

Accurux continues to be used for patients to send pictures of a complaint to the clinician. Also for use to communicate with patients via text and to start a consultation

Web cams were supplied by CCG and installed in as many PCs as possible

	<p>Headsets for the telephones were purchased by the surgery to enable clinicians and staff to work on the phones reducing the risk of MSK issues due to continuous holding of telephone handle to ear.</p>
<p>Training</p>	<p>The practice takes the area of infection control very seriously. The area of infection control is discussed at all clinical staff annual appraisals. As a result of the infection control audit the practice is undertaking the update of all job descriptions to include infection control.</p> <p>The number of clinical staff who have received training in infection control = 7 Nurses - all up to date with IC 9 GPs – 2 maternity so IC out of date 2 Partners - 1 undertaking currently</p> <p>The Number of staff who have received refresher/ update training = 14 clinical staff 15 non clinical staff</p> <p>The Number of staff awaiting training = 1</p> <p>Infection Control Link Practitioner Course for Practice Nurses 6 & 7 October 2014 - half day on 3rd March 2015 – Kingston University & St George’s University. Update undertaken 2017. Updated 9/4/19 Attended by Nicki Pursey</p> <p>Infection Prevention Solutions Refresher course 24th January 2018 half day- Croydon CCG. Attended by Nicki Pursey</p> <p>Infection Prevention Solutions Refresher course 23rd January 2020 half day- Croydon CCG. Attended by Nicki Pursey</p> <p>The surgery has signed up for the National Skills Academy E-Learning programme; we encourage all staff to participate in the principles of Infection Prevention. An email is sent to all members of staff advising them when their online training is overdue.</p>
<p>Review and update of policies, procedures and guidance Actions taken</p>	<p>All practice policies are reviewed on an annual basis. If however a policy is changed before the review date the policy is updated to reflect this change.</p> <p>Due to COVID-19 we reviewed our infection control policies and amended where appropriate these policies to reflect the guidance received in this area.</p> <p>The practice undertook a review of its cold chain policy as well. Policies reviewed September 2021 following Mrs Pursey’s review of the infection prevention and control policies received.</p> <p>Due to undertaking covid vaccinations at the surgery, our cold chain policies are constantly reviewed to ensure the safe transportation of the vaccine from the PCN Hub in Old Coulsdon to the surgery.</p>

Communication	<p>The practice has a duty care to both staff & patients. Should an outbreak occur the practice will disseminate details of the infection to patients and staff. The practice will discuss and review policies to reflect any changes that may be required as a result of an outbreak. Measles outbreak 2018, COVID-19 outbreak 2020.</p> <p>The practice has good communication and links with local practices. All members of staff were asked to have a measles immunity blood test in light of recent outbreaks of measles and mmr offered. All staff were asked to undertake a blood test at the surgery for the purpose of covid-19 antibodies. This was recorded for reference.</p> <p>As a PCN we looked at the coverage we had between all 5 practices in the PCN to enable a contingency plan should a surgery need to close it's doors. We also looked at staff planning as well. We agreed as a PCN to activate a "hot room" at each site. This was not possible at 1 site so we at SPMP offered to see all their patients at our site. We had an access to this sites EMIS as we covered their calls on 2 afternoons per week. The senior partner at that site was in the high risk category and so only undertook telephone consultations from home.</p> <p>We undertook a covid-19 vaccination programme for both staff and patients. This information has been recorded to ensure all staff received the vaccine. Only 1 member of staff has refused to have the vaccine, she has been informed that she needs to ensure she wears a mask at all times only removing when she is alone in a room.</p> <p>Should an outbreak occur all relevant parties will be contacted to discuss effective measures to be undertaken to prevent the spread of the infection.</p>
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Written: 12th October 2021

Review date 12th October 2022

N:Infection Control/ Annual Statements/ SPMP Annual Statement 2021

Please see next page for surgeries Hot Room cleaning Policy

Once the clinician has finished seeing the patient all the hard surfaces must be cleaned with antibac spray and clinell wipes ,(they should already be in the room), the wipes are discarded in the orange bag in the bin in room 1 which is emptied out once cleaning has been completed and the clinician's PPE has been placed inside it.

The floor is mopped with a solution of 5 ,So Chlor tablets to 1 litre of water. Tablets ,jug and disposable mop head are found in first bottom cupboard in room 3 (under the green bag)The Mop handle is under the staircase just outside room 1 .

Once cleaning is complete the dirty mop head should be placed in the orange bag along with all used PPE and tied then the orange bag should be placed in a clean orange bag just outside room 1 and again tied and placed in Yellow waste bins in carpark. They are unlocked with a triangular shaped key kept in key safe in reception.

Mop handle is placed back under the stairs and jug and tablets back in room 3 cupboard.

Written by Infection Control Lead Nicki Pursey 16th October 2020

Reviewed 16th October 2021 or before if guidance changes

N:/Policies/Hot Room Cleaning Policy 2020