

# RICHMOND SURGERY

## Infection Control Statement

### Statement

Richmond Surgery's Infection Control Statement is to provide assurances that we will:

- Provide and maintain a clean and tidy surgery.
- Prevent and control the risk of the acquisition of an infection in all our activities.
- Promote a safe environment for all patients and staff.
- To comply with the Health and Social Care Act 2008 (revised 2015)

We will achieve this by:

- Documenting any infection transmission incidents and the actions taken. These will be reported in accordance with our significant events procedure.
- Audit any infection control incidents and any subsequent actions taken as a result.
- Conduct Infection control risk assessments and record any subsequent actions taken as a result.
- Ensure ongoing staff training.
- Reviews and update policies and procedures

### General

Richmond Surgery's Infection Control Leads are:

- Practice Nurse Ms Lucy Cooper RGN
- Supported by Donna Brennan, Managing Partner & Senior Partner Dr Steven King
- Supported by Sharon Appleton, Director of Low Cost Cleaning Limited
- All members of the clinical nursing team will be provided with information and support relating to Infection Control

### Staff Training

- Infection Control Lead Ms Lucy Cooper RGN will attend regular training updates as required
- Infection Control Lead Ms Lucy Cooper RGN will disseminate to all other members of the clinical nursing team
- Donna Brennan, Managing Partner will arrange for all other staff to receive periodic training, at the appropriate level, for infection control as part of Health & Safety and Manual Handling training.

### Risk Assessments/Audits

1. Infection Control Lead Ms Lucy Cooper RGN will meet periodically with Sharon Appleton, Director of Low Cost Cleaning to discuss infection control
2. Following this meeting, Infection Control Lead Ms Lucy Cooper RGN will perform annually with Donna Brennan, Managing Partner a full audit of all areas of the surgery for infection control, taking in to account discussions from Point 1
3. Risk Assessments for Legionella are performed every 2 years by Chemflow Environmental.

4. Monthly water checks of all sinks/taps etc for legionella and water temperatures are performed by FloRise Plumbing.
5. The audit will include a review of procedures/risk assessment for Sharps storage and disposal
6. The audit will include a review of procedures/risk for needle stick injuries and check that bins are changed when  $\frac{3}{4}$  full or every 3/12 months
7. The audit will include a review of clinical waste disposal, collection & security
8. The audit will include a review of clean, clutter free clinical areas, including sink areas and appropriate use of clinical and general waste bins
9. The audit will include a review of appropriate cleaning as performed by Low Cost Cleaning Limited
10. The audit will include a review of the disposal curtain & material curtain logbooks for timely and appropriate changes
11. The audit will be documented and an Action Plan created to ensure remedial works etc are actioned in a timely manner, should these be revealed.

### **Policies & Procedures**

- All policies and procedures will be reviewed annually or as required following any incident. These are kept in the Managing Partner's office; the clinical nursing team have a copy in their Policy Folder, copies are in the Staff Handbook with further electronic copies in the Docman Library.

### **Safety Factors**

1. Receiving of specimens: Specimens to be received via reception must be in the appropriate container or sample pot. No samples to be accepted if not in the appropriate container.
2. Storage of specimens: Specimens to be received by way of the sample basket held at reception and/or patient to be directed to the Sample Box fixed to wall by the side of reception. Specimens are to then be transferred to nurses who will then store in correct container in sealed specimen bag.
3. Instruments: single use items used in practice. Where non single use are used on very rare occasions, these are submitted to FPH Sterilisation Team.
4. PPE – Personal Protection Equipment/Clothing; aprons, gloves, goggles: to be worn for all dressings; cytology, bloods etc
5. Patients attending for regular wound care dressings who are known to have MRSA :
  - use clinically approved universal wipes to clean all surfaces, instruments and treatment room trolleys after patient contact
  - known MRSA patients, where possible, should be seen at the end of a nurses' clinic to allow adequate time post consultation for full clean

Infection Control Lead                      Ms Lucy Cooper, RGN

Date    10 September 2019

Managing Partner                                Donna Brennan

Date    10 September 2019