# Policy Name: Annual Infection Control Statement

## Policy Number: 149

**Introduction**

The Chorley Surgery is committed to the control of infection within the building and in relation to the clinical procedures carried out within it. This statement has been produced in line with the Health and Social Care Act 2008 and details the practice’s compliance with guidelines on infection control and cleanliness between the dates of June 2022 and June 2023.

The author of this statement is Sarah Grindley, Executive Assistant.

This annual statement will be generated each June. It summarises:

* Any infection transmission incidents and any action taken (Significant Events)
* Details of any infection control audits, and any actions taken
* Details of staff training
* Any review and update of policies, procedures and guidelines

**Scope**

This protocol applies to all staff employed by The Chorley Surgery.

**Infection Control Lead**

The Chorley Surgery’s clinical lead for infection control is Claire Corbishley, Practice Nurse.

The practice’s non-clinical lead for infection control is Sarah Grindley, Executive Assistant.

**Significant Events related to Infection Control**

There have been zero significant events relating to infection control at the practice between the dates of June 2022 and June 2023.

**Audits relating to Infection Control**

An annual Infection Prevention and Control in General Practice audit was completed by Dr Dickinson in August 2022.

Risk Assessments relating to Infection Control

An annual Infection control risk assessment is carried out and stored on the share drive.

This was last completed in June 2022.

**Practice Policies, Procedures and Guidance relating to Infection Control**

The Practice maintains the upkeep of the following policies, procedures and guidance related to infection control. These policies, procedures and guidance are reviewed and updated annually as well as being amended on an ongoing basis to keep up with changes in regulation etc.:

* Aseptic Techniques Policy
* Cleaning Standard and Schedule Policy
* Control of Substances Hazardous to Health (COSHH) Policy
* Hand Washing & Hygiene Protocol
* Health & Safety Policy
* Infection Control Risk Assessment
* Infection Prevention & Control Policy
* Isolation of Patients Protocol including Contagious Illnesses Policy
* Legionella Management Policy
* Personal Protective Equipment Policy
* Spirometer Cleaning and Decontamination Policy
* Waste Management/ Disposal Protocol

**Training relating to Infection Control**

All Chorley Surgery staff members have received instruction, information or training relating to Infection Prevention and Control. We provide annual online training as well as training as required delivered by our Infection Control Lead nurses during the practice education meetings.

**Immunisation**

As a practice we ensure that all our clinical staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role. We take part in the National immunisation campaigns for patients and we offer vaccinations in house and via home visits to our patient population.

**Cleaning**

Our cleaning contractor, SMC Premier, work to cleaning specifications laid out in their contract along with frequencies and an annual audit takes place to ensure these are being met. Cleaning equipment is stored in accordance with the NHS Cleaning Specifications.

The surgery has blinds at the windows and in consulting rooms. All blinds will be cleaned as per our contract cleaning specification. In the doctor’s room the modesty screens are paper type material and changed six monthly.

Spill kits for blood, vomit or urine are provided in the reception area complete with all necessary PPE and instructions.

Our Air conditioning units will be serviced annually to prevent any Legionella build up in line with our Legionella Risk Assessment. This was last undertaking in August 2022.

**PPE (Personal Protective Equipment)**

The Chorley Surgery provides PPE for all members of the team in line with their role

* Clinical staff are provided with aprons and several different types and sizes of gloves.
* Reception staff are provided with gloves for the handling of sample pots.

**Waste**

Clinical waste is categorized and stored in line with our waste management policy and collected weekly, waste transfer sheets are stored and archived for 5 years.

Domestic waste is disposed of via a commercial wheelie bin commissioned from the local council. Collections take place weekly.

Recycling, including paper, card and plastic in a ‘dry waste’ bin is collected biweekly by our recycling contractors ‘Waste management’.

**Fixtures, Fittings & Furniture**

All decorating, renewals and repairs will be made in line with infection control guidelines.

The seating and exam couches in the clinical rooms have recently been replaced and are in good repair and of wipeable materials.

**Responsibility**

It is the responsibility of each individual to be familiar with this Statement and their roles and responsibilities under this. It is also the responsibility of the Business Manager to ensure staff are familiar with the contents.