

# 306 Medical Centre

## Infection Control Annual Statement

### **Purpose**

This annual statement is produced annually, to include a summary of:

- Any infection transmission significant incidents and any action taken (reported in accordance with our Significant Event procedure)
- Any infection control audits
- Annual Checklist and any infection control risk assessments
- Staff Training
- Any review and update of policies, procedures and guidelines

### **Introduction**

306 Medical Centre has infection control policies and protocols which form the platform from which it aims to achieve optimum results with regard to the prevention and transmission of infections in the Practice environment.

In order to be able to monitor and improve on policies, protocols and systems already in-place, the Practice requires a process of review and self-audit to ensure nothing is missed.

### **Objective**

This checklist has been created to provide a method by which the Practice can benchmark standards, identify areas in which they are not being met, and then act on the results to improve policies, protocols and systems across the board.

### **Infection Control Lead:**

306 Medical Centre, leads for Infection, Prevention and Control, is Melrose Burton (Practice Nurse) and Mo Dawood (Practice Manager)

### **Significant Events**

During the period 01/04/2018 – 31/03/2019, nil significant events raised that related to infection control.

### **Audits**

An annual infection Control and Prevention audit is completed and inspection checklist completed as follows:

### **Inspection Checklist**

#### **Sections**

The checklist is divided into sections under the following headings:

- Staff Education and Training;
- Hand Hygiene;
- Consultation and Treatment Room(s);
- Personal Protective Equipment (PPE);
- Prevention and Management of Needlestick and Sharps Injuries;
- Specimen Handling;
- Medical Devices;
- Waste Handling and Disposal.

# 306 Medical Centre Infection Control Inspection Checklist

## Staff Education and Training

**Target: All clinical and non-clinical staff members are educated and trained on infection control policies, protocols and systems to ensure compliance**

| Task   | Tick one column |             |             | Give details on next page | e.g. 26.10.11 |
|--|-----------------|-------------|-------------|---------------------------|---------------|
|  | Completed       | In Progress | Not Started | Action Plan Required? Y/N | Review Date   |
| 1. The Practice can provide evidence of arrangements for management of education and training on infection control.                                      | Yes             |             |             | N                         | 15/03/20      |
| 2. The Practice has a fully trained and nominated lead for infection control.  | Yes             |             |             | N                         | 15/03/20      |
| 3. The Practice provides training in infection control for non-clinical and clinical staff at induction and has an ongoing program of training in place. | Yes             |             |             | N                         | 15/03/20      |
| 4. Records are kept for all Practice staff on infection control education programmes and evidence of relevant continuing professional development (CPD). | Yes             |             |             | N                         | 15/03/20      |
| 5. The Practice can produce evidence of audit in relation to specific infection control policies and procedures.   | Yes             |             |             | N                         | 15/03/20      |
| 6. All Practice policies and procedures for infection control are clearly marked with a review date.   | Yes             |             |             | N                         | 15/03/20      |

**Date Completed: 14032019**

# 306 Medical Centre Infection Control Inspection Checklist

## Hand Hygiene

**Target: Hands are clean and free from infection before and after every patient contact**

| Task   | Tick one column |             |             | Give details on next page | e.g. 26.10.11 |
|--|-----------------|-------------|-------------|---------------------------|---------------|
|  | Completed       | In Progress | Not Started | Action Plan Required? Y/N | Review Date   |
| 1. The Practice can provide evidence of specific hand hygiene policy.  | Yes             |             |             | N                         | 15/03/20      |
| 2. All new staff receive training in hand hygiene as part of their induction program.  | Yes             |             |             | N                         | 15/03/20      |
| 3. Practice staff have received training in hand hygiene procedures.   | Yes             |             |             | N                         | 15/03/20      |
| 4. Clinical staff have nails that are short, clean and without nail extensions or varnish.   | Yes             |             |             | N                         | 15/03/20      |
| 5. Staff follow the 'Bare Below the Elbow' protocol (i.e. no wrist jewellery, wrist watches or rings containing stones to be worn during clinical procedures). | Yes             |             |             | N                         | 15/03/20      |
| 6. Posters which are laminated promoting hand hygiene are the latest available and on display in appropriate places.   | Yes             |             |             | N                         | 15/03/20      |
| 7. There is a hand wash basin in each treatment / clinical area. These are free from clutter, tablets of soap or nailbrushes.                                  | Yes             |             |             | N                         | 15/03/20      |
| 8. Elbow operated taps are available at all sinks and basins in clinical areas.  | Yes             |             |             | N                         | 15/03/20      |
| 9. Liquid soap is available at each hand wash basin using single-use cartridges in wall mounted dispensers.  | Yes             |             |             | N                         | 15/03/20      |
| 10. Alcohol based hand gels are available for visible clean hands at each clinical area.   | Yes             |             |             | N                         | 15/03/20      |
| 11. Paper towels are available in wall mounted containers at all hand wash basins.   | Yes             |             |             | N                         | 15/03/20      |
| 12. There is a foot operated bin for waste towels in good working order situated at each hand wash basin.  | Yes             |             |             | N                         | 15/03/20      |

**Date Completed: 14032019**

# 306 Medical Centre Infection Control Inspection Checklist

## Consultation and Treatment Room(s)

**Target: Patient consultations and treatments take place in an environment that minimises the risk of infection**

| Task  | Tick one column |             |             | Give details on next page    | e.g. 26.10.11 |
|---|-----------------|-------------|-------------|------------------------------|---------------|
|   | Completed       | In Progress | Not Started | Action Plan Required?<br>Y/N | Review Date   |
| 1. Disposable paper couch towels are used on examination couch, and changed after each treatment involving use of the couch.  | Yes             |             |             | N                            | 15/03/20      |
| 2. Medical equipment is cleaned and stored appropriately and evidence is available for annual maintenance checks.   | Yes             |             |             | N                            | 15/03/20      |
| 3. Sterile and non-sterile gloves conforming to 'EC' or 'BS' standards are fit-for-purpose and available in all clinical areas, in a variety of sizes, for single-use only, with latex-free alternatives available. | Yes             |             |             | N                            | 15/03/20      |
| 4. Personal protective clothing (PPE) is available and used appropriately as part of Practice policy.   | Yes             |             |             | N                            | 15/03/20      |
| 5. The Practice clinical environment is clean and uncluttered with only appropriate furniture in use.   | Yes             |             |             | N                            | 15/03/20      |
| 6. Rooms where clinical Practice takes place have washable floors.  | Yes             |             |             | N                            | 15/03/20      |
| 7. All sterile products are stored above floor level.   | Yes             |             |             | N                            | 15/03/20      |

**Date Completed: 14032019**

# 306 Medical Centre Infection Control Inspection Checklist

## Personal Protective Equipment (PPE)

**Target: PPE is readily available, fit-for-purpose and used appropriately to reduce the risk of cross-contamination and infection**

| Task   | Tick one column |             |             | Give details on next page | e.g. 26.10.11 |
|--|-----------------|-------------|-------------|---------------------------|---------------|
|  | Completed       | In Progress | Not Started | Action Plan Required? Y/N | Review Date   |
| 1. The Practice has a comprehensive policy for the appropriate use of Personal Protective Equipment (PPE).                                       | Yes             |             |             | N                         | 15/03/20      |
| 2. Practice staff are fully trained in the use of PPE appropriate to their job role and functions.   | Yes             |             |             | N                         | 15/03/20      |
| 3. Sterile and non-sterile (powder-free) gloves with latex-free alternatives available are worn as single-use items for each clinical procedure. | Yes             |             |             | N                         | 15/03/20      |
| 4. Disposable plastic aprons are worn as single-use items for each clinical procedure.   | Yes             |             |             | N                         | 15/03/20      |
| 5. Disposable Covers are used, where appropriate, to protect patients during treatment.  | Yes             |             |             | N                         | 15/03/20      |
| 6. Single-use facemasks and eye protection are worn by staff members where there is a risk of splashing of bodily fluids.                        | Yes             |             |             | N                         | 15/03/20      |

**Date Completed: 14032019**

## 306 Medical Centre Infection Control Inspection Checklist

### Prevention and Management of Needlestick and Sharps Injuries

**Target: Needlestick and sharps injuries, blood, or bodily fluids splashes are managed in a way that minimises infection risk**

| Task  | Tick one column |             |             | Give details on next page    | e.g. 26.10.11 |
|---|-----------------|-------------|-------------|------------------------------|---------------|
|   | Completed       | In Progress | Not Started | Action Plan Required?<br>Y/N | Review Date   |
| 1. The Practice has a comprehensive policy for the management of needlestick and sharps injuries and bodily fluids splashes.  | Yes             |             |             | N                            | 15/03/20      |
| 2. The Practice has arrangements in place to ensure that relevant staff are offered immunisation against Hepatitis B.   | Yes             |             |             | N                            | 15/03/20      |
| 3. All Practice clinical and non-clinical staff receive training in needlestick / sharps / splash management and are aware of the actions to take following injury. | Yes             |             |             | N                            | 15/03/20      |
| 4. All needlestick / sharps / splash incidents are recorded on an incident form and also reported according to Practice policy.                                     | Yes             |             |             | N                            | 15/03/20      |
| 5. Sharps containers comply with BS 7320.   | Yes             |             |             | N                            | 15/03/20      |
| 6. Sharps containers are correctly assembled.   | Yes             |             |             | N                            | 15/03/20      |
| 7. All sharps containers in use are labelled with date first used, location within the Practice, and signed by the assembler.                                       | Yes             |             |             | N                            | 15/03/20      |
| 8. Sharps containers are available at each point of required use.   | Yes             |             |             | N                            | 15/03/20      |
| 9. Sharps containers are not filled beyond the indicator mark.  | Yes             |             |             | N                            | 15/03/20      |
| 10. There are no inappropriate items in the sharps container (e.g. swabs, bandages or packaging).   | Yes             |             |             | N                            | 15/03/20      |
| 11. Needles, syringes and equipment used for venepuncture must be single-use only and discarded as a single unit.   | Yes             |             |             | N                            | 15/03/20      |
| 12. Full sharps containers are sealed only with the integral lock and not with tape or stickers.  | Yes             |             |             | N                            | 15/03/20      |
| 13. Unsafe re-sheathing of needles does not occur.  | Yes             |             |             | N                            | 15/03/20      |
| 14. Sharps containers are stored safely away from patient, out of reach of children and elevated from the floor.  | Yes             |             |             | N                            | 15/03/20      |

**Date Completed: 14032019**

# 306 Medical Centre Infection Control Inspection Checklist

## Specimen Handling

**Target: Specimens are handled promptly and appropriately to reduce the risk of cross-contamination and infection**

| Task  | Tick one column |             |             | Give details on next page | e.g. 26.10.11 |
|---|-----------------|-------------|-------------|---------------------------|---------------|
|   | Completed       | In Progress | Not Started | Action Plan Required? Y/N | Review Date   |
| 1. The Practice has a comprehensive protocol for specimen handling.   | Yes             |             |             | N                         | 15/03/20      |
| 2. All Practice staff handling specimens are trained in management of spillages, hand washing, PPE, use of spillage kits.   | Yes             |             |             | N                         | 15/03/20      |
| 3. Gloves are worn by any member of staff that handles clinical specimens – including reception staff.  | Yes             |             |             | N                         | 15/03/20      |
| 4. Specimens that are sent to the microbiology laboratory are in an appropriate container and conform to the current transportation of dangerous good regulations. Those sent in the post should conform to current UN regulation 3373. | Yes             |             |             | N                         | 15/03/20      |
| 5. Patients are provided with appropriate specimen containers if required to produce specimens at home.   | Yes             |             |             | N                         | 15/03/20      |
| 6. Specimens are sealed in designated plastic transit bags and kept in a designated area.   | Yes             |             |             | N                         | 15/03/20      |
| 7. Fridges used for the storage of specimens are not used to store food or vaccine.   | Yes             |             |             | N                         | 15/03/20      |
| 8. Specimens are transported in leak-resistant containers.  | Yes             |             |             | N                         | 15/03/20      |
| 9. Specimen containers are visibly clean.   | Yes             |             |             | N                         | 15/03/20      |
| 10. Specimens tested on site are discarded as per policy.   | Yes             |             |             | N                         | 15/03/20      |

**Date Completed: 14032019**

# 306 Medical Centre Infection Control Inspection Checklist

## Medical Devices

**Target: Risks associated with multiple-use medical devices are minimised to reduce the risk of cross-contamination and infection**

| Task  | Tick one column |             |             | Give details on next page | e.g. 26.10.11 |
|---|-----------------|-------------|-------------|---------------------------|---------------|
|   | Completed       | In Progress | Not Started | Action Plan Required? Y/N | Review Date   |
| 1. The Practice has a policy in place for the use of disposable equipment.  | Yes             |             |             | N                         | 15/03/20      |
| 2. The Practice contracts out decontamination services with an organisation that complies with (MDD) 93/42 EEC and is registered with a MHRA approved body. | n/a             |             |             | N                         | 15/03/20      |
| 3. The Practice can produce evidence of using a decontamination Process Assessment Tool(PAT).   |                 |             |             | N                         | 15/03/20      |
| 4. All reusable medical devices are thoroughly cleaning and sterilised (where applicable) between EVERY patient use.  | Yes             |             |             | N                         | 15/03/20      |
| 5. The Practice follows the three stage decontamination process: cleaning, disinfection, sterilisation.   | Yes             |             |             | N                         | 15/03/20      |
| 6. All necessary Practice staff are trained in cleaning and sterilisation processes with regard to medical devices.   | Yes             |             |             | N                         | 15/03/20      |
| 7. The Practice keeps a record of all staff training undertaken for the decontamination of medical devices.   | Yes             |             |             | N                         | 15/03/20      |
| 8. Relevant staff members are familiar with the COSHH regulations 2002.   | Yes             |             |             | N                         | 15/03/20      |
| 9. The Practice ensures that staff members involved in cleaning and sterilisation of medical devices use the correct PPE for each task.                     | Yes             |             |             | N                         | 15/03/20      |
| 10. Staff members understand and are encouraged to use the protocol for reporting incidents involving medical devices to the MHRA.                          | Yes             |             |             | N                         | 15/03/20      |

**Date Completed: 14032019**



# 306 Medical Centre Infection Control Inspection Checklist

## Waste Handling and Disposal

**Target: The manner in which the Practice handles and disposes of clinical waste to reduces the risk of cross-contamination and infection**

| Task   | Tick one column |             |             | Give details on next page | e.g. 26.10.11 |
|--|-----------------|-------------|-------------|---------------------------|---------------|
|  | Completed       | In Progress | Not Started | Action Plan Required? Y/N | Review Date   |
| 1. The Practice has a comprehensive protocol for the management of waste.  | Yes             |             |             | N                         | 15/03/20      |
| 2. The Practice is registered with a waste management company (or NHS Shared Business Services holds the contract).                    | Yes             |             |             | N                         | 15/03/20      |
| 3. There is evidence available that the waste contractor is registered with a valid licence.   | Yes             |             |             | N                         | 15/03/20      |
| 4. All Practice staff have attended a training session on the safe management of waste.  | Yes             |             |             | N                         | 15/03/20      |
| 5. All waste bags/containers comply with British Standards.  | Yes             |             |             | N                         | 15/03/20      |
| 6. All clinical waste bins used are foot operated, with a correctly fitted lid, and are in good working order.                         | Yes             |             |             | N                         | 15/03/20      |
| 7. All waste bins are visibly clean, both externally and internally.   | Yes             |             |             | N                         | 15/03/20      |
| 8. Clinical waste bags/containers are no more than 3/4 full and their usage-type clearly indicated at source.                          | Yes             |             |             | N                         | 15/03/20      |
| 9. There is a dedicated area for the safe storage of clinical (hazardous) waste which is in a secure room, inaccessible to the public. | Yes             |             |             | N                         | 15/03/20      |

**Date Completed: 14032019**