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| illustration of the surgery |

***FERN HOUSE SURGERY***

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| Practice Policy on Infection Prevention and Control (IPC)Review Date: 01/08/2023 |

**Policy Statement**

This policy is relevant to all employers and employees of Fern House Surgery including clinical and non-clinical staff. Individuals on training placements and visitors/observers on the premises must also adhere to this policy.

This policy will be monitored and reviewed annually by the Infection Prevention and Control Lead.

**Commitment of the practice**

Fern House Surgery is committed to the control of infection within the building and relation to the clinical procedures carried out within it.

**Infection Prevention and Control Lead**

The practice will maintain the premises, equipment, drugs stored and procedures carried out to the standards detailed on the standard operating procedures. This will ensure that all reasonable steps are undertaken to reduce or remove infection risk.

Wherever possible or practicable, the practice will seek to use washable or disposable materials for items such as soft furnishings and consumables e.g. seating materials, wall coverings including paint, couches and couch rolls, modesty curtains etc. and ensure these are cleaned or replaced in line with infection control guidelines.

**Your Infection Control Team**

Lead Clinician responsible for IPC: Dr Caroline Wright, Senior Partner

Nurse IPC Lead Madeleine Hillman

HCA Link Natalie Raven

Nurse Lead will be responsible for ensuring that personal protective equipment and cleaning supplies are replenished in clinical rooms. Nurse Lead will be responsible for ensuring that sterile equipment and supplies are replenished and are ‘in date’ in the clinical rooms. These tasks will be divided amongst the nursing team.

Occupational Health Services are available at Accident and Emergency at Broomfield Hospital.

**The following will apply**

**Cleaning:** A daily, weekly and 6 monthly cleaning specification will apply and will be followed by the contracted cleaning staff. Our contract cleaning is provided by

Clinical cleaning is carried out on a rotational basis by nurses. (See Clinical cleaning Standard Operating Procedure for further details on what is carried out with the clinical cleaning)

**Training:**  Infection control training will take place for all staff as part of the practice induction (within 4 weeks of start) and on an annual basis. This will include hand washing procedures. All clinical staff will receive aseptic technique training.

**Handwashing:**  Hand washing posters will be displayed at each designated hand basin. Hand wash basins, liquid soap, paper towels, alcohol rub and clinical waste bins will be available in all clinical care area. Hand hygiene audit will be carried out for every member of staff once a year.

**Inspection:** A random and unannounced Infection Control Inspection will be carried out annually. This will be carried out by Infection Prevention Solutions (IPS).

Environmental and clinical cleaning audits will be carried out randomly by IPC Nurse Lead. Contract cleaners will carry out their own company inspections.

**Protective Clothing:** Gloves (non sterile and sterile), aprons, eye shields and masks are available freely to all staff and should be worn for procedures with associated risk and as outlined by IPS. Gloves and aprons are single use.

**Dress code:**  Staff should wear clothes that are clean and fit for purpose. Clinical staff will be ‘bare below the elbow’. The IPS uniform policy will be adhered to.

**Handling and disposal of healthcare waste including sharps and single use- devices**

**Venepuncture procedure:**

1. Staff will be adequately trained to perform this procedure
2. Wound or abrasions will be covered and gloves will be worn
3. Equipment will be easily accessible.
4. The patient should be comfortable and relax
5. Do not re-sheath the needle.
6. Place needle and vacutainer immediately into a sharps bin
7. Please see the practice Specimen Policy for further guidance

**Vaccinations:**

1. Vaccines are administered in association with recommended best practice as set out by Public Health England
2. Vaccines are stored as manufacturers guidance in well maintained, monitored refrigerators to ensure maximum efficacy of vaccinations
3. Cold chain will be observed
4. See the Practice Vaccination policy for further guidance.

**Immunisation**:

Patient immunisation

1. A record will be kept of all immunisations given to patients
2. The immunisation status and eligibility for immunising patients will be regularly reviewed
3. After a review of the immunisation records, patients will be offered further immunisations as required.

Staff immunisation protection

1. All clinical staff and any staff member who obtain or handles blood or pathological specimens are to be protected against Hepatitis B
2. A record of employees’ Hepatitis B status is kept in confidential personnel file
3. All staff are offered annual influenza vaccinations

**Specimens:**

Full guidance for safe collection, handling and storing of specimens can be found in the practice Handling and storage of specimens and specimen fridge standard operating procedures. This includes but not limited to: blood, urine, swabs, cervical smear.

**Minor Operations and dressing instruments:**

The practice uses disposable equipment for all minor surgery and dressing procedures.

**Accidents/Needle stick Injuries**:

1. If the mouth or eyes are contaminated with blood or body fluid, they should be washed thoroughly with water
2. If skin is punctures, free bleeding should be gently encouraged and the wound should be washed with soap or chlorhexidine wand water, but not scrubbed or sucked.
3. If there is any possibility of HIV exposures, immediate advice should be sought ab out the relative indications for anti-retroviral post- exposure prophylaxis.
4. The practice IPC lead, duty doctor and practice manager should be informed
5. If the source of injury was from a patient, their details should be recorded
6. The staff member should immediately attend Occupations Health Services, provided by Accident and Emergency
7. The incident should be recorded in the practice accident log

**Service Users with communicable diseases**

1. When a patient contacts the surgery with a suspected communicable disease (i.e. measles or chickenpox) they will be encouraged not to attend the surgery for treatment but seek advice over the telephone in the first instance.
2. Should a patient present at the reception and say that they think that they have a communicable disease, they will be shown to the Isolation Room (adjacent to the Nurses Office) where they will be asked to sit and wait until a GP can be called to assess them.
3. Further guidance regarding communicable illnesses and the Isolation Room can be found on the Isolation Room Standard operating procedure.

**Audits and risk assessment**

There will be one infection control audit and one infection prevention and control risk assessment per year. However, this will be brought forward in the event of environmental change i.e. a room is designated for a different task.

**Annual Statement**

An annual statement will be written by the IPC Lead Nurse and include a summary of the following:

Any infection transmission incidents and action taken (any incidences should be reported in accordance with the incident reporting procedure)

The infection control audit

The infection prevention and control risk assessment

Relevant staff training.