



Green Elms Health Centre

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Green Elms Health Centre and Nayland Drive Branch Surgery

Infection Control Annual Statement 2023-2024

Purpose

This annual statement will be generated each year in August in accordance with the requirements of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. It details:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our Significant Event procedure)
- Details of any infection control audits undertaken, and actions undertaken
- Details of any risk assessments undertaken for prevention and control of infection
- Details of staff training
- Any review and update of policies, procedures, and guidelines.

Infection Prevention and Control (IPC) Lead

Green Elms Health Centre and Nayland drive Surgery has 1 Nurse Manager Lead for Infection Prevention and Control and is supported by the Practices Nurses and Healthcare Assistants.



Ranworth Medical Group

Part of Ranworth Medical Group

Ranworth Surgery

Caradoc Surgery

Green Elms Health Centre

Nayland Road Surgery

Frinton Road Medical Centre

Epping Close Surgery

Infection transmission incidents (Significant Events)

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. All significant events are reviewed in the Monthly Clinical meetings and learning is cascaded to all relevant staff. In the past year there have been NO significant events raised that related to infection control.

Infection Prevention Audit and Actions.

An Infection Prevention and Control audit was completed on the 26th June 2023 by Mike Garfield from Infection Prevention Solutions. As a result of the audit and observations, the following actions were taken:

For Nayland Drive:

- Environmental cleaning schedules should be available to provide information on the type and frequency of cleaning. – Practice Manager to discuss with cleaning company.
- Environmental cleaning check lists should be kept providing documentary evidence of monitoring that all environmental surfaces have been routinely and thoroughly cleaned. – Practice Manager to discuss with cleaning company.
- Written schedules for flushing of taps / showers should be available to provide information on location of taps and frequency of flushing. - Evidence seen of NHS Property services provider flushing taps.
- All disinfectants and cleaning products must have a COSHH data sheet available to staff. – Practice Manager to discuss with cleaning company.
- Lever operated taps should be capable of being operated using elbows alone, and not requiring hand touch. - Practice Manager has contacted Property services in regards to this.



- Hand cream should be available in wall mounted or pump-operated dispensers in at least one area. – This is already in place.
- All sharps bins in use should be correctly assembled. - Nursing team aware of this and discussed at meeting.
- All sharps bins should be temporarily closed when not in use. - Nursing team aware of this and discussed at meeting.
- Hazardous/infectious waste bags/containers should not be accessible to public or animals and should be stored in a large yellow storage bin/suitable holding area (i.e. cupboard or shed) which is locked. – Practice Manager to contact property services to enquire about keypad to back gate.
- Clinical/domestic waste bags should be stored separately to avoid waste entering the wrong waste stream. - Nursing team aware of this and discussed at meeting.
- The waste storage area should only contain waste items for collection. - Nursing team aware of this and discussed at meeting.
- Records should be kept of when the vaccine fridge is cleaned. - Nursing team aware of this and discussed at meeting and cleaning schedule is on top of fridge.
- Cleaning schedules must be available. - Nursing team aware of this and discussed at meeting and cleaning schedule is on top of fridge.



For Green Elms Health Centre:

- Ensure that the practice has a written protocol in identifying a designated waiting area for service users with communicable diseases. – This is included in our Infection Control Policy.
- All owners/occupiers must conduct a risk assessment of hot & cold water supplies for Legionella contamination. – Pending certificate from NHS Property Services.
- Check-lists for flushing of taps / showers should be available to provide documentary evidence that all infrequently used water outlets have been flushed weekly (or more frequently). – Awaiting evidence of this from NHS Property services.
- Ensure walls have no defects which reduce effectiveness of cleaning. Repair/refurbish damaged areas so that surfaces are impervious and washable. – Infection Control report has been sent to NHS Property Services for review of this.
- Walls of all clinical areas should be thoroughly cleaned daily or more frequently depending on risk assessment. – Practice Manager to discuss with cleaning company
- Examination/treatment couch should be kept clean and dust free at all times and be included in the daily cleaning schedule. – Practice Manager to discuss with cleaning company
- Disposable plastic aprons should be worn for venepuncture. - Discussed at Nurses Meeting.
- Disposable plastic aprons should be worn for urine analysis. - Discussed at Nurses Meeting.
- Taps on the clinical hand wash basins should not have swan neck fittings and should be considered for replacement. - Infection Control report has been sent to NHS Property Services for review of this.
- Plugholes and overflows should be free from build-up and be kept clean at all times. - Infection Control report has been sent to NHS Property Services for review of this.



- All extraneous items should be permanently removed so all hand wash basins and their surrounds are clear and can facilitate cleaning. - Discussed at Nurses Meeting.
- Plain liquid soap dispensers should be in close proximity to the clinical hand wash basins. - Infection Control report has been sent to NHS Property Services for review of this.
- All sharps bins should be temporarily closed when not in use. - Discussed at Nurses Meeting.
- Orange/yellow waste bags should be labelled with source (i.e. location/department, etc) using a label, numbered tag or an indelible pen. - Postcode to be added to bag in permanent marker pen. Cleaning company to be informed.
- Large yellow storage bins should be lockable. Contact contractor and ensure lockable bins are provided. – Practice Manager to discuss with cleaning company.
- Hazardous/infectious waste bags/containers storage area should be kept locked at all times if large yellow storage bins are not locked. – Practice Manager to discuss with cleaning company.
- The interior of the large yellow storage bin should be free from the contents of split bags and should be cleaned regularly. - Locked and free of split bags.
- Cleaners storage cupboard(s) must be kept clean and tidy. - Changeover of Cleaning provider. New Cleaners cupboard will be in the old milk cupboard.
- Blood and body fluid spillage kit should be available. – These have already been ordered and are in place.
- Records should be kept of when the vaccine fridge is cleaned. - Vaccine cleaning records are held in both fridges.
- Cleaning schedules must be available. - Vaccine cleaning records are held in both fridges.



Immunisation

As a practice we ensure that all of our clinical staff are offered any occupational health vaccinations applicable to their role (i.e. Hepatitis B, MMR, Seasonal Flu). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population. We have previously been involved in the COVID 19 Immunisation programme.

We have audited all staff in regards to immunisation status and have engaged Occupational Health where necessary.

PPE (Personal Protective Equipment)

The practice provides PPE for all members of the team in line with their role, and this is very important during the COVID Pandemic that stocks are high. Clinical staff are provided with aprons, several different types and sizes of gloves and goggles/face shields, and there are no issues with supply currently.

Sharps bins must be disposed of i.e., incinerated, after 3 months and not to be kept for longer than this. The correct lidded sharps bin should be used depending on what is being disposed; for example, a live vaccine such as Rotarix would go into a purple topped bin. They should be signed and locked as per protocol to avoid sharps injury and contamination.

Training

All staff complete E Learning training on Infection Control relevant to role.



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Policies

All Infection Prevention and Control related policies are in date for this year. Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated annually and all are amended on an on-going basis as current advice, guidance, and legislation changes. Infection Control policies are located on our surgery shared drive and can be viewed by all staff at any time.

Responsibility

It is the responsibility of everyone to be familiar with this Statement and their roles and responsibilities under this.

Covid-19

We had and still have access to all types of PPE which is worn appropriately by the clinical staff in the correct situation, before the recently updated guidance on face masks, all staff throughout the building was wearing face masks. Hand gel dispensers are also accessible for patient use and we encouraged patients to wear a face covering if possible.

Review date August 2024

The Infection Prevention and Control Lead is responsible for reviewing and producing the Annual Statement.



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