



THE HALL PRACTICE

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Infection Control Policy

Document Control

A. Confidentiality Notice

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B. Document Details

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3	31.05.2017	Cathy Slattery	Cathy Slattery	
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Partners: Dr Nicola Turner • Dr Katherine Yeomans • Mrs Ruth Franklin



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Introduction

Good hygiene procedures and effective infection prevention and control are of paramount importance in protecting the health of people who use our services as well as upholding the reputation of primary care providers and, ultimately, our Practice.

The *Health and Social Care Act 2008 Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance* sets out the key activities that should be undertaken by all NHS organisations with respect to good practice.

The Hall Practice understands that the processes of good infection control must be of a consistently high standard, and therefore require regular review, reflection and assessment to ensure they are both comprehensive and fit-for-purpose.

These processes are at the heart of all clinical and management activity within the Practice, with great consideration given to the environment in which the Practice operates and the range of services provided.

Aims and Objectives

The aim of this policy is to detail the suite of individual infection control policies and protocols which form the basis of the Practice's operations with regard to the prevention and control of infection when providing services to its patients.

The policy also identifies those with responsibility for maintaining standards of infection control at the Practice, and for liaising with external bodies (including the CCG, HPA and the wider community).

Additionally, this policy sets-out a timetable and required content for staff training, which includes regular review and updates.

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Infection Control Team

The Practice's Infection Control Team has ultimate responsibility for ensuring that excellent infection control policies, protocols and systems are in-place, and that all staff understand their content and are properly trained to follow the rules and guidelines they establish.

However, each member of staff at the Practice has their own part to play in ensuring they rigorously follow the correct processes without supervision (see *Duties and Responsibilities of all Staff*, below).

The Practice Infection Control Lead is:

Dr Katherine Yeomans

Victoria Perry-Adlam HCA

Duties and Responsibilities of all Staff

The Practice employs standard operational precautions which underpin safe practice, protecting both staff and patients from infection.

Staff members at The Hall Practice are aware that it is their own personal responsibility to apply standard precautions at all times, to all patients and that IPC is the responsibility of everyone.

By using established policies, procedures and systems, and taking responsibility for their own actions, staff members at the Practice aim to consistently achieve the following:

- Optimum hand hygiene;
- Use PPE correctly and effectively;
- Handle and dispose of sharps safely;
- Handle and dispose of clinical waste safely;
- Manage blood and bodily fluids safely;
- Decontaminate equipment thoroughly;
- Create and maintain a clean clinical environment;
- Use indwelling devices appropriately;
- Prevent and manage accidents effectively;
- Provide good, clear communication with other healthcare workers, patients, visitors and external bodies;
- Maintain a high standard of training and education;
- Accurately monitor, report and action any concerns or IPC breaches.

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Infection Control Policies

The Hall Practice has the following policies and uses them as a foundation for excellent infection control and prevention within the Practice environment and the wider community:

- Antimicrobial Stewardship
- Aseptic technique
- BBVs (Blood-borne viruses)
- C. difficile (Clostridioides difficile)
- CJD (Creutzfeldt-Jakob disease)
- Hand hygiene
- Invasive devices
- MRGNB, including CPE (Multi-resistant Gram-negative bacteria including carbapenemase-producing Enterobacterales)
- MRSA (Meticillin resistant Staphylococcus aureus)
- Notifiable diseases
- Outbreaks of communicable disease
- Patient placement and assessment for infection risk
- PPE (Personal protective equipment)
- PVL-SA (Panton-Valentine Leukocidin staphylococcus aureus)
- Respiratory and cough hygiene
- Respiratory illnesses
- Safe disposal of waste
- Safe management of blood and body fluids
- Safe management of care equipment
- Safe management of linen (including uniforms and workwear)
- Safe management of sharps and inoculation injuries
- Safe management of the care environment
- Scabies
- Specimen collection
- SICPs and TBPs (Standard infection control precautions and transmission based precautions)
- Venepuncture
- Viral gastroenteritis/Norovirus

Infection Control Audits

The Practice completes the following audits in accordance with national Infection Prevention and Control guidelines.

- Annual IP&C audit and Efficacy Checklist with Annual Statement
- Environmental Cleanliness
- Annual ANTT Aseptic Non-touch technique
- Annual audit of the Care Environment
- Annual (rolling) Hand Hygiene audit
- Annual (rolling) Personal Protective Equipment audit
- Annual Sharps audit
- Annual Waste audit
- Annual Vaccines audit
- Annual Water Safety audit

Training

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The Practice has a policy of conducting a thorough programme of training on infection prevention and control as part of the staff induction process. This is led by Practice Infection Control Lead.

Admin Staff undertake Level 1 Infection Prevention and Control and Clinical Staff undertake Level 2 on an annual basis. A record of this can be found on Teamnet. New members of staff complete the Preventing Infection Workbook Guidance for General Practice as part of their induction.

Refresher training will be conducted annually, or more frequently - subject to the emergence of new thinking or legislation. All staff (Clinical and Admin) will be involved in a rolling Infection Prevention and Control audit programme.

Review

This infection control policy and all other infection control-related policies will be reviewed at least once annually, or in-line with new thinking or legislation changes.

Where necessary, advice will be sought from the CCG and HPA during the review process to ensure that policies, protocols and systems are as up-to-date and comprehensive as possible.

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