

**Goldington Avenue Surgery
85 Goldington Avenue
Bedford
MK40 3DB**

Infection control statement – June '20

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Effective Date:	3 rd June '20
Review Due:	1 st June '21

Purpose

This annual statement will be generated each year during quarter two, and it will summarise:

- 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 other key areas considered
- Details of associated staff training
- Any review and update of associated policies, procedures and guidelines

Responsibilities

Goldington Avenue Surgery has one principal lead for Infection Prevention and Control, our senior practice nurse Mrs Emma Bowler. This is supported from a management perspective by the Practice Manager Mrs Caroline Prentice.

Significant Events

In the last 12 months 1st June '19 to 31st May '20 there have been no significant events raised that related to infection control

Audits

Audits are taken place each quarter by the senior practice nurse, or one of the nursing team.

- Q2 2019 audit completed 27th June '19 on all downstairs rooms – no issues noted
- Q3 2019 audit completed 16th September '19 on all upstairs rooms
 - No liquid soap in the kitchen - Added
- Q4 2019 audit completed 31st January '20 on all downstairs rooms – no issues noted, but acknowledged that this audit was completed later than intended
- Q1 2020 audit completed 12th March '20 on all upstairs rooms – no issues noted

Other key areas also considered

- **Covid-19 impact**

- Significant change to operational practices were implemented mid-March '20 as a result of Covid-19
- Symptomatic patients are seen at another site in Bedford, enabling the practice to operate as a 'green' site with a reasonable degree of confidence although no less caution in our approach to infection control
- Full use of Personal Protective Equipment (PPE) was implemented, and evolved to include the use of eye protection when the national guidance changed
- Rooms used for seeing patients were restricted to only those rooms that are downstairs (rooms 1, 2, 3 and 4), and these rooms were decluttered of all non-essential items to reduce cross contamination risk and reduce cleaning requirements in-between each appointment
- Rooms 1 and 4 for nursing appointments
- Rooms 2 and 3 for pre-booked / pre-screened GP appointments
- Patients wait outside the building prior to their appointment, and are escorted in by their clinician (already in PPE), their appointment is conducted and are then escorted out – the clinician retains responsibility for cleaning any contact surfaces that the patient may have touched throughout this interaction
- After each appointment, there is a 10 minute gap to enable the clinician to clean the room, door handles, chair, and anything else that the patient may have touched as well as change PPE
- Patients use an intercom to talk to the practice team, and this is cleaned regularly by the administration team, using Clinell wipes
- PPE grab bags were created to enable the GP team to 'grab' an appropriate set of PPE to see a patient, reducing the risk of holding PPE in the clinical rooms and cross-contamination
- PPE home visit bags were created for each GP to have in their cars as back up PPE supplies so that they always had additional masks, gowns, gloves and clinical waste bags available to them in the event that more PPE was needed during a home visit than originally anticipated
- Eye protection is provided in the form of reusable goggles, which are used on a sessional basis, then initially cleaned with Clinell wipes before being disinfected in a disinfecting solution for 15 minutes and then air dried
- PPE donning and doffing instructions are present in each of the 4 clinical rooms to remind the clinicians of the correct protocols to follow to reduce the risk of infection transmission
- Privacy curtains were removed from each of the downstairs consulting rooms, as these are contamination risk points, and portable wipeable privacy screens were purchased that are used where intimate examinations are necessary in order that patients are still provided with appropriate privacy – but enabling the screens to then be cleaned effectively after the consultation to reduce cross-contamination risk
- Alcohol gel and Clinell wipes are available to all staff, to facilitate hand cleaning and surface cleaning at any opportunity felt appropriate or needed

- **Cleaning** – we are contracted with LTS Cleaning to clean the practice on a daily basis, and have a detailed cleaning schedule. All staff will daily to a visual check of their workspace to ensure that work areas are clean, and any issues that arise are reported to the cleaning company and addressed.
- **Handwashing** – signage is in every clinical room and toilet/basin area. *Covid-19 handwashing signage was also added to the 3 toilet/basin areas in mid-March to encourage additional and longer handwashing.*
- **Toys, books and magazines** – we do provide hard toys for children to play with in our waiting room, and these are on the cleaning schedule. We also provide a range of magazines and books. There is a perception that there are issues around the provision of these services, however CQC have no problem with practices providing these. We are of course sensible and in the event that a patient has been sick on/over any items then these are removed and destroyed. *During the early period of Covid-19 when patients were still attending the practice and using the waiting room, all magazines and books were removed from the waiting room to reduce transmission risk.*
- **Privacy curtains** – these are routinely changed every 6 months, and the date is displayed on the curtain. They will be changed prior to this in the event that they become soiled or damaged. *These have been removed during the Covid-19 period – see comments above.*

Staff training

All clinical staff are required to complete, each year, online infection control training. All non-clinical staff are required to complete, on a 3 yearly basis, online infection control training. New staff will complete this in their first year, and then every 3 years thereafter.

Policy updates

The practice maintains a record of all policies and protocols, together with their next review dates. This record is reviewed, at a minimum, on a quarterly basis to identify policies or protocols that are due for review. The review is then initiated, the documentation updated, and the next review date set.