

**BRUNTON PARK HEALTH CENTRE**  
**INFECTION CONTROL**

**INTRODUCTION**

This document sets out the surgery policy on infection control and should be used with reference to the principles outlined in the Infection Control (biological substances).

**Policy Statement**

This practice is committed to the control of infection within the building and in relation to the clinical procedures carried out within it.

The practice will undertake to maintain the premises, equipment, drugs and procedures to the standards detailed within the checklist and will undertake to provide facilities and the financial resources to ensure that all reasonable steps are taken to reduce or remove all infection risk.

Wherever possible or practicable, the practice will seek to use washable or disposable materials for items such as soft furnishings and consumables, eg seating materials, wall coverings including paint, bedding, couch rolls, modesty sheets, bed curtains, floor coverings, towels etc, and ensure that these are laundered, cleaned or changed frequently to minimise risk of infection.

**Proposals for the Management of Infection Risk**

The clinician responsible for Infection Control is Maxine Whitfield Practice Nurse.

The non-clinician responsible for Infection Control is Kay Wannop Practice Manager.

**The following general precautions will apply:**

- A daily, weekly, monthly and 6 monthly cleaning specification will be undertaken.
- Infection Control training will take place for all staff on an annual basis and will include training on hand hygiene
- Decontamination, hand washing procedures, and the use of Personal Protective Equipment (PPE) and the safe use and disposal of sharps.
- Infection Control training will take place for all new recruits within 4 weeks of start by practice Nurse and E-learning.
- Hand washing posters will be displayed at each designated hand basin.
- The practice will ensure that all staff have access to sufficient and appropriate supplies of materials for hand decontamination, PPE and sharps containers.

## **Infection Transmission Incidents (Significant Events)**

Significant events (which may involve examples of good practice as well as challenging events) are investigated to identify what we can learn and to highlight changes that may lead to future improvements. Significant events are reviewed annually by the whole practice team.

## **Risk Assessments**

Risk assessments are carried out during each year. In the last year we have carried the following assessments:

- Legionella (Water) risk assessment: we have reviewed water safety risk assessment to ensure the water supplied does not pose a risk to patients, staff or visitors.
- Immunisation: we have ensured that all staff are up to date with Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (ie measles, mumps and rubella (MMR), flu).
- Clinical Curtains: disposable curtains are used in all clinical rooms and are changed annually according to manufacturing instructions. Curtains which are soiled or damaged are changed as required.

## **Training**

Staff receive annual Infection Control training; this is done either face to face or on E-learning.

## **Policies**

Policies relating to Infection Control are available to all staff and are reviewed annually.

## **Responsibility**

It is the responsibility of each individual to be familiar with this statement and their roles and responsibilities under this.

REVIEW DATE:  
August 2019