

## **ANNUAL INFECTION CONTROL STATEMENT – 2020 (Written Feb 2021)**

### **Introduction**

Granta Medical practices is committed to the control of infection within the building, ensuring safety for both patients and staff and in relation to the clinical procedures carried out within it.

This statement has been produced in line with the Health and Social Care Act 2008 and details the practice's compliance with guidelines on infection control and cleanliness between the dates of 1<sup>st</sup> January 2020 and 31<sup>st</sup> December 2020

### **Purpose**

This annual statement will be generated each year in January 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 summarises:

- 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
- Reviews and update of policies, procedures and guidelines on infection prevention and control

### **Granta Medical Practices Infection Control Leads:**

Clinical leads for infection control are Dr Tim Wright, GP & Nicole Spriggs, Lead Nurse (Barbara Carroll stepped down as Infection Control Lead in June 2020)

Non-clinical lead for infection control is Jerry Hutton, Facilities Manager.

### **Significant Events related to Infection Control during 2020**

COVID-19 disease first emerged as a presentation of severe respiratory infection in Wuhan, China in late 2019 (WHO, 2020). By January 2020, lower respiratory samples taken from affected patients were sequenced and demonstrated a novel coronavirus (SARS-CoV-2). The first two cases in the UK were seen in late January. In March 2020, the WHO declared a SARS-CoV-2 pandemic.

COVID-19 Pandemic has made this year challenging. Primary Care has had to change significantly. There has been a move to remote consultations via phone or video link, limiting the amount of face-to-face consultations.

- Initially in March at the start of "Lockdown" - Granta set up GERM (Granta Emergency Response Management Team) to deal with the day-to-day management of the crisis. They were responsible for keeping up to date with the guidance on this new evolving virus and ensuring a consistency across all sites. This information was communicated to all staff via WhatsApp. Updates were sent when there was a

change of guidance and videos on correct handwashing and PPE application were sent to all staff.

- A 'remote by default' system was initiated, whereby patients were invited into the surgery only once they had been assessed by a clinician and the risk vs benefit of face-to-face review had been carried out. This ensured social distance was maintained and effective cleaning of consultation rooms between patients could be conducted. This continued from March for the rest of the year and continues in a revised model going forward.  
This approach protects both patients and staff
- Appropriate nurse appointments have continued although where possible patients were consulted via telephone. i.e., Asthma Reviews
- Hot and Cold sites were set up and Isolation Rooms allocated in each HOT site.
- Front of House staff were employed to screen patients with a list of questions and check their temperatures.
- Clear signage was procured and displayed for patient guidance regards entry, exit and pharmacy.
- Automatic gel dispensers were installed at all sites and automatic temperature recorder at Sawston, the main PCN site.
- The infection control policy regarding Covid was regularly updated onto the Intranet and disseminated to all staff.
- Due to the Pandemic, transfer of staff across sites was reduced and only occurred when necessary. Many staff were shielding and self-isolating, resulting in a reduction in formal infection control audits as time was required elsewhere.
- In June Barbara Carroll stepped down as Infection Control Lead and the role was taken over by Nicole Spriggs.
- During this Lockdown period and change in IC lead, Site Leads were responsible to ensure infection control policy was being adhered to, following guidance from GERM. Formal audit on each site was conducted in Oct/Nov – when quarterly audits were reinstated. Recent site audit highlighted issues with current cleaning – deep clean carried out at Barley and Market Hill sites.
- A member of staff was allocated the responsibility of ensuring all sites had the correct PPE.
- All toys and magazines were removed from waiting rooms.
- Disposable mop heads were introduced for cleaning of clinical rooms.
- Scrubs were purchased for all clinical staff & a strict policy of not travelling to and from work in uniform instigated.
- All staff were offered both the flu vaccination and Covid vaccine.

# GRANTA Medical Practices

- A breach in cold chain at Shelford surgery highlighted the need for a more robust process, which was clear to follow by all clinical staff
- The Infection Control Manual has been updated, to provide a good resource for current guidance.
- Minor surgery lead left the practice – Currently no new lead has been appointed

## Changes over past year:

### Sawston

- Was our Main HOT site and clear signage was procured and displayed to ensure patients accessed the site safely. Maintaining safe distancing and prevention of cross infection.
- Alternative entrance and exit points for patients and staff- dependent on their reason for visiting the site
- All nursing appointments were moved to Shelford
- Screens were installed around reception to reduce risk of infection,
- Gel dispensers and automatic temperature monitor installed at each entrance.
- During the Pandemic there were 3 cases of Covid in Sawston acquired outside the practice and no breaches of PPE.

### Shelford Site

- This site over the last year has gone through a complete update and refurbishment, carpets have been removed and screens are in place in the reception area. There is still some remedial finishing off work in progress
- Screens were installed around reception to provide protection for both staff and patients.
- Was an entirely COLD site to allow for continuous nursing work that covered both Sawston and Shelford patients

### Barley

- Was a COLD site and HOT after 3pm. A clinical room at each site was converted into an isolation room. During the winter season it became solely a COLD site.
- The Covid Pandemic prompted the replacement of floor coverings in all the clinical rooms and passageway. Carpet was replaced with washable flooring.
- The floor covering in Kitchen and public toilet was replaced
- There were no cases of Covid infection on this site among staff
- Clinical waste site was moved to provide easy lockable access for cleaners to store waste until collected
- Dani centre was moved into the passageway leading to clinical Rooms

### Market Hill

- During the first wave Market Hill was a COLD site and HOT after 3pm, this changed in the winter when it became both HOT & COLD all day but different entrance & exits were used to prevent mixing of patients. A clinical room was converted to an isolation room.

- There were no cases of Covid among staff at this site.
- Dani centre moved to passageway to clinical rooms

## Linton

- Was a HOT & COLD site
- There was 1 case of Covid within the staff but this was acquired out of work and no breach of PPE occurred.
- Screens were installed around reception

## Going forward - Plans Currently being instigated

- We are currently in talks with our cleaning company regards failing in their cleaning processes which have been highlighted in our recent audit. If these issues can't be addressed, then a new cleaning company will be sought.
- Appointment of new Minor Surgery Lead - previous lead left the practice – During Covid Pandemic minimal surgery has been carried out.
- Fortnightly audit of sites using the Environmental and Cleanliness audit tool and forwarded to infection control lead and followed up with a quarterly spot check and findings discussed at quarterly safety review meeting.
- Monthly audit of end of shift checklist - keyboard, phone cleaning on all staff by nurse lead for each site to be reviewed quarterly at safety meeting.
- Clinical waste stickers being introduced for all sites – as audit highlighted that there was no record as to which site clinical waste & sharps was from.
- Breach in cold chain boxes being set up for all sites and quarterly checks of all sites and annual audit.
- Work still required once we come out of this Pandemic to streamline rooms across sites
- Cleaning schedules to be installed regards mop head cleaning at all sites
- English is not the first language of some of the cleaning staff – but log sheets are in English – this has been highlighted and translation copies in process of being provided
- Continuing to improve our training of all staff on infection control
- To improve and standardise our current induction programme for new members of staff, to include training on sepsis, infection Control & safety walk around of working site.
- Review our vaccination programme and documentation regards staff immunisation as per Green Book guidelines
- Going forward we recognise the need to increase our infection control audits, Purposed areas for audits are
  - Minor surgery
  - MRSA
  - Clostridium Difficile
  - CJD
  - Vaccine cold chain incidents
  - Minor surgery
  - Decontamination of instruments