

**Swan Lane Medical Centre**

**Infection Control Policy**

**November 2012**

**Reviewed September 2024**

## Document Control

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## CONSULTATION HISTORY

<b>Version</b>	<b>Date</b>	<b>Reviewed By</b>	<b>Changes Made</b>	<b>Consultation</b>
1	8/12/14			GP's
2	2/11/22	AC	New consultation table, contact detail for infection control Nurse	All staff
2	26/3/24	AC	Bi annual review	All staff
2	2/9/24	AC	Bi Annual review O/S Staff contacted re IC training bluestream	All Staff

## **Infection Control Policy**

### **Introduction**

Infection prevention and control is an essential element of high quality care. Having effective prevention and control measures in place contributes to the safety of the environment for service users, care workers and others.

The Health and Social Care Act 2012 and Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections related Guidance requires all organisations which provide health and adult social care to have policies, procedures and protocols in place which minimise the risk of infection and sets out the key activities that should be undertaken to meet these requirements.

The Code of Practice is used by CQC to assess compliance with the registration requirements on cleanliness and infection prevention and control.

The employees at Swan Lane Medical Centre are committed to minimising the risk of infection and ensuring the safety of our patients by regularly reviewing the processes we have in place to ensure they remain appropriate and fit for purpose.

Swan Lane Medical Centre works alongside NHS Bolton CCG and our local Health Protection Services who are part of Public Health England (PHE) to ensure the highest level of communication and a consistent approach to prevent infection and control transmission.

The CCG infection control nurse lead is :-  
Dawn Marsh, Community Infection Prevention & Control Nurse  
Bolton Foundation Trust  
Tel: 01204 390 982 (x5982)  
Email: dawn.marsh@boltonft.nhs.uk

### **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 following policies:

- Decontamination Policy
- Hand Hygiene Guidelines
- Waste Disposal Policy
- Cytotoxic drug Protocol
- Biological substances
- Laundering of Uniforms and Materials Policy
- Urine sample Handling Protocol for urine dipstick
- Building Maintenance Policy
- Personal Protective Equipment (PPE) Policy

We 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, e.g. 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.

All clinicians will adhere to decontamination procedures for any non-disposable equipment in their clinical room before/after use when necessary.

## **Roles and Responsibilities**

The clinician responsible for Infection Control is Dr Nixon.

The non-clinician's responsible for Infection Control are Practice Manager and Assistant Practice Manager.

APM will be responsible for the maintenance of the provision of personal cleaning supplies within non-clinical areas.

HCA's will be responsible for the maintenance of sterile equipment and supplies, and for ensuring that all items remain "in date" and responsible for the maintenance of personal protective equipment and the provision of personal cleaning supplies within clinical areas.

The following general precautions will apply:

- A daily, weekly, monthly and 6 monthly cleaning specification will apply and will be followed by the cleaning staff. See Cleaning – Service Level Agreement.
- Infection Control training will take place for all staff on an annual basis and will include hand washing procedures and sterilisation procedures. See Hand Hygiene Audit.
- Infection Control Training will take place for all new recruits within 4 weeks of start via Bluestream.
- Hand washing posters will be displayed at each designated hand basin. See Hand Hygiene Audit.
- A random and unannounced Infection Control Inspection by the above named staff, using the Checklist, will take place on at least an annual basis and any findings will be reported to the partners' meeting for (any) remedial action.
- If the purpose of a room changes to that of treatment, however, then an immediate risk assessment will be completed on that room.