



Wassand Close, Three Bridges, Crawley, West Sussex. RH10 1LL
01293 526025

www.bridgemedicalcentre.co.uk
www.nhs.uk

Date published: MAY 2019
Date of last review: OCTOBER 2023
Date of next review : OCTOBER 2024

BRIDGE MEDICAL CENTRE – INFECTION CONTROL MISSION STATEMENT

Introduction

The purpose of Infection Control is to limit the acquisition and spread of infection and to ensure that no person is harmed by preventable infection and disease. At Bridge Medical Centre we will inform and promote awareness and understanding to all healthcare workers, patients and visitors about the importance of infection control in the interests of patient, visitor and staff safety. This philosophy is integrated into our daily practice,

THE HEALTH AND SOCIAL CARE ACT (2008) CODE OF PRACTICE (2015) ON THE PREVENTION AND CONTROL OF INFECTIONS

We can demonstrate that we met (or are working towards) the 10 criteria for compliance as follows:

Compliance Criterion 1 - Systems to manage and monitor the prevention and control of infection. These systems use risk assessments to consider the susceptibility of the service users and any risks that their environment and other users may pose to them.

- The lead for Infection Control is the Practice Nurse, Infection control Lead who attends the Infection Prevention and Control Link Practitioners Course (2 day) and one day refresher training.
- An annual statement is produced in relation to Infection Control.
- Cleaning is contracted out. However rooms are cleaned thoroughly weekly and Bi monthly audits are in place.
- Crawley CCG provides annual audits on prescribing of antimicrobials with face-to-face meetings.
- All staff are to attend or carry out via e-learning annual infection control and hand hygiene training.
- An annual Infection control audit is undertaken by an independent company which informs our action plan.
- We have a specimen handling Protocol.
- An annual audit of “Lumps and Bumps” surgery to track wound infections are undertaken.
- We promote and make available best practice guidelines on infection control.

Compliance criterion 2 – Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

- Cleaning schedules are subject to review following any concerns or findings as a result of infection control audits.
- An annual waste management audit is undertaken by the external company that provide the waste service.
- Monthly legionella risk assessments are undertaken by an external company and other issues such as tap and boiler service dates are maintained.
- Medical device folder which includes manual and information about when equipment was last calibrated. All staff aware that a declaration of decontamination certificate for healthcare equipment needs to be completed prior to any equipment being serviced or inspected.

Compliance criterion 3 – Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

- West Sussex CCG monitor prescribing of antimicrobial treatment and provide and an annual audit and face-to-face meetings to discuss prescribing decisions.

Compliance criterion 4 – Provide suitable accurate information on infections to service users, their visitors and any persons concerned with providing further support or nursing/medical care in a timely fashion.

- We are informed of any changes in policies or outbreak by West Sussex CCG and Public Health England.
- Timely advice to patients is provided via our website and presented in our waiting room on the notice board.
- Messages are reinforced via annual updates on infection control and hand hygiene and at our monthly CPD Meetings.

Compliance criterion 5 – Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.

- GP's or Practice Nurses and Practice Manager will provide initial advice in relation to a patient infection and draw on advice from local expertise if necessary from with PHE or IP Solutions.
- An Isolation policy is in place to ensure patients are treated without spreading the risk of infection to others

Compliance criterion 7 – Provide or secure adequate isolation facilities

- Bridge Medical Centre has an Isolation Policy which staff are aware of.
- There is information for patients on our website about what to do if they contract diarrhoea and vomiting.

Compliance criterion 8 – Secure adequate access to laboratory support as appropriate.

- Samples and specimens are sent for analysis to Surrey and Sussex Hospital. Collections are made twice a day, once in the morning and another around 14:00.

Compliance criterion 9 – Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

- Surgery infection control policy and procedures which all staff are made aware of at induction.
- Induction training is also provided for new employees.

Compliance criterion 10 – Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

- Flu jabs are offered to staff.
- Staff are encourage to have their Covid vaccinations
- Any episodes of sick absence are reported to Practice Business Manager via the employee's line manager – See sick absence policy.
- An Occupational Health Contract with an external company is in place (Heales) – Details on how to contact this company is documented in each room for a sharps injury or by contacting the Practice Business Manager.
- The Health and Safety Policy is available on the Intranet. The Health and Safety Lead is the Lead GP and the daily health and safety responsibilities are handled by the Practice Business Manager.