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## **Wallingford Medical Practice Post-Procedure Infection Report 2017-2018.**

Purpose of this document;

- As per Oxfordshire CCG Infection Control Policy, a report to summarise;
  - Infection transmission incidents
  - Significant events related to infection control
  - Details of any audits undertaken
  - Details of risks assessments
  - Details of updated policies/procedures and guidelines
- There have been no significant recorded infection transmissions, or significant events over the past 12 months
- All clinical and non-clinical staff have received appropriate training for infection control, and handwashing technique
- Legionella risk is monitored monthly by Interserve. Fiona Edwards is responsible for liaising with the company.
- Infection control audits are performed monthly (minimum) and annual reports and practice policies (including waste audits) are reviewed on an annual basis in line with OCCG infection control guidance.
- Infection Control team:
  - Infection Control Lead – Sister Hanna Smith (Nurse Manager)
  - Responsible for contracts with external cleaning companies/window cleaning and infrastructure improvements - Fiona Edwards (Operations Manager) and Debra Perry (Practice Manager)
  - Senior GP Partner – Dr Charles Hughes

Clinicians at Wallingford Medical Practice have achieved;

- **99%** infection-free Contraceptive Implant fittings/removals
- **100%** infection-free Intrauterine Contraceptive fittings/removals
- **99.5%** infection-free Minor Surgery procedures

- An annual risk register is devised by Infection Control Lead Hanna Smith highlighting areas for improvement;

Risk Identified	Plan
Carpets in Consulting Rooms 1, 2, 5, 6, 7, 8, 9	<ul style="list-style-type: none"> <li>• Spillage kit located behind reception for soft-furnishings and carpets</li> <li>• When rooms are refurbished the carpets will be replaced with hard floors.</li> </ul>
Chairs throughout building covered with soft furnishings	<ul style="list-style-type: none"> <li>• Spillage kit located behind reception for soft-furnishings and carpets</li> <li>• When rooms are refurbished the seating will be replaced with wipe-clean fabric.</li> <li>• Chairs are being replaced throughout building, initiated March 2017, still ongoing and successful, including 8 new chairs purchased over past year</li> </ul>
Hand wash basins in Rooms 1, 2, 3 and 4 have non-elbow operated taps. There are also elbow operated sinks that do not have a 'mixer' in all clinical rooms.	<ul style="list-style-type: none"> <li>• Rooms will have sinks replaced when building is refurbished.</li> <li>• All minor ops and invasive procedures are carried out in rooms with lever operated taps.</li> </ul>
Rooms 1-12 clinical waste is not emptied daily	<ul style="list-style-type: none"> <li>• These GP rooms have clinical waste emptied weekly by HCA team</li> <li>• All minor op/procedure rooms, and treatment rooms have all clinical waste removed daily</li> <li>• H.Smith is liaising with cleaning company to see if they may be able to take over emptying of bins rather than HCA team which could mean daily waste removal. Update: so far the cleaning company have not been able to fulfil this request, this remains ongoing.</li> </ul>
Clinical waste is not stored in an area inaccessible to the public	<ul style="list-style-type: none"> <li>• Clinical waste is stored in a locked bin beside the 'back door' of the surgery.</li> <li>• Management are aware of importance of public not being able to access waste, and are looking to install a</li> </ul>

	lockable gate between the two parts of the buildings where the bin is currently located. This would mean the area was completely inaccessible, this remains ongoing.
Locked Sharps bins are not kept inaccessible to public	<ul style="list-style-type: none"> <li>• Sharps bins are currently located in the Staff loo opposite Room 1. Although marked as private this is not routinely locked.</li> <li>• HS to advise management that there should be a keypad locked entry to this room. When possible this should be installed as priority, this remains ongoing.</li> <li>• The room is now labelled 'Staff Only' which means the public should not enter.</li> <li>• 19/03** locked door now installed</li> </ul>
Fly Screens missing on clinical room windows	<ul style="list-style-type: none"> <li>• These will be installed when buildings are refurbished.</li> </ul>
Electrical sockets not >1m above floor	<ul style="list-style-type: none"> <li>• Any new rooms/refurbishments will have all sockets &gt;1m above floor level</li> </ul>
Splash-backs are tiled	<ul style="list-style-type: none"> <li>• Cleaners are away to clean splash-backs thoroughly, including grouting between tiles.</li> <li>• Any new rooms/refurbishments will have plain plastic splash-backs</li> </ul>
Curtains in the consulting rooms are changed annually	<ul style="list-style-type: none"> <li>• Following a clinical evaluation, management have decided that all minor-ops and treatments rooms curtains will be changed 6 monthly. Other GP Consulting rooms will be changed annually</li> </ul>