

Chilwell Valley and Meadows Surgeries

Action Plan and subsequent actions to Infection Control Audit carried out by MPS on 15.1.2015

Action Required	Person to action	Timescale	Action Taken	Date of Action
Expand your infection control policy to ensure that it is comprehensive and reflects the good practice at the surgeries. Ensure that it is dated and regularly reviewed. It should include the practice name and name of the designated infection control leads	AT	By end of April 2015	Completed and updated by AT and then updated with AT left	Oct 2015
Ensure that a comprehensive COSHH assessment of the practice is undertaken. Ensure that hazardous liquids, eg, bleach, are stored in a lockable cupboard/room, in accordance with COSHH regulations.	LA	By end of April 2015	Assessment updated Valley Storage reviewed Valley	Jan 15 Jan 15
At Valley surgery, ensure that the infection control lead is aware of the process and management of the equipment being returned to CSSD for sterilisation. Ensure the bar codes of CSSD packs are recorded in the	SMcT	By end of April 2015	Completed	April 2015

patient records. You may wish to consider moving exclusively to disposable instruments, as Chilwell Meadows surgery, which would negate this risk.				
Review your procedure for receiving samples in reception, especially those received in inappropriate containers.	AT/SMcT	By end of April 2015	Completed, procedures reviewed and guidelines for handling samples reviewed. 11.7.2015	11.7.2015
Ensure information is readily available to staff regarding what to do in the event of a sharps injury. Reinstate the sharps injury poster in all clinical areas.	AT/SMcT	By end of March 2015	Policy for disposing of sharps is in Docman library and also brief information displayed in clinical areas.	Feb 2015
Review the management of clinical waste in relation to the disposal of urine samples. The practice is solely responsible for ensuring that waste is correctly segregated.	AT/SMcT	By end of April 2015	Included in infection control policy. Discussed in safety PLT meeting and all clinicians aware.	March 2015
Check that all appropriate staff are vaccinated against varicella (chickenpox).	HC	By end of May 2015	A register is now kept of whether staff are immune to chicken pox and if not they are referred to occupational health.	March 2015
Ensure hand decontamination products, ie, alcohol hand rub, is readily available for patients and staff in reception and all clinical	AT/SMcT	By end of March 2015	Checked	Feb 2015

areas.				
Ensure paper towels and liquid soap are available in all areas with hand washing facilities	AT/SMcT	By end of March 2015	Checked. Some areas like toilets have hand drying facilities	March 2015
Review the practice glove use policy taking into account the potential health risks to staff associated with on-going exposure to latex and the advice from the Health & Safety Executive.	AT/SMcT	By end of April 2015	Policy on correct use and disposal of protective clothing checked and introduction of latex free gloves routinely across both sites	April 2015
Consider delegating a member of staff to be responsible for auditing the quality of cleaning against the cleaning schedule and report to the cleaning company.	LA	By end of April 2015	Linda Allum in charge of cleaning schedule and auditing and liaising against these areas.	April 2015
Review the Hepatitis B status of the cleaners employed by the cleaning company.	LA/HC	By end of May 2015	Cleaners are being changed so dates for this carried forward to Jan 2016	
Introduce as planned a central policy database and ensure that all staff receive training. Avoid keeping multiple paper copies.	EL/	By end of July 2015	The policies are all kept in the docman library avoiding any paper copies being needed and accessible by all staff who have had training in how to use the docman library.	January 2015

Review your cleaning schedule to include phones and keyboards and medical equipment.	KR/LA		This has been updated 17.10.2015 to include these and separate profoma for clinicians to clean own medical equipment	October 2015
Provide appropriate training for Infection Control lead(s) and for reception staff in regard to triaging of infectious patients.	LA	By end of July 2015	Infection control training was provided by the MPS for the entire practice on 15.1.2015	15.1.2015
Replace worn and torn wipeable pillowcases and ensure that they are included in your cleaning schedule. Consider discarding pillows altogether from the practice. Discuss if they are really necessary. If you decide to retain pillows you should ensure they are cleansed after each patient use.	LA	By end of July 2015	All pillows in practice replaced with waterproof versions with covers that can be wiped.	Feb 15
Continue your on-going refurbishment programme to include replacing the carpets and cloth covers in some clinical rooms and the waiting area.	LA	By end of July 2015	All consulting room flooring replaced with vinyl - Valley	Feb 15
Provide accurate information for patients about infection control issues that you have implemented at the practice. You may wish to achieve this by adding information on your	LA/EL	By end of Dec 2015	Details on these action plans will be made available on the website of both practices	October 2015

web site and/or practice leaflet. Consider involving the PPG				
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