Huntingdon Road Surgery

**Infection Prevention & Control Meeting – 07 September 2021**

Present: Dr Hayton – IPC Lead, Aben Betancor Diaz- Lead Nurse,

Liz Gohery – Admin

The minutes of the last meeting were agreed.

**ACTION POINTS**

1. **Legionella/Water checks -**

All checks are conducted and recorded satisfactorily with no concerns raised. Inspection check-lists have been updated to take into account modernisation of the hot water system at Girton Surgery.

1. **IPC Training** –

Aben is providing face-2-face training with all new employees and this is currently up-to-date (exceptions: Dr Nadia who started work yesterday and two members of staff away on long term sick/maternity leave). The annual Practice-wide IPD update (usually delivered by the CCG IPC lead nurse) was scheduled in October 2020 but was postponed. Aben is contacting the CCG IPC lead nurse with a view of re-scheduling a forthcoming date.

 AB

1. **Audits**

The audits listed below have been temporarily on hold due to COVID.

**A. Prescribing of sharps bins** – on hold

We will add a sharps bin to the repeat list of all patients with sharp items on prescription, and send SMS explaining.

**B. Infections post ear irrigation** – on hold

**C. Infections after minor surgery –** postponed as the practice has only a few urgent cases at the moment.

1. **Buildings Inspection –**

All site inspection for Huntingdon Road Surgery and Girton Surgery have been completed (May and August 2021 respectively).

All findings were reviewed by the IPC lead and Operations Manager.

There were 3 findings which were identified as urgent and were addressed immediately.

The other findings were used to create a non-urgent jobs list. Names have been allocated to action points. The majority are routine maintenance/redecoration which is being scheduled.

The “jobs list” is stored centrally (Infection Control/Audits) for reference.

1. **Healthcare Acquired Infections -**

Nil

1. **CleanSlate Cleaners -**

The nurses noticed a build-up of sticky residue on patient chairs. This was reported to the CleanSlate who identified the problem as being caused by their cleaning agent. A change of product has resolved the problem.

A handful of cleaning standards issues were found on the recent buildings inspection. These were highlighted to CleanSlate and rectified.

There have been no other cleaning standards problems reported.

We are not generally seeing high-risk COVID patients, but we do still have room 11 available for the purpose of isolation. A system is in place whereby if used by a patient with COVID symptoms the room will be closed, and COVID decontamination undertaken by CleanSlate.

All clinical rooms are cleaned by users as appropriate between patients. The nurses have been given extra time in clinics to undertake more thorough cleaning where needed.

1. **IPC Report –**

The Annual Report 2021 is completed and available to view on the website.

1. **Staff Vaccinations –**

DMH has updated the staff vaccination policy to be published in the staff handbook. Practice Nurse Helen has met with each member of staff to discuss green-book recommendations, reconciling them with staff self-reported vaccination history. Several vaccinations have been provided to staff as a result.

We will refer staff with vaccination “gaps” to the new CCG Occupational Health Service as per the new policy. DMH to review staff vaccination records again.

DMH

1. **Corona Virus -**

**Lateral flow testing**

All staff are conducting and reporting Lateral Flow Tests results.

To date, during the pandemic approximately 4-5 staff members reported positive Lateral Flow Tests. We were able to support them to immediately follow Government guidelines on isolation. Some worked from home during this period.

**Contacts of COVID**

In August the government made major changes to COVID social distancing and isolation advice. We reviewed and adjusted our policy accordingly.

Since August, a few members of staff have had family members who tested COVID positive. We were able to support them with self-isolation, working from home where appropriate.

There were no associated cases of positive tests arising from any of these, which we believe shows our IPC measures to be effective.

**Social distancing**

Social distancing, facecoverings (for non-clinical contacts and for use in shared areas of the practice), full COVID PPE (for clinical contacts), “telephone first” and regular hand washing/santisation are all thoroughly embedded in our ways of working. There have been no COVID outbreaks.

**Vaccination clinics**

All volunteers taking part in a Vaccination Clinic conduct a Lateral Flow Test prior to the start of their shift. The vaccination clinic is currently closed, however if it were to reopen we would restart this same process.

**New SOP’s/Policies**

The following new policies have been implemented/updated since the start of the pandemic:

* + SOP Staff Member with Suspected COVID-19 –how we implement the new Government COVID rules (August 2021) and protect staff and patients from exposure to suspected COVID infection
	+ Staff Uniform Policy – reducing spread of COVID from work to home
	+ Patient Flow – reducing patient-patient contacts and time in the surgery
	+ SOP Hot Rooms – how to book and use the “hot” room; PPE and decontamination

**10 Room 24 –**

Tidying and renovation have been completed. The room is fully functioning as an additional Administration Office.

**11 AOB -**

**Ear Syringing** - we discussed restarting our ear syringing service. This was suspended when RCGP guidance was issued during the height of the COVID pandemic, which advised to avoid all unnecessary face-2-face patient contact. This guidance still stands as current, even despite the government’s more relaxed COVID rules in August 2021.

We recognise that some services have become more urgently needed with the longer they have been suspended.

Feedback from reception was that prior to the pandemic most of the practice ear syringing appointments were taken up by patient-request, for routine repeat syringing; and that the number of enquiries has significantly tailed off during the pandemic.

The IPC team is not aware of any up-to-date information about ear syringing and COVID risk, but it stands to reason that there may be significant risk with such an ENT intervention. This may be mitigated to some extent e.g. by pre-appointment screening / lateral flow testing.

Patients are currently able to access ear syringing at the Extended Access GP service by referral by the practice nurse or doctor.

It was felt that on balance the benefit of restarting ear irrigation at the surgery was still outweighed by the risks to staff and to service continuity, particularly whilst alternatives are readily available.

**Spirometry –**we discussed restarting this service.

This was suspended when RCGP guidance was issued during the height of the COVID pandemic, which advised to avoid all unnecessary face-2-face patient contact. This guidance still stands as current, even despite the government’s more relaxed COVID rules in August 2021.

We reviewed the CCG Toolkit for restarting spirometry in the practice, which is essentially a comprehensive Risk Assessment. Most of the proposed measures could be put in place locally but would be time-consuming to implement.

Spirometry is considered an “aerosol generating” procedure and therefore even with risk-mitigating measures, restarting spirometry at the practice will carry a risk to staff and service provision.

At present there has been a suspension in QOF requirements for annual spirometry for COPD patients, although spirometry does help inform management choices.

We recognise that at present we have a small number of patients (<5) with a more pressing need for *diagnostic* spirometry.

There is also a nurse training need which is unmet. The recommendation is that all nurses/HCAs carrying out spirometry have formal training in spirometry and its interpretation. Aben has identified a suitable trainer (a practice nurse at Milton with an interest in COPD), but each trainee needs to be carrying out supervised spirometry in order to train.

At present we will not restart spirometry, either routinely or diagnostically. However we will look at options, particularly towards accessing diagnostic spirometry for the patients who need it.

We will run a diagnostic spirometry waiting-list on S1 in order to keep an eye on numbers.

A few options were considered which we will explore:

 Speak to Milton surgery to see if we can agree a way our (<5) patients could attend Milton surgery (e.g. the surge hubs?) for diagnostic spirometry

 Contact Tanya to see if she is still spirometry-trained and interested in working a session here for diagnostic spirometry. If this is the case, we will consider the risk assessment and its local implementation.

 AB

**Feno Tests** – this test is currently being marketed as non-aerosol generating and could be considered for patient asthma reviews. Nurse Karen is currently doing online training, after which the manufacturers have agreed to visit the practice for a demonstration.

 AB

**Next meeting – 23 November 2021**

**Review Dates for Diary**

Date of Review Needle Stick Policy – due April 2023

Next Annual Report – due June 2022

Date of review of IPC Policy – due April 2023

Date of Review of Waste Management Policy – due April 2023

cc:

Neil Paterson – Business Manager

S-J Jarrold – Operations Manager