

## **Infection Prevention and Control Policy Statement June 2024**

This annual statement will be generated each year in June in accordance with the requirements of The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance*. It summarises:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our Significant Event procedure)
- Details of any infection control audits undertaken and actions undertaken
- Details of staff training
- Any review and update of policies, procedures and guidelines

### **Infection Prevention and Control (IPC) Lead**

Nettleham Medical Practice has two leads for Infection Prevention and Control: Beth Jenkinson, Personnel and Compliance Manager and Liz Smith, Nurse Manager.

Both leads have up to date IPC training and keep updated on infection prevention practice.

Sara Orme will be taking on the role as Infection Prevention and Control Lead instead of Beth Jenkinson from August 2024. She will be undertaking IPC lead training.

### **Infection transmission incidents (Significant Events)**

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. All significant events are reviewed in regular SEA meetings and learning is cascaded to all staff.

In the past year there have been no significant events raised that related to infection control.

### **Infection Prevention Audit and Actions**

The Annual Infection Prevention and Control audit was completed by Beth Jenkinson and Liz Smith between January and June 2024 due to room and staff availability.

As a result of the audit, the following things have been changed in Nettleham Medical Practice:

- We have entered into a contact with the ULHT Occupational Health team to provide Hep B immunity testing and vaccinations and Varicella immunity testing and vaccinations for all existing and new staff.
- As per NHS England Public Health Commissioning Group, in the period of 22<sup>nd</sup> February – 31<sup>st</sup> May 2024, we vaccinated any staff still requiring the MMR vaccine.
- We have reviewed our induction policy for new members of staff to self-refer to their GP if they have MMR and DTP vaccinations outstanding.
- The privacy screen curtain in two treatments rooms will be replaced with disposable curtains.
- Clinical waste is now disposed of in yellow tiger stripe bags in all consulting rooms except for treatment rooms which continue to use orange bags as they are more likely to have infectious waste.
- Repaired defective taps in consulting room.
- Exam couch in treatment room was reupholstered due to a tear in the fabric.
- Amended the cleaning schedule to ensure that keyboards and computer mice in consulting rooms are sanitised daily.

Nettleham Medical Practice plan to continue undertaking the following audits in 2024 – 2025.

- Infection Prevention and Control audit
- Hand hygiene audit
- Sharps audit
- Waste audit
- Cold chain audit

- Decontamination of equipment audit
- Receipt, storage, transportation and usage of vaccine management

### **Risk Assessments**

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out / reviewed:

Legionella (Water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors of staff.

Cleaning specifications, frequencies and cleanliness: We also have a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by the cleaning team and logged. This includes all aspects in the surgery including cleanliness of equipment.

### **Training**

- All our staff receive annual training in infection prevention and control
- All clinical and non-clinical staff have completed Practice Index Hub mandatory training. Clinical staff complete Level 2 and non-clinical staff complete Level 1.
- IPC Leads attend link practitioner meetings quarterly as arranged by the ICB.

### **Policies**

All Infection Prevention and Control related policies are in date for this year. Policies relating to Infection Prevention and Control are available to all staff are reviewed and updated annually and all are amended on an ongoing basis as current advice, guidance and legislation changes. Infection Control policies are circulated amongst staff for reading and discussed at meetings.

### **Responsibility**

It is the responsibility of each individual to be familiar with this statement and their roles and responsibilities under this.

### **Review date**

June 2025

### **Responsibility for review**

The IPC Lead is responsible for reviewing and producing the annual statement.

Sara Orme  
Personnel and Compliance Manager

Liz Smith  
Nurse Manager

For and on behalf of Nettleham Medical Practice