

Infection Control Annual Statement Summary – June 2024

The practice has 2 IPC lead trained team members, 1 team member as lead, 1 as support. The Infection Control Lead (IC) will enable the integration of Infection Control principles into standards of care within the practice, by acting as a link between the surgery and Infection Control Team. Clinical team infection control training is updated annually, non-clinical team infection control training is updated at least every 2 years.

INCIDENTS or SIGNIFICANT EVENTS

There have been no incidents or significant events reported regarding infection control issues in the period covered by this statement.

AUDITS

The following audits were carried out in the practice:

Internal audits: July 2023, January 2024 and June 2024 **Spot checks:** March and May 2023

External ICB audit: 1st Feb 2023

All clinical staff have received mandatory hand hygiene training yearly and policies are reviewed and updated annually.

All staff have received mandatory infection control training every 2 years minimum

There is a process in place to follow up all non-attendees at mandatory training

All clinical staff and staff at risk are offered Hepatitis B vaccination.

A risk assessment is in place and records of vaccination are up to date

Staff induction programme in place includes infection control

Fridge temperature are monitored regularly in line with guidance and any instances of breaks in the cold chain are dealt with in line with local policy.

Clinical staff are regularly reminded of their responsibilities around infection prevention and control and safe disposal of sharps and policies are in place for management of needle sticks injuries.

Surgical site audits are completed following minor surgery (where minor ops take place) annually

Maintenance schedule for Water dispensers included in site maintenance role. (Mains fed)

Legionella water run off, temperature testing and quarterly testing are undertaken as part of scheduled maintenance.

All privacy curtains are replaced every 6 months or sooner when soiled or damaged.

Health and Safety risk assessments and COSHH assessments are undertaken annually.

POLICIES, PROTOCOLS AND GUIDELINES

All infection control policies and associated policies and documents for the practice have been updated in the last 12 months and added to the practice intranet