John Ryle Medical Practice

Infection Control Annual Statement

It is a requirement of the Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance* that the Infection Prevention and Control Lead produces and annual statement with regard to Compliance with good practice on infection prevention and control.

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 any risk assessments undertaken for prevention and control of infection.
* Details of any staff training.
* Any review and update of policies, procedures and guidelines.

**Infection Control Lead**

Nurse Helen Jones

**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 the quarterly partner meetings and learning is cascaded to all relevant staff.

There has been no significant events raised that related to infection control in the last Year.

**Infection Prevention Audits and Actions**

The practice carries out an Infection Prevention and Control audit every 12 months the last audit was completed in September 2023. This involves a comprehensive review of all aspects of infection prevention control within the surgery.

External Infection Prevention and Control audits take place 2 Yearly the last inspection was completed in July 2022 by Nottingham’s Infection prevention control team.

**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 by CHP Building Services as the building is owned by them

* Legionella (Water) Risk Assessments: The water safety risk assessment is to ensure that the water supply does not pose a risk to patients, visitors or staff.
* Cleaning specifications, frequencies and cleanliness: NHS Property services works with their cleaners to ensure that the surgery is kept as clean as possible. Monthly assessments of cleaning processes are completed.
* Immunisations: As a practice we ensure that all our clinical staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu). We take part in the National Immunisation campaigns for patients and offer vaccinations via in house pharmacy and via home visits to our patient population.
* Curtains: Disposable curtains are used in clinical rooms and are changed every 6 months.  Each set have dates checked and dates to be changed on them ..
* Hand washing sinks: The practice has clinical hand washing sinks in every room for staff to use. We have wall mounted liquid soap dispensers and elbow taps on all sinks. The surgery have also mounted 4x hand sanitizer dispensing units from waiting room and along Clinic Room corridor.

**Training**

All our staff undertake annual Infection Control Training online.

**Policies**

All Infection Prevention Control related policies are in date.

Policies relating to Infection Control are available to all staff and are reviewed and updated -annually or as appropriate, and all are amended on an on-going basis as current advice, guidance and legislation changes.  Infection Control policies are available the surgeries shard drive for all staff to read.

**Responsibility**

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

**Review Date**

May 2024

**Responsibility for Review**

The Infection Prevention and Control Lead is responsible for reviewing and producing the Annual Statement.