

Annual statement on compliance with IPC practice (including cleanliness) for General Practice Template

Purpose of the 'Annual statement'

The *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* requires the Infection Prevention and Control (IPC) Lead to produce an annual statement. This statement should be made available for anyone who wishes to see it, including patients and regulatory authorities and should also be published on the General Practice website.

Below is a suggested template for the Annual statement. General Practices can (and should) adapt the template and add further details, but the six key headings below must be included. The Annual statement and related forward programme/quality improvement plan, should be reviewed and signed off by the relevant General Practice governance group.

Introduction

This Annual statement has been drawn up on 02/12/2024 in accordance with the requirement of the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* for GP Surgery.

It summarises:

1. Infection transmission incidents and actions taken
2. IPC audits undertaken and subsequent actions implemented
3. Risk assessments undertaken and any actions taken for prevention and control of infection
4. Staff training
5. Review and update of IPC policies, procedures and guidelines
6. Antimicrobial prescribing and stewardship

This statement has been drawn up by:

Name:

Infection Prevent and Control (IPC) Lead

1. Infection transmission incidents

Provide details of infection transmission incidents (which may involve examples of good practice as well as challenging events), how they were investigated, any lessons learnt and changes made as a result to facilitate future improvements.

We have not had any transmission incidents.

1 x suspected measles case, opportunistic finding. Mum came for blood test and child looked unwell - checked over and measles looking rash. Reported via PHE and mum advised to quarantine until negative result. Left surgery through bottom doors to avoid re-entering public waiting room and advised to fetch sister from school as mum mentioned she had also been unwell with the same rash and temperature. Results were negative, however, appropriate channels were followed for the circumstances. Child was not booked as an appointment, it was an incidental assessment. Room thoroughly cleaned following suspected case and results did come back as negative.

MRSA positive swab came back for a patient wound - IPAC protocol followed decontamination and reswab plus added to MRSA positive results list on main drive.

BIOHAZARD spill kits in each room for any patient incidents involving bodily fluids.

Colour coded clinical waste disposal in each room

Cleaners use colour coded buckets and cloths for each clinical area.

2. IPC Audits and actions

Provide an overview of IPC audit programme as well as examples of good practice and actions taken to address suboptimal compliance.

Audits have been completed 6 monthly and any identified areas have been completed and updated on the audit form.

Handwashing audits completed for all staff members, not just the clinical team.

No minor surgery performed at the surgery anymore.

Fridge temperatures checked daily and data downloaded weekly

Water temperatures monitored monthly and legionella risk assessment. Water samples are collected and sent for analysis and water flushing carried out weekly by cleaning staff and recorded appropriately.

3. Risk Assessments

Provide details of IPC related risk assessments carried out and actions taken to prevent and control infection.

Staff exposure risk assessment for Hepatitis B vaccinations and MMR in place.

All relevant infection control policies and risk assessments are in place and up to date.

Legionella risk assessment in place.

Pregnancy risk assessments for vulnerable staff to be put in place.

4. Staff training

Provide details of IPC induction training, annual updates and any other IPC related training.

Job descriptions contain the employee requirements surrounding IPAC practices

Staff induction includes IPAC training

Set protocols for specimen handling for reception team.

Action required -New starter identified to still need to compete this at the time of the report, this has since been completed.

5. IPC Policies, procedures and guidance

Provide details of all policy reviews and updates, together with details of how changes have been implemented.

All policies up to date and to be reviewed in May 2026

Health and Social Care Act

Practice Statement

Minor ops and Steroid Injection

Notification of Infectious Disease policy

UTI guidelines - to dip or not to dip

Community Infection Prevention and Control Policies/SICPS and TBPs -

All up to date and to be reviewed annually in line with other policies and protocols.

Changes:

Added in CPE Policy NEW

Updated Vaccine storage and handling and updated protocol.

6. Antimicrobial prescribing and stewardship

Provide details of all activities undertaken to promote and improve antimicrobial prescribing and stewardship.

All clinical staff attended Antimicrobial Stewardship update as part of PLT with PCDC

Policies in place for Antimicrobial stewardship and Antimicrobial prescribing guidance is in the IPAC folder.

Possible infective cases are swabbed and set to labs.

Do not dip - urine over 65's

COPD protocol for possible chest infections and issue of rescue packs.

Issue	Actions	Date for completion	Person responsible	Progress
Temporary closure mechanisms not in place after use	Advised all clinical staff that these need to be closed between uses and regular spot checks by IPAC lead	Completed	Sarahjane	Completed/ Ongoing
Cleaning cupboard cluttered	Limited space for storage – plans in place to extend and utilise space upstairs.	Ongoing	Management/cleaners	Ongoing
Liquid soap dispensers should be wall mounted	Wall mounted soap dispensers to be added to rooms/toilets	Nov 2025	Management	Ongoing
Clinical chairs to be wipeable for effective cleaning	Chairs in clinical rooms to be replaced with wipeable ones	Nov 2025	Management	Ongoing
Sinks to be replaced in line with current guidance	Hand hygiene sinks not up to date with guidance	Nov 2025	Management	Ongoing
Clinical rooms to have individual equipment cleaning regime in place alongside cleaning after use.	To put in cleaning regime signing sheet for each clinical room to be completed by all staff every day.	Dec 2024	Sarahjane	In progress
Varnish worn to cupboards and cant be cleaned effectively	Plan to replace as part of refurbishments	Nov 2025	Management	Ongoing
Arm to phlebotomy chair torn	Replace or repair	Nov 2025	Management	Ongoing

Forward plan/Quality improvement plan review date:

November 2025

IPC statement and Forward plan/Quality improvement plan for presentation to

On

Harrogate and District NHS Foundation Trust, Community Infection Prevention and Control
www.infectionpreventioncontrol.co.uk March 2024