

Infection Control Annual Statement Report

Cedars Medical Centre

Date: 28/04/2023

Purpose

This annual statement will be generated each year in April 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. The report will be published on the practice website and will include the following summary:

- 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 the prevention and control of infection
- Details of staff training
- Any review and update of policies, procedures and guidelines

Infection Prevention and Control (IPC) lead

The lead for infection prevention and control at Cedars Medical Centre is Jenny White

The IPC lead is supported by Jennifer Coxon.

a. Infection transmission incidents (significant events)

Significant events involve examples of good practice as well as challenging events.

Positive events are discussed at meetings to allow all staff to be appraised of areas of best practice.

Negative events are managed by the staff member who either identified or was advised of any potential shortcoming. This person will complete a Significant Event Analysis (SEA) form that commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.

All significant events are reviewed and discussed at several meetings each month. Any learning points are cascaded to all relevant staff where an action plan, including audits or policy review, may follow.

In the past year there have been 0 significant events raised that related to infection control. There have also been 0 complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

Internal Audits conducted within the year include:

- Hand hygiene audit (annually)
- Full infection control prevention audit (annually)
- Cleaning audits (monthly)
- Sharps audit (annually)
- Medical equipment cleaning compliance (weekly)

All staff are involved in IPC, actions are communicated through practice meetings and via email.

c. Risk assessments

Risk assessments are carried out so that any risk is minimised to be as low as reasonably practicable. Additionally, a risk assessment that can identify best practice can be established and then followed.

In the last year, the following risk assessments were carried out/reviewed:

- General IPC risks
- Staffing, new joiners and ongoing training
- COSHH
- Cleaning standards
- Privacy curtain cleaning or changes
- Staff vaccinations
- Infrastructure changes
- Sharps
- Water safety

d. Training

In addition to staff being involved in risk assessments and significant events, at Cedars Medical Centre all staff and contractors receive IPC induction training on commencing their post. Thereafter, all clinical staff receive refresher training annually. All administration staff receive three yearly training.

Various elements of IPC training in the previous year have been delivered via Teamnet Training.

e. Policies and procedures

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis as per current advice, guidance and legislation changes.

f. Responsibility

It is the responsibility of all staff members at Cedars Medical Centre to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC lead, Jenny White and Jennifer Coxon are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before April 2024.

Signed by

A handwritten signature in black ink, starting with a circled 'R' followed by a series of loops and a long horizontal stroke.

For and on behalf of Cedars Medical Centre