



Infection Control Annual Statement

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*. 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 staff training.
- Any review and update of policies, procedures, and guidelines.

Infection Prevention and Control (IPC) Lead

The Surgery has 1 Lead for Infection Prevention and Control:

- Vicky Cooney, Lead Advanced Clinical Practitioner.

The IPC Lead is supported by:

- Claire Harvey, Lead Practice Nurse
- Louise Taylor, Practice Nurse

They all keep updated on infection prevention practice.

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 Clinical meetings and learning is cascaded to all relevant staff.

In the past year there have been 0 significant events raised that related to infection control.



Infection Prevention Audit and Actions

An Infection Prevention and Control audit was completed by Lesley Barclay, ICB lead for Infection Prevention and Control on 20th March 2023.

An annual audit was completed on 1st April 2024 by Vicky Cooney.

An audit on hand washing was undertaken in March 2024. This was discussed at the practice clinical meeting.

The Practice plan to undertake the following audits in 2024:

- Annual Infection Prevention and Control audit
- Domestic Cleaning audit
- Hand hygiene audit

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, or staff.
- **Immunisation:** As a practice we ensure that all our 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 in house and via home visits to our patient population.
- **Curains:** The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. The window blinds are very low risk and therefore do not require a particular cleaning regime other than regular vacuuming to prevent build-up of dust. The modesty curtains although handled by clinicians are never handled by patients and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled.
- **Toys:** NHS Cleaning Specifications recommend that all toys are cleaned regularly, and we therefore provide only wipeable toys in the waiting room.
- **Cleaning specifications, frequencies, and cleanliness:** We 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. This is reviewed and feedback given to Top Mops our cleaning contractor.
- **Hand washing sinks:** The practice has clinical hand washing sinks in every room for staff to use. We have liquid soap with wall mounted soap dispensers to ensure cleanliness.



Training

All our staff receive yearly training in infection prevention and control.

All staff will undertake yearly face to face training for hand washing technique.

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 and are reviewed and updated annually, and all are amended on an on-going basis as current advice, guidance, and legislation changes. Infection Control policies are circulated amongst staff for reading and discussed at meetings on an annual basis.

Responsibility

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

Review date

01/04/25

Responsibility for Review

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

Vicky Cooney

Lead Advanced Clinical Practitioner

For and on behalf of the Practice