# The Arch Medical Practice

# 29th Dec 2023

**Purpose**

This annual statement will be generated each year in December 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 The Arch Medical Practice is Kelsie Hall, Practice Nurse.

The IPC lead is supported by Hayley Daniel, Advanced Nurse Practitioner and Dr T Leigh, GP Partner.

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**

The practice is planning an external infection control audit for 2024.

During 2023 a total of 29 Hand Hygiene Audits were performed in practice assessing staff members knowledge of the 5 key moments [https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e\_16](https://cdn.who.int/media/docs/default-source/integrated-health-services-%28ihs%29/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_16) and assessing technique when washing hands ensuring all areas of the hands are cleaned. Staff were found to have good knowledge and implementation of hand hygiene and where any staff did not achieve the full score they were re-assessed.

In 2024 as a practice, we plan to perform monthly audits of cleanliness in practice, continue to audit hand hygiene on a monthly basis, start to audit correct use of PPE (personal protective equipment), start to audit aseptic procedures and begin perform annual efficacy audits.

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 – audit underway

• Staffing, new joiners and ongoing training – booklet training provided by Infection Control and Prevention for all staff, all staff to complete IPC Bluestream training, specialist IPC training provided by MFT for IPC leads

• COSHH – Howarth’s Audit 2023

• Cleaning standards – Cleanliness audits to begin on a monthly basis from February 2023

• Privacy curtain guidance updated.

• Staff vaccinations underway, all staff are fully vaccinated or on a programme.

• Infrastructure changes – New Practice Nurse Kelsie Hall has taken over mail IPC duties from January 2023.

• Sharps – guidance updated.

• Water safety – Legionella weekly checkes performed, and annual ecternal audit completed each year.

• Toys – risk assessment completed and as a result toys removed from practice due to IPC risk

• Assistance dogs – new policy and risk assessment undertaken.

d. **Training**

In addition to staff being involved in risk assessments and significant events, at The Arch Medical Practice all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually.

e. **Policies and procedures**

The infection prevention and control related policies and procedures that have been written, updated, or reviewed in the last year include, but are not limited, to:

 Infection Control Policy

Aseptic Procedure Policy

Clear Desk Policy

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 The Arch Medical Practice to be familiar with this statement and their roles and responsibilities under it.

g. **Review**

The IPC lead and Lesley Hyde are responsible for reviewing and producing the annual statement.

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

Signed by

Kelsie Hall

For and on behalf of The Arch Medical Practice