

Peacock Surgery (Stansted Branch)

Infection Control Summary Statement – January 2025

Year ending 2024

Purpose

This annual statement will be generated in January each year 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 taken.
- 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 Stansted Practice has one Lead for IPC, Charlotte O'Neill and Jane Buckingham, Link Nurse.

The IPC Lead is supported by Teresa Buglass, Practice Manager.

Charlotte O'Neill and Jane Buckingham attended Infection Prevention Solutions update training course online in July 2024. We also attend the monthly teams meeting with the IPC team at the ICB. This provides valuable support to us both ensuring guidelines are adhered to in line with the Health and Social care Act 2008.

Stansted Surgery merged with Elsenham Surgery on July 1st, 2024, and rebranded as Peacock Surgery. There is Stansted and Elsenham branch. There are Infection Control Leads at both sites. Stansted branch have adopted Harrogate and District IPC policies to evidence and demonstrate compliance with the Health and Social Care Act 2008: code of practice. The pack fulfils CQC requirements and fulfils ongoing assessments of quality and risk relating to IPC.

Infection transmission incidents/Infection Control (Significant Events)

Significant 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 practice meetings and learning is cascaded to all relevant staff.

In the past year there has been two significant events related to IPC.

1. **Sharps bins** not being emptied in 2 clinical rooms when becoming full. This was addressed with the 2 clinicians who use the room on a regular basis. Informed sharps bins must be emptied when waste reaches the fill line. This prevents unnecessary sharps injury or accidents from sharps protruding from the bins. Sharps bins must have the lid opening put into the temporary closed position when not in use to prevent risk of spillage. A risk assessment was completed. It is the responsibility of all staff to ensure full compliance as the code of Practice and Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste.

Cold Chain failure

The childhood vaccines from Imm Form were delivered to Peacock Pharmacy instead of Peacock Surgery. This delivery was accepted by a member of the pharmacy team and the box was placed in the fridge. However, the RSV vaccines which were clearly marked for refrigeration were left on the floor at room temperature for a total of 18 hours. Once the error was realised Imm Form were notified and an incident form completed. Practice Manager and Manufacturer informed of the error. The vaccines were separated and immediately refrigerated with a note of batch numbers made for reference. Movianto the courier was informed of the delivery error.

Pfizer emailed confirmation the vaccines were safe to use.

The Pharmacist had a training session with all staff so this error will not happen again.

The incident was discussed at the Nurses Meeting and used as a training exercise for new members of the team. A significant event was raised with the practice manager.

Infection Prevention Audit and Actions

The IPC audit Report was completed on 19th September 2024. This is stored in Shared under 2024 Audit. The summary covers:

- Governance & Assurance
- Clinical Environment
- Clinical practice
- Clinical equipment
- Hand Hygiene
- Sharps management
- Waste Management
- Decontamination of Environment
- Vaccine management including transport and storage
- Minor surgery

Anenta Waste Management Audit was completed in October 2024. We are compliant and the audit can be found in Shared and in the audit folder. All staff are required to complete annual online e-learning on Waste Management.

A Cold Chain Audit was completed in April 2024. This was performed by Charlotte O'Neill. The Expiry dates and batch numbers are recorded accurately. The stock is refrigerated as soon as its delivered and rotated on a weekly basis. The Data loggers are with a contract Remote M. There are designated Nurses who are notified if the fridge temperature are too high/low. The hub is kept in Room B. The fridge temperatures are also recorded on the manual written log as requested by the IPC team when the surgery building audit was undertaken. All childhood vaccines are ordered through ImmForm.

A Hand Hygiene Audit was carried out on the 06/08/24. All staff should be assessed for hand hygiene technique on at least an annual basis. Staff are observed as per Your 5 Moments for Hand Hygiene. A risk assessment was completed for clinical staff not being bare below the elbow when seeing patients. Jewellery is not permitted other than a wedding ring when working for the clinical team.

The practice plan to undertake the following audits in 2024.

- Hand Hygiene.
- Cold Chain Audit.
- Domestic Cleaning Audit.
- Our commitment to cleanliness cleaning summary Audit.
- Annual Infection Prevention and Control 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 risk assessment: This is conducted by Assured Air and Water Ltd. The water safety risk assessment is carried out to ensure the water supply does not pose a risk to patients, visitors or staff. The report is sent to the Practice Manager.

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 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.

Curtains: The NHS Cleaning Specifications state the privacy curtains should be changed every 6 months. We ensure we are compliant with this recommendation and the curtains are labelled with a date when they are changed. If they are visibly soiled, they will be changed. The window blinds are hoovered monthly by the cleaning company to prevent build-up of dust.

We have no toys in the practice.

Cleaning, Specifications, Frequency and Cleanliness: There is a cleaning summary poster in the waiting room to inform our patients of what they can expect in the way of cleanliness. In each area of the building there is a designated summary of cleaning task, frequency and responsibility which is adhered to by staff. An assessment of cleanliness is audited quarterly or more frequently if required by the IPC team at the surgery. Hallmark, cleaning company also keep a cleaning log.

Hand washing sinks: All sinks in the building meet the required standards. All hand washing areas have SJC liquid wash which are wall mounted with 5Moments of Hand Hygiene instructions and

paper towels. There are labelled bins for household waste and clinical waste which are foot operated. All designated areas in the building have laminated instructions on how to use hand wash and alcohol hand rub. There are hand moisturiser/conditioner units for staff to use around the building.

COSHH File: This is updated every 3 months or sooner or if a product safety notice changes. The file is kept on the shelf in the dirty utility room.

Training: All our staff receive annual training in infection and prevention and control via e-learning and modules on Bluestream. All staff complete Preventing Infection Workbook 5th edition (updated). This workbook is intended to be the foundation for best practice for IPC. By applying the principles within the workbook, you will demonstrate commitment to high quality care and patient safety. A certificate of completion is signed, and a record kept on Shared in IPC of completed workbooks for staff. E-learning is ongoing, and it is the individual staff members responsibility to fulfil the module on an annual basis.

Dr Leeman has undertaken specialist training in joint injections, insertion of IUD and implants. It is his responsibility to maintain his training and knowledge skills relating to both the clinical skill and the appropriate infection control procedures.

Policies: All Infection Prevention and Control policies are in date for this year.

Policies relating to IPC are available to all staff and reviewed and updated annually. They are amended on an ongoing basis as per current advice, guidance and legislation changes. Staff are encouraged to read policies regularly and be responsible for discussing them on an annual basis.

Responsibility: It is the responsibility of everyone to be familiar with this statement and their roles and responsibilities under this. I wish to thank the team at the Stansted Branch for their ongoing support and commitment to high quality care and patient safety during 2024.

Review date: January 2026

Responsibility for Review

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

