

## Annual Statement on compliance with IPC practice for Whitemoor Medical Centre

This Annual statement has been drawn up on 25/09/25 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 Whitemoor Medical Centre.

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 and best practices for IPC.
6. Antimicrobial prescribing and stewardship

This statement has been drawn up by:

Katrina Mousley  
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.*

No significant infection transmission incidents were reported.

Reporting mechanisms and internal processes for capturing incidents will be reviewed and reinforced to ensure ongoing compliance.

### **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.*

Handwashing Audit:

- Introduce formal monthly hand hygiene audits to monitor compliance and identify areas for improvement.
- Continue regular audits and incorporate informal spot checks to ensure consistent adherence to hygiene protocols.
- Share results and feedback during team meetings or through email updates.
- Include refresher training sessions or brief reminders as part of ongoing staff education.
- Install clear and engaging hand hygiene posters in key clinical and staff areas to reinforce best practices.
- Ensure signage reflects current policies and is updated regularly.
- Remind all clinical staff to:
  - Remove wristwatches, bracelets, and rings (except a plain wedding band).
  - Keep sleeves rolled up during patient care or clinical procedures.
  - Use visual cues/posters in break rooms, changing areas, and clinical zones to support compliance.
- Ensure every clinical handwashing station is equipped with a working pedal-operated bin for touch-free disposal of paper towels.

- Inspect regularly and report missing or malfunctioning bins immediately to maintenance or relevant teams.

Privacy Curtain Audit:

- Curtain replacement policy is in place every 6 months.
- Curtain labels show date of last change.
- Records/logs are up to date.
- No visible stains, tears, or damage on curtains.
- Staff know how and when to replace curtains.
- Audit results documented and shared with Practice Manager and Clinical Leads.
- Any non-compliance issues logged and action plan created if required.
- Next audit date scheduled.

### **3. Risk Assessments**

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

Risk assessments are undertaken to identify infection hazards, the likelihood of transmission, and those at risk. Common areas include:

Environmental Risk Assessments

- Cleaning and hygiene audits: Review of cleaning schedules, environmental cleanliness, and monitoring via visual inspections.
- Waste management assessments: Safe segregation, storage, and disposal of clinical and domestic waste.
- Water safety and Legionella risk assessments: Checks on hot and cold water systems, flushing regimes, and testing for Legionella bacteria.

Patient/Risk Assessments

- Individual infection risk assessments: Identifying vulnerable individuals (e.g., immunocompromised, invasive devices, wounds).
- Isolation requirements.

Staff-Related Risk Assessments

- Occupational health screening: Immunisation status.
- Sharps and needlestick risk assessments: Use of safety-engineered devices, sharps bins placement, and reporting mechanisms.
- Training compliance: Monitoring completion of IPC training and hand hygiene assessments.

Procedural and Equipment Risk Assessments

- Decontamination processes: For reusable medical devices and equipment.
- PPE use: Assessment of correct use, availability, and fit-testing for respirators.
- Aerosol-generating procedures (AGPs): Risk of airborne pathogens, ensuring controls are in place.

Actions Taken to Prevent and Control Infection

- Enforcing hand hygiene protocols with regular audits and staff feedback.
- Correct and consistent use of PPE (gloves, masks, gowns, eye protection).
- Enhanced cleaning protocols with sporicidal disinfectants where appropriate.
- Safe waste segregation and disposal (e.g., orange bags for infectious waste).
- Legionella control through routine water system checks.
- Mandatory IPC induction and update training.
- Promotion of staff vaccination programmes (flu, MMR, DTP, hepatitis B).
- Information provided to patients and families on hand hygiene and cough etiquette.

- Regular IPC audits (hand hygiene, environment, PPE compliance).
- Incident reporting and root cause analysis for outbreaks or HCAs (Healthcare Associated Infections).
- Review of data on infection rates, reported to IPC committees with action plans IPC risk assessments cover environment, staff, patients, and procedures. Preventive actions include enforcing hygiene standards, vaccination, surveillance, audits, safe decontamination, waste management, and rapid outbreak response.

#### **4. Staff training**

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

At Whitemoor Medical Centre, we are committed to maintaining the highest standards of infection prevention and control to protect our patients, staff, and visitors.

We:

- Follow all relevant national and local IPC guidance and legislation.
  - Maintain a clean, safe environment through robust cleaning, decontamination, and waste management procedures.
  - Promote excellent hand hygiene and the appropriate use of personal protective equipment (PPE).
  - Monitor, audit, and review infection prevention practices regularly to ensure continuous improvement.
  - Respond promptly and effectively to any infection risks or outbreaks.
- IPC Training and Staff Development
- Induction Training: All new staff receive comprehensive IPC induction training at the start of their employment, covering core topics such as hand hygiene, PPE, safe waste disposal, and prevention of infection transmission.
  - Annual Updates: All clinical staff undertake yearly IPC update training to refresh their knowledge, review new guidelines, and address lessons learned from audits or incidents.
  - Specialist Training: Role-specific IPC training is provided where required (e.g., aseptic technique, cleaning and decontamination, sharps management, outbreak management).
  - Ongoing Learning: Additional or ad-hoc training is delivered in response to emerging infection risks, updated policies, or following audit findings.

Our aim is to ensure that all staff are confident and competent in applying infection prevention and control practices in their daily work, thereby reducing risks, and safeguarding the health of everyone in our care.

#### **5. IPC Policies, procedures, and guidance**

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

At Whitemoor Medical Centre, we ensure that all infection prevention and control practices are aligned with current national guidance and the IPC Handbook.

We:

- Have reviewed IPC policies and procedures covering all aspects of infection prevention.
- Ensure all staff have access to and are familiar with IPC guidance relevant to their role.

## Annual Statement on compliance with IPC practice for Whitemoor Medical Centre

- Regularly review and update policies and procedures in line with the latest guidance from authoritative sources such as:
  - National Infection Prevention and Control Manual (IPC Handbook)
  - Public Health guidance (e.g. Public Health England/UKHSA)
  - Professional bodies' recommendations (e.g., Royal Colleges, professional associations)
- Have implemented audit and monitoring processes to ensure adherence to policies and procedures.
- Provide training and support so staff understand and apply policies correctly in daily practice.

Cold Chain Management and Storage Compliance Improvements - To strengthen safe storage practices and ensure compliance with cold chain standards, the following measures have been implemented:

### Reinforcement of Cold Chain Documentation and Policy Updates:

- Cold chain documentation procedures have been reinforced to ensure accurate and consistent recording of temperature monitoring and cold chain integrity across all relevant storage areas.
- The Cold Chain Policy has been reviewed and updated to reflect current best practices, regulatory guidance, and operational requirements.

Introduction of Prompt-Action Guidance for Cold Chain Breaches: A prompt-action poster has been developed to guide staff on the immediate steps required in the event of a break in the cold chain. The poster will be displayed prominently on all vaccine fridges to serve as a clear and accessible reference for all staff.

### Implementation of Fridge Cleaning Log:

- A Fridge Cleaning Log has been introduced to ensure that all vaccine and medication fridges are cleaned regularly, with documentation of:
  - Date and time of cleaning
  - Responsible staff member
  - Any issues identified (e.g. spills, expired stock, frost build-up)
- This log supports infection control standards and ensures accountability.

### Introduction of Vaccine Rotation Log

- A Vaccine Rotation Log has been established to document and monitor the rotation of vaccine stock.
  - Vaccines with the earliest expiry dates are used first
  - Expired stock is identified and removed promptly
  - Stock levels are managed efficiently to reduce waste.

## **6. Antimicrobial prescribing and stewardship**

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

At Whitemoor Medical Centre we are committed to responsible antimicrobial prescribing and stewardship as part of our Infection Prevention and Control programme.

We:

## Annual Statement on compliance with IPC practice for Whitemoor Medial Centre

- Adhere to national and local antimicrobial prescribing guidelines to ensure appropriate, safe, and effective use of antibiotics and other antimicrobials.
- Monitor and review prescribing practices to reduce unnecessary or inappropriate use.
- Promote the principle of prescribing the right drug, at the right dose, for the right duration.
- Provide training and updates to staff on antimicrobial resistance (AMR) and stewardship responsibilities.
- Encourage and support diagnostic stewardship to guide evidence-based prescribing.
- Conduct audits of antimicrobial prescribing to identify areas for improvement and share results with staff.
- Educate patients and carers on the importance of using antibiotics responsibly, including not requesting antibiotics unnecessarily and completing prescribed courses.
- Work collaboratively with microbiology, pharmacy, and infection control teams to ensure effective stewardship.

Through these measures, we aim to reduce antimicrobial resistance, protect the effectiveness of current treatments, and safeguard patient health for the future.

### Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
No regular hand hygiene audit	Implement monthly handwashing and IPC audits	Ongoing	IPC Lead	Completed first audit 29/9/25. Next audit in 1 month.
Environmental cleaning issues	Changed cleaning provider to external company. Continue to monitor leaning contract	Ongoing	Practice Manager/IPC lead	Monthly audits in place since July
Review IPC policies	Update policies	Ongoing	Practice Manager/IPC lead	

Forward plan/Quality improvement plan review date: 1 year

IPC statement and Forward plan/Quality improvement plan for presentation to Practice Manager and GP Partners during September 26.