

Infection Control Annual Statement 21-22

Purpose

This annual statement will be generated 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 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 Longbridge Practice Lead for Infection Prevention and Control is Dr A Arif

The Deputy Lead is the Practice Manager, Mrs A Afser-Arif

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 the quarterly manager's team meeting and learning is cascaded to all relevant staff.

In the past year there have been no significant events raised that related to infection control.

Infection Prevention Audit and Actions

The latest Infection Prevention and Control audit was completed by the Practice Manager in April 2021.

As a result of the audit, the following are to be actioned:

- Update risk assessments as appropriate
- Update IPC policy to reflect new COVID standards

An audit on Contraceptive Implant procedures was undertaken by Dr A Arif during April 2021.

No infections were reported for patients who had had contraceptive implants inserted or removed at this location.

As a result of the audit, no changes in procedures were deemed necessary.

The practice plans to undertake the following audits in 2020:

- Bi-annual Infection Prevention and Control audits
- Contraceptive Implant procedures
- Legionella

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 an organisation we ensure that all of our staff are up to date with their Hepatitis B immunisations where appropriate 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.

Other examples

Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. To this effect the Practice uses 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.

Cleaning specifications, frequencies and cleanliness

The Practice has a cleaning schedule that is completed regularly. Toilet facilities are checked daily. An assessment of cleanliness is conducted by the cleaning team and logged.

Hand washing sinks: The Practice has clinical hand washing sinks in every room for staff to use. There is also liquid soap and hand sanitiser to ensure cleanliness.

Training

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

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

April 2022

Responsibility for Review

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

April 2021