

## **Infection Prevention and Control (IPC) 3<sup>rd</sup> May 2024 Annual Statement**

### **Infection Prevention and Control Annual Statement 2024 Purpose**

The annual statement is to 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) Leads:**

**GP Lead:** Dr Prasanna Chingale

**Nurse Lead:** Emily Sim

**IPC Lead:** Tori Lalka

**Premises Lead:** Natalie Warner

### **Significant Events relating to infection transmission incidents.**

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 partner meetings and learning is cascaded to all relevant staff.

We have had some significant event in the year 2024

- Fridge Breach due to electric maintenance work in the month of April 2024
- All the affected vaccines were removed, this was discussed as a learning event, all the staff was reminded to follow the policy to transfer the vaccines to a cold box container during the electricity maintenance to maintain the cold chain.

We have ongoing audits to check cold chains for vaccines, post procedure infections and audits like hand washing audits.

We have had a visit from ICB team in 2023 to check our IPC policies and procedures.

We had had another IPC inspection on the 7/12/23 to ensure all findings are acted upon.

## **Staff sickness and absence**

Staff have been advised to inform the practice manager & IPC Lead & HR Lead through appropriate Leads about their sickness & absences.

We do follow ICB'S Sickness Absence Policy in the Practice.

If in any circumstances the absence is due to any communicable infection, appropriate guidance on return to work is given & staff are encouraged to speak to their GPs.

## **Staff Training**

All staff are currently in date for their IPC Training.

IPC issues or updates are to be discussed regularly throughout the year and will be discussed in staff meetings.

Staff are encouraged to raise any IPC concerns with the practice manager or IPC lead.

## **Whole Practice IPC audit**

In 2023-2024 IPC audits and visits were conducted across both sites. These visits highlighted certain areas that required improvement in order for the practice to comply with best practice guidance relating to IPC.

### **Actions completed.**

As a result of the audit certain steps have been put into place:

- All clinicians were advised to remove any unnecessary items and any excess or unused equipment from their rooms.

## **Audits**

Routine audits are carried out on a regular basis and on-going basis:

- Annual IPC audit
- Cold chain audit monitoring the safe storage and handling of vaccinations.
- Hand Hygiene audit. Our last hand hygiene audit was conducted on all staff in *March 2024* with 100% demonstrating correct technique during the audit carried out by **Tori Lalka RN**. Staff are aware of the importance of hand hygiene in reducing healthcare associated infections and regular training is provided, all new staff starting at the surgery are automatically sent for completion of the hand washing audit.
- Clinical room curtains: NHS Cleaning Specifications state that curtains should be cleaned, or if using disposable curtains replaced every 6 months. To this effect we use disposable curtains and ensure that 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 not to be 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.
- Antimicrobial audits including antibiotic prescribing in otitis media, UTI and Sinusitis.

## **Risk Assessments**

As a practice we conduct risk assessments whenever necessary to ensure that best practice can be established and followed.

Recent risk assessments have included:

- 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: We ensure that all our staff are up to date with Hepatitis B immunisations and are offered occupational health vaccinations applicable to their role (including MMR, seasonal flu vaccines). We also take part in the National Immunisation Campaigns for patients and offer vaccinations in surgery and through home visits if necessary to our patient population.
- Pregnant staff are required to carry out a separate risk assessment to ensure that their workload and requirements remains safe for them.

## **IPC Advice to Patients**

As a practice we have worked hard to ensure that we have complied with all COVID 19 advice and guidance over the last year and we have strived to share COVID 19 advice with our patients.

We advise our patients to attend for their routine immunisations and all those eligible are sent routine reminders to make appointments; this includes for baby/child immunisations, pneumonia immunisations and shingles immunisations.

Parents/Guardians are sent regular invites/reminders for childhood immunisations. They are also encouraged to discuss vaccinations with our practice staff if they require further information about any immunisations.

In view of current outbreak of Whooping Cough infection, we are following the Guidelines provided by Public Health England. Once a suspected case has been reported to PHE, the local health protection team will advise on appropriate tests for confirmation and surveillance. This will depend on the person's age, duration of symptoms, and local laboratory facilities. PHE will normally send out the swabs directly to the patient/s (affected) with a box to send directly to the correct lab with all the information on as this will then need to be in a hazardous bag labelled correctly.

### **IPC Policy**

Policies are amended on an on-going basis to ensure that they adhere to current advice, guidance, and legislation. Policies are available for all staff to view and are discussed annually at meetings.

Cleaning specifications, frequency and general cleanliness are reviewed regularly, and we work with our cleaners to ensure that the surgery is kept as clean as possible.

Quarterly assessments of the cleaning process are conducted with our cleaning contractors to identify areas for improvement. We also have a cleaning specification and frequency policy which our cleaners and staff work to.

### **Responsibility**

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

**The Infection Prevention and Control Lead and the Practice Manager are responsible for reviewing and producing the Annual Statement. The next review date for this statement will be May 2025.**