

Completing the Annual Statement for Infection Prevention and Control (Primary Care)

It is a requirement of The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance* that the Infection Prevention and Control Lead produces an annual statement with regard to compliance with good practice on infection prevention and control and makes it available for anyone who wishes to see it, including patients and regulatory authorities.

As best practice, the Annual Statement should be published on the Practice website.

The Annual Statement should provide a short review of any:

* known infection transmission event and actions arising from this;
* audits undertaken and subsequent actions;
* risk assessments undertaken for prevention and control of infection;
* training received by staff; and
* review and update of policies, procedures, and guidance.

Below is a suggested template for the Annual Statement compiled from national guidance and examples of best practice found on the internet. Practices can (and should) adapt the template and add further detail/headings/examples but the five key headings (above) must be included. If the practice are unable to complete one or more of the five key headings, it is likely that the practice are not compliant with the health and Social Care Act.

**Infection Control Annual Statement**

Purpose

This annual statement will be generated each year in April 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 Stokewood and Old Anchor Surgeries has 1 Lead for Infection Prevention and Control:   
Louise Andrews, Nurse Practitioner

The IPC Lead is supported by: Jane Elliott, Facilities Manager.

Louise has attended an IPC Lead training course in 2021 and keeps updated on infection prevention practice.

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 staff meetings and learning is cascaded to all relevant staff.

In the past year there has been 1 recorded significant event related to infection control.

Infection Prevention Audit and Actions

The Annual Infection Prevention and Control audit was completed by Louise in December 2021

As a result of the audit, the following things have been changed at Stokewood and Old Anchor Surgery:

* Cleaning Audits
* Minor Surgery – Post Infection Audit

An audit on Minor Surgery was undertaken by Deborah Humphries, Practice Manager in July 2022.   
Report run: 01.04.2021 to 31.03.2022.

No infections were reported for patients who had minor surgery at the Surgery.

An audit on hand washing was undertaken in September 2021. This was discussed at the staff meeting.

Stokewood Surgery/Old Anchor Surgery plan to undertake the following audits in 2022/2023:

* Annual Infection Prevention and Control audit
* Minor Surgery outcomes audit
* Domestic Cleaning audit
* Hand hygiene 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 (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.

Immunisations: As a practice we ensure that all of our clinical staff are up to date with their Hepatitis B immunisations 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 and via home visits to our patient population.

Other examples:

Curtains: We use disposable curtains and ensure they are reviewed and changed regularly every 1 year, or earlier if the curtains are soiled. Disposable curtains in a ‘High Risk Clinical Area’ are changed every 6 months. 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.   
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.

Toys: We have no toys in the practice OR NHS Cleaning Specifications recommend that all toys are cleaned regularly, and we therefore provide only wipeable toys in waiting / consultation rooms.

Cleaning specifications, frequencies, and cleanliness: We have added a cleaning specification and frequency policy poster in the waiting room to inform our patients of what they can expect in the way of cleanliness. We also have a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by the cleaning team and logged. This includes all aspects in the surgery including cleanliness of equipment.

Hand washing sinks: The practice has clinical hand washing sinks in every room for staff to use. Some of our sinks do not meet the latest standards for sinks but we have removed plugs, covered overflows, and reminded staff to turn of taps that are not ‘hands free’ with paper towels to keep patients safe. We have also replaced our liquid soap with wall mounted soap dispensers to ensure cleanliness.

Training

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

Clinical staff (including GP’s) had a clinical training presentation in December 2021. Further training is available to our staff online if staff need an update on training.

Non-clinical staff had a training presentation in December 2021. Further training is available to our staff online if staff need an update on training.

Louise has undertaken IPC Lead training in 2021.

For new staff members; part of their induction includes an Infection Control and Hand Hygiene checklist to completed with the IPC Lead.

Policies

All Infection Prevention and Control related policies are in date for this year, due to renew in September 2023.

Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated   
bi-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, and an electronic copy is also available on the staff intranet.

Responsibility

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

Review date

This statement is due for review in April 2023.

Responsibility for Review

The NEW Infection Prevention and Control Lead: Jodie Collier, Practice Nurse, is responsible for reviewing and producing the Annual Statement.

Jodie Collier  
Practice Nurse

For and on behalf of Stokewood & Old Anchor Surgery