**Infection Prevention and Control (IPC) 2021 Annual Statement**

**Infection Prevention and Control Annual Statement 2021** **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 Alison Lumley**

**Nurse Lead: Carol Deague**

**Premises Lead: Nadina Prestedge**

**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.

In the last 12 months there have been no significant Infection Control incidents.

**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 CCG’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 required to complete mandatory IPC training each year.

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 July 2021 IPC audits and visits were conducted. This audit highlighted certain areas that required improvement in order for the practice to comply with best practice guidance relating to IPC:

* The need for refurbishment of the old building for compliance with IPC standards including the provision of a more appropriate sinks in clinical rooms and hard flooring throughout the building.
* Some consulting/treatment rooms were found to have unnecessary items kept on work surfaces which can prohibit full and effective cleaning.

The audit also highlighted that the recent learning from our successfully delivered Flu and Covid vaccination clinics during the COVID pandemic should be embedded.

**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.
* Staff are completing checks on all items in all rooms to ensure that they are in date and are in good, safe working order.
* As part of our long-term plan, we are planning to refurbish and change the domestic sinks which are currently in some of the clinical rooms to appropriate clinical environment sinks as per advice from the IPC review plus update the flooring.

**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 *February 2022* with 100% demonstrating correct technique during the audit carried out by **Carol Deague and Rebecca Jones**. 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 fabric curtains and ensure that they are washed every 6 months or more frequently is soiled.
* 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. We regularly provide our practice staff with home Lateral Flow Test kits as per NHSE guidance, for the tests to be done twice a week to minimise the risk of Covid 19 virus.

Recent risk assessments have included:

* Legionella (Water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment on 12.11.2021 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.
* Due to COVID 19 all staff were required to undertake a risk assessment to ensure that their specific health needs were met and that any vulnerable staff were removed from patient facing activities for their protection.
* Pregnant staff are required to carry out a separate risk assessment to ensure that their workload and requirements remains safe for them.

**Changes due to COVID 19**

Due to the pandemic several changes were made to the daily running of the practice in order to reduce the risk to our patients and our staff.

The staff break room areas have been mapped out so that clinical and non-clinical staff can be separate to reduce the risk of any cross contamination. Break times were also altered slightly to reduce the number of staff who will be on break and wanting to use the break rooms at the same time.

Seating areas in communal areas are now spaced/marked out to ensure a safe distance is kept.

Intercom systems have now been put in place so that doors at reception can be locked if needed to prevent patients walking in without a prebooked appointment during times of high transmission rate risks.

Our cleaning policy has been updated due to COVID 19 and we now have a more robust cleaning system in place (for example reusable items and furniture are now decontaminated after every patient contact rather than after each clinic or when visible dirty) plus a new team of cleaning staff.

**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.

**IPC Policy**

The IPC Policy has been recently updated to ensure that it is in line with evidence-based guidance and is to be reviewed regularly. 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. The floors were scrubbed and resealed in June 2021.

**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 March 2023.**