

County Practice, Syston

Infection Control Annual Statement

Created July 2021

Next review July 2022

Infection Control Annual Statement 2022

Purpose

This annual statement will be generated each year in July 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 / Notifiable diseases)
- 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 County Practice's leads for Infection Prevention and Control are Katrina Stokes and Heather Batty

The IPC Leads are supported by: The Lead GP in infection control: Dr Gareth Chidlow

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 monthly or weekly meetings 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 Annual Infection Prevention and Control internal audit was completed by Katrina Stokes, Heather Batty and Steve McGarr in June 2021.

As a result of the audit and continuous infection control observations internally the following things have been changed in the practice:

- Planned redecoration was delayed by Covid-19 we will try and do this as soon as the covid-19 rates reduce.
- New examination lights in some consulting rooms
- Lunchtime extra cleaning of high touch areas was introduced
- All areas were decluttered at the start of the COVID-19 outbreak.
- A specific room was set aside to see patients would could have COVID-19 symptoms(Hot room)
- All patient facing staff are now wearing scrubs and wear PPE when seeing patient's face to face
- All patients are spoken to on the telephone or via video calls to check for COVID-19 symptoms before they come into the practice

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 on an annual basis.

Immunisation: As a practice we ensure that all of our 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. All staff have had Covid-19 vaccinations

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 we use disposable curtains. Window blinds, where used, 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 a no toys policy. This is for best infection control practice and to prioritise clinical infection control.

Cleaning specifications, frequencies and cleanliness: The cleaning of the practice is contracted to an independent contractor. An assessment of cleanliness is conducted by the cleaning team and logged. This includes all aspects in the surgery including cleanliness of equipment. However, the line manager also conducts an internal audit as well as the lead infection control lead to review the clinical aspect.

Hand washing sinks: The practice has clinical hand washing sinks in every room for staff to use. All of our sinks meet the latest standards for sinks. We have wall mounted soap dispensers to ensure cleanliness as well as alcohol gels in every room. Wall mounted alcohol gels are also available in patient waiting areas.

Training

All our staff receive training in infection prevention and control.

Policies

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

July 2022

Responsibility for Review

The Infection Prevention and Control Lead and the Lead GP are responsible for reviewing and producing the Annual Statement.

For and on behalf of the Practice.