Little Bushey Surgery

Annual Statement 2023

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 and annual statement with regard to Compliance with good practice on infection prevention and control.

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 any staff training.
* Any review and update of policies, procedures and guidelines.

**Infection Control Lead**

**T**he practice’s clinical lead for infection control is Cathy Furbank, Advanced Nurse Practitioner.

The infection control lead has the following duties and responsibilities within the practice:

* An IPC lead with overall responsibility for IPC
* Effective IPC policies - accessible to all and regularly updated.
* IPC audit programme, with evidence of action planning and how these issues were addressed.
* Ensure an adequate stock of PPE
* Checking the Surgery for Cleanliness

**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 Practice Meetings and learning is cascaded to all relevant staff.

As a result of these events, Little Bushey Surgery has:

* Continued with annual infection control updates for both clinical and non-clinical staff.
* Ensure infection control guidance remains accessible to all staff.
* Training is logged on Clarity and in Personnel Files.

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

**Infection Prevention Audits and Actions**

The practice carries out an Infection Prevention and Control audit every 6 months; the last audit was completed in August 2022. This involves a comprehensive review of all aspects of infection prevention and control within the surgery.

As a result of this audit, the following changes are planned:

* Repair to the floor in the treatment room
* Replace spare toilet roll storage holders with wipeable ones

**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 Assessments: The practice reviews its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff.
* Cleaning specifications, frequencies and cleanliness: We work with our cleaners to ensure that the surgery is kept as clean as possible. Monthly assessments of cleaning processes are conducted with our cleaning contractors to identify areas for improvement
* Immunisation: As a practice we ensure that all 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 via in house pharmacy and via home visits to our patient population.
* Curtains: Disposable curtains are used in clinical rooms and are changed every 6 months.  All curtains are regularly reviewed and changed more frequently if damaged or soiled
* 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 mitigated this by: removing plugs; covering overflows and reminding staff to turn off taps that are not ‘hands free’ with paper towels to keep patients safe.
* Audits: infection control, Handwashing, Medical fridge, Sharps bin etc.

**Training**

All our staff receives annual training in infection prevention and control via online learning on Clarity

Hand Hygiene training and audit is carried out annually by our Lead Nurse for training and education.

**Policies**

All Infection Prevention Control related policies are in date.

Policies relating to Infection Control are available to all staff and are reviewed and updated bi-annually or as appropriate, and all are amended on an on-going basis as current advice, guidance and legislation changes.  Infection Control policies are available on Team Net for all staff to read.

**Responsibility**

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

**Review Date**

May 2024

**Responsibility for Review**

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