

The Wellington Practice Aldershot

Infection Prevention Control (IPC) Annual Statement 2023-2024

Purpose

This annual statement will be generated each year in **JANUARY** 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

Wellington Practice Lead for Infection Prevention and Control: **Mandy Morgan – Practice nurse**

The IPC Lead is supported by: **Dr Sangeeta Rathor**

Mandy 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 monthly 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.

During the current Covid-19 pandemic, we are working closely with local services to continue to provide safe care for all within guidelines in a fast changing situation.

Infection Prevention Audit and Actions

- The Infection Prevention and Control audit is completed every six months by the IPC nurse lead.
- Techniques and best practice are discussed at staff practice meetings.

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Wellington Practice plan to continue to undertake the following audits in 2023/2024

- Annual Infection Prevention and Control audit
- Minor Surgery outcomes audit
- Domestic Cleaning audit
- Hand hygiene audit
- MRSA statistics as required
- Medicines management regarding anti-biotics 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 building has a facilities management contract that conducts water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff.

Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 12 months. To this effect we use disposable curtains and ensure they are changed every 12 months or when contaminated. 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 never 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.

Toys:

There are no toys in waiting / consultation rooms.

Cleaning specifications, frequencies and cleanliness:

The building is supported by an external cleaning provider instructed by the building's facilities management service and are tasked with a cleaning specification and frequency policy. 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: All clinical sinks met the required standards when installed with wall mounted soap dispensers and visual guides for hand washing techniques. Any subsequent replacements will be requested to conform to current standards via NHS Property Services.

Training

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

The Lead IP Nurse has attended Infection prevention and control training and key learning facts

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were disseminated to the team during in house training sessions. Additionally there is a lead IP forum attended to share learning and experiences.

Policies

All Infection Prevention and Control related policies are in date for this year.

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.

Responsibility

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

Review date

Jan 2024

Responsibility for Review

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