

## Infection Control Annual Statement: January 2023 – January 2024

### Purpose

This annual statement will be generated 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 and procedures

### Infection Prevention and Control (IPC) Lead

Lead IPC GP: Dr Gargi Tewari

Lead IPC Nurse: June Richards

IPC Champion: Nitu Gurung (Lead Practice Nurse)

IPC Champion: Tenecha Myers

June attends regular IPC Lead training courses and keeps updated on infection prevention practice by attending local forums, educational events and online training. June also has 2 hours weekly allocated time to remain current with infection prevention.

### Infection Transmission Incidents

The past year has continued to be challenging with Coronavirus (COVID-19) still present. We changed the way in which we see patients. Following government directives and social distancing policies we had to minimise the number of patients within the surgery at a time. We follow guidance on the use of PPE and strict infection control measures are in place.

Post – April 2023 – Jenner House Surgery has adopted to The Department of Health and Social Care Policy which states Providers can make risk-based decisions on when face masks are due. Decisions around masks will be based on factors like the risk to specific individuals if the setting is in an outbreak or the preferences of the individual receiving care. We advise that anyone with household case and respiratory symptoms to wear a mask. More information on face mask can be found here:

<https://www.gov.uk/government/news/mask-and-outbreak-guidance-updated-in-care-settings>

Significant 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 Clinical Meetings.

In the past year there have been no significant events related to infection control which reflect good practice and adherence to local and national policy.

No infections were reported from January 23 – January 24, post our coil fitting service provided by Nurse Practitioner -Nilha Herkanaidu.

A protocol is in place to inform of notifiable diseases/ infections. We did have a reportable Clostridioides Difficile infection that was a Hospital Assigned Case. This was investigated by the Infection Control Team at FPH.

As a result of this notifiable disease Jenner House Surgery established:

- Additional Education Training to all Clinical Staff in Infection Control
- Training in our clinical meeting – Clostridioides Difficile
- Refresher training in stool sample taking.

### Infection Prevention Audit and Actions

The Annual Infection Prevention and Control audit was completed by Vanessa Seeboruth (Infection Prevention and Control Practitioner-Frimley ICB Team) and June Richards (IPC surgery lead) on 31<sup>st</sup> January 2023.

As a result of the Audit the following things have been identified: -

- Sinks in some of our clinical rooms need to be elbow operated.
- All clinical rooms to be de-cluttered and re organised.
- Toilets to have covered edges.
- Surgery website to include our Annual Statement
- Surgery website to include our Infection Control Policies
- All job descriptions will be updated with a statement on Infection prevention and control.
- Induction documentation showing all new staff are trained in infection prevention education.
- All staff to complete infection control training
- Installation of hand cream wall unit
- Installation of wall mounted units for gloves and aprons
- Sanitary disposal facilities available in all toilets
- Designated hand washing

The following Audits were implemented in 2023. Some of the audits done used the Infection Prevention Society tools: -

- Annual Infection Prevention and Control Audit – 31/01/23 – Vanessa Seeboruth/June
- Bare below the elbow Audit – 27/02/23 - June
- Vaccine Storage Audit – 06/02/23 – Nitu Gurung
- Hand hygiene Audit face to face – 17/05/2023 - June
- Hand hygiene Audit with UV light check – 26/06/23 - Vanessa Seeboruth/ June
- Waste management audit – June 2023 – Anenta
- Personal protective equipment Audit + bare below the elbows – 04/12/23 – June

## 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.

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, Covid). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population.

Cleaning Specifications, frequencies and cleanliness: We have added a cleaning and specification and frequency policy poster in the waiting room to inform our patients of what they are expected in the way of cleanliness. We also have a cleaning specification and frequency policy which our cleaners and staff work to. The Cleaning Schedules are put out monthly into every consulting room. Cleaners maintain their own cleaning daily logs.

Urine testing: is done following infection and prevention guidance in our allocated sluice room.

Handwashing sinks do not all meet the requirements of CQC as they are not all elbow operated and this will be considered in any future relocation or development. We have removed plugs, covered overflows and minded staff to turn off taps that are not 'hands free' with paper towels to keep patients safe.

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 and ensure they are changed every 6 months. 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 are aware to always remove gloves and clean hands before touching the curtains. All curtains are regularly reviewed (6 monthly) and changed if visibly soiled.

## Training

All staff receive annual online training on Infection Prevention and Control. In all our Monthly Clinical meetings we discuss any Infection Control Issues, and we look to introduce an annual training morning that is focused on Infection Prevention and Control.

## Policies

All infection control policies have been adapted at Jenner House Surgery from Infection Prevention and Control for General Practice.

<https://www.infectionpreventioncontrol.co.uk/resources/an-introduction-to-the-ipc-policies-for-general-practice-infection-prevention-control/>

All infection control policies are formally reviewed annually. All policies are amended on an ongoing basis as current advice, guidance and legislation changes. Our policies are easily accessible to all staff via our N-Drive.

Any changes to our policies are discussed in our Clinical meetings.

## Responsibility

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

Review date: 15/01/2025

## Responsibility for Review

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

Name of responsible person: - Georgia Willis – Practice Manager

Name of responsible person: - June Richards – Infection Prevention Control Lead