

Infection Control Annual Statement July 2023

Wootton Vale and Shortstown Surgery

27th July 2023

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. The report will be published on the practice website and will include the following summary:

- 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 the 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 lead for infection prevention and control
Christine Jarratt – Nurse Lead / Clinical Manager.

The IPC lead is supported by Hayley Allen – Practice Manager and Dr L Mackenzie

a. Infection transmission incidents (significant events)

Significant events involve examples of good practice as well as challenging events.

Positive events are discussed at meetings to allow all staff to be appraised of areas of best practice.

Negative events are managed by the staff member who either identified or was advised of any potential shortcoming. This person will complete a Significant Event Analysis (SEA) form that commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.

All significant events are reviewed and discussed at several meetings each month. Any learning points are cascaded to all relevant staff where an action plan, including audits or policy review, may follow.

In the past year there have been no significant events raised that related to infection control. There have also been no complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

- **Use of Broad-Spectrum Antibiotics Audit**

Learning points – Overuse of Broad-spectrum antibiotics.

Results show only 57% of antibiotic choices made were not broad spectrum.

Actions – Antimicrobial stewardship has been discussed at Clinical Meetings.

Monthly antibiotic prescribing data is now distributed to all prescribing staff. Training has been implemented in the management of urinary tract infections to reduce the prescribing of broad-spectrum antibiotics.

- **Use of Sharps Annual Audit**

To ensure that the practice maintains safe practice in handling and disposal of Sharps used in the practice. Ensuring all appropriate staff are fully trained to handle sharps safely and dispose of them following the national guidance.

Outcome – practice was fully compliant with all guidance. Staff are trained to high standards, all sharps are stored and disposed of in a safe way. No sharps injuries have been recorded for the practice in the last 12 months.

High standards are maintained.

- **Vaccine Handling and Maintenance of Cold Chain Annual Audit**

To ensure all vaccines entering the practices maintain in the 'Cold Chain' (always stored between 2-8 degrees). Vaccines are immediately on delivery stored in vaccine fridges which are checked twice a day to ensure that adequate temperatures are maintained. Vaccines are stored in clean vaccine fridges with adequate ventilation between stock. Rotation of stock occurs, and all stock is checked and recorded to ensure all vaccines remain in date and safe to use.

High standards are maintained.

- **Waste Management Annual Audit**

To ensure that all waste within the practice is disposed of in a safe and appropriate manner. The practice is registered as a producer of hazardous waste. Can produce a valid audit trail for all waste disposed of. All waste bins in clinical room have foot-controlled lids and every room have a general waste bin and a hazardous bin. All waste confirms to British standards and our contract for disposal of waste is Bedford Council through the Bedford, Luton & Milton Keynes ICB. We have also completed an annual waste audit for Bedford Council last month.

- **Hand Hygiene Annual Audit**

All staff have had an annually assessment for hand washing. Training and reassessment is repeated with staff until standards are reached.

Outcomes – some non-clinical staff required extra training in standards of hand washing. This was implemented immediately and staff on reassessment reached standard.

Our last CQC inspection did not highlight any concerns and was recorded a 'Good' for Infection Control.

c. Risk assessments

Risk assessments are carried out so that any risk is minimised to be as low as reasonably practicable. Additionally, a risk assessment that can identify best practice can be established and then followed.

In the last year, the following risk assessments were carried out/reviewed:

- General IPC risks – completed by IPC Lead
- COSHH – completed by Practice Manager
- Cleaning standards – regular meetings between Practice Manager – Hayley Allen and cleaners
- Privacy curtain cleaning or changes – changed & recorded as per guidance.
- Staff vaccinations – monitored by Practice Manager – Hayley Allen
- Infrastructure changes – monitored by Business Manager – Richie Short
- Sharps – completed by IPC Lead – Christine Jarratt
- Water safety – monitored by Business Manager – Richie Short

All the above will be reviewed annually.

d. Training

In addition to staff being involved in risk assessments and significant events, at Wootton Vale and Shortstown Surgery all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually.

Various elements of IPC training in the previous year have been delivered at the following times: ad hoc or new starters, online and inhouse during our HEAT Training Session afternoons.

e. Policies and procedures

The infection prevention and control related policies and procedures that have been written, updated, or reviewed in the last year include, but are not limited, to:

Infection Control Policy
Disposal of (Single-Use) Instruments Protocol
Infection Control Biological Substances Protocol
Infection Control Checklist
Isolation of Patients Protocol
Needle-stick Injury Protocol
Notifiable Diseases Protocol
Safe Use & Disposal of Sharps Protocol
Sample Handling Protocol
Staff Exclusion- from Work Protocol
Sterilisation and Decontamination Protocol
Cleaning Standard and Schedule Policy

The following policies and procedures are linked with IPC.

Health & Safety Policy
Safe Water Policy
COSHH policy
Standard Operating procedure (SOP) – Cleaning Clinical Equipment
Standard Operating procedure (SOP) – Curtain cleaning and changing.
Standard Operating procedure (SOP) – Portable fan cleaning

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis as per current advice, guidance and legislation changes.

f. Responsibility

It is the responsibility of all staff members at Wootton Vale and Shortstown Surgery to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC lead and Business Manager are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before 27th July 2024

Signed by

Christine Jarratt

Christine Jarratt
IPC Lead
For and on behalf of Wootton Vale & Shortstown Surgery