

## Infection Control Annual Statement

### Purpose

This annual statement will be generated each year in November 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

The Waterfront and Solent Surgery has a Lead for Infection Prevention and Control: Joanne Bowles, Practice Nurses.

The IPC Lead is supported by: Rhoda Steward, Practice Nurse and Vicky Etheridge, Practice Manager

Joanne Bowles has attended an IPC lead training course in 2017 and keeps updated on infection prevention practice by attending quarterly IPC Lead forums.

### 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 bimonthly clinical meetings and learning is cascaded to all relevant staff.

In the past year there have been two significant events raised that related to infection control.

- Cold Chain Breach, a power cut to room 1 lead to a vaccine fridge not working. All vaccines were removed quickly once the fault was discovered. By using the data loggers to monitor the fridge temperatures, it was easy to detect how long the fridge had not been working. The manufacturers of the vaccines were contacted, and no vaccines needed to be wasted.
- As a result of this event, *Waterfront and Solent* has not changed their practice, but continues to use the Cold chain policy and continue to successfully use the data logger to monitor fridge temperatures.
- Clinical Waste: Clinical waste – bag split. The bag was not tied up correctly, so when moved the contents fell out.

- As a result of this event, Waterfront and Solent Surgery contacted the cleaning contractor to remind the cleaner of the correct process for closing the clinical waste bags with the appropriate plastic tags provided.

## Infection Prevention Audit and Actions

The Annual Infection Prevention and Control audit was completed by Joanne Bowles in November 2022

As a result of the audit, the following things have been changed in Waterfront and Solent Surgery:

- Introduction of 'room of the month', which will consist of one consultation room per month having a declutter, clean and stock checked for expiry dates. This will be performed by one of the nursing team.
- To aim to have all posters laminated in all clinical rooms and in the waiting room, so they can be wiped clean.
- General repairs to some furniture and skirting boards in Room 1 and planned replacement of cupboards, work surfaces and desk in Room 8 (main treatment room)

An audit was carried out by Dr Emily Edwards regarding prescribing of Co -amoxiclav (high-risk antibiotics). This did show as a surgery we were prescribing higher than the local average. As a result of the audit, the following things have changed.

- Use of the SCAN guidelines (The South-central Antimicrobial Network) during the safe treatment of infections commonly presenting to the surgery.
- Higher awareness of worrying risks / side effects of high- risk antibiotics such as c-diff.
- Re -audit in 2022 was performed which showed significant reduction in inappropriate Co -amoxiclav prescription

An audit on Minor Surgery has not been performed this year, minor surgery is currently on hold due to the Covid 19 Pandemic. We hope we can provide this service again in 6 months.

The Waterfront and Solent Surgery plan to undertake the following audits in 2023:

- Cold chain audit
- Annual Infection Prevention and Control audit
- Minor Surgery outcomes audit
- Domestic Cleaning audit
- Hand hygiene 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 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 of our clinical 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.

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 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: NHS Cleaning Specifications recommend that all toys are cleaned regularly and we therefore provide only wipeable toys in waiting / consultation rooms.

Cleaning specifications, frequencies and cleanliness: We have added a cleaning specification and frequency policy poster in all consultation rooms to inform our patients of what they can expect in the way of cleanliness. We also have a cleaning specification and frequency policy which our cleaners and staff work to. 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: 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 removed plugs, covered overflows and reminded staff to turn of taps that are not 'hands free' with paper towels to keep patients safe. We have also replaced our liquid soap with wall mounted soap dispensers to ensure cleanliness.

## Training

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

All clinical staff including GP's undertook a face -to -face hand hygiene update in August 2022. They are also expected individually to complete annual e-learning, which includes an assessment.

Non-clinical staff training also undertook a face-to face hand hygiene update in September 2022. They are also expected individually to complete annual e -learning, which includes an assessment.

The infection control lead attends Quartey practice nurse forum sessions relating to infection control

## 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. Infection Control policies are circulated amongst staff for reading and discussed at meetings on an annual basis.

## Responsibility

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

## Review date

21/11/2022

## Responsibility for Review

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

Joanne Bowles, lead Practice Nurse

For and on behalf of the Waterfront and Solent Surgery