# Infection Control Annual Statement Report

Devon Road Surgery

14/07/2022

**Purpose**

This annual statement will be generated each year in June in accordance with the requirements of the [Health and Social Care Act 2008 Code of Practice](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance) 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 at Devon Road Surgery is Naomi Tyler, Lead Nurse.

The IPC lead is supported by Susan Walter, Health Care Assistant, Joanne White, Operations Manager and Julie Robbins, Practice Manager.

**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 0 significant events raised that related to infection control. There have also been 0 complaints made regarding cleanliness or infection control.

**b. Infection prevention audit and actions**

Environmental Cleanliness Audit carried out 17/11/2021

 Actions:

* Cleaner’s Room – redecoration required
* Disabled Toilet – waste bin does not close, needs adjustment or replacement
* Treatment Room 1 – wall adjacent to sink needs re-painting or splashback putting in
* Treatment Room 2 – dripping tap needs attention
* Corridors – hazard tape needs replacing at the entrance/exit to car park
* Reception – wobbly chair reported

Infection Prevention Control Checklist 14/07/2022

Actions:

* Floor in waiting room under bench is peeling away – needs addressing
* Dust on IT cables in reception
* Chair in CR1 is not wipeable
* Alcohol hand rub bottles were present but not wall mounted
* Mastic needs replacing around cleaner’s sink
* No paper towel dispenser in cleaner’s cupboard

We are a one site practice with some limitations by our building, e.g. limited wall space for mounting lots of soaps/rubs/gloves etc

Any requirements needed following the CQC inspection – awaiting report at time of publishing this report.

Input any information regarding any external IPC inspections. **None this year**

All internal audits that have been conducted within the previous year:

**Cleaning Audits conducted 11/02/2022 and 18/06/2022 both good**.

Discuss the implementation of any audit requirements or shortcomings and how staff are involved to promote high standards of IPC.

**Infection control and related topics are discussed at nurse meetings, clinical meetings and reception/admin meetings regularly. All new employees carry out infection control e-learning on joining the organisation.**

Detail any projected audit reviews and frequency.

Infection control audits at least yearly. Cleaning audits 3-6 monthly. Hand hygiene audits yearly. Environmental cleanliness audits yearly.

**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:

Use and Disposal of Sharps – 15/06/2021

Clinical Waste Risk Assessment – August 2021

COSHH Risk Assessment – 10th May 2022

Legionella Risk Assessment – 5th May 2022

In the next year, the following risk assessment will also be reviewed:

Legionella Risk Assessment

Clinical Waste Risk Assessment

COSHH Risk Assessment

General IPC

Staffing, Joiners and ongoing IPC training

Cleaning Standards

Privacy curtain changing

Staff vaccinations

**d. Training**

In addition to staff being involved in risk assessments and significant events, at Devon Road 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 varying intervals/times.

**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 prevention control (IPC) policy**

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 Devon Road Surgery to be familiar with this statement and their roles and responsibilities under it.

**g. Review**

The IPC Lead and Julie Robbins, the Practice Manager are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before 30th June 2023.

**Signed by**



Mrs Julie Robbins

Practice Manager

For and on behalf of Devon Road Surgery