

Infection Control Annual Statement Report

Document Control

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B. Document Details

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C. Document Revision and Approval History

Version	Date	Version amended by:	Version approved by:	Comments

The Marshside Surgery

November 2021

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. 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 The Marshside Surgery is Sr Corrine Lang.

The IPC lead is supported by Nicole Marshall 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

The last practice CQC inspection was the 3rd November 2016 and the practice was given a Good rating in all areas further annual regulatory review took place in January 2020, with no evidence found of any significant changes to the quality of service being provided.

The practice is inspected for IPC compliance by an external Infection control Nurse every three years, our last inspection was in December 2019.

The practice internally audits IPC compliance throughout the year, specifically, hand hygiene, clinical practice, sharps handling and the practice environment. We have recently removed the carpeted area in the patient waiting area to enable the practice to use this space to deliver our flu vaccination clinics meeting the Infection Prevention and Control (IPC) Standard Operating Procedure (Flu) in a healthcare setting. We are also following the SOP and asking patients to use hand sanitiser that is available to all patients in the waiting room area and patients are asked to wear a face covering whilst attending the practice unless medically exempt. Our staff are involved in all IPC audit requirements and any shortcomings are discussed as a team in order to promote high standards of IPC.

We re-audit IPC monthly if we find any non-compliance, with action plans, targets in place and active monitoring until complete. Any partial compliance we re-audit in 3 months and compliant we re-audit 6 monthly.

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
- Staffing, new joiners and ongoing training
- COSHH
- Cleaning standards
- Curtain changes
- Staff vaccinations
- Infrastructure changes
- Sharps
- Water safety

d. Training

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

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 Policy
Infection Control in the built environment
National Standards of Healthcare Cleanliness 2021

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 The Marshside Surgery to be familiar with this statement and their roles and responsibilities under it.

g. Review

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

This annual statement will be updated on or before Nov 2022.

Signed by

Sr Corrine Lang/Miss Nicole Marshall
For and on behalf of The Marshside Surgery