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Spring House Medical Centre

Annual Statement for Infection Control

It is a requirement of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance that the Infection Prevention and Control Lead produces an annual statement regarding compliance with good practice on infection and prevention and control and makes it available for anyone who wishes to see it, including patients and regulatory authorities.

As best practice, The Annual Statement should be published on the practice website.

Infection Control Annual Statement

Purpose

This statement is generated annually every 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:

- Known infection transmission events and subsequent actions
- Audits undertaken and action plans
- Risk assessments undertaken for prevention and control of infection
- Training received by staff
- Review of policies, procedures, and guidance

Infection Prevention and Control (IPC) Lead

Spring House Medical Centre IPC lead is Heather Pytches- Nurse Manager.

The IPC lead is supported by all members of staff, but in her absence Practice Nurse Marie McCann is her deputy.

Heather Pytches attends monthly IPC updates via the East and North Herts training hub and an annual update via the Blue stream academy- last attended 1/11/22.

Infection Transmission Incidents

To date there have been no significant events involving infection transmission.

Infection Prevention Audit and Actions

The Annual Infection Prevention and Control audit was completed by Heather Pytches in November 2022.

The Following points were highlighted, and appropriate action taken as a result.

- All disposable curtains need to be replaced every 6 months now. This has changed from during the covid pandemic when they were being changed every 3 months.
- Cracked paint work in room 1 and 3- repairs to the wall/paint work have since been organised and repairs are to follow in the new year.
- Stained ceiling tiles x5 throughout surgery as a result from leaking roof. All tiles have since been replaced alongside a brand-new roof and external painting to the outside of the building.
- The new extension housing 4 new rooms highlighted no storage facility for equipment. New cupboards have since been installed into the new rooms and stock now kept safely, ensuring no clutter on worksurfaces.

Sharps Bin Audit was completed by Heather Pytches in November 2022

- This audit was highly successful with no action plan required; all were being used as per local guidance.
- One point of note is for sharps bins that are now always in use are advised to be left half shut. This is not the case for Spring House as they are in use all the time and poses more of a hazard when half shut.

Risk assessments

- Annual sharps bin risk assessment has been carried out 11/11/22- no further update highlighted, all conforming to local guidance.
- Legionella Risk Assessment was performed 26//3/21 by an outside agency "Yes results"- no concerns identified. To continue with monthly temperature checks both hot/cold water and document results.
- Immunisation: As a practice we aim to ensure that all our staff are up to date with their Hepatitis B immunisations and offered further appropriate immunisations .I.e covid, flu, tetanus and MMR.
- Curtains changes- as above
- Window blinds- some are broken, and Spring House are now sourcing replacements or opaque windows in the minor operations room.
- Cleaning specifications- the current cleaning schedule is under review and any new additions will be added to the current cleaning schedule and check lists.
- Handwashing sinks. All clinical areas have handwashing sinks. Plugs were removed from the new installed sinks to ensure all hygiene measures were met regarding infection control. The Legionella assessment is due in December, we will discuss the issue surrounding the possible need to having the swan necks removed. We are also planning to mount soap dispensers on the walls in all clinical areas as the new

build. If sinks are ever to be replaced in the old clinical rooms, sinks with no overflows will be used.

- Furniture- all furniture in clinical areas conforms to wipeable surfaces and no stains visible. Annual steam cleaning to continue.

Staff Training

All clinical staff have undergone the Annual Blue Stream Infection Prevention and Control training which incorporates the following:

- What is infection prevention and control
- What are health care associated infections (HCAI)
- The impact of HCAI's including why some patients are more susceptible.
- Infections that can spread from one to another
- The importance of prevention HCAI's-how can this be achieved
- How HCAI's affect day to day work
- Standard principles to be followed when preventing HCAI's
- Risks/risk assessments; -what an infection control risk assessment is needed for
- What microorganisms are
- What pathogens are and how people come into contact with them
- How the body protects itself by using external defences
- How infections occur and are spread
- The chain of infection
- Breaking the chain of infection
- Reducing the risks:
- How the standard precautions are the practices that should be followed to reduce the spread of infection, including:
- Hand hygiene, cleaning equipment and the environment, personal health and fitness, blood and body fluid spillages, PPE, waste and sharps, asepsis and aseptic technique

Policies

All Infection prevention and control policies are reviewed annually.

Responsibility

It is the responsibility of each staff member to be familiar with this statement and how this affects their individual roles and responsibilities.

Review date

December 2023

Responsibility for review

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

Heather Pytches

Spring House Medical Centre

Nurse Manager