**Infection Prevention and Control (IPC) Annual Statement**

**Purpose**

This annual statement will be generated each year 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 is The Clinical Manager.

The IPC lead is supported by:

**a. Infection transmission incidents (significant events and complaints)**

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 the SE meeting. 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**

Following an outstanding report from CQC in 2016, there were no recommendations relating to infection control or cleanliness of the site at that time. CQC have since been satisfied with the telephone interviews and the presentation of requested documents.

Annual audits including:

* Hand hygiene audit- All staff undertake this audit.
* Infection prevention and control site audits.

**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:

* Ongoing risk assessment to ensure a high standard of cleanliness relating to COVID-19 and Influenza, adopting the national Standard Operating Procedure as published by NHS England and strictly followed all guidance published frequently by Public Health England throughout the pandemic. Extra precautions have been taken to minimise the risk of COVID-19 and Influenza to both staff and patients. Increased personal protective equipment has been obtained and worn in accordance with the national guidelines.
* Legionella (water) risk assessment: The practices landlord sub-contracts an external company to perform a full risk assessment.
* Immunisation: As a practice we ensure that all out staff are up to date with all their vaccinations appropriate to their role (i.e. MMR, seasonal flu). We have continued to take part in all national immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population. This year we have continued to deliver a comprehensive and popular covid-19 vaccination programme in accordance with the national timeframe for patient cohorts, alongside the RSV, Influenza and Pneumonia.
* Curtains: The NHS cleaning specifications state the curtains should be replaced every 6 months. To the effect we use disposable curtains and ensure they are changed every 6 months. The window blinds are low risk and therefore do not require a particular cleaning regime other than regular wiping to prevent build-up of dust.
* COSHH: The sub-contracted cleaners do an annual risk assessment of the cleaning products used by them to clean the building, to ensure they comply with CQC and infection control recommendations. They have complied with the new regulations for deep cleaning as per Public Health England in line with the current COVID-19 guidance. Any additional products used within the surgery have all been COSHH risk assessed as per regulations.
* Carpeted areas-these areas are not open to the public but to staff, these have been audited and changes to be made.

**d. Training**

In addition to staff being involved in risk assessments and significant events, all staff and 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:

Cleaning policy

Legionella policy

Sepsis policy

COSHH policy

Immunisation 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 to be familiar with this statement and their roles and responsibilities under it.

**g. Review**

The IPC lead is responsible for reviewing and producing the annual statement.

This annual statement will be updated in 2025 alongside the annual IPC audit.