

# Alexander House Surgery

## Infection Control Annual Statement 2024

### Purpose

This annual statement will be generated each year in March 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 Lead for Infection Prevention and Control is Sarah Moger, Lead Practice Nurse

The IPC Lead is supported by: Alison Sherar, Operations Manager

The Lead will be the first point of contact for practice staff in respect of Infection Control issues. They will

- help create and maintain an environment which will ensure the safety of the patient / client, carers,
- visitors and health care workers in relation to Healthcare Associated Infection (HCAI).

The Infection Control Lead will carry out the following within the practice:

- Increase awareness of Infection Control issues amongst staff and clients
- Help motivate colleagues to improve practice
- Improve local implementation of Infection Control policies
- Ensure that practice based Infection Control audits are undertaken
- Assist in the education of colleagues
- Help identify any Infection Control problems within the practice and work to resolve these, where necessary in conjunction with the local Infection Control Team
- Act as a role model within the practice
- Disseminate key Infection Control messages to their colleagues within the practice

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

In the past year there have been no significant events raised that related to infection control.

## Infection Prevention Audit

The assessment for 2024 was conducted by Sarah Moger and Alison Sherar on the 8<sup>th</sup> July 2024

### 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:

MMR Immunisation: As a practice in February 2024, we were advised of a potential measles outbreak and we undertook an exercise to either immunise if no proof available or obtain proof from all staff in the practice for MMR. 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 12 months. To this effect we use disposable curtains and ensure they are changed every 12 months. All curtains are regularly reviewed and changed if visibly soiled.

Cleaning specifications, frequencies and cleanliness: We 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.

### Training

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

This year staff completed e-learning via Blue Stream Academy and also attended a staff training session which included training and demonstration of Hand washing techniques.

Sarah Moger attends IPC champion training regularly conducted by the IPC team..

### 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.

[S:\Practice Activities File\Administration\Policies & Procedures \(CQC\)\Infection Control](S:\Practice Activities File\Administration\Policies & Procedures (CQC)\Infection Control)

### Responsibility

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

### Responsibility for Review

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