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|  | The Whitehorse Practice |  |
| Reviewed on : 21/03/2024 | Infection Protection & Control Annual Statement 2023-2024 | Next Review: 21/03/2025  |

**Infection Control Annual Statement**

**Annual Infection Control Statement 2023-2024**

An annual statement is generated each year in accordance with the requirements of The Health and Social Care Act 2008 Code of Practice on Infection Prevention and Control and its related guidance.

The Health and Social Care Act 2008 Code of Practice on Infection Prevention and Control states:

* Any infection transmission incidents and any action taken will have been reported in accordance with the practice’s Significant Event procedure.
* Any infection control audits undertaken, and actions undertaken as a result.
* Any risk assessments undertaken
* Staff training
* Update of policies, procedures, and guidelines

**Infection Prevention and Control (IPC) Lead**
The Whitehorse Practice has two Leads for Infection Prevention and Control(IPC): Nayanthara Rajendran (Practice Nurse) and Milaine Borthwick-Ezekiel (Practice Manager)

The IPC Lead is supported by:

Dr Julia Hassan (GP Partner) and Olivia Papics (Senior Administrator)

Both Practice IPC Leads have completed the Infection Prevention and Control Course via SWL Training HUB and supporting staff have completed the course via Blue Stream Academy

**Infection Control Significant Events**
Significant events are investigated to facilitate learning and to implement any changes that could lead to positive improvements in policy and/or process. All significant events are reviewed in the monthly staff meetings and learning is shared between staff.
For the year 2023-2024 there have been no significant events raised that relate to infection control.

**Infection Prevention Audit and Actions**
Practice annual Infection Prevention and Control audit was completed by Nayanthara Rajendran Milaine Borthwick-Ezekiel and Olivia Papics on 13/03/2024

As a result of the audit, the following action have been implemented :

See audit

[INFECTION PREVENTION & CONTROL ANNUAL AUDIT & ACTIONS .docx](file:///C%3A%5CMy%20Documents%5CMilaine%5CMY%20DOCUMENTS%20OLD%20C%20DRIVE%5CPROTOCOLS%5CCQC%5CINFECTION%20PREVENTION%20%26%20CONTROL%20ANNUAL%20AUDIT%20%26%20ACTIONS%20.docx)

* The reception carpet flooring is to be replaced with a new carpet, and the downstairs kitchen area is to be replaced with wipeable flooring to the correct safety standards
• Hand wash appliances have been audited throughout the surgery with a plan to replace the Treatment Room with the correct recommended standard hand washing sink
• Patient’s chairs in the reception & waiting room areas are being replaced with new wipeable fixed to the floor seating
• All the fabric chairs in the Clinical rooms for the patients and clinicals have been removed and are being replaced with wipeable chairs

An audit on hand washing was last undertaken on 02/11/2023

The Whitehorse Practice plan to undertake the following audits in 2023-24
• Annual Infection Prevention and Control audit
• Cleaning audit
• Hand hygiene audit
• New Cleaning Standards – 3 Monthly Room Audits
• Monthly Waste audit
• Monthly Sharps bin audit
• Weekly Cleaning Spot Checks

**Risk Assessments**

Risk assessments are carried out Annually. risk assessments were last carried out / reviewed: March 2023

**Legionella (Water) Risk Assessment:**

The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors, or staff, last reviewed.

**Immunisation:**

As a practice we ensure that all our staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e., MMR, Seasonal Flu and Covid vaccinations). 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 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. The window blinds are very low risk and therefore do not require a particular cleaning regime other than regular vacuuming to prevent build-up of dust. The modesty curtains although handled by clinicians are never handled by patients and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled

**Cleaning specifications, frequencies, and cleanliness:**

Our Practice has a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by Jill Green and logged. This includes all aspects in the surgery including cleanliness of equipment.

**Hand washing sinks:**

The practice has clinical hand washing sinks in every room for staff to use.

**Training**• All our staff receive annual training in infection prevention and control
• All clinical and non -clinical staff have completed blue stream e-learning training.
• IPC leads attend IPC Lead forums or courses organised by SWL.

**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.

**Responsibility**

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

**Review date**2023-24

**Responsibility for Review**
The Infection Prevention and Control Lead Nayanthara Rajendran and Milaine Borthwick-Ezekiel are responsible for reviewing and producing the Annual Statement for and on behalf of The Whitehorse Practice.