



Completing the Annual Statement for Infection Prevention and Control (Primary Care)

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 with regard to compliance with good practice on infection 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.

The Annual Statement should provide a short review of any:

- known infection transmission event and actions arising from this;
- audits undertaken and subsequent actions;
- risk assessments undertaken for prevention and control of infection;
- training received by staff; and
- review and update of policies, procedures and guidance.

Below is a suggested template for the Annual Statement compiled from national guidance and examples of best practice found on the internet. Practices can (and should) adapt the template and add further detail/headings/examples but the five key headings (above) must be included. If the practice are unable to complete one or more of the five key headings, it is likely that the practice are not compliant with the health and Social Care Act.

Infection Control Annual Statement				
Purpose				

This annual statement will be generated each year in December 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 Lyndhurst Surgery has two Leads for Infection Prevention and Control: Dr Cleland and Sister Helen Lomax

The IPC Lead is supported by: Dr Alison Cleland has attended an IPC Lead. Helen Lomax has attended an IPC training course in Infection Control in 2011 and keeps updated on infection prevention practice, every quarterly.

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 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 and Actions

The Annual Infection Prevention and Control audit was completed by Sister Lomax in 02.11.2023. As a result of the audit, the following things have been changed in Lyndhurst Surgery:

- All staff meeting to discuss any issues of infection control and updates cascaded to all members of staff
- Notebook for cleaners: all Surgery staff can access and add as required
- To go round monthly with Cleaning Services and complete a Infection Control Audit together

An audit on hand washing was undertaken in February 2023. This was discussed at the Staff meeting.

The Lyndhurst Surgery plan to undertake the following audits in 2023:

- Annual Infection Prevention and Control audit

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| <ul style="list-style-type: none"> • Domestic Cleaning audit monthly • Hand hygiene audit yearly • Fridge audits monthly with Coldchain • Monthly legionella audit • Monthly drug audit | | | | |
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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:

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.

Immunisation: As a practice we ensure that all of our staff are up to date with their Hepatitis B immunisations and MMR, Seasonal Flu, COVID. 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 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 that 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 patient 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 visible soiled.

Toys: we have a few toys in the practice which are regularly cleaned by the cleaners on a regular schedule. We have a cleaning specification and cleaning policy which cleaners and staff clean to.

Hand washing sinks: the practice has clinical hand washing sinks in every room for staff to use. Some of our sinks do not meet the latest standards. Plugs are removed, taps are free from scale and hand free paper towels and liquid soap wall mounted.

Training

All our staff receive yearly training in infection prevention and control: this is by face to face presentation training.

Sister Lomax has undertaken specialist training in Water Safety (Legionella) and Infection Control.

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.



University Hospital Southampton
NHS Foundation Trust

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

Review date

02.11.2024

Responsibility for Review

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

Sister Lomax

For and on behalf of the Lyndhurst Surgery

CQC Myth buster Guidance

[GP mythbusters: Full list of tips and mythbusters - Care Quality Commission \(cqc.org.uk\)](#)

[GP mythbuster 99: Infection prevention and control in General Practice - Care Quality Commission \(cqc.org.uk\)](#)