

Infection Prevention and Control Annual Statement Report

Minchinhampton Surgery

13/11/2023

Purpose

This annual statement will be generated each year in May 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. 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 at [Minchinhampton Surgery](#) is [Jane Fry \(JF\)](#), [Practice Nurse](#).

The IPC lead is supported by [Ros Duncan \(RD\)](#), [Clinical Manager](#) and [Kerry Thompson \(KT\)](#), [Practice Manager](#)

a. Infection transmission incidents (significant events)

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 several meetings each month. 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

Cleaning audit due: [Nov 2024](#)

IPC audit due: [April 2024](#)

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:

Details of assessment in the past year:

- General IPC risks: [within IPC audit done by JF and RD April 2023](#)
- Staffing, new joiners and ongoing training: [e-learning on TeamNet \(Level 1 for non-clinicians, Level 2 for clinicians\)](#)
- COSHH
- Cleaning standards: [reviewed by JF and RD Nov 2023](#)
- Privacy curtain cleaning or changes: [checked JF and RD April 2023](#)
- Staff vaccinations: [reviewed by RD May 2023](#)
- Infrastructure changes
- Sharps: [reviewed by RD May 2023](#)
- Water safety
- Toys
- Assistance dogs

d. Training

In addition to staff being involved in risk assessments and significant events, at [Minchinhampton Surgery](#) all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training [annually](#).

e. Policies and procedures

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 at [Minchinhampton Surgery](#) to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC lead [JF](#) & lead nurse [RD](#) are responsible for reviewing and producing the annual statement. This annual statement will be updated on or before [13/11/2024](#).

Signed by

X

J Fry

Jane Fry
For and on behalf of [Minchinhampton Surgery](#)