

Infection Prevention and Control Statement – Killamarsh Medical Practice

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 regarding 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:

- 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.

Purpose

This annual statement will be generated each year in July 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 (ICP) Lead

Killamarsh Medical Practice Infection Prevention and Control Lead is Nicola Parker and the Deputy Infection Prevention Lead is Kristy Milner and they are supported by staff who each have their own designated area within IPC.

The IPC Lead and Deputy IPC Lead has completed IPC training to ensure high standards are maintained across the premises.

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 distributed to monthly Clinical Meeting if needed and discussed annually and learning/future preventative measures are cascaded to all relevant staff.

In the past year there has been no significant events related to infection control.

Infection Prevention Audit and Actions

In addition to the annual IPC audit, the IPC Lead conducts monthly audits.

The Annual Infection Prevention and Control audit was completed by Nicola Parker in July 2024. The issues arising from these audits have been addressed and the following actions taken.

As a result of the audit, the following things have been changed in Killamarsh Medical Practice:

- Laminated posters in each clinical room providing information on how to manage sharps injuries;
- All posters are now laminated in clinical and non clinical areas and white boards have been added to all clinical rooms;
- All sharps' bins to be signed, dated, and disposed of. Temporary closure of bins to be used to prevent sharps injuries;
- Seals on all corridor floors have been fixed;
- Regular audits with cleaning teams to highlight any issues and maintain high standards. The new NHS IPC cleaning schedule and record templates for general practice will be initiated from January 2025;
- Regular stock check in each clinical room including rotation of stock to help reduce excess stock, also ensuring staff will always have the correct items, at the correct time, in the correct quantity and create a clean safe environment for effective care to be delivered. This improves the patient experience and is cost effective;
- Curtains changed every twelve months in all clinical areas;
- Twice a day temperature checks on all fridges and weekly download of temperature data to the shared drive;
- Handwashing teaching is carried out annually for all staff members. Particular attention is drawn to technique which was observed in all team members and bare below the elbow's guidelines;
- Handwashing audits are carried out by the IPC lead for all clinical staff. The hand washing audit/technique is completed on a rolling rota;
- The flooring has been replaced from carpet to vinyl in the Physiotherapist Room and clinical side room. In addition these have been decorated;
- All blinds have been replaced in the Nursing Team clinical rooms including the Pharmacy Room.

Killamarsh Medical Practice plan to undertake the following audits in 2024/2025

- Annual Infection Prevention and Control audit
- Regular Infection Control room audits
- Clinical waste audit
- Hand hygiene audit
- Updating the staff vaccination matrix

Risk Assessments

Risk assessments are carried out so that best practice can be established and then followed. 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. Taps are run for two minutes every week. Water samples are also taken from a selection of hot water taps and sent to Smart Water Testing for analysis regularly throughout the year.
- Immunisation: As a Practice we aim to ensure that all appropriate clinical and non-clinical staff depending on their roles are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu, Covid Vaccine). We take part in the National Immunisation campaigns for patients and offer vaccinations in-house and via home visits to our housebound and care home patients.
- Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 12 months. In our Practice we use disposable curtains and ensure they are changed every 12 months. The modesty curtains are handled by only by clinicians who should always remove gloves and clean hands after an examination and before touching the curtain. All curtains are reviewed and disposed of if visibly soiled.
- Window Blinds: The window blinds are very low risk and therefore do not require a specific cleaning regime. The blinds are set to be wiped and vacuumed on a regular basis to prevent dust build up.
- Cleaning specifications, frequencies, and cleanliness: We also 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.
- Hand washing sinks: Hand washing sinks are in all clinical rooms. All the sinks meet the latest standards, certain precautions have been made such as the removal of plugs and we are awaiting work to be carried out locally to block the overflows and if necessary new sinks/taps and remind staff to check they have enough liquid soap. All liquid soap dispensers are wall mounted.
- Chairs: All chairs are in clinical areas are cleaned using Clinell wipes.

Training

All staff receive infection prevention and control training via eLearning. The IPC and Deputy IPC Leads complete annual training. Clinical staff undertake this training at Level 2 and non-clinical complete Level 1. This is repeated every 3 years:

Level 1: Behaviours expected by people at this level.

- a. Staff ensure good IPC practice is appropriately embedded into their work.
- b. Staff ensure their actions minimise risks to health and safety and contribute to positive and safe practice.

Level 2: All staff working directly with/providing care to patients and/or who work in the patient environment. Behaviours expected by people at this level (in addition to Level 1):

- a. Staff assess risks related to IPC in the workplace and take appropriate actions;
- b. Staff provide safe and effective care to patients as appropriate to the scope of their role;
- c. Staff provide optimal IPC practice as an integral part of their day-to-day working.

This is repeated every three years.

Strengthening IPC knowledge skills and behaviours across all health and social care sectors is important to support the provision of safe and effective care and deliver on the actions outlined in the [NHS Long Term Plan \(2019\)](#) and the [Five-year Antimicrobial Resistance \(AMR\) National Action Plan \(2019\)](#).

Face-to-face updates in Infection Prevention and Control are delivered annually. We distribute any IPC updates via email and clinical meetings. These updates raise awareness and alert to latest guidance.

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 by Infection Control Leads and are on the shared drive.

Antimicrobial prescribing and stewardship

The goal of the antimicrobial prescribing and stewardship (APS) is to improve the quality of antimicrobial treatment and stewardship and therefore reduce the risks of inadequate, inappropriate, and adverse effects of antimicrobial treatment. This will improve the safety and quality of patient care and make a significant contribution to the reduction in the emergence and spread of antimicrobial resistance (AMR).

Antimicrobial stewardship is an important element of the following:

- [code of practice in England](#)
- [UK 20-year vision for AMR](#)
- [UK 5-year action plan for AMR](#)

Killamarsh Medica Practice antimicrobial prescribing and stewardship statement

Domain 1. Person-centred care

All prescribers caring for patients with (suspected) infection must involve the patient/carer in shared decision making when agreeing and implementing a management plan to ensure patient-centred care.

Domain 2. Infection prevention and control

All prescribers caring for patients with suspected infection must understand the core principles of infection prevention and control and use this knowledge appropriately to prevent the transmission of infection.

Domain 3. Antimicrobial resistance and antimicrobials

All prescribers caring for patients with suspected infection need to understand the core knowledge behind the action of antimicrobials and the concept of antimicrobial resistance; and use this knowledge to help prevent antimicrobial resistance.

Domain 4. Prescribing antimicrobials

All prescribers need to know about:

- a. diagnosis and management of infections and use this knowledge to appropriately manage patients with infections, including the responsible;
- b. use of antimicrobial agents.

Domain 5. Antimicrobial stewardship principles

All prescribers must understand their role in and the importance of antimicrobial stewardship in promoting the appropriate use of antimicrobials to improve patient outcomes and reduce the emergence and transmission of antimicrobial resistance.

Domain 6. Monitoring, learning, and interprofessional collaborative practice

All prescribers must collaborate with other health professionals when caring for patients with infection and demonstrate commitment to improving antimicrobial prescribing and stewardship within their scope of practice.

Responsibility

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

Forward Planning –

- New cleaning schedule/ template to be utilised from January 2025
- Carpeted non-clinical areas
- Patient waiting area – flooring
- Annual IPC policy audits

Review Date

- October 2025

Responsibility for Review

The Infection Prevention and Control Lead and the Practice's Management Team are responsible for reviewing and producing the Annual Statement.

- Nicola Parker – Healthcare Assistant
- Kristy Milner – Senior Practice Nurse
- 10/12/2024