

ANNUAL INFECTION PREVENTION CONTROL STATEMENT

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| Organisation name; | Schopwick Surgery |
| Location; | Bushey & Elstree |
| Registered Manager; | Sheetal Shah |
| Infection control Leads; | Michelle Orecchio (lead Nurse) & Alex Byrne (GP Partner) |
| Date infection control statement produced; | 7/3/24 |
| Date of next review; | March 2025 |

Introduction

As a requirement of the Health and Social Care act 2008 Code of practice, on prevention and control of infections and related guidance, it is required that an annual statement is produced regarding compliance with good practice on infection prevention and control. The annual statement will be made available for anyone who wishes to see it (patients, representatives/staff/regulatory authorities). It has been produced by Michelle Orecchio and will be updated annually or when current advice and guidelines change.

Outbreaks of infection

We have had no significant events reported regarding infection control issues in the time covered by this report.

Due to following on from the covid pandemic we are still using face masks and PPE after risk assessment by clinicians for face to face appointments if they have respiratory symptoms.

Audit Summary

We have recently under gone an ICat audit from an external source. We are currently working through this action plan.

We are moving the minor ops clinic to a more suitable room.

The past year there have been ongoing audits regarding PPE, sharps and hand hygiene. There have been some good improvements to the sharps audits- the temporary closures are usually in place at every audit check, much improved from the previous year. We need to ensure we have safety needles in place for when the need arises.

Hand hygiene audit is ongoing. No issues raised.

PPE audit shows clinicians are using PPE appropriately, we need to make improvements to where the items are kept and this will be looked at once we re-organise Bushey site.

Risk assessments regrading IPC have been completed. The introduction of a log to record water flushing if a room is out of use for more than one week or the shower is not used-as although this was carried out by the manager (for reducing risk of legionella) it was not recorded anywhere.

The largest change will be to replace our chairs with wipeable compliant ones and curtains/blind to be removed and replaced with window film. This will take some time so we will aim to replace these items gradually due to cost.

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Actions-

Action plan for replacing chairs
 Action plan for replacing curtains/blinds with window film.
 Action plan for replacing sinks (hand washing sinks)
 Action plan for introducing a sluice room at Bushey site (Elstree will be moved to new purpose built building)
 Clearing clutter and re-organising Bushey site (Elstree site can be done but due to be moving so Bushey is priority), need to book date with colleagues
 Establish Minor ops room and set up ie window net.

Training

All staff will now be trained in Cold chain as mandatory.

All staff have infection control training, cold chain overview and emergency equipment as part of induction from a nurse as well as the usual e-learning which is now mandatory (ie cold chain).

Review and update of policies, procedures and guidance

All policies, procedures and guidance are updated on an annual basis or when changes occur.

They have been updated and not due for review until the end of this year. The review dates can be found on the policies themselves on teamnet.

All changes to IPC are discussed at regular meetings with staff.

Additional information

Michelle Orecchio is the lead IPC nurse and decontamination lead, Alex Byrne is the lead GP partner

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| Annual statement created by; | Michelle Orecchio |
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| Signed by; | M.Orecchio |
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| Date; | 7/3/24 |
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