

ANNUAL INFECTION PREVENTION CONTROL STATEMENT

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;	13/02/2025
Date of next review;	February 2026

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 under gone an ICat audit from an external source. We are still working on some actions from the plan.

The minor operations clinic and coil clinic have been moved to Bushey room 8. This room is compliant in the necessary infection control policies to carry out these activities.

The past year there have been ongoing audits regarding PPE, sharps and hand hygiene. We now have more safety needles readily available for use.

Hand hygiene audit is ongoing. No issues raised.

PPE audit shows clinicians are using PPE appropriately. We still have some improvements to make regarding where PPE is kept, it is now kept in closable cupboards, not as standard on trolleys but they do get moved back here often. This will be an ongoing process to ensure all staff are aware.

Annual risk assessments regarding IPC have been completed. Water flushing log is on system and used if taps/shower are not used for more than one week.

We have a new sluice at our Bushey site. This is now up and running for clinicians to use. Replacing our chairs with wipeable compliant ones is ongoing, nearly completed. We have started to replace window curtains and blinds with window film, it is still ongoing (only in clinical rooms not consulting rooms).

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<p>Actions-</p> <p>Action plan for replacing chairs ongoing</p> <p>Action plan for replacing curtains/blinds with window film ongoing.</p> <p>Action plan for replacing sinks (hand washing sinks)</p> <p>Working through some items on action plan from audits recently carried out</p>	
Training	
<p>All staff will be due to have training on Mpox.</p> <p>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).</p>	
Review and update of policies, procedures and guidance	
<p>All policies, procedures and guidance are updated on an annual basis or when changes occur.</p> <p>They have been updated and not due for review until 2026. The review dates can be found on the policies themselves on teamnet.</p> <p>All changes to IPC are discussed at regular meetings with staff.</p>	
Additional information	
<p>Michelle Orecchio is the lead IPC nurse and decontamination lead, Alex Byrne is the lead GP partner</p>	
Annual statement created by;	Michelle Orecchio
Signed by;	M.Orecchio
Date;	13/02/25