**Infection Prevention and Control – Annual Statement**

**Introduction**

Forest House Medical Group aims to provide a clean and safe environment for patients, visitors, and staff in accordance with local and national guidelines.

Good hygiene procedures and infection prevention and control are essential for protection of the health of people using our services. The Health and Social Care act 2008 provides a foundation for activities undertaken by our practice to uphold standards.

**Purpose**

An annual statement will be generated by the practice each year in October and will summarise:

* Details of any infection transmission incidents and action taken
* Details of infection control audits, risk assessments and actions taken
* Details of any information and training received by staff.
* An update of policies, procedures and guidelines which may be required.

**Infection Transmission Incidence**

Significant/ Learning events are investigated in detail to see what can be learnt to indicate changes that may lead to future improvements.

All significant events are reviewed with the team at Forest House Medical Group in the monthly ‘significant events/clinical meetings’ and learning is the disseminated to the relevant staff.

There have been no significant events recorded in the previous 12 months in relation to infection control.

**Audits**

Quarterly audits have been completed and summarised at both Warren Lane and Forest House to ensure they are both meet infection prevention standards. These audits take place in January, April, July, and October. The audits look at 10 standards and are individually marked on these standards.

Once audits have been completed then actions are set for relevant staff members and risk assessments completed to ensure improvements and changes are implemented.

An annual hand hygiene audit has also been completed of both clinical and administration staff as per hand hygiene policy.

**Audit Results – October 2024**

* Reception do not prioritise appointments based on infection status – this has been added to our risk assessment and deemed as low risk, patients are screened over the phone and may be asked to wait outside until their appointment time and all clinical rooms are decontaminated between patients. We feel all patients should have equal opportunity to appointments despite their infection status.
* Some staff are not bare below the elbows, lots of our clinical staff were found to be wrist watches, these should be removed before any physical patient contact.
* Some of the clinical rooms had light dust in places – the cleaning company that we use has been changed this month and cleaning checks completed regularly.
* Each clinical room has a domestic, clinical waste and sharps bin however no infectious waste bin – this has been risk assessed and any potential infectious waste is double bagged and taken to the dirty utility where there is a infectious waste bag. The Clinician doing this should ensure they have washed their hands, apply one glove to carry the waste and ensure they only touch the doors with their non gloved, clean hand.

Hand Hygiene

A hand hygiene audit was completed in September, this indicated that many staff were not bare below the elbows and some technique could be improved. We have since offered education in the form of a UV light box and seen improvements with hand hygiene.

**Risk Assessments**

Risk assessments are carried out so that best practice can be established and followed. In the last year we have carried out the following risk assessments:

* Legionella risk assessment and Water temperature assessments
* Ongoing COVID-19 risk assessments with latest guidance
* Personal Protective Equipment reviews to ensure staff are working in a safe environment to protect patients, visitors and staff
* Ongoing compliance with staff Blue Stream eLearning to ensure staff are up to date

**Cleaning Specification, Frequencies & Cleanliness of equipment**

The practice employs an external cleaning company for the cleaning of premises; they adhere to a cleaning schedule which is agreed by the Practice Managers and Infection Control Lead. The cleaning is frequently monitored by a supervisor.

Staff at the practice are responsible for maintaining their own workplace areas and cleaning of equipment after each patient or session, in line with the practice infection control policy.

**Training**

All staff receive annual training – face to face, eLearning, and outside training in line with their roles and professional development; this is highlighted on annual appraisals. Protected training is also provided via PLT sessions; planned regularly throughout the year and Clinical staff have allocated admin time to staff up to date.

Staff receive training in infection control and updates (as relevant), to include:

* Creating and maintaining a clean clinical environment
* Hand hygiene
* Use of PPE correctly and effectively
* Safe handling of samples
* Safe handling and disposal of sharps
* Safe handling and disposal of clinical waste
* Safe management of blood and bodily fluids
* Decontamination of equipment
* Needlestick injury
* Uniform and dress code

Training is overseen by the practice Human Resource Manager who maintains staff files/certificates.

**Policies**

Infection Prevention and Control related policies are updated at least once every two years, or in-line with new thinking or legislation changes. These are stored on GP Team net for all staff to find. Updates are also provided via the practice weekly newsletter which is distributed to all.

**Review**

This infection control statement will be reviewed annually, and all other infection control-related policies and protocols will be reviewed at least once every two years, or in-line with new thinking or legislation changes.

Where necessary, advice will be sought from the CCG, Local Authority, HPA, Public Health England and other relevant bodies during the review process to ensure that policies, protocols, and systems are as up-to-date and comprehensive as possible.