**INFECTION PREVENTION AND CONTROL (IP&C)**

**IP&C Lead Annual Statement**

**Date :12th October 2022**

**Contents**

1. Introduction
2. Overview of progress against previous years objectives
3. Infection Prevention and Control Arrangements
4. Untoward incidents and outbreaks
5. Infection Prevention & Control Audit Programme
6. Infection & Prevention and Control Policies
7. Education & Training
8. Estates and Facilities
9. Priorities & objectives for the coming year
10. Current systems and processes in place
11. **Introduction**

The purpose of this report is to provide assurance that Glastonbury Surgery implements successful prevention and control of infection as a key factor in the delivery of high quality and safe care of our patients, and in the safety and wellbeing of our staff and visitors.

All practice staff members understand that good infection prevention and control is essential to ensure that we provide safe and effective care. This report evidences governance and accountability, and compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (DH 2015).

The Code of Practice states that a primary medical care organisation has

* evidence of appropriate action taken to prevent and manage infection;
* an audit programme to ensure that appropriate policies have been developed and implemented; and
* evidence that the annual statement from the Infection Prevention Lead has been reviewed and, where indicated, acted upon
* regular review of antimicrobial prescribing decisions

The Infection prevention including cleanliness programme should:

* set objectives that meet the needs of the organisation and ensure the safety of service users, health care workers and the public
* identify priorities for action;
* provide evidence that relevant policies have been implemented; and
* report progress against the objectives of the programme in the Infection Prevention Lead’s annual statement”.

The Code of Practice sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention. The table below in Section 10 sets out the compliance criterion, systems and process in place and requirements for enhanced practice.

1. **Overview of progress against previous years objective**

Objectives raised in our first report will be reviewed and reported in October 2023 and subsequently on an annual basis

1. **Infection Prevention and Control Lead**

Named IP+C lead is Jennifer Brown ANP/lead nurse with Joanne Taylor NP as her deputy. The named IP+C lead has undertaken a two day external training course and attends monthly updates with the Somerset Infection Control team and also undertakes mandatory online training.

The IP+C lead has four hours allocated administration time each week to include IP+C work.

1. **Untoward incidents and outbreaks**

Glastonbury Surgery unfortunately suffered a power cut during which one of the fridges reached temperatures above the required range in accordance with the **cold chain policy**. There was significant loss of stock. Following this and emergency policy in the event of a power failure was raised.

1. **IP&C audit programme**

Audits of cleaning schedules are stored on intranet including the efficacy checklist and will be reviewed

Hand hygiene and PPE donning and doffing audit for staff has been initiated

1. **Infection & Prevention and Control Policies**

Current policies are stored in a designated infection prevention and control folder on the staff intranet and accessible to all.

1. **Education & Training**

All staff receive training on induction including IP+C training and clinical waste management. Mandatory online learning is completed by all staff. Annual self-assessments have been introduced regarding PPE and hand hygiene standards.

1. **Cleaning, Estates and Facilities**

Glastonbury Surgery has a cleaning contract with Green Machine who provide daily cleaning for the surgery and carry out monthly audits

Risk assessments are regularly undertaken regarding legionella, waste management, ventilation and copies kept on the staff intranet and in the Deputy Practice Managers office

1. **Priorities & objectives for the coming year**

To ensure all required policies are kept up to date and amendments made when needed.

To carry out annual audits as per IP+C audit programme,

To raise and discuss significant events and act in accordance with guidance

1. **Current systems and processes in place**

*See below*

| **Compliance criterion** | **Current systems and processes in place** | **Systems required with review & completion dates.** | **RAG rating** |
| --- | --- | --- | --- |
| **Criterion 1**  Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptible of service users and any risks that their environment and other users may pose to them. | 1. Suitably trained IP+C lead with support from Somerset IP+C staff who provide regular reports on system changes and protocol changes. 2. External cleaning company adhering to cleaning standards. Monthly audits of cleaning standards. 3. Identification of responsibilities for cleaning of areas, ie cleaning company, nursing staff, administrative staff. 4. Regularly reviewed and updated policies. 5. staff training | 1. Review any raised or reported incidents.  2. Initiate hand hygiene self-assessments.  3. Perform risk assessments with new processes/procedures of new staff members if required.  4. Formalise audit tool for minor op/ IUCD and implant procedures.  5. Annual review of policies and actions taken when needed. |  |
| **Criterion 2**  Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections | 1. External cleaning company with monthly audits  2. Daily cleaning schedule performed and recorded by designated member of nursing team.  3. Individual responsibility of cleaning own workstations. | 1. Independent audit performed by lead nurse and practice manager, outcome of which reported to manager of cleaning company. 2. Introduction of cleaning standards policy. 3. Introduction of yellow/black striped bags for contaminated waste and orange bags for infected waste only |  |
| **Criterion 3**  Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance. | 1. Designated lead for GP prescribing 2. Monthly PHCT meetings with regular prescribing updates. 3. Access to local prescribing formulary on Somerset CCG website. |  |  |
| **Criterion 4**  Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion. | 1. Following local and national guidance on infection prevention and control 2. Regular Patient Participation Group meetings with practice representatives. | 1. Annual Statement to be added to the Surgery website. Surgery website to be updated to provide this information for service users. |  |
| **Criterion 5**  Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people. | 1. Reporting of diseases in accordance with notifiable diseases directives. 2. Adhering to guidance from specialists when infection identified. 3. Maintain appropriate procedures to reduce risk of infection. |  |  |
| **Criterion 6**  Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infections. | 1. Telephone and computer access to results. 2. Access to appropriate tests, swabs for use when deemed appropriate 3. Follow local and national guidance. |  |
| **Criterion 7**  Provide or secure adequate isolation facilities. | 1. Recent building extension has allowed the facility of two examination rooms that can be used as a separate isolation area if required | 1. Regularly monitor the potential need for use of the isolation room. |  |
| **Criterion 8**  Secure adequate access to laboratory support as appropriate. | 1. Daily collections and deliveries with local NHS trust facilities. |  |  |
| **Criterion 9**  Have and adhere to policies, designed for the individual’s care and provider organisations, that will help to prevent and control infections” | 1. Policies kept in Health and Safety folder in Deputy Practice Managers office and on staff intranet | 1. Update annually and if guidance indicates need for review |  |
| **Criterion 10**  Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection. | 1. Offer flu vaccinations for staff annually. 2. Obtain vaccination status of all staff members and offer vaccinations if not up to date 3. Sharps injury policy in place. | 1. To adhere to confidentiality guidance and move staff vaccination status to secure file that is only accessible to practice manager and lead nurse. |  |

|  |  |  |
| --- | --- | --- |
| Green | Amber | RED |
| Within 12 months / ongoing | Within 6 months | Within Next month |

References

[The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf)