

## Completing the 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 with regard to compliance and good practice on infection prevention and control and makes it available for anyone who wishes to see it, including patients and regular authorities.

As best practice, the Annual Statement should be published on the Practice website.

The Annual Statement should provide a short review of any:

- Known infection transmission event and actions arising from this;
- Audits undertaken and subsequent actions;
- Risk assessments undertaken for prevent and control of infection;
- Training received by staff and;
- Review and update of policies, procedures and guidance

Below is a suggested template for the Annual Statement compiled from national guidance and examples of best practice found on the internet. Practices can (and should) adapt the template and add further detail/headings/examples but the five key headings (above) must be included. If the practices are unable to complete one or more of the five key headings it is likely that the practice are not compliant with the Health and Social Care Act.

## **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 any staff training
- Any review and update of policies, procedures and guidelines

## **Infection Prevent and Control (IPC) Lead**

*IPC lead-Lorraine Lloyd*

*Support- Lead Nurse Sian Erasmus*

## **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 monthly Clinical Meetings and learning is cascaded to all relevant staff.

There was a potential infection transmission incident at the beginning of the year, when a patient smeared faeces all over the public toilets in the foyer/entrance porch. The house keeping staff were concerned regarding the risk of infection transmission, and use of spill kit. This matter was looked into, and discussed with Infection Control Specialist Nurse at SOMPAR, Our policies were updated and the cleaner's education was updated.

## **Infection Prevention Audit and Actions**

Method: Infection Control audits are carried out on a monthly basis, by use of a robust organisation checklist

Findings are compared to national and organisation gold standards

Feedback: As a result of this monthly audit a report of findings is completed and any identified issues are then feedback to the lead nurse. This is then discussed in team meetings e.g. weekly nurse meeting and weekly managerial workforce meeting.

Action of change: Agreed action of change is implemented.

For example: Recently I carried out an audit which identified that there are several couches with small tears in them. This was identified as an infection control risk, even though the clinical staff using them always use couch roll. I then discussed this with the Practice manager, this was then discussed at the workforce and nursing meetings and, it was agreed to contact companies to get costings to replace affected couches.

## **Risk Assessments**

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out/reviewed:

**Recently we have had new members of staff join the nursing team. They have been updated on infection control policies and assessed on infection control in relation to aseptic technique when dealing with patients that have wounds. This is documented in their competency booklets.**

**Protective equipment is also checked on a monthly basis to ensure that all rooms have handwashing equipment, aprons and gloves.**

**A risk assessment was performed on the damaged clinic room couches following the infection control audit July 2017. They have now been replaced with new adjustable height couches.**

## **Training**

All staff received annual training in infection prevention and control.

For 2017, this has been organised for October 17<sup>th</sup> in staff protected time training afternoon.

## **Policies**

All Infection Prevent 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 annually, and all are amended on an on-going basis as current advice, guidance and legislation changes. Infection Control policies are circulated amongst staff for reading and discussed at meetings on an annual basis.

- *NB: Head of Nursing and Quality is developing and reviewing all current IC policies as part of the overall SHS core policy work.*

## **Responsibility**

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

## **Review Date**

December 2017

Updated September 2017.

## **Responsibility for Review**

Sian Erasmus is overseeing the policies and Lorraine Lloyd is also assisting with this

**For and on behalf of** *Highbridge Medical Centre*