Infection Control Annual Statement

Purpose

This annual statement will be generated each year in **October** 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 staff training
- Any review and update of policies, procedures and guidelines

Infection Prevention and Control (IPC) Lead

The Centre Practice has 1 Lead for Infection Prevention and Control: Alys Hurdle, Registered Nursing Associate.

The IPC Lead is supported by: Dr D. Hatfull and Registered Nurse, Kathryn Anderton.

Alys has attended regular IPC Lead webinars and annual eLearning, and keeps updated on infection prevention practice.

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 six monthly evening meetings and learning is cascaded with all relevant staff. These are also circulated at the time of reporting via Email for comments and discussion, then placed on the log (on Share Point)

In the past year there have been no significant events raised that related to infection control.

Infection Prevention Audit and Actions

The Annual Infection Prevention and Control audit was completed in 23/02/2026

As a result of the audit, the following things have been changed in Centre Practice:

- New lockers installed for treatment room and reception
- Clean utility room has been organized and visible expiry dates sheet on cupboard fronts
- A new temperature-controlled fridge for vaccines and injections.

An audit on hand washing was undertaken in October 2025.

The Practice plans to undertake the following audits in 2026/2027:

- Annual Infection Prevention and Control audit
- Minor Surgery outcomes audit
- Hand hygiene audit
- Bi- annual in-house audits

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:

Legionella (Water) Risk Assessment: Carried out by NHS Property Services

Immunisation: As a practice we ensure that all our staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu, COVID). We take part in the National Immunisation campaigns for patients and offer vaccinations in-house and via home visits to our patient population.

Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. The window blinds are very low risk and therefore do not require a particular cleaning regime other than regular vacuuming to prevent build-up of dust. The modesty curtains, although handled by clinicians, are never handled by patients and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled.

Toys: NHS Cleaning Specifications recommend that all toys are cleaned regularly and we therefore provide only wipeable toys in consultation rooms.

Daily cleaning logs: Daily cleaning logs are kept in each clinical room and reception to maintain cleanliness between staff usage. These include:

- Patient chair/stool
- Blood pressure monitor/cuff
- Clinical trolley
- Patient couch/pillow
- Desk/Mouse/Keyboard/Phone
- Signing in screen and patient POD.

Hand washing sinks: The practice has clinical hand-washing sinks in every clinical room and bathrooms for staff to use. We have also replaced our liquid soap with wall mounted soap dispensers to ensure cleanliness.

Training

All our staff receive annual training in infection prevention and control via eLearning.

Also, we have in-house and offsite Target afternoons which are well attended by clinicians.

Policies

All Infection Prevention 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 bi-annually, or when there has been an update to the community policies, and all are amended on an on-going basis as current advice, guidance and legislation changes. Infection Control policies are available to staff on SharePoint/OneDrive.

Responsibility

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

Review date

October 2027

Responsibility for Review

The Infection Prevention and Control Lead and the Practice Manager / Partner are responsible for reviewing and producing the Annual Statement.

S Crowley

Practice Manager

For and on behalf of the Centre Practice

CQC Myth buster Guidance

GP mythbusters: Full list of tips and mythbusters - Care Quality Commission (cqc.org.uk)

GP mythbuster 99: Infection prevention and control in General Practice - Care Quality Commission (cqc.org.uk)