

Infection Control Annual Statement 2023/2024

Purpose

The annual statement will be generated each year. It will summarise:

- Any learning connected to cases of *C. difficile* infection and *Methicillin-resistant Staphylococcus aureus* blood stream infections and action undertaken;
- The annual infection control audit summary and actions undertaken;
- Infection Control risk assessments and actions undertaken;
- Details of staff training (both as part of induction and annual training) with regards to infection prevention & control;
- Details of infection control advice to patients;
- Any review and update of policies, procedures, and guidelines.

Background:

Cropreddy Surgery: Lead for Infection Prevention/Control is Nicci Bennett, Practice Manager, supported by Cas Bear, Practice Nurse.

This team keeps updated with infection prevention and control practices and share necessary information with staff and patients throughout the year.

Significant events:

Detailed post-infection reviews are carried out across the whole health economy for cases of *C. difficile* infection and *Methicillin Resistant Staphylococcus aureus* (MRSA) blood stream infections. This includes reviewing the care given by the GP and other primary care colleagues. Any learning is identified and fed back to the surgery for actioning.

This year the surgery has been involved in 0 (zero) *C. difficile* case reviews and 0 (zero) MRSA blood stream infection reviews.

Audits:

Detail what audits were undertaken and by whom and any key changes to practice implemented as a result.

Audit	Date	Auditor/s	Key changes
Infection Prevention & Control Primary Care Audit and Efficacy Checklist		C Bear/S Schofield	Nil
Hand Hygiene	August 2023	C Bear	Nil
ANTT		S Schofield	Nil
Legionella - Management, Testing & Investigation Policy	October 2022	N Bennett	Nil

NB: We are working towards the following audits:

- **Personal Protective Equipment (PPE)**
- **National Standards of Healthcare Cleanliness**

➤ **Waste**

Infection Control Risk Assessments:

Regular Infection Control risk assessments are undertaken to minimise the risk of infection and to ensure the safety of patients and staff. The following Infection Control risk assessments have been completed in the past year and appropriate actions have been taken:

- Control of substances hazardous to health (COSHH)
- Disposal of waste
- Sharps injury
- Use of personal protective clothing/equipment
- Risk of body fluid spills
- Legionella risk assessment

NB – only list risk assessments that have been completed in the past 12-months & ensure there is evidence of actions taken as a result (as the CQC may ask to see these documents). List any Cold Chain events and actions taken.

Staff training:

6 (six) new staff joined this Surgery in the past 12 months and received infection control, handwashing, and donning and doffing training within 1 (one) months of employment.

100% of the practice patient-facing staff (clinical and reception staff) completed their annual infection prevention & control update training (specific whether this was in a formal training session or online).

100% of the practice non-patient-facing staff completed their 3-yearly/annual infection prevention & control update training.

The IPC nurse/practitioner attended training updates for their role. Training is provided by the BOB ICB Webinars.

Infection Control Advice to Patients:

Patients are encouraged to use the alcohol hand gel/sanitiser dispensers that are available throughout the Surgery.

There are posters available in the Surgery regarding:

- Shingles Vaccine
- Child Immunisation
- MRSA Factsheet
- Norovirus

Policies, procedures and guidelines.

Documents related to infection prevention & control are available to all and reviewed in line with national and local guidance changes and are updated 2-yearly (or sooner in the event on new guidance).