



Swan Medical Group 2024

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 regarding compliance with good practice on infection prevention and control and makes it available for anyone who wishes to see it, including patients and regulatory 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 prevention and control of infection.
- training received by staff; and
- review and update of policies, procedures and guidance.

Infection Control Annual Statement

Purpose

This annual statement will be generated each year in March 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 Swan Medical Group has three Infection Prevention and Control Leads:

- Sarah Wood- Practice Nurse (Swan Surgery and Liphook Village Surgery)
- Miriam Hellewell- Practice Nurse (Liss Hillbrow Road Surgery)
- Jane Dawes- Practice Nurse (Liphook Station Road Surgery)
- Carolyn Tate-Practice Nurse (Riverside Surgery)

The IPC Leads are supported by: Laura Murdoch- Nurse Supervisor and Senior GP Partner Dr Andrew Holden.

All IPC leads have completed IPC training to ensure high standards are maintained across all surgeries.

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 Quarterly Practice Development Meetings and learning is cascaded to all relevant staff.

In the past year there has been one significant event related to infection control. Learning from this event included:

- Discussion at team meeting to increase awareness, across all sites, of safe practice when using and disposing of sharps.
- Laminated posters now in all consulting rooms with guidance on how to manage a needlestick injury in line with practice policy.
- Laminated posters to give clear instructions on disposing sharps in correct sharps bin.

Infection Prevention Audit and Actions

Following the merger in 2022, and early 2024 with Riverside surgery, the IPC leads have been collaborating to ensure the same high standards across all 5 sites including regular audits.

The Annual Infection Prevention and Control audit was completed by All IPC Leads in June 2024. Any issues that arose have been addressed and a plan of action made.

- Annual training to continue for all staff employed by SMG.
- Laminated posters in each clinical room providing information on disposing of sharps in correct coloured bins.
- Daily cleaning schedule in each clinical room to ensure high standards of cleanliness is maintained.
- Regular audits with cleaning contractors to highlight any issues and maintain continuity across all sites.
- Regular stock check in each clinical room including rotation of stock to prevent items expiring.
- Clinical waste to be secured to wall at LVS.
- Fridge plugs to have covers to prevent accidentally being switched off causing cold chain breach.
- Daily temperature checks for all fridges across sites to be checked daily by reception staff.
- Maintaining high standards in uniform including no watches, necklaces to be worn by clinical staff.

Hand washing teaching was carried out in June 2024 for the Nursing Team. Particular attention was paid to technique which was observed in all team members and bare below the elbow's guidelines. Hand washing audits have been carried out by all IPC leads across all sites this year for all clinical staff.

The Swan Medical Group plan to undertake the following audits in 2025:

- Annual Infection Prevention and Control audit (as per Southern Health Foundation NHS Trust requirements)
- Regular Infection Control Room Audit

- Domestic Cleaning audit
- Hand hygiene audit

Risk Assessments

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

Legionella (Water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff. This will be repeated in July 2025 (every 2 years).

Immunisation: As a practice we aim to ensure that all of 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 Vaccine). 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 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

Window Blinds: 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. SMG have removed most blinds where able to in order to help reduce the risk of dust build up.

Due to ongoing risk of Covid 19, and general infection risk, we are unable to provide toys and magazines for our waiting area at all sites. Items would need to be cleaned regularly and thoroughly through the day which has been deemed unachievable in our very busy surgeries. This would impose a risk to patients particularly those who are vulnerable.

Cleaning specifications, frequencies and cleanliness: We have added a cleaning specification and frequency policy poster in the waiting room and all clinical rooms to inform our patients of what they can expect in the way of cleanliness. We also have a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by the cleaning team and logged. This includes all aspects in the surgery including cleanliness of equipment.

Hand washing sinks: The practice has hand washing sinks in every room for staff to use. Some of our sinks do not meet the latest standards for sinks but we have removed plugs and reminded staff to turn of taps that are not 'hands free' with paper towels to keep patients safe. We have also replaced our liquid soap with wall mounted soap dispensers to ensure cleanliness. If any sinks are to be replaced in the future, these will be sealed sinks with no overflow holes.

Chairs: All chairs in both patient waiting rooms are wipeable. We are working towards replacement of worn chairs in consulting and treatment room as and when they are required.

Training

All our clinical staff receive yearly training in infection prevention and control (level 2) via e-learning. Non-clinical staff complete level 1 e-learning every three years.

Face to face updates in Infection Control have been carried out in order to raise awareness and disseminate latest guidance.

Staff can receive additional training as part of their attendance at TARGET.

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 by Southern Health NHS Foundation Trust (SHFT). SHFT provide the South Eastern Hampshire ICB with Infection Control support.

Responsibility

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

Review date

June 2025

Responsibility for Review

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

Sarah Wood- Practice Nurse.

For and on behalf of the Swan Medical Group