



Annual IPC Statement 2023-2024

Purpose

This annual statement will be generated each year in November 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*. The report will be published on the practice website and will include the following summary:

- Any infection transmission incidents and any action taken.
- Details of any infection control audits undertaken, and actions undertaken
- Details of any risk assessments undertaken for the prevention and control of infection
- Details of staff IPC training
- Any review and update of policies, procedures and guidelines.

Commitment of the Practice

All staff at Latham House Medical Practice is committed to minimising the risk of infection and ensuring patient safety.

Infection Prevention and Control Lead

The Infection Control Lead will enable the integration of Infection Control principles into standards of care within the practice by acting as a link between the surgery and Leicester, Leicestershire and Rutland Infection Control Team. The lead for infection prevention and control at Latham House Medical Practice is Angela Stubbs, Lead Clinic Nurse/Lead DSN.

The IPC lead is supported by the:

- IPC Lead GP - Dr G Dabali
- IPC Associate Nurse – Sandra Carter
- IPC Associate HCA – Pam Smith
- IPC Lead for Estates and Cleaning – Jim Male

Training

Angela Stubbs attended the 2 day IPC training in September 2023 and attends updates with the Integrated Care Board. All staff complete annual infection control training through the Bluestream training portal, this is renewed annually and audited through the Bluestream Module. All new staff complete IPC training on induction.

COVID 19

LHMP continue to respond to changes in managing and minimising the risks associated with COVID-19 and protecting all staff and the public that enter the practice. Clear signs are displayed regarding hand hygiene, respiratory and cough hygiene and wearing of masks when required to do so.

Significant events

Significant events are investigated in detail to see what can be learnt and to identify changes which will lead to future improvements. All significant events are examined on a monthly basis and there has been 1 significant event involving a disposal of sharps. There have been 2 significant events involving vaccine fridge failures. All policies and procedures were followed, and a significant event hearing completed to identify any learning and correct procedures communicated across the practice.

Infection Control Audits

The following audits / assessments were carried out in the practice over the last 12 months.

Completed:

- Infection Control Annual Environmental Audit
- IPC annual efficacy audit
- Hand Hygiene Audit – due to be completed Jan 2024
- Quarterly room audits
- Weekly room checks.

Outstanding

- Aseptic Technique Audit
- Vaccine audit

Infection prevention audit and actions

Following completion of annual audits, the following actions were identified

- Carpet cleaning schedule to be implemented.
- Commitment to Cleanliness Charters displayed - Completed.
- Cleaning Breach notices displayed - Completed.
- Fabric chairs in clinical rooms for patients have been removed and replaced with wipeable chairs - completed.
- New Cleaning standards – Audit frequency updated - completed.

The following IPC polices have been reviewed: -

- Handy Hygiene
- Decontamination of Care Equipment
- Cold Chain and Vaccine storage
- Management of Sharps and Inoculation Injuries
- Outbreaks of communicable disease
- Reporting of known or suspected infectious diseases
- Mop head cleaning policy
- SICPS and TBPs
- Linen management
- Safe management of blood and body fluids
- Venepuncture
- Aseptic Technique

All policies are available to for staff to view on the shared drive under Protocols IPC. Further reviews and amendments take place annually or earlier when appropriate due to changes in regulations and evidence-based guidance.

Risk Assessments

Risk assessments are conducted so that best practice can be established and followed. In the last year, the following risk assessments have been performed:

Legionella risk assessment: The practice has reviewed its water safety risk assessment to ensure that checks are conducted, and the water supply does not pose a risk to staff, patients or visitors. Completed on 5th April 2023 and will be repeated annually.

Immunisation.

All staff are offered Hep B immunisation along with other occupational health vaccines that are relevant to their role i.e., MMR and Flu vaccine. We take part in the national Immunisations programmes/ campaigns for patients and offer vaccines within the surgery or as home visits.

Latham House Medical Practice uses evidence-based practice and meets the CQC 10 compliance criterion.

Responsibility

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

Review date

December 2024

Responsibility for review

The Infection Prevention and Control Lead Nurse (Angela Stubbs) and Infection Control Lead GP (Dr Dabali) are responsible for reviewing the annual statement on behalf of Latham House Medical Practice.