**ALLIED MEDICAL PRACTICE**

**INFECTION PREVENTION AND CONTROL ANNUAL STATEMENT**

**March 2021**

**Purpose:**

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

* Any infection transmission incidents and actions taken. (These will also have been actioned as per our significant event procedures).
* Details of infection control audits undertaken and actions that were put in place.
* Details of any infection control risk assessments.
* Details of staff training.
* Any review and updates of policies, procedures and guidelines.

**Background:**

Allied Medical Practice has one lead for infection control; Lead Practice Nurse Kim Dainty supported by The Practice Manager Clare Marks.

Kim attends regular study days and link nurse meetings relating to Infection Prevention and Control throughout the year.

These meetings update us on any new guidelines which ensure we practice effectively and safely

Kim attended an Infection Prevention and Control study day in London on 6/12/18, this was attended by Practice Nurses and GP,s from across the country. The course was approved by the Royal College of Nursing. The study day looked at legal frameworks, standards, procedures, audits, action plans, responsibilities, waste and practical sessions regarding hand hygiene.

From this study Kim has developed an Infection Prevention Assurance Framework and a Mission Statement to accompany our Annual Statement. This will demonstrate that we meet or are working towards the 10 criteria for compliance as set by The Health and Social Care Act 2008 Code of Practice (2015) on the Prevention and Control of Infections.

All information from study days are shared at clinical team meetings. Information is shared with other staff as appropriate for their role and team area. Within the last year we have discussed areas where there is room to improve: For example reminding staff on the use and disposal of sharps bins, the correct waste stream for the different colour tops of sharps bins. The need to check expiry dates of stock, and while we have a robust checking system, staff are reminded that it is everyone’s responsibility, which we record on a spreadsheet.

**Significant Events:**

In 2020/21 we have not had any significant events relating to infection control, however; we have addressed the following from our previous CQC visits:

1. We have reviewed all our recording mechanisms to ensure compliance at all times
2. We have ensured that spreadsheets for cleaning regimes are completed & not left blank & are clearly marked when rooms are not in use

**Audits:**

We continue to undertake an annual audit and a quarterly interim audit; this was last completed 08/01/21. Plans are then drawn up to address any issues identified and revisited every 3 months to ensure actions have been addressed; this highlights areas that remain outstanding. All audits are available for any inspections.

Our Practice Manager carries out monthly room checks rooms, looking at cleanliness, stock, expiry dates, and a checklist is completed and areas of concern are documented. Our Practice Nurse carries out quarterly random room checks. We strive to maintain a high standard to ensure all our equipment is in date, this includes items such as needles, syringes, solutions, sterile packs etc. This follows guidelines to ensure patient safety and recorded on our spreadsheets.

Random checks on all clinical rooms continues and proves to be an effective process. The checking system is a continuous process.

A waste audit took place on August 2018 by Kent and Medway NHS Partnership Trust who hold the contract for SRCL our clinical waste contractor. Many areas were inspected concerning waste and disposal. Overall we are pleased that we are following correct procedures for our different waste streams. This reduces the risk of contamination and harm to both people and the environment. The areas where we can do better have been explored and actioned.

The practice has continued to use their standards and did a further waste audit in November 2020.

All WEEE (Waste Electric & Electronic Equipment) items will be disposed of by a licensed contractor and documented which generates evidence of correct procedures.

All clinical waste is labelled with site address and relevant code to identify waste type.

Allied Medical Practice will aim to share information and therefore notify patients of any seasonal outbreaks; this will be via posters around the surgery and via our website. For example you will see posters during the flu seasons.

We have tried to increase awareness of the vaccination programs by placing new posters in waiting areas to capture people of all ages.

**ASSESSMENTS: Risk**

Risk assessments are carried out so best practice can be established. Premises are checked throughout the year and documented.

Clare and Kim meet to assess risks to all staff immunization and a process was set up to ensure staff at higher risks of exposure are either vaccinated as per guidelines within the Green Book, Public Health England and CQC or have natural protection. New staff will be included in this process on joining. This is a continuous process.

**Cleaning specifications, frequencies and cleanliness of equipment:**

The general cleaning is undertaken by all staff. The Practice Manager continues to review the cleaning schedules and inspections of the building and then are discussed in a timely manner at staff briefings. All clinical rooms are cleaned as per National Guidelines/Standards. This is now included in our Assurance framework.

Allied Medical Practice does have a decontamination policy to ensure correct cleaning process for individual items. If new equipment is introduced then additional updates and training takes place where necessary. Some items used are single use only. We are in the process of developing an up to date equipment list which will include date of purchase and cleaning process.

**Toys, Books, Magazines**

Allied Medical Practice does not provide toys to help reduce any risk regarding Infection Prevention and Control in the waiting areas.

**Curtains, Blinds**

Allied Medical Practice has various curtains /blinds at windows and as patient’s screens. Privacy curtains in consulting rooms are disposable, these are dated when hung and changed 6 monthly as per practice policy. They are changed sooner should they become soiled.

The blinds that are in the treatment rooms are currently being reviewed by the practice team and have been trialing obscure window film instead to reduce the workload to maintaining the infection control/cleaning of the blinds.

**Infectious Diseases**

Patient’s that are thought to be infectious or contagious are asked not to visit the practice where possible or if already in the practice they are asked to sit away from the other patients are in highly contagious situations the patient toilet is the only current designated waiting area and this is to reduce the risk to other patients.

Hand Sanitisers are available at reception/porch and waiting area for patients to use.

**Staff Training**

At Allied Medical Practice Infection Prevention and Control including handwashing training is undertaken each year. Training for clinical staff took place on 01/05/20 and for non-clinical staff 01/05/20 to 17/08/20 for new staff. Good hand hygiene is the single most effective process to prevent risk of infection. The use of a video with current information is also used to support training and understanding.

Kim ensures all staff attend training and captures those who are not able to attend. New staff are advised on induction and training completed. Evidence is maintained and this identifies any gaps in training or education.

**Policies, Procedures, Guidelines**

Polices relating to Infection Control are reviewed annually and updated accordingly, if appropriate.

However should new evidence arise, policies and procedures are amended as per current guidance.

Kim Dainty - Infection Prevention and Control Nurse

Clare Marks – Infection Prevention and Control Manager