



Infection Prevention Control Statement

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 (IPC) Lead produces an annual statement with regard to Compliance with good practice on infection prevention and control.

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 any staff training.
- Any review and update of policies, procedures, and guidelines.

Infection Control Lead

Riverside Health Partnership has a named clinical lead for IPC - Charlie Spink

The IPC Lead has the following duties and responsibilities within the practice:

- Keep up to date with changes in Infection Control
- Check PPE
- Checking the Surgery for Cleanliness

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 monthly clinical meetings and learning is cascaded to all relevant staff.

As a result of these events, Riverside Health Partnership has:

- Continued with regular infection control updates for both clinical and non-clinical staff.
- Ensures infection control guidance remains accessible to all staff.
- Training is logged on a named centralised system and in personnel files.

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

Infection Prevention Audits and Actions

The practice carries out an Infection Prevention and Control audit every 3 months. This involves a comprehensive review of all aspects of infection prevention and control within the surgery.

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 Assessments:

The practice completes monthly temperature checks and has an external contractor who is responsible for completing any remedial works that may be identified following their quarterly inspections. A water safety risk assessment is in place to ensure that the water supply does not pose a risk to patients, visitors, or staff.

- Cleaning specifications, frequencies, and cleanliness:

We work with our external cleaning contractor to ensure that the premises adhere to the National Standards of Healthcare Cleanliness. A 6 monthly assessment of cleaning processes is conducted with our cleaning contractors, to identify areas for improvement and discuss any issues that may have been identified.

- Immunisation:

As a practice we ensure that all our staff are up to date with their Hepatitis B immunisations and offer any occupational health vaccinations applicable to their role. We take part in the National Immunisation campaigns for patients and offer vaccinations via in house and home visits to our patient population. An accurate record of employees' vaccinations is retained centrally and is also available as a hard copy for audit purposes.

- Curtains:

Disposable curtains are used in clinical rooms and are changed every 6 months (June & December). All curtains are regularly reviewed by staff and changed more frequently if damaged or soiled.

- Hand washing sinks:

The practice has clinical hand washing sinks and liquid soap is available, for staff, patients and visitors to use, with paper towels / hand dryers available

- Audits:

The practice undertakes audit in the following areas :

- Infection Prevention Control
- Handwashing
- Medical fridges
- Sharps bins

Training

All our staff receive bi-annual training on infection prevention and control.

Hand Hygiene training and audit is carried out annually by our nursing team for training and education.

Policies

All Infection Prevention Control related policies are in date.

Policies relating to Infection Control are available to all staff via our centralised systems and a hard copy is retained by the Compliance & Estates Manager.

Policies are reviewed and updated annually or as appropriate, and all are amended on an on-going basis as current advice, guidance, and legislation changes.

Responsibility

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

Review Date

June 2025

Responsibility for Review

The Infection Prevention and Control Lead is responsible for reviewing and producing the Annual Statement.