NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Infection Control Annual Statement 2023/2024

Purpose

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

- 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:
Newbury Street Practice, Lead for Infection Prevention /Control is Jane Fallon-Norris ,Practice nurse, who is supported by Dr Karen Irwin, GP; Alyson Green, ANP; and Caroline Burgess, Lead Nurse

This team keeps updated with infection prevention & 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 *Meticillin 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 six *C. difficile* case reviews and no MRSA blood stream infection reviews. Feedback has included:

In four cases the risks were identified early and appropriate specimens sent off to confirm the diagnosis, appropriate antibiotic prescribing was initiated and where required appropriate advice was taken.
In two cases the patients were tested in hospital and subsequently passed away there so no action was required by the practice.

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 and Efficacy	Jan -April 2023	K.Irwin, Jane Fallon-Norris, Caroline Doyle	1. Sharps boxes – ensure date is added and temporary lid closure used 2. Resources for staff and for patients utilised

			3. More than one member of staff needs to understand the process and have responsibility 4.clear communication required with cleaning company and staff 5. a clear timetable adopted so all audits are completed at appropriate times 6. Limescale action plan developed and implemented 7. Prevention of Legionella to be undertaken at practice level as it is unclear regards the input from the building management team
Hand Hygiene	21/10/22	K Fido	Staff advised to moisturise hands to ensure dry areas do not harbour bacteria. Point of care audit still outstanding
ANTT	15/4/23	K Irwin	All GPs who insert contraceptive implants have been audited and no risks identified. Nurse *3 done, further audits is still outstanding
National Standards of Healthcare Cleanliness Technical	2/2/23-2/4/23	K Irwin and Calber cleaning company	1. Dust at high and low levels, reaudited one month later and improved 2. Cleaners cupboard not neat and tidy – reaudited and improved 3. Everyone needs to understand a line of reporting, for example when sanitiser dispensers are not working

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:

Risk	Current measures In place	Future Mitigations	Comments/actions
COVID 19 outbreak	Health and care staff should continue to wear facemasks as part of personal protective equipment required for transmission-based precautions when working in COVID-19/respiratory care pathways, and when clinically caring for suspected/confirmed COVID-19 patients. This is likely to include settings where untriaged patients may present such as emergency departments or primary care, depending on local risk assessment. In all other clinical care areas, universal masking should be applied when there is known or suspected cluster transmission of SARS-CoV-2, eg during an outbreak, and/or if new SARS-CoV-2 VOC emerge.	Return 5 days after positive test or when well if respiratory illness. Avoid severely immunocompromised patients for 10 days if positive test. Change in practice will be adhered to following advice and guidance from Public Health	Continue to change practice in line with Government guidelines if there is any future outbreak. Practice brought into play before can be reinstated at short notice as we did before.
COSHH	Cleaning cupboard has a record of COSHH for all cleaning materials	Need to ensure that nurses have COSHH reports	IPC lead
Disposal of waste	Regular audits of waste disposal Staff reminders via email and quarterly Newsletters	To reinforce training and compliance waste management training module has been added to all clinical staff's training schedule	Checks to be put in place to ensure that staff are up to date with training, waste management added to
HCAIs and occupational infections	Staff exclusion policy Appendix P of IPC policy Clinical Staff immunised against Hepatis B	When Minor ops recommence then regular audit will need to take place for post operative infections.	

	No VADs, urinary catheter insertions or enteral feeding management done in practice Compliance with ICB review of clostridium difficile and MRSA infections Audit and review of cases COVID 19 *Testing only for staff primarily working on wards focussed on treating severely immunocompromised individuals. No return to work testing.In line with current guidance*		
Minor Surgery	No minor surgery currently taking place in the surgery	Preparation of a FR 2 room with appropriate IP&C protocols in place	IPC team
Sharps Injury	Staff training Use of Vaccutainers and activating of sharps safe device. Instructions on what to do in case of a sharps injury	Ongoing staff training	IPC lead
PPE	Staff training Supplies in each room Audit of compliance	Regular program of audits	IPC lead
Risk of bodily fluid spills	Bodily spills kits in the practice HCAs/nurses aware how to use	Signage for all to be able to use the kits Training for reception staff to be able to use as well	To do at a PTT , spill kits purchased and containers to be placed at easy access sites. Not purchased for every room as early expiry date of a few months
Legionella	External company does checks Reports provided when required	More oversight required to understand processes	Schedules of inspection and sampling obtained.

Buildings and facilities that do not meet IPC best practice	Waiting area does not allow for social distancing, consider splitting area Patients with respiratory illness or a high fever asked to wait in the car and are brought in via the back door just by the clinician for their appointment. Increased levels of dust, raised with cleaning company and improvement plan put in place, reaudited and improved.	Need to have a plan in place for winter with increased levels of respiratory infections	Consider additional seating in another corridor.

Cold Chain Events

One cold chain event had taken place, where it appeared that the fridge temperature had dropped below the recommended temperature for safe storage of vaccines. The data logger could not be located.

The nursing team quarantined all vaccines, called the manufactures and got details of which ones could be used and which ones could not.

Denosumab was removed from the fridge and destroyed. The data logger was found, and it transpired that the cold chain had not been broken.

A flow chart was developed for future reference as to what to do in these situations. This is held with other policies in one file and on Teamnet

Actions

A list of actions following a cold chain event were created.

The data loggers are now in an easily identifiable bag in the fridge.

Improved data collection of temperatures and training of staff in place.

Staff training:

Seven new staff joined this Medical Centre/Surgery in the past 12-months and received infection control, hand-washing, and donning and doffing training within 1 months of employment to the appropriate level for role.

74 % 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).

93 % of the practice non-patient-facing staff completed their 3-yearly/annual infection prevention & control update training.

Waste Management has been added to the Mandatory training for all staff.

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 at the entrance and at point of care.
Additional IPC measures on hands, face, space have been implemented due to the COVID-19 Pandemic.

There are leaflets/posters available in the Medical Centre/Surgery -regarding:

MRSA	Chickenpox & shingles
COVID-19	Norovirus
Influenza	Recognising symptoms of TB
The importance of immunisations (e.g. in childhood and preparation for overseas travel)	

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).