

## 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 Caroline Doyle, Practice nurse, who is supported by Dr Karen Irwin, lead GP and Kimberley Embling -Nursing assistant.

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 five *C. difficile* case reviews and no MRSA blood stream infection reviews. Feedback has included:

In four cases the patients were identified as having contracted the infection in hospital. One of the patients was diagnosed on discharge, samples were taken early, and appropriate advice was taken and the hospital contacted so treatment could be reviewed.

One case was acquired in the community samples were sent off to confirm the diagnosis, appropriate antibiotic prescribing was initiated and where required appropriate advice was taken.

### 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		Caroline Doyle	FR2 and FR3 rooms are audited in line with National Guidance. Any issues that arise are

			<p>reported immediately to the PM to liaise with the cleaning company.</p> <p>The new building has facilitated more efficient IPC procedures.</p>
Hand Hygiene			<p>All staff have been audited using the light box and all clinicians audited using point of care audit.</p>
ANTT			<p>All GPs who insert contraceptive implants have been audited and no risks identified.</p> <p>All Nurses have been audited.</p> <p>All relevant staff have been asked to attend ANTT training by watching the ICB webinar.</p>
National Standards of Healthcare Cleanliness Technical			<ol style="list-style-type: none"> <li>1. Dust at low level trunking has been reported to the cleaning company and improved.</li> <li>2. Cleaners' cupboard has been tidied and old products disposed of</li> <li>3. QR codes have been displayed on the back of all clinical room doors so that cleanliness responsibilities can be recorded on a weekly basis, also monthly reporting that there are no issues with the rooms.</li> </ol>
Waste Management			<p>The bin storage area has been cleaned and everyone advised that if there are any bags that have burst or rubbish spilled on the ground that this must be reported immediately to the PM so action can be taken.</p>
Equipment			<p>'I am clean tape' has been introduced so that it is recorded that all equipment is clean before use.</p> <p>Wipeable reusable tourniquets are now in use</p>

### 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
<b>COVID outbreak</b>	<b>19</b> 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 changes into play before, and these can be reinstated at short notice as we did before.
<b>COSHH</b>	Cleaning cupboard has a record of COSHH for all cleaning materials. Nurses have COSHH for any chemicals used to clean equipment		
<b>Disposal of waste</b>	Regular audits of waste disposal Staff reminders via email and quarterly Newsletters		Checks to be put in place to ensure that staff are up to date with training, waste

			management added to teamnet.
<b>HCAIs and occupational infections</b>	Staff exclusion policy Appendix P of IPC policy Clinical Staff immunised against Hepatis B 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 <i>Testing only for staff primarily working on wards focussed on treating severely immunocompromised individuals. No return to work testing. In line with current guidance</i>	Annual training for all Health Care Staff.	
<b>Minor Surgery</b>	No minor surgery currently taking place in the surgery	Preparation of a FR 2 room with appropriate IP&C protocols in place	IPC team
<b>Sharps Injury</b>	Staff training Use of Vacutainers and activating of sharps safe device. Instructions on what to do in case of a sharps injury	Ongoing staff training	IPC lead
<b>PPE</b>	Staff training Supplies in each room Audit of compliance	Regular program of audits	IPC lead
<b>Risk of bodily fluid spills</b>	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	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
<b>Legionella</b>	External company does checks Reports provided when required	Internal checks are done weekly on the water temperatures	Schedules of inspection and sampling obtained.

<b>Buildings and facilities that do not meet IPC best practice</b>	New waiting area allows for social distancing. 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.	Any PHE notices will be passed on to all staff and posters displayed as required.	
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## **Cold Chain Events**

One cold event occurred when there was a power outage across the whole of the health centre and 500 local houses.

Processes were put in place immediately to protect temperature in the fridges. These were locked and everyone advised not to open them. All fridge stored medication was quarantined. The power outage lasted all day. The nursing staff called all the manufacturers to establish which immunisation could be used and which could not. Those medications and immunisations that could not be utilised due to being stored for longer than the licensed period were removed and destroyed. All those that were cleared for use by the manufacturer were removed from quarantine and placed at the front of the stock for use first.

Data loggers were used to check how long medications were outside the licensed temperature.

### **Actions**

This was an unusual event, to be discussed at the Significant Learning Opportunity meeting to review any further actions that could be taken in a future event.

Business continuity plan was reviewed.

### **Staff training:**

The IPC team are part of the ICB IPC forum and attend monthly webinars for updates and training.

The IPC team have had inhouse training from the ICB IPC team.

Where relevant staff using ANTT have had an update by attending webinars by the ICB IPC team.

Eight new staff joined Newbury Street Practice in the past 12-months and received infection control, hand-washing, and donning and doffing PPE training within 1 month of employment to the appropriate level for role.

**92%** 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). This is an increase from 74% last year.

**100%** of the practice non-patient-facing staff completed their 3-yearly/annual infection prevention & control update training. This is an increase from 92% last year.

Waste Management has been added to the Mandatory training for all staff and **92%** have completed their training.

The IPC nurse and Lead GP attended training updates for their role. Training is provided by the BOB ICB Webinars.

Staff have IPC updates in the form of newsletters and in the morning huddle they are advised on any urgent issues.

There is an isolation room with appropriate PPE available for HCPs caring for the patient.

**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.

Posters are displayed in the waiting areas to remind patients regards the symptoms of measles and the importance of immunisation.

This information is also on the website.

The practice is taking part in the MMR catch up program.

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

MRSA	Chickenpox & shingles
COVID-19	Norovirus
Influenza	Recognising symptoms of TB
Measles	Getting ready for school
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).