**Heaton Norris Medical Practice**

Date:

**Purpose**

This annual statement will be generated each year in July, in accordance with the requirements of the [Health and Social Care Act 2008 Code of Practice](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance) 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 (these will have been reported in accordance with our significant event procedure)
* Details of any infection control audits carried out, and actions undertaken
* Details of any risk assessments undertaken for the prevention and control of infection
* Details of staff training
* Any review and update of policies, procedures, and guidelines

**Infection Prevention and Control (IPC) lead**

The Infection Control Lead will enable the integration of Infection Control principles into standards of care with the Practice, by acting as a link between the Practice and Stockport Health Protection Unit and Infection Control. They will be the first point of contact for practice staff in respect of Infection Control issues. They will help create and maintain an environment which will ensure the safety of the patient/client, carers, visitors, and health care workers in relation to Healthcare Associated Infection (HCAI).

**Practice Infection Control Leads: Dr Anna Lancashire, GP Partner and Hannah Collins, Practice Nurse**.

**a. Infection transmission incidents (significant events)**

Significant events involve examples of good practice as well as challenging events.

Positive events are discussed at meetings to allow all staff to be appraised in areas of best practice.

Negative events are managed by the staff member who either identified or was advised of any potential shortcoming. This person will complete a Significant Event Analysis (SEA) form which commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.

All significant events are reviewed and discussed at several meetings each month. Any learning points are cascaded to all relevant staff where an action plan, including audits or policy review, may follow.

**Infection Control Incident Reported: MRSA – blood steam infection**

The practice was notified on 27 April 2023 by Stockport Health Protection Unit and Control of Infection Unit Public that an MRSA infection linked to the practice. The practice has been duly informed that no issues have been identified.

There have also been no complaints made regarding cleanliness or infection control.

**b. Infection prevention audit and actions**

The last CQC inspection was 23 November 2016. The CQC last reviewed information and data available about the practice on 8 June 2023 – No recommendations were made.

Stockport Health Protection Unit and Control of Infection Unit attended the practice on

4 March 2018 the outcome of the IPC Inspection was Outstanding.

During the period 1 April 2022 and 31 March 2023 audits conducted were:

Sub Dermal Implants and Intra-uterine Contraceptive Devices

Other audit to be completed in 2023 – Minor Surgery to include Joint Injections, Incisions and Excisions.

The above audits will be completed on an annual basis.

**c. Risk assessments**

Risk assessments are carried out so that any risk is minimised to as low as is reasonably practicable. Additionally, a risk assessment to identify best practice will be established and followed.

In the last year, the following risk assessments were undertaken/reviewed:

* Privacy curtain cleaning or changes
* Water safety

In the next year, the following risk assessment will also be reviewed:

* Cleaning standards
* COSHH
* Staff Vaccinations
* Sharps
* Aseptic non-touch technique and hand washing audit

**d. Staff Training**

In addition to staff being involved in risk assessments and significant events, at Heaton Norris Medical Practice, all staff and contractors receive IPC induction training within three months on commencing their post. Thereafter, all staff receive refresher training every three years and the module is added to their e-learning account.

In addition, Face to Face IPC training is to be completed during 2023 - 2024.

**e. Policies and procedures**

The infection prevention and control-related policies and procedures that have been written, updated, or reviewed in the last year include, but are not limited, to:

1. Infection Prevention Control Policy
	1. Infection Control Biological Substances Protocol
	2. Clinical Waste Management Protocol
	3. Disposable (single-use) Instruments Protocol
	4. Needle-Stick Injury Protocol
	5. Safe use and disposal of sharps
	6. Sample Handling Protocol
	7. Sterilisation and Decontamination Protocol
	8. Isolation of Patients Protocol
	9. Notifiable Diseases
	10. Staff Exclusion from Work
2. Aseptic Technique Policy
3. Hepatitis B Vaccination of Employees
4. Management of Clostridium Difficile Infections in the Community
5. Stockport Community Antibiotic Guidelines
6. Vaccine Storage Guidelines
7. COSHH

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis as per current advice, guidance, and legislation changes.

**f. Responsibility**

It is the responsibility of all staff members at Heaton Norris Medical Practice to be familiar with this statement, and their roles and responsibilities within it.

**g. Review**

The IPC Lead Dr Anna Lancashire, GP Partner and Hannah Collins, Practice Nurse are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before July 2024.

**Signed by:**



**Rhona Franks**

**For and on behalf of Heaton Norris Medical Practice**