

# OLD SCHOOL SURGERY INFECTION CONTROL

## ANNUAL STATEMENT JANUARY 2025

This annual statement will be generated each year in January in accordance with the requirements of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. 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 staff training
- Any review and update of policies, procedures, and guidelines

### **Infection Prevention and Control (IPC) Lead**

The Old School Surgery Lead for Infection Prevention and Control: Brenda Simmonds – Practice Nurse

The IPC Lead is supported by: Fran Anderson- Practice Manager & Dr Dale S Kinnerlsey – Lead GP and Partner

Brenda Simmonds has attended an IPC Lead training course and keeps updated on infection prevention practice.

### **Infection transmission incidents (Significant Events)**

Significant 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 by the management team and learning is cascaded to all relevant staff.

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

### **Infection Prevention Audit and Actions**

The Annual Infection Prevention and Control audit was completed by Brenda Simmonds/Fran Anderson in December 2024 achieving a 92% score.

As a result of the audit Old School Surgery plan to undertake the following in 2025:

- Annual Infection Prevention and Control audit
- All staff to complete their Infection Control Training and a record kept.
- The IPC Lead will write an annual statement in January.
- Repair cracks in walls in clinical area.
- Replace cover on damaged treatment couch.
- Improve environmental cleaning schedules
- Complete de-contamination schedules for re-usable clinical equipment.
- The partners have agreed that when taps need replacing in clinical rooms mixer taps will be fitted.
- Cleaning staff will receive further training on the correct storage of cleaning equipment.

## **Risk Assessments**

A Legionella (water) Risk Assessment was last carried out in August 2024.

The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors, or staff.

Immunisation: As a practice we ensure that all our staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e., MMR, Seasonal Flu and Covid vaccinations). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population.

Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. The window blinds are very low risk and therefore do not require a particular cleaning regime other than regular vacuuming to prevent build-up of dust. The modesty curtains although handled by clinicians are never handled by patients and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled

Cleaning specifications, frequencies, and cleanliness: We also have a cleaning specification and frequency policy which our cleaners and staff work to. A cleaning schedule is completed for all cleans.

Hand washing sinks: The practice has clinical hand washing sinks in every clinical room for staff to use.

## **Policies**

All Infection Prevention and Control related policies are in date for this year.

Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated annually and all are amended on an on-going basis as current advice, guidance and legislation changes. Infection Control policies are circulated amongst staff for reading and discussed at meetings on an annual basis and any policy updates are advised at the time of the update.

## **Responsibility**

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

Review date

January 2026

## **Responsibility for Review**

The Infection Prevention and Control Lead Brenda Simmonds Support is responsible for reviewing and producing the Annual Statement, in conjunction with the Practice Manager on behalf of Old School Surgery.