

*Dr. Angela Wallis
Dr. Caroline Law
Dr Tina Hillman*



143-145 Shirley
Road
Shirley
Southampton
SO15 3FH
Tel: 023 80221964
Fax: 023 80233792

Purpose

This Annual Statement has been produced by Atherley House Surgery in accordance with The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

It includes.

- 1 Infection transmission incidents and actions required.
- 2 IPC Risk Assessments undertaken, and any change made.
- 3 Staff training
- 4 Review and Update of Policies
- 5 Antimicrobial prescribing

Infection transmission incidents

Sharps Injury

Practice Nurse was carrying out routine childhood immunisation on a 1-year-old. Practice Nurse gave to vaccination to the infant but on removing the needle from the limb they accidentally scratched their finger with the used needle.

Procedure halted.

Let needle stick injury bleed then covered with dressing.

Reassured parents

Reported to Occ Health

Deemed low risk, was offered counselling if any concerns which were declined.

IPC Audits and Actions

The Annual Infection Prevention and Control audit was completed by Justine Baker, Practice Nurse in October 24

New Spreadsheet was created to ensure weekly deep clean of treatment room happened and was clearly documented. This includes surface areas and equipment. As a result, we decided to no longer use our 24-hour bp machine due to not being completely satisfied the equipment was cleaned adequately between patients We can now outsource this test to local pharmacies offering the service, therefore no inconvenience/delay to our patients care. In addition, we have implemented a cleaning regime for equipment available for patient use in public areas of the practice, this is completed twice daily and signed off by a member of staff.

Waste Disposal Audit

Showing not all the correct sharps bins were being supplied by Anenta our local supplier Contact made with them to improve the service. The audit also showed that not all sharps' bins were labelled correctly upon closing, guidance has been reshared with the practice clinical team; segregation of clinical waste posters were checked for latest versions on display in clinical rooms. All other elements of our waste disposal were satisfactory.

Shared Equipment Audit

Following our annual IPC audit and identifying cleaning of shared public equipment accessible to patients, our TNA Kate is carrying out a service improvement audit looking at the cleaning of equipment that is shared across clinician's rooms to ensure adequate and robust cleaning is happening at all times to prevent cross infection and protect patients. Outcomes from this service improvement are currently being evaluated ready for implementation.

Risk Assessment

Weekly visual risk assessment carried out of practice by ICP lead. Any issues with cleaning or equipment are raised and actioned to ensure all areas are of high standard, clutter free and safe for patients and staff.

Immunisations of Staff

Due to increase in cases of MMR locally PM ensured all staff were covered by 2 x MMR in vaccination history Any clinicians under vaccinated were advised to attend their own practice for vaccination.

Curtains

All medical rooms within the practice now have disposable curtains and pillowcase covers in line with NHS Cleaning Specifications these are replaced every 6 months.

Legionella Testing

We have outsourced regular water testing, which is conducted every 6 months, we have an internal member of staff who also runs monthly water temperature checks within the practice.

Training and Policies

All staff are expected to complete yearly E learning to a minimum of IPC level 1. Staff with additional responsibilities and all clinicians are trained to IPC level 2. Our IPC lead regularly attends locally held IPC forums.

All staff have recently been audited on handwashing technique and advised on best practice. Posters are displayed at all sinks throughout the practice including those in patient toilets.

We are working on ensuring all policies related to IPC are up to date. These are readily available to all staff members.

Antimicrobial Prescribing

As part of the Medicines Optimisation Incentive Scheme within our ICB the practice has chosen to focus on improving and reducing our prescribing of antibiotics. This work is being audited with support of our ICB Medicines Optimisation team. This is an ongoing piece of work that will be evaluated at regular intervals to ensure that appropriate prescribing is taking place in line with SCAN guidelines.

Review Date October 25 by J Baker GPN and IPC lead