****

**THE**

**MORTIMER SURGERY**

**Infection Control Annual Statement**

Purpose

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 with regards to infection prevention & control
* Any review and update of policies, procedures and guidelines

Infection Prevention and Control (IPC) Lead

Mortimer Road Surgery has a Lead for Infection Prevention and Control: Tracey Frost (Practice Nurse).

The IPC Lead is supported by: Kelly Foster (HCA).

This team keep updated with infection prevention & control practices and share necessary information with staff and patients throughout the year.

Infection transmission incidents (Significant Events)

Significant events (which may involve examples of good practice as well as challenging 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 in the monthly Practice Meetings and learning is cascaded to all relevant staff.

As a result of these events, whilst Mortimer Surgery has not had any significant events concerning infection control this year, has:

* Continued with an annual infection control update for both clinical and non-clinical staff
* Ensured Infection Control Guidance remains accessible to all staff.

Infection Prevention Audit and Actions

The Annual Infection Prevention and Control audit was completed by TF/JL in December 2021.

As a result of the audit, the following things have been changed:

* Monthly cleaning audit to be performed by PP/Rapid Clean
* Plugs have been removed from clinical hand washing sinks

An audit on Minor Surgery was undertaken by BT in November 2022. There were 38 procedures and one infection. This will be discussed at the Practice Meeting in December.

An Annual IPC audit was completed in December 2021 with a 6 monthly IPC follow up in June 22 and a staff update at the Practice TIPS in November.

An audit on MRSA, C Diff and E. Coli was completed in October 2022.

An audit on hand washing was undertaken in October 2022. This was discussed at the Practice meeting.

Wound care and Phlebotomy audits were undertaken by the Practice Nurse.

The Practice plan to undertake the following audits in 2023:

* Annual Infection Prevention and Control audit
* Waste Audit
* Sharps injury
* Hand Washing Techniques
* Wound Care
* Phlebotomy

Risk Assessments

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out / reviewed:

Legionella (Water) Risk Assessment: 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 of our agreed 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). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population. We also offer DTP.

Curtains: Disposable curtains are used in clinical rooms and are changed every 6 months according to manufacturer instruction. All curtains are regularly reviewed and changed more frequently if damaged or soiled.

A COSHH (Control of Substances Hazardous to Health) risk assessment was completed and appropriate action taken

Training

All our staff receive annual training in infection prevention.

All new staff receive infection control and hand washing training within 2 months of employment.

Infection Control Leads have an annual update. Information is then disseminated to the clinical team within the monthly Education Meeting, and to the non-clinical staff via an annual training presentation.

The nurse team either attends an annual Infection Control Update led by the Infection Prevention & Control Nurse for Berkshire West CCG or completes an annual e-learning update.

Infection Control Advice to Patients

Patients are encouraged to use the alcohol hand sanitiser dispensers that are available throughout the surgery

There are leaflets and posters available in the surgery on:

MRSA

Norovirus

Chicken Pox and Shingles

Influenza

The importance of immunisations

Recognising symptoms of TB

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.

Responsibility

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

Review date

5th December 2023

Responsibility for Review

The Infection Prevention and Control Lead and the Practice Manager are responsible for reviewing and producing the Annual Statement.

Penny Palmer (Practice Manager):

Tracey Frost (Practice Nurse):

For and on behalf of Mortimer Surgery