

## **Infection Prevention Control 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.

This is relevant to all employees, visitors, contractors and anyone on training placements, the Infection Prevention and Control Policy must be adhered to.

### **Commitment of the Practice**

All staff at UMC are committed to minimising the risk of infection and ensuring patient safety.

Infection Prevention and Control Team

- **IPC Lead** - Frances Rintoul, Deputy Lead Nurse
- Jacqueline Marshall, Practice Nurse
- Lauren Body, Nurse Associate
- Alfie Scholey, HCA
- Rosanna Fruin, Senior Administrator

All of the IPC Team maintain and update knowledge through available training annually.

### **COVID 19**

The Partners, IPC lead and Team have ensured that the Practice environment is COVID19 secure.

- Protective screens have placed around reception areas.
- Staff are reminded to wear masks when walking around the building and engaging in patient care, perform good hand hygiene, perform IPC in line with national guidance.
- The national and local IPC guidance is checked on a weekly basis by the IPC lead and any changes are cascaded to staff.
- Patients are reminded to wear masks when in the building and to use the hand sanitisers that are placed throughout the building.

### **Significant/Learning Events**

Significant/Learning events are investigated in detail to see what can be learnt and to identify changes which will lead to future improvements.

All significant/learning events are examined on a monthly basis to identify any training and or learning that is required/highlighted.

## **Infection Control Audits are on an annual basis and include:**

- Annual handwashing audit – all staff participate.
- All staff complete IPC training as part of their induction – Level 2 via Invicta Health.
- IPC updates are discussed at clinical and team meetings.
- All policies are updated annually and available for all staff to view on the shared drive,

## **Risk Assessments**

Risk assessments are carried out so that best practice can be established and followed.

- Annual non-clinical room checks
- 6 monthly Legionella water testing by ARA Environmental Ltd
- Various Covid-19 risk assessments
- Fan usage and cleaning
- Noticeboard damp dusting

## **Immunisations**

All staff are offered Hep B immunisation along with other occupational health vaccines that are relevant to their role i.e. MMR and Flu vaccine.

We participate in the National Immunisations Programmes/Campaigns for patients and offer vaccines within the surgery or as Home visits where indicated.

## **Other examples**

### **Curtains:**

The NHS cleaning specifications state that the curtains should be cleaned, or if using disposable curtains, replaced every 6 months.

UMC use disposable curtains in clinical high risk areas. Housekeeping maintains records of curtain changes and is responsible for this.

### **Waiting Room:**

UMC has a no toys and magazine policy within waiting areas to prioritise and promote good infection control.

### **Cleaning specifications:**

Cleaning is performed by UoK Housekeeping, they follow the NHS cleaning specifications with regards to infection control and good cleaning standards.

The IPC team will carry out cleaning audits monthly and bi-monthly to ensure a high standard is maintained. A report is generated and shared with the Practice Senior Management Team.

Hand washing sinks:

All of our clinical rooms have handwashing sinks for staff to use, they do not meet the latest standards for sinks but we have removed the plugs and reminded staff to turn taps off with paper towels as best practice.

We have wall mounted soap and sanitiser dispensers to ensure cleanliness, as well as additional bottles of hand sanitising gel at key points.

UMC uses evidence based practice and meets the CQC compliance criterion.

Responsibility

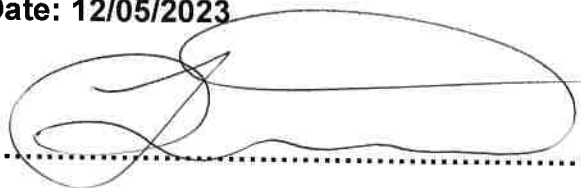
It is the responsibility of each individual to be familiar with this statement and their roles and responsibilities under this.

Responsibility for review

The Infection Prevention Control Lead Nurse is responsible reviewing the annual statement.

**Review Date: 12/05/2023**

**Signed:.....**



**Frances Rintoul**

Next Review Date: 01/06/2024