**Infection Prevention and Control (IPC) Annual Statement 2021-2022**

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:

**IPC lead for the practice is Laurence Bolouvi (Practice Nurse).**

**This annual statement will be generated in December each year and will summarise:**

* Any infection transmission incidents and actions taken
* Details of IPC audits/risk assessments undertaken and actions taken
* Details of staff training
* Details of IPC advice to patients
* Any review/update of IPC policies and procedures

**Significant Events**

There were no significant events relating to IPC in the previous twelve months.

**Staff Training**

All staff received annual IPC training/updating in 2021. All staff have been trained in sepsis awareness.

IPC issues/updates are discussed regularly throughout the year in clinical/general meetings.

Staff are encouraged to raise any IPC concerns with the practice manager or IPC lead.

**Audits**

**Hand Hygiene /Aseptic Technique**

An annual hand hygiene audit was conducted on all staff in January 2021 with 100% compliance in correct technique. Staff are aware of the importance of hand hygiene in reducing healthcare associated infections.

**Practice IPC Audit**

We conduct spot checks every 3 months. The last one was done on 22/11/2021. We also have a risk assessment tool for infection control which we do every year. This was last done in July this year. These audits indicated that the following areas need improvement;

Some consulting/treatment rooms were found to be in need of decluttering-this was mostly items on work surfaces. If the work surfaces are clear it is much easier to clean.

All clinicians were advised to declutter their rooms as much as possible and unused/excess equipment removed.

1. Stricter guidelines for social distancing
2. Reception door should be closed all the time, only 2 people at a time using the reception area. One is in front and one is in the back.
3. Strictly no sharing or minimum sharing of desk and computers. Workstations are to be cleaned before and after use. Staff should make use of mask, gloves and face visors.
4. Hand sanitizer posters should be put up in reception area encouraging staff to use. Sanitiser dispenser needs to be put up near the back door for staff/visitors leaving the premises to use.
5. Due to Covid 19 pandemic, we realise that patients have the right to know that all our rooms are cleaned before and after each patient visit, in compliance with IPC guidelines. Posters need to be put up to reflect this.

**Actions completed**

Posters replaced with more colourful/eye catching design (hand hygiene/waste management)

Among the above, most actions completed.

**Risk Assessments**

Risk assessments are performed on a regular basis. We have done the Covid 19 risk assessments for all staff members. Health and safety risk assessment is done on annual basis by third party and COSHH risk assessment done.

Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 -12 months

## Responsibility

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

**IPC Advice to Patients**

All eligible patients have been invited for relevant immunisations for example flu, pneumococcal, shingles, whooping cough.

Parents/Guardians are sent regular invites/reminders for childhood immunisations.

**IPC Policy**

The IPC Policy has been updated and expanded to provide more detailed information.