

Dr Uddin & Dr Anwar, Halliwell Surgery 3

Infection Prevention & Control (IPC) Annual Statement Report

Dr Uddin & Dr Anwar
Halliwell Surgery 3

Date: 06 September 2024

Purpose

This annual statement will be generated each year in September, 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. The report will be published on the organisation's website and will include the following summary:

- 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 carried out and actions undertaken
- Details of any risk assessments undertaken for the 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 lead for infection prevention and control at Dr Uddin & Dr Anwar, Halliwell Surgery 3, is Sister Dusty Ward, Practice Nurse.

The IPC lead is supported by Aimee Hilton, Practice Manager.

a. Infection transmission incidents (significant events)

Significant events involve examples of good practice as well as challenging events.

Positive events are discussed at meetings to allow all staff to be appraised in areas of best practice.

Negative events are managed by the staff member who either identified or was advised of any potential shortcoming. This person will complete a Significant Event Analysis (SEA) form which commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.

All significant events are reviewed and discussed at several meetings each month. Any learning points are cascaded to all relevant staff where an action plan, including audits or policy review, may follow.

In the past year, there have been 0 significant events raised which related to infection control. There have also been 0 complaints made regarding cleanliness or infection control.

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b. Infection prevention audit and actions

The CQC report is dated 11 August 2023. Our practice is rated as Good.

The CQC had previously highlighted that some of the sharps bins were not all wall mounted and this has now been rectified.

Bolton Community Infection Prevention and Control Team are due to carry out an audit in 2024.

On a monthly basis, our nursing team carry out an audit to check clinical waste and sharps bins audit. This is to check that:

- Sharps containers are correctly assembled, labelled with a date when opened, location and signed
- Sharps bins are free from protruding sharps, with contents below the 'fill' line
- Sharps bin lids are closed between usage and bins out of the reach of vulnerable patients
- Sharps are disposed of safely and not re-sheathed
- All clinical waste bins are used appropriately, i.e. are items disposed of in correct waste bins – sharps, soft waste and hard waste

Every 3-6 months, an internal infection control audit is carried out by our IPC lead. This audits a number of areas:

- Policies & guidelines
- Cleanliness
- Handwashing equipment/areas
- Personal Protection Equipment (PPE)
- Vaccines
- Clinical Waste

c. Risk assessments

Risk assessments are carried out so that any risk is minimised and made to be as low as is reasonably practicable. Additionally, a risk assessment that can identify best practice can be established and then followed.

In the last year, the following risk assessments were carried out/reviewed:

- Sharps
- Staff vaccinations – MMR vaccine

A suggested list, but one that is not exhaustive, could contain the following:

- General IPC risks
- Staffing, new joiners and ongoing training
- COSHH
- Staff vaccinations
- Sharps
- Water safety
- Assistance dogs

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d. Training

In addition to staff being involved in risk assessments and significant events, at Dr Uddin & Dr Anwar, Halliwell Surgery 3, all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually for clinical staff and every 3 years for non-clinical staff.

e. Policies and procedures

The infection prevention and control-related policies and procedures that have been written, updated or reviewed in the last year include:

- Infection Prevention & Control Handbook
- Cold Chain Policy

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis as per current advice, guidance and legislation changes.

f. Responsibility

It is the responsibility of all staff members at Dr Uddin & Dr Anwar, Halliwell Surgery 3, to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC lead and Practice Manager are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before 30.09.2025.

Signed by



Aimee Hilton
For and on behalf of Dr Uddin & Dr Anwar, Halliwell Surgery 3