# Infection Control Annual Statement Report

**Oswald Medical Centre**

**03/10/2022**

**Purpose**

This annual statement will be generated each year in April in accordance with the requirements of the [Health and Social Care Act 2008 Code of Practice](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance) on the prevention and control of infections and related guidance. The report will be published on the practice 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 undertaken 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 Oswald Medical Centre is Jan Taylor

The IPC lead is supported by Stephanie Driver – 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 of 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 that 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 that related to infection control. There have also been 0 complaints made regarding cleanliness or infection control.

**b. Infection prevention audit and actions**

**The practice has completed the following audits in this rolling 12 month period:**

**-** Handwashing Audit – spot check completed on 16/02/2022

- Infection control Audit – completed on 22/07/2022

- Cleaning Audits – completed on 03/10/2022

**c. Risk assessments**

Risk assessments are carried out so that any risk is minimised to be as low as 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:

22/07/2022

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

* General IPC risks
* Staffing, new joiners and ongoing training
* COSHH
* Cleaning standards
* Privacy curtain cleaning or changes
* Staff vaccinations
* Infrastructure changes
* Sharps
* Water safety
* Toys
* Assistance dogs

In the next year, the following risk assessment will also be reviewed:

22/07/2023

**d. Training**

In addition to staff being involved in risk assessments and significant events, at Oswald medical Centre all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually.

**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, but are not limited, to:

* [Clinical Waste Management Protocol](#_Annex_C_–)
* [Disposable (Single-Use) Instruments Protocol](#_Annex_D_–)
* [Infection Control Biological Substances Protocol](#_Annex_A_–)
* [Infection Control Inspection Checklist](#_Annex_B_–)
* [Example Infection Control Annual Statement Report](#_Annex_N_–)
* [Isolation of Patients Protocol](#_Annex_I_–)
* [Needle-Stick Injuries Protocol](#_Annex_E_–)
* [Notifiable diseases](#_Annex_J_–)
* [Safe use and disposal of sharps](#_Annex_F_–)
* [Sample Handling Protocol](#_Annex_G_–)
* [Staff exclusion from work](#_Annex_L_–)
* [Sterilisation and Decontamination Protocol](#_Annex_H_–)
* [Toys in reception/waiting areas](#_Annex_K_–)

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 Oswald Medical Centre 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 01/04/2023

**Signed by**

Mrs S Driver

Practice Manager