**Infection Control Annual Statement 2018**

 **Purpose**

This annual statement will be generated each year. It will summarise:

* 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 control risk assessments undertaken
* Details of staff training
* Any review and update of policies, procedures and guidelines

**Background**

Emma (Senior Practice Nurse) acts as our lead for infection, prevention and control. She is supported by her nursing colleagues Carole and Cheryl.

Emma attends annual infection control training and keeps up to date with regulations and changes. These are disseminated to staff. Staff training takes place yearly.

**Significant Events**

In the past year there have been no significant events raised that related to infection control.

**Audits**

In October 2018 an Infection, Prevention and Control audit was carried out by the Infection Prevention and Control Nurse, East Riding of Yorkshire Clinical Commissioning Group along with Emma, Lead Nurse and Patricia, Practice Manager. The practice’s compliance overall was 90%.

**Infection Control Compliance 2018**

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| --- | --- | --- |
|  | Question Set | Total Score |
| 1 | General Management | 77% |
| 2 | Staff Health and Training | 100% |
| 3 | Reception and Waiting Area | 82% |
| 4 | Toilets | 100% |
| 5 | Hand Hygiene | 94% |
| 6 | Treatment Room | 92% |
| 7 | Consulting and Examination room | 88% |
| 8 | Store room | 100% |
| 9 | Dirty Utility and Sluice | 95% |
| 10 | Domestic Room (cleaner’s cupboard) | 56% |
| 11 | Sharps Handling and Disposal | 100% |
| 12 | Personal Protective Equipment | 100% |
| 13 | Waste Management | 93% |
| 14 | Transportation of specimens | 100% |
| 15 | Patient Equipment | 94% |
|   | Total scores | 90% |
|  |  |  |

**Risk Assessment and corrective actions:**

An infection control inspection was carried out on the 2nd October 2018 and the following actions were noted for those areas that fell short of our average score of 90%:

**General management:**

* Job description for Lead Nurse should outline responsibilities in respect of infection, prevention and control. **Actioned: Pat Cooper 5th October 2018 – Job description now includes audit, action plan for risk, education and surveillance.**
* Comprehensive written cleaning standards and procedures to ensure responsibility for cleaning all areas are clearly identified. The policy was in place for this and cleaning was being done by the nursing and healthcare assistants however it was not being initialled by the staff once done. **Action: Emma Pollard, 5th October 2018 – Signature sheets included.**

**Reception and waiting area:**

* Chairs to be replaced with a more impervious covering.

**Action: Pat Cooper. This will form part of our rolling programme of improvements. Chairs are cleaned regularly however wet coats regularly leave water marks.**

* Recommendation for toys to have smooth surfaces that can be easily cleaned. These must be cleaned daily rather than weekly.

**Actioned Pat Cooper 5th October 2018. The majority of toys have been removed as it is not feasible for staff to clean these on a daily basis. It is important for us to have some toys as it is beneficial for keeping young children occupied. The toys that remain can be easily wiped over daily.**

**Consultation room:**

* Marked seat observed in the ECG room. **Action: Pat Cooper. Chairs cleaned regularly however wet coats regularly leave marks. Replacement of the chairs will form part of our rolling programme of improvements.**
* The floor in one GP room is gapping near to the wall.

**Actioned: Pat Cooper 21st November 2018 – flooring company contacted to seal gap.**

**Domestic Room (cleaner’s cupboard)**

* General cleaning within the cleaner’s cupboard to be improved and kept tidy. Dustpan and brushes to be replaced and cleaning trolley to be cleaned.

**Actioned: Pat Cooper 2nd October 2018. Cleaning company notified and issues rectified. This will be monitored daily by the surgery.**

* Flooring is discoloured by cleaning products. **Actioned by Pat Cooper 21st November 2018 – flooring company contacted for a quote to replace the flooring and this will form part of our programme of improvements.**

 **Staff training**

At the time of the publication of the annual infection control statement all clinical staff were in date for infection control training.

**Policies, procedures and guidelines**

Policies, relating to Infection Prevention and Control are reviewed and updated annually. However, all are amended on an on-going basis as current advice changes.