INFECTION, PREVENTION 7 CONTROL STATEMENT IMEARY MEDICAL GROUP

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 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 via SIRMS)
- 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 is Kelly Summerly
The IPC Lead is supported by Suzanne Roberts

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 via SIRMS 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 in regular staff meetings. 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.

Infection prevention audit and actions

Infection Prevention Society Audit Tool was completed in March 2023 and resulted in the following actions;

- Clinical room audit – MONTHLY **(Becca to capture all rooms)**
- Clinical room full audit- 3 MONTHLY **(Becca)**
- Observational hand hygiene audit- MONTHLY **(Kelly)**
- Vaccine fridge rotation and check- WEEKLY **(Becca)**
- Vaccine storage audit- MONTHLY **(Kelly)**
- Vaccine fridge cleaning audit- 1-2 MONTHLY **(Any clinical staff member can do, Kelly has set up a cleaning log)**
- Clinical room equipment cleaning- DAILY **(Clinical staff member working in that room that day) If you do not have a QR code in your room for this, please see Matt**
- Curtains need to be changed a minimum of annually as best practice (**NHSPS complete this every 6m)**
- Roller blinds need to be evidenced that they are being cleaned twice yearly **(they are cleaned by NHSPS domestics as part of standard room cleaning)**
- Ensure cleaners have correct policies in place for IPC **(NHSPS have evidence)**
- Ensure we have enough spill kits for blood/ urine/vomit – **(Kelly)**
- All posters to be displayed on walls and to be laminated. Every sink must have a hand washing poster above it. (**Becca to check regularly**)

- Sharps boxes must have their lids closed over (not locked) when being used in clinical rooms and they must be signed and dated. **Clinical staff are responsible for ensuring this happens**
- We need to have evidence of electrical appliance cleaning by staff ie: microwave, food fridges which need to be signed to say they have been cleaned a minimum/best practice of weekly but MUST be at least monthly **(There is a cleaning record which all staff who use the equipment must complete)**
- Food fridges need to have a thermometer inside of them and temperatures to be recorded ONCE DAILY **(Temperature log to be completed on fridge door)**

All staff have undergone annual Infection Prevention Control training via Blue Stream Academy

The IPS Audit tool is regularly reviewed.

Risk Assessments

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

- Clinical Waste Streams
- COSHH (In progress)
- Legionella
- Water Safety
- General IPC Risks
- Staff Training

In the next year, we will review the following risk assessments:

- Rooms belonging to the practice
- Staff fire risk assessment
- All of the above

Training

In addition to staff being involved in risk assessments and significant events, at Imeary Medical Group all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually (the level of training is dependent on the staff members role and responsibilities).
Various elements of IPC training in the previous year have been delivered via online training supported by Blue Stream, the ICB update training provided via Teams on Covid – 19 and regular Encircle events

Policies and procedures

The infection prevention and control related policies and procedures which have been written, updated or reviewed in the last year include, but are not limited, to:

Infection Prevention Control Policy
Hazardous/Clinical Waste Management Policy
Staff Immunisation 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.

Responsibility

It is the responsibility of all staff members at Imeary Medical Group to be familiar with this statement and their roles and responsibilities under it.

Review

The IPC Lead and the Registered Manager are responsible for reviewing and producing the annual statement.
This annual statement will be updated on or before 17th April 2027

Signed by



Suzanne Roberts

Practice Manager

Reviewed 1 and updated 17th April 2026, Suzanne Roberts