**Infection Prevention and Control Annual Statement 2022**

**Purpose**

An annual statement is 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. It assesses compliance with good practice on infection prevention and control (IPC) and it should be available for anyone who wishes to see it, including patients and regulatory authorities, so it should be available on the Practice website.

It summarises:

* 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 prevention and control of infection
* Details of staff training
* Any review and update of policies, procedures and guidelines

This statement covers the period from our last annual IPC audit in March 2021 to a recent one in March 2022.

 **Infection Prevention and Control (IPC) Lead:**

Practice Nurse: Janet Garrison

**Infection transmission incidents (Significant Events)**

Significant events are investigated in detail to see what can be learnt and to ensure any changes that might lead to future improvements are implemented. In the past year there have been no significant events raised that related to infection control.

**Infection Prevention Audit and Actions**

The latest Annual IPC audit was completed in March 2022. This involves a comprehensive review of all aspects of infection prevention and control within the surgery according to the Oxfordshire CCG guidelines and National Policy.

This audit showed that areas identified for action last year have been positively improved. Regular descaling of taps will be an on-going necessity due to the area in which we are based, as will ensuring all new staff are up to date with required vaccinations. The main requirement this year is to implement the The National Standards for Healthcare Cleanliness, which are mandatory in all health care settings from April 2022. This will require some adaptations to our usual cleaning schedules and audits, and will eventually provide star ratings for our cleanliness.

Annual audits have been undertaken for hand-washing, aseptic technique, and post-procedure infections, and a monthly audit for environmental cleanliness. As a result of these audits, no changes in procedures were deemed necessary.

**Risk Assessments**

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out / reviewed:

This year the practice had a full assessment for legionnaires disease by an external contractor confirming that the practice meets all safety requirements. However, a further risk assessment is being done to assess the risk of extremely hot water to service users and staff from the use of the hot taps and what options there are to reduce any risks.

**Training**

All our staff receive annual training in infection prevention and control, which is provided and recorded by the Oxfordshire CCG Clarity website. The IPC Lead has attended several webinars this year to ensure the practice is up to date with all the national and local policies.

**Policies, Procedures and Guidelines**

In July last year all the Oxfordshire IPC policies were updated, so these have all been reviewed and adopted by the practice and available in electronic and paper formats for easy access by staff. Covid policies and guidelines are frequently being updated and stored on our staff information website, Wiki, which all staff can access.

 JG April 2022