

Infection Prevention and Control

It is a requirement of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance that the Infection Prevention and Control Lead produces an annual statement regarding compliance with good practice on infection prevention and control and makes it available for anyone who wishes to see it, including patients and regulatory authorities.

Infection Prevention and Control (IPC) Lead

E12 Medical Centre has an Infection Prevention and Control Lead:

- Dr G Kugapala – Principal GP
- Selvarany Robert - Health Care Assistant

The IPC Leads are supported by: Nila Nithyakumar (Health Care Assistant) and Sharif Islam (Practice Manager)

All IPC leads have completed IPC training to ensure high standards are maintained.

Infection transmission incidents (Significant Events)

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements.

All significant events are reviewed in the Quarterly Practice Development Meetings and learning is cascaded to all relevant staff.

In the past year there has been **no** significant event related to infection control. Learning from any event will be included on our website.

Infection Prevention Audit and Actions

The Annual Infection Prevention and Control audit was completed by All IPC Leads in October 2024. Any issues that arose are being addressed and a plan of action made.

- Annual training to continue for all staff at E12 Medical Centre.
- Laminated posters in each clinical room providing information on disposing of sharps.
- Daily cleaning schedule of each clinical room to ensure high standards of cleanliness is maintained.
- Regular audits with cleaning contractors to highlight any issues are to be initiated.
- Regular stock check in each clinical room including rotation of stock to prevent items expiring.

- Medical fridge plug has a clear label to prevent accidentally being switched off causing cold chain breach.
- Daily temperature checks for the Medical fridge to be recorded by HCAs or named Medical Receptionist.
- Medical Fridge is cleaned externally daily and internally, once a month. The cleaning schedule is recorded.
- Maintain high standards in dress including bare below the elbow, no watches, necklaces to be worn by clinical staff.

Hand-washing refresher is carried out on a quarterly basis during practice meetings. Particular attention was paid to technique which was observed in all team members and bare below the elbow's guidelines. Hand-washing audit has been carried out by Senior administrator for all clinical staff on site at the time of audit on 3 July 2024.

E12 Medical Centre plans to undertake the following audits in 2025:

- Annual Infection Prevention and Control audit
- Regular Infection Control Room Audit
- Domestic Cleaning audit
- Hand hygiene audit

Risk Assessments

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

Legionella (Water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff. This will be repeated in March 2026 (every 2 years).

Immunisation

As a practice we aim to ensure that all our staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu, Covid Vaccine). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population.

Curtains

The NHS Cleaning Specifications state the curtains should be cleaned, or if using disposable curtains, replaced every 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. The modesty curtains although handled by clinicians are never handled by patients, and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled.

Window Blinds

The window blinds are very low risk, and therefore do not require a particular cleaning regime other than regular vacuuming to prevent build-up of dust.

Due to ongoing risk of Covid 19, and general infection risk, we are unable to provide toys and magazines for our waiting area. Items would need to be cleaned regularly and thoroughly through the day which has been deemed unachievable in our very busy surgery. This would impose a risk to patients particularly those who are vulnerable.

Cleaning specifications, frequencies and cleanliness: We are in the process of developing a cleaning specification and frequency policy poster to be displayed in the waiting room and all clinical rooms to inform our patients of what they can expect in the way of cleanliness. An assessment of cleanliness is conducted by the practice manager and logged. This includes all aspects in the surgery including cleanliness of equipment.

Hand washing sinks

The practice has hand washing sinks in every clinical room for staff to use. All our sinks, in clinical rooms are sealed sinks (no overflow) without plugs, but some of our sinks do not meet the latest standards for sinks with regard to the taps. All the taps in clinical rooms are 'hands free' with paper towels to keep patients safe. We have also replaced our liquid soap with wall mounted soap dispensers to ensure cleanliness. If any sinks are to be replaced in the future, these will adhere to current NHS standards (HBN 00-09: Infection control in the built environment DH 2013; HBN 00-03: Clinical and clinical support spaces DH 2013; HBN 00-10 Part C: Sanitary assemblies).

Chairs

All chairs in patient waiting rooms are wipeable. We are working towards replacement of worn chairs in consulting and treatment room as and when they are required.

Training

All our clinical staff receive yearly training in infection prevention and control (level 2) via e-learning. Non-clinical staff complete level 1 e-learning every three years.

Face to face updates in Infection Control have been carried out in order to raise awareness and disseminate latest guidance.

Policies

All Infection Prevention and Control related policies are in date for this year.

Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated by the Management team.

Responsibility

It is the responsibility of everyone to be familiar with this Statement and their roles and responsibilities under this.

Review date

- March 2026

Responsibility for Review

The Infection Prevention and Control Leads and the Practice Manager are responsible for reviewing and producing the Annual Statement.