**Infection Control Annual Statement 12/01/2022**

**Aim**

* Provide and maintain a clean and tidy surgery
* Prevent and control the risk of the acquisition of an infection in all our activities
* Promote a safe environment for all patients, staff, users, visitors and the public

**Purpose**

The Annual Statement will be generated each year in January. It will summarise:-

* Details of any infection control audits undertaken and actions taken
* Significant events relating to infection control and subsequent action plan
* Details of any infection control risk assessments undertaken and actions taken
* Review of training, policies, procedures and guidelines

**Background**

* The IPC lead is Julia Hawkhead (JH) (Practice Nurse)
* The Practice Manager Kay Harvey (KH) oversees compliance

**Significant Events**

In the past year (27/01/2021- 12/01/2022) there has been one significant event raised that relates to infection control. A patient entered the surgery having already had a positive PCR for Covid 19 for a condition unrelated to this. As soon as this was discovered the patient was removed from the building and seen in the car park by a GP wearing full Personal Protective Equipment (PPE). The waiting room was then cleared and decontaminated as per the latest Infection Prevention Control guidelines. The incident was then reported to a GP partner and the Practice Manager. A Datix was also completed. The reception team were reminded about screening all patients for Covid 19 when booking face to face appointments. A text was also sent out to all patients stating that if you have tested positive for Covid-19 within the last 10 days or have Covid symptoms please DO NOT attend the surgery.

**Audit**

The Infection control lead completes a self-audit for the surgery yearly and then a face-to-face audit is completed by the IPC team tri-annually. JH completed this audit 14/07/2021The treatment room is going to be redecorated and the flooring replaced in 2021. The clinical environment overall intact and well maintained and all areas visited were tidy and well managed. There is a non intact area to the floor in treatment room /wall coving adjacent to the new hand wash basin which cannot be replaced until the plumbing to the new sink is fixed. MH has followed this up on multiple occasions and escalated the issue to Leeds City Council who own the building. Multiple people from LCC have been out to look at the issue but it has not been fixed as yet. MH plans to escalate the issue further. The general standard of cleanliness was variable with some dust accumulation on high surfaces, couch frames and bins. The cleaning and facilities management is provided by Leeds city council. JH and MH have worked with the cleaner to ensure that these are now up to standard. Compliance with sharps and PPE management was noted to be very good and the team were applauded for their high standards in these areas.

**Policies, Procedures and Guidelines**

Policies relating to Infection control are reviewed and updated every 3 years. However, all policies are amended on an on-going basis as current advice changes.

 Written by J Hawkhead IPC Lead