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Annual Infection Prevention and Control (IPC) Statement

Date of Implementation: September 2016
Date of Next Review: September 2026
Reviewed: September 2025

Staff Responsible: Dr Imran Rasib - Lead GP
Sam Rasib – Managing Partner
Olivia Newman – Practice Nurse Manager/IPC Lead

Category: Infection Control
Location: Docman Library

INTRODUCTION

This practice is committed to the control of infection within the building and in relation to the clinical procedures carried out within it. This statement has been produced in line with the Health and Social Care Act 2008 and details the practice's compliance with guidelines on infection prevention and control and cleanliness between the dates of 4th September 2024 to 24th September 2025

The author of this statement is Sam Rasib.

Infection Control Lead

The practice's clinical lead for infection control is Olivia Newman, Practice Nurse Manager. The practice's non-clinical lead for infection control is Sam Rasib, Practice Manager.

The designated leads for IPC (Infection Prevention and Control) can be contacted at Dr Rasib & Partners.

The purpose of this role is to develop an annual IPC programme to include:

- The practice's collective responsibility for preventing and controlling infection and the measures needed to reduce such risks
- A review of all policies, procedures and guidance and if necessary develop new guidance
- An audit programme to demonstrate adherence to policies and guidelines and compliance with clinical procedures
- Initial and on-going training all staff will receive

Purpose

The IPC lead will generate an annual statement (to view on request) to summarise:

- Any infection transmission incidents and action taken (these will be reported in accordance with our significant event procedure)
- The annual infection control audit and subsequent actions undertaken
- Control risk assessments undertaken
- Details of staff training
- Known infection transmission and subsequent actions
- Details of infection control advice to patients
- Reviewed and updated policies, procedures, and guidelines

Significant Events related to Infection Control

The practice has regular monthly meetings whereby any significant and critical events are discussed.

There was one significant event relating to infection control at the practice between the dates of 4th September 2024 to 24th September 2025

Audits relating to Infection Control

All areas of the GP Suite (Dr Rasib & Partners) will be audited and an action plan for improvements will be produced. The completed audits will be stored in the IPC file at the practice and repeated annually or more frequently if needed.

An extensive audit was undertaken by an external IPC team in September 2025 and an action plan was formulated on the few areas where improvement is required. Overall audit score for the practice was **98%** (rated green)

The following audits relating to Infection Control have been undertaken at the practice regularly throughout the last year and the following recommendations and/or actions plans were produced in response to the findings:

Hand Hygiene Audit
Weekly Cleaning Check
Aseptic Technique check
Wound Care Audit
Cold Chain Audit
Clinical Waste Audit
Stock Check Audit
Specimen Handling Audit

Planned Outcome

To continue to provide annual training for staff members in specific areas of infection control

Risk Assessments relating to Infection Control

Regular risk assessments are undertaken to minimise the risk of infection and to ensure the safety of patients and staff. The following risk assessments relating to infection control have been completed in the past year and appropriate actions plans were produced in response to the findings:

- **Walls** – *The waiting room and all clinical rooms were checked there are some noticeable chips and sticky residue present posing increased risk of infection risk due to hindering effective cleaning – All rooms to be reported to estates with a request for either touching up chips/areas with sticky residue or repainting the whole room. The plan over the year*

would be to continue monitoring the walls in the practice and ensure any noticeable chips are reported and remedied

- **Portable Fans** - *Due to the possible risk of portable fans presenting an infection risk, it has been decided to take preventative measures to ensure NO possible risk is being posed, therefore the following actions are to be carried out: **ALL PORTABLE FANS ARE TO BE REMOVED FROM ALL CLINICAL ROOMS/AREAS THROUGHOUT THE PRACTICE.** Portable fans used in non-clinical areas are outside the scope of alert EFA/2019/001. However, these should still be visibly cleaned and maintained regularly.*
- **PPE** – *All clinical staff should be able to don and doff PPE including gloves, aprons, masks, and goggles to reduce the risk of the transmission of infection between patients and staff competently and confidently.*
- **Carpets in Clinical Rooms** – *Due to the difficulty in cleaning carpets effectively in clinical rooms in the incidence of spillages of blood or other bodily fluids, it has been decided that the carpets should be replaced with vinyl flooring in all clinical rooms. This also enables clinicians to use the same room for all procedures needed in clinic rather than changing rooms mid-clinic. This enables effective cleaning daily to maintain high cleaning standards.*
- **Staff Immunisations** – *Staff records are reviewed on an at least an annual basis to ensure that all staff have been offered and are up to date with relevant vaccinations associated with their role.*
- **COVID-19** – *Due to the ongoing risk of COVID-19 the practice has continued to implement government guidance and assess relevant risk to protect both staff and patients where possible and reduce risk of transmission and preserve the health and safety of all parties.*

Staff Training

All staff are aware of the practice hand hygiene policy and instructions for hand cleansing are displayed in all clinical rooms, practice toilets and throughout the practice. The practice IPC team carry out Hand Hygiene Assessments regularly. All staff receive annual IPC training as part of their Continuous Practice Development. All new clinical and non-clinical staff receive IPC training as part of their induction.

Patients

We attempt to inform our patients about any infection issues, i.e. flu season, on notice boards at the surgery, on the screen in the waiting room, on our practice website and on our practice Facebook page.

Patients who are thought to have an infection that may be contagious e.g. chickenpox are asked to wait in a designated isolation room (Room 6) rather than the main waiting room. With our telephone triage system now in place

we hope to reduce the number of infectious patients having to come to the surgery by trying to help/advise them over the phone.

All patients requiring dressings who are known to have MRSA infection are treated at the end of the nurse's list so that the room can be prepared and cleaned after the consultation. All Patients with MRSA have an individual risk assessment completed which is shared with them to ensure everything possible is done to reduce the risk of cross infection. There have been no reported cases of MRSA acquired in the practice.

Practice Policies, Procedures and Guidance relating to Infection Control

The practice maintains the upkeep of the following policies, procedures and guidance related to infection control. These policies, procedures and guidance are reviewed and updated every year, as well as being amended on an ongoing basis to keep up with changes in regulation etc.

- Aseptic Technique
- Cleaning and Decontamination of Surfaces
- Cleaning Plan
- Cleaning Spillages of Blood and Body Fluids
- Cold Chain Storage Policy
- Disposable (Single Use) Instruments Policy
- Exclusion of Staff from Work Policy (due to infectious diseases)
- Glove Policy
- Hand Hygiene
- Hepatitis B Immunisation – Staff and Patients
- Immunisation Policy
- Infection Control Statement
- Infection Control
- Laundering of Uniforms and Materials
- Non-Sterile Equipment
- Personal Protective Equipment
- Refrigeration of Pharmaceutical Products
- Safe Use and Disposal of Sharps – EU Directive
- Sharps Policy – Safe Handling & Disposal of Sharps and Needlestick Injury
- Specimen Handling
- Staff Immunisation Guidance and Risk Assessment tool
- Venipuncture
- Waste Disposal

References:

The Health and Social Care Act 2008 – code of practice on the prevention and control of infections and related guidance.