

Bridge Lane Group Practice IPC Annual Statement Report

October 2023

Bridge Lane Group Practice (BLGP) is committed to providing effective IPC procedures to minimise the risk of infection to patients, visitors and staff. BLGPO regularly audits the premises and equipment to ensure that the proper standards of hygiene are being used are prioritised.

Purpose

This annual statement will be generated each year in April in accordance the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections 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)
- 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 at Bridge Lane Group Practice is Romilly Hill, Lead Practice Nurse; her deputy is Madeline Kent, Practice Nurse. All Staff at BLGP help to support the IPC lead in maintaining high standards of infection prevention and cleanliness.

The Infection Control Lead has overall responsibility for the following:

1. Managing infection control policies ensuring that they are reviewed annually and kept up-to-date.
2. Ensuring that the following audits and risk assessments are carried out at both sites regularly:
 - a. Annual audit full audit
 - b. At least 3 monthly audit of clinical rooms, toilets, communal areas, cleaning cupboards
 - c. 3 Monthly cleaning audit
 - d. Annual COSHH
 - e. Monthly legionnaires audit
 - f. Annual sharps risk assessment
 - g. Annual PPE risk assessment and audit
 - h. Annual blood borne viruses risk assessment
 - i. Annual handwashing audit
3. All staff as part of their induction are required to complete infection control prevention training and is updated every 2 years (annually for clinical staff). This is monitored by the Management Team to ensure all training is up-to-date.

4. Details of the relevant external organisations and individuals relating to Infection Prevention Control are kept up-to-date in our Infection Control Policy which is reviewed annually.
5. All Infection Prevention Control incidents are reported to the Infection Control Lead and/or the Management Team. All staff are aware that any incidents should be recorded as a “significant event”. These are then reviewed and discussed at the monthly significant event meeting to establish what can be learnt and to indicate changes that might lead to future improvements.

b. Infection prevention audits

External IPC inspections:

The last external audit was carried out on 3.10.2023 by IPC Team SWL ICB (South West London Integrated Care Board). The Care Quality Commission (CQC) inspection was 30.6.2016.

Internal IPC Audits and Risk Assessments and Reviews:

Risk assessments are carried out so that any infection control risk can be identified and minimised to as low as reasonably practicable. Audits are a way of identifying whether policies and standards are being adhered to.

Feb 2023	Annual infection control audit
Annually	Review of infection control policy
At least 3 monthly rooms	Audit of reception, waiting rooms, patient toilets and all clinical rooms
At least 3 Monthly	Audit of the cleanliness of the building
Monthly	Legionella testing
4.8.23	Audit and risk assessment of availability and use of PPE
5.7.23	Sharps risk assessment
21.6.23	Blood borne viruses risk assessment
28.9.23	Staff and premises audit
28.9.23	Hand Washing Audit
Ongoing	Staff Immunisations (hepatitis B, MMR, tetanus)
Ongoing	Infection control training and updates for all staff monitored
28.9.23	COSHH risk assessment

Any findings from the above audits and risk assessments are reviewed and any actions required to improve infection prevention control are actioned.

Areas identified during audits

- Ensure all chairs in clinical areas are wipe-able
- Latex free gloves readily available for all clinicians
- Appropriate sharps bins in all clinical rooms
- Specimen collection containers in waiting area regularly cleaned

In the past year there have been no significant events raised that related to infection control or any complaints made regarding cleanliness or infection control.

d. Training

In addition to staff being involved in risk assessments reporting and discussing significant events, at BLGP all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training on induction and 2 yearly.

e. Policies and procedures

The infection prevention and control related policies and procedures that have been written, updated, or reviewed in the last year include:

Biological Substances Incident Protocol

Clinical Waste Protocol

Decontamination Reusable instruments

Disposable (single use) Instrument Policy

Exposure to Blood Bourne Viruses Policy (due)

Hand Hygiene Policy (due)

Hepatitis B Policy

Infection Control Policy

Infection control substances incident policy

Legionella Management

Needle stick Injuries Policy

Patient Isolation Protocol

Personal Protective Equipment Policy

Safe Use and Disposal of Sharps Policy

Specimen Handling Protocol

Staff Screening and Immunisation Policy

Cold Chain policy

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually as per current advice, guidance, and legislation changes.

g. Review

The IPC lead Romilly Hilland The Business Manager (Anouska Forte) are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before 30.06.24.

Signed by

Anouska Forte

Business Manager

For and on behalf of BLGP