

## Coastal Medical Partnership

### Infection Control Annual Statement 2025-26

#### Purpose

This annual statement will be generated each year in May 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 summarises:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our Significant Event procedure)
- Details of any cleaning / 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

#### Infection Prevention and Control (IPC) Leadership

Each site within Coastal has a Lead GP and Lead Infection Control Nurse, supported by the Healthcare Assistants.

Infection Control Leads continue to have regular training and updates from the ICB IPC Team.

#### 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 meetings and learning is cascaded to all relevant staff.

In the past year there have been **NO** significant events raised that related to infection control.

#### Infection Prevention Audit and Actions

A new audit tool has been developed, incorporating the latest guidance from the ICB. This tool has been implemented across all sites, with audits conducted locally and results centrally collated. Each area is scored individually, and the overall score for Year One is **79.25%**.

Key actions taken under each audit section are outlined below:

#### General Infection Prevention and Control (IPC)

- A Ventilation Lead has been appointed, and CO<sub>2</sub> monitoring has been implemented.
- The isolation policy has been reviewed and effectively communicated to relevant staff.
- Vaccine stock checks are now conducted regularly across all sites, with records properly archived and retained for the required duration.

## Environment

- Treatment room couches have undergone risk assessments, and a repair programme has been completed.
- All corkboards have been removed from clinical areas.
- Clinical rooms have been reviewed, and all posters are now laminated to support hygiene and durability.

## Cleaning

- Site-specific cleaning schedules are now in place.
- Daily tick sheets have been introduced in treatment rooms to ensure cleaning accountability.
- Loaned equipment is thoroughly cleaned upon return, with appropriate documentation.
- Waiting areas are inspected and logged at lunchtime each day to maintain cleanliness throughout operating hours.

## IMMUNISATION

As a practice we ensure that all of our clinical staff are offered any occupational health vaccinations applicable to their role (i.e. Hepatitis B, MMR, Seasonal Flu). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population. We are also involved in the COVID 19 Immunisation programme at our New Milton Health Centre site and this is on going, with all infection control procedures in place.

## PPE (Personal Protective Equipment)

Each practice provides PPE for all members of the team in line with their role, and this was very important during the COVID Pandemic that stocks were high.

Should it be necessary all clinical staff are provided with aprons and several different types and sizes of gloves, and there are no issues with supply.

Masks are provided for all staff as these are still required to be worn in certain circumstances when seeing patients, for example those with respiratory symptoms and for personal preference.

Training has been arranged for **25th June** to ensure staff are accredited to FIT test FFP3 masks for all clinicians, in line with the latest post-pandemic guidance.

Reception staff are provided with gloves for the handling of sample pots and sharps bins. Sharps bins must be disposed of i.e. incinerated. The correct lidded sharps bin should be used depending on what is being disposed; for example, a live vaccine such as Rotarix would go into a purple topped bin. They should be signed and locked as per protocol to avoid sharps injury and contamination.

We have installed a suggestion/comments box in the practice reception available for patients to make comments, feedback or express concerns with regards to infection control issues such as cleanliness of the premises.

Each Practice has in place an ISOLATION OF A CONTAGIOUS PATIENT Procedure, to guide all staff to isolate patients with possible infectious rashes i.e. chicken pox. An Isolation of a Contagious Patient Policy has been written, discussed and now in implementation.

All staff members are made aware on induction of the new correct procedure introduced for the management of sharps and contamination incidents following a needle stick injury.

## **DOMESTIC CLEANING**

We have confirmed with Two Counties, the practice cleaning company that they are compliant with The Revised Healthcare Cleaning Manual as set out by the National Patient Safety Agency.

## **Risk Assessments**

Risk assessments are carried out so that best practice can be established and then followed.

### **Training**

Infection Control Education Meetings, including Hand Washing training, led by the lead Nurse & HCA to update the current and educate new members of reception and other non-clinical staff over the past 2 years. We plan to continue this in 2025, with handwashing training and Infection control as part of new staff induction programmes.

### **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 annually and all are amended on an on-going basis as current advice, guidance and legislation changes. Infection Control policies are linked to our Practice Policies Index which can be viewed by all staff at any time.

### **Responsibility**

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

### **Covid-19**

With the emergence of Covid-19, the majority of face to face GP consultations were moved to total telephone triage. We continue to offer many of our appointments as telephone triage.

Our clear aim remains to provide efficient and effective patient care.

The perspex screens that were installed on our front desks and check in area to protect patients and our staff will remain in place.

The children and teenage immunisation programmes are still being undertaken, along with essential services such as wound care and blood tests.

We are encouraging patients to buy home blood pressure monitoring machines as due to infection control implications. This reduces the need for having to come into the surgery.

Hand gel dispensers are accessible for patient use on entry to clinical areas.

Review date

May 2026

Responsibility for Review

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



Dr. Hannah Rycroft

IPC Lead Partner



Miss Kelly Anderson

Practice Manager

For and on behalf of The Arnewood Practice