**Highgate Medical Centre**

**December 2020**

**Purpose**

In line with the Health and Social Care act 2008: Code of practice on prevention and control of infection and its regulated guidance, this annual statement will be generated each year. It will summarise:

* Any infection transmission incidents and any action taken (these will have been reported in accordance with our Significant Events Reporting procedures)
* Details of any infection control audits or risk assessments undertaken and actions taken.
* Details of staff training.
* Any review and update of policies, procedures and guidelines.

**Background**

The Infection Prevention & Control Lead (IP&C) for the Highgate Medical practice is Joanne Sexton, supported by our Practice Manager Mrs May Lakhani. They will be the first point of contact for practice staff in respect of infection control issues. They will help create and maintain and environment which will ensure the safety of the patient, carers, visitors and health care workers in relation to healthcare associated Infection.

Information regarding Infection control is discussed at the monthly MDT meetings or in house Protected Learning Time sessions when required.

**Significant events**

No infection related significant events were recorded within the preceding 12 months

**Audits-**

**Sharps audit**

Undertaken by Joanne Sexton 20th October 2020

**Learning points**

* Temporary lid closures to be used when the sharps bin is not in use to avoid accidental needle stick injury to staff or patients.
* Non sharps items to be disposed of in the clinical waste bin (orange bag)if contaminated with blood or in the black bin liner if uncontaminated paper waste i.e wrappers/paper hand towels

Results of the audit and learning points were fed back to the practice staff at the monthly MDT meeting

**Clinical waste Audit**

Undertaken by Joanne Sexton 20th October 2020

**Learning points**

Non clinical waste ie hand towels and packaging/wrappers to be disposed of in the black bin liners

A routine waste audit will be undertaken in 12 months unless an indication arises to necessitate earlier review.

Results of the audit and learning points were fed back the practice staff at the monthly MDT meeting

**Hand Hygiene Audit**

Undertaken by Wendy Sanderson

Assessment of the practice staff was undertaken in line with the World Health organisation recognised hand washing protocol

Annual assessment for all staff will be undertaken

**Staff Training**

Joanne Sexton has undertaken Infection control update training within the last year.

All practice staff have had update training on hand washing and clinical waste and sharps disposal.

Clinical staff members have reviewed local prescribing data regarding antibiotic use and prescribe using the local antibiotic prescribing guidelines.

Training is supported by Practice specific protocols and e- learning programmes that are accessible to all staff.

Meetings have been held with the practice cleaning staff and the cleaning policy reviewed and displayed for the cleaners to follow.

**Practice Policies and Procedures.**

All infection control policies and procedures have been reviewed within the preceding 12 months. They are centrally located electronically for all practice staff to access.

Date 29/12/2020

Completed by Joanne Sexton