



PUTNEYMEAD GROUP MEDICAL PRACTICE

INFECTION PREVENTION AND CONTROL (IPC) ANNUAL STATEMENT

2024 -2025

Putneymead 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 Putneymead's compliance with guidelines on infection control and cleanliness between the dates of 01.04.2024 and 31.03.2025.

From 2024 this statement will be generated in April each year and will summarise:

- Any infection transmission incidents and actions taken for the previous year – nil.
- Details of IPC audits/risk assessments undertaken, and actions taken - these audits are available on request.
- Details of staff training – yearly mandatory training for all staff, via eLearning for Health or BlueStream.
- Details of IPC advice to patients, recorded in patient notes as part of consultation.
- Any review/update of IPC policies and procedures as and when due.

Significant Events

There have been no incidents relating to infection prevention and control.

Staff Training

All staff undergo yearly mandatory training, which has an IPC component, with a completion rate of 79%. The IPC lead has completed the additional training required for this role.

Infection Prevention issues are discussed regularly throughout the year in clinical management and individual staff team meetings. We also use the weekly staff bulletin to highlight pertinent seasonal themes.

Staff are encouraged to raise any IPC concerns with any of the leads or IPC lead.

Audit

We carry out internal IPC audits annually and have also been inspected by NHSE.

Hand Hygiene Audit

Hand Hygiene audits have not been completed on a yearly basis. The IPC leads carries out regular training with the different staff teams, and as part of the regular risk assessment walkthrough, different staff members are checked for understanding and a practical demonstration. Staff are aware of the importance of hand hygiene in reducing healthcare associated infections.

We have updated all our posters demonstrating handwashing in both the clinical rooms and all toilet facilities.

Waste and Sharps Audits

These are incorporated as part of the IPC lead regular walkthrough. Our external Clinical and Domestic waste bins have been replaced and are now lockable.

Cleaning Audit

We meet regularly with our cleaning company to audit standards and worked with them to ensure compliance. Toilet roll holders have been replaced in the accessible toilets to prevent loose paper ending up on the floor and the mop holders have been replaced to ensure the mops can dry securely.

Cold Chain Review

- Cold Chain Policy in place
- Staff are aware of how to order, receive and care for vaccines.
- Vaccines close-to-expiry stock are clearly labelled, and vaccines are rotated in date order.
- Fridges have internal temperature readings taken within each of the vaccine fridges and these are recorded by the nurse responsible.
- Fridge temperatures continue to be checked twice a day, on days when the practice is open.
- We have remote access data loggers in place to alert the IPC lead to any breach in the temperature range.

Risk Assessments

Health & Safety Risk Assessment carried out 30th April 2024.

Legionella Risk Assessment carried out 30th April 2024.

Practice Annual IPC Audit

The last Annual IPC Audit was run on 15th November 2024. Following each annual audit, any action points that may arise are discussed within the Leads / Partners and Clinical Management meetings.

IPC Policy

The surgery's IPC policy is reviewed annually and updated in accordance with any changes to policy. Most recent update was 1st September 2024, and this has been implemented by the practice.

Jodie O'Regan

Nurse Partner

Infection Prevention Control Lead