**Rowner Medical Centre**

**INFECTION CONTROL ANNUAL STATEMENT 2024-2025**

We aim to keep the surgery clean and tidy, and to offer a safe environment for all our staff, patients and relatives.

Our GP’s and Nurses follow procedures to make sure that the treatment of our patients and the clinical equipment used meets infection control and safety standards guidance.

This includes the twice daily wipe down of all clinical workspaces and general cleaning of clinical rooms, which is signed on the daily cleaning protocol, on display in each clinical room.

The GP Partners encourage staff and patients to raise any issues or report any significant incidents relating to cleanliness and infection control.

If any arise then the practice teams meet to discuss and identify improvements, we can make to avoid any future problems.

The infection control statement will be generated annually at the review date shown at the footer of this document.

It will summarise:

* 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 taken.
* Details of any infection control risk assessments undertaken.
* Details of staff training.
* Any review and update of policies, procedures and guidelines.

**Background**

The Infection control Lead for Rowner Medical Centre is Sister Samantha Ready.

Supported by HCA Kerry Chalton.

Sam attends regular ICP lead updates held remotely 3 monthly and cascades any information on changes or updates with the teams via email, or at general practice/clinical meetings.

As Sam is new to the lead role, she has sought help from the ICB infection control lead, who has already visited the surgery twice this year in support sessions around audits and learning the IPC role.

**Significant Events**

In the past year, following a quality visit from the ICB in June 2024, a significant failing was highlighted to how the practice was recording daily fridge temperatures in relation to our cold chain procedures.

It was found that 2 of the 3 fridges we use to store vaccines within the practice, had cold chain breeches between the months of Jan-May 2024. A cold chain incident checklist was completed by Sam for all vaccines that were in the fridges at the time of the visit, and that had been potentially stored in those fridges between those dates. At the time of writing this statement, work on this cold chain incident continues.

However, the learning from this incident, and the changes that have been made since include;

* Twice daily fridge temp checks of all fridges which are recorded on a paper copy and on teamnet.
* Each fridge now holds a data logger, which is recording the temperatures inside the fridges every 10mins.
* The data loggers are then to be downloaded once a month, with a hard copy stored as a record of all temperatures.
* Fridges are to be cleaned once every month, with the date and time of that fridge clean documented.

Fridge temp checks will be done by a Nurse/HCA/ANP. However, if there is ever a time when these clinicians are unable to complete this task, it MUST be completed by another member of the surgery team, to ensure we adhere to the cold chain policy.

QR codes are now on all three of the fridges to make it easy and accessible for any member of staff to complete the daily fridge checks.

There have been increased risks to the public including a rise in measles cases, which we managed with MMR vaccination clinics for catch up during March-April.

We have not had any suspected cases in which we have had to deal with in the surgery in relation to this outbreak.

**Audits**

In usual circumstances, a yearly audit for infection control is carried out by the Infection Control Lead and results if negative acted upon and a yearly Statement is produced. As Sam is new to the lead role, she has sought help from the ICB infection control lead to support her in this.

Some changes have already been made around the surgery, such as the new labelling of bins and the updated waste bags which have been introduced. This was implemented well.

Some changes to our environment have also been updated, with new paper towel dispensers having been installed, in replacement for any broken units. Furniture which does not meet infection control standards has also been highlighted for replacement.

We will continue to notify patients of any seasonal outbreaks via our notice boards in the waiting room and on our website.

We continue to enforce, to all clinical and non-clinical staff that hand hygiene is the single most effective method of preventing cross infection and recommend everyone washes their hands and use an alcoholic gel regularly.

**Risk Assessments**

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

**Curtains**

The surgery has various curtains and blinds, both at the windows and in consulting rooms as modesty screens to be used around couches during examinations. The NHS Cleaning Specifications states that curtains should be cleaned or if using disposable curtains, replaced every 6 months.

All Consultation Rooms/Treatment Rooms (rooms 1-6) and the Nurse/GP consulting rooms upstairs have disposable curtains and are replaced every 6 months as per the cleaning specification.

These curtains have been most recently changed in July 2024, so will need replacing again January 2025.

Fabric blinds from the windows will need to be reviewed as these are not cleaned regularly by the contract cleaners. (July 2021). This needs communicating with the building management.

**Staff Training**

Non-Clinical team members have any infection control issues cascaded to them. All members of the nursing team are approachable and if non-clinical members have any issues regarding infection control, they are aware they can liaise with the nurses.

**Policies, Procedures and Guidelines**

All policies are available in the shared documents, and a list of links to these policies are available in the infection control folder.