

Annual Infection Control Statement

Reporting Period: 6th August 2025 – 6th August 2026

Date of Statement: August 2026

1. Purpose

This annual statement is produced in accordance with the Health and Social Care Act 2008 (Code of Practice on the prevention and control of infections and related guidance) and provides a summary of:

- Any known infection transmission incidents and actions taken.
- Audits undertaken and subsequent actions.
- Risk assessments and policies reviewed.
- Staff training.
- Plans for the coming year.

2. Infection Prevention and Control (IPC) Lead

- **Clinical Lead:** RGN Pip O'Brien –Lead nurse
- **Non-clinical IPC Support:** Rebecca Shelley- Practice Manager

The IPC Lead is responsible for ensuring that infection prevention and control standards are maintained throughout the practice.

3. Significant Events and Infection Transmission Incidents

- No significant infection control incidents have been reported in the past year.

• 4. Infection Control Audits

Regular audits have been carried out, including:

- Hand hygiene audits
- Sharps management
- Cleaning standards
- Waste disposal
- Personal protective equipment (PPE) usage
- Cold chain procedures

Summary of findings and actions:

- Overfilling of sharps bins following C19 clinic
Additional sharps bins made available and easily accessible
- Cobwebs identified in staff area following annual premises review
Cleaners contacted and issue raised and rectified immediately

- Clinical waste cupboard found to be in a poor state of cleanliness
Cleaned and power washed, rubbish removed.

5. Staff Training

- All staff have received infection control training appropriate to their roles.
- Clinical staff have had updates on relevant topics such as sepsis, antimicrobial stewardship, and PPE use.
- Non-clinical staff have been trained in cleaning procedures, hand hygiene, and safe waste handling.

6. Risk Assessments

Risk assessments have been reviewed/updated for:

- Legionella (water safety)
- Waste management
- Sharps injuries
- COSHH (Control of Substances Hazardous to Health)
- Covid-19 (where applicable)

7. Policies and Procedures

The following policies have been reviewed and updated:

- [Aseptic technique](#)
- [Blood-borne viruses](#)
- [Clostridioides difficile](#)
- [CJD](#)
- [Hand hygiene](#)
- [Invasive devices](#)
- [MDROs](#)
- [MRSA](#)
- [Patient placement](#)
- [MRSA](#)
- [Notifiable diseases](#)
- [Outbreaks of communicable disease](#)
- [PPE](#)
- [PVL-SA](#)
- [Respiratory and cough hygiene](#)
- [Safe disposal of waste](#)
- [Scabies](#)
- [Safe management of care equipment](#)
- [Safe management of blood and body fluids](#)
- [Safe management of linen](#)
- [Safe management of sharps](#)
- [Safe management of the care environment](#)
- [SICPs and TBPs](#)
- [Specimen collection](#)



- [Venepuncture](#)
- [Viral gastroenteritis-Norovirus](#)
- Needle stick / sharps injury
- Infection prevention and control

All policies are available to staff via Teamnet (back up copies on 'S' drive')

8. Infection Control Developments

- New cleaning contractor appointed in July 2024 Freshstart cleaning
- Refurbishment of staff areas December 2023

9. Future Plans

- Conduct patient leaflet campaign on hand hygiene and antibiotic use.

Approved by:

Practice Manager: Rebecca Shelley

Date: August 2026