

Purpose:

This annual statement summarises:

- Any infection transmission incidents and any action taken (these will have been recorded in accordance with our Incident procedure)
- Infection control audits undertaken and actions taken.
- Details of staff training.
- Any review and update of policies, procedures and guidelines

Background:

Overall accountability for Infection Control within PML lies with the PML Board. The responsibility in the organisation for all services is accountable to the Director of Clinical Services (DCS) on behalf of the Board. The Operations and Federation Manager (Counselling and Hospital at Home) has delegated responsibility for Infection Control and the day to day operation described within the policy.

Incident reporting:

In the past 12 months there have been the following IPC related incidents:

- Out of date items found on Crash Trolley – Bridge Street. Items removed and new stock ordered. Regular checks in place but responsibility shared to provide cross check.
- Power cut to Bridge street premises, affected whole area and broader as National issue. Fridges were without power for approximately 30 minutes but were not opened during this time so no break in the cold chain.
- Faulty boiler that has resulted in standing water on the floor of areas at Bridge Street. The water was restricted to a small area of the premises. The water was removed and the boiler repaired. The landlord is aware of these issues and the health centre continue to liaise with them to prevent subsequent issues.
- Flood at Horsefair Surgery resulted in standing water – caused by blocked toilet. The water was removed, area cleaned and the toilet fixed.

Audits:

An infection control audit has been carried out by the clinical lead or a senior manager in each service within the last 12 months: Banbury Health Centre, Horsefair, Hospital at Home, Collaborative Care Team, Primary Care Visiting Service and the Witney and Bicester Neighbourhood Access Hubs. Where required, action plans are in place and completion monitored via governance group.

The audit covered the following areas:

- Section 1: Management
- Section 2: Clinical Practices
- Section 2.1: Vaccine Control
- Section 3: Hand Washing
- Section 4: Waste Disposal
- Section 5: Clinical Equipment
- Section 6: Sharps Handling and Disposal

The process for audits has been updated and more regular audits will be undertaken using new templates

The clinical leads will use audit tools as referenced in the Infection Control Policy for a full clinical infection control inspection. The audit tools include:

- Environmental Cleanliness Audit Tool: The environment should be clean, free from dust, dirt and body fluid stains and spillages.
- Decontamination of Equipment Audit Tool: In order to comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance equipment (including medical devices) that comes into contact with the patient, e.g. wheelchairs, blood glucose meters, nebulisers, ear irrigators, must be decontaminated appropriately between use on another patient.

Staff Training:

Clinicians undertake Infection Protection Control level 2

Non-clinicians undertake Infection Protection Control level 1

Review of policy

The Infection Control Policy has been reviewed and updated in October 2019 and will next be reviewed April 2021