**IPC Annual Statement Report**

Mandalay Medical Centre

|  |  |  |
| --- | --- | --- |
| **Last Updated** | **Updated By** | **Next review due** |
| 7/07/2023 | CW | 7/07/2024 |

**Purpose**

This annual statement will be generated each year in July, in accordance with the requirements of the [Health and Social Care Act 2008 Code of Practice](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance) on the prevention and control of infections and related guidance. The report will be published on the practice website and will include the following summary:

* 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 carried out, and actions undertaken
* Details of any risk assessments undertaken for the prevention and control of infection
* Details of staff training
* Any review and update of policies, procedures, and guidelines

**Infection Prevention and Control (IPC) lead**

The lead for infection prevention and control at Mandalay Medical Centre is Charlotte Walton.

The IPC lead is supported by Michelle Marshall – Practice nurse.

Both Charlotte and Michelle do yearly infection control training and are up to date with infection prevention practice.

1. **Infection transmission incidents (significant events)**

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that may lead to a future improvement. All significant events are reviews in the monthly staff meetings and learning is cascade to all staff.

In the past year there have been no significant events raises that are related to infection control.

**b. Infection prevention audit and actions**

An annual infection control audit was completed at Mandalay medical centre by Charlotte Walton on 13/06/2023. The CCG also conducted an audit on 30/06/2022.

As a result in this audit the following things were changed in Mandalay:

* Infection prevention posters were added to all clinical rooms.
* New medical trolleys were added to the clinical rooms.
* All sharp bins are signed at point of assembly
* Legionella RA was done.
* New spillage kits were added to the practice
* Removal of unused clinical waste containers in the clinical rooms
* Cleaning schedule is required.
* **c. Risk assessments**

Risk assessments are carried out so that any risk is minimised and made to be as low as is reasonably practicable. Additionally, a risk assessment that can identify best practice can be established and then followed.

In the last year, the following risk assessments were carried out/reviewed:

* Immunisations: all staff are offered any occupational health vaccines such as Flu and Covid vaccinations.
* Legionella
* Clinical waste

**d. Training**

In addition to staff being involved in risk assessments and significant events, at Mandalay Medical Centre, all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually.

**e. Policies and procedures**

The infection prevention and control-related policies and procedures that have been written, updated, and reviewed every year.

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis as per current advice, guidance, and legislation changes.

**f. Responsibility**

It is the responsibility of all staff members at Mandalay Medical Centre to be familiar with this statement, and their roles and responsibilities under it.

**g. Review**

The IPC lead and Michelle Marshall are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before 7/07/2024

**Signed by**

Charlotte Walton

For and on behalf of Mandalay Medical Centre