

## **Infection Prevention and Control Annual Statement for 76 Harley Street Ltd**

1 April 2024 – 31 March 2025

In line with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and its related guidance this annual statement will be generated annually.

The Annual Statement provides a short review of:

- Any know infection transmission events and action taken (as reported in accordance with our Significant Event procedure)
- Audits, detailing any infection control undertaken and actions.
- Risks assessments, detailing any risk assessment undertaken for prevention and control on infection.
- Details of staff training
- Any review and update of infection control policies, procedures, and guidelines

In compliance with good practice on infection prevention and control our Annual Statement will be published on the Practice website and a copy of this statement is available to patients on request.

### **Infection Prevention and Control (IPC) Lead**

- 76 Harley Street Ltd Lead for IPC is **Kaye Auger**, Clinical Manager
- Supported by **Farid Monibi**
- Business Manager **Emma Russell**
- This protocol applies to all staff employed by the practice.

### **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 might lead to future improvements. All significant events are reviewed annually with Managers with learning cascaded to all relevant staff.

We have had no significant event relating to infection control in the last year.

### **Audits**

The following audits were carried out by Kaye Auger. Results and any issue were either discussed with the person/s concern or at practice meetings.

- Infection control updated and circulated on Breathe HR.
- Regular checking of cleaning processes is completed.
- Hand Hygiene
- Healthcare waste
- Sharp

### **Risk assessments.**

The practice risk assessment and COSHH assessment identify the possible risks of infection and the controls in place to manage these risks.

The practice infection control policy and associated protocols and procedures further describe how we manage the risk of infection. Each member of staff is aware of the practice risk assessment and COSHH assessment and has received a copy of the practice infection control policy and understands the need for it to be followed routinely.

The practice risk assessment, COSHH assessment and infection control policies and procedures are reviewed and updated on a regular basis, at least on an annual basis.

- Legionella risk assessment – completed May 2024 next due May 2025
- DUWLs – completed quarterly.

Despite the lifting of restrictions on Covid-19 global pandemic assessments, policies and protocol are reviewed regularly by management, and changes are made as they occur under guidance from the PHE, GDC, CQC and The Government:

- Practice risk assessment carried out March 2025
- Infection control protocols for all staff members and visitors to the practice
- Health and Safety next due March 2026
- COSHH due May 2025
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### **Staff training**

All members of the team are encouraged to follow their continuing professional development requirements for disinfection and decontamination. The practice provides update and refresher training on the infection control procedures adopted by the practice to ensure that all members of the team are aware of and work to current recommendations. Training in the infection control procedures for the practice is included in the practice induction programme for new staff.

In the last 12 months the practice has had 6 new staff, and all have received infection control and handwashing training before carrying out clinical activities. The rest of the training requirement is completed within 1 month in practice, via e-learning or reading practices policies and protocol.

### **Responsibility**

It is the responsibility of everyone to be familiar with this statement and their role and responsibilities under this. It is also the responsibility of the IPC lead to ensure all staff are familiar with the contents.

### **Review and update of policies, procedures, and guidance.**

The practice policies and procedures are reviewed on a regular basis at least annually to ensure their currency. The practice infection control policies and procedures were reviewed and updated where necessary to reflect the requirements of the Department of Health (England) guidance.

Kaye Auger (Clinical Manager)

Emma Russell (Business Manager)

*For and on behalf of 76 Harley Street Ltd*