



## Annual statement on compliance with IPC practice (including cleanliness) for General Practice Template

### Purpose of the 'Annual statement'

The *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* requires the Infection Prevention and Control (IPC) Lead to produce an annual statement. This statement should be made available for anyone who wishes to see it, including patients and regulatory authorities and should also be published on the General Practice website.

### Introduction

This Annual statement has been drawn up on  in accordance with the requirement of the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* for

It summarises:

1. Infection transmission incidents and actions taken
2. IPC audits undertaken and subsequent actions implemented
3. Risk assessments undertaken and any actions taken for prevention and control of infection
4. Staff training
5. Review and update of IPC policies, procedures and guidelines
6. Antimicrobial prescribing and stewardship

This statement has been drawn up by:

Name:

Infection Prevent and Control (IPC) Lead

### 1. Infection transmission incidents

None in 12 months

## 2. IPC Audits and actions

Monthly audits with the cleaning contractor

IPC Audit completed by Charlene 3 Boroughs IPC service 10.4.2024

Achieved 96%

## Recommendations

Area	Recommended	Interim/Comments	Up date 10.10.2025	Plans 2026
Toilets	<ul style="list-style-type: none"> <li>Benefit from repaint</li> <li>Sanitary waste bin bracket rusty</li> </ul>	<ul style="list-style-type: none"> <li>Painted 09/2024</li> <li>New unit requested - insitu</li> </ul>	<ul style="list-style-type: none"> <li>New toilet roll dispenser required– staff toilet</li> <li>New soap dispenser required – staff and disabled</li> </ul>	<ul style="list-style-type: none"> <li>?clean waste room or sluice room in 2<sup>nd</sup> staff toilet – landlord approval needed, declined in 2025. To be revisited 2026</li> </ul>
Consulting rooms	<ul style="list-style-type: none"> <li>Disposable curtains not being replaced every 6 months</li> <li>Sinks in new build not compliant</li> </ul>	<ul style="list-style-type: none"> <li>All clinical rooms risk assessed – some not used for clinical purpose on regular basis. Checked monthly by eye and changed when needed</li> <li>We placed these sinks in the room in 2016 when IPC came out and advised which sinks to have. This is a planned improvement, but we do not have the finance at this time</li> </ul>	<ul style="list-style-type: none"> <li>GPA inspects regularly and has a spreadsheet re inspection dates</li> <li>Room 1 only used as clinical room for 3 sessions per week</li> <li>Room 4 only used as clinical room for 3 sessions per week</li> <li>Room 6 only used as clinical room for 2 sessions per week</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

Sluice & Waste Storage	<ul style="list-style-type: none"> <li>Staff currently using the toilet to dispose of urine samples - discussed the possibility of using/introducing solidifying agents. If not possible to ensure safe practices in place when disposing of urines</li> </ul>	<p>and we prioritised the flooring and painting</p> <ul style="list-style-type: none"> <li>Solidifying agent purchased, however, all staff are trained in the correct procedure for disposing of urine</li> </ul>	<ul style="list-style-type: none"> <li>Solidifying agent has proved to be incredibly inconvenient, messy and expensive. Staff to ensure safe practice</li> </ul>	<ul style="list-style-type: none"> <li>GPA to add annual training and to be added to new staff induction</li> </ul>
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Decontamination cont	<ul style="list-style-type: none"> <li>Used clinical waste bags and sharp bins currently being stored in the cleaner's cupboard on the floor awaiting collection recommended against this, manager aware not ideal but has no other options currently. Recommended unused sharp bins</li> </ul>	<ul style="list-style-type: none"> <li>Unused sharps bins removed</li> </ul>	<ul style="list-style-type: none"> <li>Cleaners room floor replaced</li> <li>Cleaners room painted</li> <li>Unused sharps bins stored upstairs</li> <li>New, easy to move and clean, plastic bin placed in cleaners room for clinical waste</li> </ul>	<ul style="list-style-type: none"> <li>?clean waste room or sluice room in 2<sup>nd</sup> staff toilet – landlord approval needed, declined in 2025. To be revisited 2026</li> </ul>
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	are removed from this area The domestic cupboard would also benefit a repaint and new floor.			
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### 3. Risk Assessments

COSHH risk assessments
Emergency Drugs risk assessments
First Aid risk assessments
Legionella risk assessment
Hep B risk assessment
Blinds risk assessment
All clinical rooms risk assessment
Building risk assessed for Covid

### 4. Staff training

All staff complete mandatory IPC training on Blue Stream  
Kim Smallwood – GPA attends all monthly update meetings  
IPC added to staff induction



## 5. IPC Policies, procedures and guidance

Aseptic Technique
Bare Below the Elbow
COSHH
Cold chain/Fridge checks
Hand decontamination
Needle stick injury
Sharps & BBV
IFC
Isolation Room
Urinalysis
Waste Management
Anaphylaxis
Prescribing Protocol
Sepsis screening

## 6. Antimicrobial prescribing and stewardship

Regular meetings with medicine management team and PCN pharmacists
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## Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
Mention of decorating in IPC audit	Building to be painted	07/2025	Jayne Caunce	All completed bar porch as at Apr 2025
Flooring mentioned in 2023 audit (old build only)	All flooring in clinical/admin rooms and kitchen to be replaced	08/2024	Jayne Caunce	Completed 11/2024 Reception replaced 08/2025
Tiling/grout in old build clinical rooms	Tiling/grout to be replaced/repared in old build	06/2026	Jayne Caunce	
Waiting room carpet stained	To be cleaned	06/2025	Jayne Caunce	Cleaned 6/12. Quote for replacement flooring with carpet floor tiles obtained. To be replaced 2027.

**Forward plan/Quality improvement plan review date:**

06/2026

**IPC statement and Forward plan/Quality improvement plan for presentation to**

Partners/staff

To be uploaded onto website

On

Jan 2026