

**Date of issue: November 2020**

**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 Clinical Leads for each community service and the Lead Nurse for BCHC 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:

- Needlestick injury (Hospital at Home) - Checking stock and clinician put hand into an open box of needles one of which had the protective cover off. Staff member followed needlestick injury protocol.
- Needlestick injury (BCHC) - Whilst obtaining blood sample, difficult to bleed patient so clinician changed needle, needle scratched glove as putting it into sharps bin. Staff member followed needlestick injury protocol.

**Audits:**

We now follow the Oxfordshire CCG policy for infection control which recommends weekly and monthly audits, this guidance is based on general practice and the weekly audit does not apply to community services. The following services are undertaking the audits (as appropriate): Banbury Cross Health Centre (BCHC), 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 weekly audit covers the following areas:

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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. Visual inspection of clinical rooms, waiting rooms, toilet facilities, cleaners cupboard (cleanliness, condition, appropriate storage of cleaners equipment) 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. . This audit covers decontamination of equipment (availability of appropriate decontamination supplies, knowledge of process for decontaminating, spot checks of equipment)

**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