



Kennedy Way Medical Centre

DR F SHAMSHAD  
DR S QURBAN  
Kennedy House  
Kennedy Way  
Clacton-on-Sea  
CO15 4AB

01255 449270

## Kennedy Way Medical Centre

### Infection Control Annual Statement 2023-2024

#### Purpose

This annual statement will be generated each year in August in accordance with the requirements of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. It details:

- 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 undertaken, and actions undertaken
- Details of any risk assessments undertaken for prevention and control of infection
- Details of staff training
- Any review and update of policies, procedures, and guidelines.

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

Kennedy Way Medical Centre has 1 Nurse Manager Lead for Infection Prevention and Control and is supported by the onsite Nurse Lead.

#### 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 in the Monthly Clinical meetings and learning is cascaded to all relevant staff. In the past year there have been NO significant events raised that related to infection control.



Ranworth Medical Group

Part of Ranworth Medical Group

Ranworth Surgery

Caradoc Surgery

Green Elms Health Centre

Nayland Drive Surgery

Kennedy Way Medical Centre

## Infection Prevention Audit and Actions.

An Infection Prevention and Control audit was completed on the 26<sup>th</sup> June 2023 by Mike Garfield from Infection Prevention solutions. As a result of the audit and observations, the following actions were taken:

- Environmental cleaning check lists should be kept providing documentary evidence of monitoring that all environmental surfaces have been routinely and thoroughly cleaned. – Practice Manager to discuss with cleaning company.
- Environmental cleaning check lists should be completed and up to date to provide documentary evidence that all environmental surfaces have been routinely and thoroughly cleaned. – Practice Manager to discuss with cleaning company
- Toy cleaning check lists should be kept providing documentary evidence of monitoring that all toys have been routinely and thoroughly cleaned. – Practice Manager to discuss with cleaning company
- Orange/yellow waste bags should be labelled with source (i.e. location/department, etc) using a label, numbered tag or an indelible pen. – Practice Manager to discuss with cleaning company.
- Large yellow storage bins should be lockable. Contact contractor and ensure lockable bins are provided. – Practice Manager to discuss with cleaning company.
- Hazardous/infectious waste bags/containers storage area should be kept locked at all times if large yellow storage bins are not locked. – Practice Manager to discuss with cleaning company
- The interior of the large yellow storage bin should be free from the contents of split bags and should be cleaned regularly. – Practice Manager to discuss with cleaning company



- All electrical equipment used for floor cleaning is stored clean and dry. – Cleaners are having a new cleaning cupboard, separate from the one audited.

## Immunisation

As a practice we ensure that all of our clinical staff are offered any occupational health vaccinations applicable to their role (i.e. Hepatitis B, MMR, Seasonal Flu). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population. We have previously been involved in the COVID 19 Immunisation programme.

We have audited all staff in regards to immunisation status and have engaged Occupational Health where necessary.

## PPE (Personal Protective Equipment)

The practice provides PPE for all members of the team in line with their role, and this is very important during the COVID Pandemic that stocks are high. Clinical staff are provided with aprons, several different types and sizes of gloves and goggles/face shields, and there are no issues with supply currently.

Sharps bins must be disposed of i.e., incinerated, after 3 months and not to be kept for longer than this. The correct lidded sharps bin should be used depending on what is being disposed; for example, a live vaccine such as Rotarix would go into a purple topped bin. They should be signed and locked as per protocol to avoid sharps injury and contamination.



## Training

All staff complete E Learning training on Infection Control relevant to role.

## Policies

All Infection Prevention and Control related policies are in date for this year. Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated annually and all are amended on an on-going basis as current advice, guidance, and legislation changes. Infection Control policies are located on our surgery shared drive and can be viewed by all staff at any time.

## Responsibility

It is the responsibility of everyone to be familiar with this Statement and their roles and responsibilities under this.

## Covid-19

We had and still have access to all types of PPE which is worn appropriately by the clinical staff in the correct situation, before the recently updated guidance on face masks, all staff throughout the building was wearing face masks. Hand gel dispensers are also accessible for patient use and we encouraged patients to wear a face covering if possible.

Review date August 2024

The Infection Prevention and Control Lead is responsible for reviewing and producing the Annual Statement.



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