

Infection Prevention Control – Annual Statement

Purpose

This annual statement will be generated each year in November 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. The report will be published on the organisation 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 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

At Veincentre Ltd we have a named infection prevention and control lead.

The IPC lead is supported by a lead clinician.

a. Infection transmission incidents (significant events)

Significant events involve examples of good practice as well as challenging events.

Positive events are discussed at meetings to allow all staff to be appraised of areas of best practice.

Negative events are managed by the staff member who either identified or was advised of any potential shortcoming. This person will complete a Significant Event Analysis (SEA) form that commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.

All significant events are reviewed and discussed at several meetings each month. Any learning points are cascaded to all relevant staff where an action plan, including audits or policy review, may follow.

In the past year there have been no significant events raised that related to infection control. There have also been no complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

Detail information about the organisation and any requirements needed following the CQC, HIW or HIS inspection.

Input any information regarding any external IPC inspections.

List all internal audits that have been conducted within the previous year. Discuss the implementation of any audit requirements or shortcomings and how staff are involved to promote high standards of IPC.

Detail any projected audit reviews and frequency.

c. Risk assessments

Risk assessments are carried out so that any risk is minimised to be as low as 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:

- General IPC risks
- COSHH
- Cleaning standards
- Sharps
- Water safety
- Waste Management

In the next year, the following risk assessment will also be reviewed:

- Waste Management
- IPC risks
- Medical Emergencies Protocol

d. Training

In addition to staff being involved in risk assessments and significant events, at Veincentre Ltd all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training every 2 years.

e. Policies and procedures

The infection prevention and control related policies and procedures that have been written, updated or reviewed in the last year include, but are not limited, to:

- Infection Prevention Control Policy
- Spillage Protocol Policy
- Accidental exposure to blood

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 Veincentre Ltd to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC lead and the Head of Patient Safety & Quality are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before 30th November 2022.