VALLEY MEDICAL CENTRE

Infection Control Annual Statement

Valley Medical Centre is committed to high standards of Infection Prevention and Control (IPC). We maintain a safe environment for patients, staff and visitors through effective cleaning, appropriate use of personal protective equipment (PPE), safe sharps and waste management, staff training, and robust clinical decontamination processes.

Purpose of this Statement

In line with the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections, this annual statement summarises:

It will summarise:

- Infection-related incidents and actions taken in accordance with our significant event procedures
- IPC audits completed and actions arising
- IPC risks identified, with risk assessments and mitigations implemented
- Staff IPC training and competency assurance
- Review and updating of IPC policies, procedures and guidance

Three members of staff lead in Infection control:

- Clinical IPC Leads: Nurse Anna Timmons-Stewart (IPC Lead) and Dr David Baron (Clinical Lead)
- Non-Clinical Lead: Practice Manager, Lauren Wainwright-Green

IPC leads are the first point of contact for staff regarding IPC concerns and support a safe environment for patients, carers, visitors and staff. Patients can also raise any cleanliness or IPC concerns via the Reception team.

IPC leads are responsible for:

- Monitoring IPC systems and compliance
- Completing and documenting IPC risk assessments
- Delivering IPC updates and promoting good practice (posters, briefings, training)
- Implementing national and local IPC guidance
- Coordinating annual IPC audits and ensuring actions are completed
- Sharing key IPC messages with the practice team
- Attending relevant ICB / IPC updates

The Environmental Cleaning Lead is responsible for:

- Ensuring appropriate cleaning specifications, oversight and documentation to support IPC

Infection-related incidents (Significant Events)

Infection-related significant events are reviewed as they occur in line with practice procedures and learning is shared with the team. No infection-related significant events were recorded for the period July 2025 – July 2026

Audits

The IPC Lead undertakes an annual internal IPC / environment audit each September using the The Infection Prevention & Control Annual Audit Tool for General Practice. Findings and actions are reviewed by the IPC leads and Practice Partners.

Regular checks / audits are completed including Uniform, hand hygiene, PPE use, sharps management, and cold chain / fridge monitoring.

The IPC Lead has completed IPC Lead training and attends updates / webinars to remain current with best practice.

Risk Assessments and Controls

Key IPC risk assessments and mitigations during the period July 2025 – July 2026 included:

- Staff immunisation: occupational health vaccination checks appropriate to role (e.g. influenza, COVID-19, Hepatitis B, where indicated).
- Patient immunisation: partaking in the National Immunisation campaigns for patients and offering vaccinations in-house and via home visits to our patients.
- Cleaning standards: documented cleaning specifications and frequencies, with routine monitoring and recorded checks including equipment cleanliness.
- Measles preparedness: we promote MMR catch-up and maintain vigilance for suspected cases. Patients with fever and rash are managed with enhanced infection control precautions and advised not to attend without contacting the practice first. Any suspected cases are managed and escalated in line with UKHSA guidance.

Staff Training

All staff complete IPC training (including hand hygiene, PPE, waste handling, management of spillages and needlestick injuries). Certificates are held and available for inspection.

Policies, Protocols and Guidelines

IPC policies and protocols are accessible to staff and are reviewed at least annually, and sooner if guidance or legislation changes.

Review date: July 2027