

Infection, Prevention and Control Annual Statement

Person responsible for review of this protocol: Dr Katie Barber (Lead)
Date of last review: October 2023
Date of next review: October 2025

This clinic is committed to the control of infection within the building and in relation to the clinical procedures carried out within it. This statement has been produced in line with the Health and Social Care Act 2008 and details the clinic's compliance with guidelines on infection control and cleanliness between the dates of 1/10/22 and 1/10/23.

Infection Control Team

- IPC Lead for the clinic is Dr Katie Barber
- IPC Deputy is Helen Franklin
- Antibiotic and Sepsis lead is Dr Katie Barber

From 2023, this annual statement will be generated in October each year and will summarise:

- Any infection transmission incidents and actions taken
- Details of IPC audits/risk assessments undertaken and actions taken
- Details of staff training
- Details of IPC advice to patients
- Any review/update of IPC policies and procedures

Infection transmission events or significant events involving infection control

There have been no infection transmission events specific to Oxford Menopause Ltd in the last 12 months with the exception of the global pandemic of Covid-19 to which we have responded in line with national guidance.

The clinic has a specific Covid-19 policy.

Audits and risk assessments undertaken and subsequent actions

- Risk assessments and protocols associated with minimising the spread of Covid-19 are reviewed on a regular basis as new guidance is introduced nationally.
- Wearing of Personal Protective Equipment (PPE) has been strictly adhered to as recommended in guidance from Public Health England (PHE) and is regularly risk assessed and changed as recommended in the updated guidance regularly provided by PHE.
- All practice staff have been trained in donning and doffing PPE as per PHE guidelines.
- An annual infection, prevention and control audit is undertaken.
- An annual antimicrobial prescribing audit is undertaken.
- The annual waste audit has been carried out in conjunction with the clinical waste contractor and all staff have been reminded about the importance of segregating and labelling clinical waste appropriately.
- Cleaning audits - a monthly cleaning audit on all clinical and non-clinical spaces is carried out by the administrative team.
- Cold chain review - the clinic does not currently administer vaccines or any items requiring refrigeration.

Training

- New clinical staff including doctors, nurses and administrators have received comprehensive infection control training as part of their induction programme.
- All current staff have completed annual IPC training with a 100% completion rate.
- An annual update for hand hygiene was completed in May 2023 and achieved a 100% completion rate.
- Staff are encouraged to raise any IPC concerns with the IPC lead or deputy.

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Annual IPC Audit

- The last Annual IPC Audit was completed in October 2023.
- Action points arising from this audit are reviewed with the Clinical Lead and Deputy together with the Business Manager.

The following improvements were undertaken and are now in place to further these audits:

- The clinic will publish the Annual IPC Statement on their website
- The Covid-19 policy was reviewed and updated alongside the cancellation policy in line with updated National Guidance.
- Risk assessments are undertaken on all new staff and reviewed at their annual appraisal.
- An annual Health and Safety audit is undertaken alongside COSHH risk assessments.
- Fire safety management is maintained by Pyrotec and undertaken twice yearly (most recent September 2023).