Greensand Health Centre

Infection Control Annual Statement

Purpose

This annual statement will be generated each year in March 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 summarises:

- 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

Greensand Health Centre has one Lead for Infection Prevention and Control: Melanie Wates - Practice Nurse

The IPC Lead is supported by: Dr Leona Franklin – Senior GP Partner

Juliette Norton – Practice Manager

Deborah Carter – Compliance and Risk Manager

Melanie Wates has attended both the “Infection Prevention Link Practitioner Conference” in 2025 as well as “Practitioner Development Meetings” held virtually every 3 months during the year, further dates are already scheduled throughout 2026. She regularly reviews the latest guidance and updates from the Department of Health (DOH) and regularly communicates with the Integrated Care Board (ICB) on Infection Prevention and Control matters.

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.

In the past year there has been two Significant events: -

- A patient was discharged home from hospital with a Clostridium Difficile Infection and requiring on going care at our premises. Notification of the infection was sent to Greensand via the hospital and picked up by a GP. Treatment was started promptly, patient reviews were carried out on a regular basis, family members were assessed for symptoms, and Transmission Based Precautions (TBPs), were followed consistently, including accurate and timely documentation of all actions. This was a fantastic example of good practice relating to the prevention of infection to others.
- One nurse member sustained a sharps injury (whilst debriding a leg ulcer of it’s infected tissue). The nurse followed the correct guidance, reported the accident to the IPC lead and

received treatment from Occupational Health. Practice was reviewed to prevent any reoccurrence of injury

Infection Prevention Audit and Actions

In 2025, Greensand Health Centre implemented the following audits:

- Infection Control annual audit
- Infection Control monthly audit
- Hand Hygiene annual audit
- Hand Hygiene “Spot Checks”
- Hand Hygiene Antisepsis audit for those undertaking minor ops / coil insertions
- Minor Ops Wound Infection audit
- Aseptic Non-Touch Technique (ANTT) audit for nurses undertaking wound care
- Waste Audit (Externally requested by Vector)
- Cleaning Audits (both monthly and annual)

The Annual Infection Prevention and Control audit was completed by Melanie Wates & Deborah Carter in July 2025.

As a result of the audits, the following actions have been incorporated at Greensand Health Centre

- Many of the dressing trolleys at our Headcorn site, we’re looking tired, with cracked surfaces unable to be decontaminated effectively. Therefore, funding was allocated for a full refurbishment of all trolleys thus improving infection control standards.
- Headcorn also underwent substantial de-cluttering of clinical rooms / notice boards & cupboards providing a much cleaner, and safer environment for our patients, and an improved setting for all staff to work effectively.
- Although vaccine storage at Greensand Health Centre was satisfactory, there was no audit trail or documentation of our protocols. Therefore, across all 3 sites, reviews were commenced of our vaccine storage compliance. Audit criteria included: - documentation of temperature checks, including “back up” data loggers. Battery tests for cool bags, stock rotation, expiry dates / numbers of vaccines stored, storage of delivery receipts and, any non-compliance with cold chain breeches. Following the review, quarterly audits are now in place with results fed back to the nursing team for reflection.

A Hand hygiene Audit was completed for 65 staff members between May and July 2025. There were 35 Clinical staff and 30 non-clinical but patient facing. One office-based staff member also asked to be assessed. Results were fed back individually as well as via the clinical meeting to identify any reoccurring themes. All staff were able to demonstrate correct hand washing technique. However, 5 staff members were non - compliant either wearing hand jewellery or nail adornments. These staff were re assessed 2 weeks later after which they had taken time to refresh their knowledge of Hand Hygiene policy and / or reflected on their practice. This led to 100% compliance from all staff

Risk Assessments

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out / reviewed:

Legionella (Water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff.

Immunisation: As a practice we are continuously working to ensure that our staff are up to date with their Hepatitis B immunisations and offer any Occupational Health vaccinations applicable to their role (i.e. MMR, & Seasonal Flu,).

We take part in the National Immunisation Campaigns for patient's and offer vaccinations both in house and via home visits to our patient population.

Between March 2025 and March 2026, Greensand Health Centre continued to roll out the National Covid vaccination program following DOH guidance and national grouping system. In this 12-month period alone 1614 patients had their Covid vaccinations, in addition to 4373 annual Flu vaccinations.

Curtains: Greensand Health Centre purchase dignity curtains treated with Fantex – (an antimicrobial protection coating). This protects the curtains from harbouring microbes and therefore limits the spread of infection. This means that most curtains do not need to be changed more frequently than 12 monthly, however for those rooms risk assessed as high traffic areas, curtains have been renewed every 6 months. All curtains are regularly reviewed and changed if visibly soiled.

The window blinds at Loose and Linton are internal and considered low risk of infection and therefore do not require a particular cleaning regime. The blinds at Headcorn surgery will be renewed as part of a refurbishment program throughout 2026.

Cleaning specifications, frequencies and cleanliness: Greensand Health Centre follows cleaning specifications outlined in a "Cleaning Plan", which both our cleaners and staff work to. Regular assessments of cleaning processes are conducted. Areas for improvement identified if necessary.

A deep clean is carried out bi-annually by our cleaning contractors.

Toys: NHS Cleaning Specifications recommended that all toys were removed during the Covid – 19 Pandemic as it is impossible to guarantee zero risk of infection with adequate cleaning between use. Therefore, all toys have been removed from Greensand Health Centre.

Hand washing sinks: Greensand Health Centre has installed "wall hung" sinks throughout our sites to comply with the latest specifications. Across all sites, taps are elbow operated & liquid soap dispensers are wall mounted.

Training

- All Clinical and non-clinical staff complete Infection Control training annually
- All new staff receive Infection Control training at induction specific to their role

In the last year, all Department of Health Guidance and updates relating to disease outbreaks such as: - Meningitis, Measles, Norovirus, Hepatitis A, Salmonella, C- Auris, and Flu, have been disseminated to all staff.

Policies

All policies relating to Infection Prevention and Control are available to all staff. Policies are reviewed and updated annually as a minimum with additional amendments as necessary to reflect changes in current policy. Any policy changes are circulated amongst staff for reading.

Responsibility

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

Review date: March 2027