

Rose Medical Practice
140 Fitzwilliam Street, Huddersfield HD1 5PU

Title	Annual Infection Control Annual Statement
Purpose	<p>This annual statement will be generated annually. It summarises:</p> <ul style="list-style-type: none"> • 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 staff training • Any review and update of policies, procedures and guidelines
Scope	This Protocol applies to all staff employed by the practice
IC Lead	The Practice Manager, Sally Oldbury, is our IC lead supported by the Nurses
Training	<p>Sally attended an Infection Control Lead training course in 2016 and keeps up to date with IC policy and provides update training to the rest of the practice team at our Clinical Governance meetings annually. Sally attended the IPC lead update course in Nov 2025. An IPC team update is given every December. Staff who are unable to be present at the in-house training are given a copy of the minutes and the training presentation is stored on our practice shared drive in the training section available to all staff. Bluestream also provides elearning for clinical and non-clinical infection control which staff complete at least every 3 years.</p>
Immunisation	<p>As a practice we ensure that all our staff are up to date with relevant immunisations, where the staff member is not exempt, and offered any occupational health vaccinations applicable to their role (i.e. Hep B, MMR, Seasonal Flu, Covid-19, Varicella). We take part in the National Immunisation campaigns for patients and offer vaccinations in-house and via home visits to our patient population.</p>
Cleaning	<ul style="list-style-type: none"> • Our contract cleaner works to cleaning specifications laid out in their contract along with frequencies and an annual audit takes place to ensure these are being met. Cleaning equipment is stored in accordance with the NHS Cleaning Specifications. • The surgery has various material curtains and blinds both at the windows and in consulting rooms. All curtains to windows will be cleaned as per NHS cleaning specifications, blinds will be cleaned as per our contract cleaning specification. In the Doctor's room the modesty screen has been changed to plastic wipeable panels rather than fabric, and the curtains in the Treatment Room around the examination couch are disposable and replaced every 6 months or more often if necessary. • Spill kits for blood, vomit or urine are provided in the reception office and treatment rooms complete with all necessary PPE. • Our Air conditioning units are serviced annually to prevent any legionella build up in line with our Legionella Risk Assessment. • Windows are cleaned externally every 3 months and internally every 6 months via a commercial cleaning company.
PPE	<p>The practice provides PPE for all members of the team in line with their role.</p> <ul style="list-style-type: none"> • Clinical staff are provided with aprons, several different types and sizes of gloves and goggles/face shields • Reception staff are provided with gloves & aprons for the handling of sample pots • Patients and staff have been required to wear PPE appropriate to the task and, where possible, a face-covering in all public areas of the building in line with the publication of the SOP from NHS England. • Ventilation is maximised in public areas using the air cons units/open windows where staff and patients may be present whilst also giving consideration to building security precautions. • Requests for use of face-coverings will continue for patients seeing clinical staff until further notice.

Fixtures, Fittings & Furniture	Where possible all decorating, renewals and repairs will be made in line with infection control guidelines; <ul style="list-style-type: none"> Where planned, renewals of fixtures such as sinks and taps will ensure compliant items are installed where they are not currently at full spec. A rolling plan of redecoration is in place for wall coatings in line with infection control guidelines. The seating and exam couches in the clinical rooms were replaced or recovered in 2019 to ensure they are in good repair and of wipeable materials. The seating in the waiting rooms were recovered in wipeable vinyl in Dec 2019. This has been inspected and still in good condition. The Flooring in ground floor consultation room was replaced in May 2018 due to damage and remains in good repair. The ground floor consulting room was redecorated in Oct 2018 and is due for redecoration in 2026 The ground floor waiting room, hallway, landing and stairs were repaired and redecorated in Dec 2023. These are due for redecoration in 2026. Flooring to the hallway, landing and stairs is due for replacement in 2026. Reception office, HCA room and ground floor toilet are due for redecoration in 2026. The Nurses room and upstairs waiting room are due for redecoration in 2027
Waste	<ul style="list-style-type: none"> Clinical waste is categorised and stored in line with our waste management policy and collected weekly from an external locked bin, waste transfer sheets are stored and archived for 5 years. Domestic waste is disposed of via a commercial wheelie bin commissioned from the local council. Collections take place weekly.
Audit	<p>Aseptic Technique Procedure Audit – December 2024 – no areas of concern</p> <p>Clinical Waste Audit – July 2025 no areas of concern noted.</p> <p>Infection Prevention and Control in General practice – August 2025</p> <p>No areas of concern were noted and there have not been any infection control incidents.</p> <p>Hand Hygiene Audit – October 2025 no areas of concern noted.</p> <p>Sharps Management Audit – December 2025</p> <p>These are all scheduled for 12 monthly repeat</p> <p>ACTION: Aseptic Technique Procedure Audit due within 2 months</p>
Policies	Policies relating to Infection Prevention and Control are stored in the Clinic Room Policies and Procedures Folder in the Treatment room and on the Practices Shared Drive on MS Teams. These are reviewed and updated annually as appropriate. However, all are amended on an on-going basis as current advice changes. Relevant SOPs from NHS England are stored on the shared drive on MS Teams.
Responsibility	It is the responsibility of each individual to be familiar with this Statement and their roles & responsibilities under this. It is also the responsibility of the Practice Manager to ensure staff are familiar with the contents.
Review date	Original written Nov 12, reviewed: 12M, version: 14, Due for review: Dec 2026
Responsibility for Review	The Practice Manager is responsible for reviewing the Statement.