Newbridge Surgery
Dedicated, Quality Care

INFECTION CONTROL ANNUAL STATEMENT FOR 2026-2027

Purpose

This annual statement is generated each year in September. It summarises the work we have done throughout the year to promote best practice in Infection Prevention and Control in Newbridge Surgery and to ensure we deliver safe and effective care.

This statement summarises:

- Infection transmission incidents and any action taken (these will have been reported in accordance with our Learning Event procedure).
- Details of any infection control audits undertaken and actions taken.
- Details of staff training.
- Any review and update of policies, procedures and guidelines.

Background

Lead nurse Jo Kingston is our infection prevention and control lead. Jo attends regular IPC area meetings to ensure knowledge stays current and is evidence-based.

Kate Brown, a trained nurse, supports Jo in this role and is responsible for completing monthly audits and providing feedback on identified actions.

Kate has carried out a handwashing audit this year, and we have been looking into the use of couch roll for medical procedures.

We have reviewed the way we safeguard against Legionella Disease. One of our admin staff Helen Bowman, completes monthly water temperature checks of our sentinel points, amongst other management controls. An annual water test is carried out to ensure it is Legionella free. See;
https://teamnet.clarity.co.uk/Topics/ViewItem/038c6f02-3af6-4278-b2f4-b34c00ae2459/5443

This year, information regarding IPC was added to our Team net pages to ensure staff have easy access to all relevant information.

There was a change to waste management this year with the introduction of offensive waste. The updated approach requires waste to be assessed and separated according to its actual risk, the important distinction being that offensive waste is not infectious clinical waste.
We have implemented this change and now have all appropriate bins available in clinical rooms to ensure appropriate waste segregation is adhered to.

The use of pre-injection swabs for injectable medicines was reviewed in line with new guidance.
Intramuscular injections must be administered in accordance with the National Infection Prevention and Control Team IM Injection Skin Preparation Consensus Statement (June 2026).

Where skin disinfection is indicated, a 2% chlorhexidine in 70% alcohol skin wipe should be used. The wipes are now available for all clinicians to use, and this will be reviewed ahead of next year's annual statement. See link below:
https://teamnet.clarity.co.uk/l81070/Topics/File/e87fe50a-186f-4f01-a7dd-b3a900a37f28/c17f828d-e3fc-404d-a604-b3b60092a82a/874f7f77-2223-4461-8cc6-b4e200e11374

Learning Events

Following a complaint received by the surgery regarding staff wearing gloves when entering the waiting room, Jo, Lead nurse, provided a short training session to the team on the appropriate use of gloves in clinical areas. This was also sent out to staff in a written format.

Audits

Audits completed in the last year include; Quality Improvement Annual Audit, Examination Couches, Curtains, Sharps and Disposal of clinical waste containers, Hand hygiene, Vaccine Storage and Vaccine Fridges.

Kate carries out monthly audits to enable us to demonstrate that we are complying with best practice guidance.

Several of the couches last year were found to not meet infection control standards; these couches have now been replaced for new ones.

In a recent audit, one couch on the nurse's floor was found to have a minor tear; Kate brown has reported this.

Hand gels were found to be on clinicians' desks despite wall mounts being available. This was identified as a training issue; therefore, staff have now been reminded to ensure hand gel dispensers are placed in the designated wall mounts to comply with IPC guidance.

The monthly June 2026 audit found aprons were not supplied in all rooms. Kate reported this and action was taken to ensure the person topping up clinical rooms ensured there were aprons available for use.

An audit carried out in July 2026 identified rusty trolleys in clinical rooms. This was communicated to management, and these trolleys are in the process of being replaced for new ones. The plan will be for no rusty trolleys to be in use by clinicians.

Staff Training

Clinical staff have completed annual refresher training in Infection Control and Prevention, which was undertaken through an online course.

Non-clinical staff receive training via E-learning as part of their mandatory training. At the time of writing 100% of non-clinical staff are in date for training. 3 members of the clinical team are overdue and have been reminded to complete this mandatory training.

Policies, Procedures and Guidelines

A monthly infection control audit is carried out by Kate Brown, who took this over when our Nursing associate left. This is uploaded to our Teamnet page where all staff can view it.
If any actions are needed, Kate will liaise with the Lead nurse, Jo Kingston.
Any actions taken are documented in the audit with outstanding actions reviewed each month.
Our IPC general practice policies are reviewed annually but are also updated as required.

The main policies for IPC listed below were formally reviewed in May 2026 and will be due for review again in May 2027. Policies are also amended on an ongoing basis as current advice changes, or a need arises.

There are 27 policies, as listed below.
The practice is audited with the **SICP's assurance: IPC audit tool** to ensure conformity to these policies is maintained. These were last reviewed in May 2026 and will be due for review again in May 2027.

Antimicrobial stewardship
Aseptic technique
Blood-borne viruses
C. Difficile
CJD
Hand hygiene
Invasive devices
MRGNB including CPE
MRSA
Notifiable diseases
Outbreaks of communicable disease
Patient placement and assessment of infection risk
PPE
PVL
Respiratory and cough hygiene
Respiratory illnesses
Safe disposal of waste, including sharps
Safe management of blood and body fluid spillages

Safe management of care equipment
Safe management of linen
Safe management of sharps and inoculation injuries
Safe management of the care environment
Scabies
SICPs and TBPs
Specimen collection
Venepuncture
Viral gastroenteritis