

Annual Infection Control Statement for Nimbuscare Ltd. October 2024

PURPOSE

This annual statement will be generated each year in August 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.
- 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

Infection Prevention and Control (IPC) Leads for Nimbuscare are Theresa Ollerenshaw and Melanie Carter, and Joanne Topping (York Integrated Community Team)

The IPC Leads are supported by Nathan Agnew (Business Assurance and Development Manager – Health, Safety and Environmental Lead).

INFECTION TRANSMISSION EVENTS/INCIDENTS

Events are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. Events are reviewed weekly via rapid review following the PSIRF process.

INFECTION PREVENTION AUDIT AND ACTIONS

The Annual Infection Prevention and Control audits were completed by Theresa Ollerenshaw (Clinical Manager) in all locations: Acomb Garth Community Care Centre, Community Diagnostics Centre, York Hospital Out of Hours Service, Scarborough Hospital Out of Hours Service, Malton Hospital Out of Hours Service, Selby War Memorial Out of Hours Service and Whitby Community Hospital Out of Hours/ Extended Access Service. We also provide a written IPC Report for the Asylum Seeker Contract. Nimbuscare have made the decision to complete these audits at a minimum of 6 monthly.

HAND HYGIENE

Adequate handwashing facilities are available and easily accessible for all staff. This allows washing hands in hot water using the correct technique. Liquid soap, paper towels and alcohol gel are available. Disposable gloves and other PPE are available and used as appropriate in clinical areas.

Where staff are working in the community, they are expected to wash hands at the first opportunity but where not possible they are provided with hand sanitiser for use after all patient contacts.

An audit of handwashing is part of the staff induction. Repeat audits will capture all staff working within the organisation.

ENVIRONMENTAL AUDITS

Environmental audits are undertaken at Nimbuscare premises monthly or following reports of identified environmental risks to ensure that the clinical and non-clinical areas are fit for purpose.

NHS Property Services audit Acomb Garth Community Care Centre quarterly and provide us with a copy of the audit and actions taken.

GENERAL CLINICAL WASTE AUDITS

Audits are to be undertaken annually by the Health, Safety and Environmental Lead to ensure that bins are easily accessible to staff at point of use, following National Guidance. In clinical areas bins should be lidded and operated with a foot pedal.

- Waste is assessed and segregated appropriately.
- Waste bags are:
 - maximum two thirds full and securely tied
 - labelled with the address and date before collection
 - stored in a secure, clean designated area while awaiting collection from registered waste disposal company..

MEDICINE WASTE

Audits are to be undertaken annually and are to include the following:

- Medicine waste is stored in a designated bin and collected regularly by an appropriate waste contractor.
- Purple-lidded bins, including sharps bins must be available. This is for the disposal of cytotoxic medicines (which include hormones).
- Staff are provided with training to understand which medicines should be disposed of in each bin.
- All patient identifiable documents are treated as confidential waste.

SHARPS

Sharp audits are undertaken as part of the 6 monthly IPC review, and reviewed annually as part of the waste management audit:

- Sharps must be disposed of in the correct bin. Bin lids are orange, yellow or purple depending on the use of the bin (according to Correct sharps disposal poster)
- Containers are correctly labelled on assembly and on closure. We have introduced a two-person process for checking this.
Bins must be closed and disposed of when the fill line is reached.
- Even when not full, all bins must be closed and disposed of after three months. (www.infectionpreventioncontrol.uk)
- Information providing the actions required following a sharps injury is available in all clinical rooms and alongside new bins stored in reception.

RISK ASSESSMENTS

Risk assessments are carried out so that best practice can be established and then followed.

See the Nimbuscare Annual IPC Risk Assessments for Acomb Garth Community Care Centre, Community Diagnostics Centre, and Community Services.

Immunisation: As a company we ensure that all our clinical staff are up to date with occupational health vaccinations applicable to their role (i.e. MMR, Covid, Hep B & Seasonal Flu). We take part in the National Immunisation campaigns and offer vaccinations as appropriate.

TRAINING

At Nimbuscare all staff will complete IPC training on commencing their post. Thereafter, all staff receive refresher training annually, or where there is an identified need.

There is an Infection, Prevention Control Lunch and Learn each year to provide an annual update to staff.

POLICIES

Our Infection Prevention Control related policies are available to all staff, in both hardcopy and online. They are reviewed annually and are amended on an on-going basis as current advice, guidance, and legislation changes. Notification of any amendments are sent to staff in a timely manner.

RESPONSIBILITY

Familiarisation with all Infection Prevention Control is essential for all clinical staff in accordance with their roles and responsibilities.

DATE REVIEW COMPLETED:

October 2024

RESPONSIBILITY FOR REVIEW

The Infection Prevention and Control Lead Nurses (Theresa Ollerenshaw, Melanie Carter and Joanne Topping), and Business Assurance and Development Manager (Nathan Agnew) are responsible for reviewing and producing the Annual Statement.

This annual statement will be updated on or before 31st October 2025