DIDSBURY MEDICAL CENTRE

1 The Avenue,
Didsbury,
Manchester M20 2ER

INFECTION CONTROL ANNUAL STATEMENT

JUNE 2026

Sr Catherine Standing

Clinical Nurse Manager
&
Infection Control Lead

PURPOSE

In line with the Health and Social Care Act 2008: Code of practice on prevention and control of infection and its related guidance, this annual statement will be generated each year at the end of March. It will summarise:

- Any infection transmission incidents and lessons learned and actions taken.
- Details of any infection prevention and control (IPC) audits undertaken and any subsequent actions taken arising from these audits.
- Details of any issues that may challenge infection prevention and control including risk assessment and subsequent actions implemented as a result.
- Details of staff IPC training.
- Details of review and update of IPC policies, procedures and guidance.

INFECTION CONTROL LEAD

The infection control lead will enable the integration of infection control principles into standards of care within the practice, by acting as a link between the surgery and Manchester Public Health Team. They will be the first point of contact for practice staff in respect of infection control issues. They will help create and maintain an environment which will ensure the safety of the patient, carers, visitors and health care workers in relation to Healthcare Associated Infection (HAI).

The infection control lead will carry out the following within the practice:

- Increase awareness of infection control issues amongst staff and patients.
- Help motivate colleagues to improve practice.
- Improve local implementation of infection control policies.
- Ensure that practice-based infection control audits are undertaken.
- Assist in the education and training of colleagues.
- Help identify any infection control problems within the practice and work to resolve these, where necessary in conjunction with the local infection control team (Manchester Public health).
- Act as a role model within the practice.
- Disseminate key infection control messages to their colleagues within the practice

Practice infection control lead	Sr Catherine Standing (clinical nurse manager)
Deputy lead	Sarah Sales (practice manager)

SIGNIFICANT EVENTS

The move to new premises on 8th June has afforded us the opportunity to be more easily infection control compliant as the building is purpose built with. MMR status checked with all staff since recent surge of measles cases.

AUDITS/RISK ASSESSMENT

The following audits/risk assessments were carried out in the practice.

Health & Safety Audit:

Infection control annual audit: Date of assessment June 2026 Overall score 98%

Audit key findings/recommendations/update

Infection control discussed at practice meetings as a regular agenda item.

Infection control annual statement produced and published on DMC website every year.

Legionella risk assessment report undertaken June 2026

Legionella monthly checks undertaken and recorded as per recommendations.

The practice should be assured that all members of staff are aware of the correct procedure following needle stick injury. One needle stick injury reported since last report. All staff are aware of protocols, immediate care and where to find appropriate contact details. Laminated posters displayed in every clinical room and in reception.

Hand hygiene and PPE audit undertaken annually and with new staff members including new GPs, new practice nurses and reception/clerical staff.

A suggestion box is in the ground floor waiting room for any suggestions or feedback or any concerns that our patients may have.

STAFF TRAINING

The infection control lead for the practice attends a one-day infection control and legionella training update every year.

New recruits have had infection control as part of their induction programme, including hand-hygiene and PPE equipment use.

All clinical staff have had a course of hepatitis B vaccinations and a blood test post course to check they are protected and have been fully trained on PPE and specimen handling.

All staff undertake hand-washing assessments and PPE training annually.

POLICIES, PROTOCOLS AND GUIDELINES

The policies below have been updated this year. They are reviewed annually or earlier when appropriate due to changes in regulations and evidence-based guidance.

- Confidential waste protocol
- Cold chain protocol
- Hand hygiene policy and annual audits
- Hepatitis B policy
- Infection control policy
- Legionella management policy
- Needle-stick injury policy
- Personal protective equipment (PPE) policy
- Specimen handling policy
- Spillage policy
- Staff screening and immunisation policy