# **Infection Control**



# Annual Statement 2024/2025

### 1. Purpose and scope

This annual statement will be generated each year in accordance with the requirements of the Health and Social Care Act 2008 code of Practise on the prevention and control of infections and related guidance and relates to the Trusts registered Care Services – Vange Place Haverhill, Foundation Street Ipswich, and Lowestoft Care.

# 2. Infection Prevention and Control (IPC) Lead

The Papworth Trust leads for Infection Prevention and Control are Care Services Registered Managers:

Vange Place - Sharon Cook

Ipswich Care - Antonia Howard

Lowestoft Care - Gemma Blake

#### 3. Infection Prevention Audit and Actions

Each of the registered services is required to complete an internal infection control audit at a set frequency, which is then reviewed by the Governance and Compliance Team when they undertake their Compliance Quarterly Audit which includes Infection Control.

#### 4. Risk Assessments and PPE

Risk Assessments are carried out so that any risk is minimised to be as low as reasonably practicable. Additionally, a risk assessment that can identify best practice can be established and then followed. In the last year, the following risk assessments were carried out/reviewed:

- General IPC Risks Including cleaning standards.
- Control Of Substances Hazardous to Health

Records of all risk assessments are located on the organisation risk assessment register monitored by the Governance and Compliance Team. With the increased need of Personal Protective Equipment (PPE) during Covid 19 the Trust secured supplies to ensured that staff are provided with sufficient resources to meet the changing needs due to the risk of exposure to COVID-19.

#### Infection transmission Incidents

Significant incidents involve examples of good practice as well as challenging incidents. Positive incidents are discussed at meetings to allow staff to be appraised

of areas of best practise. All significant incidents are reviewed and discussed at team meetings and within the Health and Safety Advisory Group.

Any actions identified as a result of incident analysis and from internal service audits are documented onto individual service action plans. All actions are monitored closely to ensure these are implemented across the registered care services, staff are then updated of these changes through monthly team meetings. In the past year there have been 0 significant events raised and related to infection control.

### Training

In addition to staff being involved in risk assessments and significant events at all of the services listed above all staff receive Infection control training on commencing their role. Thereafter, all staff receive refresher training every three years.

# Policy and Procedures

The infection prevention and control related policies and procedures that have been written updated or reviewed in the last year include but are not limited to:

- Infection Control Policy
- Infection Control Procedure

Policies relating to infection control are available to all staff located within the Policy library located on SharePoint and are reviewed and updated every three years. Additionally, all policies and procedures are amended on an on-going basis as per current advice, guidance, and legislation changes.

#### Responsibility

It is the responsibility of all staff members to be familiar with this statement and their roles and responsibilities under it.

#### Review

The Infection control lead at the relevant service is responsible for reviewing and producing the annual statement with the assistance of the Governance and Compliance Team.

We recognize that the application of good practice in Infection control is a fundamental component of good management and is a key to achieving high quality work and service provision. To this end, we commit to providing adequate financial and physical resources to satisfy the requirements of the law and the organization.

Signed

Sarah Miller

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Chief Executive Officer Next Review: October 2025