

Cheriton Bishop and Teign Valley Practice

Infection Prevention Control Annual Statement

The Annual Statement was drawn up on 19/02/2026 and will be generated each year in accordance with the requirements of the Health and Social Care Act 2008, code of practice on the prevention of infections and related guidance for Cheriton Bishop and Teign Valley Practice.

Our Infection Prevention Lead is: Karen Ross-Fowler, Practice Nurse

Infection transmission incidents:

There have been no accounts of infection transmission in this last year.

Staff are encouraged to report symptoms of illness early and reinforce staying at home when unwell.

Cheriton Bishop and Teign Valley Practice have improved standards of infection control across both sites.

IPC audits and actions:

Annual Infection prevention audit.

Hand Hygiene audit. 3 monthly as good practice.

Risk Assessments:

Risk assessments are carried out so best practice is established.

The practice has reviewed its water safety risk to ensure water does not pose a risk to patients.

As a practice, we ensure that all staff are up to date with Hepatitis B and any other vaccinations applicable to their role (i.e. MMR, seasonal influenza).

Staff Training:

1 IPC lead training.

All staff receive training in IPC. This forms part of staff mandatory training carried out and logged via TeamNet.

All staff receive face to face training in hand washing technique together with handwashing audits.

Aim to provide a culture of shared responsibility to protect both patients and staff.

Curtains:

Replaced every 6 months in clinical rooms.

Periodic cleaning of carpets or sooner if necessary.

Staff aware of spillage policy and where spillage kit is held.

Toys:

Cleaned with Clenil wipes after each use.

Cleaning specification for cleaners adhered to and logged.

Hand washing sinks in all clinical rooms, including toilets for patients and staff.
Visual handwashing posters/displays included.

Incident of overfilling of sharps bin in Treatment room resulting in sharps injury.
Reflective supervision for the staff involved and awareness made to all staff, the Sharps and Needlestick Injury policy. Awareness of the use of the temporary closure mechanism on bins when not in use and the closure and disposal of the bins when $\frac{3}{4}$ full.

Sharps and Needlestick posters are available in all rooms.

IPC Policies, Procedures and Guidance:

All policies reviewed, updated and checked annually and available to all staff via TeamNet and amended on current guidance and legislation changes.

Antimicrobial Prescribing and Stewardship:

AMS is active in this practice by prescribing GP's.

We have a pharmacist who is currently auditing our antibiotic prescribing and will be sharing the information.

Posters for patient, educating AMS, is in waiting rooms

Forward plan / Improvement plan:

General organisation of older clinical rooms. Date for completion: 2027.

Rusty tap at Christow Surgery. Tap to be replaced. Date for completion: End of February 2026.

New consulting room at Cheriton Bishop. Imminent.

Hand washing audit every 3 months. Date for completion: May 2026.

Forward planning review date: February 2027