

Annual Infection Control Statement for Nimbuscare Ltd. September 2025

PURPOSE

This annual statement will be generated each year in October 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 Vatrix reporting 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

The Infection Prevention and Control (IPC) Lead for Nimbuscare is Theresa Ollerenshaw

The IPC Lead is supported by the Nimbuscare Estates and Facilities Team.

INFECTION TRANSMISSION EVENTS

Events are investigated in detail to identify any shared learning and to put in place changes that might lead to future improvements. Events are reviewed weekly via rapid review following the PSIRF process.

In the Year August 31st, 2024-September 1st, 2025, there have been 4 infection control related events

- Community Services Directorate X3 events – 2 environmental related and 1 needle-stick injury
- Clinical Services Directorate x1 event - needle stick injury.
- Urgent Care Directorate x 0 events

INFECTION PREVENTION AUDIT AND ACTIONS

The Annual Infection Prevention and Control audits were completed by Theresa Ollerenshaw (Clinical Manager – IPC Lead) 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, Whitby Community Hospital Out of Hours/ Extended Access Service and Stay City Apartments - Asylum Seeker Contract. Nimbuscare have made the decision to complete these audits at 6 monthly intervals where possible.

Scarborough OOH audit was delayed due to the timing of the move of the Emergency Department into a new purpose build building.

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, aprons and masks, 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. However where not possible they are provided with hand sanitiser for use after all patient contacts.

An audit of handwashing is completed monthly. 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. This includes Acomb Garth Community Care Centre and Askham Bar Community Diagnostics Centre. These are completed by an IPC Champion at CDC and the Reception Team at Acomb Garth.

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

York and Scarborough Teaching Hospitals NHS Foundation Trust hold overall responsibility for Infection Prevention and Control at the CDC, including environmental checks.

GENERAL CLINICAL WASTE AUDITS

Audits are to be undertaken annually by the Estates and Facilities Team to ensure that bins are easily accessible to staff at point of use, following National Guidance. In clinical areas bins are 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

Medicine waste is monitored:

- Medicine waste is stored in a designated bin and collected regularly by an appropriate waste contractor.
- Purple-lidded bins, including sharps are 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 available in all clinical rooms)
- 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. A City-Wide Process is being developed for Community/ Primary Care with the ICB and Practices.

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 an organisation 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 3 yearly, or where there is an identified need.

IPC updates are shared via rotamaster and SharePoint.

POLICIES

Our Infection Prevention Control related policies are available to all staff via SharePoint. 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 procedures is essential for all clinical staff in accordance with their roles and responsibilities.

DATE REVIEW COMPLETED:

1st September 2025

RESPONSIBILITY FOR REVIEW

The Infection Prevention and Control Lead Nurse (Theresa Ollerenshaw), and Estates and Facilities Manager (Nathan Agnew) are responsible for reviewing and producing the Annual Statement.

This annual statement will be updated on or before 31st August 2026