# Twin Oaks Medical Centre

# Infection Control Annual Statement

## 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 details:*

- 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 undertaken.
- Details of training received by staff
- Details of any risk assessment undertaken or prevention and control of infection.
- Any review and update of policies, procedures and guidelines.

## Infection Prevention and Control (IPC) Lead

- Twin Oaks Medical Centre has three people who oversee Infection Prevention and Control:
- The overall GP IPC Lead for the practice is Dr Kate Halsam.
- The Nursing IPC Lead for the practice is Shirley Higham (Practice Nurse).
- The non-clinical IPC Admin Lead is Samantha Hutton (Deputy Practice Manager)

## Infection Transmission Incidents (Significant Events)

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learn and to indicate changes that could lead to future improvements. All significant events are reviewed at least six monthly with both clinical and administrative staff, and any learning is cascaded to all relevant staff. No infection transmission incidents have been reported in the last year.

## Infection Prevention Audit and Actions

The annual Infection Prevention and Control audit (using our IPC checklist) was completed by Shirley Highan (Practice Nurse) in May 2025.

Dr Mistry undertakes a Coil audit on an annual basis and informs the Infection Control Leads of any reported incidents. There have not been any post coil procedure infections in the last year.

An audit of staff handwashing was conducted in May 2025. Twin Oaks Medical Centre plans to undertake the following audits during 2025/2026.

- Annual Infection Prevention and Control audit
- Domestic Cleaning audit
- Hand hygiene audit

## Risk Assessments

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out / reviewed:

- Legionella (Water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff.
- Immunisation: As a practice we ensure that all our clinical staff are up to date with their Hepatitis B immunisations and are offered any other occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu, COVID). Non-clinical staff are also offered the opportunity to have any vaccinations applicable to their role including Hepatitis B immunisation. We take part in the National Immunisation campaigns for patients and offer vaccinations in-house and via home visits to our patient population.
- Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. Window blinds are very low risk and therefore do not require a particular cleaning regime other than regular vacuuming to prevent build-up of dust. The modesty curtains, although handled by clinicians, are never handled by patients and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled.
- Toys: NHS Cleaning Specifications recommend that all toys are cleaned regularly and we therefore provide only wipeable toys in the waiting room. No toys are kept in any of the consulting rooms.
- Cleaning specifications, frequencies and cleanliness: We have added a cleaning specification and frequency policy poster in the waiting room to inform our patients of what they can expect in the way of cleanliness. We also have a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by the Deputy Practice Manager and logged.
- Hand washing sinks: The practice has clinical hand-washing sinks in every room for staff to use. Some of our sinks do not meet the latest standards for sinks but we have removed plugs, covered overflows and reminded staff to turn of taps that are not ‘hands free’ with paper towels to keep patients safe. We have also replaced our liquid soap with wall mounted soap dispensers to ensure cleanliness.

## Training

All our staff receive annual on-line or face-to-face training in infection prevention and control. During 2025, our Practice Nurse conducted face-to-face training as one of the subjects covered during our staff meeting held on 26th November 2025.

Shirley Higham (Practice Nurse) attended Practice Nurse ICB forum sessions relating to Infection, Prevention and Control on 6th May, 15th, July and 16th September 2025.

## Policies

All Infection Prevention and Control related policies are in date for this year.

Policies relating to Infection Prevention and Control are available to all staff electronically on our shared drive and are reviewed and updated annually, and all are amended on an on-going basis as current advice, guidance and legislation changes.

## Responsibility

It is the responsibility of every member of staff to be familiar with this Statement and their roles and responsibilities under this.

## Review date

October 2026

## Responsibility for Review

The Infection Prevention and Control Leads are responsible for reviewing and producing the Annual Statement.




Dr Kate Haslam

10th October 2025

For and on behalf of Twin Oaks Medical Centre