



Annual Statement of Cross Infection

July 2016

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Introduction

Peninsula Dental Social Enterprise (PDSE) operates in a similar fashion to an NHS dental practice however the majority of care is being delivered by dental students under the supervision of qualified dentists. There are 4 Dental Education Facilities (DEFs), 2 sites in Plymouth, one in Exeter and one in Truro.

Named infection control leads for each DEF are as follows:

Derriford:	Tracey Ruff, Registered Dental Nurse (RDN)
Devonport:	Katie Taylor, Registered Dental Nurse (RDN)
Exeter:	Jaynie Bulman, Registered Dental Nurse (RDN)
Truro:	Lauren Boulton, Registered Dental Nurse (RDN)

Known infection transmission events and actions arising from this

There were 9 contamination incidents recorded over the past 12 months. The PDSE contamination protocol was followed on each occasion, and actions taken were recorded through clinical incident processes. No changes to procedure were necessary as a result of any of these incidents.

A breakdown of each incident, location and actions taken can be seen in appendix 1 of this report.

Audits undertaken and action arising from this

Infection control audit using the Department of Health's Infection Prevention Society audit tool is carried out at 6 month intervals. Breakdown for each DEF and action points can be found later in the report.

A further cross infection audit is carried out termly by clinical staff. This takes a snapshot of activity in each DEF and prompts an action plan if policy and best practice is not being adhered to.

This is then actively monitored to identify trends or common issues across all sites. These results and any other cross infection issues are discussed at regular Infection Control Lead group meetings.

Risk assessments undertaken for prevention and control of infection

The risk assessment undertaken are as follows:

- BBV & Hep B– Allowing a new member of clinical staff to work with patients whilst still awaiting EPP clearance.
- Mantoux - Nurse working with patients whilst waiting for a Mantoux test to check immunity to TB.
- Legionella.
- Transportation of contaminated instrumentation.

- Handling of Contaminated Sharps/Instruments

Training received by staff

All clinical staff are required to undergo annual cross infection training. This is currently done via e-learning. A termly audit has now been implemented to ensure that all relevant staff are compliant and current with their training. Clinical supervisors employed by Plymouth University are required to evidence compliance via a self-certification process.

Review and update of policies, procedures and guidance

Any updates to policies, procedures and lessons learned from incidents are communicated to all stakeholders via a Patient Safety and Governance Report. This includes all clinical incidents. This report is sent to all PDSE staff, students and clinical teaching staff on a monthly basis.

Up to date versions of all PDSE policies are now available on the PDSE website:

<http://www.peninsuladental.org.uk/about-us/corporate-information/policies/>

Appendix 1

Contamination injury breakdown

When	Who	Where	What happened	Action taken
7/12/15	Student	Derriford	Thumb spiked with file during RCT	Contamination injury protocol followed
5/1/16	Student	Derriford	Thumb punctured with probe whilst removing core from fractured crown	Contamination injury protocol followed
1/2/16	Student	Devonport	Injury to finger from sickle scaler during hand scaling	Contamination injury protocol followed
2/2/16	Student	Devonport	Injury to finger whilst removing used bur from high speed handpiece	Contamination injury protocol followed
4/3/16	Student	Derriford	Skin of finger breached with needle after depositing L.A.	Contamination injury protocol followed
7/4/16	Student	Derriford	Finger caught with sickle scaler during treatment	Contamination injury protocol followed
14/4/16	Student	Derriford	Finger pricked with probe whilst clearing instruments after treatment	Contamination injury protocol followed
25/4/16	Student	Truro	Water spray came into contact with eye during treatment	Contamination injury protocol followed
26/5/16	Student	Devonport	Scratch on wrist from used hand scaler	Contamination injury protocol followed

Appendix 2

IPS audit breakdown and action points

DEF	% Score	Action point	Action plan
Exeter	97% (This should be higher as wrong answers inputted prior to sending)	Cleaning Are separate canisters of lubricant used for unclean, cleaned and sterilized instruments?	No decon to take place in Exeter from June 2016
		Decontamination Environment Does the practice have a system in place to ensure that storage of non-wrapped instruments does not exceed: 1 day if stored in a clinical area; or 1 week if stored in a non-clinical area (i.e. clinical area not in current use, or in the clean area of a decontamination room)?	No decon to take place in Exeter from June 2016
		Are yellow striped black bags used for offensive/hygiene waste such as non-infectious recognisable healthcare waste e.g. gowns, tissues, non-contaminated gloves, X-ray film, etc, which are not contaminated with saliva, blood, medicines, chemicals or amalgam?	Clinical waste bags are used instead which are compliant with HTM 01-05
Derriford	98%	Cleaning: Are instruments that are not decontaminated immediately, kept moist until they are decontaminated?	Instruments are kept overnight. This is in a closed, marked box.
		Are all work-surface joints intact, seamless with no visible damage?	All issues to be reported to facilities
		Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion?	Walls within the clinical areas need repainting. Facilities team informed
Truro	96% (This should be higher as wrong answers inputted prior to sending)	Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	Available but not wall mounted
		Decontamination Environment: Are instruments maintained in a moist condition between use and decontamination?	Instruments are kept overnight. This is in a closed, marked box.
		Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture?	Any issues will be reported to estates or repair.
		Are all surfaces i.e. walls, floors,	Any issues will be reported to estates or

		ceilings, fixtures and fittings and chairs free from damage and abrasion?	repair.
		Are free standing or ceiling mounted fans used in clinical/ decontamination areas?	Only bladeless fans
Devonport	98%	Cleaning Are instruments that are not decontaminated immediately, kept moist until they are decontaminated?(6+ hours)	Instruments are kept overnight. This is in a closed, marked box.
		Decontamination Environment Does the practice have a system in place to ensure that storage of non-wrapped instruments does not exceed: 1 day if stored in a clinical area; or 1 week if stored in a non-clinical area (i.e. clinical area not in current use, or in the clean area of a decontamination room)? (no)	Instruments are kept overnight. This is in a closed, marked box.
		Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion?	Some walls have scratches/damage from chairs changing position (right to left and vice versa)