



Annual Statement of Cross Infection

July 2017

v.2

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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:	Rachel Watts, Registered Dental Nurse (RDN)
Devonport:	Hayley Bowden, Registered Dental Nurse (RDN)
Exeter:	Jess Doolan, Registered Dental Nurse (RDN)
Truro:	Victoria Tippet, Registered Dental Nurse (RDN)

Known infection transmission events and actions arising from this

There were 12 contamination incidents and 7 other cross infection related incidents and near misses recorded over the past 12 months. The PDSE contamination protocol was followed on each occasion where necessary and actions taken were recorded through clinical incident processes.

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 and Clinic Operations meetings.

Risk assessments undertaken and reviewed 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 is undertaken 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 via a Patient Safety and Governance Report. This includes all clinical incidents and lessons learned. 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 available on the PDSE website:

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

Appendix 1

Cross infection incident breakdown

Month (16/17)	Where	What happened	Action taken
July	-	-	-
August	-	-	-
September	-	-	-
October	Devonport	Nurse pricked finger with suture needle	Inoculation injury protocol followed
	Devonport	Student found scratch on arm, unknown cause	Inoculation injury protocol followed
	Devonport	Student sustained sharps injury from handpiece	Inoculation injury protocol followed
	Devonport	Instrument came back from decontamination with some visible debris remaining	Instrument not used, sent back to decon for re-sterilising or disposal.
November	Derriford	Nurse obtained sharps injury from probe	Inoculation injury protocol followed
	Devonport	Instrument came back from decontamination with some visible debris remaining	Instrument not used, sent back to decon for re-sterilising or disposal.
	Devonport	Nurse noticed soiling on suction tube from previous patient	Cleaned immediately, addressed with student
December	Truro	Student obtained sharps injury from matrix band	Inoculation injury protocol followed
	Truro	Suture needle lost down back of dental chair	Unable to locate
January	Devonport	Student sustained inoculation injury to thumb from bur	Inoculation injury protocol followed
	Truro	Student obtained cut from scalpel	Inoculation injury protocol followed
	Exeter	Patient's hearing aid accidentally thrown in waste by student.	Retrieved
February	Exeter	Student pricked finger on scaler	Inoculation injury protocol followed
	Truro	Needle sent to decontamination in error	Disposed of and incident communicated in safety report
March	Devonport	Student cut finger on scaler	Inoculation injury protocol followed
April	Devonport	Student found scratch on hand after treatment. Unknown source.	Inoculation injury protocol followed
	Derriford	Student obtained injury from cavitron during scaling	Inoculation injury protocol followed
May	-	-	-
June	Truro	Student obtained inoculation injury from scalpel.	Inoculation injury protocol followed
	Derriford	Student observed not using correct protocol when using tray adhesive. Did not decant into dappens dish but used brush which could be used by others.	Addressed with student. Risk assessment completed. Protocol reviewed and revised.

*Number of incidents at each site will vary depending on scope of practice of year group and size of year group.

Appendix 2

IPS audit breakdown and action points

DEF	% Score	Action point	Action plan
Exeter	96% (This should be higher as wrong answers inputted prior to sending)	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	96%	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. Protocol to be changed in new term
		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
		Is the dental chair free from rips or tears?	Has been reported to contractors
		Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper-towel dispensers)?	Tap loose in bay 4 chair 8. Reported to facilities
Truro	96% (This should be higher as some wrong answers inputted prior to sending)	Decontamination Environment: Are instruments maintained in a moist condition between use and decontamination?	Instruments are kept overnight. This is in a closed, marked box. However using suspension foam will commence in the new academic year.
		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. Protocol to be changed in new academic year
		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 and flooring has damage Refurbishment to take place during summer break 2017 including new flooring.
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