

# Annual Statement of Cross Infection

August 2020

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## Annual Statement of Cross Infection - August 2020

### 1. Introduction

Peninsula Dental Social Enterprise (PDSE) operates in a similar fashion to an NHS primary care dental practice with the majority of care being delivered by dental students under the supervision of qualified dentists. Dental Education Facilities (DEFs) are located across the South West with 2 sites in Plymouth, one in Exeter and one in Truro. Each DEF has a named infection control lead and meet as a committee at least termly.

Named infection control leads for each DEF are as follows:

Dental Education Facility	Named Infection Control Lead	Designation
Derriford	Rachel Watts	Registered Dental Nurse
Devonport	Hayley Bowden	Registered Dental Nurse
Exeter	Kelly Smith	Registered Dental Nurse
Truro	Sian Bryant	Registered Dental Nurse

The infection control committee is chaired and overseen by the Clinic Manager, Aimee Matthews (RDN)

### 2. Breakdown of Contamination Incidents

There were 17 contamination incidents reported in the academic year 2019/20. Out of the 17 incidents, 2 were reported as being near miss incidents.

Where required, the PDSE contamination protocol was followed on each occasion and a thorough investigation of each incident and all actions taken were recorded through clinical incident processes. It is not possible to make a direct comparison between the number of incidents reported at each site, as this will vary depending on the size of each cohort, as well as the variable levels of clinical activity being carried out.

In order to ensure confidentiality, a breakdown of each incident, location and actions taken has not been included in this report but is available to PDSE staff, Clinical Supervisors and students upon request.

### 3. Audit Schedule and Outcomes

Bi-annual infection control audits are facilitated using the Department of Health's Infection Prevention Society audit tool. The most recent audit was completed in June 2020. A breakdown of audits for each site and action points arising from the audits can be found later in the report.

A further cross infection audit is completed 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. In

addition to formal audits, regular spot checks are also completed in each DEF to monitor compliance with infection control procedures.

Audit results are actively monitored to identify trends or common issues across all sites. These results and any other cross infection concerns are discussed at regular Infection Control Lead group meetings as well as any policies which may need reviewing and amending. Outcomes of audits and meetings are also shared at Clinical Operations meetings.

#### **4. Infection Prevention & Control Risk Assessments**

The following risk assessments have been undertaken as follows:

- BBV & Hep B – Staff Risk Assessments completed. New members of staff are asked for vaccination history or attend Occupational Health for risk assessment.
- Monteux – Tuberculosis
- Legionella - Risk Assessments completed for Derriford, Devonport and Exeter. Legionella risk assessments for Truro DEF remain the responsibility of Royal Cornwall Hospital Trust.
- Transportation of contaminated instrumentation.
- Handling of Contaminated Sharps/Instruments

#### **5. Training & Development**

All staff undertake a comprehensive induction process, with all clinical staff are required to undergo annual cross infection control training. This is currently done via an e-learning platform and compliance is monitored via termly audits carried out by the site Clinic Team Leaders. Additionally, spot checks and additional training is under taken to ensure that all staff are complying with the practical elements of the hand hygiene policy and other aspects of infection control.

All staff groups have received additional infection control training in relation to COVID 19.

Clinical supervisors employed by Plymouth University are required to provide evidence of training compliance via a self-certification process. Clinical Supervisors are subject to participation in infection control and hand hygiene audits when on the premises.

#### **6. Policies, Procedures and Guidance**

All policies are subject to annual review or following any change to national guidelines. Policies, procedures and learning outcomes from incidents are communicated via the Patient Safety & Quality Bulletin. This includes a breakdown of all clinical incidents, learning outcomes and changes implemented. This report is sent all PDSE staff, students and clinical teaching staff on a monthly basis.

Up to date versions of all PDSE policies are also circulated via the Patient Safety & Quality Bulletin as well as being available on the PDSE website: <http://peninsuladental.org.uk/about-us/corporate-information/policies/>

<b>Dental Practice</b>	PDSE Derriford		
<b>Overall Score</b>	99%	<b>Date Completed</b>	01/06/2020
<b>Traffic Light Rating</b>	Meets BP (Green)	<b>Audit Version</b>	2013
<b>Audit Comments</b>	Best Practice achieved		

*The following items should be addressed. Actions ordered by risk weighting (5 = highest risk).*

#### Risk Weighting 4

Question / Action		Previous Response	Comments	Reference in HTM	Target Date for Completion
Q11 (S2)	Cleaning: Are instruments that are not decontaminated immediately, kept moist until they are decontaminated.	6 + hours	Using enzyme foam spray on contaminated instruments prior to decontamination.	3.5	ongoing

#### Risk Weighting 1

Question / Action		Previous Response	Comments	Reference in HTM	Target Date for Completion
Q5 (S3)	Are all surfaces i.e. walls, floors, ceilings, fixtures and fitting and chairs free from damage and abrasion.	No	Wear and tear on walls.	6.38	ongoing

<b>Dental Practice</b>	Peninsula Dental Social Enterprise Exeter Dental Education Facility		
<b>Overall Score</b>	97%	<b>Date Completed</b>	19/03/2020
<b>Traffic Light Rating</b>	Amber	<b>Audit Version</b>	2013
<b>Audit Comments</b>			

*The following items should be addressed. Actions ordered by risk weighting (5 = highest risk).*

**Risk Weighting 5**

Question / Action		Previous Response	Comments	Reference in HTM	Target Date for Completion
	Hand Soap & Gel not wall Mounted		Brought up & discussed at last Infection Control meeting and being looked itno.		03/2021

**Risk Weighting 4**

Question / Action		Previous Response	Comments	Reference in HTM	Target Date for Completion
	Sharps Bins to be wall mounted		Still awaiting action		Although sharps bins are not wa mounted, they are stored safely

<b>Dental Practice</b>	Dental School Truro		
<b>Overall Score</b>	97%	<b>Date Completed</b>	26/06/2020
<b>Traffic Light Rating</b>	Meets EQR (Amber)	<b>Audit Version</b>	2013
<b>Audit Comments</b>	Best Practice not achieved (Washer Disinfector not installed)		

*The following items should be addressed. Actions ordered by risk weighting (5 = highest risk).*

#### Risk Weighting 5

Question / Action		Previous Response	Comments	Reference in HTM	Target Date for Completion
Q24 (S5)	Dental Unit Water lines (DUWLs): Are all DUWL and handpieces fitted with anti-retraction valves?	No		6.87	Error – All DUWLs are fitted with anti-retraction valves

#### Risk Weighting 4

Question / Action		Previous Response	Comments	Reference in HTM	Target Date for Completion
Q11 (S2)	Cleaning: Are instruments that are not decontaminated immediately, kept moist until they are decontaminated?	6+ hours		3.5	Contaminated instruments are processed off site. Enzyme spray is used prior to transportation
Q9 (S7)	Are bins foot operated or sensor controlled, lidded and in good working order?	Some		5.90 (07-01)	Faulty bins have been reported for repair

Question / Action		Previous Response	Comments	Reference in HTM	Target Date for Completion

#### Risk Weighting 2

Question / Action		Previous Response	Comments	Reference in HTM	Target Date for Completion
Q24 (S2)	Manual Cleaning: Is the temperature of water 45C or lower?	No		16.3b	For further investigation
Q16 (S4)	Are elbow/wrist/foot operated, electronic mixers or thermostatically controlled taps available at all wash hand basins in clinical and decontamination areas?	Some		6.10	Faulty sensor taps have not been replaced with elbow operated taps

#### Risk Weighting 1

Question / Action		Previous Response	Comments	Reference in HTM	Target Date for Completion
Q26 (S2)	Manual Cleaning: Are brushes used to clean instruments either single use or washed after each use and replaced at manufacturer's recommended interval or when damaged?	No		16.3f	Error – there is
Q56 (S2)	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		4.24, 4.29	Error – there is a system in place for wrapped instruments
Q15 (S3)	Are free standing or ceiling mounted fans used in clinical/ decontamination areas?	Yes		6.40	Only used when patients are not receiving treatment.



<b>Dental Practice</b>	PDSE Devonport		
<b>Overall Score</b>	100%	<b>Date Completed</b>	06/2020
<b>Traffic Light Rating</b>	Meets BP (Green)	<b>Audit Version</b>	2013
<b>Audit Comments</b>	Best Practice achieved		

*The following items should be addressed. Actions ordered by risk weighting (5 = highest risk).*