

Annual Statement of Infection Prevention and Control

August 2021

Introduction

It is a requirement of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance that the Infection Prevention and Control Lead produces an annual statement with regard to compliance with good practice and performance in infection prevention and control. This statement should be made available for anyone who wishes to see it, including patients and regulatory authorities. As best practice, our Annual Statement is published on our [website](#).

The Annual Statement provides a short review of:

- known infection transmission events and actions arising from this;
- audits undertaken and subsequent actions;
- risk assessments undertaken for prevention and control of infection;
- training received by staff; and
- review and update of policies, procedures and guidance.

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 two sites in Plymouth, one in Exeter and one in Truro. Each DEF has a named infection control lead and all leads meet as a committee at least termly.

Named Infection Prevention Control Leads for each DEF are as follows:

- Derriford: Rachel Watts, Registered Dental Nurse (RDN)
- Devonport: Hayley Bowden, Registered Dental Nurse (RDN)
- Exeter: Michelle Monahan-Little, Registered Dental Nurse (RDN)
- Truro: Sian Bryant, Registered Dental Nurse (RDN)

Infection Prevention and Control group lead: Aimee Matthews, Registered Dental Nurse (RDN)

Known incidents relating to Infection Control

There were 28 contamination incidents reported in the academic year 2020/21. Of those incidents, three were deemed near miss.

On each occasion, the PDSE contamination protocol was followed and actions taken were recorded through clinical incident reporting processes. The number of incidents at each site will vary depending on scope of practice of student year group and size. A breakdown of each incident, location and actions taken is available upon request.

- Derriford DEF – 10 incidents reported
- Devonport DEF – 7 incidents reported
- Exeter DEF – 2 incidents reported

- Truro DEF – 9 incidents reported

Audits undertaken and actions arising

Audit using the Department of Health's Infection Prevention Society audit tool is carried out at six monthly intervals; the most recent audit was completed in June 2021. A breakdown for each DEF audit and action points are available on request.

Clinical staff complete a further cross infection audit each term. This takes a snapshot of activity in each DEF and prompts an action plan if necessary. 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 Prevention Control 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 and through reports to the University and PDSE Board.

Risk assessments undertaken and reviewed for prevention and control of infection

The risk assessment undertaken are 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.
- 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

In response to the COVID-19 Pandemic, all staff have been individually risk assessed and provided with the adequate adjustments to allow them to continue to work in a secure environment.

Training received by staff

All clinical staff are fully inducted into PDSE and are required to undergo annual cross infection control training. This is currently completed via an e-learning provider. A termly audit is undertaken to ensure that all relevant staff are compliant and training is in date. Spot checks and additional training is also undertaken to ensure that all staff are complying with the hand hygiene policy and all aspects of infection control.

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

Clinical supervisors employed by The University of Plymouth 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.

Review and update of policies, procedures and guidance

All updates to policies, procedures and lessons learned from incidents are communicated via the Patient Safety & Quality Bulletin. This includes details of 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 also circulated via the Patient Safety & Quality Bulletin as well as being available on the [PDSE policy Sharepoint](#) site.