

# Annual Statement of Infection Prevention and Control

## August 2023

### 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 regarding compliance with good practice on 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 will be published on our [website](#).

The Annual Statement will provide a short review of any:

- known infection transmission event 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 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 Prevention Control Leads for each DEF are as follows:

- Derriford: Rachel Watts, Registered Dental Nurse (RDN)
- Devonport: Marina Bozic/Silvia Ryder Registered Dental Nurse (RDN)
- Exeter: Michelle Monohan-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 25 infection control related incidents reported in the academic year 2022/2023. Of those incidents, 5 were deemed near miss.

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

- Derriford DEF – 5 incidents reported
- Devonport DEF – 6 incidents reported

- Exeter DEF – 5 incidents reported
- Truro DEF – 7 incidents reported

#### Audits undertaken and actions arising

Infection control audit using an adapted version the Department of Health's Infection Prevention Society audit tool is conducted at six monthly intervals; the most recent audit was completed in June 2023. A breakdown for each DEF audit and action points are available on request.

Clinical staff complete a further cross infection audit each term, including hand hygiene auditing. This takes a snapshot of activity in each DEF and prompts an action plan if policy and best practice is not 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 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.

#### Risk assessments undertaken and reviewed for prevention and control of infection

The risk assessments 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.

All processes and procedures across all facilities are individually risk assessed and available on request.

#### 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 under taken 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.