

Annual Infection Prevention and Control Statement April 2022-April 2023

The Health and Social Care Act 2008: code of practice on prevention and control of infections guidance states that the infection control lead is responsible for producing an annual statement of infection control which includes:

- *Known outbreaks of infection.*
- *Audits undertaken and subsequent actions.*
- *Action taken following an outbreak of infection.*
- *Risk assessments undertaken for prevention and control of infection.*
- *Education and training received by staff.*
- *Review and update of policies, procedures and guidance*

1. Introduction

- Brookview Dental Care
- This annual statement outlines the Infection Prevention & Control activities for *April 20220 – April 2023*
- Prevention of infection is a fundamental aspect of all care afforded to patients and is at the heart of patient safety. Infection prevention standards are a basic requirement of registration for health and social care providers, and the ongoing inspections against the Code of Practice for the prevention and control of infections.
- In compliance with good practice on infection prevention and control, a copy of this statement is available to patients on request.

Practice Information

- Number of dentists - 3
- Number of hygienists-3
- Number of patients registered-
- The practice is Best Practice Compliant

2. Infection Prevention and Control Service

- The lead for Infection Prevention within the Practice is Niki Kitsiou
- The lead for decontamination is Julie Wallington
- The Practice lead for validation is Niki Kitsiou

3. Audit Programme Year

This practice conducts audits to assess implementation of HTM 01-05 and related infection prevention and control issues using the Infection Prevention Society audit tool. The following Scores were achieved.

Date of Audit	Overall Score	BBV Exposure	Decontamination	environment & Cleaning	Hand Hygiene	Management of Devices	PPE	Waste
1/11/2022	98	100	100	100	100	100	98	100

Compliance rating

90% and above = compliant
 89% and less = non-compliant

The following areas were audited during *year* using the IPS Self Audit Tool.
 An audit was also taken at the same time with a Quality Compliance Systems Audit tool which includes covid related questions. Total overall score for this audit is 95%

4. Actions identified through audit - year

The following actions were identified during audit

Date of audit	Issues identified	Actions	Date of Completion/ status
IPS audit tool 01/11/2022	Lack of washer disinfecter	Unable to install one due to lack of space and insufficient water pressure	
Quality compliance audit tool 01/11/2023	As above	As above	

5. Monitoring of Cleanliness

Cleanliness is monitored using FR national standards
 The following scores were achieved in *year April 2022 – April 2023 -5 star*

6. Staff Training

The following staff have received Infection Prevention and Control training this financial year

Dental nurses	Joanna Bateman Julie Wallington Jacqui Barrett Janet Wanstal
Dentist(s)	Niki Kitsiou Fraser Wanstal
Hygienists	Erica Oliveira
Reception Staff	Louise Hopper
Assistant Practice Manager	Stephen Kitsios

The training was provided by Dentisan -20/04/2023

7. Policies, Guidelines and Risk Assessments

- The practice risk assessments, COSHH assessments and infection control policies and procedures are reviewed and updated on a regular basis
- The following policies were implemented during the year
Various amendments to Covid SOP,s
- The following Policies were reviewed during the year
SOP, s for during covid pandemic
- *The Melag vacuum autoclave 31B is serviced annually by Henry Schein
Optimum usage of sterilization up to 5 trays , batch control available, can process whole and hollow instruments , has B and S type settings*

8. Known infection transmission events

There have been no known/ potential transmission events during year 04/2022 to 04/2023

9. Risk Assesments

- All members of staff have been offered a vaccination against Influenza virus
- All members of staff are up to date with their Covid 19 vaccinations and boosters
- All Members of staff are up to date with their Hep B vaccination
- Coshh is checked and updated annually and on any new product
- Legionella Risk assesments are carried out through NHS property services
- We have a contract with Occupational Health in place at Nottingham city Hospitals

10. Refurbishment / Improvement Projects

There are plans to re locate along with the whole health centre for sometime in the future but nothing is yet finalized it is still in early stages.

11. Other Issues

Continued issues with property service employed caretaker s, cleaning standards. Mopping and dusting carried out daily by practice team to rectify this .

Covid 19 pandemic – There have been adjustments to SOP in line with direction from CDO .

We still triage patients before attending , this is asked of them via an online portal or verbally when attending

We have relaxed the need for social distancing of patients in the waiting area and the need for face masks. Although staff are still obliged to wear them .

Windows in reception and both surgeries are still left open for good air circulation

Air purifiers are still in use in both surgeries

AGP s for non respiratory patients are now at the discretion of the operators to which mask they wear , However for a respiratory patient FFP3 (fit tested)masks are still SOP

Reception continues to have non essential items removed, magazines etc. Leaflets are for display only and can be handed to the patient from stock if needed.

12. Notes

- Self- assessment audits can be done using the IPS (Infection Prevention Society) tools.
- National specifications for cleanliness for dental premises can be found at
- www.nrls.npsa.nhs.uk/resources/?entryid45=75241