

Practice Infection Control Policy

Infection control is of prime importance in this practice. Every member of staff will receive training in all aspects of infection control, including decontamination of dental instruments and equipment, as part of their induction program and through regular update training, at least annually.

The following policy describes the routines for our practice, which must be followed at all times. If there is any aspect that is not clear, please ask **Daniel Mace**. Remember, any patients might ask you about the policy, so make sure you understand it.

Minimising blood-borne virus transmission

1. All clinical staff must be immunised against hepatitis B; records of hepatitis B seroconversion will be held securely by the practice owner to ensure confidentiality is maintained. For those who do not seroconvert or cannot be immunised, advice will be sought on the appropriate course of action.
2. Staff identified as at risk of exposure to blood borne viruses will be required to undergo an occupational health examination. Records of these examinations will be held securely by the practice to ensure confidentiality is maintained.
3. In the event of an inoculation injury, the wound should be allowed to bleed, washed thoroughly under running water and covered with a waterproof dressing, in accordance with the practice policy. The practice policy for dealing with inoculation injuries is attached. Record the incident in the accident book.
4. All inoculation injuries must be reported to **Daniel Mace** who will assess whether further action is needed (seeking advice as appropriate) and maintain confidential records of these injuries, as required under current health and safety legislation. Advice on post-exposure prophylaxis can be obtained from Worthing Hospital Accident and Emergency Department on **01903 205111**.

Decontamination of instruments and equipment

5. **Single use instruments and equipment** must be identified and disposed of safely, never reused. All re-usable instruments must be decontaminated after use to ensure they are safe for reuse. Gloves and eye protection must be worn when handling and cleaning used instruments. These items include salivary ejectors, matrix bands, aspirator tips, stainless steel burs, polishing cups and brushes, any tepees or other brushes used on patients, endodontic files. The practice policy for single use instruments can be found in this folder.
6. Before being used, all **new dental instruments** must be decontaminated fully according to the manufacturer's instructions and within the limits of the facilities available at the practice. Those that require manual cleaning must be identified. Wherever possible, the practice will purchase instruments that can withstand automated cleaning processes using a washer-disinfector or an ultrasonic cleaner. The practice policy for new instruments can be found in this folder.

7. At the end of each patient treatment, instruments should be transferred to the decontamination area for processing in covered trays or containers. Transport containers should be cleaned with detergent, rinsed and dried after each use. The practice procedure for transferring used instruments and equipment can be found in this folder.
8. Staff will be appropriately trained to ensure they are competent to decontaminate existing and new reusable dental instruments. Records of this training are kept.

Cleaning

9. Used instruments must be cleaned using the washer-disinfector (unless this is not functioning or incompatible with the instrument(s) to be cleaned), following the manufacturer's instructions for use. When placing instruments in the washer-disinfector:
 - open instrument hinges and joints fully and disassemble where appropriate
 - avoid overloading instrument carriers or overlapping instruments
 - correctly attach instruments that require irrigation to the irrigation system.
10. The washer-disinfector should be run with a test sheet in once a day, and at the end of each cycle, the parameters checked on the print out, (temperature above 90°C during disinfection phase) and then signed, please refer to appliance testing protocol for more information.
11. Where the washer disinfector is not used, instruments must be cleaned manually, using detergent (at no higher than 45°C) as per manufacturer's instructions. The instruments should be cleaned using a plastic brush. The practice policy for manual cleaning must be followed. The policy can be found in this folder.

Inspection

12. After cleaning, inspect instruments for residual debris and check for any wear or damage using task lighting and a magnifying device. If present, residual debris should be removed by hand and the instrument re-cleaned.

Sterilisation

13. A test cycle must be carried out prior to using the autoclave each day. Please refer to appliance testing protocol for more information.
14. *Where a vacuum (Type B) autoclave is used, ie Europa technomark (134°C setting) –* Where instruments are to be stored for use at a later date, they should be wrapped or put in pouches prior to being sterilised in the autoclave, following manufacturer's instructions for use. Storage should not exceed 60 days, after this, instruments must be reprocessed. Instruments for same-day use do not require wrapping. Wrapped instruments must be labeled with the date of wrapping and the cycle number. Pouches should be folded along the perforated line and sealed once instruments placed within (see below). Pouches should be loaded into the autoclave clear side down (see below).



15. *Where a non-vacuum (Type N) is used, ie Burton autoclave, Europa technomark (Flash setting) –*
Instruments should be loaded to allow steam to contact with all surfaces (avoid overloading) and follow manufacturer's instructions for use. Where instruments are to be stored for use at a later date, they should be wrapped or put in pouches, which are then dated and labelled with the cycle number to allow easy identification. Storage should not exceed 21 days; after this, instruments must be reprocessed. Instruments for same-day use do not require wrapping.
16. Any instruments that are blunt, bent, damaged or show signs of corrosion should be disposed of.
17. Handpieces must be lubricated before sterilisation and if unpouched, after sterilisation. Two separate oil cans are available, each clearly labelled 'Dirty' or 'Clean'.
18. All cycle print outs must be checked, signed and kept in the sterilisation daily records, (preferably as a photocopy). Any faulty cycles of either the washer disinfector or autoclave must be recorded in the faults log, in the decontamination room.

Work surfaces and equipment

19. The patient treatment area including the chair must be cleaned after every session using Clinnell wipes even if the area appears uncontaminated. First use one side of the wipe as a detergent and then wipe again using the other side of the wipe.
20. Between patient treatments, the local working area and items of equipment must be cleaned using Clinnell wipes. This will include work surfaces, dental chair, inspection light and handles, hand controls, delivery units, spittoons, aspirators and, if used, x-ray units and controls. Other equipment that may have become contaminated must also be cleaned. The head rest cover must be changed after each patient.
21. In addition, cupboard doors, other exposed surfaces (such as dental inspection light fittings) and floor surfaces with the surgery should be cleaned daily, see separate floor cleaning policy.

Impressions and laboratory work

22. Dental impressions must be rinsed until visibly clean and disinfected by immersion using perform ID or classic impression disinfectant (as recommended by the manufacturer, see notice on inside of hand washing sink cupboard door) and labelled as 'disinfected' before being sent to the laboratory. Technical work being returned to or received from the laboratory must also be disinfected.

Hand hygiene

23. The practice policy on hand hygiene must be followed routinely. The full policy can be found in this folder; a summary is included here.
24. Nails must be short and clean and free of nail art, permanent or temporary enhancements (false nails) or nail varnish.
25. Wash hands using liquid soap between each patient treatment and before donning and after removal of gloves. Follow the hand-washing techniques displayed at each hand wash sink. Scrub or nail brushes must not be used; they can cause abrasion of the skin where microorganisms can reside. Ensure that paper towels and drying techniques do not damage the skin.
26. Antibacterial-based hand-rubs/gels can be used instead of hand-washing between patients during surgery sessions if the hands appear visibly clean. It should be applied using the same techniques as for hand-washing. The product recommendations for the maximum number of applications should not be exceeded. If hands become "sticky", they must be washed using liquid soap.
27. At the end of each session and following hand-washing, apply the hand cream provided to counteract dryness. Do not use hand cream under gloves; it can encourage the growth of microorganisms.

Clinical waste disposal

28. All clinical healthcare waste is classified as 'hazardous' waste and placed in orange sacks for collection. See waste management protocol for further information.
29. Clinical waste sacks must be no more than three-quarters full, have the air gently squeezed out to avoid bursting when handled by others, labelled according to the type of waste and tied at the neck, not knotted.
30. Sharps waste (needles, LA cartridges and scalpel blades etc) must be disposed of in yellow UN type approved puncture-proof containers (to BS 7320), and labelled to indicate the type of waste. Sharps containers must be disposed of when no more than two-thirds full.
31. Clinical waste and sharps waste must be stored securely in the areas provided before collection for final disposal by the registered waste carrier appointed by the practice. The waste carrier holds a certificate of registration with the Environment Agency.
32. Dental amalgam and developer and fixer solutions must be disposed of as hazardous waste by the registered waste carrier appointed by the practice.
33. At each collection of waste, the waste carrier issues a consignment note, which is retained by the practice for 3 years. Consignment notes should be stored in the drawer in reception.
34. All staff involved in handling clinical waste must be vaccinated against hepatitis B. All relevant staff will be trained in the handling, segregation, and storage of all healthcare waste generated in the practice.

Personal Protective Equipment

35. Training in the correct use of PPE is included in the staff induction programmes, which can be found in this folder. All staff must receive updates in its use and when new PPE is introduced into the practice.
36. PPE includes protective clothing, disposable clinical gloves, plastic disposable aprons, face-masks, and eye protection. In addition, household gloves must be worn when handling and manually cleaning contaminated instruments Footwear must be fully enclosed and in good order.

Gloves

37. The disposable clinical gloves used in the practice are CE-marked and low in extractable proteins (<50 µg/g), low in residual chemicals and powder-free. Anyone developing a reaction to protective gloves or a chemical must inform Daniel Mace immediately.
38. Clinical gloves are single-use items and must be disposed of as clinical waste.
39. Long or false nails may damage clinical gloves, so nails should be kept short. Alcohol rubs/gels must not be used on gloved hands, not should gloves be washed.
40. Domestic household gloves should be worn for all decontamination procedures (along plastic disposable aprons and protective eyewear) After each use, they should be washed with detergent and hot water to remove visible soil and left to dry. These gloves should be replaced weekly and more frequently if worn or torn or it becomes difficult to remove soil.

Plastic aprons

41. Plastic aprons should be worn during all decontamination processes. Aprons are single use and should be disposed of as clinical waste. Plastic aprons are removed by breaking the neck straps and gathering the apron together by touching the inside surfaces only.

Face and eye protection

42. Face and eye protection must be worn during all operative and decontamination procedures. Face masks are removed by breaking the straps or lifting over the ears. They are single use items and must be disposed of as clinical waste.
43. A visor or face shield should be worn to protect the eyes; spectacles do not provide sufficient protection. Eye protection should be cleaned according to the manufacturer's instructions when it becomes visibly dirty and/or at the end of each session. Disposable visors should be used wherever possible.

Protective clothing

44. Protective clothing worn in the surgery must not be worn outside the practice premises.
45. Protective clothing becomes contaminated during operative and decontamination procedures. Surgery clothing should be clean at all times and freshly laundered clothing worn every day. Machine washing at 60°C with a suitable detergent is advised.

Blood spillage procedure

46. Spillages of blood occur rarely in dentistry, although there might be occasions when a surface becomes grossly contaminated with blood or blood/saliva. In these situations the area should be saturated with 1% sodium hypochlorite with a yield of at least 1000 ppm free chlorine. The blood spillage kit is a yellow box that can be found in the reception area. Allow contact for a minimum of five minutes before using disposable cloths to clean the area. The cloths used for cleaning should be disposed of as clinical waste.
47. If blood is spilled – either from a container or as a result of an operative procedure – the spillage should be dealt with as soon as possible. The spilled blood should be completely covered either by disposable towels, which are then treated with sodium hypochlorite solution or sodium dichloroisocyanurate granules, both producing 10,000 ppm chlorine. Good ventilation is essential. At least 5 minutes must elapse before the towels etc are cleared and disposed of as clinical waste.
48. Appropriate protective clothing must be worn when dealing with a spillage of blood: household gloves, protective eyewear and a disposable apron. Care should be taken to avoid unnecessary contact with metal fittings, which can corrode in the presence of sodium hypochlorite. The use of alcohol in the same decontamination process should be avoided.

Environmental cleaning

49. The non-clinical areas of the practice are cleaned in line with the practice policy.
50. Cleaning equipment is stored outside patient care areas in the kitchen.
51. Records of cleaning protocols and audits/checks on its efficacy are retained in this folder.

Review

This policy and the policies referred to within it, will be reviewed at regular intervals to ensure its currency and amended as required by changes within the practice and legal and professional requirements

Date of policy – April 2012

Review date – April 2013

I have read and fully understood this policy document:

NAME	SIGNATURE	DATE
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Daniel Mace		
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Helen Scutt		
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Sharon Dunstan		
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Ann Allaway		
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Anne Jennings		
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Rosemary Cooper		
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Amanda Leogue		
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Georgina Maxwell		
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Francis Ogg		
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Leanne Mace		
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