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 programme 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 Mr Anthony Smith. Remember, any of your patients might ask you about the policy, so make sure you understand it.

Minimising blood-borne virus transmission

1. All staff must be immunised against diphtheria, pertussis , poliomyelitis, rubella, TB, tetanus and 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. This will be provided by United Lincolnshire Hospitals NHS Trust. Occupational Health Service, Grantham District Hospital, 101 Manthorpe Road, Grantham, Lincs. NG31 8DG Tel: 01476 464228. 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 can be found in the Practice manual. Record the incident in the accident book.

4. All inoculation injuries must be reported to Mr Anthony Smith 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 United Lincolnshire Hospitals NHS Trust. Occupational Health Service, Grantham District Hospital, 101 Manthorpe Road, . Grantham, Lincs. NG31 8DG Tel: 01476 464228.

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.

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 the Practice manual.

At the end of each patient treatment, instruments should be transferred to the decontamination area for reprocessing. The practice procedure for transferring used instruments and equipment can be found in the practice manual.

7. 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

Used instruments must be cleaned using the washer-disinfector (unless this is 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, ensuring filters are in place if required.

Used instruments must be cleaned using the ultrasonic cleaner (unless this is incompatible with the instrument), following the manufacturer's instructions for use. If heavily soiled, immerse instruments briefly in cold water (with detergent) to remove some soil before ultrasonic cleaning. When placing instruments in the ultrasonic cleaner:

- open instrument hinges and joints fully and disassemble where appropriate
- place instruments in the suspended basket and immerse fully in the cleaning solution (made up according to manufacturer's instructions)
- avoid overloading basket or overlapping instruments
- do not place instruments on the floor of the ultrasonic cleaner

8. Where instruments are cleaned manually, the practice policy for manual cleaning must be followed. The policy can be found in the Practice manual.

Inspection

9. 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 using manual cleaning, ultrasonic or washer disinfector.

Sterilisation

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 1 year, after this, instruments must be reprocessed.

Unwrapped instruments in the clinical area: maximum storage 1 day. Instruments should be:

dry; and protected from contamination, for example in mini-racks placed in cupboards or in covered drawer inserts.

Instruments should not be stored on open work surfaces, particularly in clinical areas.

Instruments that are kept unwrapped should be reprocessed at the end of the working day, regardless of whether they have been used. Alternatively, instruments can be reprocessed at the beginning of the next working day.

Unwrapped instruments in a non-clinical area: maximum storage 1 week.

Non-clinical area in this context is designated as a clinical area not in current use or in a clean area of a separate decontamination room. Instruments should still be stored as follows:

dry; and protected from contamination, for example in mini-racks placed in cupboards, or

in covered drawer inserts. Instruments should not be placed on open work surfaces.

Work surfaces and equipment

10. The patient treatment area should be cleaned after every session using kitchen towel and classic hard surface disinfectant, even if the area appears uncontaminated.

11. Between patient treatments, the local working area and items of equipment must be cleaned using kitchen towel and classic hard surface disinfectant This will include work surfaces, dental chair (to use alcohol free

disinfectant wipes), 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.

12. In addition, cupboard doors, other exposed surfaces (such as dental inspection light fittings) and floor surfaces with the surgery should be cleaned daily.

Impressions and laboratory work

13. Dental impressions must be rinsed until visibly clean and disinfected by spraying using impressive disinfectant (as recommended by the manufacturer) and labelled as 'disinfected' before being sent to the laboratory. Technical work being returned to or received from the laboratory must also be disinfected before use. All disinfected items are then to be logged in the impression decontamination log book that are located in each surgery.

Hand hygiene

14. The practice policy on hand hygiene must be followed routinely. The full policy can be found in the Practice manual; a summary is included here.

15. Nails must be short and clean and free of nail art, permanent or temporary enhancements (false nails) or nail varnish. Nails can be cleaned using a blunt "orange" stick.

16. Wash hands using liquid soap between each patient treatment and before donning and after removal of gloves. Follow the handwashing 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.

17. 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 handwashing. The product recommendations for the maximum number of applications should not be exceeded. If hands become "sticky", they must be washed using liquid soap.

18. At the end of each session and following handwashing, 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

19. All clinical healthcare waste is classified as 'hazardous' waste and placed in orange sacks for collection.

20. 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.

21. Sharps waste (needles and scalpel blades etc) must be disposed of in 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.

22. 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.

23. Dental amalgam and developer and fixer solutions must be disposed of as hazardous waste by the registered waste carrier appointed by the practice.

24. 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 given to Justine Redmile.

25. All staff involved in handling clinical waste is 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

26. Training in the correct use of PPE is included in the staff induction , which can be found in Practice and induction manuals. All staff receives updates in its use and when new PPE is introduced into the practice.

27. 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

28. 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 Justine Redmile immediately.

29. Clinical gloves are single-use items and must be disposed of as clinical waste.

30. 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.

31. 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

32. 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

33. Face and eye protection must be worn during all operative 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.

34. 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

35. Protective clothing worn in the surgery must not be worn outside the practice premises. Adequate changing and storage facilities are provided in the staff changing area.

36. 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 the hottest temperature suitable for the fabric along with a suitable detergent is advised.

Blood spillage procedure

37. Spillages of blood occur rarely in dentistry, although there might be occasions when a surface becomes grossly contamination 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. Allow contact for a minimum of five minutes before using disposable cloths to clean the area. The cloths used for cleaning should be despised of as clinical waste.

38. 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. (this should be made up as and

when needed) Good ventilation is essential. At least 5 minutes must elapse before the towels etc are cleared and disposed of as clinical waste.

39. 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

40. The non-clinical areas of the practice are cleaned in line with CCS Ltd. Cleaning policy.

41. Cleaning equipment is stored outside patient care areas in the cupboard behind the staff changing area.

42. Records of cleaning protocols and audits/checks on its efficacy are retained by the cleaning contractor, CCS Ltd.

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

Review date September 2018