

Infection Control and Prevention Policy

The following policy describes and details our practice policies and procedures that must be adhered to, by all staff members at all times in relation to Infection Control and Infection Prevention.

The policies have been compiled following the guidelines set out by the following: -

- The Department of Health (DOH) Health and Technical Memorandum 01-05 (HTM 01-05)
- The Department of Health (DOH) Code of Practice on the Prevention and Control of Infections.
- The British Dental Association (BDA) Expert good practice scheme.
- The Infection Prevention Society (Infection Prevention Scheme).

Full descriptions of: -

Decontamination and Sterilisation procedures can be found in **Appendix 1**.

Decontamination Procedure for Dental Impression and Prosthetics can be found in **Appendix 2**.

Guidance on use of PPE can be found in **Appendix 3**.

Guidance for Storage of Equipment can be found in **Appendix 4**.

Audits

The practice manager or other suitable trained person (under the supervision of the practice manager) will undertake an audit at six monthly intervals by way of the Infection Prevention Society Audit Tool, available at <http://www.ips.uk.net/professional-practice/resources/dental-audit-tool/>. The results generated from the audit will form the action plan which will be used to schedule improvements to the practice and policy. The results and action will be retained for inspection by the CQC.

The practice will also undertake other audits to ensure that the highest-level Infection Control and Prevention is maintained.

Decontamination and Sterilisation of Instruments and Equipment

All staff will be appropriately trained to ensure that they are competent with the use of decontamination and sterilisation equipment to ensure that the decontamination and sterilisation of new and existing reusable instruments is of the accepted levels.

All staff will be fully trained in the testing and validation of decontamination and sterilisation equipment and records of this training will be kept within personal files.

All new equipment will be decontaminated and sterilised following the practice protocols and manufacturer's instructions before first use.

All staff will be issued with Personnel Protective Equipment (PPE) and training given to ensure correct use of PPE.

Decontamination and sterilization of equipment will be undertaken in a separate room dedicated to this purpose only.

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Movement of Instruments and Equipment

Where the movement of contaminated and decontaminated instruments is required i.e. from treatment room to decontamination room, the following protocol is to be adhered to by all staff: -

- The containers used to transport instruments are to be rigid, leak proof and to close securely to protect the instruments from accidental damage during the transit and to protect the carrier from sharp injuries.
- Containers should be clearly labelled 'clinical' and 'non-clinical'.
- Instruments for decontamination should be transported to the decontamination room by use of 'non-clinical' container as soon as possible. If a delay is anticipated, instruments should be immersed in distilled water to prevent drying which in-turn eases the cleaning of contaminated instruments.
- Decontaminated instruments should be transported to the clinical area by use of the 'clinical' container.
- After use, containers should be wiped clean, disinfected with surface disinfectant and allowed to dry.
- Bleach must not be used at any time as this is corrosive and may damage instruments.

Disinfection of Clinical Area

As far as reasonably possible the treatment area should be aseptic. For this to occur the treatment area should be thoroughly cleaned at the beginning and end of each session. During sessions the area should be disinfected between patients and will include the local working area and equipment used and where barrier protection has been used, this is to be disposed of as single use. Other exposed areas should be cleaned daily or more frequent as required. Further information and guidance can be found in clinical governance domain 1.

Environmental Cleaning

Dental Care Professionals are responsible for the daily cleaning of the clinical areas. The non-clinical areas are to be cleaned daily by the domestic cleaning employee, Emma Townsend. The domestic cleaning equipment can be found in the upstairs storage cupboard by the staff room of the practice and their cleaning plan, audits and relating documents can be found within clinical governance domain 2.

Equipment for Repair

Any malfunction of instruments or equipment must be reported to the Lead Nurse and Practice Manager and taken out of service. All equipment to be disposed of or sent for repair must be decontaminated and sterilised as per protocols and logged before being sent/disposed of.

All equipment that is repaired and returned needs to be logged again and decontaminated and sterilised as per protocols before use within surgery.

Impression and Laboratory Work

All dental impressions and prosthetics must be decontaminated before being sent to the laboratory and after receiving from the dental laboratory before use.

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All dental impressions and prosthetics must be labels as 'disinfected' before being forwarded from the practice and must detail patient name, practice name and signed by the person that has disinfected.

Two separate baths are to be used when disinfecting dental impressions and prosthetics, one 'clinical' for incoming work and the other labelled 'non-clinical' for outgoing work.

Immunisation, Inoculation and Occupational Health

All new employees will undergo a pre-employment health assessment which involves screening for immunity to infection and communicable diseases. All staff should be up to date with immunisations such as tetanus, MMR Polio and diphtheria. All clinical staff will have immunisations against Hepatitis B. All checks can be made by the Occupational Health department.

In cases of inoculation injury, the occupation Health department should be contacted for advice and guidance that will be followed.

Please see Inoculation policy for further guidance.

Personal Hygiene

All staff are to demonstrate a high level of personal hygiene. In relation to clinical staff, hair is to be tied back off the face and fringes clipped up. No jewellery should be worn on hands or wrists except for a plain wedding band and earrings should be of a stud type. Clinical staff should not use nail varnish or nail enhancements whilst in surgery and make up should be minimal.

All staff will receive training on hand hygiene and documentation can be found on personal files.

Personal Protection Equipment (PPE)

PPE comprises of protective clothing, gloves, aprons, masks, facial visors and eye protection. Training is given on the safe and appropriate use and forms part of the staff induction. The practice will provide appropriate PPE to staff as necessary,

PPE is also supplied to patients, this must be provided for all treatments and consists Patient bib, Patient eye protection.

If any reaction occurs to any PPE the practice manager must be informed as soon as possible.

Single Use Items

Where possible, single use items (items disposed of after one use) should be used. Single use items must never be decontaminated and must be treated as clinical waste and disposed of according. Single use items are distinguished by the symbol on the packaging: -



Spillage

All spillages of blood or bodily fluids must be treated as hazardous and potentially infectious. They must be reported to the practice manager or appropriate person in their absence. The blood and body fluid kit must be used in clean up and disposal and is located in the upstairs decontamination room.

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Waste

All staff are trained in the protocols of disposal of waste. This training ensures they are aware of correct and safe segregation methods. The practice produces non-domestic waste and we are required to sort, store safely and arrange for its safe disposal (Environmental Protection Act 1990). The practice segregates all waste into clinical and non-clinical waste and appropriate protocols are in place for disposal.

Water Quality and Legionella Control

All Dental Unit Water Lines (DUWL) in the Practice undergo disinfection, flushing and maintenance on a daily basis. All DUWL's have undergone the Quality Water Specialist bio film removal process and CleanCert is used within the DUWL. Quarterly water quality tests are undertaken to maintain the control of bio films.

The practice takes reasonable measures to minimise the risk of exposure to legionella in accordance to guidance. Regular risk assessments are undertaken by The First Principle. The Practice also maintains monthly water temperature testing in-line with The First Principle guidelines – these are recorded in the Water Safe Management Programme folder.

All documentation can be found within the Water Safe Management Programme folder found in the practice office.

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APPENDIX 1 -

Decontamination and Sterilization of Equipment – Processes to be followed

All instruments will be rinsed in cold water to remove visible debris and blood, then the following applies: -

- Hand pieces
Hand pieces will be checked for visible debris, lubricated as per manufacturer's directions, wiped as needed and placed into the autoclave. (Manufactures instructions advise not to place in the washer disinfector). Once autoclave cycle is complete, Hand pieces are to be stood, in the clinical area, on tissue to cool and allow excess oil to drain away.

- When ultrasonic in use

Manufacturer's instructions should be followed in relation to the use of Ultrasonic's and must not be used if advised i.e. ultrasonic scalers/cavitron tips.

- Ultrasonic to be filled using product supplied and manufacturer's instructions of dilution and use followed.
 - All hinges and joints of instruments must be opened fully, and all instruments are disassembled where possible.
 - Place instruments in the suspended basket and immerse fully in the cleaning solution.
 - Instruments are not to be placed on the floor of the basket, always use the tray provided.
 - Set the timer to the correct time, as per manufacturer's instructions, replace lid and do not re open until the end of the cycle. Temperatures needs to be monitored to ensure that it does not exceed 45°C with the use of a thermometer
 - Once cycle has completed remove basket, allow instruments to drain and remove instruments to the 'rinse' sink which should contain purified/distilled water. Once rinsed instruments are ready for inspection.
 - The solution should be changed when becomes heavily soiled or at the end of each session, whichever comes first.
- When Manual Cleaning
 - Fill cleaning sink with the appropriate amount of water, product supplied, and manufacturer's instructions of dilution and use followed.
 - All hinges and joints of instruments must be opened fully, and all instruments are disassembled where possible. Fully immerse instruments under water and keep under water during the cleaning process to prevent aerosols.
 - Agitate/scrub instruments in the solution with use of a long handled plastic scrubbing brush.
 - Drain any excess cleaning solution prior to rinsing. If solution heavily soiled repeat the cleaning procedure.
 - Once complete remove instruments to the 'rinse' sink which should contain purified/distilled water. Once rinsed instruments are ready for inspection.

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- Inspection

- Inspection of instruments is undertaken to ensure that all visible signs of debris have been removed before instruments are autoclaved.
- A high-powered magnifying light is used, and any visual signs of residual debris will be removed by hand and returned to the start of the decontamination process for re-processing.

- Sterilisation

- Instruments should be loaded into the autoclave to allow for the steam to contact all surfaces. To allow for this please ensure that all hinges and joints of instruments must be opened fully, and instruments are disassembled where possible.
- Autoclaves are placed onto a 134°C cycle and must reach the sterilisation hold time of a minimum of 3 minutes at 2.2 bars.

- Packaging and storing of instruments after decontamination and sterilisation.

All instruments are dried on a non-lint cloth to ensure that they are dry before bagging.

- Instruments for same day usage does not need to be bagged but must be stored within a clinical area i.e. – Closed draw, clinical box within a clinical area.
- Instruments for use at a later date must be bagged in sterilisation bags supplied. They must be dated and signed by the person sealing the bag – this ensures accountability can be sought/easy identification.
- Storage must not exceed 12 months, after this time instruments need to be reprocessed.

APPENDIX 2 -

Decontamination Procedure for Dental Impressions/Prosthetics

Solution for disinfecting dental impressions and prosthetics should be changed at the beginning of the working day. Manufacturer’s instructions should be followed as per use and dilution properties.

- Going to the Laboratory

- When the dental impressions/prosthetics has been removed from the patient’s mouth it should be rinsed under running water to remove debris, saliva and blood.
- Once visibly clean it should be placed in the ‘non-clinical’ disinfection bath for the length of time as per manufacturer’s instructions.
- Timers are supplied to ensure that the correct time is allotted.
- Once disinfection period has been completed, impressions/prosthetics should be removed from the bath, rinsed and place into a snap and seal bag. Impressions/prosthetics should not be wrapped as this allows absorption of water which may distort impressions.
- Complete and sign the disinfection label, ensuring patient name, and practice name and staff member signature in place. Stick the completed label over the top of the snap and seal bag, thus sealing the opening and forward to the laboratory.

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- Coming from the Laboratory
 - When dental impressions/prosthetics are received from the laboratory they should be removed from the packaging, rinsed and submerged in the 'clinical' disinfection bath for the length of time as per manufacturer's instructions.
 - Timers are supplied to ensure that the correct time is allotted.
 - Once disinfection period has been completed, impressions/prosthetics should be removed from the bath, rinsed and place on the dental tray ready for the patient's appointment.
 - If the appointment does not occur for any reason the dental impression/prosthetics should be re-bagged and re disinfected at the patients next appointment
 - Spray disinfection should be avoided to reduce the risk of inhalation.
 - Any impression that is not being collected on that that it was taken must be disinfected, bagged and stored in the clinical fridge, although a dark cupboard would be sufficient.

APPENDIX 3 -

Guidance on use of PPE (Personal Protective Equipment)

- Eye Wear and Masks
 - Eye and face protection must be worn during all operative procedures to protect against splatter, aerosols and foreign bodies.
 - Face masks are identified as a single use item and must be disposed of as clinical waste. Masks can be removed by breaking the ties of lifting of the ears.
 - Face Visors are available, and these are to be cleaned as per manufacturer's instructions, when it becomes visibly dirty or at the end of each session, whichever comes first. Disposable visors should be used where ever possible.
 - When a full-face visor is used it is not essential to use face mask. If for any reason, however, you prefer to use safety glasses then a mask is compulsory.
 - Spectacles are not an acceptable form of PPE as they do not offer the protection needed. PPE must be worn over your normal spectacles.
- Footwear
 - Clinical footwear is not compulsory. Foot wear must be in good order and fully enclosed.
 - The use of 'crocs™' style footwear is acceptable but must have a fully enclosed toe.
- Gloves
 - The clinical gloves used within practice are CE marked and low in extractable proteins (<50ug/g), low in residual proteins and latex/powder free.
 - A new pair of gloves must be worn for every patient.
 - Before donning gloves, hand hygiene must have performed using the prescribed technique.
 - Gloves must not be worn outside of surgery at any time.
 - Record cards, phones and door handles must not be handled whilst gloves are donned.
 - Any glove that become damaged must be replaced.

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- Gloves must be removed aseptically, as microorganisms can be transmitted from the external surface of the glove to the hands during removal.
 - Gloves should not have alcohol gel applied as this will deteriorate the nitrile.
 - Gloves should not be washed.
 - Gloves are single use items and must be disposed of as clinical waste.
 - Heavy duty gloves must be worn for all decontamination procedures (along with PPE). After use they should be washed with detergent and hot water to remove visible soil, hung up and allowed to dry. These gloves should be replaced weekly or if damage is visible.
- Plastic Aprons
 - Plastic aprons should be worn during dental treatments and 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.
- Scrubs
 - Your scrubs should be freshly laundered and ironed on a daily basis.
 - Scrubs should be washed separately from your normal laundry and the hottest temperature suitable for the fabric.
 - Scrubs must not be worn outside of the practice and must be changed whilst having lunch.
 - Long sleeved/high neck items must not be worn underneath scrubs.

APPENDIX 4 –

Guidance on Storage of Equipment

- Anaesthetic Cartridges
 - Cartridges should never be removed from the blister pack and stored separately. Anaesthetic cartridges should remain in their plaster packs until point of use to ensure that they are protected from damage.
- Burs
 - All dental burs should be sterile at point of use.
 - Any bur that arrives to the practice in sterile packaging maybe used straight from the pack. All other burs need to be sterilised before first use.
 - Steel burs are prone to rusting due to their composition. Steel burs should be sterilised in small batches, allow to dry completely and stored individually for use. Once used they should be treated as a single use item and disposed of as sharps waste.
 - Small bur stands can be used for storage. Once a bur has been disposed of, it needs to be replaced and the whole bur stand sterilised, bagged and stored according to policy.
- Endodontic Equipment
 - All endodontic reamer, files etc should be sterile at point of use. Items that arrive at the practice in a sterile place can be used straight from the blister pack.
 - Endodontic reamer, files etc should not be sterilised unless they are going to be reused on the **same** patient. If treatment is complete reamer, files etc should be disposed of as sharps waste.

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- Endodontic reamer, files etc that are being stored for future same patient use should be decontaminated following the decontamination procedure. Once bagged, they should be clearly marked with the patient's name and the date of the next appointment and stored securely ready for the next appointment.
- Regular checks need to be made to ensure that storage of endodontic reamer, files etc is not prolonged and that they are disposed of as soon as possible.
- Records should be made in the patient notes to record that endodontic reamer, files etc have been decontaminated and stored.
- Gauze
 - Dental gauze will be sterile at point of use. The practice makes available single envelopes of gauze which will be used as necessary.
 - Gauze sheets should never be prepared/sterilized then bagged for use.
- Matrix Bands
 - Matrix bands should be sterile at point of use.
 - Used matrix bands should be removed from the holder and disposed of as sharps waste.
 - Holder and replacement band should be decontaminated and sterilized as per policy and bagged together for next use.