

West House Dental Practice Decontamination/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 Helen Graham (Practice Manager) or Danielle Whittingham (Infection Control Lead.) 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 immunized against Hepatitis B and Tuberculosis; records of Hepatitis B and Tuberculosis seroconversion will be held securely by the practice 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. We are unfortunately unable to treat patients that present at the practice with the simplex herpes virus. This is to prevent the spread of the virus (please see the cold sore policy located in the practice manual.)
3. 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 Occupational Health, *Babington Hospital, Derby Road, Belper*. Records of these examinations will be held securely by the practice to ensure confidentiality is maintained.
4. In the event of an inoculation injury, the wound should be allowed to bleed, squeezing below the wound not around it, washed thoroughly under cold running water and covered with a waterproof dressing, in accordance with the practice policy, which is displayed in each surgery. Record the incident in the accident book which is found in reception.
5. All inoculation injuries must be reported to the dentist immediately and the manager 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 prophylaxis can be obtained from Occupational Health, *Babington Hospital, Derby Road, Belper* on 01246 515696.

Decontamination of Instruments and Equipment

6. **Where separate decontamination facilities are available within the practice include –**
Instruments are kept in a closed box in the surgery and sprayed with gigazyme foam to keep them moist whilst waiting to be cleaned. Instruments are not left over night in the solution but are scrubbed and loaded onto trays ready for the decontamination process. The practice procedure is to transfer used instruments to the decontamination area in clear leak free box with a secured lid. Staff will wear clean gloves to transport the instruments, also for the transportation of impressions and x-rays.
7. Single use instruments and equipment must be identified and disposed of safely, never reused. These include instruments such as; but is not limited to, matrix bands, saliva ejectors, aspirator tips and three-in-one tips. All re-usable instruments must be decontaminated after use to ensure they are safe for reuse. PPE must be worn when handling and cleaning used instruments. This consists of disposable apron, thick rubber gloves, mask and eye protection.
8. Hand pieces are oiled using the hand piece oiling machine (and following the manufacturer's guidelines) and cleaned before going through the autoclaves. They are then stored in the hand piece box stored in the decontamination room.
9. 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.
10. Staff will be appropriately trained to ensure they are competent to decontaminate existing and new reusable dental instruments. Records of this training are kept.

Inspection

11. After cleaning, inspect instruments for residual debris and check for any wear or damage using task lighting and magnifying device. If present, residual debris should be removed by hand and the instrument re-cleaned. Instruments must be dried using a lint free cloth after sterilisation in autoclaves.
12. **Where a vacuum (Type B) autoclave is used:-**
Where instruments are to be stored for use at a later date, they should be put into pouches prior to being sterilized in the autoclave, following manufacturer's guidelines for use. Storage should not exceed 365 days, after this, instruments must be reprocessed. All bagged instruments should be dated with the day they

expire and initialed. Examples of instruments that must be put through a vacuum cycle include any hollow instrument and instruments with a lumen or moveable hinge such as, forceps, scissors, hand pieces, ortho pliers.

13. **Where a non-vacuum (Type N) autoclave is used:-**

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 put in pouches, which are then dated with the expiry date and initialed to allow easy identification. Storage should not exceed 365 days; after this, instruments must be reprocessed.

Maintenance

14. All sterilisation equipment (autoclaves) are serviced and maintained regularly by Eschmann.
15. All autoclaves are tested daily by staff, and the results recorded, and signed off. Any problems are reported to the manager.
16. All equipment has been checked using P.A.T with a qualified electrician.

Work Surfaces and Equipment

17. The patient treatment area should be cleaned after every session using Henry Schein Eurosept wipes even if the area appears to be uncontaminated.
18. Between patient treatments, the local working area and items of equipment must be cleaned using Henry Schein Eurosept 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.
19. In addition, cupboard doors, other exposed surfaces (such as dental inspection light fittings) and floor surfaces with the surgery should be cleaned daily.
20. Keyboards used in clinical areas are covered with washable keyboard protectors.
21. The door must be kept closed in the decontamination room. There is an extractor fan in place to assist with ventilation and heat control.
22. Dental impressions must be rinsed until visibly clean and disinfected by immersion using Henry Schein Eurosept Max Impression Powder (as recommended by the manufacturer) and labeled as 'disinfected' before being sent to the laboratory. Technical work being returned to or received from the laboratory must also be disinfected if the labs have not done this for us.

23. Dental Unit Water Lines (DUWL) are purged at the beginning and end of each session for 2 minutes. They are also purged in between each between for at least 20 seconds.

Hand Hygiene Policy

24. Nails must be short, clean and free of nail art, permanent or temporary enhancements (false nails) or nail varnish. Nails can be cleaned using a blunt 'orange' stick.
25. Wash hands using liquid soap or alcohol gel, wash 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. There are designated 'hand wash' only sinks in all clinical areas.
27. Hand washing techniques posters are displayed in each room.
28. There is an alcohol rub available for patients on reception.
29. 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.
30. All hand rubs/gels/liquid soaps are in battery operated dispensers, we no longer use hand pump dispensers, this is to limit cross infection.
31. 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.
32. Staff receive annual hand washing training as part of the decontamination training.

Water Management/Legionella

33. A risk assessment has been conducted of our water system, dip slides are used every 3 months on the dental unit water lines (DUWL), PDU taps and the reverse osmosis machine to test for bio film. We check water temperatures in the taps monthly, we run the water in the taps (hot and cold separately) for 2 minutes once a week and we purge the dental unit water lines (DUWL) for 30 seconds every morning and after lunch, they are then left with Alkapharm in the lines overnight once a week as per manufacturers instruction.

34. The practice has a 2 yearly full Legionella Risk Assessment by 'DCS Water Hygiene', we also have an annual interim water check done by 'Mercian Science' where samples are sent away for screening.

Clinical/Environmental Waste Disposal

35. All clinical healthcare waste is classified as 'hazardous' waste and placed in orange sacks for collection.
36. Gypsum waste (study casts) are disposed of in separate containers and taken away by our waste contractors.
37. Clinical waste sacks must be no more than three-quarters full, have the air gently squeezed out to avoid bursting when handled by others, labeled according to the type of waste and tied at the neck, with bag ties and our postcode is added.
38. Sanitary waste is discarded in allocated bins, which are kept in the washrooms, in yellow and black striped bags, this is collected six weekly.
39. Sharps waste (needles and scalpel blades etc) must be disposed of in UN type approved puncture-proof containers (to BS 7320), and labeled to indicate the type of waste. Sharps containers must be disposed of when no more than two-thirds full. The sharps containers are signed and dated appropriately before and after use.
40. 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 sharps bins are signed and dated when closed ready for collection. We hold a certificate of registration with the Environment Agency, which is renewed annually.
41. Dental amalgam, extracted teeth must be disposed of as hazardous waste by the registered waste carrier appointed by the practice.
42. 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 Helen Graham. The clinical waste bags are initialed, addressed ready for collection.
43. All staff involved in handling clinical waste are vaccinated against hepatitis B. All relevant staff will be trained in the handling, segregation, and storage of all healthcare waste generated in the practice.
44. Household waste is collected weekly in black sacks by Amber Valley Borough Council. We sign a transfer of waste statement which is submitted annually.

Personal Protective Equipment

45. Training in the correct use of PPE is included in the staff induction programmes. All staff receive updates in its use and when new PPE is introduced into the practice.
46. Protective clothing, disposable clinical gloves, face masks and eye protection must be worn during all operative procedures. Footwear must be fully enclosed and in good order.
47. Nitrile gloves are used throughout the practice.
48. Clinical gloves, face masks and aprons are single-use items and must be disposed of as clinical waste. The only time when face masks will be worn outside the surgery is when developing x-rays etc for the same patient.
49. When undertaking decontamination procedures, heavy duty gloves/marigolds, plastic disposable aprons and protective eyewear must be worn. Plastic aprons are changed at the completion of each procedure. Heavy duty/marigold gloves are replaced weekly.
50. Protective clothing worn in the surgery must not be worn outside the practice premises. For the transportation of dirty instruments, developing of x-rays, and transporting of impressions outside the surgery, clean gloves are worn. Uniforms are taken and laundered at home. They are stored in designated clean area of the attic.

Spillage Procedure

51. Any spillages involving blood or mercury will be reported to the dentist or manager.
52. There is a mercury spillage kit located in the decontamination room and body fluid spillage kits are located in surgery 1 and surgery 4. Instructions for use are contained with the kits.
53. For blood spillages 1% sodium hypochlorite is used with a yield of at least 1000ppm free chlorine. Contact times will not be less than five minutes. The process should be initiated quickly and care taken to avoid corrosive damage to metal fittings etc.
54. Appropriate protective clothing must be worn when dealing with a blood spillage; 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.

Environmental Cleaning

55. The clinical areas of the practice are cleaned after every patient by the nurse and at the end of every session by the nurse using Henry Schein Eurosept wipes. The non-clinical areas are cleaned by an outside cleaning contractor (Minister Cleaning Services)

56. Cleaning equipment is stored outside patient care areas at the top of the cellar stairs. The equipment is colour coded to ensure cross contamination doesn't occur. Yellow = clinical, Red = washrooms.

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: 15/05/17

Date reviewed 21/05/18

Next review due May 2019 or as necessary