Diamond Court Dental Practice
Decontamination/Infection Control Policy

Infection control is of prime importance in this practice. Every new member of staff will receive an Induction and shadowing period with a qualified nurse who will cover and train them in all aspects of cross infection control and decontamination. All members of staff will receive annual 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. We have a nominated lead decontamination nurse (Mandy Heathcote) who has been trained specifically to oversee the decontamination room and processes. Any queries can be taken to Mandy. (Andrew Chalmers and Anne Askew will oversee the decontamination processes in line with the CQC)

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 Mandy Heathcote, Andrew Chalmers or Anne Askew. Remember, any of our patients might ask you about the policy, so make sure you understand it.

The practice is adhering to the latest regulations set out in HTM 01-05 and the CQC.

Minimising blood-borne virus transmission

1. All staff must be immunised against Hepatitis B; records of Hepatitis B 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. Any patient that presents at the practice with simplex herpes virus will be given an examination only. No treatment can be done to prevent the spread of the virus. Receptionists can give this advice to the patients if they are asked.

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, Dronfield (01246 299910). Records of these examinations will be held securely by the practice to ensure confidentiality is maintained.

4. In the event of an innoculation 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 on the decontamination room wall. Record the incident in the accident book which is on the staff room wall.

5. All innoculation 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-exposure prophylaxis can be obtained from Occupational Health, Dronfield on 01246 299910.

Decontamination of instruments and equipment

6. *Where separate decontamination facilities are available within the practice include –*
   Instruments are kept in surgery in Maxizime solution in a closed box which keeps them moist whilst waiting for collection. Instruments are not left for long periods in the solution.
   At the end of each session, and during the session, instruments should be transferred to the decontamination area for reprocessing. The practice procedure for transferring used instruments and equipment is via the decontamination nurse collecting boxes from the surgery to the decontamination room. All instruments and equipment are carried in a clean and leak free box with a secured lid.

7. Single use instruments, e.g. endo files and prophy brushes and equipment must be identified and disposed of safely and never reused. 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. Handpieces are wiped after use with a Biocleanse wipe, then stored in a sterilisation cassette ready to go to the decontamination room. Handpieces are oiled, cleaned and stood to let excess oil out before going through the autoclaves. They are then stored in surgery in a separate lidded container. If not reprocessed, they can be stored up to 7 days in the lidded containers.

9. Before use, all new dental instruments must be decontaminated. The appropriate decontamination method for new instruments must be followed, within the limits of the facilities available at the practice, and those that require manual cleaning identified. The practice policy is to phase in instruments that can be cleaned using automated processes.

10. Staff will be appropriately trained to ensure they are competent to decontaminate existing and new reusable dental instruments.

Cleaning

11. *Where a washer-disinfector is used* : *–*
    Used instruments should be placed to soak in surgeries in Maxizyme solution prior to being placed in the ultrasonic bath in Neutrasan solution and then entering the washer-disinfector (unless this is incompatible with the instrument), following the manufacturer's instructions for use. Also:

    - Open instrument hinges and joints fully and disassemble where appropriate
    - Avoid overloading instrument carriers or overlapping instruments
    - Attach instruments that require irrigation to the irrigation system correctly, ensuring filters are in place if required.

12. Instruments are cleaned manually when we encounter a disinfector breakdown, the practice policy for manual cleaning must be followed. The policy is on the decontamination room wall above the sink.

Inspection

13. 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 *washer-disinfector **OR** manually.* Instruments must be dried using a lint free cloth prior to sterilisation in autoclaves.

Sterilisation

14. *Where a vacuum (Type B) autoclave is used : –*
    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 365 days, after this, instruments must be reprocessed. All bagged instruments should be dated with the day they expiry date and initialled. Examples of instruments that must be put through on a vacuum cycle include any hollow instrument and instruments with a lumen or moveable hinge such as; forceps, scissors, handpieces, ortho pliers.

15. *Where a non-vacuum (Type N) and vacuum (Type S) autoclave is used include –*
    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 with expiry date and initialled to allow easy identification. Storage should not exceed 365 days; after this, instruments must be reprocessed. Bagged instruments should be dated with expiry date and initialled.

Maintenance

16. All sterilisation equipment (autoclaves and washer disinfector) are serviced and maintained regularly by Eschmanns.

17. All autoclaves are tested daily by the decontamination nurse on that day, and results are recorded, and signed off, any problems are reported to the manager or the lead decontamination nurse.

18. The washer disinfector is tested weekly with a soil test. This is done by our lead decontamination nurse. Any problems are reported to the manager.

19. The **ultrasonic bath** is tested weekly with a protein test, 3 monthly using a soil and seperate foil test and all recorded in the testing book, the solution emptied at the end of the day unless visibly contaminated before that and left dry overnight.

20. All equipment has been checked using P.A.T with a qualified electrician.

Work surfaces

21. Working areas that have instruments placed on them during treatment will be kept clutter free as far as possible and cleaned after each patient, using Biocleanse wipes.

Keyboards

22. Keyboards used in clinical areas are covered with cling film or a plastic bag, these are changed at the end of every session.

Airflow

23. The door must be kept closed in the decontamination room, there is a fine mesh on the window to prevent particles entering the room, there is a fan which assists with the air flow, this is cleaned regularly. There is an extractor fan in place to assist with ventilation and heat control.

Impressions and laboratory work

24. Dental impressions must be rinsed until visibly clean and disinfected by immersion using Eurosept solution (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 if the labs have not done this for us. An infection control policy has been signed by all our labs, these are kept within the Good Practice.

Hand Hygiene Policy

25. 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.

26. 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.

27. There are designated ‘handwash’ only sinks in all clinical areas.

28. Handwashing technique posters are displayed in each room and toilets.

29. There is an alcohol rub available for patients on reception.

30. 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.

31. All soap and hand-rub/gels are in battery operated dispensers, we no longer use hand pump dispensers, this is to limit cross infection.

32. 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.

33. Staff receive annual handwashing training as part of the decontamination training.

Water management/Legionella

34. 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 (DUWL) lines for 30 seconds every morning and after lunch, they are then left with the Alpron in the lines overnight as per manufacturers instruction.

35. The practice has a 2 yearly full Legionella Risk Assessment by 'Bison', we also have an annual interim water check done, also by 'Bison' where samples are sent away for screening.

Clinical/Environmental waste disposal

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

37. Gypsum waste (study casts) are disposed of in separate containers and taken away by our waste contractors.

38. 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, with bag ties and our postcode is added.

39. Sanitary waste is discarded in allocated bins, which are kept in the washrooms, in yellow and black striped bags, this is collected fortnightly.

40. 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.

41. 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. We hold a certificate of registration with the Environment Agency, which is renewed annually.

42. Dental amalgam, lead foils, extracted teeth, and developer and fixer solutions must be disposed of as hazardous waste by the registered waste carrier appointed by the practice.

43. 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 Anne Askew.

44. 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.

45. Household waste is collected weekly in green sacks by DDDC. We sign a transfer of waste statement which is submitted annually.

46. In accordance with WEEE regs, electrical waste will only be disposed of at allocated sites, it will not be discarded in the normal waste.

Personal Protective Equipment

47. 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

48. 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.

49. The disposable clinical gloves used in the practice are CE-marked and nitrile to prevent developing reactions.

50. Clinical gloves, face masks and aprons are single-use items and must be disposed of as clinical waste.

51. 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.

52. Protective clothing worn in the surgery must not be worn outside the practice premises. Uniforms will be laundered at the practice and will be stored in a designated clean area within the staff room.

Spillage procedure

53. Any spillages involving blood or mercury will be reported to the dentist and the manager.

54. There is a mercury spillage kit and a body fluid spillage kit within the decontamination room. Instructions for use are with the kits.

55. For blood spillages 1% sodium hypochlorite is used with a yield of at least 1000 ppm 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.

Environmental cleaning

56. 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 paper towels and Biocleanse. The non-clinical areas are cleaned every day by our cleaners and by our receptionists and nurses.

57. Our cleaners have a rota of duties and when they should do each element of cleaning, the cleaner who touches the clinical waste has been immunised against Hepatitis B. Our cleaners have read and signed this decontamination/infection control policy, the signed copy is in their file.

58. Cleaning equipment is stored outside patient care areas in our stock room upstairs, and the cleaners equipment is kept in locked cupboards. The equipment is colour coded to ensure cross contamination doesn't occur. Yellow = clinical, Red = washrooms.

59. In accordance with the CQC/HTM 01-05 our lead decontamination nurse will audit our decontamination standards every 6/12, we will implement any changes necessary and issues/problems will be reported to the manager/principles.

Policy Agreed: 5th April 2011.....

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