Infection Prevention Procedures

This should be read in conjunction with the Infection Prevention and Control Policy (M 257A) and documentation in (M 257C-W).

Immunisation
All clinical staff are up to date with their routine vaccinations and are immunised against Hepatitis B and Tuberculosis (TB, DCDP is in a low risk area, occupation health do not require anyone who missed their childhood vaccination to have it at this time). The practice has additional clearance checks on file for team members who perform exposure prone procedures (EPPs). Staff immunisation records are maintained using the staff immunisation log. The principal will pay for the immunisation of employed team members if a charge is incurred.

Accepting patients for treatment
A patient is never refused treatment on the grounds that s/he has an infectious disease; patients who have infections may be unaware or may be unwilling to disclose it. If a patient has a blood borne infection the treating practitioner may obtain specialist advice before treatment commences. See the Briefing on Ebola Guidance (B 115) for the management of patients suspected to have Ebola.

Medical History
A thorough medical history is taken by the practitioner at every consultation with the patient. The medical history is updated by the patient on the iPad or practitioner in surgery if there is a change in status of the patient's medical status or prescription drugs. Confidentiality is maintained for all personal and treatment information.

Personal Protective Equipment
Clinical gloves
Non-sterile low allergy powder free nitrile gloves are used for clinical treatments, unless a clinician or a patient has a nitrile allergy, in which case vinyl gloves are used(stored top shelf stockroom). Sterile surgical gloves are used for invasive procedures. The use of gloves does not replace the need for hand hygiene. When removing personal protective equipment, gloves are removed first.

Gloves are single-use only and are discarded as clinical waste after use on one patient or if damaged during treatment, they are removed prior to retrieving any item from a cupboard or drawer. Used gloves are removed by rolling inside out. Gloves are never worn outside of the treatment room. The practice routinely uses nitrile gloves.

Clinical clothing/workwear
Fresh clinical clothing is worn each day in the treatment room and it is changed if soiled, short sleeves allow the forearms to be washed. Soiled clothing is stored in a labelled laundry basket and washed at the hottest temperature suitable for the fabric to reduce any potential microbial contamination. Clinical clothing is not worn outside of the practice and outdoor clothes are not worn whilst treating patients. Clothing worn for decontamination is not worn outside of the practice, it is a pink tunic only used for the purpose of decontamination. Footwear is fully enclosed and in good order.

Plastic aprons
Disposable plastic aprons are worn single–use during decontamination procedures, and whilst clearing up a spillage of a hazardous material. An apron is removed by pulling down and tearing the ties, it is gathered together by handling the inside and disposed of as clinical waste.

Household gloves
Thick household gloves are used for cleaning instruments or for clearing up a spillage of a hazardous material. After each use they are washed with detergent and hot water and left to dry. They are autoclaved daily. Household gloves used for decontamination are replaced weekly, when damaged, or if soil cannot be removed.

Face and eye protection
During treatment, the cleaning up of spillages and decontamination procedures there is a risk of contaminated fluids splashing into the face and eyes. Facemasks and eye protection are worn to minimise the risk.

Protective eyewear
Protective eyewear is worn whilst treating patients, during decontamination procedures and whilst clearing up a spillage of a hazardous material. As spectacles do not provide sufficient protection, it is advisable to wear a visor or face shield over spectacles unless specialist prescription goggles are available. Eyewear may be reused if cleaned according to manufacturers' instructions. This should take place when it becomes visibly dirty and/or at the end of each session.

Patients always wear protective eyewear during treatment. Patients' eyewear is reused, it is cleaned with disinfectant wipes according to manufacturers' instructions.

Face masks
Facemasks are worn whilst treating patients, cleaning instruments and clearing up an accidental spillage of a hazardous material. Face masks are single use items and are changed after each patient, each decontamination procedure and if they become wet or soiled. Masks are removed without touching the outer surface and disposed of as clinical waste.

Latex allergy
If a staff member suspects that s/he is suffering from a latex allergy a doctor will be consulted and the employee's condition will be routinely monitored for the rest of their employment. A health surveillance record will be kept with their personal file. The practice uses nitrile gloves, but has vinyl gloves also available. The practice has a latex risk assessment to assess which products and materials may contain latex.

Single-use devices
Single-use devices such as needles, aspirator tips and mouthwash cups are utilised whenever possible. Single-use devices are never used for more than one patient and are discarded after use in an appropriate manner (e.g. sharps bin, special waste or clinical waste).

This symbol identifies single-use devices: 

Single-patient instruments (England only)
Endodontic reamers and files can be classified as single-patient instruments, however at Diamond Court Dental practice we consider all as single use and are discarded at the end of the patient treatment session.

The following sections on the safe handling of sharps, manual cleaning, washer disinfectors, ultrasonic cleaning and hand hygiene have been laid out so that you can adapt them and print them off as posters

The Safe Handling of Sharps

- Cover any cuts or grazes on the skin with waterproof dressings
- Always wear gloves when handling sharps and follow the hand hygiene guidelines in M 257B
- Only use sharps if absolutely necessary
- Use 'safer sharps' where it is reasonably practicable to do so
- Do not cap/re-sheath needles after use unless it is required to prevent a risk of injury, in which case use a safer sharps device
- The primary user of the sharps will personally dispose of them into the nearest sharps container immediately after use
- Do not rush when handling sharps, even in emergency situations
- If you drop a sharp, pick it up with forceps immediately
- Do not put sharps with dressings, tissues or other items that may hide them from view
- Do not put your hand into the sharps container or try to retrieve items from it
- Do not try to press down in the sharps container to make more room
- Sharps containers should be locked closed when no more than 2/3rds full. Prior to collection they are kept in a secure area
- Removable scalpel blades are not used at this practice
- Keep sharps containers out of the reach of children and vulnerable adults on a level surface above waist level, but below shoulder height. To avoid spillage never put sharps containers on the floor
- Never:
    - Leave sharps lying around
    - Reach into a sharps container
    - Pass sharps directly from hand to hand
    - Overfill a sharps box
    - Put sharps into domestic or clinical waste bags
    - Rely on others to dispose of sharps for you

The staff member undertaking decontamination wears: their clinical clothing, a single-use apron, eye protection, facemask and heavy-duty gloves and full coverage shoes. In case of spillage of decontamination chemicals, there is an appropriate first-aid kit and eyewash in Decontamination suite. the COSHH folder should be consulted for instructions spillages.

Instrument decontamination procedures (reprocessing) include:

- Separation and disposal of single-use instruments
- Transport of contaminated instruments to the decontamination area
- Storage of contaminated instruments
- Cleaning
    - Manual cleaning
    - Ultrasonic cleaning
    - Washer disinfector
- Inspection
- Sterilization
- Storage

All new instruments including metal matrix bands etc. are decontaminated before use and instruments are always decontaminated before sending for repair or disposal.

Separation and disposal of single-use instruments
Single-use instruments are separated from other contaminated instruments. They are immediately disposed of in the appropriate way as follows:

- Needles, used and partially used anaesthetic cartridges, scalpels, sutures, endodontic reamers, single use steel drills, files, blunt syringes and matrix bands etc. are placed in the sharps bin
- Aspirator tips, 3 in 1 tips, saliva ejectors, bibs, disposable visors, contaminated paper towels, tissues etc. are placed in the clinical waste bin.

Contaminated instruments
The practitioner removes cements and other hard materials from instruments before setting. It is our goal to dismantle and clean instruments as soon as possible after use, instruments are dismantled and stored in the 'dirty' transport container which is a rigid leak-proof container that has a tight fitting lid and covered with enzymatic solution to maintain humidity until cleaning can be carried out, note that dirty instruments are stored for the least time possible.

If using instruments outside of the practice for example on domiciliary visits, the transport container is labelled, and is never left on view or unattended in the transport vehicle.

Storage of contaminated instruments overnight

All used instruments are loaded into the washer disinfector before leaving the premise. Any items that are not suitable for cleaning in the washer disinfector, such as handpieces, are left in labelled contaminated boxes overnight. The process continues the following working morning.

On the few occasions when the washer disinfector is broken down and team members do not have time to complete the full decontamination of instruments, the following procedure is followed:

- Instruments are left submerged in enzymatic solution
- The container is clearly marked 'contaminated instruments'
- The full reprocessing cycle of the dental instruments is carried out as soon as possible, as micro-organisms can accumulate during storage.

- where this may occur on a Friday/ before a break in working days the team members do their best to fully process as many instruments as possible.

Manual Cleaning

Take care to avoid splashing or the creation of aerosols
Maintain a dirty to clean workflow

- Wash your hands

- Wear thick rubber gloves, uniform decontamination tunic and scrub trousers, single-use plastic apron, full coverage shoes, facemask, eye protectors
- Prepare sinks, equipment and setting down areas
- Dismantle and open instruments
- Fill the clean washing sink with cool water at a temperature recommended by the detergent manufacturer, which should not exceed 45oC
- Fully immerse the instruments and keep them immersed during cleaning, with sharp ends pointing away
- Agitate/scrub the instruments with long handled plastic brushes (not wire brushes)
- Drain the cleaning solution
- Rinse with potable water in a separate rinsing only sink
- After rinsing drain and dry the instruments with single-use non-linting cloth
- Visually inspect the instruments with an illuminated magnifier:
    - For cleanliness – re-clean items if necessary, paying attention to serrated surfaces e.g. mosquito forceps, jaws of extraction forceps and hinges
    - For function – discard if damaged, blunt, bent or rusted
- Lubricate any relevant items prior to sterilization, with dedicated 'pre-sterilization' lubricant following manufacturers' recommendations
- Dispose of cleaning cloths etc. as clinical waste
- Replace cleaning solution and rinse water after each use
- Wash cleaning brushes with hot water to remove visible soil and store head up (dry)autoclave daily
- Complete the manual cleaning validation chart.

Ultrasonic cleaning

- Fill the ultrasonic bath with sonozyme solution to the required level. Change the solution after every clinical session (max 4 hours) or if it becomes contaminated
- Open the joints and hinges of instruments and fully dissemble them. NOTE some instruments such as handpieces are unsuitable for ultrasonic cleaning, refer to the manufacturers' instructions
- Irrigate devices with lumens before and after ultrasonic cleaning
- Place the instruments in the suspended basket and fully immerse in the bath, take care not to overfill the basket and do not place the instruments on the floor of the bath. Delicate instruments may need a modified basket and some instruments may be unsuitable for ultrasonic cleaners – such as handpieces, see the manufacturer's instructions
- Close the lid, the timer is set for 15 minutes following the manufacturers' instructions for operation, do not remove the lid until the cycle is completed. Drain the basket when the cycle is completed
- Following ultrasonic cleaning, rinse the instruments thoroughly with fresh potable water in the rinsing sink to remove residual soil and detergents. Rinsing is not necessary if the instruments are going into an automated washer disinfector
- Visually inspect with illuminated magnifier:
    - For cleanliness – re-clean items if necessary, paying attention to serrated surfaces e.g. mosquito forceps, jaws of extraction forceps and hinges
    - For function – discard if damaged, blunt, bent or rusted
- Lubricate any relevant items prior to sterilization, with dedicated 'pre-sterilization' lubricant (non-oil)
- Dry the instruments, which have to be wrapped, with a single-use non-linting cloth and sterilize them soon after ultrasonic cleaning or Process the instruments through the washer-disinfector
- Dispose of drying cloths as clinical waste

Carry out daily, weekly, monthly tests as recommended by the manufacturer and record the results in the log book. Servicing, repair, validation and testing by the engineer is recorded on the Individual Equipment Record (M 271B).

Using a Washer Disinfector

A washer disinfector carries out cleaning and disinfection. The staff member using the washer disinfector wears: uniform decontamination tunic and scrub trousers , a single-use apron, eye protection, face mask, heavy duty gloves and full coverage shoes.

Loading a washer disinfector

- Follow the manufacturers' instructions on the detergents and/or disinfectants recommended for use with the device and how to prepare for a wash cycle, these are:

- Do not overload or overlap the instruments
- Ensure that hinges and joints are opened fully
- Handpieces are not processed through the washer disinfector at Diamond Court Dental Practice
- At the end of the cycle, check that it has completed properly, if not it is restarted
- Visually inspect washed instruments with an illuminated magnifier:
    - For cleanliness – re-clean items if necessary, paying attention to serrated surfaces e.g. mosquito forceps, jaws of extraction forceps and hinges
    - For function – discard if damaged, blunt, bent or rusted

- Lubricate any relevant items prior to sterilization, with dedicated 'pre-sterilization' lubricant (non-oil)
- Sterilize the instruments soon after cleaning
- Complete the Washer Disinfector log book
- Servicing, repair, validation or testing by the engineer is recorded on the Individual Equipment Record (M 271B)

Sterilization
The log book is followed for the set up and testing of autoclaves at the beginning of the day, and the emptying and cleaning at the end of the day. The Autoclaves have digital recorders and regular backups are taken weekly. To pass the start of day test the autoclave must operate within the following ranges:

Sterilizing temperature range		Approximate pressure (bar)	Minimum Hold Time in Minutes
Minimum	Maximum		
134	137	2.25	3
126	129	1.5	10
121	124	1.15	15

On no account are any safety features interfered with, circumvented or overridden. In case of a test failure, the equipment is taken out of service and the Decontamination Lead is consulted. If necessary, a maintenance engineer will be contacted. The autoclave will not be used unless it passes all tests.

As a pressure vessel each autoclave has a written scheme of examination, it is routinely inspected and tested by a Competent Person (pressure vessels), plus quarterly and yearly testing, inspection and validation as required. Servicing, repair, validation and testing by the engineer is recorded on the Individual Equipment Record (M 271B).

Using a downward displacement autoclave (N type)
The autoclave is set up and tested following the steps in the Weekly Autoclave Checklist (M 257E). After cleaning, dry instruments are placed in the autoclave without overloading the trays. Perforated trays, cassettes or racks are used that have been validated for the selected sterilisation cycle. Handpieces are lubricated using a can of oil that is only used before sterilization (according to the manufacturers' instructions). Instruments are not wrapped before sterilization. A record of the cycle or any faults is made on (M 257F).

Using a vacuum autoclave
The autoclave is set up and tested following the steps in the Weekly Autoclave Checklist (M 257E). After cleaning, dry instruments are placed in the autoclave without overloading the trays. Perforated trays, cassettes and racks are used that have been validated for the selected sterilisation cycle. Handpieces are lubricated using an oil spray can that is only used before sterilization (according to manufacturer's instructions). Instruments may be wrapped before sterilization.

Sterile barrier systems
The following are used to wrap instruments:

- A flexible peel pouch (sealed view pack). This is typically supplied sealed on three sides with the remaining side open for the insertion of dental instruments and are used for pre-wrapped instruments going on a vacuum cycle.
- Pre-formed rigid trays with die-cut lids (the lid may be permeable or impermeable). These trays are potentially suitable for use with displacement or vacuum sterilizers. Subject to manufacturers' instructions, the trays may be used to contain dental instruments during the sterilization process and in subsequent storage)
- Header bags. These are manufactured as sealed bags with a heat-sealed permeable closure, which can be peeled off. The heat sealed bags are only used after sterilisation.

Instrument wrapping
Before wrapping sterilised instruments, the worktop is cleared of clutter and is cleaned with a pre-prepared or single-use disinfectant wipe and allowed to dry.

Instruments are wrapped AFTER sterilisation with a displacement (non-vacuum) autoclave, when dry, in one of the sterile barrier systems above and the expiry date of up to one year in the future.

Instruments are wrapped BEFORE sterilisation with a vacuum autoclave using one of the sterile barrier systems above. Following sterilisation the instruments are allowed to dry and labelled the expiry date of up to one year in the future and the signature of the staff member. Care is taken not to damage the packaging when labelling.

Storage of sterilised instruments
Staff wear a mask, apron and gloves when processing sterilised instruments. Staff hands are clean and new gloves are donned before handling unwrapped sterilised instruments. Instruments are stored in an environment where they are protected against excessive heat and where conditions remain dry.

Storing unwrapped instruments in a clinical area
Following sterilisation, unwrapped instruments are stored for up to one day in a clinical area. Instruments are not stored on open work surfaces, they are protected from contamination in covered trays. All unwrapped instruments stored in clinical areas are sent for reprocessing at the end of the day.

Unwrapped in a non-clinical area
Following sterilisation, unwrapped instruments are stored for up to one week in a non-clinical area. (A 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.) A label is affixed with the cycle number, the expiry date of up to one week in the future and the signature of the staff member. Instruments are not stored on open work surfaces; they are protected from contamination in enclosed boxes.

Wrapped instruments
Instruments that were wrapped before sterilisation with a vacuum autoclave or after sterilisation with a non-vacuum (displacement) autoclave are stored for up to one year. Commonly used instruments are always dealt with on a first-in first-out basis.

Before using instruments check that:

- If packed, the packaging is intact and the packaging indicates that sterilisation has taken place
- The expiry date has not passed, if it has passed send the instruments for reprocessing
- The instruments with the earliest use by dates are used first (first in first out)
- There is no visible soil

Instrument trays
Instrument trays are disposable. When laying out instrument trays or filling view packs these are the sets of instruments that are prepared:

Examination kit: ▪ Mirror ▪ Probe ▪ Periodontal probe	**Cons kit** ▪ Mirror ▪ Probe ▪ Thymosin ▪ Excavator ▪ Amalgam plugger ▪ Flat plastic ▪ Wards carver ▪ Ball burnisher ▪ Mitchells Trimmer ▪ Tweezers	**Endo kit** ▪ Cons Kit ▪ Rubber dam set ▪ Wave Kit
	Surgical kit ▪ Mirror ▪ Probe ▪ Tweezers ▪ Flat plastic ▪ Excavator ▪ Surgical burs ▪ Suture Scissors ▪ Periosteal elevator ▪ Mosquito forceps	**Ortho kit** ▪ straight probe ▪ mirror ▪ pair of mosquitos ▪ distal end cutters

Zoning of surfaces
Areas that could be contaminated during treatment procedures are identified, planning is carried out to keep these areas to a minimum and they are decontaminated in-between patients. If any surfaces are difficult to clean they are protected with a single-use barrier as well as being decontaminated in between patients. Zoned surfaces are marked as follows, areas between green dots are clean zones and areas between red dots are dirty zones.

Decontamination of treatment areas
Disposable dual purpose wipes are used to clean and disinfect all surfaces between patients. We use Clinell ready to use disposable wipes as per instuctions the surface is left to dry naturally. Where single-use covers are used, these are removed and the surfaces cleaned after each patient contact. We do not use alcohol spray or wipes on stainless steel surfaces or on dental instruments.

Decontamination of treatment areas in between patients
The areas and equipment cleaned between patients include:

- Work surfaces
- Dental chair
- Curing lamp
- Inspection lamp
- Hand controls
- Trolleys
- Spittoons
- Aspirators

Decontamination of treatment areas at the end of every clinical session
The areas that are cleaned and dried at the end of each session include:

- Aspirator - mixing 2 litres of clinical liquid disinfectant through each tube using the specific cleaning bucket that draws the liquid and air through
- Spittoon - pour the remaining clinical liquid from the bucket around and into the spittoon
- Taps
- Drainage points
- Splashbacks
- Cupboard doors
- Sinks

Computer keyboards
The computer keyboards in clinical areas are 'easy-clean' waterproof keyboards, which are cleaned regularly throughout and at the end of every session with cleaning and disinfectant wipes. The keyboards are never touched with contaminated gloved hands.

Decontamination of equipment
Ultrasonic baths, RO, sterilisers, x-ray equipment, digital sensors and other equipment are cleaned and decontaminated according to manufacturer's instructions on a routine basis and if sent for repair.

The reusable intra-oral film/sensor is covered in disposable single use sleeve and changed after each use. The OPG bite stick is covered with a single use barrier, the bite stick and head positioners are decontaminated by the user.

Any equipment defects found during decontamination are reported to the service agreement holder or manufacturer to arrange repair or further instruction. The Decontamination Lead or Practice Manager are informed and recorded on the Individual Equipment Record (M 271B).

Domestic cleaning of equipment is covered in M 257I.

Transporting instruments
When transporting instruments to and from other locations such as domiciliary:

- Decontaminated instruments are kept in clearly marked rigid containers that are leak proof and easy to clean
- After use, contaminated instruments are stored in clearly marked rigid containers that are leak proof and easy to clean with some water/foam to keep them moist
- Instruments will always travel with the dentist, then the time of dispatch and the intended recipient is also recorded
- Records are positioned prominently within any vehicle used for transportation and should carry a contact telephone number
- Note: for domiciliary :
    - A small sharps container is used, it has a mechanism for temporary closure, it is stored in the boot of the car (not where it can be seen) and is not left unattended in the car
    - Clinical waste is stored in a clinical waste bag that is sealed, it is disposed of in the clinical waste bin on return the practice, unless attending premises that deal with their own clinical waste.

Disinfection of impressions and appliances before sending to laboratory
Following removal from the mouth, impressions and appliances are immediately rinsed under running water until visibly clean. They are then immersed in the impression disinfectant bath for the manufacturer's recommended period of 10 minutes, and the impression/appliance is then rinsed thoroughly and packaged for dispatch to the laboratory. A Lab ticket is applied to the impression bag to inform the laboratory that the impressions/appliances have been disinfected.

Appliances received from the laboratory are disinfected as follows: They are immersed in the impression disinfectant bath for the manufacturer's recommended period of 10 minutes, and they are rinsed thoroughly before they are placed in the patient's mouth.

Laboratory infection prevention
The Laboratory Infection Prevention Questionnaire (M 257K) is sent to our dental laboratories, it has been reviewed to ensure that each laboratory is using appropriate disinfection methods. It is also used to inform the laboratories that all impressions and appliances are disinfected before being sent to them.

Equipment or instruments to be sent for repair
Equipment is cleaned and disinfected and if appropriate sterilized before sending for repair. If it cannot be sterilized it is cleaned and disinfected. The equipment is labelled as disinfected or sterilized as appropriate.

X-ray equipment
X-ray film sleeves are wiped with disinfectant wipes and handled with gloves; care is taken not to touch the actual film with the gloved hand. Film sleeves are disposed of in the clinical waste bin. Sterilized film-holders are used. Single-use covers are used on digital x-ray film and OPT bite sticks. On removing the single-use cover, the equipment is disinfected according to manufacturer's instructions.

Dental unit waterlines
Water gap
To ensure that infective agents are not introduced into the water supply this practice has an air gap between mains water and any water delivery equipment that comes into contact with blood or saliva.

Practice water
The practice always makes sure that the hardness of water used during the decontamination cycle is compatible with the detergent chosen. The water used for decontamination is potable water (drawn from the mains) it is 'soft' and the water hardness is checked on the local water supplier's website each year. The water used for decontamination is from a reverse osmosis filter.

All taps are flushed on Monday morning or following a holiday at the beginning of the first session for one minute. Routine monitoring of water temperature and quality is carried out by Minster Cleaning company who follows the checks in the Water Management Log (M 257LB).
A Legionella risk assessment is performed regularly by Bison.

The water used in dental units is:

- Delivered by a bottled water delivery system. The bottle remains on the unit at the end of the day with Alpron water left in it. If there is visual contamination it is cleaned with chlorine solution for 15 minutes and rinsed with potable water before refilling with Alpron water.

Waterlines are flushed for one minute at the beginning of the day, end of the day and after a prolonged period of non-use such as lunch. In between patients they are flushed for 30 seconds.

Waterlines are disinfected if a quarterly sampler test fails. Samplers are supplied by Aura infection control every 3 months, a clean and clear kit is purchased when required to remove the biofilm build up. Other waterline procedures are:

Saline is used as an irrigant for surgical procedures.

Posting specimens
Diagnostic specimens are posted using the Post Office service Safebox, which can hold up to 50ml. Safeboxes are sent special delivery or 1st Class. The minimum quantity is a pack of 12, which can be ordered by calling 0845 7782677. Visit the Royal Mail website for further information. Tissue biopsy or pathological tests are always sent to an NHS facility or accredited laboratory.

The infected team member

It is the responsibility of all dental healthcare personnel to maintain an awareness of their health. Should a person consider that s/he has contracted an infectious disease or may have been exposed to one the Practice Manager should be contacted before any further work is carried out. It may be necessary to modify working patterns or avoid certain procedures or even to stay at home. In the case of major disease an expert opinion will be obtained. See Briefing on Engaging Individuals with HIV (B 170).

Dealing with spilt, potentially infective materials
If there is a spill of blood or other potentially infective body fluid the following actions are taken:

- The process is initiated as soon as possible
- The staff member collects the bodily fluid spillage kit from the records room.
- The staff member dons the provided PPE, a mask, disposable apron, protective eye-wear and gloves
- Absorbent granules are placed onto the spill until it is completely absorbed, it is scooped up using the provided utensils and disposed of in the provided infectious waste bag
- Hypochlorite is made up either freshly using hypochlorite-generating tablets or at least weekly in clean containers at 10,000ppm available chlorine. Care is taken to avoid corrosive damage to metal fittings etc. (there is a bottle of prepared solution provided in the kit.)
- The hypochlorite is poured onto the tissues to soak them. It is left to soak for at least 10 minutes
- More tissues are placed to absorb the hypochlorite solution
- The tissues are collected with two pieces of card such as two record cards and placed in a sealed bag in the clinical waste bin
- The area is wiped with the hypochlorite solution afterwards

Clinical clothing is changed if it becomes soiled with potentially infective materials. Alcohol is NOT used for cleaning in this situation. If the surface is metal, the surface is cleaned with water and detergent and dried after the use of bleach, to remove any traces of bleach, which can damage metal surfaces.

Waste
The dental team members are responsible for ensuring that waste is:

- Correctly segregated
- Stored safely and securely on the premises
- Packaged appropriately for transport
- Described accurately and fully on the accompanying documentation when removed
- Transferred to an authorised person for transport to an authorised waste site;
- Appropriately registered for hazardous waste (if the practice produces more than 500kg) of hazardous waste per year with necessary records and returns at premises

Practice waste is segregated and disposed of in accordance with the procedures in the Module on Waste (M 269).

Diamond Court
DENTAL PRACTICE

Hand Hygiene Policy and Procedure

Clean hands are essential to minimise the risk of cross infection and to safeguard the health of the hands:

- Fingernails are kept short, smooth and clean. Staff undertaking dental procedures do not have nail enhancements such as false nails, nail art or nail varnish. When viewed from the palm side no nail is visible. Nails are cleaned with a blunt 'orange' stick
- The practice does not use bar soap or nail brushes, nails are cleaned with a blunt 'orange' stick
- Hand and wrist jewellery is removed prior to the clinical session (this can be worn on a neck chain for convenience)
- The bins are foot operated or sensor
- Hand hygiene is carried out:
    - Before and after each treatment session
    - Before and after the removal of PPE
    - Following the washing of dental instruments
    - Before contact with sterilised instruments (wrapped or unwrapped)
    - After cleaning or maintaining decontamination devices used on dental instruments
    - At the completion of decontamination work
- Hands are washed with cool water using plain liquid soap for 40-60 seconds following the technique on the hand hygiene poster (M 257G), then rinsed thoroughly and dried with a soft, high quality paper towel, taking care not to damage the skin:
    - At the beginning of each clinical session
    - If they become dirty or contaminated during a clinical session
    - If there is a build up of antibacterial hand rub (follow manufacturers' advice on the maximum number of uses of hand rubs before washing)
    - At the end of each clinical session after removing eye protection, face mask and apron
- Antimicrobial hand rubs conforming to BS EN 1500 are used on visibly clean hands as an alternative to washing at other times. The hands are rubbed using the technique on the Hand Hygiene Poster for about 20-30 seconds, until they are dry
- A hypoallergenic, water based hand cream is applied at the end of each clinical session (note that it is not to be applied before donning gloves as it may damage their integrity)
- The Hand Hygiene Poster is displayed above every hand washing basin

Ventilation
A high volume aspirator is used to keep aerosol to a minimum. The aspirator vents outside of the building are not positioned where someone could inadvertently breathe the expelled air. A rubber dam is used whenever possible to further reduce splatter. The treatment room is adequately ventilated. (NOTE an open window may suffice or if there is no window, a mechanical ventilation system should refresh the air in the surgery.)

Kitchen
The staff kitchen is kept clean and tidy. Instruments and equipment are not cleaned in the staff kitchen sink. Clinical materials are not stored in the same fridge as food.

Tidiness
General tidiness and cleanliness of the practice is maintained for health and safety reasons and for the comfort of our patients. Every team member is responsible for tidiness, orderliness and cleanliness. Boxes are never left in public areas and staff regularly check the patients' toilets throughout the day. The Practice Manager has overall responsibility.

End of day routines
At the end of the day the treatment rooms are left tidy, with all sharp instruments stored away. It is the responsibility of the dental nurse to ensure that clinical waste bins are emptied and sharps bins are left where they cannot be disturbed and that all surfaces have been decontaminated.

The nurse must also ensure that no sharp or contaminated instruments or potentially infective materials are left in the treatment room; this includes splashes around the spittoon or on the floor and appliances that have been removed from the patient's mouth.

Disinfectants
The disinfectants used in this practice are: see Disinfectant product list.

Disinfectants are stored in: stockroom, cleaners cupboard, surgeries, decontamination.

Disinfectants are disposed of, when required, according to the safety data sheet, see COSHH folder.

Sharps spillage
In case of a sharps spillage, the most senior member of staff should stay by the spillage to keep other personnel clear. The nearest person is sought to bring the sharps spillage kit, which consists of:

- Heavy duty gloves
- Dust pan
- Rigid piece of straight edged cardboard or plastic
- A spare sharps container (not assembled)
- A sharps container larger than containers in use in the practice (unassembled). The container must be large enough to place the type of sharps containers used in the practice inside it

The senior staff member should wear heavy-duty gloves and gently ease the loose sharps onto the dustpan using the rigid piece of cardboard or plastic. These are then carefully placed in the spare sharps container and the lid applied. This procedure must be carried out with extreme caution as sharps can penetrate heavy-duty gloves.

In the case of a single discarded sharp, if the sharp is fully visible, the senior person present may feel able to safely pick it up and place it promptly in a sharps container. Otherwise follow the same procedure as for a spillage.

If a sharps container has been over-filled and cannot be closed, do not retrieve items from it. Instead wear heavy-duty gloves and place it in the larger unassembled container in the sharps spillage kit. Then carefully assemble and lock the outer container.

Providing and maintaining a clean environment, domestic cleaning
Our procedures for cleaning follow the National specifications for cleanliness in the NHS which should be read in conjunction with this document.

We pay particular attention to the maintenance of appropriate standards of cleanliness and hygiene in relation to:

- Dental practice premises
- Equipment and reusable medical devices
- Materials to be used in the treatment of service users, where such materials are at risk of being contaminated

To achieve this we have appropriate documentation including a Domestic Cleaning Plan, Audit and Risk Assessment in (M 257I) and a Practice Cleaning Checklist (M 271IC). All team members share the responsibility for maintain a clean and safe environment, the practice sub-contracts the environmental cleaning to Minster Cleaning Services. Cleaning requirements are:

- Identified (M 257I)
- Risk Assessed (M 257I)
- Allocated to the appropriate person (M 257I)
- Performed to the required standards in (M 257I)

Cleaners
The cleaners are provided with training in health and safety, infection prevention, and the specific instructions for cleaning the rooms of the practice by Minster Cleaning Services. Staff are trained how to spot clean if required to do so.

General cleaning
The practice is cleaned according to the schedule in M 257I. The colour coding for household gloves, buckets and cleaning cloths is based on the NPSA 'Colour coding hospital cleaning materials and equipment':

- RED - bathrooms, washrooms, showers, toilets, sinks and floors in sanitary areas
- BLUE - general areas including waiting rooms and consultation rooms (not treatment rooms), decontamination floors and walls, reception and offices including sinks in general areas
- GREEN – kitchen/food areas
- YELLOW – treatment rooms and decontamination rooms

General Cleaning Guidelines

- Cleaning equipment is colour coded e.g. mop heads, gloves and cloths used for toilets, kitchens and clinical areas. Different colours are used for each area according to the posters displayed in the cleaners cupboards
- Non-shedding cloths or paper rolls are used for cleaning
- FD300 is used to clean clinical floors
- General-purpose detergent is used for all environmental cleaning other than clinical areas following the manufacturers' instructions
- Equipment and materials used for general cleaning are kept separate from those used for decontamination
- Mops and buckets are kept clean and dry, with single use mop heads disposed of after use and buckets stored upside down
- Where carpets are in place, they are vacuumed and spot cleaned when required

Cleaning procedures

- Plastic bucket contents are emptied down the toilet; buckets are rinsed and cleaned with general purpose detergent then dried. If body fluids have been in contact with the bucket, it is rinsed after cleaning with a 0.1% (1000 ppm available Cl) hypochlorite solution
- Mops are disposable and the mop is discarded after each use.
- Lavatory brushes are rinsed in flushing water and stored dry
- Dust is kept to a minimum on floors with the use of a vacuum
- Furniture and fittings are damp dusted with cleaning and disinfectant wipes
- If there is a known contamination on furniture or fittings, cleaning is followed with a 0.1% (1,000 ppm available Cl) hypochlorite solution
- Walls, ceilings, equipment cases, fixtures and fittings are cleaned with hot water and detergent. If there are splashes of blood, or known contaminated material these are cleaned promptly with 0.1% (1,000 ppm available Cl) hypochlorite solution

General
There is no eating, smoking or drinking in the treatment room. Disposable cups are used for the patient mouthwash and disposable bibs are used to protect the patient's clothes. The sharps container and clinical waste bins are kept out of reach of the patients and their companions.

Audit, training and review
The infection prevention and control procedures are audited as follows:

iComply members England and Northern Ireland: Twice a year using G 180-FIC, G 180-SIC or Twice a year with the IPS Audit Tool.

Training is provided at induction, at iComply Practice Meeting 6, at the Support Staff Training Meeting (G 170-SST) and on the job throughout the year. The procedures are regularly reviewed at iComply Administration Step 6 and the Annual Management Review. Team training records are maintained on the practice training log saved in the shared office folder, on individual CPD logs which are kept in the individual team member's CPD file. All team members undertake at least 5 hours of verifiable continuing professional development on infection prevention and control topics every 5 years.