

The Martock Dental Practice



Infection Control Policy

Infection control is of prime importance in this practice. Every member of staff will receive training in all aspects of infection control, including decontamination of dental instruments and equipment, as part of their induction programme and through regular update training, at least annually.

Infection Control Lead: Emma Nash

Surgery Inspector: Beth Lewer

Minimising blood-borne virus transmission

Immunisation:

- Staff involved in any clinical activity or decontamination processes have been inoculated against hepatitis b, TB, tetanus, polio, rubella, diphtheria. Evidence of hepatitis b seroconversion will be retained by the practice
- Anti-HB's level of at least 100mlu/ml where no further inoculation is required.

Aerosol Prevention:

- During cleaning procedures there is a risk of contamination by aerosol or splashes onto the face or into the eyes therefore staff must wear appropriate personal protective equipment such as heavy duty gloves, protective glasses, mask or visors and disposable apron.
- Any manual cleaning should be done with a long-handled brushes (which is autoclavable) fully submersed under water to prevent production of aerosols.

Spillages:

- See spillages section page 7

Inoculations:

- See inoculations policy

Personal Protective Equipment

Personal protective equipment must be used by all clinical and decontamination staff.

Gloves:

- Disposable nitrile gloves are used at all times and are treated as single use
- Nitrile gloves must be worn at all times for clinical and decontamination procedures and must be removed before leaving the treatment area or using the computer keyboards, opening any cupboards etc. They are to be discarded as clinical waste after each patient contact or decontamination process
- Heavy duty house hold gloves are provided for some decontamination processes and spillages. These should always be washed with detergent and hot water and left to dry after each use, and replaced at least weekly (or before if they become ripped)

Surgery clothing/workwear

- Surgery workwear worn for clinical or decontamination procedures is NOT to be worn outside the practice. Similarly outdoor clothing should not be worn during patients treatment/decontamination
- Freshly laundered clothing should be worn each day or changed more frequently if visibly contaminated. Clothing should be washed at the hottest temperature possible according to manufacturer's instructions

Eye protection

- Protective glasses should be worn by all patients and chairside staff during all clinical procedures. For decontamination procedures these are not considered to provide adequate cover against splashes, a visor or face shield should be worn
- Reusable eye wear should be cleaned after each use

Masks

- Although masks do not give great microbiological protection they are useful against splatter and should be worn during all operative procedures when a visor is not used
- They are single use items and should be changed after every patient and disposed as clinical waste

Disposable Aprons

- Plastic disposable aprons should be worn during all decontamination procedures including cleaning up any spillages. They are to be worn for one procedure then disposed of as clinical waste

Footwear

- Footwear worn in the decontamination areas should be fully closed, in good order and comply with health and safety recommendations

Removal of PPE

There is a specific routine for removal of PPE in order to minimise risks of cross infection. (GAME)

- Gloves – should be removed first rolling inside out to ensure hands do not become contaminated, wash hands thoroughly if contaminated before removing your remaining PPE
- Apron – break the neck straps and gather back together from the inside – avoid touching contaminated outer surface
- Mask – break straps or unhook from the ears and drop into clinical waste. Do not crush and avoiding touching the outer surface
- Eye protection/visor – again avoid touching outer surface. Dispose of single-use items and clean reusable items.

Wash hands thoroughly again.

Decontamination of instruments and equipment

Single use instruments:

- 3 in 1 tips
- Aspirator tips
- Cups
- Disposable trays
- Squiveland matrix bands
- Bibs

- Oral hygiene products
- Prophylaxis brushes/cups
- Dapson pots
- Sterile examination kits
- Endodontic files – if labelled single use

All items listed above are single use and must be disposed of after use.

New reusable instruments:

Before being put into use, new dental instruments must be fully decontaminated unless supplied in a sterile condition.

Reusable dental instruments should be separated into:

- those that can withstand either processing in a ultrasonic cleaner
- those that will require manual cleaning

Instruments consisting of more than one component need to be dismantled for cleaning – follow manufacturer's guidance.

Treat all new reusable instruments as contaminated (unless provided sterile) and reprocess as per other contaminated instruments.

Items that cannot be immersed in water (electrical and electronic equipment) will be cleaned in accordance with the manufacturer's instructions.

If recommendations include wiping with a detergent solution, then a clean non-linting cloth plus the recommended detergent solution should be used. This should be followed by wiping with a clean damp non-linting cloth to remove residues. The instrument should then be dried thoroughly using a clean non-linting cloth.

Transportation of instruments to decontamination room

- Sterilised instruments and single-use instruments will be clearly separated from those that have been used or awaiting sterilisation. Clean instruments are stored in dated pouches in closed drawers in the decontamination room.
- When instruments are being transferred to the treatment area, they are in sealed pouches and only opened on the day they are going to be used.
- Instruments for decontamination will be transferred to the decontamination room as soon as reasonably practicable. If there is a delay in processing the instruments are kept submerged in a disinfectant solution as a holding solution this will stop instruments drying out.
- Instruments for decontamination include:
 - o Instruments that have been used during a patient treatment session
 - o Instruments that were set out on an instrument tray but were not used during patient treatment.
 - o Unwrapped sterilised instruments have been set out on treatment trays but were not used
 - o Unused unwrapped instruments that may be left at the end of the day
- All instruments are transported in leak proof, rigid and lockable containers this will protect instruments from accidental damages. The boxes are labelled,
- After use, the containers must be cleaned, disinfected and dried. The containers will be cleaned using disinfectant wipe. Bleach must not be used and residue damages instruments.

Ultrasonic cleaner protocol:

- Wear PPE (see above section)
- Separate contents of used tray into:
 - Disposable sharps - place carefully in sharps bin
 - Clinical waste - place in clinical waste bin
 - Re-usable instruments to reprocess
- Dismantle any reusable instruments that consist of more than one component and open all joints and hinges
- Load reusable instruments into suspended basket and fully immerse in the cleaning solution in the Ultrasonic Cleaning Bath
- Do not overload the basket or overlap instruments
- Set the timer to 6 mins (as per manufacturer's guidelines), close the lid and do not open until the cycle is complete
- Handpieces rinse and wipe down and examine to make sure they are clean, oil and place on tray to go into autoclave. Do not place handpieces in ultrasonic bath.
- Once cycle is complete remove basket, allow to drain and rinsed thoroughly with clean fresh RO or distilled water in the rinsing sink.
- Visually inspect all items under an illuminated magnifier ensuring they are clean, functional and in good condition
- Instruments that remain dirty must undergo another cycle of the cleaning process and instruments that are damaged should be repaired or disposed of in accordance with local policy.

See separate policy on validation of ultrasonic machines

Manual Cleaning Protocol:

- Wear PPE (see above section)
- Separate contents of used tray into:
 - Disposable sharps - place carefully in sharps bin
 - Clinical waste - place in clinical waste bin
 - Re-usable instruments to reprocess
- Dismantle any reusable instruments that consist of more than one component
- Fill the clean sink with the appropriate amount of water and detergent (ensure correct temp as recommended by detergent manufacturer is maintained no warmer than 45°C)
- Fully immerse the instruments in the solution and keep under water during the cleaning process to prevent aerosols.
- Agitate/scrub the instruments using autoclave able long-handled brushes with soft plastic bristles
- Drain any excess cleaning solution prior to rinsing
- Rinse in a second sink with distilled or RO water
- After rinsing, drain and dry if instruments are to be wrapped using non linting cloth
- Visually inspect all items under an illuminated magnifier ensuring they are clean, functional and in good condition
- Instruments that remain dirty must undergo another cycle of the cleaning process and instruments that are damaged should be repaired or disposed of in accordance with local policy.
- Lubricate any relevant items prior to sterilisation with a non-oil based lubricant
- Replace cleaning solution and the rinse-water after each use
- Heavy duty gloves are then washed with detergent and left to dry after each use, these are replaced weekly or before if they are torn
- Remove PPE and disposable apron placing them in the clinical waste where necessary
- Complete any relevant documentation

Sterilisation procedure

- If using a Type N (non-vacuum) steriliser, instruments should be loaded onto a tray unwrapped – do not overload or overlap instruments.
- If using a Type B (vacuum) steriliser the instruments will be pre-wrapped using purpose-designed materials that are compatible with the steriliser.
- After pre-sterilisation cleaning and inspection and before packaging, the instruments should be dried using disposable non-linting cloths and be appropriately handled. The cloth should be disposed of after each steriliser load.
- Check the steriliser reservoir levels.
- Start steriliser on appropriate cycle.
- Parameters of every steriliser cycle should be kept.

Packing and date instruments post sterilisation

- After removal from the steriliser the instruments should be immediately dried using disposable non-linting cloths and be appropriately handled. The cloths should be disposed of after each steriliser load.
- The instruments should then be wrapped using suitable sealed view packs. The entire tray may be placed within a sealed pack for storage purposes.
- Once wrapped the instrument bag must be stamped with an expiry date 1 year from the present date.
- These instruments may be stored for up to 1 year.
- Any wrapped instruments with an expiry date before the current date must be transferred for reprocessing.
- Instruments from a Type N (non-vacuum) steriliser may also be used for the current session and so do not require wrapping, however, it is essential they are covered. These instruments are not stored and therefore must be reprocessed if not used in that current clinical session.
Please note: Instruments from Type B (vacuum) steriliser may be pre-wrapped and placed in a sterilisation pouch; the instruments must be completely dry before being pouched using non-linting cloth.

Work Surfaces

The patient treatment area is cleaned in the morning, at the end of every session and between each patient using alcohol free disinfection wipes. This includes work surfaces, computer keyboard, dental chair, inspection light and handles, hand controls, delivery units, spittoons, aspirators and, if used, x-ray units and controls. Any other equipment that may have become contaminated must also be disinfected.

In addition, cupboard doors, other exposed surfaces (such as inspection light fittings) and floors surfaces within the surgery will also be cleaned daily.

Impressions

Please see decontamination of impressions protocol

Dental Water Lines – reducing biofilm

Tubing within dental unit waterlines predisposes to build up of biofilms which harbor potentially dangerous organisms, notably legionella and pseudomonas. No single process is currently available which totally eliminates the buildup of biofilms therefore a combination of methods is applicable to reduce the risk of cross infection.

- All waterlines have been fitted with anti-retraction valves to help prevent contamination of waterlines
- Waterlines are flushed for 2-3 minutes at the beginning of each session and for 20-30 seconds between each patient to reduce the risks of contaminants in the lines.
- Our water lines are treated using Alpron. All dental chairs were correctly treated according to manufacturer's instructions with biofilm treatment, following on from this dip slide tests were carried out. The slides were checked and all ok, no further re treatment was required. A certificate was produced from the quality water specialists
- The dip slide tests are carried out every three months and recorded.
- Alpron treatment is used at all times in the dental units, and the solution will be discarded at the end of every week if any remains and fresh solution made up and bottles changed. This is audited to show compliance.
- The bottles are left on our units at all times as per manufacturer's instructions.
- Legionella risk assessments are carried out yearly by Interserve.

Hand Hygiene

See separate hand hygiene policy

Blood Spillage Protocol

In the event of an accidental spillage of blood or potentially infective material

Collect our blood spillage kit – kept in reception

- Place all personal protective equipment on (heavy duty gloves, apron, mask and eye protection)
- Cover the spilt material in absorbent material such as paper towels or kitchen roll, make sure this absorbs the liquid
- Cover the paper towels with sodium hypochlorite solution (1 in 10 dilution household bleach) to soak completely
- Wait for 5-10 minutes
- Cover with more paper towels or kitchen paper to absorb the hypochlorite
- Scoop up the mass using two pieces of card or something rigid (try not to touch the paper towels) and place in a sealed bag in the clinical waste container
- Wipe down the area with hypochlorite solution
- Remove and dispose of PPE
- Wash hands thoroughly

Distilled water

Distilled water is generated daily using our water machine, at the end of each day the water that remains is disposed of. One of our sterilisers does not need to be drained each night so this aids us with carrying on with sterilising first thing in the morning.

All 5 litre bottles are disinfected at the end of each week.

Clinical Waste Policy

Please see separate clinical waste policy

Surgery Checklists

All surgeries have daily checklists which must be completed; this includes lists of jobs that are required throughout the day, and documents compliance to HTM 01-05.

Beth Lewer will be checking checklists as part of surgery inspections to make sure all tasks are being completed.

Training

All staff will receive training as part of their induction programme, this will include:

- How infections are transmitted
- The practice policies and protocols on decontamination and infection control
- Personal protective equipment – when and how to use it
- What to do in the event of accident or personal injury

Individual training and competency records are kept for each member of staff

Storage, use and disposal of disinfectants

When we choose disinfectants for use within the practice we consider:

- Spectrum of activity – make sure it will be active against the micro-organisms potentially present
- Safety of use – COSHH analysis should be made of the disinfectant – data safety sheets are kept and stored ready to be made available if necessary
- Presence of inactivating agents – many disinfectants are inactivated by temp, PH and other chemicals
- Duration of exposure – sufficient time is required for disinfectants to be effective so the area needs to be cleaned first

Disinfectants in use

- For routine use in environmental cleaning alcohol free disinfectant wipes
- Spillages – 1 in 10 dilution of bleach
- Dental treatments – endodontics sodium hypochlorite dilution 2/3rds
- Disinfection of impressions – classic impression powder according to manufacturer's directions

Storage of disinfectants

Disinfectants are substances that are potentially hazardous to health and so COSHH guidance should be followed in relation to disinfectants

- All disinfectants are stored in closed cupboards away from general public
- Everything is stored at a height that is easily accessible to avoid any spillages. All chemicals are stored in cool dry rooms away from heat.

Disposal of Disinfectants

- See waste disposal policy on how to dispose of infectious or potentially infectious waste
- Disinfectants that are date expired or need to be disposed of without use can be discarded down the sewer system. Any empty containers can be rinsed and discarded in black bag waste or sent to be recycled.

Environmental cleaning policy

The non-clinical areas of the practice are cleaned in line with practice policy and cleaning schedule.

We have a cleaner that comes each working day and cleans all areas according to her schedule, a checklist is completed each night. Once a month Emma Nash inspects the practice and checklists to make sure cleaning is satisfactory.

Cleaning equipment is stored in the cleaner’s cupboard at the top of the stairs.

All records, audits and checklists are retained.

See individual environmental cleaning policy and schedule for full details

Maintenance of decontamination equipment

Role	Description	Name & Position
Service Engineer	Person contracted to service and validate yearly the Getinge steriliser – provides external guidance if required	CMI Health care
Service Engineer	Person contracted to service and validate yearly the Little sister steriliser – provides external guidance if required.	Medical Equipment Services
Operators	Persons authorised and competent to operate decontamination equipment and carry out daily, weekly and quarterly tests	Emma Belben Beth Rawlings Beth Lower Fiona Head Emma Nash
Competent Person – pressure vessels	Person responsible for ensuring each autoclave has written scheme of examination and pressure vessel inspection	CMI healthcare and Medical Equipment services
Competent Person	Person responsible for ensuring our compressor has written scheme of examination	Craig – blackdown dental

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