Maple Croft Practice Ltd

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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.

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 Adam Gitlin. Remember, any of your patients might ask you about the policy, so make sure you understand it.

Minimising blood-borne virus transmission

All staff must be immunised against hepatitis B; records of hepatitis B seroconversion will be held securely by the practice owner 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.

1. 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 services. Records of these examinations will be held securely by the practice to ensure confidentiality is maintained.

2. In the event of an inoculation injury, the wound should be allowed to bleed, washed thoroughly under running water and covered with a waterproof dressing, in accordance with the practice policy. The practice policy for dealing with with inoculation injuries is attached. Record the incident in the accident book.

3. All inoculation injuries must be reported to Adam Gitlin 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 services Bodmin 01208251300.

Decontamination of instruments and equipment

4. **Single use instruments** and equipment must be identified and disposed of safely, never reused. All re-usable instruments must be decontaminated after use to ensure they are safe for reuse. Gloves and eye protection must be worn when handling and cleaning used instruments.

5. 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 using a washer-disinfector or an ultrasonic cleaner. The practice policy for new instruments is attached.

6. At the end of each patient treatment, instruments should be transferred to the decontamination area for reprocessing. The practice procedure for transferring used instruments and equipment is attached.

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7. Staff will be appropriately trained to ensure they are competent to decontaminate existing and new reusable dental instruments. Records of this training are kept.

Cleaning

8. Where instruments are cleaned manually, the practice policy for manual cleaning must be followed. The policy is attached.

9. Instruments cleaned in an ultrasonic cleaner or manually should be thoroughly rinsed by immersion using reverse osmosis water and dried using non-linting cloths.

Inspection

10. 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 .

Sterilisation

11. 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 and labelled to allow easy identification. Storage should not exceed 21 days; after this, instruments must be reprocessed. Instruments for same-day use do not require wrapping.

Work surfaces and equipment

12. The patient treatment area should be cleaned after every session using disposable cloths *Dentisan, Biocleanse wipes* even if the area appears uncontaminated.

13. Between patient treatments, the local working area and items of equipment must be cleaned using disposable cloths Dentisan, Biocleanse 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.

14. In addition, cupboard doors, other exposed surfaces (such as dental inspection light fittings) and floor surfaces within the surgery should be cleaned daily.

Impressions and laboratory work

15. Dental impressions must be rinsed until visibly clean and disinfected by immersion using Schulke,Perform ID (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 and labelled.

Hand hygiene

16. The practice policy on hand hygiene must be followed routinely. The full policy is attached; a summary is included here.

17. 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.

18. Wash hands using liquid soap between each patient treatment and before donning and after removal of gloves. Follow the handwashing techniques displayed at each hand wash sink. Scrub or nail brushes must not be used; they can cause abrasion of the skin where micro-organisms can reside. Ensure that paper towels and drying techniques do not damage the skin.

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19. Antibacterial-based hand-rubs/gels can be used instead of hand-washing between patients during surgery sessions if the hands appear visibly clean. They should be applied using the same techniques as for handwashing. The product recommendations for the maximum number of applications should not be exceeded. If hands become 'sticky', they must be washed using liquid soap.

20. At the end of each session and following handwashing, apply the hand cream provided to counteract dryness. Do not use hand cream under gloves; it can encourage the growth of micro-organisms.

Clinical waste disposal

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

22. 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, not knotted.

23. 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.

24. 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 waste carrier holds a certificate of registration with the Environment Agency.

25. Dental amalgam and developer and fixer solutions must be disposed of as hazardous waste by the registered waste carrier appointed by the practice.

26. 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 Adam Gitlin.

27. 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.

Personal Protective Equipment

28. 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.

29. PPE includes protective clothing, disposable clinical gloves, plastic disposable aprons, face masks, and eye protection. In addition, household gloves must be worn when handling and manually cleaning contaminated instruments Footwear must be fully enclosed and in good order.

Gloves

30. The disposable clinical gloves used in the practice are CE-marked and low in extractable proteins (<50 µg/g), low in residual chemicals and powder-free. Anyone developing a reaction to protective gloves or a chemical must inform Adam Gitlin immediately.

31. Clinical gloves are single-use items and must be disposed of as clinical waste.

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32. Long or false nails may damage clinical gloves, so nails should be kept short. Alcohol rubs/gels must not be used on gloved hands, not should gloves be washed.

33. Domestic household gloves should be worn for all decontamination procedures (along plastic disposable aprons and protective eyewear) After each use, they should be washed with detergent and hot water to remove visible soil and left to dry. These gloves should be replaced weekly and more frequently if worn or torn or it becomes difficult to remove soil.

Plastic aprons

34. Plastic aprons should be worn during 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.

Face and eye protection

35. Face and eye protection must be worn during all operative procedures. Face masks are removed by breaking the straps or lifting over the ears. They are single use items and must be disposed of as clinical waste.

36. A visor or face shield should be worn to protect the eyes; spectacles do not provide sufficient protection. Eye protection should be cleaned according to the manufacturer's instructions when it becomes visibly dirty and/or at the end of each session. Disposable visors should be used wherever possible.

Protective clothing

37. Protective clothing worn in the surgery must not be worn outside the practice premises. Adequate changing and storage facilities are provided under stairs and in the staff room.

38. Protective clothing becomes contaminated during operative and decontamination procedures. Surgery clothing should be clean at all times and freshly laundered clothing worn every day. Machine washing at 60°C with a suitable detergent is advised.

Blood spillage procedure

39. Spillages of blood occur rarely in dentistry, although there might be occasions when a surface becomes grossly contaminated with blood or blood/saliva. In these situations the area should be saturated with 1% sodium hypochlorite with a yield of at least 1000 ppm free chlorine. . Allow contact for a minimum of five minutes before using disposable cloths to clean the area. The cloths used for cleaning should be despised of as clinical waste.

40. If blood is spilled – either from a container or as a result of an operative procedure – the spillage should be dealt with as soon as possible. The spilled blood should be completely covered either by disposable towels, which are then treated with sodium hypochlorite solution or sodium dichloroisocyanurate granules, both producing 10,000 ppm chlorine. Good ventilation is essential. At least 5 minutes must elapse before the towels etc are cleared and disposed of as clinical waste.

41. Appropriate protective clothing must be worn when dealing with a spillage of blood: 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. The use of alcohol in the same decontamination process should be avoided.

Environmental cleaning

42. The non-clinical areas of the practice are cleaned in line with the practice policy.

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43. Cleaning equipment is stored outside patient care areas in under stairs.

44. Records of cleaning protocols and audits/checks on its efficacy are retained in the sterilization room

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 ...16/02/12..

Review date ....14/08/15...

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