



Infection Control Policy

Infection control is of prime importance in this practice. Every clinical member of staff receives training in all aspects of infection control, including decontamination of equipment, as part of their induction programme and through regular update training. 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 the Practice Manager.

Minimising blood-borne virus transmission

1. All staff are immunised against hepatitis B; records of hepatitis B seroconversion are 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.
2. Staff identified as at risk of exposure to blood borne viruses are required to undergo an occupational health examination. This is provided by Occupational Health, Holly Bush House, Osmaston Road, Derby. Records of these examinations are held securely by the practice to ensure confidentiality is maintained.
3. 'Safer sharps' (which have a shield or cover that slides or pivots to cover the needle after use) are used where it is reasonably practicable to do so. Where it is not reasonably practicable to use safer sharps traditional unprotected sharps are used in conjunction with procedures for safe use and disposal.
4. 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 inoculation injuries can be found in the Health & Safety Manual or the CQC Cabinet. Record the incident in the accident book.
5. All inoculation injuries are reported to the Practice Manager who will assess whether further action is needed (seeking advice as appropriate) and maintain confidential records of these injuries. Advice on post-exposure prophylaxis can be obtained from the Occupational Health Centre Derby, Telephone 01332 868851.



Decontamination of instruments and equipment

6. Staff will be appropriately trained to ensure they are competent to decontaminate existing and new reusable dental instruments. Records of this training are kept.
7. Single use instruments and equipment are identified and disposed of safely, never reused. All re-usable instruments are decontaminated after use to ensure they are safe for reuse. Gloves and eye protection are worn when handling and cleaning used instruments.
8. Before being used, all new dental instruments are decontaminated fully according to the manufacturer's instructions. Those that require manual cleaning are identified. Wherever possible, the practice will purchase instruments that can withstand automated cleaning processes using a washer-disinfector or an ultrasonic cleaner.
9. Contaminated instruments are transferred to the decontamination area for reprocessing. The practice procedure for transferring used instruments and equipment can be found in the CQC cabinet.

Cleaning

10. Used instruments are cleaned using the washer-disinfector (unless this is incompatible with the instrument(s) to be cleaned), following the manufacturer's instructions for use. When placing instruments in the washer-disinfector:
 - instrument hinges and joints are opened fully and disassembled where appropriate
 - instrument carriers are not overloaded and instruments do not overlap
 - instruments that require irrigation to the irrigation system are attached correctly, ensuring filters are in place if required.
11. Used instruments are cleaned using the ultrasonic cleaner (unless this is incompatible with the instrument), following the manufacturer's instructions for use. If heavily soiled, instruments are immersed briefly in cold water (with detergent) before ultrasonic cleaning. When instruments are placed in the ultrasonic cleaner:



- instrument hinges and joints are fully opened and disassembled where appropriate
- instruments are placed in the suspended basket and immersed fully in the cleaning solution (made up according to manufacturer's instructions)
- overloading the basket or overlapping instruments is avoided
- do not place instruments on the floor of the ultrasonic cleaner

Instruments are rinsed thoroughly by immersion using reverse osmosis water and dried using non-linting cloths.

12. Where instruments are cleaned manually, the practice policy for manual cleaning is followed. The policy can be found in the CQC cabinet.

Inspection

13. After cleaning, instruments are inspected for residual debris and checked for any wear or damage using task lighting and a magnifying device. If present, residual debris is removed by hand and the instrument re-cleaned using the ultrasonic cleaner **or** washer-disinfector.

Sterilisation

14. Where instruments are to be stored for use at a later date, they are wrapped or put in pouches prior to being sterilised in the autoclave, following manufacturer's instructions for use. Storage must not exceed one year; after this, instruments are reprocessed. Instruments for same-day use do not require wrapping. Unwrapped instruments in a non-clinical area can be stored for one week.
15. Instruments are 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 are wrapped or put in pouches, dated and labelled to allow easy identification. Storage must not exceed one year; after this, instruments must be reprocessed. Instruments for same-day use do not require wrapping. Unwrapped instruments in a non-clinical area can be stored for one week.



Impressions and laboratory work

16. Dental impressions are rinsed until visibly clean and disinfected by immersion using Eurosept (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 is disinfected and labelled.

Hand hygiene

17. Nails are kept 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. Hand hygiene is conducted 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 are not used.

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 must 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.

Waste disposal

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



22. Sharps waste (needles and scalpel blades etc) are disposed of in UN-type approved puncture-proof containers (to BS 7320), and labelled to indicate the type of waste. Sharps containers are disposed of when no more than two-thirds full.
23. Clinical waste and sharps waste are 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.
24. Dental amalgam and developer and fixer solutions are disposed of as hazardous waste by the registered waste carrier appointed by the practice.
25. At each collection of waste, the waste carrier issues a consignment note, which is retained by the practice for 3 years. Consignment notes are given to the Practice Manager.
26. All staff involved in handling clinical waste are vaccinated against hepatitis B. All relevant staff are trained in the handling, segregation, and storage of all healthcare waste generated in the practice.

Personal protective equipment

27. Training in the correct use of PPE is included in the staff induction programme, which can be found CQC cabinet. All staff receive updates in its use and when new PPE is introduced into the practice.
28. PPE includes protective clothing, disposable clinical gloves, plastic disposable aprons, face masks, and eye protection. In addition, household gloves are worn when handling and manually cleaning contaminated instruments. Footwear must be fully enclosed and in good order.
29. Clinical gloves are single-use items and disposed of as clinical waste. 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 the Practice Manager immediately.



30. Domestic household gloves are worn for all decontamination procedures (along with plastic disposable aprons and protective eyewear). After each use, they are washed with detergent and hot water to remove visible soil and left to dry. These gloves are replaced weekly and more frequently if worn or torn or it becomes difficult to remove soil.
31. Plastic aprons are worn during all decontamination processes. Aprons are single use and are 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.
32. Face and eye protection are worn during all operative procedures. Face masks are removed by breaking the straps or lifting over the ears. They are single use items and are disposed of as clinical waste.
33. When necessary, a visor or face shield is worn to protect the eyes; spectacles do not provide sufficient protection. Eye protection is cleaned according to the manufacturer's instructions when it becomes visibly dirty and/or at the end of each session. Disposable visors are used wherever possible.
34. Protective clothing worn in the surgery must not be worn outside the practice premises. Adequate changing and storage facilities are provided.
35. Surgery clothing should be clean at all times and freshly laundered clothing worn every day. Machine washing at the highest temperature recommended for the fabric with a suitable detergent is advised.

Blood spillage procedure

36. When a surface becomes grossly contaminated with blood or blood/saliva; hypochlorite at 1000 ppm available chlorine will be used to decontaminate it. Hypochlorite is made up either freshly using hypochlorite-generating tablets or at least weekly in clean containers. Contact times will be reasonably prolonged (not less than five minutes). The cloths used for cleaning will be disposed of as clinical waste. The process will be initiated quickly and care taken to avoid corrosive damage to metal fittings. Alcohol must not be used during this process.



Environmental cleaning

37. The practice is cleaned in line with the practice policy which can be found in the CQC cabinet. Cleaning equipment is stored outside patient care areas in the staff area. Records of cleaning protocols and audits/checks on its efficacy are retained in the CQC cabinet.

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.