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 clinical nurse (Mandy Heathcote) who has been trained specifically to oversee the decontamination room and processes. Any queries can be taken to Mandy. (Andrew Chalmers, Anne Askew and Tara Gray 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, Anne Askew or Tara Gray. 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, Walton Hospital, Whitecoates Lane, Chesterfield, Derbyshire S40 3H (01246 515696). 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 maintain confidential records of these injuries, as required under current Health and Safety legislation. The latest regulations are that the employee will be required to attend Occupational Health/A & E (Chesterfield Royal Hospital, Calow Chesterfield, Derbyshire. S44 5BL 01246 277271) for a blood test, which will be analysed over an incubation period, a follow up appointment will be arranged. This must be done swiftly after the injury.
6. We now use a Local Anaesthetic delivery system which minimises sharps injuries as it ensures that no-one assembles the needle and cartridge or unscrews it for disposal in accordance with latest regulations.

# Decontamination of instruments and equipment

1. *Where separate decontamination facilities are available within the practice include –*

Instruments are kept in surgery in Alkapharm Alkazyme Enzymatic Cleaner 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.

1. 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.
2. Handpieces are wiped after use with a Eurosept Max or Biocleanse wipes, then stored in a sterilisation bag 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.
3. 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.
4. Staff will be appropriately trained to ensure they are competent to decontaminate existing and new reusable dental instruments.

## Cleaning

1. *Where a washer-disinfector is used* : *–*

Used instruments should be placed to soak prior to entering the disinfector using Alkapharm Alkazyme Enzymatic powder. If there is cement on the instrument it is placed in a separate bath containing MD 530 cement remover prior to being placed in the Ultrasonic bath in Sonozyme 2 Instrument disinfection 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.

1. 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

1. 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 the autoclavable nylon brush provided and the instrument re-cleaned using *washer-disinfector* ***OR*** *manually.* Instruments must be dried using a lint free cloth prior to sterilisation in autoclaves.

**Ultrasonic Baths**

1. We have a bath which can be used by the decontamination nurse if they feel there is debris on the instruments that may come off with an extra step in the cleaning process. This is to be used at the nurses discretion not as a matter of course. Instruments must not be overloaded and must be fully immersed in the solution and rinsed thoroughly afterwards. If it is used the solutions must be emptied at the end of every session or before if it is soiled. The Lead Decontamination Nurse will ensure the relevant checks are done on the bath and recorded. We use Sonozyme 2 solution in our bath.

## Sterilisation

1. *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 date they expire 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.

1. *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 and labelled to allow easy identification. Storage should not exceed 365 days; after this, instruments must be reprocessed. Bagged instruments should be dated with the expiry date and initialled.

1. Instruments kept out of the decontamination room (e.g within a surgery drawer, can be kept, bagged for 1 week, after this time it must be reprocessed. Instruments out of the decontamination room which are un-bagged, must only be kept for that day and then reprocessed.

**Maintenance**

1. All sterilisation equipment (autoclaves and washer disinfector) are serviced and maintained regularly by Eschmanns.
2. All autoclaves are tested and drained daily by the decontamination nurse, and results are recorded, any problems are reported to the manager or the lead clinical nurse.
3. The washer disinfector is tested weekly with a soil and protein test. This is done by our lead clinical nurse. Any problems are reported to the manager.
4. The ultrasonic bath is tested weekly with a protein test, 3 monthly using a soil and separate foil test and all recorded in the testing book. The solution is emptied at the end of the day unless visibly contaminated before that, and it is left dry overnight.

## Work surfaces

1. 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 Eurosept Max or Biocleanse wipes.

**Keyboards**

1. Keyboards used in clinical areas are washable and waterproof, and are cleaned using Eurosept Max or Biocleanse wipes.

**Airflow**

1. 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

1. Dental impressions must be rinsed until visibly clean and disinfected by immersion using Eurosept impression powder (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 in a folder in the staff room.

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# Hand Hygiene Policy

1. 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.
2. 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.
3. There are designated ‘handwash’ only sinks in all clinical areas.
4. Handwashing technique posters are displayed in each room and toilets.
5. There is an alcohol rub available for patients on reception and in the toilets.
6. 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.
7. All soap and hand-rub/gels are in battery operated dispensers, we no longer use hand pump dispensers, this is to limit cross infection.

1. 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. Every staff member has their own hand cream.
2. Staff receive annual handwashing training as part of the decontamination training.

**Water management**

1. 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 month and record the results 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. A surgery that is not in use for a long period of time would have it’s lines purged to ensure it stays clean. Each surgery has a bottle that is filled with Alpron, when the bottle comes to an end, we add 4 chlorine slow release tablets to a full bottle of water, leave for a few hours, rinse out well then fill with Alpron. We do not keep topping up the bottle.
2. We have a 2 yearly full Legionella Risk Assessment done by Bison. We also have an interim water check done, also by Bison, where samples are sent away for screening.
3. The dental units are flushed through with Aspirmatic solution at the end of the day and the removable filters are cleaned and left to soak overnight except for Jamies surgery which has Clinical liquid from Apollo Ultrasonics.
4. The practice has a reverse osmosis machine which provides us with water which supplies our autoclaves and bottles in surgery. The reverse osmosis machine filters are changed every 6 months.

# Clinical/Environmental waste disposal

1. All clinical healthcare waste is classified as ‘hazardous’ waste and placed in orange sacks for collection.
2. Gypsum waste (study casts) are disposed of in separate containers and taken away by our waste contractors.
3. 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, tied at the neck and the postcode written on.
4. Sanitary waste and nappy waste are discarded in allocated bins, which are kept in the washrooms, in yellow and black striped bags, these are collected fortnightly.
5. 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.
6. 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.
7. 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.
8. 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 or Tara Gray.
9. 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.
10. Household waste is collected weekly in green sacks by DDDC. We sign a transfer of waste consignment note every year, a copy is sent to the council and we retain a copy at the practice.
11. In accordance with WEEE regs, electrical waste will only be disposed of at allocated sites, it will not be discarded in the normal waste. We arrange a special collection from the local council when we have items to discard. It is stored in the cellar until this is arranged.
12. Controlled Drugs (Midazalam) is disposed of using a special solution and pot and collected by Initial Medical. The disposal must be done by the manager/partner and witnessed by a senior staff member. The destruction of the CD must be recorded on the sheet.
13. Out of date medication should be placed in the Pharmi-bin and collected by Initial Medical.
14. In accordance with the governments waste classification data we now have information on all our waste produced and the classification codes. This will be reviewed annually or if any changes occur before.

# Personal Protective Equipment

1. 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
2. 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.
3. The disposable clinical gloves used in the practice are CE-marked and nitrile to prevent developing reactions.
4. Clinical gloves, face masks and aprons are single-use items and must be disposed of as clinical waste.
5. When undertaking decontamination procedures, autoclaveable heavy duty gloves, plastic disposable aprons and protective eyewear must be worn. Plastic aprons are changed at the completion of each procedure. Autoclavable heavy duty gloves are autoclaved at the end of each session and replaced 6 weekly. Staff are aware to change their gloves when moving between clean and dirty zones.
6. 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

1. Any spillages involving blood or mercury will be reported to the dentist and the manager.
2. There is a mercury spillage kit and a body fluid spillage kit within the PDU. Instructions for use are with the kits.
3. 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. There is also a bodily fluid spillage kit available in the PDU.

# Environmental cleaning

1. 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 Eurosept Max or Biocleanse wipes. The non-clinical areas are cleaned every day by our cleaners and by our receptionists and nurses. FD300 disinfectant is used by our cleaners to clean all washable clinical floors, flash floor cleaner is used in the washrooms only.
2. We use various products to clean areas and items in the practice, our cleaners have a COSHH sheet for every product, and new products will need adding to this file.
3. Our cleaners have a rota of duties and what they should do and when in each element of cleaning, the cleaners have been immunised against Hepatitis B. Our cleaners have read and signed this Decontamination/Infection control policy, the signed copy is in their file. The cleaners sign off their duties every day, these sheets are kept upstairs in a folder.
4. Cleaning equipment is stored outside patient care areas in the cleaners locked cupboards, in the upstairs toilet and downstairs in the waiting area. The equipment is colour coded to ensure cross contamination doesn’t occur. Yellow = clinical, Red = washrooms, Green = Kitchen. (Blue n/a)
5. Our cleaners have a steam cleaner which is used weekly to deep clean the floors, the material cloth head is washed after every area is done, so no two rooms have the same cloth used on them. The cloths are washed separately in our washing machine on as hotter wash as possible.
6. In accordance with the CQC/HTM 01-05 our lead clinical nurse will audit our decontamination standards every 3/12, we will implement any changes necessary and issues/problems will be reported to the manager/principles.