



## Infection control policy

Controlling infection is essential. 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. This policy describes the routines for our practice that you must always follow. If there is any aspect that is not clear, please ask Catherine Turner

### Minimising blood-borne virus transmission

All staff are immunised against hepatitis B. Records of hepatitis B seroconversion are held securely by the practice to maintain confidentiality. If you do not seroconvert or cannot be immunised, we will seek advice on the appropriate course of action.

We routinely use 'safer sharps', which have a shield or cover which slides or pivots to cover the needle after use. If we need to use traditional, unprotected sharps, we will follow procedures for safe use and disposal.

If you receive an inoculation injury, you must follow the practice policy and allow the wound to bleed, wash it thoroughly under running water and cover it with a waterproof dressing. The practice policy for dealing with inoculation injuries can be found in the practice policies folder. You should record the incident in the accident book.

All inoculation injuries must be reported to Catherine Turner who will assess whether further action is needed (seeking advice as appropriate) and maintain confidential records of these injuries. If you are considered to be at risk of hepatitis B, we will refer you Occupational Health, Epsom Hospital for post-exposure prophylaxis advice.

### Decontamination of instruments and equipment

We provide training to all staff to ensure they are competent to decontaminate existing and new reusable dental instruments. We keep records of all training provided. In summary:

- Single-use instruments and equipment must never be reused and must be disposed of safely.
- Re-usable instruments must be decontaminated after use to ensure they are safe for reuse. You must always wear gloves and eye protection when handling and cleaning used instruments.
- New instruments must be decontaminated before use, according to the manufacturer's instructions. Wherever possible, we will purchase instruments that can withstand automated cleaning by a washer-disinfector or an ultrasonic cleaner.

Contaminated instruments must be transferred to the decontamination area for reprocessing in the labelled 'Dirty' containers. These containers are filled with water and a cleaning solution and must be sealed securely for transportation to the decontamination room. Contaminated Handpieces must be transported in the labelled 'Dirty Handpieces' containers which do not have any solution in them but which must also be securely sealed prior to transportation.

## Cleaning

Used instruments should be cleaned using the ultrasonic cleaner (unless this is incompatible with the instrument), following the manufacturer's instructions for use. If heavily soiled, you should immerse the instruments briefly in cold water (with detergent) before ultrasonic cleaning.

When placing instruments in the ultrasonic cleaner, you should:

- Open fully all instrument hinges and joints and disassemble, if appropriate
- Place instruments in the suspended basket using the tongs provided in the decon room, and immerse them fully in the cleaning solution (made up according to manufacturer's instructions)
- Avoid overloading the basket or overlapping instruments
- Not place instruments on the floor of the ultrasonic cleaner.

Rinse instruments thoroughly by immersion using freshly distilled water and dry them using non-linting cloths.

Where instruments are cleaned manually, you must follow the practice policy for manual cleaning. The policy can be found in the practice policies folder.

## Inspection

After cleaning, inspect instruments for residual debris and check for any wear or damage using task lighting and a magnifying device. If residual debris is present, remove it by hand following the practice manual cleaning protocol and then re-clean the instrument using the ultrasonic cleaner and manually. Dispose of any instruments that are blunt, bent or damaged and are irreparable or show signs of any pitting or other corrosion. Ensure that the edges of clamping instruments meet with no overlap and that teeth mesh together. Ensure scissor edges meet to the tip and move freely across each other. Ensure all screws on jointed instruments are tight and have not become loose during use. If faulty or damaged instruments are to be sent for repair, they should be decontaminated and labelled so to identify this.

## Sterilisation and Packaging

Instruments should be loaded to allow steam to contact with all surfaces (avoid overloading) and sterilised according to manufacturer's instructions for use. Where instruments are to be stored for use later, they should be wrapped or put in pouches, dated and labelled (to allow easy identification) and stored in clean, dry conditions by sealing within self-seal sterilisation bags/pouches and ordered to allow first-in, first-out stock rotation. They must not be stored for longer than one year; after this, instruments must be reprocessed. The Friday closest to the 1st July every year is the date for the annual inspection of pouched instruments in the surgeries to ensure nothing is left pouched for longer than 1 year. Instruments for same-day use do not require wrapping and are kept in the sealed and labelled 'Clean' Instruments container. Any instruments left in this container at the end of the clinical day must be pouched so they are not left unpouched for more than 24 hours.

Unwrapped instruments in a non-clinical area can be stored in clean, dry conditions for one week.

Single-use instruments must be disposed of appropriately and in accordance with manufacture and national guidance.

## Impressions and laboratory work

Dental impressions should be rinsed until visibly clean and disinfected by immersion using DentiChlor Tablets or Alkazyme (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 should be disinfected and labelled.

## Hand hygiene

Nails must be kept short and clean and free of nail art, permanent or temporary enhancements (false nails) or nail varnish.

Between each patient, before putting on or removing gloves, you should either wash your hands or use anti-bacterial hand gel.

- The handwashing technique is displayed at each hand-wash sink. Avoid using nail-brushes as they can cause skin abrasion.
- If your hands appear clean, you can use antibacterial hand gel using the same techniques as for handwashing. You should limit the number of applications and, if your hands become 'sticky', you should wash them using liquid soap.

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

## Waste disposal

We provide training in handling, segregating and storing healthcare waste generated by the practice.

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.

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.

Clinical waste and sharps waste are stored securely in the surgery and decontamination room before collection for final disposal by Elite Services which holds a certificate of registration with the Environment Agency.

When waste is collected by the waste carrier, we receive a consignment note, which is kept by the practice for 3 years. All consignment notes should be given to Catherine Turner.

## Personal protective equipment

We provide training in the correct use of PPE as part of our staff induction programme and regular updates to all staff, especially if new PPE is introduced.

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

The clinical gloves provided by the practice are CE-marked and single-use; they must be disposed of as clinical waste. You must inform Catherine Turner immediately if you develop a reaction to the gloves.

You must wear domestic household gloves when undertaking decontamination procedures. After each use, they should be washed with detergent and hot water to remove visible soil and left to dry. We replace these gloves weekly and more frequently if they are torn or cannot be cleaned.

Plastic aprons must be worn during all decontamination processes. The aprons are single use and must be disposed of as clinical waste. You should remove it by breaking the neck straps and gathering the apron together, touching the inside surfaces only.

Face and eye protection must be worn during all operative procedures. They are single use items and must be disposed of as clinical waste.

If you wear spectacles that do not provide sufficient eye protection, you must protect your eyes by wearing a (disposable) visor or face shield. You should clean your eye protection when it becomes visibly dirty and/or at the end of each session.

Protective clothing worn in the surgery must not be worn outside the practice premises. Surgery clothing must be clean and freshly laundered; it should be washed at the highest temperature recommended for the fabric.

## **Blood spillage**

If a surface becomes grossly contaminated with blood or blood/saliva, you must decontaminate it using hypochlorite at 1000 ppm available chlorine, leaving it in contact with the surface for at least five minutes. Do not use alcohol at the same time.

## **Mercury spillage**

The practice is mercury-free meaning amalgam is not mixed on the premises.

## **General cleaning**

The practice cleaning policy can be found in the practice policies folder. Cleaning equipment must be stored outside patient care areas in the decontamination room.

## **Equipment and Medical Devices**

All clinical staff are trained in the use of the specific medical devices at the practice which they are able to use within their scope of practice. Should a medical device be changed or update, all staff are trained in the new procedures of use where necessary. All clinical staff are trained in the correct daily maintenance of equipment and medical devices including any routine checks which need to be performed. All equipment is serviced at intervals recommended by the specific manufacturer and record of this are kept in a folder in the staff room. The practice uses various

companies where equipment are needed to be repaired and these can also be found in the folder in the staff room.