

# MATTERSON, BILTCLIFFE, VARLEY AND TUZIO

## Infection Prevention Procedures

**The Infection Prevention and Control Policy should be read in conjunction with this document**

### **Immunisation**

All staff working within clinical and decontamination areas are immunised against Hepatitis B. Staff immunisation records are maintained in the immunisation file.

### **Accepting Patients for treatment**

A patient is never refused treatment on the grounds that s/he has an infectious disease; patients who have infections may be unaware of unwilling to disclose it. We take universal precautions for every patient. If a patient has AIDS or the infective stage of TB the treating practitioner may obtain specialist advice before treatment commences.

### **Medical History**

A thorough medical history is taken at the first consultation and this is confirmed privately by the dentist. The medical history is updated at each check-up or if there is a change in status of the patient's medical condition. Confidentiality is maintained for all personal and treatment information.

### **Personal Protective Equipment**

#### *Clinical Gloves*

Non-sterile low allergy powder free latex gloves are used for clinical treatments, unless a clinician or a patient has a latex allergy, in which case nitrile or vinyl gloves are used. Sterile surgical gloves are used for invasive procedures. The use of gloves does not replace the need for hand hygiene. When removing personal protective equipment, gloves are removed first.

Gloves are single use only and are discarded as clinical waste after use on one patient or if damaged during treatment, they are removed prior to retrieving any item from a cupboard or a drawer. Used gloves are removed by rolling inside out. Gloves are never worn outside of the treatment room.

#### *Clinical Clothing*

Fresh clinical clothing is worn each day in the treatment room and is changed if soiled. Short sleeves allow the forearms to be washed. Clinical clothing is not worn outside of the practice and outdoor clothes are not worn whilst treating patients. Clothing worn for decontamination is not worn outside the practice.

Footwear is fully enclosed and in good order.

#### *Plastic Aprons*

Disposable plastic aprons are worn single-use during decontamination procedures, when changing solutions in an x-ray processor and whilst clearing up a spillage of a hazardous material. An apron is removed by pulling down and tearing the ties, it is gathered together by handling the inside and disposed of as clinical waste.

#### *Household gloves*

Thick household gloves are used for cleaning instruments or for clearing up a spillage of a hazardous material. Afterwards they are washed with hot water and left to dry. Household gloves used for decontamination are replaced weekly, when damaged, or if soil cannot be removed.

#### *Face and eye protection*

During treatment, the cleaning up of spillages and decontamination procedures there is a risk of contaminated fluids splashing into the face and eyes. Face masks and eye protection are worn to minimise the risk.

#### *Protective eyewear*

Protective eyewear is worn whilst treating patients, during decontamination procedures and whilst clearing up a spillage of a hazardous material. As spectacles do not provide sufficient protection, it is advised to wear a visor or face shield over spectacles. Protective eyewear is also worn whilst changing solutions in an x-ray processor. Patients always wear protective eyewear during treatment. If patients' eyewear is reused, it is cleaned according to manufacturer's instructions.

#### *Face masks*

Facemasks are worn whilst treating patients, cleaning instruments and clearing up an accidental spillage of hazardous material. Face masks are single use items and are changed after each patient, each decontamination procedure and if they become wet or soiled. Masks are removed without touching the outer surface and disposed of as clinical waste.

### **Latex Allergy**

If a member of staff suspects that s/he is suffering from a latex allergy a doctor will be consulted and the employee's condition will be routinely monitored for the rest of their employment. A health surveillance record will be kept with their personal file. In cases of a member of staff having a latex allergy, nitrile or vinyl gloves will be substituted.

### **Re-sheathing needles**

All needles are re-sheathed with suitable single handed safety devices. To reduce the risk of inoculation injuries to its lowest level re-sheathing and dismantling of needles is carried out by dentists/hygienist therapist only. Used needles are disposed of in a sharps bin. Staff receive training about the dangers of inoculation injuries and are aware of the emergency inoculation injury procedures.

### **Single-use devices**

Single use devices such as endodontic reamers and files, needles, aspirator tips and mouthwash cups are utilised whenever possible. Single use devices are never used for more than one patient and are utilised whenever possible. Single use devices are never used for more than one patient and are discarded after use in an appropriate manner. (eg. Sharps bin, special waste or clinical waste)

### **Decontamination of instruments**

The staff member undertaking decontamination wears: a disposable apron/eye protection/face mask and heavy duty gloves and full coverage shoes. In case of spillage of decontamination chemicals, there are appropriate chemical neutralisers, first-aid kit and eyewash behind reception.

Instrument decontamination procedures (reprocessing) include:

- Separation and disposal of single use instruments
- Transport of contaminated instruments to the decontamination area
- Storage of contaminated instruments
- Cleaning
  - manual cleaning
  - ultrasonic cleaning
  - washer disinfectant
  - sterilization
  - storage

All instruments are decontaminated before use.

### **Separation and disposal of single use instruments**

Single-use instruments are separated from other contaminated instruments. They are immediately disposed of in the appropriate way as follows:

- Needles, Scalpels, Sutures, endodontic reamers and files and matrix bands etc. are placed in the sharps bin
- Used and partially used anaesthetic cartridges, radiographic film covers and radiographic film lead etc., are placed in the relevant special waste containers.
- Aspirator tips, 3 in 1, saliva ejectors, plastic syringes, bibs, disposable visors and paper towels etc are placed in the clinical waste bin

### **Contaminated Instruments**

Cements and other hard materials are removed from instruments immediately before setting by the practitioner. It is our goal to dismantle and clean instruments as soon as possible after use, if this cannot be performed immediately, instruments are dismantled and stored in the 'dirty' transport container which is rigid leak-proof container that has a tight fitting lid and covered with suitable tap water until cleaning can be carried out, note that dirty instruments are stored for the least time possible.

### **Manual cleaning**

- Wash hands (before and on completion of decontamination procedures)
- Wear thick rubber gloves, uniform, plastic apron, appropriate shoes, facemask, eye protectors
- Prepare sinks and setting down areas
- Dismantle and open instruments
- Fill sink with the cool water, below 45°F as recommended by the detergent manufacturer
- Fully immerse the instruments and keep them immersed during cleaning, with sharp ends pointing away
- Agitate/scrub the instruments with long handled plastic brushes (not wire brushes)
- Drain the cleaning solution
- Rinse in second sink
- Visually inspect the instruments with an illuminated magnifier
  - For cleanliness – re-clean items if necessary, paying attention to serrated surfaces e.g. mosquito forceps, jaws of extraction forceps and hinges
  - For function – discard if damaged, blunt, bent or rusted.
- Place in washer-disinfectant
- Lubricate any relevant items prior to sterilization, with dedicated 'pre-sterilization' lubricant (non-oil)

- Dispose of cleaning cloths in clinical waste
- Wash cleaning brushes with hot water to remove visible soil and store head up (dry)
- Drain cleaning solution after single-use
- Complete any relevant documentation

#### Automated cleaning: washer disinfectant

- Do not overload or overlap the instruments
- Ensure that hinges and joints are fully opened
- At the end of the cycle, check that it has completed properly, if not it is restarted.
  - For function – discard if damaged, blunt, bent or rusted
- Lubricate any relevant items prior to sterilization, with dedicated 'pre-sterilization' lubricant (non oil)
- Sterilize the instruments soon after cleaning

### **Sterilization**

Each day the autoclaves are set up and tested, they are emptied and cleaned at the end of the day following the Weekly Autoclave Checklist, all cycles are recorded on the Autoclave Cycle log. The autoclave produces print outs which are photocopied, the autoclave has a digital recorder where digital back ups are kept.

On no account are any safety features interfered with, circumvented or overridden. In case of a test failure, the equipment is taken out of service and the Decontamination Lead is consulted. If necessary, a maintenance engineer will be contacted. The autoclave will not be used unless it passes all tests.

As a pressure vessel each autoclave has a written scheme of examination, it is routinely inspected and tested by a competent person, plus quarterly and yearly testing, inspection and validation as required. Details are recorded on the Individual Equipment Record.

#### *Packaging of instruments*

Sterilized instruments are packaged on a non cluttered bench area. This area is kept clean by washing with detergent, drying and wiping with alcohol at the end of each session. The packaging materials are:

- Sealed view pack, used for packaging instruments after sterilisation
- Date stamped – date dealing (if vacuum – 60day life / if non-vacuum 21day life)

#### *Storage of instruments*

If instruments are to be used in the current session they are stored in covered trays. If they are to be used in a future session, they are placed into view packs after sterilization. Instruments for surgical use are sterilized immediately before use. Instruments are stored above floor level, away from sunlight in cool, dry conditions.

Before using instruments check that:

- If packed the packaging is intact and the packaging indicated that sterilization has taken place
- The instruments with the earliest use by dates are used first, if the date has passed instruments are sent for reprocessing
- There is no visible soil
- If in a covered container, the instruments are remained covered
- Instruments are used 'first in first out'

### **Zoning of Surfaces**

Areas that could be contaminated during treatment procedures are identified, planning is carried out to keep these areas to a minimum and they are decontaminated in between patients. If any surfaces are difficult to clean they are protected with a single use barrier as well as being decontaminated in between patients.

### **Decontamination of treatment areas**

Care should be taken in the use of alcohol wipes, which though effective against viruses on clean surfaces – may fix protein and biofilm. However the careful use of water with suitable detergents including those CE marked for clinical use, is satisfactory provided the surface is dried after such cleaning.

### **Decontamination of treatment areas in between patients**

The areas that are cleaned and dried at the end of each session include:

- Work surfaces
- Dental chair
- Curing lamp
- Inspection lamp
- Hand controls
- Trolleys
- Spittoons
- Aspirators

### **Decontamination of treatment areas at the end of clinical session**

The areas that are cleaned and dried at the end of each session include:

- Aspirator – by fitting new disposable tips and aspirating water through each tube, followed by the aspiration of non-foaming disinfectants/surfactant through each
- Taps
- Drainage points
- Splash backs
- Cupboard doors
- Sinks
- Water bottles

### **Computer keyboards**

The computer keyboard is never touched with gloved or contaminated hands. The keyboard is washable and it is cleaned with detergent and water after every session.

### **Decontamination of equipment**

Ultrasonic baths, RO, Sterilizers, x-ray equipment, digital sensors and other equipment are cleaned and decontaminated according to manufacturer's instructions on a routine basis and if sent for repair. Any equipment defects found during decontamination are reported to the Decontamination Lead and recorded on the individual equipment record. Any equipment defects found during decontamination are reported to the decontamination lead and recorded on the individual equipment record.

### **Transporting Instruments**

When transporting instruments to and from other locations such as domiciliary or school visits:

- Decontaminated instruments are kept in clearly marked rigid containers that are leak proof and easy to clean
- After use, contaminated instruments are stored in clearly marked rigid containers that are leak proof and easy to clean with some water/foam to keep them moist
- A record is kept that dental instruments were transported, the date and the vehicle used
- If there is no dentist travelling with the instruments, then the time of dispatch and the intended recipient is also recorded
- Records are positioned prominently within any vehicle used for transportation and should carry a contact telephone number
- Note: for domiciliary and school visits etc:
  - A small sharps container is used
  - Clinical waste is stored in marked rigid containers that are leak proof and easy to clean, it is disposed of in clinical waste bin on return to the practice

### **Disinfection of impressions and appliances prior to dispatch to the laboratory**

Following removal from the mouth, impressions and appliances are immediately rinsed under running water until clean. They are sprayed with impression disinfectant in the sink, and the impression/appliance is then rinsed thoroughly and packaged for dispatch to the laboratory. A label is applied to the impression bag to inform the laboratory that the impression/appliances have been disinfected.

### **Equipment or instruments to be sent for repair**

Sterilizable equipment is cleaned and autoclaved before sending for repair. Non-sterilizable equipment is cleaned and disinfected. The equipment is appropriately labelled as disinfected or sterilized.

### **X-Ray equipment**

X-Ray film sleeves are handled with gloves, care is taken not to touch the actual film with gloved hand. Film sleeves are disposed of in clinical waste bin. Heat sterilizable or single use film-holders are used. Single-use covers are used on digital x-ray film, Ceph ear pieces and OPT bite sticks. On removing the single-use cover, the equipment is disinfected according to manufacturer's instructions.

### **Dental unit water lines**

#### *Water Gap*

To ensure that ineffective agents are not introduced into the water supply this practice has an air gap between mains water and any water delivery equipment that comes into contact with blood or saliva.

This practice uses in waterlines:

- A bottled water delivery system. The bottle is emptied at the end of the day, washed out with distilled water and left to dry upside down. If there is visual contamination it is flushed with disinfectant and washed.

Waterlines are flushed for two minutes at the beginning and end of the day or after a prolonged period of non-use such as lunch. In between patients they are flushed for 30 seconds.

Waterlines are disinfected weekly.

Patients are informed not to close the lips around the saliva ejector to form a seal. Sterile water is used as an irrigant for surgical procedures.

Waterlines are emptied at the end of the day

### **The infected team member**

It is the responsibility of all dental healthcare personnel to maintain an awareness of their health. Should a person consider that s/he has contracted an infectious disease or may have been exposed to one the Decontamination Lead should be contacted before any work is undertaken. It may be necessary to modify working patterns or avoid certain procedures or even to stay at home. In the case of major disease an expert opinion will be obtained.

### **Inoculation Injury**

An inoculation injury is penetrating injury with an instrument contaminated with any body fluid, or a splash into the eye, or an open cut, or a bite or scratch. Staff are trained how to minimise the risk of inoculation injury. Post Exposure Prophylaxis (PEP) may need to be carried out immediately according to advice. Every injury is recorded on a confidential accident record form using a separate form of the HSE Accident Book pad. The inoculation Injury Procedure is displayed where all staff can read it.

### **Dealing with spilt, potentially infective materials**

If there is a spill of blood or other potentially infective body fluid the following actions are taken:

- The staff member dons a mask, disposable apron, protective eye-wear and thick gloves
- Absorbent tissues or kitchen roll are placed onto the spill until it is completely absorbed
- An aqueous solution of household bleach, one part of bleach with ten parts of water (1:10) is poured onto the tissues to soak them completely
- It is left for 10 minutes
- More tissues are placed to absorb the bleach
- The tissues are collected with two pieces of card such as two record cards and placed in a sealed bag in the clinical waste bin
- The area is wiped with the 1:10 solution of bleach

Clinical clothing is changed if it becomes soiled with potentially infective materials. Alcohol is NOT used for cleaning in this situation. If the surface is metal, the surface is cleaned with water and detergent and dried after the use of bleach, to remove any traces of bleach which can damage metal surfaces.

### **Waste**

#### ***Clinical waste***

Appropriate clinical waste sacks are fastened securely when three quarters full. Thick rubber gloves and apron etc. are worn when handling clinical waste. All sacks are stored in a special container, labelled with the date and the place of origin.

#### ***Sharps***

Sharps bins are labelled with the date and the place or origin before disposal. It is also advisable to keep the sharps bin in a cupboard to prevent access by children or others.

#### ***Prescription medicines***

All prescription medicines are separated from other waste and disposed of using appropriate containers

Ordinary waste, including all office waste is collected by a business waste carrier.

#### ***Documentation***

A hazardous waste consignment note is obtained for each hazardous waste collection. Hazardous waste consignment notes are kept for at least three years, waste transfer notes for non hazardous waste for two years.

### **Hand Hygiene Policy and Procedure**

Clean hands are essential to minimise the risk of cross infection and to safeguard the health of the hands:

- Fingernails are kept short, smooth and clean. Staff undertaking dental procedures do not have nail enhancements such as false nails, nail art or nail varnish. When viewed from the palm side no nail is visible. Nails are cleaned with a blunt orange stick.
- Hand and wrist jewellery is removed prior to the clinical session apart from one wedding band which is permitted.
- Hands are washed with cool water using either plain or antimicrobial liquid soap for 40-60 seconds following the technique on the hand hygiene posters, then rinsed thoroughly and dried with a soft, high quality paper towel, taking care not to damage skin:
  - At the beginning of each clinical session
  - If they become dirty or contaminated during a clinical session
  - If there is a build up of alcohol hand rub (follow manufacturer's advice on the maximum number of uses of alcohol rubs before washing)
  - At the end of each clinical session after removing eye protection, face mask and apron.
- An alcohol hand rub can be used in place of washing in between patients if the hands are visibly clean. It is applied by dispensing about 3ml of product and ensuring that all hand surfaces are covered by the product. The hands are rubbed for about 20-30 seconds until dry.
- During decontamination procedures hand hygiene is practised:

- Following the washing of instruments
  - Before contact with the instruments that have been steam sterilized
  - After cleaning or maintaining decontamination devices
  - At completion of decontamination work
- A hypoallergenic, water based hand cream is applied at the end of every clinical session (note that this is not to be applied before donning gloves as it may damage their integrity)

The hand hygiene poster is displayed above every clinical hand washing basin.

**Signature:**

[ Carol Perkins ]

**Date:**

**Registered Manager**