



absolute dental - cross-infection control

CROSS INFECTION CONTROL POLICY (Updated 10/4/13, 3/2/14, 17/6/14 & 05/05/16 in line with changes to HTM01-05 March 2013)

This is applicable to all team members (also used as part of the Induction Programme)

AM PROCEDURE

- Don PPE of Uniform, Mask, Gloves & Glasses
- Air Turbine coupling, Ultra Sonic Scaler and 3 in 1 tip on the chair units should be flushed through every morning and recorded on the DAILY INFECTION CONTROL REPORT THAT THIS HAS BEEN DONE
- The water lines of all dental chair units are purged at the start of each session for 2 minutes and between patients for 20 seconds
- The purged water must be tested with a Dip Slide once weekly to test for any bacteria. These results are recorded in the practice manual (see practice manual for separate policy on Dip Slide Testing)
- Water bottles in chair will contain diluted Alpron* solution.
- All surfaces should be cleaned/disinfected with U-Sol*. This is sprayed onto a clean paper towel and wiped over the following areas:
 - Work surfaces
 - Dental Chairs
 - Lights & Handles
 - Hand Controls
 - Bracket Tables
 - Spittoons
 - Aspirators
 - X-ray Units
- Check levels of detergent* in Washer/Disinfector

** See the COSHH report for cautions etc.*

PM PROCEDURE

- Don PPE of Uniform, Mask, Gloves & Glasses
- All surfaces to be disinfected with U-Sol* as for the AM Procedure.
- Suction should be cleaned in ALL surgeries with Denti-flush*
- Chair filter cleared of tooth fragments etc. & replaced weekly
- Amalgam filters to be emptied
- Suction assembly units and spittoon bowl filter from spittoon for all rooms to go through w/d & then Autoclave
- Chair water bottles to be re-filled with diluted Alpron solution and reconnected to chair system

** See the COSHH report for cautions etc.*

SURFACES

All surfaces must be wiped and disinfected with U-Sol* between patients. These include all surfaces list in the "AM Procedure" but between patients must also include the following:

- Sink Taps

- Drainage points
- Splashbacks
- Sinks

Spittoon & aspirators must be flushed with water after each patient and wiped with U-Sol* (including outside of aspirator tuning - sprayed into paper towels, not directly onto the object to avoid the creation of a bacterial aerosol). ALCOHOL BASED CLEANERS MUST NOT BE USED ON WORK SURFACES AS THIS CAN BIND BLOOD PROTEINS TO SURFACES/INSTRUMENTS

DISPOSABLE ITEMS

All disposable items must be thrown asap into the clinical waste bin in the treatment rooms. These bins are then transferred to yellow Clinical waste sacks at the end of the day – and stored in the locked yellow bin.

DECONTAMINATION of NON-DISPOSABLE ITEMS

- All contaminated instruments must be placed in the lidded RED boxes in the treatment rooms before being transported with care to the Central Sterilisation Area
- Don PPE of Uniform, Mask, Heavy Duty Gloves, Disposable Apron & Glasses
- All Instruments must be disassembled and put into the washer/disinfector.
- Bur Brushes available in CSR are for use on Burs only – using on other instruments will scratch the surface & sterilisation will be inadequate.
- A “Load Checker” is placed into the first cycle of the session in the morning & afternoon to check efficiency. This is to be clipped to the back of the Daily Infection Control Report
- A residual soil protein test is undertaken once weekly to ensure efficiency of the washer disinfector. These results are recorded in the practice manual (see practice manual for separate policy on **Residual Soil Protein Testing**)
- The washer disinfector is then started on the P3 programme.
- Upon removal from the washer/Disinfector each instrument must be visually checked under an illuminated magnifier after this & the cycle repeated if still not free from debris.
- The Cycle Logger is removed after the first w/d cycle of the day and after the last cycle of the day and the information downloaded to the server (see separate **Use of the Washer Disinfector Cycle Logger policy** in Practice Manual)
- The loose instruments are then placed into the autoclave on a perforated tray in a single layer. The instrument trays are placed directly on a perforated tray also. A TST strip is placed with the load. The cycle is then started – 134 degrees c for 3 mins at 2.2 bar pressure. Once the cycle is completed, the trays are removed and the items removed with gloved hands and placed into sterilisation pouches which are then sealed and dated with todays date and a date 1 year hence. The time of the cycle is also written on the pouch – to correspond with the time written on the TST strip (see below). These instruments are then stored in the BLUE BOXES with lids on in the CSR or returned to the drawers in the treatment rooms.
- All **RCT files** are for single patient use only. They follow the same decontamination procedure, but are placed into a bur holder with no other burs prior to placing into the washer disinfector, and once autoclaved they are to be placed in a sterilisation pouch with the patients name and tx date on, sealed & placed in providers tx room.
- A pictorial description of the Decontamination Cycle is included here, and in the CSR for reference.

TST STRIPS

Must be used in every autoclave cycle with the time added manually to the strip once the cycle is

complete. Each strip is attached to the rear of the Daily Cross Infection Control Report. If the colour change is not sufficient or there is a fault, this must be logged on the **Daily Infection Control Report** and the Infection Control Lead Nurse informed, who will inform the Clinical Lead.

DAILY CROSS INFECTION CONTROL REPORT

This is completed every day by the team members who are carrying out the Decontamination Cycle. It is located in the top left hand drawer in the CSR and includes details of:

- Daily TEST CYCLES for the Autoclave & Washer/Disinfector
- Additional daily tests for the Decontamination Equipment
- Details of Treatment Room Water Line Purging
- Time of Drainage for the Autoclave
- Additional daily tasks to be completed by clinical team
- TST Strips from all Autoclave Cycles for that day
- Load Checkers for the Washer Disinfector Cycles AM & PM
- Details of any faults logged on the Autoclave or Washer Disinfector

Both pages of this report are scanned each day onto the computer and saved in this format; the computer is then backed up daily.

HANDPIECES

Should not be immersed in any liquid. They should be wiped with U-Sol* and lubricated. Prior to placing into autoclave they should be inspected under the illuminated magnifying light for visible debris. If there is any debris on the handle, wipe again.

Oil handpieces with lubricating spray prior to autoclaving then place in an unsealed sterilisation pouch prior to autoclaving.

* See the COSHH report for cautions etc.

CLEAN INSTRUMENTS

Wash hands before handling clean instruments. Don fresh PPE of Gloves & Glasses.

Instrument trays must be placed immediately into sterilisation pouches with the date and time of cycle marked. The date on the pouch should be the date the items were processed and a date 1 year from then. If items have not been used within the year, they must start the Decontamination Cycle again.

The Clinical Lead Nurse will ensure a check is undertaken every 11 months, however, it is each team members responsibility at Absolute Dental to check all dates before opening any sealed bag/pouch.

Lose instruments are placed into dated pouches and placed into a BLUE box in the treatment room or the central sterilisation area with the door/drawer closed.

Absolute Dental will not be adopting the revised guidelines of March 2013 regarding allowing un-bagged instruments in treatment rooms or CSR for between 1 day & 1 week as we will continue to work on the guidelines of Best Practice. All instruments will be bagged & have a 12 month expiry date on them.

SHARPS/LA CARTRIDGES

After treatment, place any Safety Plus needles carefully in the sharps bin in your treatment room. Other sharps (ie matrix strips etc) are placed into the red boxes and taken to the CSR. Then, they must only be placed into the correct box (one for sharps and one for LA cartridges) below the sink in the central sterilisation area, which must never be more than 2/3rds full. This is then sealed, signed & dated and prepared for collection by a registered waste disposal company for incineration.

NEEDLESTICK INJURIES

Any injury must be written up in the Accident Book (kept in the office) and reported to Rhod - immediately. See practice policy on Needlestick Injury for full procedure.

CLINICAL WASTE

Place only in yellow bags. **NEVER** put masks/gloves into black bags. Only fill to 2/3rds full before being tied. Each night remove Yellow sack to lockable yellow wheelie bin in padlocked bin store area in the courtyard. New Yellow Sacks are in the bottom right hand drawer in the Sterilisation room. The full Yellow Sacks are collected weekly (Wednesday).

Any patient who knowingly has an infectious illness at the time of treatment will be highlighted by the use of medical update forms completed at the start of each new course of treatment. Clinical waste from these patients is segregated into infectious waste sacks (orange) and an infectious waste transfer is arranged with our authorised waste collection company. **See practice policy on Waste Collection in Practice Manual.**

GLOVES

NEVER wear gloves outside surgeries. A fresh pair of examination gloves must be worn for every patient. Gloves are also in 2nd drawer down on right hand side in sterilisation room. Heavy Duty gloves, apron & goggles are to be worn when handling contaminated instruments in the Central Sterilisation area. Hands are to be washed at the beginning and end of every clinical session & hands must be sanitised with DESDERMAN between every patient & before putting on fresh gloves. Designated hand wash sinks can be found in the treatment rooms. Heavy duty gloves in CSR must be washed with hand soap and hung to dry after use. Heavy Duty Gloves must be changed weekly, or earlier if their quality deteriorates.

MASKS

These should be changed after every patient and changed mid treatment if they become damp. Masks should **NEVER** be worn outside of the treatment rooms.

PERSONAL APPEARANCE/HYGIENE

No rings to be worn (with the exception of wedding ring). Only one pair of earrings are permitted - then only studs/sleepers. No watches, except nurse fob watch.

Nails must be short with no nail varnish and hand-washing to be undertaken at regular intervals in designated hand wash sinks only. Cuts must be covered with a plaster. Hair is to be tied back.

IMPRESSIONS

Must be rinsed with water upon removal from the mouth and then sprayed with U-Sol* before going to the lab. Forms in both surgeries must be signed to confirm this has been done, impressions are then bagged and stapled onto the lab ticket.

* See the COSHH report for cautions etc.

X-RAYS

Change the protective sheath on the sensor after every patient. All sensor holders must be autoclaved after every use. Do not use sensor if uncovered or hole in sheath- sheath to be replaced in that instance. X-ray units are to be wiped with U-Sol* between every patient.

SINK DRAINS

Bleach must be poured directly into the sink hole each evening.

BIOHAZARD SPILL

In the event of a blood or blood stained bodily fluid spill there is a BioHazard Spill Kit available, which is kept under the sink in the CSR. The kit contains everything needed to render the spill harmless and clean away with full written & pictorial instructions on the front of the packet. If this is used a new kit must be ordered immediately from The Dental Directory.

AUDIT

The Clinical Lead Nurse is responsible for carrying out the Infection Prevention Society audit every 6 months (**February and August**). The results from this are shared with the team at the next available monthly practice meeting and changes implemented accordingly.

ENVIRONMENTAL CLEANING

The floors of the practice are cleaned with different mops & buckets depending on the environment. Different buckets are used for the treatment rooms, patient lounge and CSR (in line with **National Colour Coding Scheme**).

COMPRESSOR

We use an oil free compressor Bambi VT150D, fitted by Blackdown Dental in 2007. It is serviced annually by Blackdown Dental who also change the odour filters annually (our compressor is not currently fitted with a Breathing air filter). It is bled on a daily basis, which is documented. This ensures that the compressor supplies only clean, high quality air and that the environment is non-conducive to bacterial growth and contamination. Visually and sound checks are made daily to ensure vibrations have not caused elements to become loose (nuts & bolts) and that the compressor is not over-running (continually working).

Report any concerns to Rhodri John immediately!

Absolute Dental | 3 Duke Street Court | Bridge Street | Kingsbridge | TQ7 1HX
t: 01548 852165 e: info@absolute-dental.co.uk

www.absolute-dental.co.uk