

Infection Control Policy Statement

Infection control is of prime importance in this practice. Every member of staff will receive 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, annually as part of their CPD.

The following policy statement describes the routines for our practice, which must always be followed. If there is any aspect that is not clear, please ask Hassan Bhojani - Infection Control Lead. Full versions of each policy can be found in the Infection Control Manual.

Remember, any of your patients might ask you about the policy, so make sure you understand it.

All clinical staff or any staff who come into contact with sharps or clinical waste must be immunised against hepatitis B; records of hepatitis B seroconversion will be held securely by Hassan Bhojani 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.

'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.

PPE is provided to all staff members. PPE includes gloves, masks, goggles/visors, aprons and scrubs.

Before being used, all new dental instruments must be decontaminated fully according to the manufacturer's instructions and within the limits of the facilities available at the practice.

All equipment related to Infection Control such as Autoclaves, Washer Disinfectors etc, will be serviced in accordance with the manufacturer's guidance, and evidence will be obtained for the minimum period required.

At the end of each patient treatment, instruments should be placed in a lidded, sealed, rigid box and transported to the decontamination room as soon as possible. If instruments cannot be taken directly to the decontamination room, they should be kept moist.

All re-usable instruments must be decontaminated after use to ensure they are safe for reuse. Protocols for cleaning and sterilising instruments can be found in the Infection Control Manual.

Single use instruments and equipment must be identified and disposed of safely, never reused.

Instruments can be stored in sealed pouches for up to 1 year.

Between patient treatments, the local working area and items of equipment must be cleaned using disposable wipes. This will include work surfaces, the dental chair, inspection light and handles, hand controls, delivery units, spittoons, aspirators and if used, x-ray units and controls. Other equipment that may have become contaminated must also be cleaned.

Single use protective sheaths should be used and replaced on light handles, light cure machines and also x-ray triggers.

Dental impressions must be rinsed until visibly clean and disinfected by soaking them using a specialist dental impression decontaminant (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 and labelled.

All lab work returning from the laboratory needs to be disinfected prior to patient contact.

Respiratory and cough hygiene is designed to minimise the risk of cross-transmission of known or suspected respiratory illness.

The practice policy on hand hygiene must be followed routinely. Hands should be washed between each patient treatment, and before donning and after removal of gloves. Nails must be short and clean and free from varnish, Gels and anything artificial. Antibacterial-based hand-rubs/gels can be used instead of handwashing between patients during surgery sessions but hands should be washed if a build-up of hand gel occurs (making them "sticky").

Spillages of blood and bodily fluids occur rarely in dentistry, although there might be occasions when a surface becomes grossly contaminated with blood or blood/saliva. In these situations, the area should be saturated with 1% sodium hypochlorite with a yield of at least 1000 ppm free chlorine.

Dental Unit Water Lines (DUWLs) should be flushed for 2 minutes at the start of each session and for 20-30 seconds between each patient to minimise the risk of legionella.

All healthcare organisations should follow the following colour coding for their environmental cleaning:

- **RED** - Bathrooms, washrooms, showers, toilets, basins and bathroom floors
- **BLUE** - General areas including wards, departments, offices and basins in public areas
- **YELLOW** – Isolation areas (clinical areas)
- **GREEN** - Catering departments, kitchen areas

The surgeries and decontamination rooms will be cleaned as per their daily checklists. Non-clinical areas of the practice will be cleaned following the Practice Cleaning Log.

Clinical waste sacks must be no more than three-quarters full, have the air gently squeezed out to avoid bursting when handled by others, and be labelled according to the type of waste and tied at the neck, not knotted.

Sharps waste (needles, scalpel blades, drugs 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 the fill line indicated has been reached or the container has been open for 3 months whichever comes first.

This policy statement will be reviewed annually.

Document Control

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Change History

Version	Status	Date	Author / Editor	Details of Change (Brief detailed summary of all updates/changes)
0.1	Final	20/01/2023	HD	Changed original Infection Control Policy into a Policy Statement. Full policies can now be found in the Infection Control Manual.
0.2	Final	14/04/2023	PG/HD	General check for updates.

The latest approved version of this document supersedes all other versions, upon receipt of the latest approved version all other versions should be destroyed, unless specifically stated that previous version(s) are to remain extant. If in any doubt, please contact the document Author.

Approved By: Hassan Bhojani, Waleed Javed
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