

Cross infection control policy

Infection control is important in our clinic. All staff members will receive training for all aspects of infection control, decontamination of instruments and equipment. This will be provided at the induction of employment and yearly training schedules.

The following policies below, describes routines that we enforce, which must be followed in order to comply. If you are uncertain or do not understand ask Kash Qureshi for further guidance.

Immunisation policies

1. All clinical staff members (clinicians, dental nurses) must be immunised against Hepatitis b and Tuberculosis.
2. This protects the patients and staff from spreading diseases.
3. Clinical staff must provide proof in writing that there immunisation is current, which will be filed.
4. Reminders will be issued to have scheduled immunisation checks.
5. If you do not seroconvert following Hepatitis B inoculations, advice will be given on a course of action.

Infected staff member

If you believe that you may have become infected with Hepatitis B & C, HIV or any other blood borne infection must seek medical advice immediately.

If infection is confirmed they must notify the employer of the clinic immediately. All information is treated confidential.

The clinic will seek advice from appropriate governing body for the next steps. This will include: General Dental Council, British Association of Clinical Dental Technology, Department of Health and Dental Protection.

Employment may be suspended for a clinical role and a non-clinical role may be more offered if available.

High risk patients

- High risk patients are those known to be a carrier of infectious diseases of Hepatitis B & C, HIV.
- Many patients do not realise or say that they have such diseases and the clinic is unaware that they are in a high risk category.
- Most serious disease's take a long time for symptoms to appear, this is regardless and still means the patient is a carrier and can pass the disease on to others.
- This is why we have universal cross infection control procedures for every patient

as every patient could have a potential infectious disease.

- If a patient is known to have a high risk disease, additional precaution are taken and will be treated at the end of the day, this is crucial as the comprehensive clean at the end of the day after the last patient.

Routes of transmission

- Exposure prone procedure: blood from the clinician enters into the patients open tissues.
- Inoculation (BBV) injury: contaminated instrument breaks the skin of the mucus membrane this includes sharps, needles, cuts, bites and scratches.
- Direct transmission: direct contact with an infected lesion.
- Indirect transmission: handling contaminated instruments and then touching the eyes or a open wound.
- Aerosol: saliva containing blood from high speed hand pieces.
- Splash/ splatter: during dental procedures, saliva splashes.
- Airborne: diseases contained in droplets in moisture, thus containing viruses.
- Blood borne: Direct/Indirect contact with blood.

Surgery: Preparation, zoning, patient PPE, clinician PPE policies

PPE is worn for cleaning work surfaces and equipment.

Zoning

- Zoning minimizes the risk for infection by creating designated clean & dirty zones.
- Dirty zone: Anything used in the patient's mouth is considered contaminated and should be placed in the dirty zone. Anything routinely touched whilst treating patients is placed here. A dirty zone is only dirty whilst in use and is cleaned between patient's .
- Clean zone: Anything that is not in contact with patients mouth will be placed here e.g paperwork, computers. This area will not be touched whilst treating a patient.
- Zones are identified on the work surfaces, right hand side is the dirty areas and left hand side is the clean area.

Cleaning work surfaces and equipment

- Done between each new patient with a comprehensive clean at the start and end of the day.
- Disinfection wipes are used to clean surfaces and equipment.
- Equipment that cannot be autoclaved e.g. goggles anything plastic can be cold disinfected with wipes.
- The areas include: Dental chairs, dental light (handles), work surfaces (clean & dirt), drawer handles and any other equipment that has been touched whilst treating a patient.

Patient PPE

- Personal protective equipment (PPE) is provided for patients and clinical staff to protect patients and staff from the spreading of diseases.
- Before each patient is seated, PPE should be provided which include: Bib holder, bib, goggles, cup with mouthwash tablet prefilled with water.

Clinician set up

- Before each patient, check to see what procedure is being done and equipment and apparatus to be set out for this, if you are not sure ask your clinician.
- PPE: Apron, face mask, goggles, gloves.

Disinfection: Lab work, surgery, impressions and clinical waste policies

Lab work and impression trays

- PPE is worn for all disinfection procedures.
- All laboratory and clinical work should be disinfected to control cross infection from spreading.
- All lab work and impression trays should always be treated as they have not been disinfected.
- Before treating each patient, their impressions trays and laboratory work are immersed in the disinfection bath in the sterilisation room for 10 minutes.
- Disinfection powder ratios : 1 CUP of powder and 1 LTR of warm water. Change solution daily.
- After 10 minutes rinse immediately with copious amounts of running water.

Impressions

- Once impressions has been taken and checked via the clinician, this should be

rinsed under water. DO NOT turn the tap to run fast as the it can cause splashes from the impressions and spread bacteria.

- Place in disinfection bath and leave for 10 minutes. DO NOT leave for longer than 10 minutes as this will distort the impression.

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- The areas include: Dental chairs, dental light (handles), work surfaces (clean & dirt), drawer handles and any other equipment .
- All floors should be cleaned down and should be slip free before patients enter.

Clinical waste

- Clinical waste is classed as infectious hazardous waste and should not be mixed with general waste.
- Anything routinely touched or been in contact with the patient's mouth is placed in the clinical waste bin. General waste such as letters and boxes should be placed in a general waste bin.
- Clinical waste is identified by labelled yellow sacks and is changed daily.
- Sharps waste (mixed sharps waste and contaminated pharmaceutical LA cartridges) classified as *hazardous infectious waste* must be disposed of in UN type approved puncture-proof containers (to BS 7320), and labelled to indicate the type of waste. These bins have an yellow lid.
- Sharps containers must be disposed of when no more than two-thirds full.
- At each collection of waste, the waste carrier issues a consignment note, which is retained by the practice for 3 years.

Decontamination policies

- All single use items have a symbol of a 2 with a line through the middle.
- All single use items should be disposed in the clinical waste bin and not be re –

used.

- All sharp objects should be disposed in a sharps box that is identified by a yellow colour.
- All plastic objects cannot be autoclaved and should be cold disinfected only.
- All single use items cannot be sterilised.
- Before being used all new instruments must be de-contaminated.
- Domestic household gloves are used for all decontamination processes.

Stages of decontamination

Pre clean

- A dedicated clinical staff member will be appointed and must be trained, training will be provided.
- Manual cleaning requires the use of domestic rubber gloves and brushes to prevent any injuries.
- Ultra sonics can be used to remove residual debris.

Disinfection

- Rinse instruments in osmosis or potable water.

Inspection

- After cleaning instruments should be thoroughly inspected for residual debris and check for any wear or damage, if debris is present re- clean accordingly.

Sterilisation (between 134 – 137°C in the autoclave)

- When vacuum (type B) autoclaves are used they require packaging in storage pouches prior to being autoclaved, follow manufacture's advice. Storage not to exceed 60 days.
- When Non- vacuum (type N) and vacuum (type S) autoclaves are they should be placed correctly to allow for to steam to penetrate all surfaces. DO NOT over load and follow manufactures advice.

Storage

- After you cycle is done, dependent on what type of auto clamp (N,B,S) is used, Instruments should be wrapped in storage pouches and dated and labelled.

- Instruments needed for the day will be placed in a container for immediate use.
- Type B (Vacuum): 60 days in storage.
- Type N (Non – Vacuum): 21 days in storage.
- Type S (Vacuum): 60 days in storage.

Terminology

- Disinfection: removal of some micro-organisms to a safe level.
- Anti septic: disinfection for living tissues.
- Sterilisation: removal of all living micro-organisms.

PPE and hand hygiene policies

- PPE placed in this order: Apron, face mask, goggles (visor), gloves.
- PPE removed in this order: Gloves, apron, goggles, face mask.

Hand hygiene

- This should be followed routinely before and after treatment of patients, full instruction will be given on induction.
- Nails are to be kept short and clean. Nail length is dictated by turning palm towards and checking if nails exceed finger length.
- Wash hands before and after each patient with hand soap, follow hand washing technique. Antibacterial hand rub or gel can be used instead of washing in between patients.
- After each session apply hand cream to stop the skin from becoming dry.

Hand washing

- 0 – 15 seconds: removes transient micro-organisms.
- 15 – 30 seconds: destroys some micro-organisms.
- 2 – 3 minutes: before and after surgery.

Gloves

- They are single use and disposed of in the clinical waste. They are CE marked and low in extractable proteins. They are latex and powder free. Always ask patients if they have any allergies.

- Any reaction caused via the gloves should be made aware.
- Long nails can pierce from through the tips of the gloves.
- Domestic household gloves are used for all decontamination processes.

Plastic aprons

- They are single use and disposed of in the clinical waste. Aprons are used in surgery in treating patients and in decontamination processes.

Face & eye protection

- They are used for all procedures in treating patients.
- Face masks are single use and disposed of in the clinical waste. Face mask have ear loops that go around the ears and a grip around the nose to be tightened and seat securely.
- A visor or face shield is used to protect the whole face. Eye protection shields should be cleaned to manufactures instruction and disposed of in the clinical waste.

Protective clothing

- All clinical staff members should be wearing dental tunics.
- They should not be worn outside of the surgery for cross infection control.
- Tunics should be clean at all times and machines washed at 60oC.
- Shoes should cover all of the feet and not worn outside the clinic.