



Cross Infection Control Policy Statement Greenwood Dental Practice

The Decontamination lead in this practice is Rachel Shepherd, who is responsible for all decontamination and infection control procedures, and to whom all queries should be addressed.

Infection control is of prime importance in this practice. It is essential to the safety of our patients, our families and ourselves.

Always assume that the patient in the surgery is a cross infection risk. There is often no way that we can be certain of the degree of risk with each patient. We must therefore adopt a universally safe technique for all patients. Every member of staff will receive training in all aspects of infection control and the following policy **must** be adhered to at all times. You might not be the only person who is unclear, and it is useful to discuss the policy frequently to ensure that we all understand its implications. Remember, any of our patients might ask you about the policy, so make sure you understand it.

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the surgeries or decontamination room.

All staff must be immunised against diphtheria, hepatitis B (seroconversion should be checked), pertussis, poliomyelitis, MMR, TB, tetanus and varicella (see policy on blood-borne viruses). Occupational health services are consulted for advice on the management of staff immunization programmes.

The practice provides protective clothing, gloves, eyewear and masks that must be worn by dentists, nurses and hygienists during all operative and decontamination procedures (see policy on Personal Protective Equipment).

Patients are provided with eye protection for all procedures.

At the start of the day, the handpiece outlet tube and triple syringe should be flushed over the sink for two minutes, and between each patient for 20-30 seconds. The autoclave should be filled with fresh distilled or RO water and daily checks carried out (see policy on testing and validation of equipment).

Before donning gloves, hands should be washed at the beginning of each session using liquid soap. A new pair of gloves must be used for each patient and hands should be cleaned with an alcohol-based rub between patients (see hand hygiene policy).

It is essential that all working areas used during treatment and decontamination processes are kept clear. Zones should be clearly identifiable as clean or contaminated, cleaned and disinfected after each process using Clinell Universal Wipes. Protective coverings are used on light handles, curing light, etc. and changed between patients, or alternatively these surfaces can be cleaned and disinfected using Clinell Universal Wipes.



Contaminated instruments must be transferred safely and securely to the decontamination area for processing (see safe transfer of instruments policy).

All reusable instruments must be decontaminated after use to ensure they are safe for re-use (see policy on decontamination and storage of instruments).

All laboratory work sent out or received must be disinfected and labelled (see policy on decontamination of impressions).

Sterilised instruments must be stored on lidded trays in closed cupboards or in sealed sterilisation pouches (see policy on decontamination and storage of instruments).

Waste should be separated and disposed of in the appropriate containers. (See policy on management and disposal of clinical waste).

Needles should be re-sheathed using the device provided. All used 'sharps' including needles, scalpel blades, LA cartridges, etc. shall be disposed of in the yellow sharps container, and they must never be reused. The container must never be more than two-thirds full.

In the event of 'sharps' injuries - see policy on minimising risk of blood-borne viruses.

Any accidental spillages involving blood or saliva or mercury must be immediately reported to the Decontamination Lead Rachel Shepherd.
(See spillage protocol).

At the end of the day, all clinical and decontamination areas should be cleaned and disinfected in accordance with practice policy. Instrument trays unused should be set aside for reprocessing. Clean through the suction and spittoon units with Orotol Plus solution. Drain the water from the autoclave and wipe chamber clean. (see policies on environmental cleaning and equipment maintenance). Log sheets must be completed.

All members of staff will receive training in all relevant aspects of infection control, including decontamination of dental instruments and equipment through regular update training, at least annually (see training programme policy).

ALL STAFF WILL OBSERVE TOTAL CONFIDENTIALITY AT ALL TIMES IN ALL INFORMATION RELATING TO PATIENTS OF THE PRACTICE.