

## PRACTICE INFECTION CONTROL POLICY

Infection control is of prime importance in this practice. It is essential to the safety of our patients, our families and us. Every member of staff will receive training in all aspects of infection control, including decontamination of dental instruments and equipment, and the following policy **must** be adhered to at all times. If there is any aspect that is not clear, please ask Mrs. Karen Medlicott. Remember, any of our patients might ask you about the policy, so make sure you understand it.

1. All staff must be immunised against hepatitis B and a record of their hepatitis B seroconversion held by the practice owner. Medical advice and counselling will be sought for those who do not seroconvert or cannot be immunised. In these cases it may be necessary to restrict their clinical activities.
2. The practice provides protective clothing, gloves, eyewear and masks that must be worn by dentists and DCPs during all operative procedures. Protective clothing worn in the surgery must not be worn outside the practice premises.
3. Before donning gloves, hands must be decontaminated. Any glove that becomes damaged must be replaced and a new pair of gloves must be used for each patient. Between glove changes and if not contaminated, hands can be decontaminated using an alcohol hand rub.
4. Before sterilisation, re-usable instruments should be cleaned either by placing in a washer-disinfector or ultrasonic cleaner. Inspect instruments for residual debris, which if present should be removed by hand and the instrument re-cleaned using an automated process. Instruments that have been cleaned in an ultrasonic bath are then immersed and thoroughly rinsed and dried before being sterilised using an autoclave. Appropriate gloves and eye protection must be worn when handling and cleaning used instruments. All instruments that have been potentially contaminated must be cleaned and sterilised. Single-use items must be discarded, never decontaminated and reused.
5. Sterilised instruments should be stored in covered trays / pouches.
6. Working areas that have instruments placed on them during treatment will be kept to a minimum, clearly identified and, after each patient, cleaned using Mikroqid.
7. Needles must be re-sheathed by the operator using the re-sheathing device and in line with the training provided. Needles, scalpel blades, LA cartridges, burs, matrix bands etc must be disposed of in the yellow sharps container, which should be near the point of use and not placed on the floor. The container must never be more than two-thirds full.
8. All clinical waste must be segregated according to the practice healthcare waste policy placed in the appropriate sacks or bins provided in each surgery. The sack must be securely fastened when three quarters full, correctly labelled and stored in the designated area.
9. All dental impressions must be rinsed until visibly clean and disinfected using Unoguard (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 should also be disinfected and labelled.
10. In the event of an inoculation injury, the wound should be allowed to bleed, washed thoroughly under running water and covered with a waterproof dressing. The incident should be immediately discussed with Dr. Breckon or Mrs. Medlicott to assess whether further action is needed. Advice on post-exposure prophylaxis can be obtained from the local occupational health department. Record the incident in the accident book.
11. Any spillages involving blood or saliva or mercury will be reported to Mrs. Karen Medlicott.
12. Anyone developing a reaction to protective gloves or a chemical must inform Dr. Jeremy Breckon immediately.

Date..... Review date .....January 2010