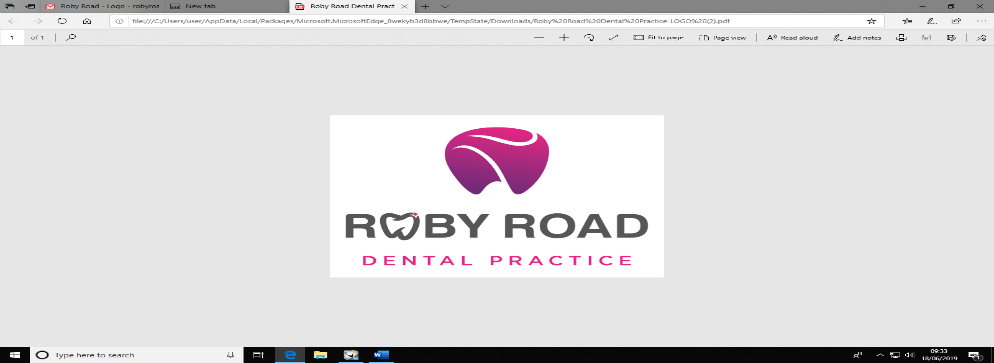
**Infection control policy**

Controlling infection is essential. Every clinical member of staff receives training in all aspects of infection control, including decontamination of equipment, as part of their induction programme and through regular update training. This policy describes the routines for our practice that you must always follow. If there is any aspect that is not clear, please ask Sarah Bamber or Adele Sutton.

**Minimising blood-borne virus transmission**

All staff are immunised against hepatitis B. Records of hepatitis B immunity are held securely by the practice to maintain confidentiality. If you can not be immunised, we will seek advice on the appropriate course of action.

We routinely use ‘safer sharps’ which have a shield or cover which slides to cover the needles in-between or after use. If we need to use traditional unprotected sharps, we will follow procedures for safe use and disposal.

If you receive an inoculation injury, you must follow the practice policy an allow the wound to bleed, wash it thoroughly under running water and cover it with a waterproof dressing. The practice policy for dealing with inoculation injuries can be found in the infection control manual. You should report the incident to Sarah Bamber or Adele Sutton and ensure it is written in the accident book.

All inoculation injuries must be reported to Sarah or Adele who will assess whether further action is needed (seeking advice is appropriate) and maintain confidential records of these injuries. If you are considered to be at risk of hepatitis B, we will refer you to Aintree occupational health for post exposure prophylaxis advice. Aintree occupational health 0151 529 5980.

**Decontamination of instruments and equipment**

We provide training to all staff to ensure they are competent to decontaminate existing and new reusable dental instruments; we keep records of all training provided. In summary:

* Single-use instruments and equipment must never be reused and must be disposed of safely
* Re-usable instruments must be decontaminated after use to ensure they are safe for reuse. You must always wear gloves and eye protection when handling and cleaning used instruments
* New instruments must be decontaminated before use, according to the manufacturer’s instructions. Wherever possible we will purchase instruments that can withstand automated cleaning by a washer disinfector or an ultrasonic cleaner.

Contaminated instruments must be transferred to the designated decontamination room for reprocessing, following the practice procedure, which is found in the infection control manual.

**Cleaning**

Used instruments should be cleaned using the washer disinfector (unless this is incompatible with the instrument), following the manufacturers instructions for use. When placing instruments in the washer disinfector, you should:

* Open fully all instrument hinges and joints and dissemble if appropriate
* Avoid overloading instrument carriers and make sure that instruments do not overlap
* Ensure that instruments requiring irrigation are attached correctly to the irrigation system, and that filters are in place (if required)

Where instruments are cleaned manually, you must follow the practice policy for manual cleaning. This policy is available in the infection control manual.

**Inspection**

After cleaning, inspect instruments for residual debris and check for any wear or damage using task lighting and a magnifying device. If residual debris is present you should then re clean the instrument using the washer disinfector, if it remains unclean after the second cycle then remove it by hand following the practice manual cleaning protocol.

**Sterilization**

Instruments should be loaded to allow steam to contact with all surfaces (avoid overloading) and sterilised according to manufacturers instruction for use. Where instruments are to be stored for use later, they should be wrapped or put in pouches, use by dated and labelled (to allow easy identification) and stored in clean, dry conditions by placing the into pouches and into the specified draws in the clean area of decontamination room and ordered to allow first-in, first out stock rotation. They must not be store, in this location for longer than one year; after this, instruments must be reprocessed. Instruments for same-day use do not require wrapping providing they are covered, e.g. taken into clinical surgery and placed on tray with lid to cover until used. Unwrapped instruments in a non-clinical area can be stored in clean, dry conditions for one week.

Instrument reprocessing is checked routinely to avoid exceeding the use by date.

**Impressions and laboratory work**

Dental impressions should be rinsed until visibly clean and disinfected by soaking in impression disinfectant solution (time specific to manufacture instruction) and labelled as ‘disinfected’ prior to being sent to the laboratory. Technical work being returned to or received rom the laboratory should also be labelled as disinfected.

**Hand hygiene**

Nails must be kept short and clean and free of nail art, permanent or temporary enhancements (false nails) or any type of nail polish.

Between each patient, before putting on gloves you should either wash your hands using antibacterial soap or use antibacterial gel.

The handwashing technique is displayed at each handwash basin. Do not use nail-brushes as they can cause skin abrasion.

If your hands appear clean, you can use the antibacterial gel, using the same technique as for handwashing. You should limit the number of applications of hand gel and, if your hands become ‘sticky’ you should wash them using liquid, antibacterial soap. Where appropriate always use liquid soap and follow handwashing steps, rather than using antibacterial hand gel.

At the end of each session (AM and PM), use hand cream provided, after hand washing, to counteract dryness. Do not use hand cream under gloves as it can encourage the growth of microorganisms.

**Waste disposal**

We provide training in handling, segregating and storing healthcare waste generated by the practice.

All clinical healthcare waste is classified as ‘hazardous’ waste and placed in orange sacs for collection. Clinical waste sacks must be no more than three-quarters full, have the air gently squeezed out to avoid bursting when handled by others, labelled to distinguish its location and dated. This should then be tied at the neck and knotted.

Sharps waste (needles, matrix bands, scalpels etc) are disposed of in UN-type approved puncture proof sharp containers and labelled to indicate the type of waste it contains. Sharps containers are disposed of when no more than two-thirds full. Never exceed the ‘full line’.

Clinical waste and sharps waste are stored securely before collection for final disposal by B&B Hygiene who hold a certificate of registration with the Environment Agency.

Dental amalgam is disposed of as hazardous waste.

When waste is collected by the waste carrier, we receive a consignment note, which is kept by the practice for 3 years. All consignment notes should be given to the senior management.

**Personal protection equipment**

We provide training in the correct use of PPE as part of our staff induction programme and regular updates to all staff, especially if new PPE is introduced.

PPE includes protective clothing, disposable clinical gloves, plastic disposable aprons, face masks and eye protection. Heavy duty gloves must be worn when handling and manually cleaning contaminated instruments, footwear must be fully enclosed and in good order.

The clinical gloves provided by thee practice re CE marked, latex free, powder free and single use; they must be disposed of as clinical waste. You must inform the practice owner immediately if you develop a reaction to the gloves provided.

You must wear heavy duty domestic gloves when undertaking decontamination procedures. After each use they should be washed with detergent and hot water to remove visible soil and left to dry, we replace these gloves weekly or more frequently if they are damaged.

Plastic aprons must be worn during all decontamination processed. The aprons are single use and must be disposed of as clinical waste. You should remove it by breaking the neck straps and gathering the apron together, touching the inside surfaces only.

Face and eye protection must be worn during all operative procedures. Face masks are single use items and must be disposed of as clinical waste. Visor face shields are also single use items and should be disposed of as clinical waste. Goggles or glasses should be disinfected after every use and left to dry.

If you wear personal glasses they must be cleaned at the end of each session. If personal eye wear does not provide sufficient protection you must wear a face visor.

Protective clothing worn in the surgery must not be worn outside the practice premises. Surgery clothing must be clean and freshly laundered; it should be washed at the highest temperature possible for the fabric.

**Blood spillage**

If a surface becomes grossly contaminated with blood or saliva, you must decontaminate it using hypochlorite at 1000ppm available chlorine, leaving it in contact with the surface for at least five minutes, do not use alcohol at the same time.

**General cleaning**

The practice cleaning policy can be found in the infection control manual. Cleaning equipment is stored outside patient care areas in the dedicated cleaning cupboard, this is located on the first floor of the practice.

Policy date: June 2020

This policy will be reviewed in June 2021

Signed by Sarah Bamber, Practice owner

***Sarah Bamber***

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**Due to the Covronavirus outbreak, amendments have been made to our standard operating procedures, this includes infection control. See below for amendments as of Monday 8th June 2020.**

***Infection control amendment to Standard Operating Procedure***

***Step by step cleaning guide***

Clean all reusable equipment and surfaces systematically using wipes provided (one wipe per surface), as described below:

**Clinical room:**

* Wearing FRSM, visor, apron, gloves (if AGP performed add apron and FFP3)
* Ensure the whole chair is cleaned from top to base unit
* Clean the light on the dental chair and foot pedals
* Clean the dental stools
* Clean the outside of any material containers used during the procedure. Where possible dispense materials prior to the episode of care and minimise containers on surfaces
* When cleaning the surfaces, work systematically from the top or furthest away point
* Clean wall cabinets, then work surfaces, then base cabinets
* Clean the handles on units/cupboards
* Clean the computers
* Dispose of used keyboard barrier as clinical waste – replace after fallow time
* Clean the taps and hand wash basins
* Wipe down the paper towel dispensers
* Wipe down the alcohol gel and soap dispensers
* Clean the door handle, light switches etc.
* Mop the floor with bleach
* Dispose of PPE into a small bag, tie the bag securely and then dispose of this into clinical waste nag (orange)
* Leave the room for fallow time specified (if AGP has been carried out fallow time is 60 minutes from time AGP ceased)

**For common zones and reception area**

* Put on a FRSM, apron and gloves
* Using wipes provided wipe door handles
* Switches (light switches, computer switches)
* Telephones
* Chairs
* Sofas
* Work surfaces (reception desk)
* Window ledges
* Handrails
* TV and unit
* Tables
* Patient toilet (handrail, hand wash sink, toilet seat, hand wash and paper towel dispenser) or anything else that the patient may come into contact with
* Mop the floor with bleach at the end of each session

(Cleaning of common zones and reception area is to be done after each patient leaves the surgery, once appointment times get shorter, this is to be done as often as possible and at the end of each session)

**Staff area (kitchen)**

* Wearing FRSM and gloves
* Spray down kitchen surfaces with disinfectant spray and wipe with paper towel
* Spray and wipe kitchen cupboards and handles
* Wipe door handle on kitchen door
* Wipe tables and chairs
* Wipe fire extinguishers
* Clean toilet and sink
* Wipe hand drier and paper towel dispenser
* Mop floor with bleach

**Donning of PPE: Follow the steps below, in order, when donning and doffing PPE.**

* Perform aseptic hand wash
* Mask (FRSM, FFP3)
* Visor and eye protection
* Gown or apron
* Gloves

**Doffing of PPE: Get ready a clinical waste bag at point of use – dispose each item as you remove it**

* Remove gloves by gripping each wrist and turning inside out directly into the clinical waste bag
* Remove visor or eye protection by touching either side of the visor (around by the ears) with one finger each side and sliding off the face (visor shield is to be disposed of, keep frame for decontamination)
* Remove mask by unlooping each ear loop
* Remove apron by tearing from the neck and waist tie
* Aseptic handwashing must now be performed

Amendments signed by practice owner Sarah Bamber

**DR Sarah Bamber**…………………………………**Date:** **8.6.2020**

All amendments to standard operating procedures have been given to all staff members. A meeting was held on Thursday 4th June prior to practice reopening on Monday 8th June, where all new operating procedures were discussed in detail with staff. A copy of the meeting minutes are kept on file.