



Infection Control Policy

This infection control policy statement is fully compliant with the essential quality requirements (EQR) of HTM 01-05 and must be adhered to at all times.

Infection control is essential to protect our patients, our families, our team members and ourselves. All team members receive training in all aspects of infection control that will be updated at regular intervals and when any changes to current thinking occur. No team member may carry out procedures or operate equipment unless they have received appropriate training.

Keith Julian is the designated Infection Prevention and Control lead (IPC) and is responsible for ensuring this policy is kept up to date.

The IPC lead is also responsible for all matters relating to infection control and for ensuring that this is discussed regularly at practice meetings. All team members should ensure they understand it fully, and if any part is unclear, they should ask the IPC lead for clarification.

All team members must be immunised against hepatitis B and a record of their hepatitis B seroconversion is held by Nici Hopkins. For those team members who do not seroconvert or cannot be immunised, medical advice and counselling will be sought. In these cases, it may be necessary to restrict clinical activities.

This practice provides all team members with appropriate personal protective equipment (PPE), including protective clothing, gloves, and masks that must be worn during all operative procedures and during all decontamination processes. Surgery clothing must not be worn outside the practice.

At Half Moon Dental Centre we provide the appropriate enhanced PPE required for treating patients and for use during decontamination processes during the COVID-19 pandemic.

Hands must be washed at the beginning and the end of each session with cutan. Before donning and after removing gloves, hands must be disinfected using cutan alcohol-based hand-rub. A new pair of gloves must be used for each patient and any glove that becomes damaged must be replaced.

All re-usable instruments must be decontaminated as soon as possible according to the practice decontamination protocols before they are reused on a patient.

All re-usable instruments that have been potentially contaminated (whether selected for use or not) must be fully reprocessed.

Single use items must be discarded and never re-used.



Sterilised instruments must be stored in a manner that ensures they do not become contaminated, either on covered trays and/or in pouches. Storage of sterilised instruments must not exceed the following storage times:

- Wrapped instruments 1 year
- Unwrapped instruments in a non-clinical area 1 week
- Unwrapped instruments in a clinical area 1 day

Working areas that are touched or have instruments placed on them during treatment must be kept to a minimum, clearly identified and, after each patient, cleaned and disinfected using alcohol free continu wipes.

Safer sharps incorporating protection mechanisms must be used where practicable. Two-handed recapping of dental needles can easily result in a sharps injury. Needles must therefore not be recapped using this method by any member of the team unless the recapping is itself required to prevent injury. If this is the case our risk assessment will identify this.

The use of needle blocks to remove and hold the needle cap and so allow safe one-handed recapping is an example of how to control the risks associated with needle re-capping.

Needles, scalpel blades, LA cartridges, burs, endodontic files, matrix bands and any other sharp items must be disposed of into the yellow sharps container. Sharps containers must be labelled and must never be more than 2/3 full. They must always be located at the point of use and when sharps containers are 2/3 full, the container should be locked and marked with the date of closure. The locked sharps container must be stored in under the stairs in a locked cupboard.

Orange sacks must be securely fastened (ideally using the 'swan-neck' method) and when 3/4 full they must be labelled and stored under the stairs in a locked cupboard.

All impressions must be rinsed in water until visibly clean and disinfected by immersing in unosept for 10 minutes. Impressions must then be rinsed again in water and labelled with the date and a statement confirming they have been disinfected. All technical work being returned to the laboratory should also be disinfected and labelled.

In the event of an inoculation injury from a sharp, the wound should be encouraged to bleed, washed thoroughly under running water and covered with a waterproof dressing. The incident should be reported immediately to the IPC Lead and the Principal Dentist to assess whether further action is needed.



In the event of an inoculation injury caused by splashes with a potentially contaminated substance to the eye or an open lesion, wash copiously with water and report the incident to the IPC lead and the Principal Dentist.

All inoculation injuries must be recorded in the accident book, which is kept in on the staff noticeboard in the office.

Any spillages involving blood, saliva or mercury must be dealt with according to the practice accidental spillages policy and the COSHH regulations and reported to Nici Hopkins.

Patients with active cold sore lesions

At Half Moon Dental Centre we do not treat patients with infectious cold sore lesions i.e. during the vesicle or ulcer stage unless the patient requires urgent treatment.

The Herpes Simplex Virus is highly infectious and poses a risk to the treating clinicians and supporting team members, as well as causing pain and discomfort to the patient, delayed healing and the possible spread of the infection.

All appointments should be delayed until the lesion has healed, that is unless the patient is in urgent need of treatment. Should the patient require urgent emergency care this will be risk assessed on a case-by-case basis.

In the event of needing to provide urgent treatment, the production of aerosols by ultrasonic scalers and high speed hand-pieces should be avoided and full PPE should be worn covering all exposed skin.

Sepsis

Sepsis is a life-threatening condition that can arise when the body's abnormal immune response to an infection causes organs to start failing.

Sepsis claims 44,000 lives per year (The UK Sepsis Trust).

The NICE guidance on sepsis was implemented in July 2016.

At our practice, it is our policy to always consider sepsis if a dental infection does not respond to conventional antibiotic therapy or when an infection cannot be drained directly.

We look out for the following symptoms:

- Altered mental state.



- Malaise.
- Shivering.
- Muscle pain.
- A failure to pass urine in the previous 18 hours.
- Breathlessness and increased breathing.
- Increased heart rate but low blood pressure.
- A non-blanching rash and cyanosis of the skin, lips or tongue.

We are aware that in dental practice, sepsis can arise from a bacterial infection due to a dental condition or a treatment that has been carried out.

At Half Moon Dental Centre we are also aware that sepsis may present itself without a dental cause and any patient attending with the symptoms described above would be identified and informed of the possible diagnosis and advised of the urgent need to seek appropriate treatment.

It is our policy at Half Moon Dental Centre to refer any patient that we suspect may be suffering from a case of sepsis immediately to our local Accident and Emergency department at Kings Dental Hospital. We are aware that in some circumstances e.g. a patient whose condition is deteriorating rapidly, it may be appropriate to refer via ambulance. In that situation we would dial 999.

At Half Moon Dental Centre we would ensure that the clinical records for any patient referred with a suspected case of sepsis are completed contemporaneously, with all the relevant information including signs, symptoms, management, referral process used, means of transfer, treatment in secondary care and follow up.

Our 'out of hours' telephone message clearly states that any patient suffering from a dental infection that is making them unwell, should seek immediate assistance from the local Accident and Emergency department.

Confidentiality

All team members must observe confidentiality at all times in respect of any and all information relating to patients.

Additional Infection Control guidance during the COVID-19 pandemic

Standard infection control procedures as described in HTM 01-05 and this policy must be followed for the treatment of all patients in addition to all the enhanced procedures described in this section of the policy.



PPE

We provide all team members with appropriate protective clothing and equipment including:

- Gloves
- Fluid resistant surgical masks (for low-risk aerosol generated exposures)
- Fit tested FFP3* respirator masks (for high-risk aerosol generated exposures)
- Full face visors
- Disposable aprons
- Disposable gowns or washable gowns.

*FFP3 masks should be used in preference to FFP2 because they provide superior protection. If FFP3 masks are not available, FFP2 masks may be substituted.

All team members should bring two pillowcases to work for storage of clinical and non-clinical clothing. Upon arrival at work, team members should immediately change out of non-clinical clothing and store in a clean pillowcase. A separate pillowcase should be used for storage of surgery clothing worn during the day. Surgery clothing and the pillowcase should be washed in a separate load at a minimum of 60°C upon arrival at home. Surgery clothing must not be worn outside the practice. Surgery clothing should then be tumbled dry or ironed.

Handwashing

All team members must wash their hands thoroughly immediately before every episode of direct patient care and after any activity or contact that potentially results in hands becoming contaminated, including donning (putting on) and doffing (removing) PPE, equipment decontamination, and waste handling. If arms are bare below the elbows, and it is known or possible that forearms have been exposed to respiratory secretions (for example cough droplets) or other body fluids, hand washing should be extended to include both forearms. Wash the forearms first and then wash the hands.

Respiratory and cough hygiene should be observed by all team members and patients/carers. Disposable tissues should be available and used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose – ‘Catch it, bin it, kill it’.

Environmental Cleaning

Additional precautions for Environmental Cleaning during the COVID-19 Pandemic



To prevent the spread of the coronavirus, all those involved in environmental cleaning must receive appropriate and documented training and guidance on the measures required to protect clinicians, team members, and patients of the practice during the COVID-19 pandemic.

General Environment cleaning

Thoroughly clean all frequently touched surfaces in the practice at least twice daily.

Clinical Environment Cleaning

The surgery must be cleaned vigorously and thoroughly after each patient.

Use either:

1. A combined detergent/disinfectant solution at a dilution of 1000 parts per million (ppm available chlorine (ppm available chlorine [av.cl])) and follow the manufacturer's guidelines on dilution, application and contact times; or
2. A general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av.cl.

Note: Cleaning with detergent removes the virus mechanically (thereby reducing the viral load) and disinfection inactivates the virus.

Floor mopping

After low-risk AGEs

- It is not necessary to mop the floors after a low-risk AGE.
- If all procedures in a day are low-risk AGEs, mop floors at the end of the day using the correctly colour-coded mop and bucket.
- If low-risk AGEs are interspersed with high-risk AGEs, follow the guidance below for high-risk AGEs.

After high-risk AGEs

The FGDP states: 'Floor cleaning should be undertaken at the end of each high-risk AGE or at the end of each session'. Given that it is unclear which of these is correct, we have interpreted this as follows:

- Following a high-risk AGE, mop floors at the end of the session using the correctly colour-coded mop and bucket unless
- There has been excessive contamination of the floor or



- The next patient is extremely clinically vulnerable, in which case, use clinical judgement to decide whether to mop the floor at the end of the high-risk AGE after the appropriate fallow time has expired.

Disposable mop heads are an option, however the impact of these on the environment should be considered. If disposable mop heads are not used then mop heads should be placed in a disinfectant solution effective against viruses, or 0.1% sodium hypochlorite. Where possible, use disposable cloths to clean and disinfect all hard surfaces. If re-useable cloths are used, they should be thoroughly washed and disinfected after each use.

A record of the cleaning processes performed must be recorded in a cleaning log which must be retained. It may also be helpful to record the cleaning process undertaken in the patient's record in case the patient develops COVID-19 symptoms following their dental treatment.

Practice cleaning should only be undertaken by those who have had comprehensive, documented training. This includes contract cleaners or cleaners who are not trained members of the practice team.

For more detailed guidance on environmental cleaning, please see our Environmental Cleaning Policy v6.4.

Training

All members of the dental team should undergo appropriate training in the following areas as part of the return to work process after lockdown:

- PPE
- Hand hygiene
- Waste management
- Environmental cleaning

This Policy was reviewed and implemented on 11/03/2022

This policy and relevant procedures will be reviewed annually and are due for review on 10/03/2023 or prior to this date in accordance with new guidance or legislative changes



Document Change Record For Infection Control Policy

The table below is used to register all changes to the policy:

Published Date	Document Version Number	Pages affected	Description of revision	Author
21/02/18	v6.0	3	Added paragraph, patient with cold sores.	IL
18.10.18	V7.0	3 & 4	Added paragraph on sepsis and amended paragraph on cold sores	IL & PL
18.10.18	V7.0	Whole document	Policy reviewed and updated	PL
13.02.19	v7.1 replaces v7.0	Page 4	Low blood pressure symptom of Sepsis	IL
29.07.20	V7.3	Page 1	Enhanced PPE statement	PL
29.07.20	V7.3	Pages 5-8	Additional infection control guidance required during COVID-19	LH & PL
10.11.20	V7.4	Pages 5-8	Updates to PPE requirements, FFP3 and FFP2 masks and fallow time	PL
26.05.21	V7.5	Pages 5-7	Updated Environmental cleaning guidance during COVID-19	LH