INFECTION CONTROL POLICY

Infection control is of prime importance in this practice. It is essential to the safety of our patients, our families and ourselves. Every member of staff will receive training in all aspects of infection control and the following policy **must** be adhered to at all times. If there is any aspect which is not clear, please ask **Andrew Hall**. 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.

1. All staff must be immunised against diphtheria, hepatitis B, pertussis (whooping cough), poliomyelitis, rubella, TB and tetanus and their hepatitis B seroconversion checked. For those who do not seroconvert, medical advice and counselling is required. This also applies to those who cannot be immunised because they are immunosuppressed (for example, those taking steroids for asthma). In these cases it may be necessary to restrict clinical activities.
2. The practice provides protective clothing, gloves, eyewear and masks which must be worn by dentists, nurses and hygienists during all operative procedures. Clothing worn in the surgery should not be worn outside the practice premises.
3. Hands should be washed using a rapid antimicrobial skin cleanser (eg. 'Hibiscrub') both before donning gloves and, if contaminated, after glove removal. A new pair of gloves should be used for each patient.
4. Before sterilisation, instruments and handpieces (leaving burrs in situ) should be thoroughly cleaned by both scrubbing (with 'Hibiscrub') and rinsing under running water using a suitable, long-handled brush (or for instruments using an ultrasonic cleanser). Before being placed in an autoclave, handpieces (with burrs removed) should be oiled and cleansed using the Assistina. In accordance with the manufacturer's instructions, items which will not tolerate autoclaving will be chemically disinfected by immersion in the following freshly activated solutions, before being rinsed under running water:
   - non-ferrous items — 5% alkaline glutaraldehyde ('Alcacide Concentrate')
   - ferrous items — 5% alkyldiaminoethylglycine hydrochloride ('Rusnon')

   Heavy duty gloves, apron and visor must be worn when cleaning or handling used instruments. All instruments that have been potentially contaminated must be sterilised. Single-use items must not be decontaminated and re-used.
5. Sterilised instruments and handpieces should be stored in the designated drawers in the surgery.
6. All working areas used during treatment will be kept to a minimum and subject to a strict system of 'zoning'. Where practical, surfaces liable to contamination should be protected with impervious disposable coverings. Between patients these coverings should be changed and all surfaces thoroughly cleaned and decontaminated using bacterial disinfectant wipes ('Tekpro') or a suitable virucidal disinfectant (10% solution of sodium hypochlorite - household bleach or 'Alcacide' spray). In line with manufacturer's instructions, the dental chair shall be cleaned with warm soapy water.
7. Needles should be re-sheathed only using the procedures approved in this practice. Needles, scalpel blades, burs etc. shall be disposed of in the yellow sharps' container. This must never be more than two-thirds full. Used LA cartridges shall be disposed of in a separate container.
8. All clinical waste must be segregated and placed in the yellow sacks provided. Each yellow sack will be stored in the designated area (paper store room) and securely fastened when three-quarters full.
9. All dental impressions must be rinsed until visibly clean and disinfected using 'Perform-ID' (as recommended by the manufacturer) and labelled as 'disinfected' before being sent to the laboratory. Technical work being returned to the laboratory should also be disinfected and labelled.
10. In the event of an inoculation injury, the wound should be made to bleed, washed thoroughly under running water and covered with a water-proof dressing. The incident should be recorded in the accident book and discussed with **Olga Hall** to assess whether further action is needed. Advice on post-exposure prophylaxis can also be obtained from **Olga Hall**. A copy of the Practice Sharps' Policy is displayed on the wall in the utility room.
11. Any accidental spillages involving blood, saliva or mercury will be reported to **Olga Hall**.
12. Anyone developing a reaction to any chemical must inform **Olga Hall** immediately.
13. ALL STAFF WILL OBSERVE TOTAL CONFIDENTIALITY IN ALL INFORMATION RELATING TO PATIENTS OF THE PRACTICE.

Signed ..... (Olga Hall, Principal Dentist)

Signed ..... (employee) Date.....