

Bourne End Dental Practice Infection Control Policy

This policy should be read in conjunction with our Infection Prevention Procedures. For the safety of our patients, visitors and team this practice follows the latest guidelines and research on infection prevention. We already complied with "essential quality requirements" from the Department of Health and will have "Best Practice" introduced by February 2011. We take universal precautions for all patients to minimise all of the known and unknown risks of cross infection. The practice has a range of other policies and procedures. **Decontamination**

We follow the latest decontamination guidelines from the Department of Health for new and used instruments. Stores instruments are protected against recontamination. All treatment rooms are decontaminated appropriately between patients and at the end of every clinical session. Defects found in the cleaning of equipment are immediately reported to the practice manager/ one of the partners. As a practice we comply with "Best Practice" for infection control.

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We follow the latest guidelines from the Department of Health for new and used instruments. Stored instruments are protected against recontamination. The treatment rooms and all equipment are decontaminated appropriately between patients and at the end of every clinical session. Defects found during the cleaning of equipment are immediately reported to the Decontamination Lead.

Immunisation

Clinical staff must be immunised against Hepatitis B & have their seroconversion checked. Staff are also expected to have polio, diphtheria, T.B, rubella, pertussis, chicken pox (varicella) & tetanus vaccinations. Charges, where incurred will be met by the practice. If Hepatitis B seroconversion is not successful staff will not be able to work in a clinical area and medical advice must be sought.

Items sent to laboratory / equipment sent for repair

All items sent to the laboratory are washed and disinfected after removal from the mouth and items received from the laboratory are washed and disinfected prior to fitting. All instruments sent to laboratory should be labelled as "disinfected". Equipment is decontaminated before being sent for repair.

Personal Protective Equipment

All team members follow the guidelines for personal protective equipment. These include gloves, masks, protective eye wear, clinical attire and suitable shoes

Instruments

Wherever possible we use single use instruments which are always disposed of after use on a patient.

Pathological Specimens

All pathological specimens should be sent to pathological laboratories by post and will be packaged to comply with UN602 packaging requirements.

Personal Hygiene

All staff maintain a high standard of personal hygiene including hand hygiene, restriction of jewellery wearing and clean clinical clothing.

Inoculation Injury

To minimise the risk of blood borne viruses all staff are trained in avoidance and management of an inoculation injury. Post exposure prophylaxis is available if necessary. Staff at risk of blood borne viruses have an occupational health examination.

Waste

Waste is carefully handled and disposed of by appropriate carriers according to regulations.

Spillages

Clinical staff are trained in how to manage any accidental spillages of potentially hazardous substance and how to follow our emergency arrangements.

Water Quality

Dental unit waterlines undergo disinfection, flushing and maintenance to minimise the risk of biocontamination. The practice water is inspected / tested as required to maintain water quality.

Training

Each member of the team undergoes regular training and review and has a responsibility to ensure a safe working environment for all. Training includes the principles of infection prevention, the use of decontamination equipment and materials, the daily inspection and testing of equipment and the maintenance of records.

Audit

We audit and review infection prevention procedures every year with the aim of continual improvement in standards and update this policy and our procedures when necessary.

This policy reviewed January 2011

Next review due January 2012 or when circumstances dictate